



## MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 AUGUST 2020  
VIA DIGITAL MEETINGS SYSTEM

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**Voting Members Present:**

Councillor F O'Donnell (Chair)  
Councillor S Akhtar  
Dr P Donald (Items 4 – 6)  
Councillor N Gilbert  
Ms F Ireland  
Mr P Murray

**Non-voting Members Present:**

Mr D Binnie  
Ms L Cowan  
Ms C Flanagan  
Mr I Gorman  
Ms A MacDonald  
Mr T Miller

**Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry  
Mr P Currie  
Ms L Kerr  
Ms J Ogden-Smith

**Clerk:**

Ms F Currie

**Apologies:**

Dr Richard Williams

**Declarations of Interest:**

None

## **1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 25 JUNE 2020 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board (IJB) meeting on 25 June 2020 were approved.

## **2. MATTERS ARISING FROM THE MINUTES OF 25 JUNE**

There were no matters arising.

## **3. CHANGES TO THE MEMBERSHIP OF THE IJB AND ITS AUDIT & RISK COMMITTEE**

The Chief Officer had submitted a report informing the IJB of changes to its voting membership. The IJB was also asked to appoint a replacement for a retiring voting member on the Audit & Risk Committee and to appoint a new Chair of the Committee.

The Clerk outlined the background and recommendations contained in the report. She invited nominations from members to appoint a replacement for Alex Joyce on the Audit & Risk Committee and to appoint a new Chair of the Committee. Fiona O'Donnell nominated Dr Patricia Donald to replace Mr Joyce on the Committee and to take up the role of Chair. This nomination was seconded by Peter Murray. There were no other nominations.

### **Decision**

The IJB:

- i. Agreed to note the appointment of Dr Richard Williams as a NHS Lothian voting member of the IJB, as a replacement for Alex Joyce, and for the maximum term of office;
- ii. Considered nominations and agreed to appoint Dr Patricia Donald to replace Mr Joyce on the Audit & Risk Committee; and
- iii. Considered nominations and agreed to appoint Dr Donald as Chair of the Committee.

## **4. HEALTHCARE GOVERNANCE**

The Chief Officer had submitted a SBAR report advising the IJB of the requirement for Health & Social Care Partnerships (HSCPs) to produce an annual report on healthcare governance arrangements for the NHS Lothian Healthcare Governance Committee (HGC).

Lorraine Cowan gave a detailed presentation of the report advising members that the HGC's role was to give assurance to NHS Lothian that all services, including those of the HSCPs, have robust governance arrangements in place to assess risks and adverse outcomes for services and their patients and clients, and to take preventative and reactive steps to improve outcomes. The East Lothian HSCP report would be considered at the Committee's meeting on 8<sup>th</sup> September. Ms Cowan highlighted examples of governance arrangements across different services and the processes for monitoring actions on complaints and adverse events through regular inspections and service audits.

In response to questions from the Chair, Ms Cowan outlined plans for delivery of the flu vaccine across the county. She also advised that nursing recruitment had been very successful and that while there was likely to be increased pressure to recruit to the District Nursing service in coming years to replace staff who were retiring, additional funding had been allocated for this.

Alison MacDonald confirmed that there were no concerns about recruitment at present and she highlighted further recent success in filling vacant posts within Occupational Therapy and Physiotherapy.

Iain Gorman provided further detail on the planned programme of flu vaccinations and steps being taken to encourage uptake in high risk groups. He also addressed the question of continuing anxieties about GP services, the likelihood that telephone or virtual consultations would continue to replace many face-to-face consultations, and the arrangements being put in place to remobilise other GP services.

Mr Murray noted in paragraph 3.44 of the report instances of aggression or violence against staff and asked that it be put on record that the IJB supported a zero tolerance policy on such matters. He also welcomed a number of improvements and good practice highlighted in the report and suggested that a summary be prepared for members. The Chair supported this suggestion.

Ms MacDonald responded to further questions on the need for additional Directions to resource some of the work highlighted in the report and the multi-agency approach to dealing with the increase in drug-related deaths. She also confirmed that there were no GP practices within East Lothian where lists were closed or getting close to being full. However, she acknowledged the need for re-provision or expansion of facilities in some areas.

As Chair of the Clinical and Care Governance Committee, Fiona Ireland commended the report and indicated that issues that appeared to be 'unmitigated' risks had been raised with Ms MacDonald and addressed in good time. Ms Ireland also advised that corporate service issues had been raised with NHS Lothian. She added that as a result of work undertaken previously, East Lothian HSCP had been well placed to support care homes through the pandemic and that this should be celebrated.

Dr Patricia Donald raised further questions about encouraging take up of the flu vaccine in the under 65s who were at greatest risk, and concerns that the shift in workload from secondary to primary care would fall mainly on GP practices.

Ms MacDonald and Mr Gorman outlined some additional steps being taken to encourage vaccine take up and emphasised the importance of a strong communications strategy. They also agreed with the need to be mindful of the impact that moving work from secondary to primary care would have on GPs and wider practice staff. They highlighted CTACs as one possible way of managing the increased pressure on services.

## **Decision**

The IJB agreed to:

- i. Accept that the delivery of healthcare governance arrangements across East Lothian HSCP services continues to provide moderate assurance to committee members;
- ii. Note the trends in performance across various measures to 31<sup>st</sup> July 2020 compared to the data previously reported to the Committee in September 2019;

- iii. Note that the East Lothian Clinical Care Governance Committee is well established as a sub-committee of the East Lothian IJB and reports to the IJB on a regular basis; and
- iv. Accept that the East Lothian healthcare governance structures allow for early identification of risks and for the mobilisation of actions to ameliorate and where possible remove risks.

## **5. IJB ANNUAL PERFORMANCE REPORT 2019/20**

The Chief Officer had submitted a SBAR report reminding the IJB of the update provided to its June meeting and the agreed position nationally that all annual performance reports should be published by 30<sup>th</sup> September.

Paul Currie outlined the background and advised members that the annual performance report had been designed for production in print form only as it did not comply with new legislative requirements for accessibility. A new simplified version would be prepared which would be suitable for all devices or 'on-screen' readers.

Members proposed some minor changes and additions to the report. Ms MacDonald confirmed that there was still time for further suggestions to be submitted. While the aim was to publish by 31<sup>st</sup> August, it was more important to ensure that the report properly reflected the work of the HSCP and the input from IJB members.

### **Decision**

The IJB agreed to:

- i. Accept the delayed 2019-20 Annual Performance Report and the account it gave of delivery and performance across the HSCP's services over the year; and
- ii. Note that as the 2019-20 Annual performance report covered the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 it provided a limited account of COVID-19 related actions which began in March and developed over the following months. These actions were described in other reports, and would feature in the 2020-21 Annual Performance Report.

## **6. FINANCIAL UPDATE**

The Chief Finance Officer provided a verbal update on the financial position for 2020-21.

Claire Flanagan informed members that the situation remained challenging and that work was continuing with the IJB's partners to understand the full impact and costs associated with COVID-19, including those attached to the mobilisation and remobilisation plans. The full Quarter 1 review had yet to be concluded but it was clear that the IJB was currently in an overspent position as a result of additional costs. Ms Flanagan indicated that a comprehensive Quarter 1 report would be presented to the IJB at its next meeting. In the meantime, she reassured members that she continued to link into all reporting processes to support the flow of additional funds to deal with COVID-19.

Ms Flanagan responded to questions from members. She confirmed that, if not for COVID-19 costs, the IJB would currently be closer to a break-even position. She added that COVID-19 has also resulted in delays in taking forward localised savings plans. In relation to social care and supporting external providers, she confirmed that

£1.4m of additional funding had been received to date and that support for external providers under the sustainability principles may be extended.

Ms MacDonald said that number of delayed discharge beds required in East Lothian had been low. While beds had been commissioned at Leuchie House and Haddington Care Home these were mostly for individuals in the community whose packages of care had become fragile. She also explained that the sustainability payments for care homes were to support numbers pre-COVID, rather than new beds, and that these payments were beginning to reduce and would stop completely by the end of November.

In response to a final question from the Chair, Ms Flanagan advised that while it was difficult to give an exact figure, the amount spent on COVID-19 in the first three months of 2020-21 exceeded the additional funds provided to date.

**Decision**

The IJB agreed to note the update on the financial position for 2020-21.

Signed .....  
Councillor Fiona O'Donnell  
Chair of the East Lothian Integration Joint Board





## MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 17 SEPTEMBER 2020  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

Councillor F O'Donnell (Chair)  
Dr P Donald  
Ms F Ireland  
Councillor S Kempson  
Councillor P McLennan\* (s)  
Councillor J McMillan\* (s)  
Mr P Murray (Items 1 – 6)

### **Non-voting Members Present:**

Ms L Cowan	Ms C Flanagan
Mr I Gorman	Ms M McNeill
Mr T Miller	Ms J Tait
Dr J Turvill	Mr P White

### **Officers Present from NHS Lothian/East Lothian Council:**

Mr P Currie	Ms C Goodwin
Ms L Kerr	Ms R Laskowski
Mr J Ogden-Smith	Mr D Stainbank

### **Visitors Present:**

Ms E Scoburgh, Audit Scotland  
Ms E Symon, Audit Scotland

### **Clerk:**

Ms F Currie

### **Apologies:**

Councillor S Akhtar\*  
Councillor N Gilbert\*  
Dr Richard Williams  
Mr D Binnie  
Ms A MacDonald

*\*(s) = substitute*

### **Declarations of Interest:**

Item 5 – Mr P White declared an interest as an employee of ELCAP. However, this interest was not of a degree that would require his withdrawal from the meeting during consideration of this item.

The Chair asked members whether they would agree to hear Item 8 in private. This was agreed.

The Chair also asked members is they would agree to hear an urgent item – a verbal update on Primary Care – after Item 7 (before entering private session). This was agreed.

## **1. CHAIR'S REPORT**

The Chair welcomed Councillors Paul McLennan and John McMillan to the meeting and thanked them for substituting for Councillors Akhtar and Gilbert. She also wished to place on record her thanks to all staff across the Health & Social Care Partnership (HSCP) for their efforts during the past 6 months and she acknowledged the additional difficulties faced by patients and those with caring responsibilities.

## **2. 2019/20 AUDITED ANNUAL ACCOUNTS**

The Chief Finance Officer had submitted a report presenting the IJB's annual accounts for 2019/20.

Claire Flanagan presented the report informing members that the accounts had been considered and approved by the Audit & Risk Committee at its meeting on 15<sup>th</sup> September. She outlined the key sections of the accounts including the management commentary, statement of responsibilities, remuneration report, annual governance statement and the comprehensive income and expenditure statements. She concluded that, once approved, the accounts would be signed electronically on behalf of the IJB.

Ms Flanagan responded to questions from members. She indicated that the IJB's reserves currently amounted to £2.4m, however, this was below the 2% recommended in the IJB's Reserves Policy. She outlined the governance arrangements put in place during the emergency recess period and expanded on the actions identified in the Chief Internal Auditor's annual review report.

Duncan Stainbank advised that while COVID-19 had not had a significant impact on the arrangements to 31 March 2020, a review of governance arrangements would form part of the Internal Audit plan for 2020/21.

Esther Scoburgh confirmed that the external audit for 2020/21 would also include a review of governance arrangements, as it did every year, and it would consider the impacts of COVID-19.

Peter Murray commented that the actions agreed following the Chief Internal Auditor's review represented important issues for the IJB and he suggested that any report on progress should be presented to the IJB for consideration, as well as the Audit & Risk Committee.

The Chair referred to the potential financial impact on Directions and agreed that there was a role for the IJB in monitoring these actions.

The vote on recommendation (ii) was taken by roll call:

Dr Patricia Donald	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed



Councillor P McLennan	Agreed
Councillor J McMillan	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed

## **Decision**

The IJB agreed to:

- i. Note the report of the independent auditor; and
- ii. Approve the annual accounts for 2019/20 are now signed electronically on behalf of the IJB by the Chair, the Chief Officer and Chief Finance Officer; following the anticipated approval of the annual accounts at the IJB's Audit & Risk Committee on 15<sup>th</sup> September.

### **3. INDEPENDENT AUDITORS' REVIEW OF THE ANNUAL ACCOUNTS**

#### **a. AUDIT SCOTLAND ISA 260 LETTER TO THOSE CHARGED WITH GOVERNANCE OF THE EAST LOTHIAN IJB**

Esther Scoburgh outlined the contents of the covering letter which accompanied the auditors' report and confirmed that it was their intention to issue an unqualified audit opinion.

#### **b. EAST LOTHIAN IJB 2019/20 ANNUAL AUDIT REPORT**

Ms Scoburgh presented the annual audit report highlighting the key messages from the audit in relation to the annual accounts, financial management and sustainability, governance, transparency and best value. She informed the members that while COVID-19 had not had a significant impact on the position for 2019/20 the continuing implications remained uncertain and would be followed up as part of the 2020/21 audit work. She confirmed that Audit Scotland had no recommendations to make as a result of the 2019/20 audit.

Mr Murray asked about the risk identified in relation to financial sustainability and the possibility of an update on how the funding gaps were to be bridged. Ms Flanagan explained that the five year rolling financial plan was currently being updated and would include further detail on this.

The Chair asked if the plan included additional money from the Scottish Government to deal with COVID-19. Ms Flanagan said that plan pre-dated this funding.

Ms Scoburgh reiterated that the impact of COVID-19 would be included in the 2020/21 audit work. She also drew members' attention to the positive outcome of the review of best value reporting in 2019/20 and indicated that this would be reviewed again in future audits.

Councillor John McMillan observed that there was clearly a strong and constructive relationship between the Chief Finance Officer and Audit Scotland, and this was reassuring. He welcomed the comment about best value reporting and also paid tribute to the staff involved in the new community hospital, Well Wynd Hub and other key services across the county.

## **Decision**

The IJB agreed to note the annual audit report and ISA 260 letter from Audit Scotland.

#### **4. FINANCIAL UPDATE 2020/21**

The Chief Finance Officer had submitted a report providing an update to the IJB on its year to date financial position in 2020/21 and the recent Quarter 1 financial reviews, undertaken by both the IJB partners.

Ms Flanagan presented the report summarising the position in the health and social care budgets, drawing attention to key pressures and indicating that regular dialogue continued with the partners over the likely impact of mobilisation and remobilisation plans. She reported that at the end of Quarter 1 the IJB was £1.1m overspent, with a projected year end position of £2.8m overspent.

She continued to submit regular reports to the Scottish Government and to monitor the position closely. She informed members that the longer term financial plan which would usually be presented had been delayed due to COVID-19 and would be brought forward at a later date. A further update on the Remobilisation Plan – which involved input from the HSCP - would also be presented to a future meeting.

The Chair asked for an update on the impact on scheduled care.

Fiona Ireland indicated that there was no general update at present but that the Remobilisation Plan covered elements of this work. Referring to the expansion of the Care Home Team, she advised that due to work undertaken previously to establish positive links East Lothian had been in a good position to support care homes through COVID-19. However, she queried the overspend in the Set Aside budget given that attendance at A&E had reduced.

Ms Flanagan advised that one of the greatest pressures had been the junior medical staffing budget which made up over half of the total overspent in the Set Aside budget.

In response to questions from Councillor Paul McLennan on scenario planning, Ms Flanagan indicated that the forecasts continued to be refined based on services being enacted as part of the Remobilisation Plan. In addition, the Scottish Government had provided considerable guidance on what to include in reporting.

Iain Gorman advised that, in terms of capacity, there was a level of agility within services to respond to an increase in demand. He said it was likely that there would be local pockets of demand rather than the significant overall peaks seen previously. The position and key risks would continue to be monitored closely and actions developed in discussion with the HSCP, NHS Lothian and East Lothian Council.

In response to further questions from the Chair, Ms Flanagan indicated that she and colleagues continued to work closely with counterparts in NHS Lothian and East Lothian Council to understand the key cost drivers and the impacts for the current financial year and the longer term. She added that while the IJB had received additional funding from the Scottish Government to deal with COVID-19, NHS Lothian had yet to receive anything extra.

Dr Patricia Donald supported the expansion of the Care Home Team but also recognised the need for an increase in the budget for care at home services. She asked about the recent announcement of additional funding for care homes in England and whether there would be any consequential funding for Scotland. Ms Flanagan agreed to look into this.

## Decision

The IJB agreed to:

- i. note the Quarter 1 financial forecasts provided by the partners;
- ii. note the work ongoing to refine and understand these; and
- iii. note the financial impact and uncertainties of COVID-19 and the remobilisation of services for both partners.

## 5. EAST Lothian IJB DIRECTIONS 2020-21

The Chief Officer had submitted a SBAR report presenting to the IJB the proposed Directions for 2020-21.

Claire Goodwin presented the report advising that following a review by the Change Boards of the 42 active Directions, and taking account of the comments from IJB members, it was proposed that 22 Directions remain unchanged, 15 be revised and 5 retired.

Ms Flanagan and Mr Gorman provided clarification to members on the wording of some of the Directions.

In response to a question from Paul White, Rona Laskowski advised that the learning disability strategy had been developed in consultation with service user representatives, and including this in the housing strategy provided the opportunity to review the range of provision offered. However, she emphasised that the choice would always lie with the service user and their family.

Mr Murray commented that including SMART objectives within Directions would provide consistency in monitoring and evaluating their effectiveness. On the issue of re-provision and the review of social care, he said the IJB needed to find way of including its views in the process to avoid ending up with a model it may not otherwise have considered.

