



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 28TH OCTOBER 2021
VIA DIGITAL MEETINGS SYSTEM

1

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Dr P Donald
Councillor N Gilbert
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Dr R Williams

Non-voting Members Present:

Ms M Allan	Ms L Cowan
Mr I Gorman	Mr D King
Mr T Miller	Ms A MacDonald
Ms M McNeill	Dr C Mackintosh
Dr J Turvill	

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie	Ms C Goodwin
Ms J Holland	Mr M Kennedy
Ms L Kerr	Ms G Neil

Clerk:

Ms F Currie

Apologies:

Mr D Binnie
Ms J Tait

Declarations of Interest:

None

The Chair invited his colleague, Councillor Shamin Akhtar, to pay tribute to Councillor Willie Innes, Leader of East Lothian Council, who passed away on 24th October.

Councillor Akhtar said that Councillor Innes had believed strongly in public service and had made significant contributions to the community of Prestonpans and throughout East Lothian during his more than 30 years as a councillor. His many achievements and interventions had impacted positively across a range of sectors including health and social care. He had been a huge advocate of the new community hospital and of day centres. He was always keen to acknowledge and value the efforts of staff and he had offered his personal thanks to NHS staff following his own treatment during illness. Councillor Akhtar said he would be remembered by colleagues and constituents as a great person and advocate for all.

The Chair then invited members to observe a short silence in memory of Councillor Innes.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 16th SEPTEMBER 2021 (FOR APPROVAL)

The minutes of the meeting on 16th September 2021 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 16TH SEPTEMBER 2021

The following matters were raised:

Councillor Gilbert asked if there was any update on the situation at the Edington Hospital, North Berwick. Alison Macdonald advised that there was no update at present, however the current review period was due to conclude on 10th December at which point a further report would be presented to NHS Lothian. The IJB would be updated thereafter.

3. CHAIR'S REPORT

The Chair informed members that he had recently attended a very useful meeting on health inequalities and that this important issue would form the basis of a development session for IJB members on 25th November.

Dr Jon Turvill welcomed the proposed development session and the opportunity for the IJB to discuss what it could do to address this issue. Maureen Allan also welcomed the opportunity to participate in the development session and to discuss the third sector role and community aspects of health inequalities.

Ms Macdonald updated members following some concerning press articles regarding pressures on the system in East Lothian, with particular reference to acute services and care home beds. She advised members that East Lothian was in a fortunate position in relation to delayed discharges and that while consideration was being given to relocating patients from acute beds to care homes, while they awaited appropriate packages of care, no patient was being forced to move. She added that all four Health & Social Care Partnerships within Lothian were continuing to work together to try to ease pressures across the system.

4. INITIAL AGREEMENTS FOR THE NEXT STEPS OF THE REH CAMPUS RE-DEVELOPMENT

The Chief Officer had submitted a report seeking support from the IJB to take forward the Initial Agreements (IA) for the next stages of the REH campus re-development, which had been developed in partnership with the East Lothian Health & Social Care Partnership (HSCP).

Gillian Neil presented the report outlining the background and development of the project and the rationale for determining bed numbers. She indicated that once agreed by the 4 Lothian IJBs the Initial Agreements would progress through the NHS Lothian governance process for submission to the Scottish Government. Following approval by Ministers, an outline business case would be produced.

The Chair welcomed the very thorough business case and commended the collaborative approach adopted for this project. He noted that reducing in-patient beds would rely on resilient community services and East Lothian was in a good position in that respect. He also noted that there would need to be a release of funding to community services to support the transfer of care. While he supported the principles he emphasised the need for appropriate resources to be made available.

Thomas Miller also welcomed the level of partnership working on this project. He added that staff had been very heavily involved in discussions and it was very exciting to see this project progress.

Ms Neil responded to a number of questions from members around flexibility of bed numbers, capital resourcing, moving patients into existing community services and the redevelopment of assets such as the Hermanflat Hospital site in Haddington.

The vote was taken by roll call and all of the recommendations were approved unanimously.

Decision

The IJB agreed to:

- i. Note the strategic case outlined in the Initial Agreement (IA), and how this linked to the East Lothian vision for future care in this area;
- ii. Note the reduction in Learning Disability (LD) beds from 3 to 2;
- iii. Approve the IAs (prior to submission to the Scottish Government); and
- iv. Acknowledge the continued involvement of ELHSCP officers in the development of the business case.

5. IJB ANNUAL PERFORMANCE REPORT 2020-21

The Chief Officer had submitted a SBAR report seeking approval of the Annual Performance Report for 2020-21.

Claire Goodwin presented the report outlining the content to the report and reminding members of the reasons for the delay in its preparation. She highlighted the key themes in the report and advised that, subject to approval by the IJB, a summary version would be prepared.

The Chair commended the report as a significant piece of work. He said that when compared with the IJB's first annual report, it showed the significant progress that had

been made which was wholly down to the hard work and dedication of those working across health and social care.

Councillor Fiona O'Donnell praised the report but asked if case studies could be included, as in previous reports.

Councillor Akhtar agreed, suggesting that the report should also be more explicit about how well integration has worked over the past year, particularly in light of the pandemic and the pressures on services.

The Chair agreed with these comments and added that the Edinburgh IJB had included case studies in its report and these had provided a powerful testimony of how integration had impacted on individuals.

Dr Richard Williams said it was a fantastic report which outlined a lot of really good work. Making particular reference to the section on supporting carers, he noted that some of the statistics dated from 2019/20 and he asked if updated figures could be included.

Dr Claire Mackintosh commented that, as a new member of the IJB, she had found the report very helpful.

Ms Goodwin responded to the comments made by members regarding case studies and statistics and Ms Macdonald provided further information on carer engagement and acknowledged the usefulness of reporting to raise awareness of the work happening across services.

The vote was taken by roll call and the recommendations were approved unanimously.

Decision

The IJB agreed:

- i. To accept the Annual Performance report for 2020-21;
- ii. To recognise the achievements of the East Lothian HSCVP and individual services during a uniquely challenging year;
- iii. To commend the contribution made by staff, volunteers, communities and partner organisations; and
- iv. That a summary Annual Performance Report should be produced.

6. NATIONAL CARE SERVICE CONSULTATION

The Chief Officer had submitted a SBAR report updating the IJB on the national consultation underway concerning the establishment of a National Care Service and inviting members to agree the IJB's response to the consultation.

Paul Currie presented the report outlining the background to the consultation exercise, and thanked members for attending a development session on 8th October to formulate the terms of the IJB's response. He referred to concerns raised across other groups about the increased scope of the consultation and advised that the IJB's response contained a range of views on some issues and consensus of opinion on others. He asked members to approve the terms of the response and its submission to the Scottish Government.

The members discussed the terms of the response and expressed their appreciation to Mr Currie for representing so clearly the range of views on different issues. They also

acknowledged the difficulty of formulating a consensus view and avoiding conflicts of interest when often they were considering issues from more than one perspective, e.g. as a GP and as a member of the IJB, and it was sometimes not possible to reconcile these views. It was agreed that the IJB's response should make clear where a member dissented from the collective view of the IJB, and the reasons for any differences in perspective. Members were also reminded that individual responses, and other group responses, could be submitted separately to the IJB response.

There was also concern expressed about the timing of the consultation and it was noted that there had been little willingness on the part of the Scottish Government to grant an extension.

The vote was taken by roll call and all of the recommendations were approved unanimously.

Decision

The IJB agreed:

- i. To note that the consultation response contained a range of views, reflecting the different perspectives of the IJB membership; and
- ii. To the consultation response being passed to the NCS Consultation Team at the Scottish Government on behalf of the IJB.

7. FINANCIAL POSITION AUGUST 2021, FINANCIAL OUT-TURN 2021/22 AND FINANCIAL PLANNING 2022/23 TO 2025/26

The Interim Chief Finance Officer had submitted a report updating the IJB on the current financial position, the projected out-turn for 2021/22 and deployment of earmarked reserves. The report also invited members to consider the current issues and future financial challenges and to discuss progress towards production of a five year, balanced financial plan.

David King presented the report outlining the month 5 position, the use of earmarked reserves and the expectation that the IJB would attain a breakeven position at the year end. He also highlighted some of the pressures on budgets, the need to focus on business as usual rather than being distracted by future changes, such as the introduction of a National Care Service. He also updated members on progress towards the production of a balanced five year financial plan.

Mr King responded to questions from members providing further detail on additional funding from the Scottish Government in the current financial year, demographic pressures and how these impacted on funding for Councils, and the continuing pressures on budgets for Hosted Services and Set Aside.

Ms Macdonald replied to further questions on the current overspends forecast by both the Council and NHS Lothian and the recent improvement in this position. She also acknowledged continuing challenges regarding commissioning budgets for older adult services and the need for mitigation measures.

Iain Gorman advised that a significant portion of the overspend related to COVID-19 and non-recurring pressures which would be directly off-set by additional funding from the Scottish Government. However, there were other elements and he provided further detail on two significant budget pressures – residential services for older adults; and the transition of young people into adult services where complex packages of care were involved.

The Chair thanked officers for their work in preparing this and other reports on the agenda. He noted that health and social care services were still in a difficult place he offered his thanks to staff for their continued efforts.

Decision

The IJB agreed to:

- i. Note the financial position at August 2021;
- ii. Note the projected out-turn position for 2021/22;
- iii. Note the deployment of the earmarked reserves in 2021/22; and
- iv. Support the further development of the IJB's five year financial plan.

DRAFT

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 13 December 2021
BY: Chief Officer
SUBJECT: Membership of the East Lothian Integration Joint Board

4

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the renewal of the term of office for Councillor Neil Gilbert.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the renewal of the term of office for Councillor Neil Gilbert, as a voting member of the IJB appointed by East Lothian Council.

3 BACKGROUND

- 3.1 Voting members of the IJB are appointed by the relevant local authority or NHS Board, in line with legislation. At its meeting on 16 November 2021, East Lothian Council formally agreed to the renewal of Councillor Gilbert's term of office as a voting member of the IJB. His previous term was due to end in December 2021. It should be noted that local government elections will take place on 5th May 2022, following which, the voting members of the IJB appointed by East Lothian Council may be subject to change.

4 ENGAGEMENT

- 4.1 The issues in this report have been discussed with the appropriate appointing body.

5 POLICY IMPLICATIONS

5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

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 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

8 RESOURCE IMPLICATIONS

8.1 Financial – None.

8.2 Personnel – None.

8.3 Other – None.

9 BACKGROUND PAPERS

9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).

AUTHOR'S NAME	Fiona Currie
DESIGNATION	Committees Officer
CONTACT INFO	fcurrie@eastlothian.gov.uk
DATE	17 November 2021



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 13 December 2021

BY: Interim Chief Finance Officer

SUBJECT: Financial Update – Projected 21/22 out-turn and additional Winter Funding

5

1 PURPOSE

- 1.1 This report updates the East Lothian Integration Joint Board as to the updated projected out-turn position for 2021/22 and provides information as to the additional Winter Funding which has now been received by the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- i. Note the updated financial out-turn position for 2021/22
 - ii. Accept the additional winter funding – that is accept the amendment to the East Lothian Council’s budget offer to the IJB
 - iii. Direct the additional winter funds to the HSCP to deliver the ambitions of the use of that fund.
 - iv. Agree to use its workshop on January to further consider the financial plan.

3 BACKGROUND

3.1 Projected Out-turn 2021/22

The IJB’s partners provide regular updated out-turn forecasts during the financial year. NHS Lothian provide this on a quarterly basis with the forecast at month 6 showing:-

	East IJB projected out- turn variance '000
NHS Services	
Core	519
Hosted	56
Acute	(615)
NHS Services	(60)

This position is, as noted above, based on the month 6 position. There has been a modest improvement in the month 7 position and the NHS Lothian position can now be considered as break-even overall.

There remains a concern around the set aside position albeit there are a range of operational pressures within Acute services and, even having accounted for Covid funding, these remain significant. Given the general effect of Covid and winter on the Acute system this pressure will probably remain in 21/22. That said, further discussions are taking place to understand this position and to consider mitigating actions in 22/23

East Lothian Council are forecasting an out-turn position of c. £600,000 of an overspend within the HSCP's social work budgets. Work continues with the management team to work towards an overall break-even position and further updates will be presented to the IJB.

It should be noted that both the financial positions above are underpinned by a significant element of funding to cover the pressures arising to the Health and Social Care system from the Covid pandemic. Discussions are currently being had with the Scottish Government as to how such pressures can be managed in 22/23. The Scottish Government will announce its 22/23 budget on 9th December 2021 and that will provide further intelligence on these matters.

3.2 Additional Winter Funding

3.2.1 Background

Further to the Scottish Government Winter preparedness and overview plans a letter was set to IJBs on 5th October detailing out a range of proposed developments to support the Health and Social Care system through the winter of 21/22 and announcing a fund of £300m nationally – a recurrent fund – to support this work. This is attached as appendix 1.

A further letter was received on 4/11/21 (attached as appendix 2) which detailed the values which would be allocated to each IJB in 2021/22. For East Lothian IJB the allocations are as follows :-

Item	Value £000's
Interim Care Arrangements	767
Care at Home Capacity	1,188
Multi-disciplinary Teams	383
Total	2,338

There is also an additional amount, to be agreed, to ensure that providers are paid their social care staff a base minimum wage of £10.02 per hour, an uplift from the current minimum of £9.50 per hour. This is discussed further below

3.2.2 Governance

These funds have been made available to the Council who must then pass them to the IJB. This is unusual in that in-year allocations are generally routed through the NHS. The IJB formally accepts budget offers from its partners as part of its budget setting at the beginning of the financial year. The health budget is regularly increased as in year allocations are received or further adjustments are made to the position. However, the Council do not, as a rule, amend their opening budget offer and the receipt of this Winter Funding presents a consideration around the governance. In theory the funds are allocated to the Council, who then (and its clear in the letter) must amend their budget offer to the IJB who will then accept these funds and then decide where they will be directed. The IJB would then direct these funds to the HSCP who will then use them to fulfil the ambitions described in the letters from the Scottish Government

This process has the potential to take up a considerable amount of time due to Council and IJB meetings and this could have impacted on delivering the outcomes. The Council's S95 Officer has already written to the IJB amending the budget offer and making the funds available to the IJB and the IJB's S95 Officer (in consultation with the Chief Officer, the Chair and the Vice Chair) has indicated that the IJB will accept this budget amendment and then direct these funds to the HSCP. It is clear that the Scottish Government wishes to move as quickly as possible to support the winter pressures and the IJB would wish to support this. The IJB is asked to support this position.