Councillor McMillan said he had found the report fascinating and recommended a briefing for other Elected Members within the Council. He also echoed Mr Murray's comments regarding SMART objectives.

The vote on the recommendations was taken by roll call:

Dr Patricia Donald	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Councillor P McLennan	Agreed
Councillor J McMillan	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed

## Decision

The IJB agreed to:

- i. the continuation, revision or retirement of Directions as set out, noting that on finalisation and communication with partners these will have clear progress measures attached;

- ii. that Change Boards should continue to engage with partners on further development of the existing and any new Directions as required; and
- iii. note that the planned review of Change Boards, the issues arising from COVID-19 and other internal and external factors are likely to require further changes to Directions during the current year.

## **6. REDESIGN OF URGENT CARE – IMPLEMENTING THE NATIONAL MODEL IN Lothian**

The Chief Officer had submitted a SBAR report informing the IJB of the Scottish Government national review of adult urgent care.

Paul Currie presented the report outlining the background and purpose of the review which would reflect and expand on the work of the Lothian Unscheduled Care Programme Board (LUCPB). He indicated that the delivery of improved urgent care was even more pressing in the light of COVID-19 and he provided details of some of the work underway to develop a new 24/7 care pathway. He advised that the four Lothian IJB Chief Officers were involved in the review and further updates would be provided at future IJB meetings.

In response to a question from the Chair, Mr Gorman acknowledged that resources would be required if there was to be a shift in workload from secondary to primary care and he was mindful of the existing pressures on services. He advised that further discussions would begin next week regarding the second phase of the work and the setting up of services at local level.

Ms Ireland said she was reassured by Mr Gorman's comments on local services as she had concerns about putting in place an additional step at a national level which may confuse people and make access to care more complicated.

Councillor McLennan encouraged a strong communication strategy and the creation of a matrix of data showing up take of services across the county, perhaps broken down to Ward areas, to inform any change in local services.

Mr Gorman acknowledged the point about communication and also agreed to bring back more concise information on local services within future progress updates.

Dr Jon Turvill said that the review was both encouraging and concerning. As a GP, he was aware that many of his colleagues across primary care settings had concerns that work would be displaced back to practices which were already under enormous pressure, and without adequate resources to support any additional workload. Many GPs were also heavily involved in triaging as a result of COVID-19 and to take them away from this work would create other problems. However, he recognised the benefits of reviewing the system as a whole and welcomed the intention behind it.

Dr Donald agreed that this issue was very complex. However, she welcomed the strong collaborative approach being demonstrated and the intention to create an integrated system to support patient flow. Referring to a recent announcement in England regarding a change to the 111 telephone service, she also emphasised the importance of a good communications strategy.

The Chair concurred with these comments saying that she shared the aspiration for additional flexibility within local services and she also urged that there be as wide a communication as possible as work progressed.

## **Decision**

The IJB agreed to:

- i. note the planned work to direct appropriate activity from the acute hospital front door to other provision utilising NHS24 and the 111 telephone service; and
- ii. receive regular updates on progress of the redesign programme as phases 1 and 2 begin to deliver.

*Sederunt: Peter Murray left the meeting.*

## **7. WINTER PLANNING**

The Chief Officer had submitted a SBAR report outlining the services which would help to provide winter resilience within East Lothian.

Mr Currie presented the report setting out the background to the current situation and the actions planned to address demand and taking into account the added concerns around COVID-19. He advised that the flu vaccine programme had been scaled up this year but that the full range of delivery would depend on supply and demand. As with previous years, a number of local actions were being planned to address wider demand for services and he referred members to the report for additional detail on the four key areas for this year.

The Chair welcomed the plans and said it was a tried and tested formula to build capacity as close to home as possible. However, she had concerns that some older people may be wary of going to the GP to get their flu jab and asked about monitoring of take up.

Dr Turvill said that an overall increase in take up was anticipated, particularly as a result of COVID-19. While he acknowledged concerns about attendance, he advised that GP practices were being proactive about reducing risks and introducing a number of measures to protect patients, for example the Harbours practice was conducting immunisations outdoors.

Mr Currie added that the emphasis this year was not just on immunising the public but also on immunising staff and this would be an important part of the programme.

## **Decision**

The IJB agreed to:

- i. note the planned service development and delivery arrangements to prepare for the additional service pressures which, as in previous years, were likely to arise in the Lothian acute hospitals during the winter months;
- ii. note that the East Lothian HSCP Flu Programme was being established;
- iii. note that the usual winter demand this year is likely to be adversely affected by the continuing presence of COVID-19 and the possibility of further peaks in COVID-19 presentations; and
- iv. note links were established to the continuing work through the Lothian Remobilisation Plan and the work underway to review unscheduled care.

## **URGENT ITEM – PRIMARY CARE UPDATE**

Mr Gorman provided a verbal update on the work to implement the Primary Care Improvement Plan (PCIP). He referred to the changes to services as a result of COVID-19 and advised that since July work had been underway to remobilise as many key services as possible. Progress was going well and a number of services were now available including MSK and mental health.

He also provided an update on four key areas within the PCIP: pharmacotherapy, community treatment and access centres, vaccination transformation programme and support around urgent care. He confirmed that a detailed paper would be circulated early next week and he would be happy to respond to questions from members.

The Chair thanked Mr Gorman for the update and welcomed the blend of geographical services. She suggested that members hold their questions until they had had the opportunity to read the paper and she asked them to note the verbal update.

### **Decision**

The IJB agreed to note the verbal update on primary care.

## **SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION**

The IJB unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

### **Progress Report and Update on the East Lothian Council Internal Audit report on Homecare Services**

The IJB considered a progress report prepared following the East Lothian Council Internal Audit on Homecare Services. The IJB agreed to note the contents of the report.









**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 29 October 2020  
**BY:** Chief Officer  
**SUBJECT:** Inclusion of IJBs as Category 1 Responders

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## 1 PURPOSE

- 1.1 To advise the Integration Joint Board (IJB) of the Scottish Government's intention to make changes to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders.
- 1.2 To advise the IJB of the current consultation exercise taking place in relation to the proposed changes.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders.
- 2.2 Agree to the submission of a consultation response on behalf of the IJB, by the 2<sup>nd</sup> November deadline. The response will include the identification of potential impacts on the IJB, including any resource, personnel or other implications.

## 3 BACKGROUND

- 3.1 The Scottish Government has advised of its intention to make changes to the Civil Contingencies Act 2004 in order to add Integration Joint Boards (IJBs) to the list of Category 1 responders.
- 3.2 The Civil Contingencies Act 2004 forms the legal basis for emergency preparedness in Scotland and the UK. The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 provides more detail on the application of the Act in Scotland including the roles and duties of responders.
- 3.3 Two categories of responders are identified in the Act, and specific roles and duties are assigned to each of these. Category 1 responders

currently include the emergency services, local authorities and NHS Health Boards; whilst Category 2 responders include a range of utility and transport providers, as well as NHS National Services Scotland. Currently, Integration Joint Boards do not fall into either of these responder categories.

- 3.4 The following requirements are listed for Category 1 responders:
- Assess the risk of emergencies occurring and use this to inform contingency planning
  - Put in place emergency plans
  - Put in place business continuity management arrangements
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
  - Share information with other local responders to enhance co-ordination
  - Co-operate with other local responders to enhance coordination and efficiency
  - Provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only)
- 3.5 Although not identified as Category 1 responders, IJBs already share responsibility for developing local emergency and resilience plans with Health Boards and local authorities. This means there is already an expectation that the IJB Chief Officer and their team will work alongside local authority and Health Board colleagues to carry out duties related to the Civil Contingency Act.
- 3.6 To date, IJB Chief Officers have only formally contributed to local emergency and resilience planning in their role as directors of Health Boards or local authorities. The proposal to include IJBs as Category 1 responders would formalise the Chief Officer's role, which in turn will help to ensure that formal coordinated and appropriate arrangements are in place in the event of emergencies that impacts on IJB delegated functions.
- 3.7 The Scottish Government suggests that it does not anticipate Category 1 responder status causing 'significant additional burden' to IJBs. However, there is an expectation expressed that Chief Officers will draw on resources from their integrated teams to support this work.
- 3.8 The Scottish Government anticipates that this change will come into effect by spring 2021. A period of consultation is currently underway in order to gather the views of stakeholders from across the health and

social care sector. The consultation<sup>1</sup> was launched on the 12<sup>th</sup> October and will close on the 2<sup>nd</sup> November.

#### **4 ENGAGEMENT**

- 4.1 The Scottish Government is carrying out consultation with Integration Joint Boards on this matter. Consultation with local communities is not deemed necessary in relation to the proposals.

#### **5 POLICY IMPLICATIONS**

- 5.1 The proposed identification of Integration Joint Boards as Category 1 responders may have implications for local policy.

#### **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or the economy.

#### **7 DIRECTIONS**

- 7.1 The development of additional directions may be required in relation to the proposed changes.

#### **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – there may be financial implications associated with the IJB assuming the status of Category 1 responder, this should be explored to help inform the IJB's consultation response.
- 8.2 Personnel – there may be financial implications associated with the IJB assuming the status of Category 1 responder, this should be explored to help inform the IJB's consultation response.
- 8.3 Other – Legal - Category 1 responder status would impose additional statutory responsibilities on the IJB, the implications of these should be considered.

<sup>1</sup> <https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civilcontingencies-act/>

## 9 BACKGROUND PAPERS

- 9.1 Appendix 1 – Consultation to amend the Civil Contingencies Act 2004 to include Integration Joint Boards

<b>AUTHOR'S NAME</b>	Claire Goodwin
<b>DESIGNATION</b>	Assistant Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Claire.Goodwin@nhslothian.scot.nhs.uk">Claire.Goodwin@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	16 October 2020

# **Consultation to amend the Civil Contingencies Act 2004 to include Integration Joint Boards**

# Consultation to amend the Civil Contingencies Act 2004 to include Integration Joint Boards

## Integration Joint Boards

The integration of health and social care is one of the most significant reforms since the establishment of the NHS. It is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services and equips Scotland's services for the challenges the future will bring.

An Integration Joint Board is the decision making and governance body for all delegated functions, services and budgets, identified in individual integration schemes, jointly agreed by the relevant Local Authority and Health Board. The Integration Joint Board is a statutory body, constituting a separate legal entity to Local Authorities and Health Boards. Each Integration Joint Board is statutorily required to appoint a Chief Officer (and a Chief Finance Officer) to support it in delivering its functions.

## Civil Contingencies Act 2004

The [Civil Contingencies Act \(2004\)](#) makes the following requirements for those listed as Category 1 responders:

1. Assess the risk of emergencies occurring and use this to inform contingency planning.
2. Put in place emergency plans.
3. Put in place business continuity management arrangements.
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
5. Share information with other local responders to enhance co-ordination.
6. Co-operate with other local responders to enhance co-ordination and efficiency.
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

## Background

Integration Joint Boards, Health Boards and Local Authorities share a joint responsibility and accountability for drawing up suitable plans which take account of functions managed by each individual body. Therefore, the Integration Joint Board Chief Officer and their team are expected to work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004.

Whilst Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their

accountable officer status within the Integration Joint Boards. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

The Integration Joint Boards' key resource are the Chief Officers who hold multi-faceted roles as the accountable officer of the Integration Joint Board and as directors of Health Boards and Local Authorities. The Chief Officer would lead for the Integration Joint Board and can draw on resource from their integrated teams (both Health Board and Local Authority employed staff). It would be expected that the Chief Executives of the Health Board and Local Authority be involved, or have put in place appropriate representation to ensure the views of those bodies are well covered.

The Scottish Government does not envisage that including Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 will cause significant additional burden to them. Although the Act sets out a number of requirements, the main addition will be the formal inclusion of Integration Joint Board Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the Integration Joint Board. As highlighted above, to meet their requirements, we would expect the Chief Officer to draw on resources from their integrated teams, many of whom will already be involved in this work as Health Board and Local Authority staff.

### **Why are we consulting**

The Scottish Government are consulting to ensure that there are no unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004.

### **Consultation question**

The Scottish Government intends to pass legislation that will include Integration Joint Boards as Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004. Do you, or the organisation that you represent, envisage this change to have any significant wider impacts or unintended consequences under the Equality Act 2010 including the Fairer Scotland Duty? These include but are not limited to protected characteristics of race, gender, age, religion, sexual orientation, disability, gender reassignment, religion or belief, pregnancy or maternity, low income, low wealth or living or growing-up in areas of deprivation. Please consider these for:

- yourself,
- your organisation,
- people who use health and social care services,
- people who work in the health and social care sector, or,
- any other persons or organisations in the wider health and social care sector?

## **Responding to this Consultation**

We are inviting responses to this consultation by 2 November 2020.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civil-contingencies-act/>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 2 November 2020.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Integration Policy and Support Team  
Scottish Government  
[ConsultationJBCCA@gov.scot](mailto:ConsultationJBCCA@gov.scot)

Please note that due to COVID-19 Scottish Government teams are remote working and will not have access to written correspondence.

## **Handling your response**

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

## **Next steps in the process**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.



### **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at [ConsultationJBCCA@gov.scot](mailto:ConsultationJBCCA@gov.scot).

### **Scottish Government consultation process**

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



Consultation to amend the Civil Contingencies Act 2004 to include Integration Joint Boards

## RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:

<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
- Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

If you are responding on behalf of an organisation please tell us the type of organisation you are responding on behalf of.

Integration Joint Board	
Health Board	
Local Authority	
Third Sector	
Trade Union	
Partner Organisation	
Staff Group / Employee	
Supplier	

Service User	
Community Group	
Other	

If other please state:

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
- Publish response only (without name)
- Do not publish response

**Information for organisations:**

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

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

- Yes
- No



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**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 29 October 2020  
**BY:** Chief Officer  
**SUBJECT:** Independent Review of Adult Social Care

5

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the current Independent Review of Adult Social Care.
- 1.2 To reach agreement on how the IJB should engage with the review process.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the Independent Review of Adult Social care currently underway and agree to develop a formal IJB response for submission by the deadline of 6<sup>th</sup> November 2020.
- 2.2 Invite individual IJB members to provide comments to the Planning and Performance Team to inform a coordinated submission on behalf of the IJB.
- 2.3 Note that a future IJB Development Session will focus on the implications of the review for delegated services.

## 3 BACKGROUND

- 3.1 On 1st September 2020 the First Minister announced an Independent Review of Adult Social Care as part of the Programme for Government. The independent review began immediately after its announcement and will report by January 2021.
- 3.2 The main aim of the review is to make recommendations as to how adult social care in Scotland could be improved in terms of the outcomes for people using services, their carers and families and the experience of people working in adult social care. The review will take a human rights based approach.

3.3 The key areas being considered are:

- Dimensions of high quality social care
- Needs, rights and preferences of people using social care services and supports
- The experience of staff working in the social care sector
- Regulation, scrutiny and improvement of social care
- Human rights and ethics in social care
- Commissioning and procurement
- Finance
- Potential national aspects of a social care system

3.4 The report generated by the review will include recommendations for improving adult social care in relation to any of the areas within its remit.

3.5 Phase one of the review includes seeking the views of people using social care services, staff working in them and social care provider organisations – this will be done via an open enquiry approach. Local authorities, Integration Joint Boards and NHS Boards are invited to submit their views as part of this phase. It should be noted that phase one concludes on the 6<sup>th</sup> November 2020.

3.6 Due to the tight timeframe, details of the review have been circulated in advance of the IJB meeting for members' action. A future IJB Development Session will consider the implications of the review for delegated services.

## **4 ENGAGEMENT**

4.1 As part of the review, engagement with people with lived experience, carers and third sector organisations is being supported at a national level by the ALLIANCE<sup>1</sup>. Further details of the engagement programme are available [here](#).

## **5 POLICY IMPLICATIONS**

5.1 Policy implications at an East Lothian level will depend on the outcome of the review and subsequent changes to national policy in relation to adult social care.

<sup>1</sup> The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The outcome of the Independent Review of Adult Social Care has potentially significant impacts on individuals and communities and any resultant changes to service provision locally will be subject to full Integrated Impact Assessments.

## **7 DIRECTIONS**

- 7.1 Future developments on the back of the independent review may require amendments to current directions and / or the addition of new directions.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – None  
8.2 Personnel – None  
8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 [Independent Review of Adult Social Care – Home Page](#)  
9.2 [Independent Review of Adult Social Care – Terms of Reference](#)

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<b>DATE</b>	16 October 2020





**Date:** Integration Joint Board meeting on 29/10/20

**Completed by:** Andrew Main (Planning & Performance Officer, ELHSCP)

**Area:** Planning & Performance, Adults, East Lothian Health & Social Care Partnership

<p><b>Situation</b></p>	<p>Since the beginning of lockdown on 23<sup>rd</sup> March 2020 the Health and Social Care Partnership have been supporting local social care providers by ensuring that reasonable additional costs are met through the <a href="#">National Principles for Sustainability and Remobilisation Payments to Social Care Providers</a>. COSLA, Scottish Government and key partners regularly review the principles and evolving COVID situation to ensure that they are fit for purpose and service providers are supported to deliver a sustainable service.</p>
<p><b>Background</b></p>	<p>The first and second tranche of funding to support social care has been provided to local NHS boards from the Scottish Government with local claims that are supported being paid via East Lothian Council finance arrangements. Claims are considered at weekly Sustainability Payment Panels that are chaired by Alison MacDonald (Joint Director HSCP/ Chief Officer East Lothian IJB) and attended by a variety of partnership officers. As at 1<sup>st</sup> October 2020 the panel has approved £750,477.20 in claims (£151,701.28 in additional costs and £598,775.92 in reduced occupancy).</p> <p>All East Lothian adult service providers were initially contacted on 24<sup>th</sup> June 2020 to notify them of the availability of sustainability funding with regular reminders being distributed thereafter. Each provider is offered individual support to complete the claim process as and when necessary. To date 30 providers have responded and 16 providers have received payments. Of the 14 who have not received a payment: 2 do not intend to make a claim; 7 are yet to submit a claim; 4 claims are under review; 1 claim not approved. As well as providing support to care home providers on the national care home contract the panel have also been supporting non-framework homes on a like for like basis in recognition of their role in local service provision.</p> <p>The current national principles (v4) cover 23<sup>rd</sup> March 2020 to 30<sup>th</sup> November 2020 and the sustainability payment panel is therefore likely to continue into early 2021. The following transition arrangements are currently in place:</p> <ul style="list-style-type: none"> <li>• Care Home Occupancy Payments are paid at 80% of the National Care Home Rate between 23<sup>rd</sup> March and the end of August but will begin to taper with 75% of voids caused by the continued impact of COVID paid in September, 50% in October and 25% in November.</li> <li>• The planned care approach for care and support and community-based services will remain in place until the end of October to allow a transition period.</li> <li>• Additional costs for personal protective equipment, infection prevention control and staffing related costs, in line with Scottish Government guidance, will continue to be met in line with current arrangements and are subject to ongoing review and engagement with the sector, and</li> <li>• Social Care Staff Support Fund payments will continue subject to extension of the regulations.</li> </ul> <p>The sustainability panel has been subject to an internal audit by East Lothian Council with Stuart Allan (Senior Auditor) attending the meeting on 24<sup>th</sup> August 2020 and reviewing our process and paperwork. Initial feedback from the internal audit team has been very positive and a full report will be available in due course.</p> <p>The panel has implemented a variety of records management and data protection principles in line with GDPR and the Data Protection Act including: retention periods, restricted access</p>

	to panel files, a protective marking system and a call for all provider claims and evidence to be submitted in anonymised format.
<b>Assessment</b>	The partnership will continue to work in collaboration with service providers to provide the necessary support as and when required and mitigate the associated risks. As we transition from the national principles it is recognised that there may be a requirement to step up support in the event of a local outbreak in a particular area or in the event of a second wave. The partnership is actively working with and monitoring individual service providers to ensure that they remain stable and sustainable with the planned care approach ceasing at the end of October 2020 and reduced occupancy rates for care homes reducing through September to November. We continue to work with service providers to consider and implement adaptations to business and support models in order to ensure sustainability of services.
<b>Recommendation</b>	To note the content of the report.
<b>Further Information</b>	<ul style="list-style-type: none"> <li>• Provider sustainability principles – <a href="https://www.cosla.gov.uk/_data/assets/pdf_file/0022/19534/Provider-Sustainability-Principles-v4.pdf">https://www.cosla.gov.uk/_data/assets/pdf_file/0022/19534/Provider-Sustainability-Principles-v4.pdf</a></li> <li>• Supplier relief policy note – <a href="https://www.gov.scot/publications/coronavirus-covid-19-supplier-relief/">https://www.gov.scot/publications/coronavirus-covid-19-supplier-relief/</a></li> <li>• Social Care Staff Support Fund – <a href="https://www.gov.scot/publications/coronavirus-covid-19-social-care-staff-support-fund-guidance/">https://www.gov.scot/publications/coronavirus-covid-19-social-care-staff-support-fund-guidance/</a></li> </ul>



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 29 October 2020  
**BY:** Chief Finance Officer  
**SUBJECT:** Financial Update 2020/21

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7

## 1 PURPOSE

- 1.1 This report provides an update to the IJB on its year to date financial position in 2020/21 (Month 5) and the updated projected year end out-turn, undertaken by both the IJB partners East Lothian Council and NHS Lothian.
- 1.2 This report presents the Board with a medium term rolling 5 year financial plan (2020/21 to 2024/25) for noting which was prepared in a Business as Usual, pre COVID scenario and will be refined when clarity on future service provision is known.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to
  - i. Note the financial forecasts provided by our partners;
  - ii. Note the work ongoing to refine and understand these and
  - iii. Note that additional COVID-19 funding has been received at Health Board level but is not yet allocated to partners so is not included in these positions
  - iv. Note ongoing uncertainties of COVID-19 and the remobilisation of services for both partners and the financial impact
  - v. Note the pre-pandemic medium term rolling 5 year financial plan (2020/21 to 2024/25), the ongoing work to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance

## 3 BACKGROUND

### Financial Update 2020/21

- 3.1 As previously reported, the IJB approved the final budget for 2020/21 was prepared and approved on the basis of “business as usual”. The

COVID-19 pandemic is still happening and the financial risks to Health & Social Care will continue to change over these uncertain and volatile times.

3.2 The financial position for the IJB remains a challenge to report. Understanding the results and the financial impact of COVID-19, both in terms of the impact of the actual costs incurred to date, as well as the implication for the rest of the financial year. Finance teams in both organisations continue to monitor the extent to which the projected overspend relates to: the 'core' (i.e. underlying operational) position; the impact of COVID-19 on costs incurred to date; and any (future) financial consequences of mobilisation/remobilisation.

3.3 The IJBs financial position as at the end of August 2020 is £1.8m overspent and projects a £4.8m overspend for 2020/21. This position should be read in the context that at this stage no additional funding is reflected in either position. Also that COVID-19 represents an unprecedented challenge for the delivery of health and social care services and there is significant uncertainty and additional costs arising in 2020/21.

3.4 A further breakdown of the position is shown below :

	Annual Budget	YTD Budget	YTD Actual	YTD Variance @ Month 5	Updated Forecast after Month 5
	£k	£k	£k	£k	
Core	78,411	29,424	30,690	(1,266)	(3,139)
Hosted	14,941	5,508	5,589	(80)	(305)
Set Aside	19,600	7,773	8,100	(327)	(1,018)
Health	112,952	42,705	44,378	(1,673)	(4,462)
Social Care	55,251	19,896	20,007	(111)	(337)
Total	168,203	62,601	64,385	(1,784)	(4,799)

Table 1: East Lothian IJB Year to Date Financial Position & Month 5 Forecast

Detailed Forecast Outturn for 2020/21	£k
NHS Services :	
Core	(3,139)
Hosted	(305)
Set Aside	(1,018)
NHS Services (£2m of COVID related costs have been incurred to date)	(4,462)
Council Services :	
Social Care (to date £1.5m of COVID related costs)	(705)
Private Sector Housing Grant	63
HRA TOTAL	305
Council Services	(337)
<b>Overall Total for East Lothian IJB</b>	<b>(4,799)</b>

Table 2: East Lothian IJB Outturn Forecast

Within both positions the forecast overspend reflects additional costs due to COVID-19. Main pressures include:

- NHS - Additional costs due to extra wards open in East Lothian Community Hospital, more Hospital to Home Runs and additional costs in GMS and Prescribing.
- Council - Additional resilience capacity in Care Home beds, sustainability payments to external providers, reduction in income.

3.5 Additional Funding has now been allocated by the Scottish Government which will help mitigate the additional cost implications resulting from COVID-19. NHS Lothian has received additional funding of £78m towards COVID costs across the whole Health and Social Care system. The allocation was based on the outputs of the mobilisation and remobilisation plans submitted to Scottish Government but does not cover all costs incurred. The allocation is based on a combination of actual costs, % of actual costs and NRAC shares. The Scottish Government issued methodology for allocating funding across the Health Board and between partners which is being worked through. Until this exercise is finalised we have not included this additional funding in our forecast positions.

3.6 As out-turn projections continue to be refined throughout the year, an updated position will be brought to the next IJB, by which time we will have clarity on the additional funding available to East Lothian IJB.

#### **East Lothian IJB 5 year rolling financial plan 2020/21 to 2024/25**

3.7 As in previous years, the IJB produces a longer term financial outlook and updates the IJB members on this throughout the financial year. Following acceptance of the formal budget offers for 2020/21 from both partners and indicative budget values for future years the IJBs rolling 5 year financial plan was developed in early 2020/21. Please note this was prepared before the significance of the pandemic was known and was based on “business as usual” planning assumptions. With the uncertainty attached to these extraordinary times the 5 year rolling financial plan should be viewed in the context of this volatile landscape.

3.8 The overall position for the IJB is summarised in Table 3 below. A detailed breakdown is included in Appendix 1.

	<b>20/21</b>	<b>21/22</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
Total income	168,203	161,585	162,357	163,400	164,463
Total Expenditure	173,002	168,320	172,365	176,525	180,789
<b>Gap before savings plans</b>	<b>(4,799)</b>	<b>(6,735)</b>	<b>(10,008)</b>	<b>(13,125)</b>	<b>(16,326)</b>
<b>% gap</b>	<b>(3%)</b>	<b>(4%)</b>	<b>(6%)</b>	<b>(8%)</b>	<b>(10%)</b>

*Table 3: IJB rolling five year financial plan*

3.9 The Scottish Government published its medium term financial framework for Health and Social Care in October 2018 and this has supported the development of the rolling 5 year financial plan for the IJB. The rolling 5 year financial plan is based on formal budget offers

for 2020/21, and indicative budget offers for the remaining years. East Lothian Council budget letter for 2021-20 included indicative offers for 2021/22 to 2023/24 only, therefore flat budget for the last 2 years has been used. Table 4 summarises total anticipated delegated budgets over the next 5 years.

	20/21 £k	21/22 £k	22/23 £k	23/24 £k	24/25 £k
NHSL delegated base budget	102,134	105,582	106,584	107,606	108,649
Additional contributions	10,818	1,002	1,022	1,043	1,063
<b>Total NHS income</b>	<b>112,952</b>	<b>106,584</b>	<b>107,606</b>	<b>108,649</b>	<b>109,712</b>
ELC delegated base budget	53,450	55,251	55,001	54,751	54,751
Additional contributions	1,801				
ELC savings target	-	(250)	(250)	0	0
<b>Total ELC income</b>	<b>55,251</b>	<b>55,001</b>	<b>54,751</b>	<b>54,751</b>	<b>54,751</b>
<b>Total income</b>	<b>168,203</b>	<b>161,585</b>	<b>162,357</b>	<b>163,400</b>	<b>164,463</b>

Table 4: Indicative IJB delegated budget 2020/21-2024/25

3.10 The projected costs of delegated services across the same period are shown below in Table 5. The modelling assumptions used to estimate future costs are described below.

	20/21 £k	21/22 £k	22/23 £k	23/24 £k	24/25 £k
Base expenditure	166,511	164,370	168,311	172,365	176,525
Price effects	3,681	2,326	2,382	2,437	2,491
Demographic change	1,576	1,623	1,672	1,722	1,774
Non demographic growth	1,234	0	0	0	0
<b>Total expenditure</b>	<b>173,002</b>	<b>168,320</b>	<b>172,365</b>	<b>176,525</b>	<b>180,789</b>

Table 5: Projected cost of delegated services 2020/21-2024/25

3.11 Future NHS Lothian costs within the financial plan are based on the detailed financial planning exercise conducted by NHS Lothian. Non-recurring base expenditure for 2020/21 has been adjusted for the additional COVID costs incurred.

3.12 For East Lothian Council a starting position of baseline expenditure for Social Care at £175k overspent (being the out-turn for 2019/20) was assumed. Future years increased expenditure was based on a combination of sources; pay awards from the Financial Prospects report (October 2019), demographic growth at 3% and non-demographic known pressures of £1m.

3.13 East Lothian Social Care pressures of £1m represent the underlying system pressures that are often managed year to year through slippage in staffing budgets from vacancies or lower uptake on new funding streams. Although £1.8m additional budget was added to East Lothian Social Care in 2020/21, the increases in 2020-21 costs from pay awards, Care Home and Care at Home contracts exceeded this new funding, adding an estimated £400k pressure.

- 3.14 At this stage limited assurance can be given around the IJBs ability to break even in 2021/22 and there is a significant financial challenge on the horizon. The IJB should ask officers within the partnership to develop a financial recovery plans and update the IJB on progress against this plan at a future meeting.
- 3.15 On a general observation, as the Scottish Government continues to consider its response to changing circumstances, taking into account the whole of society and its needs. It is highly unlikely that all additional costs will be met with additional funding and increased pressures on public spending is inevitable. The IJB has to mitigate the challenges of this increased financial pressure of providing fit for purpose and value for money services for the people of East Lothian.

#### **4 ENGAGEMENT**

- 4.1 The IJB makes its papers and report available on the internet.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no new policies arising from this paper.

#### **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy

#### **7 DIRECTIONS**

- 7.1 There are no Directions implications arising from this paper

#### **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – discussed above
- 8.2 Personnel – none
- 8.3 Other – none

#### **9 RISK**

- 9.1 Like any year end projection, the IJB relies on a number of assumptions and estimates each of which introduces a degree of risk. Of particular note are:

- forecasts will vary as service driven mobilisation and remobilisation plans are developed and financial impacts crystallised;
- the extent to which COVID-19 costs will be met by the Scottish Government through the mobilisation processes;
- that there will be no further waves of COVID-19.

## 10 BACKGROUND PAPERS

10.1 Financial Update – September 2020 IJB meeting

10.2 Scottish Government Medium Term Health and Social Care Financial Framework – October 2018

10.3 East Lothian Council Financial Prospects October 2019

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<b>DATE</b>	October 2020

### Appendix 1 - East Lothian IJB 5 Year Rolling Plan 2020/21- 2024/25



East Lothian IJB 5 Year Rolling Financial Plan	2020/21			2021/22			2022/23			2023/24			2024/25		
	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k
<b>Income</b>															
Recurring budget	154,090	0	154,090	159,089	0	159,089	159,841	0	159,841	160,863	0	160,863	161,906	0	161,906
Uplifts	5,198	0	5,198	1,002	0	1,002	1,022	0	1,022	1,043	0	1,043	1,063	0	1,063
Other adjustments	51	8,864	8,915	0	1,494	1,494	0	1,494	1,494	0	1,494	1,494	0	1,494	1,494
<b>Total Income</b>	<b>159,339</b>	<b>8,864</b>	<b>168,203</b>	<b>160,091</b>	<b>1,494</b>	<b>161,585</b>	<b>160,863</b>	<b>1,494</b>	<b>162,357</b>	<b>161,906</b>	<b>1,494</b>	<b>163,400</b>	<b>162,969</b>	<b>1,494</b>	<b>164,463</b>
<b>Expenditure</b>															
Baseline expenditure	157,562	7,454	165,016	162,876	0	162,876	166,817	0	166,817	170,871	0	170,871	175,031	0	175,031
<i>Anticipated cost increases:</i>															
Pay awards	2,389	0	2,389	1,416	0	1,416	1,447	0	1,447	1,475	0	1,475	1,501	0	1,501
Demographics	1,576	0	1,576	1,623	0	1,623	1,672	0	1,672	1,722	0	1,722	1,774	0	1,774
SG social care commitments	1,108	0	1,108	0	0	0	0	0	0	0	0	0	0	0	0
Housing grant; disabled adaptations and garden aid	0	1,494	1,494	0	1,494	1,494	0	1,494	1,494	0	1,494	1,494	0	1,494	1,494
Non pay inflation	306	0	306	313	0	313	319	0	319	326	0	326	332	0	332
Medicines and prescribing growth	986	0	986	597	0	597	616	0	616	636	0	636	657	0	657
Investment decisions	97	30	126	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>164,025</b>	<b>8,978</b>	<b>173,002</b>	<b>166,826</b>	<b>1,494</b>	<b>168,320</b>	<b>170,871</b>	<b>1,494</b>	<b>172,365</b>	<b>175,031</b>	<b>1,494</b>	<b>176,525</b>	<b>179,295</b>	<b>1,494</b>	<b>180,789</b>
<b>Gross Position</b>	<b>(4,686)</b>	<b>(113)</b>	<b>(4,799)</b>	<b>(6,735)</b>	<b>0</b>	<b>(6,735)</b>	<b>(10,008)</b>	<b>0</b>	<b>(10,008)</b>	<b>(13,125)</b>	<b>0</b>	<b>(13,125)</b>	<b>(16,326)</b>	<b>0</b>	<b>(16,326)</b>





**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 29 October 2020  
**BY:** Chief Social Work Officer  
**SUBJECT:** Chief Social Work Officer Annual Report 2019/20

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## 1 PURPOSE

- 1.1 To provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2019/20 on the statutory work undertaken on the Council's behalf.
- 1.2 This report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the contents of this report.

## 3 BACKGROUND

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. This report is prepared in line with the national guidance - The Role of the Chief Social Work Officer - published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work service within East Lothian.
- 3.2 Give the workload implications of the pandemic, the government's chief social work advisor set out a requirement for this year's report to focus on the following areas:
  - Governance and accountability arrangements
  - Service quality and performance
  - Resources

- Workforce
- COVID-19

- 3.3 The report reflects the strategic and operational delivery of services across children's (social work) services, justice social work, mental health social and adult social work services including social care. It provides an overview of the professional activity for social work and social care in East Lothian through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
- 3.4 The report highlights the range of continuous improvement and service development work that services were engaged in during 2019/20. Whilst the focus of attention has understandably moved towards responding to the pandemic, it is important to recognise the achievements of the first eleven months of this reporting period.
- 3.5 The landscape for all public services will change over the coming years as a consequence of COVID-19. Statutory social work and social care will be required to adapt to ensure we support the recovery, rising demand and renewal associated with protecting and caring for people and those who are at risk in our communities. The impact of the pandemic on the health and social inequalities for the most vulnerable adults as citizens, carers and parents is significant and will last for a long time.
- 3.6 At the heart of the social work profession lies a commitment to upholding and promoting rights and enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## **4 ENGAGEMENT**

- 4.1 The Chief Social Work Officer Annual Report comments on the different engagement strategies and events within services. This Annual Report is a public document.