3.2.3 Pay Uplift for provider's Staff

As can be seen from the letter of 4/11 an amount will be made to the IJB to allow the council to provide resources to each of its social care service providers to ensure that their social care staff are paid a minimum of £10.02 per hour. There was a very clear direction that this payment be actioned as quickly as possible with the ambition being that this payment would be in the pay packets of these staff in December 2021. That was an element of the rationale

of ensuring that there were no governance issues around the funding route as above and Council colleagues are working through the practicalities of delivering this payment as quickly as possible. The understanding is that the Council will be fully reimbursed for this payment which is then made on an 'actual' basis.

3.2.4 Recurrency of the additional winter support funding

The letter of 4/11/21 details out the funding in 21/22. In 22/23 the position will be as follows :-

Item	Value £000's	Note
Interim Care Arrangements	383	These funds are non-recurrent after 22/23
Care at Home Capacity	2,376	Recurrent – 6 mths 21/22 and then a full year
Multi-disciplinary Teams	766	Recurrent – as above

The pay uplift for the providers staff will be met in 21/22 based on actual costs. Given that this is for 4 months, the FYE of this will be agreed in 22/23 and those funds will be made available.

3.3 Financial Plan development.

As noted in the October finance report, the IJB is continuing to develop its multi-year financial plan which will support its strategic plan. It is proposed that the January IJB workshop will be devoted to the financial plan and address the issues of on-going financial pressures (both currently within the system and also driven by demand and cost pressures in 22/23), the impact of the £300m above and any further investments that arise from the Scottish Government's 22/23 budget with a further examination of how the resources available to the IJB can then deliver the ambitions of its strategic plan

4 ENGAGEMENT

- 4.1** The IJB makes its papers and reports available on the internet.
- 4.2** The issues in this report have been discussed with the IJB's partners but do not require wider engagement

5 POLICY IMPLICATIONS

- 5.1** There are no new policies arising from this paper.
- 5.2** The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

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
- 6.2** The issues in this report do not require an integrated impact assessment.

7 DIRECTIONS

- 7.1** There are no Directions implications arising from this paper.

8 RESOURCE IMPLICATIONS

- 8.1** There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report if required.

9 RISK

- 9.1** None

10 BACKGROUND PAPERS

- 10.1** None

AUTHOR'S NAME	David King
DESIGNATION	Interim Chief Finance Officer
CONTACT INFO	david.king4@nhslothian.scot.nhs.uk
DATE	6 December 2021

Appendices

Appendix 1 – Letter of 5th October 2021 – Winter Planning for Health and Social Care

Appendix 2 – Letter of 4th November 2021 – Further Funding



Appendix 1

E: john.burns@gov.scot
E: donna.bell@gov.scot

Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.



2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7



Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.



Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

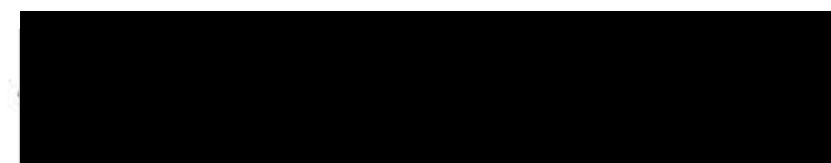
Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	100.00%	40,000,000	62,000,000	20,000,000	102,000,000

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 13 December 2021
BY: Chief Officer
SUBJECT: Care at Home Services East Lothian

6

1 PURPOSE

- 1.1 To inform the IJB of the current, severe service pressure within Care at Home Services in East Lothian.
- 1.2 To inform the IJB of ELHSCP actions to mitigate the risks faced by service users and patient flow in NHS Lothian Hospitals caused by the severe reduction in Care at Home provision.

2 RECOMMENDATIONS

- 2.1 To note the content of this report and actions taken.
- 2.2 To offer continued support to ELHSCP Staff as they work under significant pressure to deliver Care at Home services to people who are most at risk within the community.
- 2.3 To note NHS Lothian Gold directive to move people who are clinically fit for discharge but await a Care at Home service to Interim Care Home bed.

3 BACKGROUND

- 3.1 Across Scotland the Care at Home market, *including both internal and commissioned provision* is unable to deliver care to all who have been assessed as requiring personal care within the community.
- 3.2 Service provision is set against agreed criteria, where by only needs assessed as substantial and critical are met by regulated care at home services.
- 3.3 Since July 2021 ELHSCP has been responding to the crisis as it emerged within East Lothian. Currently, we have at least two CAH providers at risk of collapse.
- 3.4 Such is the chronic shortage of Care at Home services across Scotland, that NHS Lothian are moving people who are medically fit for discharge into interim care home beds. This directive includes people waiting for Care at

Home support in their own homes. The movement of people in this way is being closely monitored and reviewed in East Lothian.

- 3.5 The precarious position, that providers are in results in a significant number of undelivered care. ELHSCP are receiving daily reports from providers regarding their status and of visits that can't be delivered.
- 3.6 Daily Care at Home Huddle was established in the summer to allow for a strategic approach to the Care at Home Crisis. Daily Sitreps are received from providers and the group works to be proactive and mitigate significant under- delivery of support.
- 3.7 A weekly Care at Home oversight meeting, comprising senior leaders from across the health and social care partnership, was established, with the aim of better understanding risk and developing actions to improve the situation. In addition, ELHSCP meets weekly with representatives from other Lothian HSCPs involved in managing care at home services, to share risks, challenges and learning. The group also feeds back to NHS Lothian senior leaders as necessary
- 3.8 East Lothian Care at Home risks have been compounded by having 92% of our Care at Home services provided by Independent and third sector providers.
- 3.9 East Lothian delivers Care at Home to 1,216 people (68% who are over 65yrs), providing 20,569 hours of support each week.
- 3.10 Within East Lothian we have 12 Care at Home Providers with 6 delivering to people over 65 on a time and task model. We have two internal Care at home services; Homecare and Hospital to Home, the latter supporting people out of Hospital, the former those within the community. We also have an Emergency Care Service, designed to respond to people who fall and palliative cases.
- 3.11 The quality of care by the Independent and third sector is closely monitored and on the whole to a high standard. However, the number of providers competing with each other for care staff and care packages has meant the efficiency of which Care at Home can be delivered is compromised.
- 3.12 One small 'off Framework' provider has ceased to exist, which has put additional strain on existing providers, including internal services.
- 3.13 The internal services have been gradually increasing since 2019, but recruitment is a slow and lengthy process. Although internal services have increased in delivery by 200 hrs per week, the external provision has decreased by nearly 1000 hrs per week.
- 3.14 This overall decrease in Care at Home has been the trend for a number of years; Figure 1

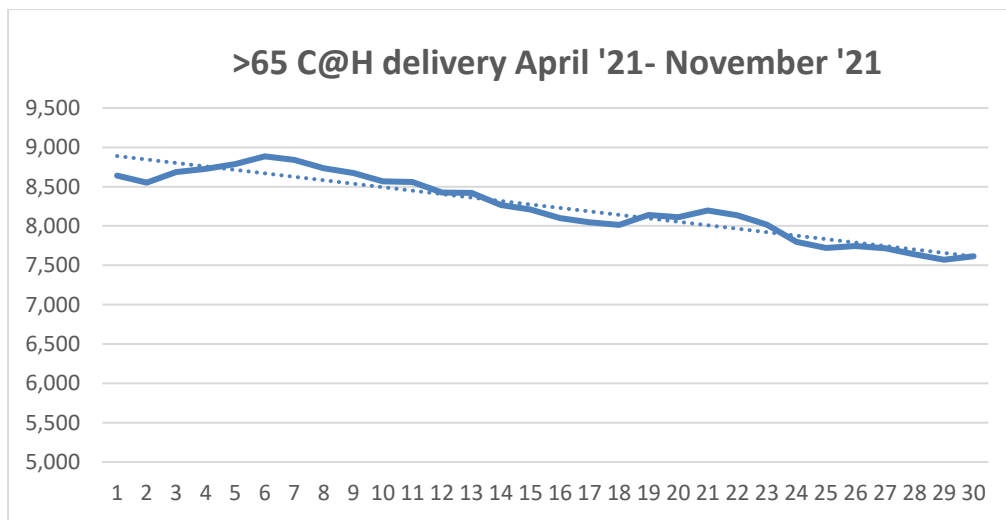
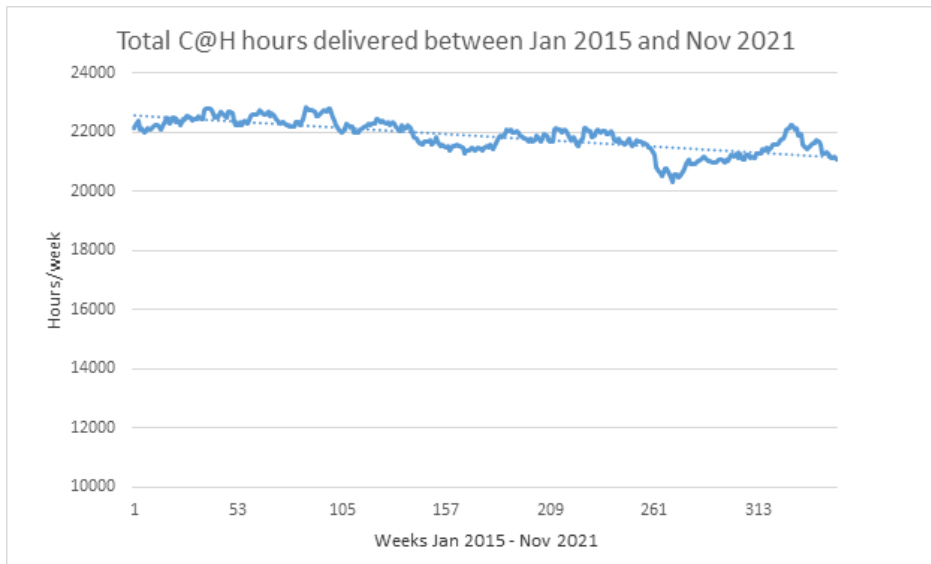


Figure 1 Decrease in Care at Home Hours

Month	July	August	September	October	November
65+ clients	850	848	854	825	830
65+ hours	9,004	8,856	8,937	8,511	8,400

Table 1 Care at Home hours and people Over 65

3.15 The table shows the reducing number of people being supported over 5 months

3.16 Providers for people under 65 particularly in Learning Disabilities and Mental Health Providers, are also under pressure, in terms of providing substantial care packages due to the reasons noted in the paper. The existing LD providers have managed small requests but are not staffed sufficiently to take on new significant packages (i.e. more than 10 hours) of care unless another service ceases.

3.17 The lack of care staff, has been true for a number of years but has been compounded by the result of the Pandemic and to some extent EU Exit, although the full impact of this is not yet being realised. Staff shortages are not unique to East Lothian and the following list outlines the significant contributing factors to reducing staff levels;

1. 'Burn Out' of care staff resulting in people leaving the sector
2. Care staff feeling undervalued especially after their response to the Pandemic, resulting in staff leaving the sector.
3. Prevalence of Covid-19 requiring care staff to self-isolate.
4. Demand for services outstripping the number of care staff available.
5. Poor Terms and Conditions (no travel time paid/ 40+ hrs per week) of employment within the Independent Sector and Living Wage of £9.50 per hour (raising to £10.02 December 2021) make the care sector an unattractive option. Many staff have been unable to maintain hours of work to allow a work: life balance. They recognise that without their support, many service users will be very vulnerable and therefore work hours far in excess of what they intended.
6. Other demands for a similar workforce within the wider economy offering enhanced pay rates, introductory payments and better terms and conditions that social care providers cannot currently compete with.
7. The increase skills required by care staff who are often required to complete complex personal care tasks, have an ability to communicate in writing complex and critical information at speed, be able to assess someone's health and social care needs and the deterioration in someone's condition in short visit times.

3.18 There is an average of 25% front line staff absence across all providers with a range from 10-43% at one time.

3.19 On 5th October 2021, in response to winter planning and system pressures, the Cabinet Secretary announced the national allocation of an additional £62 million for 2021/22, to build capacity in care at home community-based services. This recurring funding may help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers. However, there are no quick fixes.

3.20 The Scottish Government have also allocated £48million to allow HSCP's to fund all commissioned front line care providers, staff £10.02 per hr. This equates to a 52p increase in the previous rate. East Lothian is expected to process this payment in January 2022 (back-dated until December 1st 2021.) This may bring some people back to the sector, but is still short of other sectors who compete for the same staff.

3.21 Although the increase in funding is welcomed, further work on staff terms and conditions is required along with improved training and career progression to try and pull people back and attract new people, into the care sector. This will be ongoing program and require a national approach to have full impact.

3.22 Whilst staffing challenges require an ongoing national approach. We are continually working to develop solutions locally to address the challenges outlined above. The following have been put in place;

1. Enhanced clustering of providers by geographic area to reduce high travel time for care staff
2. Increased rehabilitative approach towards review care packages, so service users become less reliant on care that is no longer required.
3. Increased clarity across NHS Lothian and ELHSCP about assessing for outcomes rather than a service as a mechanism for meeting Service Users expectations and needs. There is also a need to make a stronger distinction between a professional assessment carried out with a service user and decisions regarding service delivery as not all assessed needs meet the criteria for a formal care at home service and can be met through other resources.
4. All service users have been rated as Red Amber or Green (RAG) to establish who is most at risk should limited care need to be further rationalised. This work is in conjunction with the providers so an informed decision can be made about where to direct care.
5. All care providers have been RAG rated – again to inform where we need to support to prevent provider failure. Or should this not be possible to manage provider failure with the least risk to service users.
6. We are working at providing ‘Crisis Response Teams’ around all our providers – this is a multi- disciplinary team with the aim of having the most up to date information on the service users who are supported by the provider, the provider current absence and delivery levels and working to have the most efficient delivery of Care at Home across East Lothian.
7. The review process across the partnership has been agreed and the process is being updated. This will ensure all reviews for care at home services are based on functionality and risk with a clear and evidence base for decisions that are made.
8. Development of an Integrated Community Assessment and Allocation Team – to co-ordinate requests for urgent delivery of Care at Home services and direct to those most in need. The team meet every morning to look at cases.
9. Increase the staffing within Support Plan Broker Team to provide additional management and administrative support. This will support the clustering and co-ordination of Care at Home within the Independent sector.

3.23 Unmet need has remained relatively stable since April 2021. This is a result of the stricter application of the criteria, better review and oversight of the capacity list, RAG process to identify urgency and iCAT model to capture system wide pressures. Increasing awareness that Care at Home

is no longer the go-to –option for all of social care needs. This is an area which still needs work with both professionals and public.