## **5 POLICY IMPLICATIONS**

- 5.1 There are no direct policy implications of this report. However, the report highlights the areas of practice, service delivery and policy that will require further review as the full impact of the pandemic on services becomes clearer.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 DIRECTIONS**

- 7.1 As stated in the Purposes section, this report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – there are no financial implications arising from the report, however it does refer to the financial challenges facing the delivery of social work and social care services.
- 8.2 Personnel – none
- 8.3 Other – none

## **9 BACKGROUND PAPERS**

- 9.1 None

Appendix - Annual Report 2019/20 (attached)

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<b>DATE</b>	22 October 2020





**East Lothian**

**Chief Social Work Officer Annual  
Report 2019/20**

# Introduction

I am pleased to present the Chief Social Work Officer's annual report for 2019/20. The report provides a summary of social work and key social care activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and Council services. The report is not intended to be exhaustive but gives an indication of trends, priorities, challenges and opportunities over the past year. In recognition of the arrival and impact of the COVID 19 pandemic, the report includes a summary of how our services have responded and adapted that go beyond the end of the reporting period, setting out some of the implications for service delivery and the workforce.

Our staff have worked incredibly hard to meet the challenges of fulfilling the social work task within the context of COVID, and I want to express my sincere thanks and appreciation to them for their commitment and dedication to protecting and improving the lives of the most vulnerable people in our East Lothian communities.

Judith Tait  
Chief Social Work Officer

## Section 1. Governance and Accountability

### Overview of Governance Arrangements

The strategic direction for the role and contribution of social work and social care services in protecting and improving the wellbeing and outcomes of East Lothian residents sits within the context of community planning, and the integration of health and social care. **The East Lothian (community planning) Partnership Plan 2017-27** sets out its high level focus for: Reducing inequalities across our area; tackling poverty; and working to prevent problems - and acting quickly when problems start. **East Lothian Council's Plan 2017-22** and its vision, for *an even more prosperous, safe and sustainable East Lothian, with a dynamic and thriving economy, that enables our people and communities to flourish* continued as the vehicle for delivering on the overarching objective of 'reducing inequalities within and across our communities'.

The Plan sets out the following strategic goals which will make the biggest impact in delivering these key themes and objectives:

- Reduce unemployment and improve the employability of East Lothian's workforce.
- Reduce the attainment gap and raise the attainment and achievement of our children and young people.
- Improve the life chances of the most vulnerable people in our society.
- Extend community engagement and decision making and increase community and individual resilience.



- Deliver transformational change and harness the opportunities technology offers in the provision of services.

1.1 In 2019, **East Lothian IJB published its second strategic plan 2019-22.** The vision for services remained the same, *to support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use.* The strategic objectives were updated below for the 2019-22 plan and those that are particularly relevant for social work and social care are focused on:

- Making health and social care services more sustainable and proportionate to need
- Early intervention and prevention
- Enabling people to have more choice and control
- Reducing health inequalities
- Providing care closer to home and in an integrated model
- New models of community provision which involve local communities and encourage less reliance on health and social care services

1.2 Social work services in East Lothian are delivered between East Lothian Council and East Lothian Integration Joint Board. Adult social work and social care services, including justice social work are delegated to the IJB and delivered and managed by the East Lothian Health and Social Care Partnership services. Children and families social work services are managed and governed by the council and in June 2019, became part of a joint Education and Children's Services department. The role of **Chief Social Work Officer** was included in the post of Chief Operating Officer, Children's Services and is a full member of the Council's Management Team.

1.3 Social work and social care services play a vital role in championing and addressing the impact of poverty and inequality in the lives of vulnerable people and are well placed to inform the prevention and early intervention agenda that is embedded in the key strategic plans for East Lothian. Most social work functions take place within the context of joint operational working with colleagues within the H&SCP and council services and across key partner agencies including the third sector. The principle strategic partnerships that lead and direct the work to protect and improve the lives of vulnerable people are:

- East and Midlothian Public Protection Committee (EMPPC)
- East Lothian Children's Strategic Partnership (CSP)
- East Lothian Health and Social Care Partnership (ELH&SCP)
- East Lothian Community Justice Partnership (CJP)
- MELDAP (Mid and East Lothian Drug and Alcohol Partnership)

- 1.4 **Role of CSWO in governance and accountability** The CSWO meets regularly with and reports to the council's chief executive. The CSWO attends East and Midlothian Critical Services Oversight Group (chief officer group) for public protection in an advisory capacity, and is a member of the EMPPC and sub-groups for performance and quality improvement and ICR/SCRs. The CSWO is a non-voting member of the IJB and is a member of the clinical and care governance committee. The latter provides an important opportunity for oversight and assurance of key service and practice achievements and risks across adult and justice social work services. The CSWO represents East Lothian at the Lothian and Borders MAPPA strategic oversight group.
- 1.5 As part of the response to the pandemic, the government raised the profile of the role of the CSWO in the enhanced governance and accountability arrangements for care home and care at home services. The CSWO for Midlothian attends the Lothian care home strategic oversight group on behalf of the four Lothian CSWOs. At an East Lothian level, the CSWO is part of the now thrice-weekly care home "huddle" in order to receive intelligence and contribute to discussions about the assurance and oversight of the quality of care home and care at home services during the pandemic. Weekly online meetings with the Care Inspectorate support the identification and assessment of service risks that might impact on the safety and wellbeing of vulnerable people using regulated care services. In terms of public protection, the CSWO acts as the strategic lead for East Lothian in terms of child and adult support and protection, violence and women and girls and MAPPA. At the start of the pandemic, weekly meetings of strategic leads were implemented to provide oversight of key operational processes for protecting people and monitor data trends, including domestic abuse.
- 1.6 **Role of the CSWO in assuring social work practice.** As chief operating officer for children's services and CSWO, it is important to balance the challenge of maintaining sufficient objectivity in line management and budget decisions, alongside accountability for professional practice standards and the safety of service users. The people and financial impact of the pandemic on council and IJB services will test this balance further during the months to come. It is essential for the CSWO to have opportunities to have a "window into practice" in order to remain connected to the core business and standards of assessing and responding to risk and need for vulnerable people. This is achieved through:
- the role of agency decision maker endorsing decisions of the fostering and adoption panels;
  - authorising decisions about secure care placements and monitoring assessments and plans of young people whose liberty has been removed;
  - chairing senior officer resource panels and reviewing plans of children placed in external resources;
  - Implementation of the performance and care governance framework in children's services;

- Strengthening the arrangements for oversight of welfare guardianship applications;
  - Single Point of Contact for Contest: Prevent
  - Monitoring of MAPPA business and membership of MAPPA 3 meetings;
  - Member of ICR/SCR sub-group for public protection;
  - Principal counter-signatory for SSSC endorsements
- 1.7 Aside from MAPPA and ICRs/SCRs in adult support and protection, it is more challenging for the CSWO to have a direct “window into practice” across adult social work services where there are no line management responsibilities. However, the IJB chief officer fully recognises and supports the role of the CSWO in providing professional accountability for social work practice. Senior social work managers in adult services consult with the CSWO about practice issues. The role of lead social worker in adult services provides a formal link with adult services and (amongst others) deputises for the CSWO during annual leave commitments. The development of a governance framework for adult social work services was impacted by COVID but will provide an important central point for collating quality assurance and oversight evidence.
- 1.8 Regular meetings for social work managers across children’s, justice and adult services with the CSWO provide important opportunities to discuss cross-cutting themes, feedback from national meetings such as Social Work Scotland CSWO network and standing committees and an opportunity to reflect on practice dilemmas. Since the start of the pandemic, the frequency of these meetings has increased. They provide a supportive “space” for managers in recognition of the impact of the COVID restrictions on social work practice and the increased risks to vulnerable people of a reduced face to face service offer.

## Section 2. Service Quality and Performance

### Children’s (Social Work) Services

- 2.1 In 2019, the then Chief Executive Officer, Angela Leitch commissioned a two-phase “**vulnerable children’s project**” to conduct a detailed analysis of the trends in spending and causes of overspends from April 2017 and bench-mark performance and spend against other local authorities. The work was carried out within the context of the merger of children’s social work and education services and referenced the ongoing review of Additional Support for Learning (ASL). The context within which both these two key business areas operated were clear and pertinent to the children’s services overspend. Phase one made recommendations for change/improvement concluded in October 2019 and the full report and findings were accepted by the Council Management Team in November 2019. Phase Two would focus on implementing the recommendations and explore the services / approaches that are being successfully deployed elsewhere to prevent children needing to become accommodated and returning those in external placements.

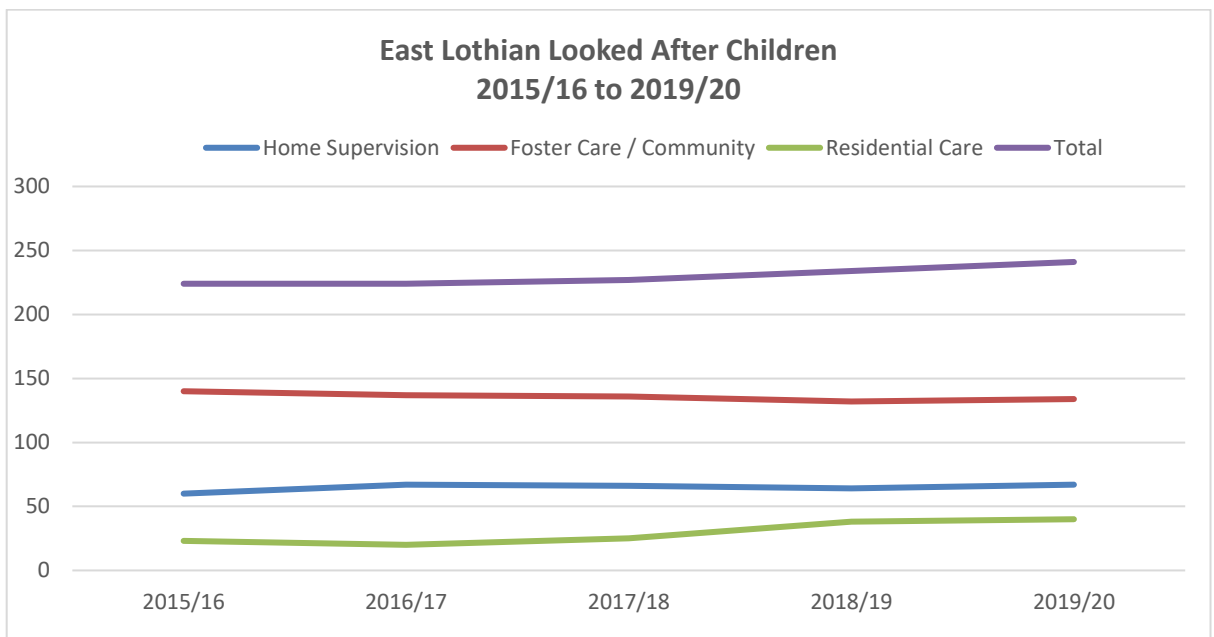
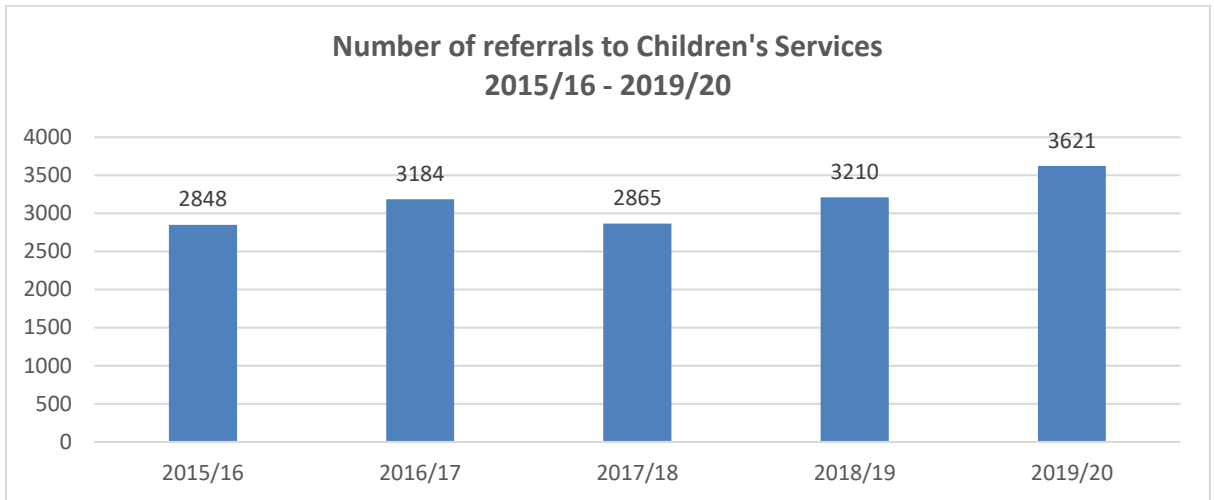
2.2 The main areas of financial and service pressure were clear within the context of continued increase in referral levels:

- *External Placements:* The biggest single issue impacting on the budget overspend in children's social work was the number of children and young people in external placements.
- *Foster carers:* In 2019 East Lothian approved 3 new foster carers but at the same time there were 9 foster carer terminations (due primarily to retirement and ill health) leading to a net loss of 6 foster carers. Terminations have been outstripping approvals for the last five years.
- *Staff:* There was a high staff turnover in children's social work where experienced workers were being replaced by less experienced workers and newly qualified workers.

2.3 Key findings recognised there was no single course of action that would redress the budget overspend immediately. East Lothian was behind the curve in relation to other authorities who had begun to alter practice and do things differently. The evidence from visits to, and engagement with other authorities was that it would take time and investment / re-direction in preventive resources to create the capacity to achieve sustainable changes to practice.

2.4 During the life of the project, work was already underway to target areas of practice and process that had emerged from the self-evaluation work carried out in 2018. Measures to strengthen the governance and oversight of decision making for individual children and young people in partnership with education were implemented throughout 2019/20. In addition the council supported the investment in additional resources through the cost reduction fund aimed at keeping children and young people within their families and their communities. The following section highlights key improvement work commenced in 2019/20.

## Key performance and service developments



2.5 2019/20 was a record year for referrals – 3,621 – averaging 70 per week. This was a 13% increase on 2018/19 figure and presented a significant challenge for the service.

- There was an average of 241 looked after children during the year - a rate of 11.3 per 1,000 – well below the national average.
- However there was an average of 42 young people in residential care – a rate of 2.0 – well above the national average. East Lothian has 13 places in its residential units therefore 69% of young people requiring residential care were in external placements.

- 2.6 88 care experienced young people were receiving a service or support from the aftercare team. This was 84% of the total number of care experienced young people who were entitled to aftercare. The national average figure is 58%. Over 44% of those were in positive destinations (i.e. employment training or education) whilst the national average was 25%. The children's disability team was working with around 150 children and their families.

## Early Intervention

- 2.7 2019 saw Olivebank child and family centre service look towards the implementation of the government's 1140hours of early learning. The nature of the service provided for the most vulnerable children, birth to school-age highlighted the need to review the role of Olivebank within East Lothian's early years "offer". The centre started to move into ante/perinatal work and worked alongside education colleagues towards moving older children into mainstream school nursery provision to strengthen the transition to primary 1. In 2019, **Olivebank child and family centre** was included within the scope of an Education Scotland inspection into family learning and received excellent feedback. It was an important learning experience for all involved.
- 2.8 As a response to the significant rise in external residential placements in 2018/19, children's services developed and implemented a range of new and strengthened approaches and additional services during 2019/20. Children's services worked in partnership with Children 1<sup>st</sup> to redirect and augment the existing **Family Group Decision Making** service to identify family-based solutions, support child-centred family plans and reduce the need for children and young people to be accommodated out with their family network. This was further enhanced by seconding a senior practitioner to work within the service and help to embed the expectations and aspirations of this way of working. Consideration of FGDM became a mandatory part of decision-making for placements. Referral rates increased significantly and there is good evidence of successful outcomes and placements prevented.
- 2.9 2019 saw continued challenges for the **assessment hub**, the "front door" to the service. The year on year rise in referrals and limited early intervention resources available to schools led to a backlog of work and the team being unable to intervene as effectively or promptly. A variety of changes to process and structure were tested during the year, alongside with partnership work with colleagues in universal services to re-visit our approach to GIRFEC. Whilst COVID has brought many challenges for the delivery of children and families social work services, it has highlighted the opportunities to strengthen the relationships and the "reach" of children's services into universal services to support early recognition and effective response to children with emerging needs. As the front door of the service, the assessment hub have been working with the contact centre and education colleagues to make sure that we have the correct tariff of work coming in for statutory services. Referrals from police have been very high with domestic violence being a particular area of increase in referrals. East Lothian has invested in "**safe and together**" as a supportive way of working with survivors of domestic abuse. Working with professional

colleagues regarding the level of and number of referrals coming through to Children's Services is ongoing.

- 2.10 The service launched the **“Prevent and Return” project** with a dedicated officer as the lead. The overall aim of ‘prevent and return’ is to enable children and young people to remain with their families and or communities where appropriate. The initial focus was on identifying and supporting looked after young people to return to East Lothian from external placements. This project has enabled multi-agency partners to have continued oversight of all children and young people in external placements and ensure children and young people’s plans are outcome and future focused. The ‘Prevent and Return’ approach encourages workers to maximise the use all third sector supports in facilitating a return to East Lothian or preventing accommodation. The long term success of the project is reliant on wider service developments including ‘intensive family support’ and foster carer recruitment. However, there is now a more systematic approach to returning Children and Young People to their East Lothian Community. Within the first eight months of the project, ten young people returned from external placements.

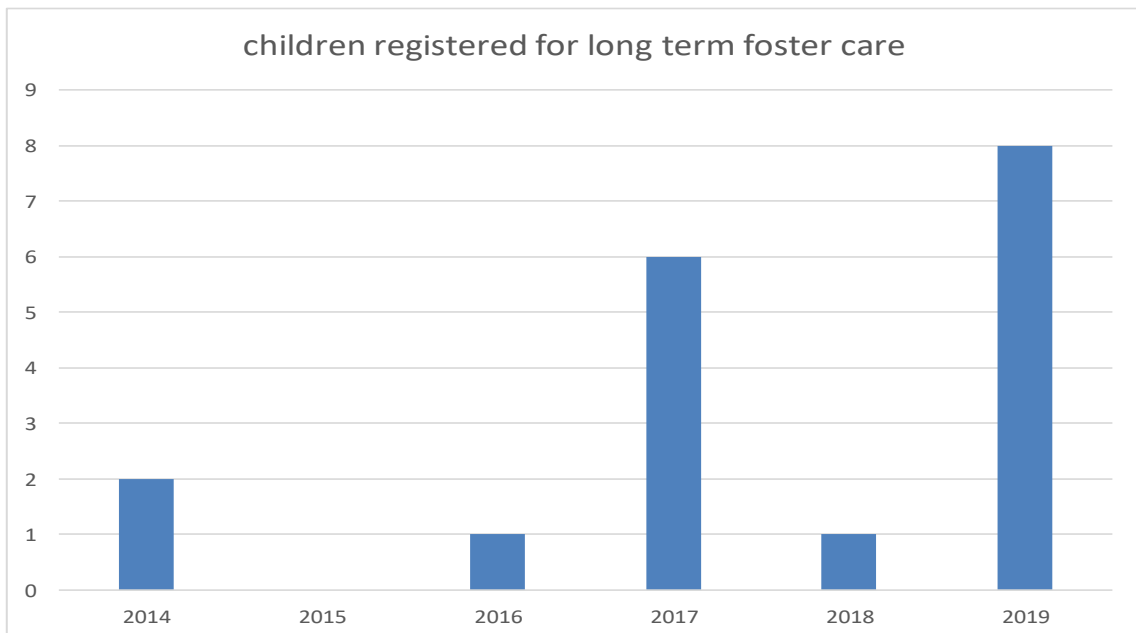
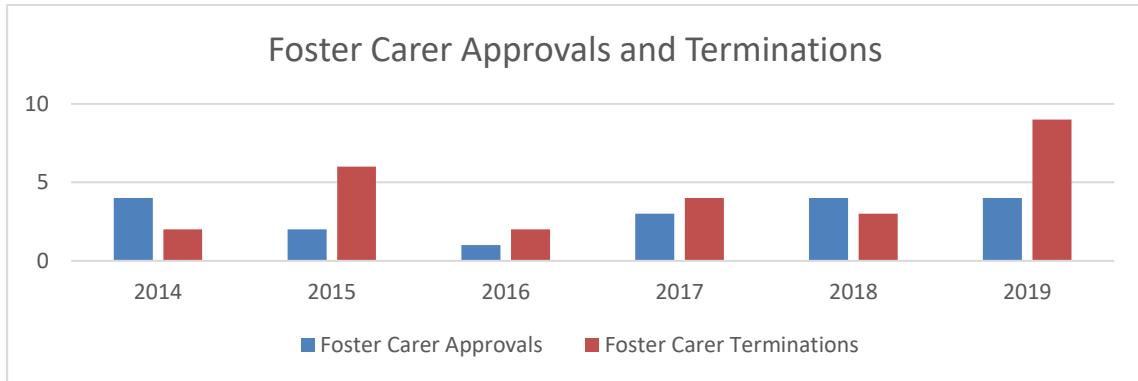
### **Assessment, Intervention and Review**

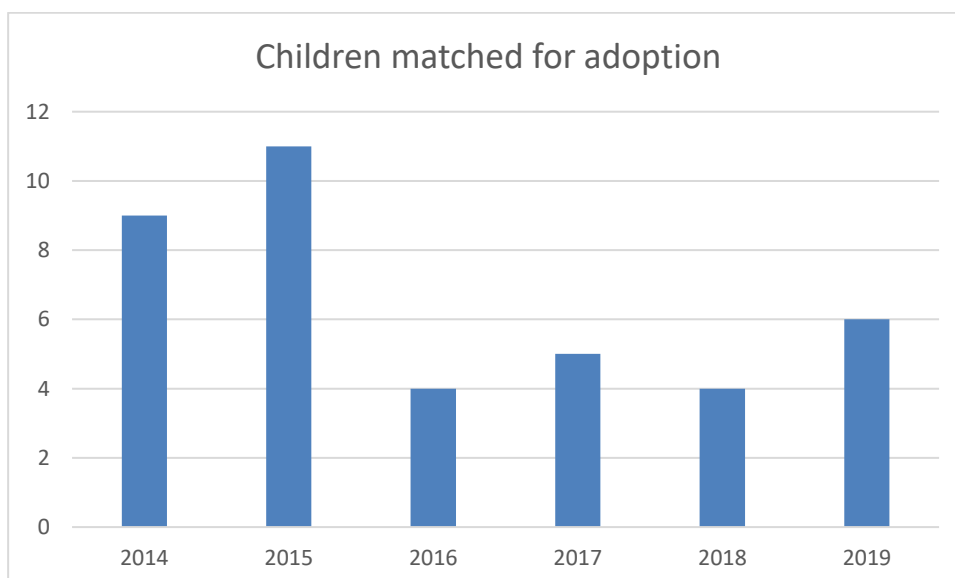
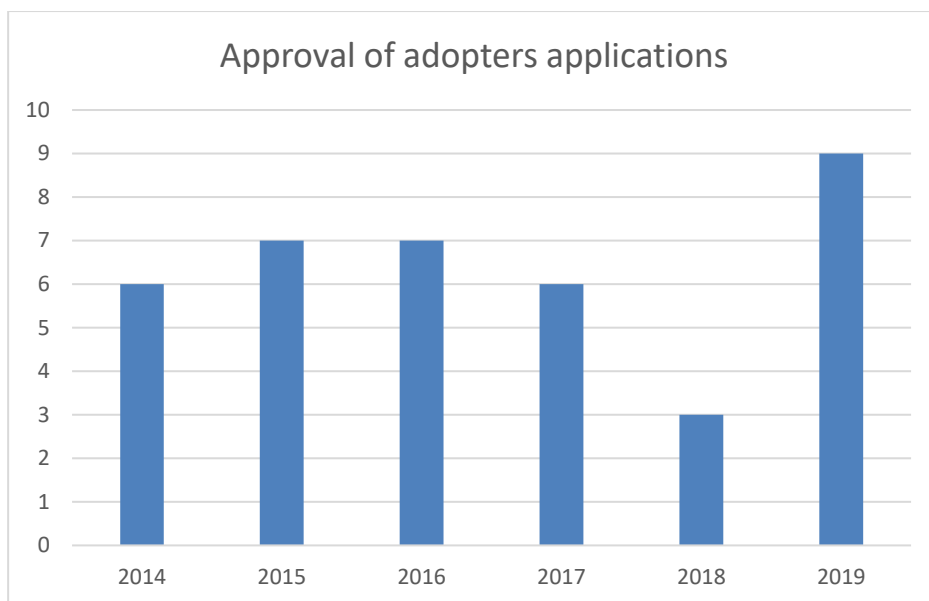
- 2.11 Joint decision-making arrangements required to access resources were reviewed and strengthened to promote both alternative and creative solutions for children. This included the option of flexible personal budgets to support family plans. 2019 saw the full implement an enhanced **Independent Reviewing Officer** service with 2.6 FTE staff to review children subject to child protection measures and those who are looked after. This service has continued to develop over the past 12 months and the IRO’s play a key role in improving quality and performance through support to staff with assessments, file audits and providing a critical friend role to team leader colleagues.
- 2.12 As one of the last local authorities to be supported by the **PACE programme** (Permanence And Care Excellence) managers are continuing to track timescales for children achieving permanence and have continued to make improvements in this area of practice. An improved system for joint work with legal services for advice and tracking children’s journeys and the permanence consultation group continues to support practitioners and ensure progress of children’s timescales. We have improved our chronologies both in content and how we use these as working documents.
- 2.13 Managers have transformed the **Kinship Care Service** with a clearer referral system, assessment team and crucially a support service. We have been much more proactive with finance around Kincare. Tracking this monthly and ensuring we don’t fall into huge back payments so that forecasting can be as accurate as possible. There continues to be a need to make changes in this area of service in terms of policy guidance, ensuring agreements are completed timely and linking in with continuing care policy. We also hope to have a wider social media presence and grow this opportunity for working in a different way.

- 2.14 Specialist **Youth Justice** Workers continued to work with young people with offending behaviours. The emphasis has shifted markedly towards early intervention and prevention. This aligns to Scottish Government strategy of de-criminalising children's behaviour where possible and appropriate and supports the development of creative ideas for diversionary measures, including Early Effective Intervention (EEI). The quality of youth justice assessments and interventions continues to be high. However, the service recognises there is room for improvement in the timing of these interventions commencing and this will be a priority in 2020/21. During 2019/20, the groundwork was completed for the implementation of the **Youth Crime Oversight Group** - a multi-agency professional group that will focus on young people giving rise to significant concern about their behaviour and safety in the community. In recognition of the complex needs of a small number of young people with high risk behaviours, including sexually harmful behaviours, the service has increased capacity in the use of specialist risk assessment and risk management planning meetings.
- 2.15 **The 15+ team** engaged with more than 80 young people receiving a statutory aftercare service during 2019/20. Significant improvements were achieved in the capacity of accommodation options available for care experienced young people. Supported accommodation for care leavers increased with the funding for **My Place**, a joint housing and social work innovative supported accommodation for care leavers, focusing on what makes a house feel like a home and somewhere they belong. The Rock Trust were awarded the contract to support this project.
- 2.16 The extension to **North High Street flats** was opened and began providing greater support for young people leaving care. Housing and social work negotiated that care leavers would have 2 spaces in the Haddington New Horizons supported accommodation unit. Increased funding to With You provided additional supported tenancies in Edinburgh. This led to the development of the 15+ Housing and Support Panel, bringing all partners together to make referral decisions for these resources and allow for creative collaboration to meet the housing needs of this group. Despite the increase in local options, the provision of suitable and appropriate accommodation was not available for all of our care leavers in 2019, with many spending considerable periods in bed and breakfast, in breach of the 1995 Act.
- 2.17 As a result of the additional statutory duties to care leavers introduced with the 2014 Act, the throughcare/aftercare service has struggled to meet demand. This impacts on the quality and timeliness of transition planning for care leavers. 2019/20 started to embed **Continuing Care** as a clear pathway for young people. The financial implications of what is a laudable and important commitment to care leavers has been well documented but remain a significant challenge to the service.
- 2.18 The **Fostering Service** continued the recruitment campaign launched in 2018/19. There have been successes, with a steady stream of interest and real commitment within the team to support high quality assessments. However the numbers recruited only replaced those carers retiring or leaving, rather than



grow our own fostering community. The introduction of emergency foster care approval arrangements introduced as part of the Coronavirus legislation has brought new people into the service. The numbers of children and families requesting post adoption support continued to grow, as the complexities of children placed for adoption increased.





2.19 As discussed in last year's CSWO report, the **Children's Disability Service** developed a revised co-produced approach to assessing and allocating resources for children. Implementation of the new system has been very successful, with all full S23 and carer's assessments discussed at the multi-disciplinary panel to agree eligibility, use the tool to score which supports the allocation of personal budgets that are fair and equitable. The introduction of *Proportionate S23 and Carer Assessments* means the team were able to reach more families and requiring less staff resource as these can be agreed and authorised by Team Leader which reduces waiting time for support planning. Improvements to reviewing arrangements of support plans has resulted increased the frequency of reviews and the consistency of threshold for support planning.

- 2.20 **Lothian Villa**, our care home for young people was inspected by the Care Inspectorate in April 2019, receiving evaluations of “Excellent” for the quality of care and support provided to our young people and the quality of staffing. The Lothian Villa service is provided across two houses, offering high standards of care to 13 young people. During 2019/20, residential staff offered increased levels of enhanced outreach support to support fragile family situations and help keep young people at risk of care within their family homes.
- 2.21 During 2019/20, children’s services management group continued to develop and refine the **Performance and Care Governance Framework**. This brings together key performance and activity data, measures of children and young people’s involvement in their assessments and plans, qualitative information emerging from complaints, the development of a systematic audit schedule and learning from single and multi-agency reviews. Quarterly review meetings provide an effective opportunity for the interrogation of data and appropriate challenge and support between peers.

### **Corporate Parenting**

- 2.22 The **East Lothian Champions Board** provides a platform for Care experienced young people to have their voice heard and influence positive changes to policy and practice with the care system. Achievements within 2019/20 included a successful trip to Columba 1400 in Skye where the champions completed a five day leadership programme. The champions were also joined by some of the ‘ambassadors for change’ where they explored the commitments of the Ambassador’s to sustaining the East Lothian Champions Board. In 2019, the champs board also worked closely with the virtual head teacher for care experienced young people and influenced some of the project activities being delivered through the care experience attainment fund.
- 2.23 In January 2020, the champions facilitated a successful consultation event with the Care experienced community. ‘Make Yourself Heard’ aimed to consult with and celebrate care experienced young people. It was run by East Lothian Council and Who Cares? Scotland with funding from ‘In Control’ (a charity organisation which supports young people with disabilities and additional needs to be included have more control in the decisions in their lives). Representatives from the local police, the NHS, ELC’s social work, education and housing departments, and In Control, came to ask the children and young people specific questions that would help improve their services in relation to care experienced people across East Lothian. This celebration of care and commitment to improving services had special significance as it was held just two days after the launch of the [Care Review’s ‘The Promise’](#).



2.24 In 2019, the Champions Board was successful in securing two additional years funding from the Life Changes Trust. The funding continues to covers the staffing costs for two part time care experienced participation assistants and one part time development worker post. Life Changes Trust funding will end at the end of March 2021. The champs board is now faced with the challenge of securing ongoing funding and are working closely with East Lothian Corporate Parents to identify possible funding sources.

2.25 For 2019/20, the Champs Board identified 7 priority areas for action in order for care- experienced children and young people to have better outcomes in life. The priority areas included:

1. Better outcomes in education
2. Improved Housing support and housing options
3. Improved mental health
4. Keeping loved ones together- improved contact arrangements with family and friend and keeping families together
5. Improved aftercare support
6. Better relationships with police
7. Better understanding of benefits and support to manage money

These priorities will be developed and incorporated into the new corporate parenting plan 2020-23.

#### 2.26 **Key Risks to service delivery and areas for improvement**

- Reduce referrals and the demand for social work service – *ensure the strategic approach to preventing Violence Against Women and Girls and domestic abuse reduces the incidence*
- Reduce numbers of children and young people becoming looked after – *ensuring the GIRFEC response across universal services is effective in*

*identifying need and taking prompt action to reduce the need for targeted services*

- Lack of foster placements – *a fostering recruitment strategy is in place with a rolling programme to recruit foster carers. Creative partnership working and a high profile and widely supported communication strategy is essential.*
- Unaccompanied Asylum Seeking Children – *we have limited controls possible for those” spontaneous arrivals”. However, the proposed national transfer scheme will present additional resource and financial pressure.*
- Emergency accommodation for young people. *Increased housing options are required to eradicate the need for B&B*
- Increase in continuing care – *positive for young people, but impacts on an already pressured group of foster carers.*
- Transitions policy and protocol for young people into adult services
- Review of policies and procedures to update in light of changes to national policy, strategy and legislation.

## Justice Social Work Services

### 2.27 Key performance and activity data

Year	2017/18	2018/19	2019/20
CPOs (imposed – all requirements)	166	153	141
CPOs – number of months for supervision	1271	1271	1287
CPOs – number of hours for unpaid work	13,614	14,812	13,123
CJSWRs – number of reports requested	268	222	218
DTTOs – number of Orders imposed	17	19	15
Statutory Throughcare – individuals in custody	37	30	46
Statutory Throughcare – individuals in the community	25	27	18
Voluntary Throughcare – number of individuals supported	41	27	24
Diversion – inputs provided	34	33	35

- 2.28 In November 2019, the service negotiated an agreement with City of Edinburgh justice social work service undertake **Bail Supervision Assessments** on our behalf at no additional cost. This now provides a

Supervised Bail Service to anyone aged 18 years or older, with additional funding of £4,800 from Scottish Government due to this increased activity.