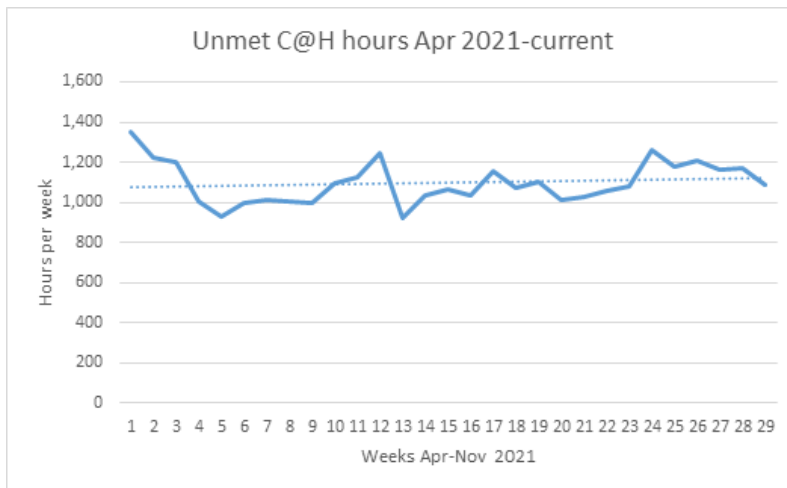


Figure 2 Unmet Care at Home need

3.24 There are a number of areas of work that still need to be developed;

1. The use of TEC to reduce the requirement on CAH.
2. A wider understanding with elected members and public on availability of Care at Home and what is available.
3. Life-curve training for all assessor who may refer people for a Care at Home service. This will help staff and users of services see how the provision of too much support can be detrimental to someone’s health and wellbeing.
4. Continued development of volunteer and community services as a preventative service and therefore reducing the impact on Care at Home services.
5. Increase staff resource to review existing service users and to allow for allocation of individuals who have had their care packages reduced or stopped but still have ongoing care needs. (Crisis Response Team)
6. Developing a process should we require to temporarily stop care to people who have a substantial need. This process will measure risk management of cases and review of individuals whose care has stopped or been reduced.
7. Improve recording of risk on an individual and visit level
8. Enhanced profile of agreed eligibility criteria so that staff, service users and carers all have an agreed reference point for service decisions.
9. Recruitment drive for Locum Care Workers to support internal services. Generating 4 locum care staff. Enhance recruitment team, to expedite the recruitment process.

10. Increase our internal Care at Home provision, in terms of actual care delivery as well as, recruitment support, quality assurance and review process. This would not only create capacity within the community, improve Hospital discharge times, further focus a rehabilitation model but also provide a greater degree of control over the Care at Home Provision and the associated risks.

3.25 The risks of this crisis are captured in ELHSCP risk register and are monitored.

4 ENGAGEMENT

4.1 We are working with Carers of East Lothian and VCEL to keep them updated on the current challenges and they are looking at what alternatives can be provided; use of micro-grants to carers, use of volunteers to support over short term, for non-regulated care tasks.

4.2 A communication strategy is being developed.

5 POLICY IMPLICATIONS

5.1 There is potential for policy implications with regard to the implementation of the Eligibility Criteria Policy. Further information is required to allow for a policy change and this will be communicated to the IJB.

6 INTEGRATED IMPACT ASSESSMENT

6.1 Not applicable.

7 DIRECTIONS

7.1 Not applicable, although consideration of; Care at Home development as a new Direction.

8 RESOURCE IMPLICATIONS

8.1 Financial –Reduction in Care at Home commitment.

8.2 Personnel – significant demand on all ELHSCP staff

8.3 Other – None

8 BACKGROUND PAPERS

8.1 None

AUTHOR'S NAME	Laura Kerr
DESIGNATION	Interim General Manager Planning and Performance
CONTACT INFO	lkerr@eastlothian.gov.uk
DATE	13 th December 2021



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 13 December 2021
BY: Chief Social Work Officer
SUBJECT: Chief Social Work Officer Annual Report 2020/21

7

1 PURPOSE

- 1.1 To provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2020/21 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.
- 2.2 Furthermore, the IJB is asked to consider its implications for the provision of social work services in East Lothian and their role in assuring the welfare and safety of vulnerable adults and children across the county.

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, justice social work, adult social work services including social care and children's (social work) services. 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 timeframe of this report broadly aligns to the first year of the COVID pandemic, and charts the impact of three periods of lockdown to public and private life. It sets out the reality of delivering social work services within the context of a pandemic where the public's concern with risk and vulnerability, the core business of social work, was heightened and more visible than ever before, yet with severe limits to the capacity of services to meet the expectation of keeping people safe.
- 3.5 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.
- 3.6 Sustaining this commitment within the context of the pandemic and the resulting pressures on people, families, services and staff has been and continues to be a significant challenge. Our workforce is to be commended for their ongoing dedication, and striving to uphold the professional social work values of balancing risk and enablement, choice and control in the delivery their work.
- 3.7 The landscape for 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 be with us for a long time.
- 3.8 The potential changes ahead for all aspects of social work and social care as a result of the proposals that have emerged from the independent review of adult social care must be recognised and understood. Maintaining stability across social work services in this time of flux and uncertainty is essential.

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 CSWO Annual Report 2020/21 (attached)

AUTHOR'S NAME	Judith Tait
DESIGNATION	Head of Children's Services and Chief Social Work Officer
CONTACT INFO	jtait@eastlothian.gov.uk
DATE	1 December 2021

East Lothian

Chief Social Work Officer Annual
Report 2020/21

Table of contents

Introduction and key achievements	Page 3-4
Governance and accountability	Page 4-6
Service quality and performance Children and families social work Adult social work and social care Justice Social Work	Page 6-25
Public Protection	Page 26-32
Resources	Page 32-35
Workforce	Page 35-38
COVID-19	Page 38-39
Key messages for the future	Page 40

1. Introduction

This report timeframe of this report broadly aligns to the first year of the COVID pandemic, and charts the impact of three periods of lockdown to public and private life. It sets out the reality of delivering social work services within the context of a pandemic where the public's concern with risk and vulnerability, the core business of social work, was heightened and more visible than ever before, yet with severe limits to the capacity of services to meet the expectation of keeping people safe.

Overnight, the infrastructure by which social work delivers its statutory functions was at best significantly restricted and in some parts, closed down. Emergency legislation was enacted in April that extended statutory timescales for some duties, and relaxed some expectations for people using services to have their views considered and voices heard within a timely manner. Most social workers were working from home and the majority of face to face contact with service users ceased apart from with people deemed to be at the highest level of risk. Children living away from home were not always able to spend time with their family.

Building-based day care services ceased to operate for the most part. Social care support to enable people to live safely in their own home continued within a very challenging context of staff being worried about their own health, and anxious about the safety and wellbeing of those they were working with. Providing clinically safe residential care for older people, adults and young people became a priority, with the need to balance preventing and controlling infection with the protection of rights and choices and quality of life.

In short, every aspect of how we deliver social work and social care was affected. For a profession that is centred on relationships and using these relationships to help people change, cope with adversity, provide care and support and behave safely towards others and themselves, I would argue that it has been impacted more than many others. Our social work and social care workforce must be commended for their dedication and commitment during in such challenging circumstances and I thank them for this.

Safe and effective social work practice relies on positive professional relationships and close joint working with a broad range of council and health services and other key national and local stakeholders. Vulnerable children, young people and adults live across all of our communities and rely on universal and community services to provide support in conjunction with targeted social work interventions. Recognising the complexity of the social work task and maintaining stability within and between services will be essential as we navigate the potential opportunities and risks arising from the review of adult social care.

Judith Tait

CSWO

Key achievements in 2020/21

- Delivering a critical business response across services to lockdown restrictions whilst maintaining the focus on risk and vulnerability to the public and the wellbeing and welfare of the social work workforce.
- Adapting relationship-based services to the virtual working environment, finding new ways of connecting safely with stakeholders.
- Success in foster carer recruitment maximising the opportunities presented by COVID legislation to the arrangements for assessment and approval.
- Progressing the whole-service Redesign of Children's Services for Better Outcomes
- Implementing integrated, multi-disciplinary responses and strong partnership approaches to the oversight, governance and support for care homes in East Lothian.
- Progressing the community transformation programme of services for younger adults with complex needs and day services for older adults
- Continued delivery of the carer's strategy with completion of the procurement exercise
- Redesign of adult statutory services to strengthen the coordination and oversight of justice social work, community justice and mental health officer functions
- Developing the leadership of justice social work and community justice through outcome-focused business planning, implementing a self-evaluation evaluation programme and strategic needs assessment.

2. Governance and accountability

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 CSWO is a member of the council's CMT, a non-voting member of the IJB and a member of the key strategic partnerships that lead and direct the work to protect and improve the lives of vulnerable people:

- East and Midlothian Public Protection Committee (EMPPC)
- East Lothian Partnership Governance Group (Community Planning)
- East Lothian Children's Strategic Partnership (CSP)
- East Lothian Community Justice Partnership (CJP)
- MELDAP (Mid and East Lothian Drug and Alcohol Partnership)

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; is a member of the EMPPC and sub-groups for performance and quality improvement and ICR/SCRs and has recently taken over as chair of the offender management sub-group of the EMPPC. 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 and is depute chair of the Lothian and Borders MAPPA strategic oversight group.

Role of the CSWO in assuring social work practice.

As head of children's services and CSWO, it is important to balance the challenge of maintaining sufficient objectivity in line management and strategic decision-making alongside accountability for professional practice standards and the safety of service users. The human and financial impact of the pandemic on council and IJB services continues to test this balance further. 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;
- Membership of the East Lothian care home oversight group
- Core member of multi-agency meetings (Large Scale Investigations and strategy meetings) to consider risks to service users in regulated care services.
- Strengthening the arrangements for oversight of local authority 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

In 2019, the Children and Young People's Commissioner for Scotland began an investigation into the procedural protections that exist around decisions to place children in secure accommodation. It was due for publication within the timeframe of

this report, but delayed by the pandemic until June 2021. Given that this related to practice from 2018/19, it is appropriate to reference it and the actions taken as a result within this report.

CSWOs have a statutory duty to protect the human rights of children placed in secure accommodation by ensuring they have been consulted in decisions, to have those decisions recorded and explained, and to be informed of their rights to appeal. The investigation concluded that across Scotland there were deficiencies or inconsistencies in some aspects of process. In East Lothian the investigation provided a useful driver for identifying and addressing these and all improvement actions have since been implemented. CSWOs had concerns over the narrowness of the approach taken by the Commissioners' investigation. We perceived that the focus was more on whether certain letters were issued, than whether children and young people did or did not understand the situation and their rights about which in East Lothian we were confident was the case.

The IJB chief officer supports the role of the CSWO in providing professional accountability for social work practice in the services delegated to the IJB. Senior social work managers in adult services consult with the CSWO about practice issues. 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 challenges and dilemmas. During 2020/21, the frequency of these meetings increased to monthly to 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.

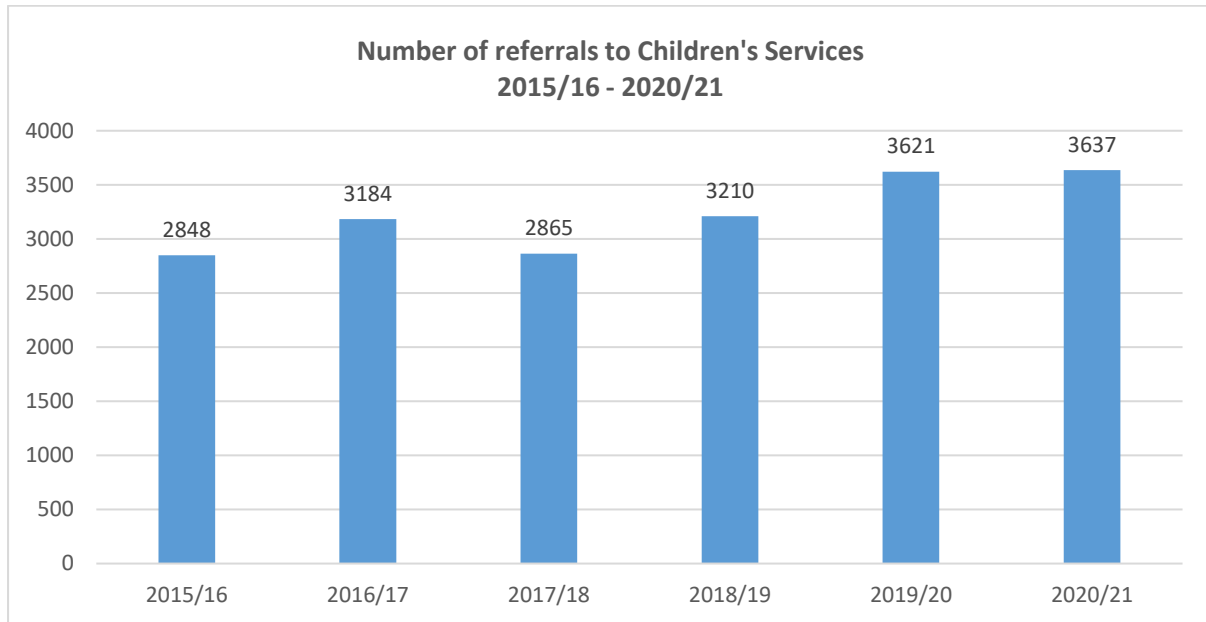
3. Service Quality and Performance

Children's Services

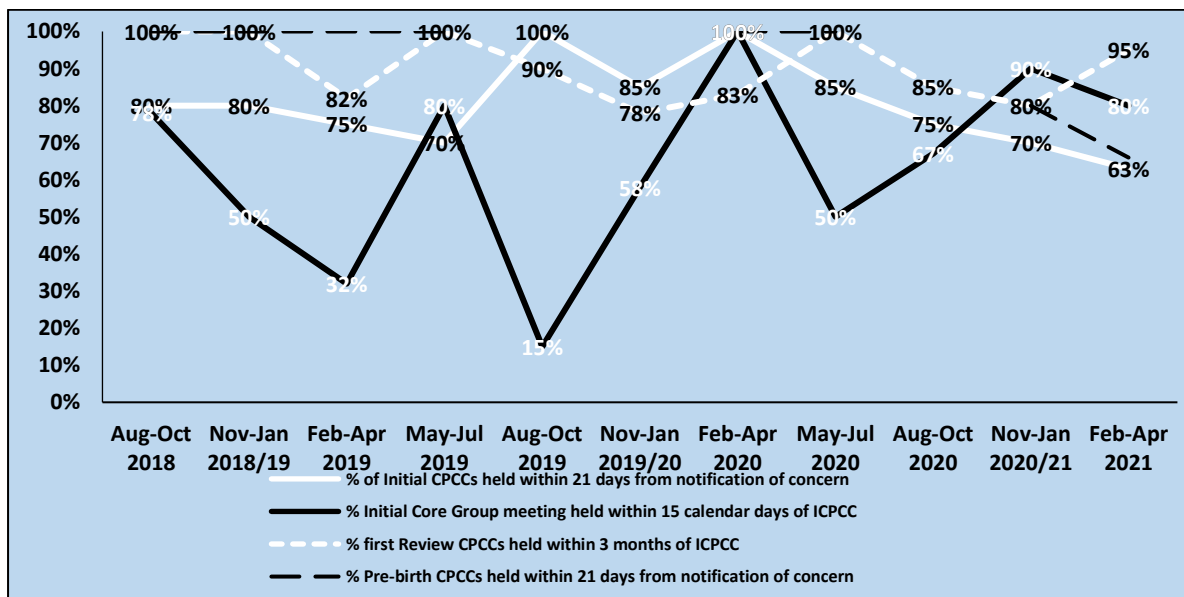
The COVID lockdown restrictions brought immediate and significant challenges to the safe and effective delivery of the children and families social work service. The service adapted well, business continuity arrangements were implemented effectively and managers worked tirelessly to support frontline staff who carried the heavy burden of holding additional levels of risk with reduced access to the main tool of our trade – the capacity to sustain meaningful relationships through face to face contact. The transition to online and virtual working has presented opportunities and brought unexpected benefits that we will build on. However, there will be long-term impacts on the quality and pace of frontline practice and decision making for vulnerable children as a result of the last 18 months.

Duty / front door

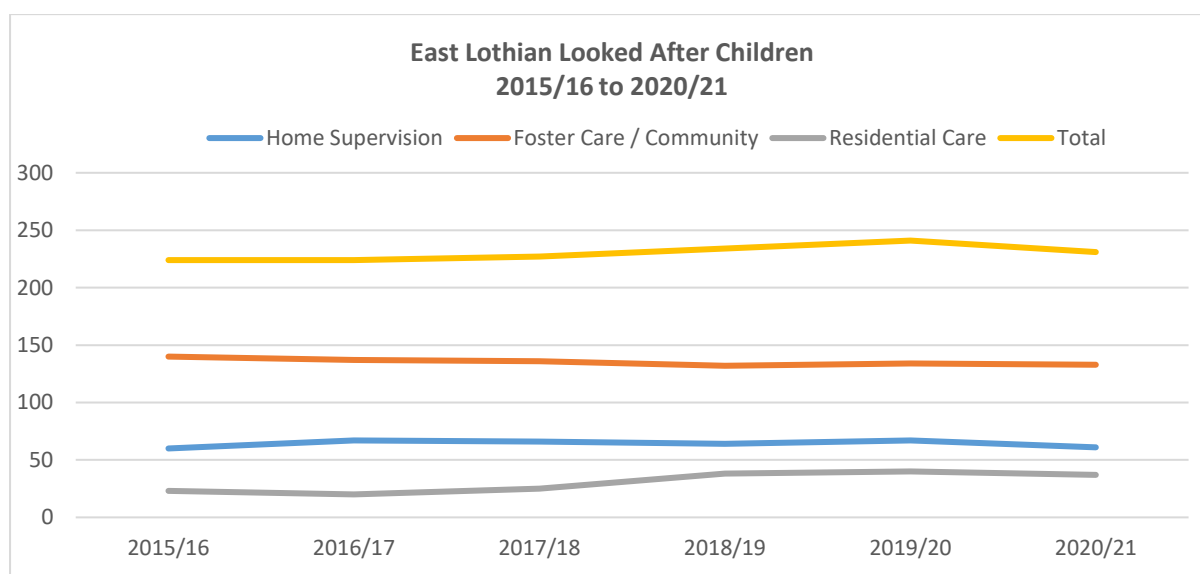
Whilst the closure of the schools changed the nature and balance of referrals to duty, we saw an increase in complexity of child protection concerns that included families that had never previously been in contact with social work services.



We saw a mixed picture in the number of Inter-agency Referral Discussions over the year, with no identifiable trend quarter on quarter over the past three years. A low point in the year was reached just at the start of lockdown in March 2020, in common with elsewhere across Scotland. East Lothian saw a significant increase when schools returned after the school summer holiday period, with a reduction again after the December restrictions period. Our Child Protection IRD Overview Group provides scrutiny, quality assurance and reviews any recurring themes and patterns that would have implications for practice and learning and development.



Long term practice teams



Service activity, performance and quality

East Lothian continues to have a relatively low number of looked after children and young people in the community (9.2 per 1,000, 0-17 population). 46 young people were discharged from being looked after during 2020/21 with over half returning to or staying with their parents.

The social work teams working with families who require statutory interventions continued to work well throughout difficult circumstances. The service continued to perform well with 97% of reports for children's hearings being submitted on time. Performance of first visits made to children within 15 days of implementation of home supervision requirements order was badly affected by COVID and reduced to 67%, however during non-lockdown periods, performance was 100%.

Looked after	March 2021	Rate per 1,000	Scotland rate
At Home	61	2.9	3.7
Formal Kincare	52	2.4	4.0
Informal kincare	19		
S11 kincare	56		

Practice audits of work with children looked after at home and the impact of our family support were commenced during 2020/21. The findings from these are informing the current re-design of children's services. An audit of child protection core group meetings demonstrated that these were happening within appropriate timescales and were of a good standard. Areas for improvement included the effectiveness of gathering and recording children's views. This piece of work has been taken forward by our independent reviewing officers. We continue to have a

waiting list within the long term social work teams and this is prioritised appropriately. Social workers have been able to make use of technology to engage with children and families although there have been some difficulties with this.

The challenges within the Children's Hearing system have had a significant impact on practice. Difficulties with IT systems within the Scottish Children's Reporter's Administration impacted on panels receiving reports which in turn impacts on the child. Delays in progressing children's plans became apparent when panels were unable to make decisions. The format of the meetings had an impact on how well they were managed and how well children and their families could be fully involved. This took some time to resolve to a consistently good standard. Joint work with Midlothian to scrutinise the impact of deferred hearings is underway.

Permanence planning has been affected by court and hearing delays but also by COVID restrictions at times of rehabilitation planning. We continue to track and monitor progress carefully. COVID funding was used to increase the Kinship care support offer – support groups and mentoring - in recognition of the pressures on kincarers during lockdown. Improving timescales for completing kincare assessments is a priority.

Children's disability team

At 31 March 2021 the Disability Team was working with 167 children and young people with complex and enduring disabilities. Demand for services to support these children and young people continued and increased throughout the year. The demand has been due in part to the pandemic but also as a result of the growing population within East Lothian.

During Covid many services for children with disabilities and complex needs were unable to operate or reduced their services due to restrictions. The impact of reduced time in school was very challenging. This was further complicated by families' anxieties in relation to the health of their child/ young person. Ensuring all young people had accurate and up to date assessments in place detailing the specific risks to their health in relation to the pandemic but also the safe access to services was essential and complex. This had to include the risks of not receiving the services both on the child but also their immediate family. This pandemic has taken a significant toll upon our families supporting children and young people with disabilities.

The team worked closely with partner agencies to develop some bespoke services and packages of care for those with high levels of need. This was pivotal in enabling support through the summer holidays (Summer 2020), albeit not at the level usually provided.

Ten full Section 23 assessment and carer assessments were completed and discussed at the Resource Allocation Panel. Whilst this process was paused at the start of lockdown, the decision making forum with our partner agencies very quickly

adapted to meet virtually. For the younger age group, proportionate Section 23 assessments continued with small budgets being allocated as a way of providing choice and options to empower families to meet their own needs.

Services provided included care at home, residential respite and share the care for daytime and overnights. A further 73 children/ young people received a direct payment, which allows them to choose and arrange their own support. This approach increased by 28 in 12 months (55% increase).

The Share the Care service continues to develop, with 8 carers providing support. A virtual prep group has been developed and resulted in 4 assessments for potential carers.

Whilst 2020-21 was particularly challenging, this challenge will continue through recovery as families have used their reserves and services have not returned to full capacity. It suggests that 2021-22 may be more challenging as we see the latent impact on family resilience.

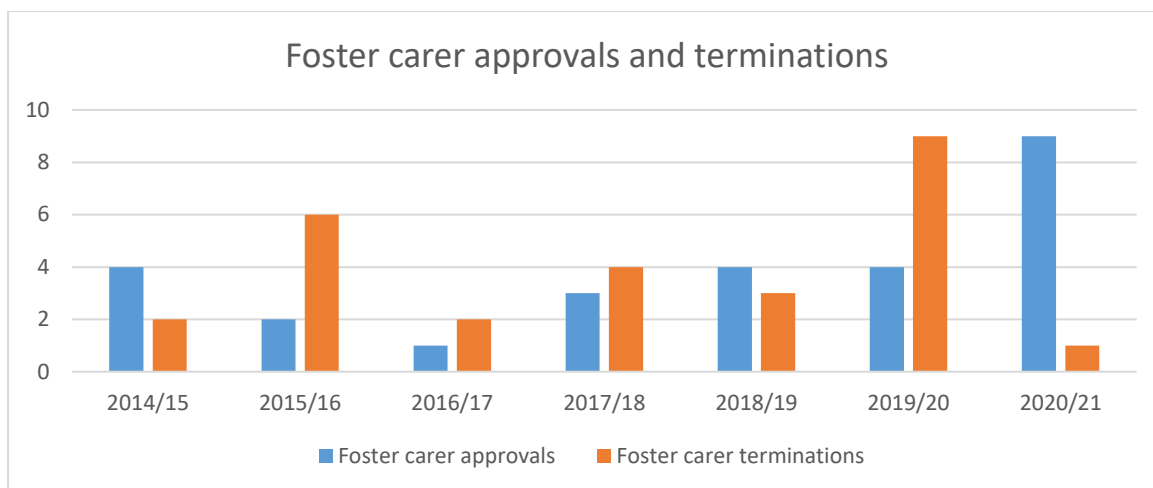
Fostering and adoption

At 31 March 2021, there were 81 children in foster care, a rate of 3.8 per 1,000 (Scotland rate 5.3 per 1,000). This includes children placed with our own carers and those placed with independent fostering agencies.

East Lothian currently has 51 approved fostering households, with 64 children placed. Over the last year we used the emergency Covid legislation to recruit 6 new carers that held a SSSC or GTCS registration as temporary fosterers. This allowed families who work to be considered as foster carers, which had previously not been an option. This worked well and several carers have been assessed as foster carers in the longer term.

The 64 children placed with foster carer, were registered as following

- 12 permanent placements
- 15 long-term placements
- 35 interim placements and
- 2 emergency placements



Fostering recruitment continues to be buoyant, with a good number of fostering enquiries. During 2020/21 nine new fostering households have been approved, with an additional 6 to provide short breaks. Despite that we have struggled at times to match children to appropriate carers and have used external fostering services. Still a problem recruiting households that will take sibling groups

The biggest challenge facing fostering over the next few years is implementing The Promise, in particular keeping brothers and sisters together. Currently we have limited numbers of foster carers that take more than 2 children, and it can be difficult to recruit for larger families due to physical space, care inspectorate regulations etc. The nature of fostering is changing and it will be a challenge to create more fluid fostering arrangements with excellent matching options.

Adoption enquiries remain high and demand outstrips ability to undertake assessment. East Lothian (along with much of Scotland) are often signposting to private agencies for assessment. The pandemic has resulted in the court closure, which has had an impact upon finalisation of adoption plans. This has resulted in a situation where we have a number of potential adopters being supported as foster carers prior to adoption orders being granted.

15+ and Aftercare

41 young people are actively receiving an aftercare service, with a further 50 young people eligible and using duty support. The numbers accessing through the duty service increased as more young people have been affected by the pandemic either through social isolation, lockdown or financial hardship as the furlough scheme has reduced income. As opportunities reduced for young people, demand for the service increased. Accommodation continued to prove problematic with 5 young people on average in Bed & Breakfast accommodation throughout the year. Due to covid regulations, movement within housing resources was at times limited and prevented young people moving into permanent tenancies. Despite this, the My Place project continued to expand and adapt to a more virtual approach to supporting young people.

Just over half of those receiving an aftercare service were in positive destinations (employment, training or education). Good working relationships have continued across agencies to try and support young people in a holistic manner. 63 care experienced young people from East Lothian attended Edinburgh college (academic year 20/21) on courses eligible for the care experienced bursary. Five care experienced young people were supported to attend universities across Scotland (academic year 20/21) - one has obtained a summer job (just completed 1st year at Glasgow University) working for an East Lothian MSP. A large number of young people were supported through “connecting Scotland” to keep young people digitally connected with Chromebook/I-Pad/mi-fi device. This ensured that all young people were assisted to maintain and complete courses in further education.

Covid resulted in essential changes to service delivery, with the team launching a bike scheme for young people. Old bikes were sourced, refurbished and distributed to young people, at a time when many were worried about the use of public transport and needing a method of keeping fit. Over 30 have (so far) been provided. In addition wellbeing bags, containing games, fidget toys and toiletries were delivered to over 80 young people during the first lockdown.

Prevent and Return

East Lothian is committed to bringing young people in external residential care back to their communities in a planned and safe way and recognises that we need to think creatively about how to achieve this. East Lothian is also committed to preventing further young people from moving to external placements and are introducing a number of early intervention measures as a priority. On 31 March 2021, there were 29 young people in external residential care including one young person in secure care. During the period April 2020 to 31st March 2021 10 young people returned to East Lothian from external residential care.

‘Prevent and Return’ is a project that aims to monitor and support the future planning arrangements for all children and young people in external residential care. The project also aims to ensure robust scrutiny arrangements are in place over the care and education arrangements of all young people in external care. One of the main tasks involve co-ordinating the Senior Officer Resource Group. This group has a clear role in tracking and monitoring the plans for all young people aiming to return to East Lothian.

The project has been successful in that we now have a multi-agency leadership team that has oversight over all the care plans for young people in external residential and there is a strong commitment from all partners to keep children and young people within their schools and community in East Lothian. The project also enables the team to make projections and it is anticipated the numbers of young people in external residential should reduce to from 29 on 31st March 2021 to 22 on 31st March 2022.

East Lothian Champions Board

The East Lothian Champions Board provides young people with care experience with a platform to have their voice heard. The Board is made up of three groups. The

participation group is made up of young people with care experience. The support group is made up of staff that support the young people in every way they can. The Ambassadors group is made up of Heads of Services and senior managers representing Housing, Education, Police, Finance, Aftercare, Health & Well-being, Keeping Loved Ones Together and Employment.