- 2.29 The service continues to provide an in-house **Voluntary Throughcare** service, which allows the service to direct provision to those in greatest need. An information sharing protocol with the Scottish Prison Service was finalised in March 2019 giving managers full access to admissions and release data. Justice social work also provide a service to those on remand (untried prisoners) where appropriate, with specific focus on those fully committed (three + months).
- 2.30 The numbers of **Community Payback Orders** has continued to decline since the closure of Haddington Sheriff Court on 01/02/2015. Justice Social Work Services continue to offer the full range of requirements, however the Courts have mainly used unpaid work/other activity and supervision, with programme, conduct and compensation requirements featuring less frequently.
- 2.31 Delivery of statutory **Throughcare** has remained relatively stable, with an average of 30-40 individuals in custody with 25-35 in the community, subject to statutory oversight.
- 2.32 **Presumption Against Short-term Sentence** was introduced in July 2019 with the presumption that sentences of 12 months or less will not be imposed and community disposals will be imposed in their stead. It was anticipated that there would be a 7.5% increase in community business – this has not yet been noted in East Lothian but we are prepared for the expected increase in complexity such individuals present.

The implementation of the Outcome Star was embraced by Justice Social work staff. This will enable the service to measure and demonstrate the effectiveness of social work interventions and report on the outcomes for the individual in terms of what is important *to* them along with what is important *for* them. Further development of this approach is a priority for 20/21.

### **Quality Assurance**

- 2.33 An audit of Community Payback Orders was undertaken in July 2019 and identified key areas for improvement which have been highlighted and built into the service plans. How Good Is Our Service was facilitated and supported by organisational development and will be progressed to practitioners once current lockdown has ended as the management section was completed in full. In March 2020 just prior to lockdown, the service was ready to launch a self-evaluation programme which would incorporated case file audits, quality assurance documentation and practice evaluations, alongside PRD and developmental Team Meetings. This will be further progressed in 2020/21.
- 2.34 In 2019/20, managers commissioned an externally facilitated evaluation of the unpaid work/other activity service. It highlighted areas of good practice, specifically around our customer-facing activities but also highlighted areas for

improvement including updating aspects of our service provision and increasing the capacity to offer 'other activity'.

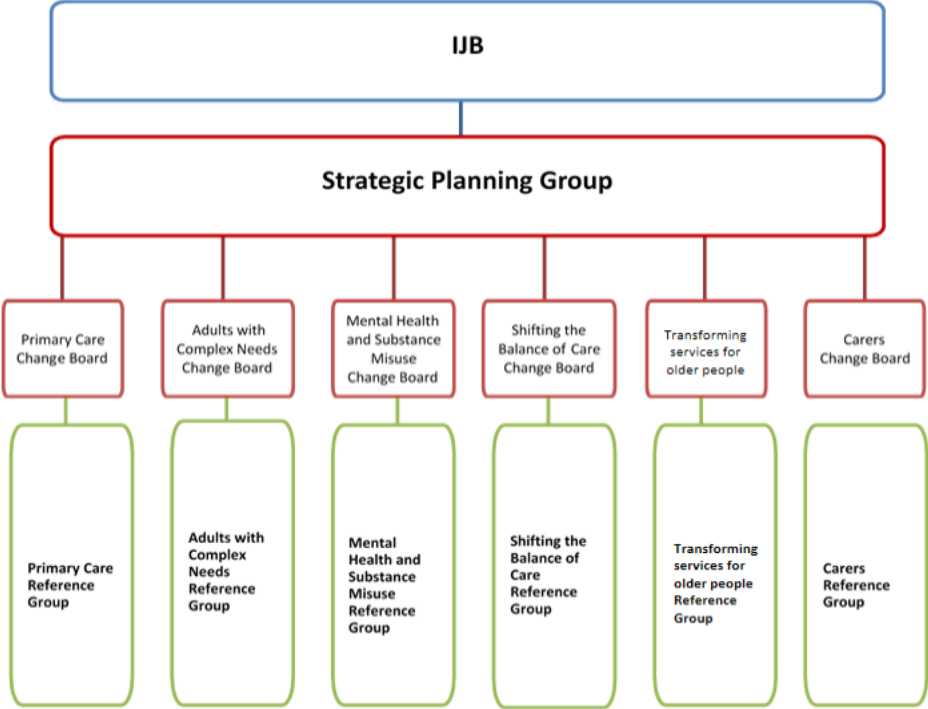
- 2.35 MAPPA Level 1 Audits are completed every six months and they highlight that justice social work staff are working within stated guidelines and promoting good partnership working with Police Scotland colleagues. From the start of the pandemic, the justice manager has provided regular MAPPA oversight reports to the CSWO. In addition, an assessment of the impact of the COVID restrictions on the safe delivery of the justice social work service was developed and regularly updated.
- 2.36 Four Serious Incident Reviews were completed and submitted to the Care Inspectorate in 2019/20. The initial analysis was deemed suitable in each case and managers were not required to undertake a Comprehensive Review. Partners in Midlothian also completed SIRs and arrangements have been made for a joint MAPPA-led 'Learning Event' – scheduled for May 2020 but has been rescheduled to October 2020 due to the lockdown. The event will focus on SIRs as well as Initial Case Reviews and Serious Case Reviews across Scotland – it will be an opportunity to share best practice and learning.
- 2.37 Learning from multi-agency reviews: an SCR identified that the perpetrator had shared mental health concerns during a period of unpaid work but the workers did not have the appropriate training to progress the concerns confidently. This led to a review of the training needs of unpaid work supervisors relating to their responsibilities for child protection, protection of vulnerable adults and to address violence against women and girls.

### **Community Justice Partnership**

- 2.38 East Lothian community justice partnership requested, with the support of the Care Inspectorate, to undertake a supported and validated self-evaluation. Scheduled activities took place between October 2019 and February 2020. The self-evaluation focussed on three specific quality indicators; "planning and delivering services in a collaborative way", "effective use and management of resources" and "leadership of strategy and direction". This work was completed by the entire CJP but was exceptionally well supported by ELHSCP's Justice Social Work team. The evaluation consisted of several months of evidence gathering followed by a comprehensive review and assessment of the services offered against the standards of each quality indicator.
- 2.39 The self-evaluation was well received by the care inspectorate who noted a strong commitment to collaborative working and to developing a well-informed outcome improvement plan. They recognised that East Lothian had examples of effective services being delivered through the collaborative use of resources and agreed with our view that the initial implementation of the community justice agenda had been slowed by changes in senior personnel. The self-evaluation informed an action plan which partners will progress in 2020/21.

**Adult Social Work and Social Care**

2.40 During 2019/20, the health and social care partnership continued to refine its management structures, building on the learning since the inception of the partnership. The focus has been on maximising opportunities for integrated and aligned service delivery and delivering better outcomes for people. This included re-aligning adult social work service and OT services. The planning structure is supported by change boards that represent the key strategic priorities.



Adult social work activity data	2017/18	2018/19	2019/20	
Referrals	7,323	7,673	8,031	Full year
Assessments	3,985	3,522	3,094	Full year
Care at home hours delivered	21,441	21,490	20,129	Final week of year
Care at home clients	1,353	1,344	1,344	Final week of year
Residential clients	648	652	674	Final week of year
Reviews	1,156	1,237	1,416	Full year

**Self-directed Support**

2.41 The professional social work task is to make an assessment of risk and need and work alongside people who need services, to ensure the plan for intervention promotes and protects their independence within the context of



risk and vulnerability. Within the context of COVID and the challenge of balancing the protection of health with the protection of choice and control, it is vital that we remain committed to these principles.

- 2.42 The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The legislation and national strategy were designed to encourage significant changes to how services are provided; to give people more say in decisions about local services and more involvement in designing and delivering them. It was based on fundamental principles of participation; dignity; involvement; informed choice; and collaboration and further principles of innovation, responsibility and risk enablement that were added subsequently. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.
- 2.43 In 2019, East Lothian Health and Social Care Partnership was one of six partnership areas to receive a joint thematic review of the implementation of self-directed support by the Care Inspectorate and Healthcare Improvement Scotland. Overall this was a positive review with many strengths identified<sup>1</sup>

#### Care Inspectorate Findings

- Supported people consistently experienced good outcomes that had a demonstrably positive impact on their lives. Staff were having good conversations that delivered choice and control to the majority of supported people and unpaid carers
- Many supported people experienced good conversations and were afforded choice and control over their care and support.
- Community capacity building projects were helping to develop alternative, community-based networks of support and there was good collaboration with carers' agencies, technology enabled care and community networks of support all designed to further embed a self-directed support approach.
- Referrals for support were screened effectively through developing personal outcome focussed arrangements and supported people were being well informed about their eligibility for services. Assessments were of a good quality and proportionately reflected the needs for the majority of supported people. Refreshed delegated financial authority arrangements were in place and working well.
- The partnership had effectively communicated and engaged its stakeholders and promoted more flexible commissioning strategies. Front line managers welcomed having greater delegated authority and this had resulted in increased transparency and accountability of decision making.

- 2.44 Areas for improvement were identified including recording and reporting outcomes for supported people; helping supported people to better understand the options and benefit from advocacy; use of management and performance information to evidence the impact of the work; and the need to further embed the principles across health services and in all aspects of strategic planning. Progress against these are reported through the clinical and care governance committee.

<sup>11</sup> <https://www.careinspectorate.com/images/documents/5133/Self-directed%20support%20in%20East%20Lothian%20June%202019.pdf>

TOTAL UPTAKE FOR EACH OPTION	2017-18	2018-19	2019-20
All Option 1 (Direct Payment—service user or carer selects and arranges services out of an agreed personal budget)	112	126	126
All Option 2 (Service-user chooses provider, but ELHSCP or other agency manages budget)	98	196	176
All Option 3 (ELHSCP selects and arranges support for the service-user)	845	831	908
All Option 4 (included in Options 1, 2 and 3) (A mixture of options)	129	151	203
TOTAL UPTAKE FOR WHERE PEOPLE SELECT ONE OPTION ONLY	2017-18	2018-19	2019-20
Option 1 only	36	72	58
Option 2 only	45	92	99
Option 3 only	716	687	785
Option 4 (mixed)	129	151	203
<b>TOTAL CLIENTS</b>	926	1002	1145

### Supporting carers in East Lothian – 2019/20



**14.5%** ↗ increase in adult carers accessing support through COEL

**22%** ↗ of carers in East Lothian are known to COEL

**£580,000** ↗ gain for COEL carers on benefits over 6 months

**87** ↗ young carers supported by East Lothian Young Carers

2.45 2019/20 was focused on implementing the East Lothian Carers Strategy with the development of an action plan to guide activity over the next few years. The work continues to be led by the Carers Change Board that also directs the use of the additional funding provided by the Scottish Government towards increasing support available to carers. We are currently in year two of the 5 year increase in funding. Key developments included:

- Adult Carer Support Plans (ACSP) and Young Carer Support Plans are now embedded within staff practice prompting good conversations with carers. Creative practice is clearly evident within the support plans from Children's Services.
- The majority of the Carers Act funding for 2019/20 has again been passed directly to our local carers organisations. Funding has been used for a variety of purposes with organisations increasing their staffing with the aim of improving the identification of carers but also their capacity to respond to increasing demand on their services as more carers are identified.
- Children's services have been working closely with schools to raise awareness of young carers. A new young carer referral pathway was developed and to date 80% of Head Teachers and Deputy Head Teachers have been briefed on how young carers can be referred for services.
- East Lothian Young Carers continue to work with schools to raise awareness and are offering lunchtime drop in sessions for young carers at Preston Lodge High School and Ross High School. Places in Young carers club have been increased to provide more young carers with access to breaks from caring.
- The ELHSCP website has been re-designed and a new carers page has been developed
- A review of advocacy was initiated in 2019/20 and will continue in 20/21. An additional 30k was allocated to the three advocacy providers to allow them to provide additional support. Adults with autism, adults with physical disabilities and adults with substance misuse issues were highlighted for the focus for this funding.
- Implementation of prepaid cards supports flexibility over choice and spend.
- Carers' views have been represented through continued engagement (Big Breakfast 2017 event, Life Changes Trust event) and in 2019/20 carers have been asked for their views on how and where they would like the Partnership to commission carer services. The carers change board also includes representation by the IJB carer representative.
- The Carers procurement process is currently underway. Engagement with carers will determine how carers want their services to look and where funding would be best directed. Carers will continue to have flexibility as to how they purchase their services through individual budgets through the use of the pre- paid cards.
- COEL have also set up a new counselling service for carers. Although the service is in its initial stages, the plan is to develop capacity within this further through the recruitment of volunteer counsellors and trainees.

- COEL increased the capacity of their parent carer support service by making this post full time in 2019. This is in response to a continued increase in referrals from parent carers to the service.

2.46 **Franks Law** was implemented in May 2019 and briefing and training provided to all assessors. People who were being charged for services were written to outlining the changes in their charge as a result of Franks Law. From 1<sup>st</sup> April 2019 workers were required to clearly detail a service user's personal and non-personal care needs and total these separately in support plans in order to ensure accurate purchasing and charging. They also advised self-funders under the age of 65, or their family, of their entitlement to FPC/FPNC payments, and of the need to declare FPC/FPNC payments to the DWP.

2.47 A number of new approaches were developed during 2019/20:

- With winter monies the service developed 7 day working for social work to facilitate hospital discharge. This ran for 12 weeks and offered important learning about flexible options for service delivery.
- A further test of change was the allocation of social workers to specific wards in our local East Lothian Community Hospital. This provided a main point of contact, allowed effective relationships to develop with ward staff, and with families. This model has continued throughout the year.
- There was collaboration with ihub on the design opportunities and commissioning models for community support.
- Implementation and review of the Charging Appeals Panel
- Agreement to move Management of Client Funds from an externally purchased service (ICMS) into an internal service. (This is now starting but the decision was made in 2019/20).
- Implementation of regular "council officer" meetings to provide learning and support for staff involved in the work who might sit within different teams; bi-monthly peer auditing of ASP cases; and enhanced management oversight of ASP work, monitoring all live cases and identifying risks/challenges.

## **Community and Day Services**

2.48 2019/20 saw continued pressure on **Care at Home Services**, with capacity unable to meet demand. Refinements to the allocation processes led to reduced travel time for providers and improved efficiency in service delivery. An internal audit completed audit of directly provided homecare service completed in February 2020, made a number of recommendations for improvement of the service. These included improvements to rotas, reduction in travel time, service to improve adherence to GDPR and Data Protection. The overall structure of Homecare is also being considered and closer links to Hospital to Home services are established. The improvement actions will be included in next year's report.

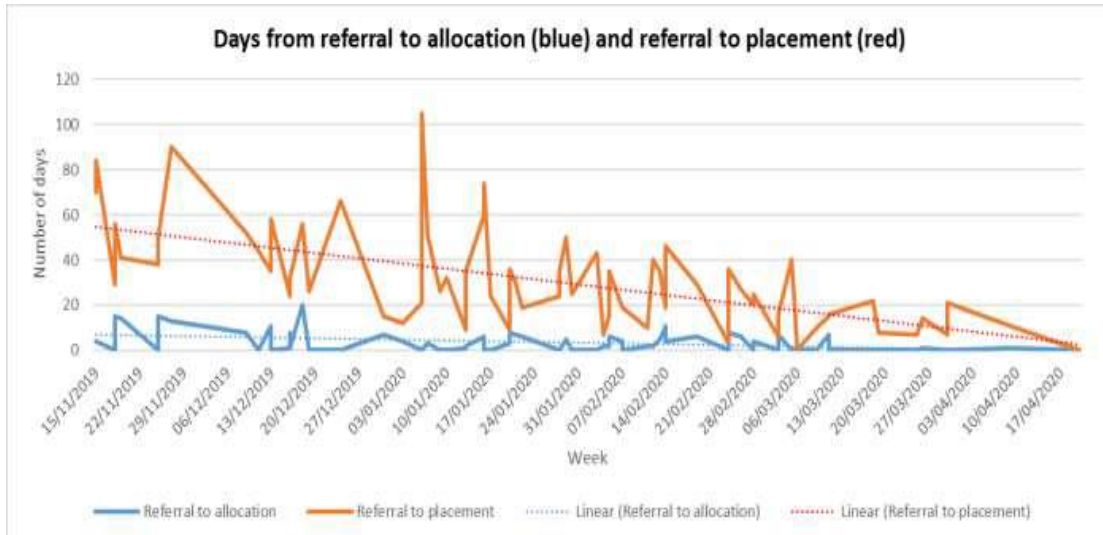
2.49 All **day services** were inspected and action plan agreed in January 2020. Of the 10 building-based centres, one centre has decided to longer provide services in East Lothian. As a result of the inspection which reported in late 2019 a number of recommendation were put in place to improve services across the county. These recommendations have now been superseded by Covid-19 Legislation and the partnership is reviewing its approach to day services.

**The Care Home Assessment and Review Team (CHART)**

- There are:**
- **17 care homes in East Lothian**
  - **674 placements funded by East Lothian Health and Social Care Partnership**
  - **246 new placements in 2019 alone including 160 care home placements from hospital.**
  - **A further 13 people were returned home supported by Home First**

2.50 The Care Home Assessment and Review Team comprises a team of social workers dedicated to supporting people to access the most appropriate community support to meet their needs when they are leaving hospital. They support complex discharge planning, through person-centred assessments that take into account wider social and family circumstances, and information from their family, friends, Power of Attorney, and others who support the person. Recommendations may include the type of support that is required on discharge or potential placement in a residential or nursing care home where a return home is not possible. CHART also upholds Adult Support and Protection legislation, including robust investigation of concerns or complaints, and regular reviews and monitoring of placements to ensure individuals receive a good quality of service. This also feeds into the Best Value process.

2.51 CHART also has a wide-ranging role in monitoring and evaluating care homes in East Lothian. It is the team’s aim to see people able to access their care home place as soon as possible as safely as possible. The table below shows that they have made a significant impact on shortening the length of time between the time a person is referred for allocation and their referral to a placement.