The Champs Board was established with funding from the Life Changes Trust and relies on this to operate and deliver its functions. During 2020/21 a further period of funding was awarded from LCT. In December 2020, the Champs Board was successful in a bid to the mental health recovery fund for one year's funding from April 2021 to April 2022. Members of the Corporate Parenting Board, on behalf of all East Lothian corporate parents have been tasked with identifying a sustainable solution to ensure the continuation of this essential service.

East Lothian Champions Board is now in its sixth year and members are rightly proud of its achievements. Members come from a range of care backgrounds, with the majority living in foster care or care leavers. The ages range from 14 up to 26 years of age and reaches out to all care experienced young people. The champs meet weekly and are supported by two care experienced participation Assistants and a Development worker.

Lockdown restrictions had a significant impact on how the champ's board activity was delivered. Weekly champion's board sessions took place virtually over zoom. During the first lockdown, there was high levels of engagement online. Towards the end of the period Dec 2021 to April 2021, it was apparent that young people were experiencing zoom fatigue and levels of engagement reduced. During the period, 2020 to 2021, the Champs team facilitated three update meetings with Ambassadors. Young people shared their experiences of loneliness, isolation, mental health, and poverty as a result of lockdown restrictions.

Adult social work services

Adult Social Work activity data

Activity	2017-18	2018-19	2019-20	2020-21	Timeframe
Referrals	7,323	7,673	8031	8063	Full year
Assessments	3985	3522	3094	2260	Full year
Reviews	1156	1237	1416	1300	Full year
Care at home service users	1353	1352	1344	1276	Final week of year
Under 65s	383	380	370	379	Around 60% are adults with a learning disability
Over 65s	970	972	974	897	
Care at home hours delivered	21,441	21,490	20,129	21,213	Final week of year

Under 65s	11,705	11,201	11,130	11,770	Around 60% are adults with a learning disability
Over 65s	9,736	10,289	8,999	9,443	
Residential placements	648	653	674	645	Final week of year
New placements		282	279	259	Full year

The overall number of referrals to adult social work remained stable at approximately 8,000 over the year. The early stages of the Covid pandemic saw a significant reduction in referrals for adult social work services that mirrored an overall reduction in activity at a national level. However, this rose rapidly through later months and increased activity later in the year reflected the pent-up demand for adult social work services that has continued into 2021/22.

Although the number of referrals has remained consistent, the number of assessments has reduced over recent years. This is reflective of greater health and social care integration and improved processes that allow referring professionals to indicate assessed level of need and submit a 'Request for Service'. For example, hospital staff can refer a patient for a care at home package, installation of technology or equipment without a further assessment being required and duplication of activity which is a more efficient and has benefits for the service user. This allows social workers and community care workers to utilise their knowledge and experience in more complex cases or work with those who have no other professional involvement. The Covid-19 pandemic is also a significant contributory factor in the reduction in completed assessments in 2020-21. All staff focussed on critical and essential functions which resulted in routine activity being curtailed.

Reviewing care placements and packages of care

The social work function of reviewing individual care placements and care packages is imperative in ensuring that we deliver formal commissioned services effectively. It provides assurance that services continue to meet people's needs in a manner that is safe, of a high standards and respects their rights.

The Community Review Team were re-deployed in the early part of the pandemic to support critical activity and place an emphasis on our readiness and preparation for the impact of COVID. This included the preparation of risk assessments in the event of significant disruption to Care at Home services. The Team have been re-mobilised and review activity has increased once again. Our Care Home Assessment and Review Team (CHART) were unable to carry out routine reviews in care homes due to the significant restrictions in place and other areas of activity related to care homes that they were deployed to including support visits to care homes described separately.

The impact of the pandemic on care homes has been significant in East Lothian and across Scotland. Despite the significant and serious challenges faced by care

homes during the pandemic, staff and managers demonstrated incredible resilience and dedication to their residents and families who rely on them for care and support.

Mental Health Officer role and activity

The statutory functions of an MHO are:

1. The provision of reports for guardianship applications (AWI2 reports), guardianship renewal applications (AWI3 reports) and intervention order applications (AWI4 reports) under the Adult with Incapacity (Scotland) Act 2000, where orders relate to the personal welfare of Adults.
2. The provision of consultation, assessments, investigations and other legal duties under the Mental Health (Care & Treatment) (Scotland) 2003 Act, in relation to detentions, namely Emergency and Short Term Detentions and Compulsory Treatment Order applications, the provision of Social Circumstances Reports and applications for removal orders and warrants.
3. Public protection in relation to mentally disordered offenders under the Criminal Procedures (Scotland) Act 1995 and 2003 Act, for example in relation to Compulsion Orders and Restriction Orders.

Mental health team activity data	2017	2018	2019	2020	01/04/2020 – 31/03/2021
LA welfare guardianship	10	15	11	7	12
Private guardianship	13	13	21	12	18
Emergency detention	31	28	37	37	39
Short term detention	60	85	91	81	92
Current supervised private guardianships	120-140 each month	144-154 each month	150-161 each month over the year	139-166	139-161
People waiting on MHO waiting list	8-29 each month	9-24 each month	18-34 each month	22-34	26-34

Stop the Clock' legislation placed time limited guardianship expiry dates on hold until 30th September 2020. The impact this caused is the back log in new applications rather than renewal applications and increased the pressure in mental health officer capacity. Funding was provided to increase allowed for a part-time post to be increased to 1FTE. In addition there has been investment in agency resources to cover secondments and maternity leave of current establishment.

Following on from many years of stasis the decision was made to review the structure and place the MHO Team under the management of Statutory Services. This allowed for the creation of a team manager post to offer direction and guidance and complement the work of the lead MHO – this post was filled in February 2021.

The Team now has 6 FTE MHOs with an additional 0.6 Lead MHO and a temporary post – this latter is tasked with completing Guardianship Order applications. The MHO task is clearly defined and the shortage of appropriately qualified and experienced practitioners is a national issue and this is coupled with the ever increasing demand. The Mental Welfare Commission (2019) MHA Monitoring Report identified increases across NHS Lothian of 75% for Emergency Detention Certificates, 47% for Short Term Detention Certificates and 36% in Compulsory Treatment Orders in the nine years between 2009/10 and 2018/19.

The MHO Team have the following priorities going forward into 2021/22:

- Review the 'service user journey' with a focus on the referral/front door process, improving our understanding of the waiting lists and considering how best to seek service user feedback
- Review the oversight and management of Guardianship Orders
- Review the current data capture and reporting arrangements
- Progress consideration of an audit/evaluation programme to include front line and senior managers

The Mental Welfare Commission was asked by Scottish Government to look at the legal position for individuals who lacked capacity to make informed decisions regarding a move from hospital to a care home in the first stages of the Covid 19 pandemic (1st March – 31st May 20). The Commission specifically looked at the legal authority for such moves and how individuals and family wishes were taken into account. The final report which was published gave some information about each local area and prepared a number of recommendations for H&HSCP Partnerships to consider.

The Commission sampled 10 cases in East Lothian and reported that social workers they spoke with were incredibly helpful and spoke knowledgeably and empathetically about the individuals discussed. Feedback from the Commission was that they found 'no issue of concern in relation to these matters in any of the cases' and 'saw many areas of good practice'.

Support to carers

The impact of the pandemic on unpaid carers for adults and parents of children with support needs has been profound. The latent impact of the additional pressures experienced continues to emerge, made worse by the current crisis in care at home services.

Throughout the pandemic the Carers Change Board continued to meet to support local carer organisations to think about the services they deliver and changes they needed to make to respond to the needs of carers during the pandemic. Our focus was on ensuring services were; responsive to local need, flexible and agile and digitally fit to meet needs as far as possible. This included sharing good practice, identifying gaps and possible solutions in service delivery, working on joint initiatives e.g. access to financial insecurities funding/grants. Services were proactive in attempting to minimise the impact of the pandemic whenever possible on carers in East Lothian.

The procurement of carer services was a key feature of the work to deliver the Carer's Strategy during 2020/2021. The services included services for adult carers as well as those for young carers young adult carers with some differences in the specific requirements for those groups of carers.

A Prior Information Notice was published on Public Contracts Scotland on 19 February 2021, as a call for competition, to give the market advance notice. Engagement was completed with carers to support development of the service specification making use of hardcopy surveys distributed by carer organisations as well as online survey monkey links and a link on the consultation hub. Additional focus groups were held with young carers and young adult carers through schools to try to capture the views of those young carers not currently making use of young carer services. The procurement exercise was completed in June 2021 with the award for adult carers being made to Carers of East Lothian, and the development on an in-house service for young carers being developed and closely aligned with the inclusion and wellbeing service in Education and Children's Services.

Care homes

At the start of the pandemic, there were 20 care homes for older people in East Lothian, with three of those run directly by East Lothian Council through the H&SCP. Protecting residents from COVID was the focus of intense management intervention, support and oversight at a local level throughout the year and this has continued into 2021/22. There has been significant public scrutiny and political direction that added to the challenges for staff and managers who remained committed and dedicated to doing their best for our most frail citizens.

The Abbey in North Berwick Eskgreen in Musselburgh both had Covid outbreaks. The Care Home Team, Public Health, Infection Control all worked closely

together to support staff and residents. Staff were grouped to meet resident needs to reduce spread. Use of PPE and infection control was constantly being monitored and reviewed. Additional cleaning is also in place. The environments in both Care Homes make it difficult due to the lay out of the buildings, small rooms, no en-suite bathrooms, narrow corridors and poor layout of the home. Risk assessments and plans were put in place to reduce footfall and residents who walk with purpose were supported to do so safely. The vaccination of staff and residents is complete and testing programme well-established.

During 2020/21 iPads were purchased to ensure residents could keep in regular contact with families, innovative activities and events were in place throughout care homes, regular photographs and newsletters being sent to keep families informed. A comprehensive programme of activities was established across the council care homes to ensure that wellbeing of residents was maintained. Each care home now has an electronic device called Rita which facilitates games, music, karaoke, bingo, interactive activities, movies, contact and communication between residents and families.

Care home assurance and oversight

Understandably, there has been an increased emphasis on infection prevention and control which includes compliance with essential guidance; the environment, staff testing and staffing levels amongst other factors. In May 2020, the Scottish Government gave chief social work officers responsibility for the assurance of the quality of care and experiences of care home residents, alongside each Health and Social Care Partnership taking direct responsibility for the clinical support for each care home in their area.

A Care Home Clinical and Care Professional Oversight Team was formed in East Lothian to maintain close oversight of care homes in East Lothian and deploy a range of supports where necessary. Throughout much of 2020/21, the team met on a daily basis and continues to meet twice weekly. It is led by the chief nurse, attended by the chief social work officer, the medical director of the H&SCP, with representation from social work managers, the care home nursing team, mental health services, strategy officers and facilities management.

As part of the oversight responsibility, the H&SCP implemented two rounds of formal joint support visits to each registered care home by a member of nursing and social work staff for assurance that expected measures are in place and to respond to the impact that restrictions have had on the care and experiences of residents. In addition to and in response to the findings of these planned visits, a wide range of support, education, training and monitoring has been and continues to be provided.

Achieving an appropriate balance of protecting people from COVID, whilst enabling them to have sufficient and meaningful human contact and social experiences has understandably been a significant challenge for providers. The publication of new and changing guidance, often at short notice, alongside the demands of frequent

data reporting has placed services under intense pressure and has sharpened the focus on adequate and effective management and leadership within the care home sector.

The Care Inspectorate's national programme of care home inspections revealed some significant deficits in the standards of care being delivered in some care homes across Scotland. As part of the response to this, the Scottish Government, through the chief social work advisor, set out its expectation that adult social work services would review all care home residents within a truncated timeframe. This aspect of our work with local care homes has required a significant resource from CHART in terms of resource and activity.

As a response to the challenges of achieving and maintaining staff understanding and compliance with COVID guidance, we worked with occupational psychologists from the Keil Centre to deliver bespoke training on the factors that support and inhibit compliance with health and safety, PPE and COVID guidance. The importance of good leadership in create and sustaining an organisational "safety culture" was a key message that emerged.

Suffice to say, we have learnt a lot about care homes since the start of the pandemic and have scheduled a development session in November to capture learning for the future. One of the areas of focus will be on the arrangements for and engagement with any new care home services that open or are planned for East Lothian based on our experiences over the last year.

Corporate Appointeeship

Service users are referred for corporate appointeeship when they lack capacity or ability to manage their welfare benefits. People may also be referred for safeguarding reasons where there are adult protection concerns about how the person's finances are being managed. Our current provider, ICMS, gave notice that they would be winding down their corporate appointeeship service in 2020.

We opted to develop an in-house service to deliver a more responsive and joined-up approach that would also bring cost efficiencies. The new team will sit within the Adult Wellbeing finance team who will operate the day to day payments. Service users, (particularly those with more complex needs) will also benefit from 1:1 support from a community care worker. The initial stages of the transition will be overseen by a social work team leader. The allocated social worker will also be able to feed into any review process and keep the team updated of any change of circumstance. We will report on the progress of this service development in the 2021/22 annual report.

Adult Resource Centres

The 2019/20 annual report set out the direction of travel and evidence from the supporting work identified within the community transformation programme. The arrival of the pandemic expedited the process, due to the immediate reduction in available buildings-based services and requirement for physical distancing. This

placed a significant strain on adults with complex needs and their families and presented significant challenges for staff. People most at risk were supported to continue attending building based support with significant risk mitigation arrangements factors in place.

Staff within our Resources Centres were trained to act as 'Resource Co-ordinators' – supporting individuals to access the community supports that were available and form peer relationships out with building based services, shifting the balance of service delivery to the community and making the best use of SDS.

The workforce continue to adapt to meet the requirements of social distancing and infection prevention and control measures. This is an area of particular challenge, to meet regulations whilst ensuring personal outcomes can still be met. Workforce development in this area will be significant over the coming years, with significant change in roles and service delivery to develop more flexible and community based services.

An options appraisal for future building bases services for adults with complex needs under 65 will also be completed and this along with the development of a community models will inform the final service design for a model that delivers and commissions both centre and local community based services.

Learning Disability Service

Despite the challenges, the plan to develop an enhanced Learning Disability service bringing together the Community Learning Disability (health) Team and dedicated social work staff in to one team progressed during 2020/21 and was implemented in summer 2021. This will provide integrated specialist health and social care support to adults with learning disabilities.