2.52 The Team is the point of contact for any incidents within care homes, operating a ‘duty’ system to deal with immediate concerns, including any Adult Protection issues. A Link Social Worker role has been developed for all East Lothian care homes, improving communication between providers and the HSCP. Where necessary, and guided by the Public Protection Office, the Team takes a lead role in Large Scale Investigations within care homes across East Lothian. In 2019-20, there was an average of 30 care home incidents and one Adult Protection investigation per month.

### Care Homes for Older People

2.53 The Care Inspectorate carried out an unannounced inspection of Crookston Care Home, one of East Lothian’s three directly provided services in December 2019, maintaining evaluations of very good for supporting wellbeing and care planning. Inspectors reported that people were happy with their care and support. Relatives told them that the home keeps them well informed about their loved one and staff were always kind towards them when they visited. Eskgreen and The Abbey care homes for older people were also evaluated as providing very good and good support for wellbeing and care planning, maintaining or exceeding inspection findings from previous years.

**....And the Care Inspectorate officers were particularly impressed with the work of staff to ensure its residents could vote. The report said: “We visited the service in the run up to a General Election and could see that residents were actively supported to vote and exercise their citizenship rights.”**

### Supported Housing

2.54 Adult Services, in partnership with council services secured and developed a core and cluster development for supported living in the Prestonpans area. This cluster of accommodation now supports five individuals with shared on-site support, including an overnight response service. This model of care is

enabling a more efficient use of our valuable staff resources and allows us to support more individuals to live independently in the community. H&SCP staff continue to work in partnership with colleagues in council services to identify further opportunities to expand this model of care and support.

### **Services for People with Learning Disability**

2.55 ELHSCP in partnership with NHS Lothian and housing provider Castlerock Edinvar secured a property in Haddington which is being developed to provide a residential short breaks service for people with complex needs. NHS Lothian provided funding to refurbish the property, inside and out, to deliver a bespoke care environment. This service will provide opportunities for short breaks for 2 or 3 people at a time plus will give us the option to provide emergency short term accommodation for an individual as circumstances demand, rather than pursue unnecessary hospital admissions. This service will open in 2020/2021.

### **Shared Lives East Lothian**

2.56 Shared Lives East Lothian recruits and supports Shared Lives Carers who work on a self-employed basis. The Shared Lives Carers provide an alternative form of care and/or support for adults with complex needs where the Shared Lives Carers use their homes as a resource, giving people the opportunity to engage in family and community life. Shared Lives arrangements are set up and supported by Shared Lives East Lothian and the care and accommodation people receive is provided by ordinary individuals, couples or families in the local community. Individuals and their Shared Lives carers enjoy shared activities and life experiences. The types of care or support that can be provided are:

- long-term accommodation and support
- short breaks/respice
- day time support.

2.57 The people who can make use of Shared Lives arrangements are aged over 16 and have a specific support need that may be associated with a learning disability, physical disability, sensory impairment, autism, age and/or mental health. People may use the service if they have had a social work assessment that identifies support needs that we are likely to be able to meet. People referred to the service often have difficulty living on their own or need support to remain living in their own home. People also use the service to give their main carers a short break.

### **Mental Health Officer – Statutory Functions**

2.58 A mental health officer (MHO) is a specially trained social worker who has training, education, experience and skills to work with people who have a mental disorder. The role of the mental health officer is set out in Section 32 of the Mental health (Care and Treatment) (Scotland) Act 2003, and is a statutory responsibility of local authorities, who have a requirement to appoint

a “sufficient “number of persons to undertake the role. MHOs are responsible for making decisions about compulsory admissions to hospital for people who are in the MHO’s judgment at significant risk to their health, safety and welfare. The MHO also has a number of duties under the Adults with Incapacity (Scotland) Act 2000 including providing a professional, independent and non-medical perspective on decisions which affect the civil liberties of individuals with mental illness, learning disability and other related conditions.



<b>Mental health team activity data</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>LA welfare guardianship</b>	<b>10</b>	<b>15</b>	<b>11</b>
<b>Private guardianship</b>	<b>13</b>	<b>13</b>	<b>21</b>
<b>Emergency detention</b>	<b>31</b>	<b>28</b>	<b>37</b>
<b>Short term detention</b>	<b>60</b>	<b>85</b>	<b>91</b>
<b>Current supervised private guardianships</b>	<b>120-140 each month</b>	<b>144-154 each month</b>	<b>150-161 each month over the year</b>
<b>People waiting on MHO waiting list</b>	<b>8-29 each month</b>	<b>9-24 each month</b>	<b>18-34 each month</b>

There has been an increased demand for statutory functions linked to legislative, policy and practice change, and it is nationally recognised that MHO services across Scotland are under significant pressure. The core MHO establishment in East Lothian had remained unchanged for ten years leading to increased waiting times and difficulty meeting statutory requirements and pressure on staff. In 2019, following a service review, a commitment was given to increase the establishment of the MHO team, an increase of two FTE MHOs.

### **Key risks and pressures for service delivery across adult services**

- Increased demand for commissioned care services, particularly clients with learning and physical disabilities and the provision of overnight support being the most significant.
- The current fragility of provider organisations in the home care and care homes sector may require action and investment to secure sustainability in these important services.
- Carer stress in the context of the availability of day services and care at home services
- Impact of the resumption of the courts on the capacity of justice social work services.

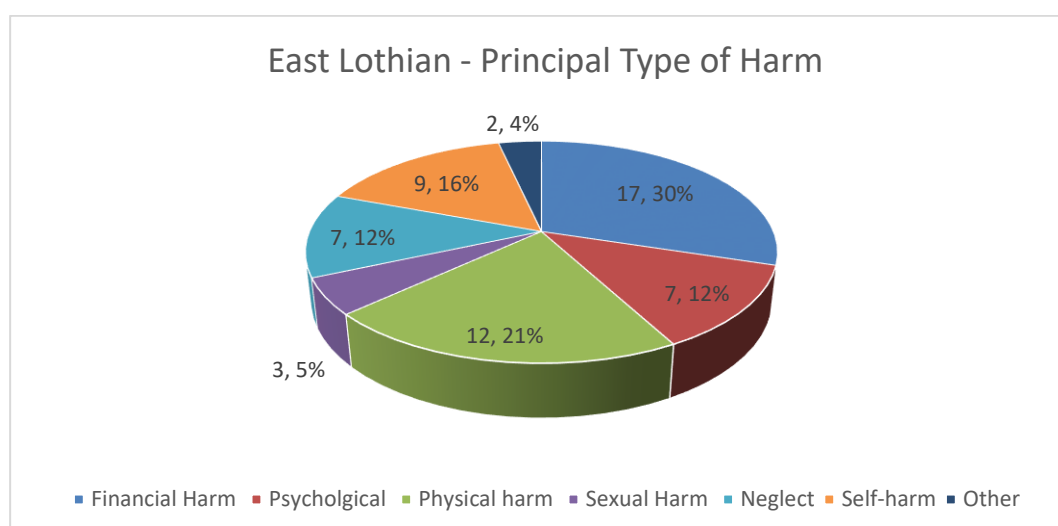
### **Public Protection**

2.59 The East and Midlothian Public Protection Committee (EMPPC) brings together the full public protection agenda under a single governance structure and across two local authority areas.

## Adult support and protection

Measure	2015/16	2016/17	2017/18	2018/19	2019/20
Referrals	493	530	791	778	562
Investigations	69	148	112	86	57
Initial ASP Case Conference	15	21	12	28	18
Protection orders	<10	<10	<10	<10	<10
Number of Large Scale Investigations	<10	<10	<10	<10	<10
Principal Type of Harm Investigated	-	-	-	Physical harm 32/86	Financial harm 17/57 (30%)

2.60 The number of Adult Support and Protection referrals submitted to East Lothian has reduced by 28% in comparison to the previous year. This reduction is linked to an inaccuracy in the recording of Adult Support and Protection referrals in 2017/18 and 2018/19, resulting in what we consider to be an over-inflation of referrals data in those two years. We are satisfied that these anomalies have been rectified and the data reported at fiscal year-end is a more accurate reflection of the number of Adult Support and Protection referrals received in the year.



2.61 Building on last year's successful events to raise awareness of Financial Harm in our communities, EMPPC delivered a number of smaller events targeted specifically at more vulnerable communities in collaboration with Police Scotland, Trading Standards, and Scottish Fire and Rescue Service who

promoted their Free Fire Home Safety Visits. In recognition of the National Adult Support and Protection Day 20<sup>th</sup> February 2020. This year East Lothian and Midlothian Public Protection Committee welcomed the expertise of Professor Michael Preston-Shoot, the Professor (Emeritus) of Social Work at the University of Bedfordshire, who delivered an excellent half days' learning on self –neglect and hoarding with the key message of self-neglect and hoarding is not a “Lifestyle choice” and that it a requires a multi-agency response. East Lothian and Midlothian Public Protection Committee also launched the EMPPC Self-neglect and Hoarding Protocol<sup>2</sup>.

2.62 The service delivery and the quality of the multi-agency response to adults at risk of harm is reviewed and evaluated each quarter through a set of Performance indicators which evaluate agencies responses to; Multi- agency communication, assessment and management of risk, support and protection planning, service user participation and timely responses for adults at risk of harm. Following on from the Adult Support and Protection Thematic Inspection 2017-18. EMPPC has worked in partnership with the strategic link inspector for Midlothian to review and amend the Care Inspectorate’s evaluation template to undertake a self –evaluation of social work case files in East Lothian and Police Scotland files.

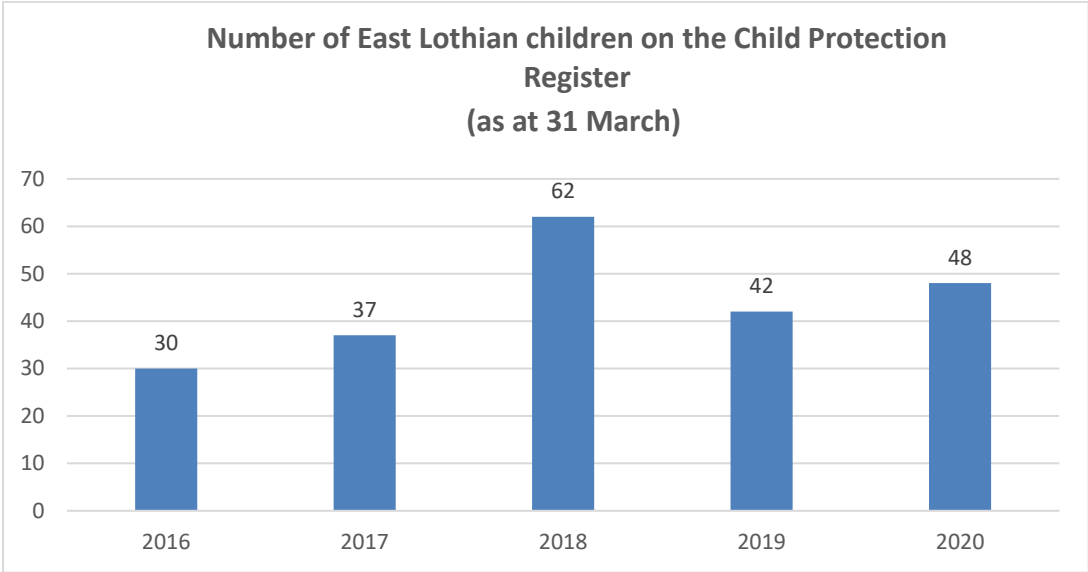
2.63 This case file read involved the reading of 15 cases which is 20% of the overall number of ASP cases that had progressed to Initial/Review case conference across the reporting period. (2017-2019). Self-evaluation activity revealed a mixed picture of strengths and areas of improvement with evaluations ranging from Very Good to Adequate. Furthermore, auditors noted that there was an improving picture evolving across all Adult Support and Protection activity within East Lothian. Additionally, there was clear evidence of the improvement of the safety and wellbeing of most of the adults at risk of harm. However, this appeared to be most challenging where there were complex issues such as problematic alcohol and substance misuse.

#### 2.64 **Challenges and areas for improvement**

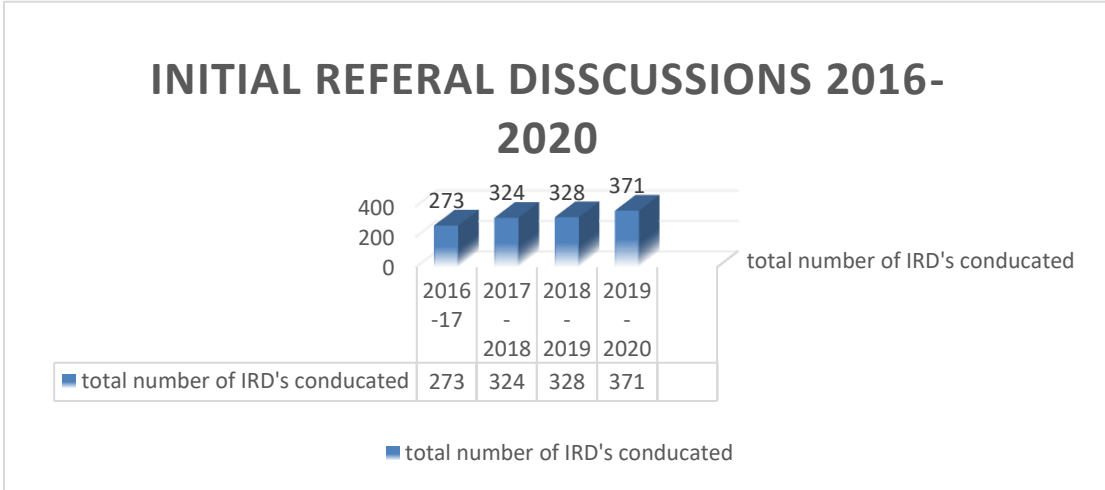
- EMPPC is committed to developing a continuous framework for multi-agency self –evaluation. The impact of COVID19 has meant that this area of work has been temporarily suspended and consideration is required as to how to undertake this work safely.
- All adult support and protection training planned for the year 20 -21 has been postponed. EMPPC is working towards transferring critical training for staff onto an online platform to ensure continued learning and development in the practice of Adult Support and Protection.
- East Lothian Health and Social Care Partnership is in the process of developing multi –agency Risk Management Protocol in response to the management of escalating concerns where the adult is presenting with significant risk but does not meet the criteria of an adult at risk of harm.
- Service user and carer feedback and self-evaluation is at an early stage but will be progressed during 2020/21

<sup>2</sup> [https://emppc.org.uk/file/Adult\\_Protection/EMPPC\\_-\\_Multi-agency\\_Protocol\\_on\\_self-neglect\\_and\\_hoarding\\_-\\_17-12-2019\\_v1.pdf](https://emppc.org.uk/file/Adult_Protection/EMPPC_-_Multi-agency_Protocol_on_self-neglect_and_hoarding_-_17-12-2019_v1.pdf)

**Child Protection**



2.65 There was an average of 48 children on the child protection register during the year. The rate of 2.5 was below the national rate of 2.9. There were 371 Inter Agency Referral Discussions in East Lothian during the reporting 2019-2020 reporting year. This represents an increase of 13.1% in a 12 month period. The Inter-agency Referral Discussion (IRD) overview group continues to meet on a fortnightly basis. An IRD is a discussion, risk assessment and decision making process between Police, NHS and Social Work when a Child Protection concern is identified. Its purpose is to provide quality assurance and data collection in relation to decisions made as part of an IRD, the robustness of the planning and information sharing.



2.66 East and Midlothian Public Protection Committee was selected in October 2018 as one of three test partners in the development of the National Minimum Dataset for Child Protection Committees. Since then, the Committee has worked in partnership with the Centre of Excellence for Looked After Children

in Scotland (CELCIS) to develop, test and refine the Minimum Dataset package. The implementation of the national minimum dataset for Child Protection has given us the opportunity to review our existing suite of performance data, how we present and analyse that data and what it is actually telling us, which helps improve outcomes for the people we serve. This will be subject to further work in the coming year, with the support of CELCIS and partnership analysts.

- 2.67 The EMPPO led an exercise to improve our multi-agency response to Looked After and Accommodated Children who go, or at risk of going missing. This has involved developing a senior oversight and an operational implementation group. The committee agreed a local inter-agency partnership protocol, following the national pilot. This has been supported by a series of trainings and local briefings, for both local authority and voluntary sector partners. The Police Scotland 'J' Division Missing Persons Coordinator provides a weekly intelligence report is shared with social work partners to help identify those who most frequently go missing and target our response accordingly.
- 2.68 **Multi-agency self-evaluation:** A programme of single-agency self-evaluation and audits has taken place. The first focused on targeting areas for audit that had been identified in the improvement plan and for which training had taken place. This was initiated in September '19 across both authorities and looked at actions after children had had their names removed from the Child Protection Register. The Audit examined chronology, record keeping and evidence of continued multi-agency meetings post registration. Evidence was triangulated and findings presented to the Committee. A further audit was undertaken looking at the increasing numbers of children who were subject to more than one IRD in the 12 month period. Findings noted a cohort of children who were subject to accumulative concerns over a period of years and from a number of agencies. Work is underway to further support practitioner development in addressing early and effective intervention across the partnership.
- 2.69 CSOG commissioned an audit to examine whether learning from a previous Initial Case Review (ICR) and a Significant Case Review had been embedded into practice. Audit activity was undertaken in both East and Midlothian which was reported to the Practice and Quality Improvement Subgroup which was overseen by the EMPCC. Areas of further development were addressed through the Child Protection Improvement Plan as well as individually in agency.
- 2.70 There has been a re-focus on the impact of poverty and its significance in child protection in response to the publication of Child Welfare Inequalities: A Four Nations Study (Bywater et al 2018) that evidenced the inverse correlation between poverty and child abuse and neglect. As a response, all families with children whose names are on the child protection register and those who are looked after at home are supported to attend welfare rights appointments to maximise their income. Within the context of COVID and the increasing levels of deprivation within some parts of our communities this will be an area for continued attention.

## Section 3. Resources

### Financial Pressures

3.1 Children's services received a budget of £14.44 million in 2019. At the end of the financial year the actual spend stood at £17.569 million, an overspend of £3.126m Employee costs accounted for 42% of the total. The £1.87 million budget for external residential provision was overspent reflecting the huge demand placed on the service during the latter part of 2018 and 2019 including an increase in young people requiring secure accommodation. Other smaller pressures included external fostering placements and kincare costs.

3.2 **Ongoing pressures:**

- External fostering resources; currently unable to meet demand within our own fostering community.
- Ongoing placement costs for existing external residential packages for young people for whom we have been unable to identify a local resource
- Bespoke packages for young people we are able to return from external placements
- Unaccompanied Asylum seeking Children and Young People
- Costs of emergency accommodation for homeless care leavers / young people who have not been able to sustain supported accommodation
- Financial pressures around the financial impact of COVID for families.
- Kincare support is an area we continue to grow as a local authority. This is in line with our service plan and strategy but is not without financial cost. The impact of continuing care on the Kincare budget will also continue to grow.

The plans to address these financial pressures sit within the service itself; within the relatively new joint structure of education and children's services; within the broader children services strategic partnership and across other council service areas. It is clear from the analysis and self-evaluation work completed to date, that sustainable financial recovery will require strategic commitment towards early intervention and prevention across council and partner services in order to reduce vulnerability and the demand for targeted services. The following is a summary of improvement work commenced in 2019/20 and will carry forward through 2020/21:

- Children's Services Service Improvement Plan 2019 - 21
- Re-launch of the GIRFEC pathway
- ASN review
- Whole system re-design of family support
- Mental health and emotional wellbeing strategy and associated services and supports
- Re-designing the children's social work service for better outcomes
- Transforming services for children programme – council and partners

**Adult Social Work and Social Care**

<b>2019/20</b>	<b>Funding £</b>	<b>Expenditure £</b>	<b>Surplus £</b>
Health	124,533	123,732	801
Social Care	47,284	47,459	(175)
Total	171,817	171,191	626

- 3.3 Throughout the year there have been financial challenges, these being mainly within the social care budgets and the financial pressure at the year-end was a significant overspend within adult services, specifically for those clients with complex needs with learning and physical disabilities. This pressure was offset by an underspend in services for older people. Within the social care budgets the pressures lay within increased demand for commissioned care services, particularly clients with learning and physical disabilities and the provision of overnight support being the most significant. This led to a £2m pressure at end of 2019 – 2020.
- 3.4 Financial modelling and improvement work underway or targeted in 2020/21 to better inform budget setting include; strengthened social work assessment and decision making processes; forecasting transitions and complex young adults requiring residential/ supported accommodation solutions; tracking ordinary residence commitments; implementation of pre-paid cards for direct payments.

**Section 4. Workforce**

**Workforce Planning: Children’s Services**

- 4.1 Overall, the service has achieved more stable staffing levels from the end of 2019 onwards with more successful recruitment campaigns following positive work to re-design our offer as employers. In particular, staffing across disability team, fostering and adoption and the 15+ team has provided excellent continuity of worker in the work being undertaken with families and young people. We know that relationships are key to better outcomes.
- 4.2 strategies in place to address recruitment and retention of registered social workers included:
  - Revisited wording on advertisements
  - Pay scale can be negotiated dependant on experience
  - We currently fund *limited* places for Family Support Workers on the Open University undergraduate and post graduate degree courses. We may consider revisiting/ extending numbers and return to the ‘Grow your Own Model’.
  - Active promotion of practice learning across the service and work in partnership with University of Edinburgh / University of Stirling & Open University to facilitate placements.

- Practice Learning Courses
  - Ensure staff have adequate access to learning and development opportunities – particularly within Leadership and Supervision.
  - Active promotion of the Healthy Working Lives / Employee Assistance Programme (Particularly throughout lockdown)
- 4.3 We have a substantial amount of newly qualified social workers. It is essential that they receive high levels of support, particularly in light of COVID and very restricted numbers of staff within the current office base. We are currently in the process of liaising with Midlothian and Scottish Borders to explore options around a joint programme of support / information for NQSW. The pay scale for social workers continues to be challenging for us as a local authority.

### **Workforce Development: Children's Services**

- 4.4 Strong collaborative working between children's services and corporate learning and development staff led to the **Social Work Leadership and Supervision Programme** (Accredited by the CMI at Cert Level 3). The programme was aimed at team leaders and senior practitioners. The first cohort ran in Autumn 2019 was very positively evaluated. The second cohort commenced just prior to lockdown and unfortunately is currently suspended. The service continues to support one manager each year on the post graduate Stirling Management and Child Protection and Welfare Courses. Other key learning and development opportunities included continued training in the core practice models of Signs of Safety and Safe and Together.
- 4.5 Protected learning sessions provided valuable opportunities on topics that included; baby bruising; court skills; trauma informed practice; sexual abuse; domestic abuse; permanence and the law. Protected Learning Session have been suspended since March 2020 in light of COVID.
- 4.6 In terms of formal practice learning arrangements, during 2019/20 children's services facilitated 8 social work placements. The current practice learning strategy identifies this as a core organisational function that encourages a learning culture; develops leadership and management skills; encourages reflective and research-minded practice; supports recruitment and retention and generates income. COVID has had significant implications for practice learning arrangements and we are working in partnership with universities and other stakeholders to explore future options.
- 4.7 In order to meet our SSSC employer commitments, the service must provide recognised levels of support for newly qualified staff. Developments include a well-established group for staff across children and adults services and the learning and development E-bulletin with up to date information and research.



## **Justice Social Work**

### **Workforce development:**

- 4.8 In recognising team challenges and dynamics managers held a workshop facilitated by organisational development (March 2020) to improve the team's functioning. Unfortunately the follow-up activities were curtailed due to the lockdown and progress will need to be reviewed in 2020/21. Managers are developing staff training and promoting a shared understanding of SSSC Codes of Conduct as well as the expectations of all social work qualified and para-professionals.
- 4.9 We reviewed and updated our core local guidance documents – these support practitioners at all levels to better understand their task and role as well as providing a service that is safe and risk-focused, but able to identify and address welfare and needs.

### **Public Protection**

- 4.10 Prior to Covid 19 EMPPC delivered two development sessions for all staff across the partnership including third sector staff to address the crossovers between Adult Support and Protection and Violence Against Woman and Girls, with a total of 56 staff attending. These sessions focused on learning disability and gender based violence; this session was supported by NHS Scotland, Gender-based Violence Team. This sessions was informed by the new practitioner guidance on learning disability and gender based violence and to raise awareness of the intersections between gender based violence and adults age 16+.
- 4.11 The EMPPC learning and development function oversees the development and delivery of core and mandatory public protection training. The reduction in capacity within the PPO team has impacted on the delivery of these functions. Discussions are underway within the partnership and this will be an area of focus for the new PPO manager. Online alternatives for traditional face to face approaches are required.

### **Adult Social Work and Social Care**

- 4.12 Workforce planning developments included the successful application to Mental Health Officer Capacity Building Grant Scheme to support our Mental Health Team. One social worker successfully completed the MHO training in September 2020. The review of homecare led to improvements in the terms and conditions of staff to attract more people into the workforce. Two social workers started the practice educator's programme in 2019/20 and will complete in early 2021.
- 4.13 Key training and staff development opportunities were delivered in
- self-directed support options 1 and 2;
  - Frank's Law

- Replacement care
- TEC training
- Dementia bus; helping mentally able people to understand what it is like to experience dementia
- Staff briefings: Violence Against Women and Girls; Resolution (Mediation) service; new housing legislation and support for women with substance misuse issues.

In addition, Social work staff who volunteer in anticipation of having to provide humanitarian aid are regularly invited to informal learning and development sessions to consider the impact of emergency planning in communities, and in responding to incidents that require emergency assistance and the provision of immediate shelter and support. The sessions have include opportunities for volunteers to reflect and share their own experience in previous incident along with formal presentations e.g. trauma informed practice and the role of partners in providing aid.

## **Section 5. COVID 19**

### **Early Indications of Impact on Workforce and Services**

- 5.1 Social work is a profession that is predicated on establishing meaningful relationships with vulnerable and often distressed people and with those who may be resistant to our involvement. Therefore, the impact of the restrictions to working arrangements as a result of the pandemic on the very core of social work business has been profound. Making a safe and accurate assessment of risks and needs for children and adults with very reduced or compromised opportunities for face to face contact has been extremely challenging and remains the case. Staff are carrying higher than usual levels of stress and anxiety from the additional risks. As the months progress, the need for support and recognition of the challenges involved increases
- 5.2 Overall to date across adult, justice and children's services staffing levels have remained high with low levels of COVID-related absence, although numbers of staff with underlying health conditions were higher than anticipated. Many staff have welcomed the increased flexibility of working from home, in particular the absence of the commute and the ability to meet child care commitments.

### **Children's Services**

- 5.3 As an immediate response to the pandemic restrictions, the service implemented a crisis response team model that operated on a five-day on/off basis. Good use was made of Skype to enable staff to communicate internally and come together quickly. All teams RAG rated their caseloads to ensure the most vulnerable children and young people were prioritised for the most

meaningful and effective contact and interventions. Children whose names were on the child protection register were seen on a weekly basis wherever possible. All supervised family time was suspended. As restrictions eased, a blended working model was implemented allowing staff to return to their own team structure and line management arrangements.

- 5.4 Despite the school closures, the number of referrals to social work continued to rise month on month from March 2020. The absence of a structured school day on vulnerable families – particularly those with disabilities and complex needs - resulted in high levels of family stress and a significant demand for staff to prevent children needing to be accommodated. Some of our older young people and care leavers were unable to sustain positive destinations and this has led to their behaviours becoming a risk to themselves and others, with serious consequences and poor outcomes. The assessment hub and practice teams carried the additional impact of most of the third sector services ceasing face to face contact with families in the initial months of the pandemic.
- 5.5 The Government's focus on vulnerable children from the start of lockdown was a lever for some excellent partnership working with some groups of vulnerable older young people in East Lothian. The youth work response highlighted the possibilities and potential for creative and joined up approaches that will be developed over the coming months.
- 5.6 The support from colleagues across the council to facilitate requests for additional space / has been welcomed. The changes to working arrangements have impacted on all staff across council and partnership services, but for the purposes of this report the following areas remain challenging for service delivery:
- The absence of a single IT platform across public services – impacting on the effectiveness of multi-agency working with vulnerable children
  - Child and family engagement in online meetings – while some have welcomed it, many have not felt fully included in decision-making or have found it intimidating.
  - Waiting lists for assessment and changes to support plans from the disability team have increased beyond current capacity
  - Limited appropriate space for supervised and court mandated family time (previously called contact)
  - COVID safety concerns for foster carers – facilitating parental and sibling contact involving multiple households
  - Reduced office capacity to ensure compliance with physical distancing; impacting on face to face access to team members which is important for safe social work practice.

## **Justice Social Work**

- 5.7 Staffing levels have been high – working from home has improved work/life balance and staff have been able to be more flexible so undertake tasks at a time that suits their lives. The service is exploring a more flexible working

regime and considering quite radical changes within the service that would have significant implications for staff and users, but would not reduce efficiency or effectiveness.

- 5.8 The current focus is on the safe reopening of face-to-face interventions for reports and offence-focused interventions as well as engaging in welfare and signposting activities. However, the anticipated increase in work from domestic abuse and online sexual offending behaviours will impact on staff wellbeing when working from home.
- 5.9 The provision of unpaid work is extremely problematic – with a van-based and group model 1:5 (maximum) ratio with equipment training or building-based activities where supervisor and service user work closely (within 1-2 meters). The service needs to develop larger projects and increase access to placement or individualised oversight from colleagues within HSCP and the Council as well as small groups with 1:2 or 1:3 ratio and expectation of either self-travel or more appropriate muster points.
- 5.10 The pandemic has seen the closure of Courts across Scotland, however Hub Courts have dealt with the most serious business since lockdown was announced on 23/03/2020. As a result there are various estimates relating to the backlog of Court business and in East Lothian this will have an ongoing impact for the foreseeable future. Although business is now going through courts at the rate of approximately 80% of last year's comparative totals (September) this is not addressing the backlog and there has been a notable increase in Diversion report requests. This move away from using Court time to hear cases (and, therefore, address offending behaviour) will lead to an increase in justice social work business, to provide reports and, where appropriate, short interventions.

### **Adult Social Work and Social Care**

- 5.11 The mainstay of our Covid-19 response to **carers** was working in close partnership with:
- staff who were supporting carers, for example, care-at-home workers, community care workers and social workers. This began immediately and centred on learning from staff what the key issues were in terms of delivery and support, for example, PPE, dealing with isolation/shielding and sustaining good mental health and physical wellbeing
  - carers representative groups - Carers of East Lothian, East Lothian Young Carers and Bridges Project. This helped us to respond to carers needs as much as possible and share information about support, advice and resources. Carers of East Lothian produced a weekly resources guide which we shared with staff, third sector partners and community resilience groups
  - Community Resilience Groups, who kept us informed about the wellbeing of carers they were working with and specific help needed. Third and

Independent sector partners also kept us informed of issues, for example, around the correct putting on and taking off of PPE and when to wear it.

- 5.12 In terms of community support services for younger adults, at the start of the pandemic all providers provided a RAG rating of services users, a business continuity plan and a detailed action/closure plan. The RAG rating assisted colleagues in social work to identify priorities for additional care and support in the community. All building-based services were closed with the exception of one centre for people under 65. This centre was used to provide day support to these people who were most at risk of support failing at home. At that stage, external community provision consisted of outreach support from peoples' homes for those with identified critical needs. The providers have looked at alternative ways of providing support e.g. Zoom calls. Weekly telephone calls are also in place to offer support and monitor any changes in need.

### **Care Homes**

- 5.13 The Care Home Team and District Nursing teams supported staff to adhere to up-to-date guidance and advice and have been at the forefront of East Lothian's response to ensuring our care homes have been equipped and supported to manage and control the virus as effectively as possible. This has included:

- Ensuring the safe application and disposal of PPE
- Escalated support to homes with positive cases to ensure robust infection control
- Arranging urgent PPE from East Lothian hub stock if required
- Circulating all current guidance and ensuring our homes have access to information that is circulated
- Visiting homes to demonstrate PPE donning/doffing and infection control
- Educational components focused on infection control, including helping staff understand PPE, including 'how safely to put it on and take it off
- Video links of training provided and offers to all care homes for visits as needed
- Continued emotional and phone support for staff
- Delivery of face-to-face training where agreed.

### **Care Home Assessment and Review Team**

- 5.14 The care home assessment and review team's (CHART) role in the COVID response included:

- All care home support visits were jointly undertaken with a social worker alongside a health colleague, and feedback was given for each visit which was as a collaboration between health and social work.
- Providing challenge and support to care homes where infection control practices were not sufficiently robust.
- Funding was secured for a number of vacant care home placements in two care homes for people waiting for packages of care or care homes to move to

temporarily. Each of these individuals were assessed by social workers and the CHART team monitored each placement. This provided an immediate solution for residents and demonstrated a flexible response and good joint working with independent care homes.

- Social workers undertook PPE training early in the pandemic so that they had sufficient knowledge to support and challenge practice in care homes.
- The CHART team manager is involved with the care homes daily huddle.

#### 5.15 Changes in practice due to Covid

- Ensuring that Covid testing happens for people moving in to care homes, as per health protection guidance, alongside other practical arrangements for hospital discharge to care homes.
- Only starting now to be able to attend care homes to carry out reviews. This is not consistent and is dependent on different practices across care homes. Many reviews are still being carried out by phone.
- Responding to regular calls and complaints from families about not being able to visit their relatives.
- Move to home / hospital working with a rota in place to ensure at least one social worker is on site every day.
- Supervision and team meetings carried out mainly via Skype.

## **Challenges and Risks Facing Social Work and Social Care**

Key challenges for recovery include:

- Rising incidence of domestic abuse, and its impact on children, young people adults and families. The human and financial costs of this mean it requires a coordinated strategic and partnership response.
- The cumulative impact of carer and family stress as a result of limited or reduced availability of services that may not return to pre-COVID levels.
- The widening social and health inequalities that the capacity to cope with adversity and increase reliance on services.
- Ensuring the social work and social care workforce is supported to develop and maintain its own resilience.
- Rise in demand for services - resumption of services (e.g. courts and children's hearings) and as a result of poverty, stress and increased vulnerability.
- Financial cost of responding to the pandemic and impact on decisions about budgets for vulnerable people's services.
- The capacity of commissioned services to meet current and future levels of need.

- Implementation of The Promise and learning from the Independent Care Review - will not be achievable without further investment in preventive services to release the costs of crisis services.

The most vulnerable people in our communities have been the hardest hit, and will take longer to recover from the impact of the pandemic. Social work services will continue to play a critical role, working in partnership to protect our citizens, promote their rights and support them to live safely and independently.

**Judith Tait**  
**Chief Social Work Officer**  
**16 October 2020**