Day Centres for Older People

Provided by the third sector in East Lothian, the workforce has been supported to adapt and deliver services in local communities. Supported by staff and volunteers this is an area where significant workforce support is required. In considering redesign, links with Connected Communities are key and broader thinking needs to take place about how centres could continue to provide services in the community, how they can dovetail with Care at Home provision, and develop recent links with other work streams, such as the Community Transformation programme and Council Food Poverty group. The aim is to identify dependences, risk and challenges and work across the partnership and local authority to identify proposals and ensure a level of community engagement in doing so. As with the Resource Centres the change in service delivery to an outreach model has had an impact financially for the services.

Early Intervention

Changes to service delivery as a result of the covid restrictions have brought some clear benefits and opportunities for developments. Examples include strengthened links with the council's Connected Communities service that has facilitated quicker signposting to social care services. Importantly we have also seen that vulnerable

people have been successfully supported by their communities for longer rather than being referred for a social work assessment. This has been successful in reducing social isolation and the subsequent detrimental health implications associated with these social factors, particularly within the older age group.

Care at Home

Despite the immense strain throughout the pandemic, care at home services continued to develop and adapt to meet the requirements of the community during 2020/21. Both the internal and external providers of care at home benefited this year from improved links with NHS Lothian training on Infection Prevention and Control. The resilience within the services allowed all contracted care to be delivered. A number of people suspended their care packages at the start of the pandemic, preferring for family members to provide support and therefore reducing the number of people they were in contact with. These suspensions allowed providers to deliver support to people most in need and cope with the initial higher level of staff absence. Although there was a reduced pressure due to Care at Home being suspended by some people, this was in part countered by the closure of building based services which put additional pressure of Care at Home Provision.

A number of initiatives were developed in 2020/21 to support care at home within the community and ensure timely discharge from Hospital. These initiatives have seen East Lothian's delayed discharge performance remain one of the lowest in the country and the average length of time for people to wait within the community reduce. These developments included:

- Block Contracts for External Providers- Contractual Terms and Conditions were developed to allow providers to invest in Leased Cars and pay staff for all the hours they worked rather than only the time they were providing direct care (therefore paying for travel time and removing focus away from time and task to outcome focussed support).
- Internal Homecare –Conditions of employment have improved, improved access to vehicles and closer working with NHS funded Hospital to Home service, has seen an increase in provision across the county.
- Hospital to Home (NHS funded) - This service has expanded to ensure people are able to be discharged from hospital in a timely manner. The service has not only grown to meet the demand but is also working in partnership with the Homecare service which has seen improvements to community care at home capacity.

Throughout the pandemic the partnership paid for care that was planned but undelivered to ensure providers of care would remain sustainable and be available after the pandemic. A process to allow SG sustainability Payments to be made to Providers was put in place.

Current concerns

The ongoing and developing impacts of COVID on the availability of community-based care and support services to keep frail and vulnerable people safe at home

will be discussed in the 2021/22 annual report. However, the critical nature of the current situation; the vulnerability of providers and the impact on our staff must be acknowledged.

Justice social work

The key challenge for the justice service, has been how to deliver and evidence improved outcomes for service users within the content of restricted working conditions and arrangements. In particular, this included;

- Providing offence-focused interventions on digital platforms, with Orders and Licences timing out without work being completed
- Abeyance of all group work activities; for women in the Justice System (CONNECT), for domestic abuse perpetrators (Caledonian System) and for sexual offenders (MF:MC)
- Inability to undertake unpaid work/other activity (UWOA) hours due to social distancing and hygiene requirements
- Managing public confidence in the Justice system due to the backlogs in Courts, the high level of remands; 35% reduction in UWOA and early release of some prisoners

Justice Service delivery

The delivery of **statutory justice functions** remained the priority and managers provided assurance through regular review of individuals and service-level reporting arrangements. The service developed innovative solutions and alternative models of service delivery. However, importantly, staff continued to engage in the full range of risk assessment, management and planning activities on virtual platforms. Service users were contacted via telephone and video conferencing for the preparation of criminal justice social work reports and HBR interviews. Bail Supervision Orders were assessed and implemented but numbers were low as the courts mainly were closed. All Orders and Licences were supervised in line with Scottish Government guidance.

Following the Coronavirus (Scotland) Act 2020 coming into being on 7 April, the time limit for the completion of all existing unpaid work and other activity requirements in community payback orders was extended by 12 months and a restriction placed on courts for the period during which the legislation was in force. This was to ensure that any new unpaid work or other activity requirements have a time limit of at least 12 months from the point of imposition. These measures allowed JSW to suspend all work groups relating to unpaid work or other activity requirements for the duration of the pandemic without affecting the ability of individuals to complete their hours within court-directed timescales.

Where Caledonian CPOs timed out in 2020/21, the focused work was either completed or the Order was revoked and the individual re-sentenced. Two CPOs with MF:MC timed out in 2020/21 and the outstanding focused work was completed

in individual rather than group sessions. There were 20 CPOs with an unpaid work/other activity requirement that completed in 2020/21, compared with 76 in 2019/20. There were 21 CPOs with a supervision requirement that completed in 2020/21 – this is the same as in 2019/20.

COVID restrictions impacted both on the imposition of new UWOA and on the capacity of the service to deliver on the existing orders. As a result, the service changed its focus from group-based delivery to increasing individual placements and developing of ‘other activity’ in the form of Learning Packs and facilitated online learning modules. Supervisors had smaller work-groups of 1-2 service users undertaking COVID compliant in-house activities in local communities. Individual placements were commissioned with third sector partners including The Ridge, Heavy Sounds, Street Cones and Volunteer Centre East Lothian. Small group facilitated modules addressing issues such as substance use, healthy eating, budgeting etc. are being developed on a partnership basis between ELC, H&SCP and third sector providers.

In March 2021, Scottish Government introduced regulations to reduce the unpaid work element in existing community payback orders by 35% with the exception of those imposed for domestic abuse, sexual offences or stalking. This excluded seven individuals with a further 11 exclusions due to type or status of their order. In East Lothian this equated to 2943 hours unpaid work order hours, relating to 64 service users. Despite this there is a backlog of 5257 hours following revocation of which 1210 hours were in breach – there were a total of five services users whose hours completed at point of revocation.

Justice Performance data

Year	2018/19	2019/20	2020/21
CPOs (imposed – all requirements)	153	141	92
CPOs – total number of months for supervision	1,271	1,287	1,142
CPOs – total number of hours for unpaid work imposed	14,812	13,123	7,226
CJSWRs – number of reports submitted	222	218	128
DTTOs – number of Orders imposed	19	15	3
Diversion – Completed Reports	33	35	43

On 31/03/2021 there were

Service	2019/20	2020/21	Change
Community Payback Order (supervision)	82	78	-4
Statutory Throughcare (community)	18	19	-1
Statutory Throughcare (custody)	46	39	-5
Voluntary Throughcare (custody, eligible)	14	16	+4
Voluntary Throughcare (community, receiving)	10	8	-2
Registered Sex Offenders (in the community)	14	11	-3
MAPP Category 3 (violent offences)	2	2	N/A
Caledonian Orders (domestic abuse)	9	16	+7

The most significant matter is the increase in the imposition of Community Payback Orders with a Caledonian System Programme requirement and it is likely that this trend will continue into 20221/22. There are potential issues relating to online sexual offending – these cases often take significant time to come through the judicial system due to the extensive background checks and information gathering required by Police Scotland. It is likely, therefore, that any offending that is normally perpetrated within the home environment may see an increase in perpetration and conviction over the coming years – the backlog of criminal cases sitting with the courts is expected to take years to clear. This will have an ongoing impact for JSW and this has been recognised by the RRT with additional ring-fenced funds being directed to recovery for 2021/22 – much of this was based on modelling by Community Justice Scotland that has estimated year on year increases in excess of 25% to address the backlogs.

Developing the service

Despite the challenges, the service retained a focus on maintaining and improving quality and standards of practice, supporting staff and maximising opportunities presented by improved access to digital IT platforms. Examples include:

- Implementing a programme of self-evaluation and quality assurance activities
- Updating staff protocols and guidance
- Undertaking individual stress risk assessments for all staff
- Publication of the justice social work Business Plan 2021-24 – a SMART plan containing key outputs and outcomes, with developmental activities identified
- Individual intervention programme development
- TRANSITION: a multi-agency pre-release (prison) group developed in response to decisions to release some prisoners earlier than the planned date.
- Joint working with Connected Communities – to improve information sharing to better manage individuals likely to increase community and/or social media interest
- High Risk Offender Pathway

Priorities and future challenges

The service has plans to assess the demand and nature of work around areas including hate crime; restorative justice and self-directed support. Development activity is planned around Structured Deferred Sentences, Arrest Referral, UWOA Evaluation recommendations and restorative justice approaches.

Notwithstanding the innovative and alternative solutions deployed to manage the business during 2020/21, at 31 March 2021, justice services remained very much in response mode. Whilst plans for recovery and renewal were in development, we had (and have) yet to see the impact of the re-opening of the courts service and addressing the inevitable backlog of work through the system.

As we progress into 2021/22 the justice system will need to respond to the backlog of court business. For example sentencers will need to decide how to dispose of cases where an offence focused intervention of a Community Payback Order would have been appropriate to but the individuals may have been held on remand for a significant period of time. Additionally, it is not known if there has been an increased risk for potential victims for those orders that have timed out without the offence focused work being completed. There is also a great deal of emphasis being placed on early intervention and prevention activities and it may be that we see a greater incidence of diversionary options as the year progresses. There will be an increase in court capacity from September 2021 and this will begin the process of addressing the backlog and reducing the remand population, however it is likely to be several years before there is a return to normal levels of court and associated business.

In terms of the wider societal impact, for those involved in the justice services and their families, poverty and the deprivation gap will have increased. The GIG economy will flourish and is likely to impact on pay and conditions for low income families. Justice social work must take cognisance of the welfare needs of people but this must be balanced with the overarching priority of addressing and reducing offending behaviour. Whilst Social Work Scotland works hard to engage with Scottish Government, there is no national voice for justice social work that has parity with Scottish Prison service and the courts etc.

As a relatively small local authority area, East Lothian is dependent on partners especially City of Edinburgh, for the court services, DTTO and other group work services. There are challenges in attracting interest from the larger third sector providers and how we can facilitate and grow our own voluntary and third sector services.

Social work and public protection

The EMPPC continues to address the cross cutting issues incorporating all aspects of Public Protection including Adult Support and Protection, Child Protection, Violence against Women and Girls and the Multiagency Public Protection Arrangements (MAPPA) for service users in East Lothian and Midlothian. One of its key strengths is the wide range of multiagency senior representatives across services and key agencies. The past year has been unprecedented for the EMPPC and partner agencies who have continued to deliver strong public protection arrangements throughout the pandemic.

Children and families, adult and justice social work services hold a pivotal role in responding to child protection and adult support and protection concerns, managing high risk offenders and MAPPA and in partnership working to prevent and eradicate violence against women and girls.

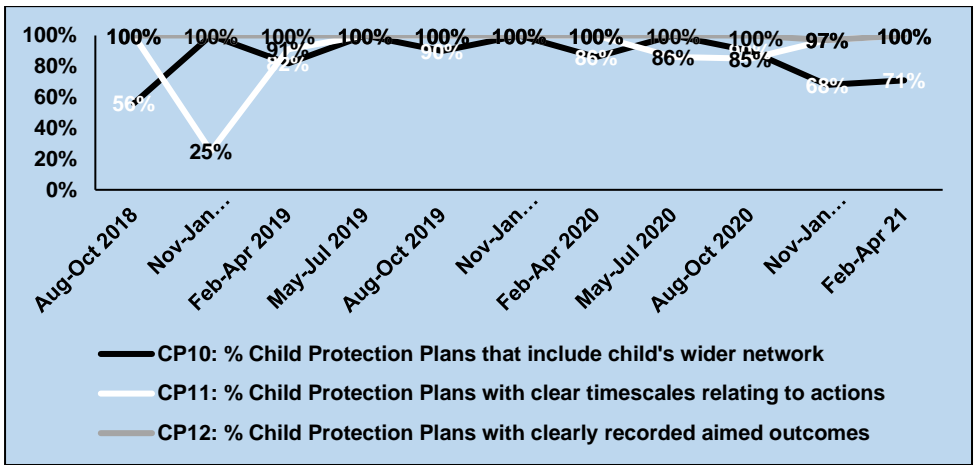
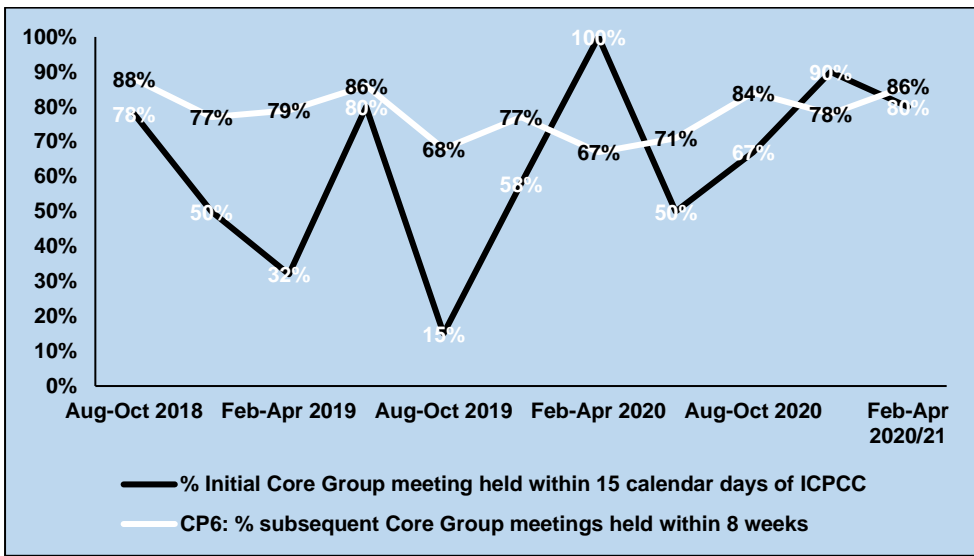
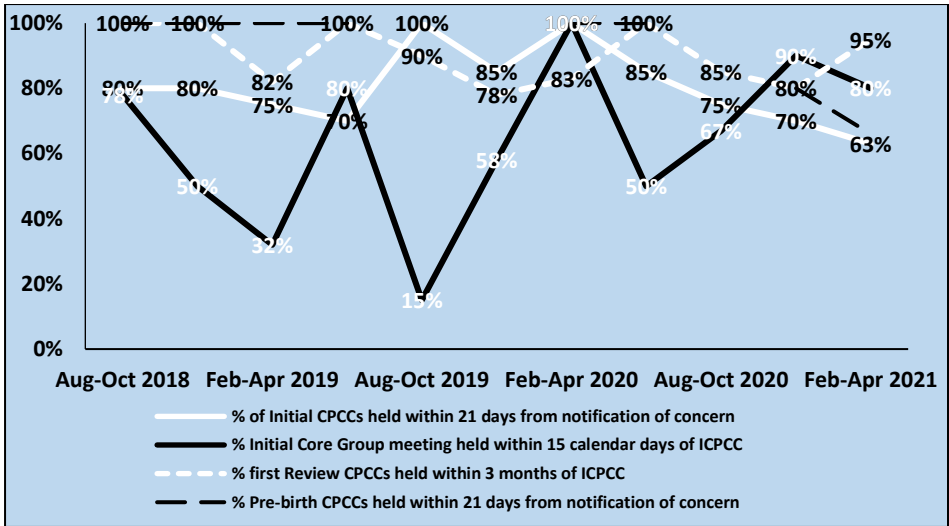
As a response to the pandemic the chief officers group (CSOG), the EMPPC and the VAWG delivery group met with increased frequency to oversee emerging risks and monitor activity and performance data. The CSWOs and senior managers met weekly (then fortnightly) to share information, assess the impact of the restrictions and agree a coordinated response as required.

Child Protection

During the year, EMPPC implemented the national child protection minimum dataset to review our performance data on an academic quarterly basis, with a small number of additional local measures. We established a separate sub-group of our Performance and Quality Improvement group to undertake this work. Quarterly reviewing of our Child Protection registrations noted that they reached their lowest point in twelve quarters in both East Lothian (and Midlothian) in October 2020.

Feedback from our quality assurance mechanisms continued to evidence that IRD thresholds and decision making are consistent and balanced. This decline reflected that seen elsewhere in Scotland, most likely as a result of many professionals not seeing children below that threshold of referral for IRD or for a service. Domestic abuse was within the top three most common concerns when a child's name was placed on the Child Protection Register in all three quarters in East Lothian.

Through scrutiny of data, managers continued to review performance in holding Case Conferences and Core Groups within due timescales. The reasons for any exceptions are explored and explained at our quarterly multi-agency Child Protection meeting of the performance and quality improvement Sub-group. East Lothian has adopted Signs of Safety as a key approach in Child Protection and timescales around Case Conferences vary slightly.



Priorities for 2021/22

- Preparation for implementation of the new National Guidance for Child Protection and new Learning Review Guidance
- Develop a shared approach to the identification and assessment of cumulative neglect, adapting the Glasgow Assessment of Care Neglect toolkit.
- Conclude a Significant Case Review and take forward identified areas for improvement arising from this and other reviews relating to children and young people.
- Review and further embed the use of the Inter-agency Vulnerable Young Person's Protocol across East Lothian and Midlothian.

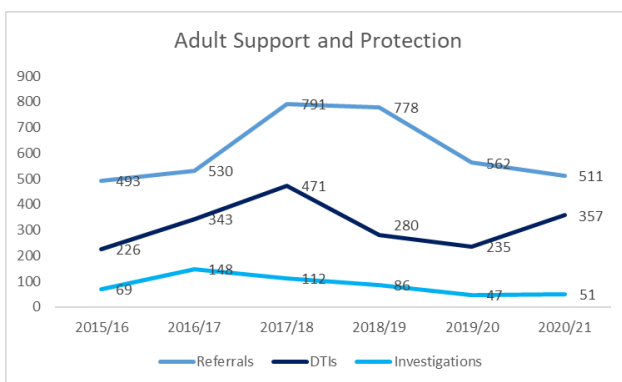
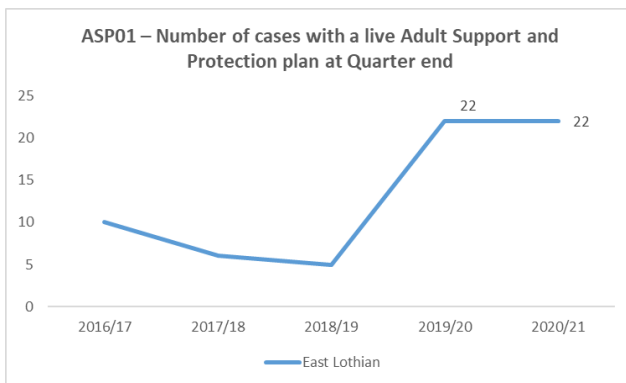
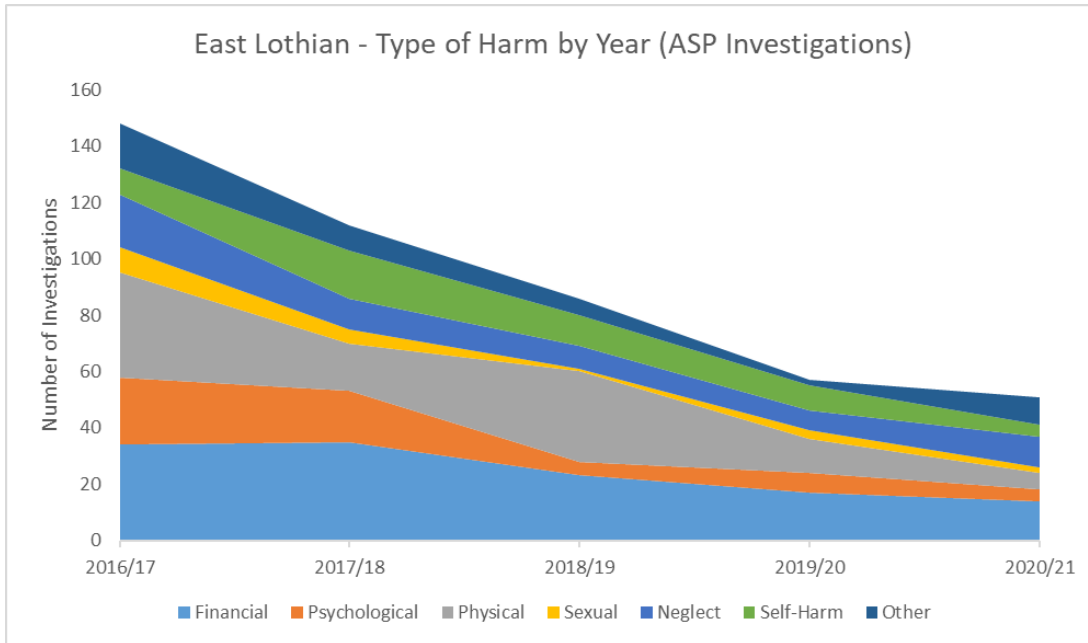
Adult support and protection

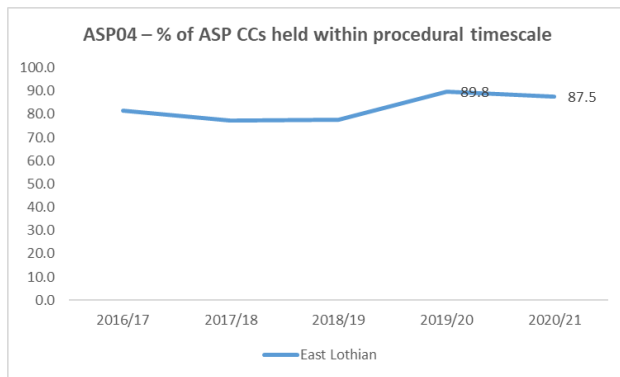
In response to the lockdown, East Lothian HSCP produced 'Managing risk during the Covid-19 epidemic' Guidance which set out necessary but safe amendments to key processes as a result of the restrictions. The IRD overview group met on a virtual basis to review IRDs commenced in the previous month. Managers adapted practice to ensure that services could continue to undertake Adult Support and Protection activities and fulfil our statutory obligations to keep vulnerable adults safe.

Guidance also specified arrangements for maintaining contact with the adult where safe and appropriate, using PPE. As communication methods progressed to electronic methods such as MS Teams/Skype for Business, Adult Support and Protection Case Conferences were convened digitally, enabling the adult and their carer to participate in the process.

In partnership with East Lothian HSCP Communications and Engagement Manager, EMPPC produced a short video called Protecting adults from harm during lockdown. East Lothian HSCP and Midlothian HSCP promoted this via their social media feeds. We also shared this via the national ASP network and adapted this for use by several other Adult Protection Committees.

Overall, lockdown did not appear to have had a significant effect on the progression of ASP work or on the ability of adults to participate in the process.





The Adult Protection Lead Officer and General Manager, East Lothian Health and Social Care Partnership completed an audit of the quality of chronologies and multi-agency risk assessments in East Lothian, reporting to the P&QI in February 2021. Identification of risk and recording of risk assessments were assessed as very good, with some improvements in SMART planning identified. Other improvement work includes participation in the Pan-Lothian Multi-Agency Chronology Working Group, reviewing and updating guidance; undertaking initial case reviews and large-scale investigations in relation to regulated care services for adults.

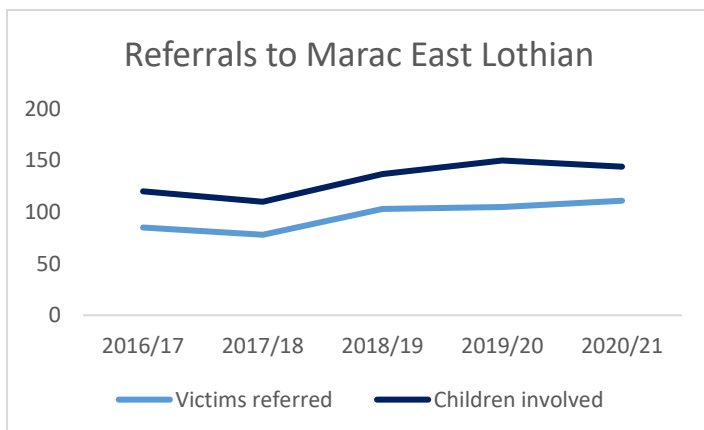
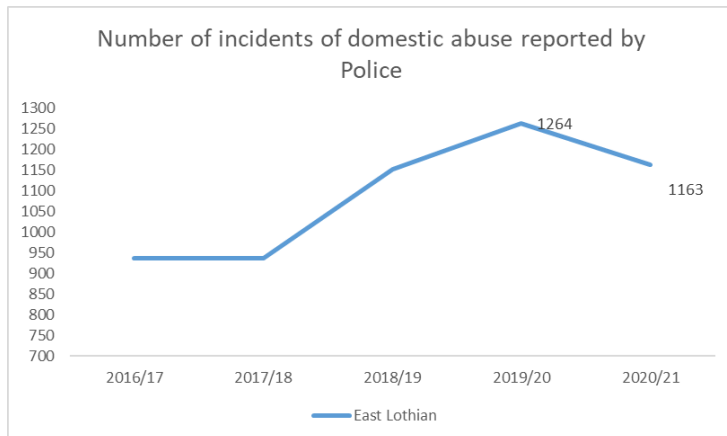
Priorities for 2021/22

- Self-evaluation of Adult Support and Protection services in East Lothian, using the Care Inspectorate framework for Joint Inspection.
- Implement any changes arising from the review of the Adult Support and Protection (Scotland) Act 2007 Part 1 (Guidance for Adult Protection Committees) and the Code of Practice.
- Engage in the work being undertaken by IRISS and the Scottish Government to develop a national dataset of performance information, and will plan for implementation of this.
- Review our approach to Council Officer training and evaluate its effectiveness.
- Undertake a thematic review of Large Scale Investigations in East Lothian and Midlothian, to identify and progress common areas for improvement.

Violence Against women and Girls

The impact of the COVID pandemic on domestic abuse saw increased opportunities for perpetrators to exert coercive control, and concerns for the increased invisibility of victims and perpetrators during lockdown. Heightened levels of trauma and isolation will have longstanding impacts and the impact on the women, children and young people. Survivors who have been able to access support have often needed more frequent contact, longer sessions and longer term support. At the same time,

video or phone were not appropriate ways of providing longer term sexual abuse therapeutic support. The closure of courts, followed by long delays in processes and frequent release of abusers on bail rather than detention were a source of significant anxiety for many survivors. In East Lothian, 235 sexual crimes were reported to Police, an increase of 19.3% from 197 the previous year. Furthermore, there was an increase in non-recent sexual crimes being reported and an increase in non-contact online sexual offending.



In response to the widely acknowledged heightened risks, managers implemented a number of measures to ensure that victims and services were able to access information about available supports. This included

- Enhanced support for survivors of domestic abuse and for children through the local children’s Hubs where there was capacity. There was a 20% increase in demand for support following a Police incident and services have had to provide more intensive support for longer periods due to heightened fear and accumulated trauma from abuse and living in the conditions posed by the COVID pandemic.

- Domestic Abuse Community Housing and Homelessness' staff briefings were delivered to raise awareness and give guidance on how to support survivors and set up four single points of contact.
- Justice Services, the Police and the VAWG Co-ordinator collaborated to provide a snap fax-style leaflet with advice and supports for help with stress which police gave to perpetrators when attending an incident.

Priorities for 2021/22

- Develop an Equally Safe Strategy focusing on prevention through culture change and education, and enhanced service response for survivors and their families.
- Progress our VAWG prevention plan.
- Deliver our approach to commercial sexual exploitation.
- Support Equally Safe At Work Accreditation with East Lothian Council to launch bronze level.

Resources

Adult services

IJB 2020/21	Income £'000s	Expenditure £'000s	Surplus / (Deficit) £'000s
Health	143,606	136,829	6,777
Social Care	49,385	48,952	433
Total	192,991	185,781	7,210

Additional Investment - H&SC	
2020/21	1,801,000
2021/22	2,151,000

The overspend in Health & Social Care Directorate which includes Adult Wellbeing is due to the level of demand for commissioned services such as care homes and care at home services. The service experienced significant COVID-19 related costs, in excess of £4 million by the end of the financial year. This includes; loss of anticipated income, the purchase of spare care home beds, and on-going sustainability payments to external providers in line with national guidance. Distinct from other council services, these costs have been offset by the additional government funding to the IJB to support health and social care of over £3.2 million as set out in section 2.7. In addition, costs and funding of £0.637 million for the “£500 thank you payment” have been included.

The majority of this budget is delegated to the IJB along with a small number of other budgets within Community Housing, the Housing Revenue Account and Housing

Capital. Therefore, this must be managed in accordance with the scheme of integration and wider overall IJB resources. There are significant underspends in these non-Adult Wellbeing areas of over £0.900 million which have led to the underspend in the IJB delegated budget of £0.433 million. This surplus has been transferred to the IJB reserve.

Throughout the pandemic the H&SCP paid for planned but undelivered care to ensure providers of care would remain sustainable and be available after the pandemic. A process to allow SG sustainability Payments to be made to Providers was put in place.

COVID funding

£30,000 was allocated to Adult Social Work, to support vulnerable clients in financial difficulty. The funding was distributed via third sector partners including Carers of East Lothian as well as through the Community Justice and S12 Social Work payments. In recognition of the additional duties given to chief social work officers in providing enhanced assurance of the quality care provided within the care homes, Scottish Government provided funding of £37,500 which was used to support the very significant demands of daily data collection and submission and enhanced programme of joint support visits.

Justice

The service is funded directly by Scottish Government, based on the section 27 funding formula that is overdue for formal review. The budget allocation of £1,285,881 was accepted in full and there was no underspend at the year-end.

Whilst this included funding for the delivery of specific areas including Structured Deferred Sentence, Bail Supervision and Diversion from Prosecution development. However, in recognition of the significant impact of lockdown on justice social work business, permission was given to allocate spend on covid recovery.

There was no uplift to reflect staff pay increases and this may have an impact on staffing establishment for 2021/22. Additional COVID-related costs were incurred due to IT and home working requirements, PPE and vehicle modifications for small group delivery of interventions.

A small COVID fund was offered to bolster third sector commissioned services in December 2020. The timeframe for spend did not give us enough scope to commission a service and there were no existing services operating in East Lothian that were eligible for the award therefore (along with a number of other justice services) we were unable to take up this offer.

Children's Services

Children's 2020/21	Budget	Expenditure	Surplus / (Deficit)
	£'000s	£'000s	£'000s
Total	15,947	17,955	-2,008

<u>Additional Investment - Children's services</u>	
<u>2020/21</u>	<u>950,000</u>
<u>2021/22</u>	<u>1,500,000</u>

The most significant pressure remain in external residential care, high tariff secure placements and external fostering. This includes additional COVID-19 related expenditure in excess of £1.300 million largely relating to; loss of income, additional cover for staff absence, and additional external fostering placements due to pressures within local fostering capacity. These additional costs were partially offset by additional funding from the Scottish Government, as well as permitted flexibility in the Early Learning and Childcare budgets. Despite this, there is evidence that additional scrutiny and targeted interventions is starting to have a positive impact in controlling additional demand for external placements with more packages of support that keep young people within East Lothian put in place at significantly lower cost.

The operational and strategic work underway to recover a sustainable budget position continued and expanded during 2020/21 despite the challenges of the pandemic. The "Prevent and Return" work contributed to the return of xx young people from external placements; enhanced funding (using COVID monies) increased capacity of the family group decision making service and strengthened the support to kinship carers. Education COVID funding targeted at supporting recovery in family learning and support has been used to develop new and joint approaches to early intervention across education and social work. This is aimed at reducing referrals to social work and supporting children's inclusion and engagement within schools. Children's Services was allocated COVID funding to support families and young people through Section 22 and Section 29 Social Work payments, supplementing income and cost of temporary B&B accommodation for Looked After Young People.

The Council has launched a Transforming Services for Children Programme, sponsored by the council's chief executive. The programme was developed following a previous deep-dive into historic overspends in Children's Services. One of the findings was that a significant lever for change was to reduce demand on the Children's Services, and that this could only be achieved by other services and partners providing effective early intervention un universal services and preventative activities for children and young people and supports for their families. The Programme Board includes representatives with lived experience of the social work system along with senior management from the Council, Police Scotland, HSCP and VCEL.

The ambition of the programme is to understand the totality of the resources available to support children and families and take a radical, whole system approach to designing and redesigning services in order to deliver targeted, effective services for children, young people and families. The programme will develop, test and roll-out of new approaches to service delivery wherever possible using the structure, support and funding being developed in response to The Promise and has already secured funding of £50K which will be used to employ a Promise Lead Officer for 12 months.

Workforce

Workforce planning and development

Children's services

Staffing levels have been fairly stable over the last year but a sense that some people might want to move out for front line work after the weariness of working during the pandemic. Despite the challenges, there were many examples of supportive and innovative approaches to increasing workforce capacity, supporting future recruitment and practice learning during 2020/21. These included:

- Two family support workers undertaking the post-graduate Open University course and will graduate as qualified social workers in January 2022.
- Four social work placements were offered during 2020/21 and provided support for students through an on-line student group run in partnership with Scottish Borders.
- There three staff currently commenced the Post Graduate certificate in Practice Education. This will allow the service to continue to provide placements as well as staff development in supervision and leadership.
- The service continued to provide support to newly qualified social workers (NQSW) through a cross-authority programme with Midlothian and Borders Council. Our work in this area has been commended by the SSSC.
- The bespoke and accredited Leadership and Supervision Programme for social work was delivered online to 12 staff in children's services
- We have one member of staff currently on the Scottish Improvement Foundation Skills programme with SSSC. The theme of their improvement project is Team development. This has been a very positive piece of work and we look to explore further opportunities for more staff to be involved within upcoming programmes.

The whole-system review "Redesigning Children's Services for Better Outcomes" has included an examination of how we deliver the valuable family support function within the service. This recognises the critical role of these staff in facilitating change

within families by working alongside them in partnership. Similarly, the redesign process will ensure the service is making best use of the breadth and depth of social work knowledge and skills across the range of statutory functions. Simply put, we need the best people in place to do the right tasks.

Staff development, support and learning

Safe and together	Provided four staff briefings In-service as well as a joint Practitioner session with Midlothian which was facilitated by the national lead from the Safe and Together Institute. So far we have approx. 55 staff successfully completed the 4 day core practice training with a further significant number in the process of completing the on-line programme which is now available. There is now a robust implementation plan in place
Signs of safety	Development of an on-line comprehensive introduction to Signs of Safety which is now part of the induction programme for all new staff. It is also used as a refresher for more experienced staff. Leigh Taylor (Signs of Safety) will be instigating and facilitating a comprehensive relaunch of the approach
Induction	1-2-1 sessions continued throughout 2020/21
SMART planning	Online roadshow was developed and provided across all teams
Coaching for business planning	Sessions have taken place with all teams within children’s services in supporting the development and implementation of team business plans. Accountability, engagement, service improvement, small tests of changed were promoted.
PRDs	PRD format has been improved adapted to suit the needs of Children’s staff and now includes staff wellbeing / mandatory training / SSSC Registration training. The results of the recent ELC staff engagement survey confirms improved completion rates.

Adult services

The age profile of our social work and social care workforce means that many will be retiring over the next 10–15 years. Although the majority of staff showed exceptional resilience throughout the last year, during the second lockdown and the winter months of 2020/21 exhaustion crept in and morale slipped. Despite this, there was no significant rise in absence levels and of those only a small amount being related to poor mental health; anxiety and depression. This was perhaps due to the significant recognition and therefore support offered to all staff during this time to promote good Mental Health Wellbeing.

Staff retention remained stable and turnover low in all areas, turnover in staff has been in relation to retrials and career progression. However, within Adult Social Work there is a requirement to improve retention by improving career progression and recognition. Monthly in- house training commenced in February 2021 as a step

towards this. In addition, managers are in the process of developing a formal scheme for supported professional training opportunities, supporting unqualified staff to access professional social work training.

As a result of the Pandemic only one person completed their placement over 2019/2020. However, four people completed their placements 2020/2021, which included those who could not complete in 2019/2020. There are currently 4 practice educators within the whole Adult Social Work. In terms of being able to offer robust and regular social work student placements, which is a known route of securing new recruits, this number of educators is not sufficient. It will be important to release staff from some of their day to day duties to mentor/ undertake Practice Educator training and work as Link Workers for student Social workers. This will allow us to build a robust workforce and generate the next generation of workforce for East Lothian. Workforce priorities will include a stronger focus on training and development pathways for social work staff that align to SSSC registration requirements; CPD and career opportunities.

For mental health officers, 'Stop the Clock' legislation placed time limited guardianship expiry dates on hold until 30th September 2020. The impact this caused is the back log in new applications rather than renewal application. This increased the pressure in MHO FTE and further funding to increase allowed for a post to be increased to 1FTE. In addition is investment in agency resources to cover secondments and maternity leave of current establishment.

A further investment through the Carers budget has been given to address the need for carers to have a legal footing on which they can make decisions. Private Guardianships new applications). Recruitment to this post has enabled us to consolidate previous investment in training for an MHO whose accreditation had lapsed thus further increasing capacity in the longer term as satellite MHO or in attracting applications for full time posts. These have been significant and positive steps within the MHO workforce.

In Justice Services, additional non-recurring funding in recognition of the challenge of recovering from the closure of the courts provided for three additional social work staff. Managers completed individual stress risk-assessments for team members. In general, the overall assessment is that the team are managing well. There are identified issues relating to communication and clarity of role which seem to be most prominent, and these areas will be addressed via the Organisational Development day scheduled for November 2021. The assessment will be repeated between January-March 2022 to assess and monitor the impact of measures taken.

Practice within the pandemic focused on supporting the team to develop their interventions with service users. This has included an improved understanding within the team of responsibilities relating to both the risk and welfare needs of service users. A Welfare Clinic was launched to allow social work staff to refer service users with welfare needs (housing, health, substance use, budgeting, ETE etc.) to their social work assistant colleagues who would undertake supportive, motivational and

developmental activities. This allowed appropriately trained staff to undertake relevant activities and 'play to their strengths' – specifically allowing social work trained staff to undertake risk management activities and social work assistants to redress issues of social exclusion and promote engagement with third sector providers.

Managers have begun to look at developing a suite of individual interventions that can be used across the breadth of the justice social work functions. Key areas relating to emotional regulation, decision-making and self-management are being developed.

COVID 19

Children's services

Children's services quickly implemented a critical business model which relied upon staff without underlying health conditions to deliver key tasks from the office base. A rota was created to ensure that there were COVID safe levels of staff in the office while balancing the need for sufficient staffing levels to deliver the priority interventions for vulnerable families. Social work staff rated all allocated cases (red, amber, green) to ensure we had a clear oversight of what families should require and we pulled our available resources together and distributed tasks based on availability and capacity.

Working from home is not a safe and sustainable position for social workers, who strongly rely upon informal and formal support in the course of their day to day work and decision making. While staff were able to utilise some technological solutions to keep connected, there was a delay in staff receiving laptops which left some people feeling isolated from their teams and line managers.

Due to the risks associated with the office base (lack of ventilation), only 23% of the usual workforce were able to be in the office at one time. Regular detailed emails and updates were sent by the Group Service Manager and staff report feeling well informed and supported during this time. Individual contact was made with all staff who were in the high risk category and it was recognised that the impact to this group was particularly significant.

The weekly staff briefing moved to an online platform and this continues to be the main source of connection for the service as whole. The accessibility and flexibility of the senior management team has been a key part in the support offer for staff and we continue to utilise a blended approach with one manager in the office at all times.

The model of homeworking and office working has worked well for the majority of staff during the pandemic. They have responded well to the change in circumstances and we have been able to support staff who have needed to be in the office more often than others. Home schooling was particularly difficult for staff with children of

school age and a time of increased risk to our service with team leaders having to ensure all required work was being completed and risks were not missed because of the stress people were under.

Never have we had such an opportunity to engage with our children and families in so many different ways and we need to hold on to some of this practice if that is what families identify as being important to them.

One of the key priorities for the service is the completion and implementation of the whole-system redesign of Children's (social work) Services in order to improve outcomes for children and young people. Sitting as a one of the key work streams of the overarching transforming services for children programme, this includes the implementation of new approaches to how the Service supports families that will enable it to meet the principles within The Promise. The structure, policies and processes within the Service will change to ensure there is a focus on early intervention and prevention. There will be more multi-agency working to ensure families are provided with the right support at the right time to overcome difficulties. The Service has a clear aim of reducing the number of children who have to move away from their family.

Adult social work services

Staff found it challenging to adapt to the 'new ways of working' at the start of the pandemic. Their work, especially for newer staff members relies significantly on peer and team support. In support of home working, all professional supervision moved to a virtual base immediately at point of initial lockdown. In September 2020, this changed as the feedback from front line social work staff and observation of difficulties with isolated decision-making provided clear evidence that staff needed access to colleagues in an informal manner and access to senior practitioners to explore practice dilemmas prior to reaching final decisions.

A formal rota across 3 office bases was established for Social Work staff, with senior practitioners allocated to each site, so that staff had direct planned access, on a managed COVID safe basis. Numbers of staff at any one time in any of these 3 sites was directly informed by the COVID social distance risk assessments. Access to team managers/ service managers and General Managers on a 1:1 basis for those staff struggling/ needing a private conversation was consistently offered and continues to be reinforced.

A weekly Adult Social Work staff brief, via skype was offered to all staff with a consistent engagement rate of around 70%. Initially the focus was on COVID related information; safety; staff guidance and staff wellbeing. These sessions have now developed to include speakers; information updates, professional practice updates and provides a forum for a full staff meeting whilst we continue with a predominantly virtual workforce. Wellbeing of staff remains a focus of Organisational Development within ELHSCP, with continued significant investment in this area from both employment partners. In addition continued training to support staff in the new ways of working will continue.

Future considerations for social work and social care

The role of social work and social care in meeting the needs of adults and children and protecting them from harm has come into sharp focus during the pandemic. The need to further strengthen our partnership and integration with other professions in order to do more and better together is absolutely clear. We have learnt much about how we can successfully find solutions at a local level and work across our service boundaries. We have seen the value of universal services in providing the bedrock of support to our citizens and the impact of their absence or reduced access on the role of children, parents, carers and adults who rely on and require our services.

The coronavirus pandemic resulted in a disruption for many services and additional funding met by the Scottish Government to mobilisation services is a short term solution. The medium and long term impacts of the pandemic remain uncertain and there is little doubt that significant financial challenges lay ahead. The current fragility of provider organisations in the home care and care homes sector will require action and investment to secure sustainability in these important services.

Whilst many aspects of public life are well on their way through recovery and renewal, key areas of social work and social care are either at an early stage of “recovery”, or remain firmly in “response” mode. The impact on our workforce of persistently high levels of work-related stress over such a prolonged period of time is significant.

The pandemic was a driver for the government’s decision to undertake an independent review of adult social care. The Feeley Report articulated the shortcomings of our current system and made bold recommendations about anticipated solutions. Whilst much of the detail required to understand what implementation would look like is still to be developed, the governments’ challenge through the proposals contained within the scope of the consultation provides both opportunities and risks to the future of the social work profession. What may be the best approach for the range of social work services and functions within our East Lothian context, may not serve to protect, promote and unite the profession across the common ground of balancing risk and enablement, choice and control and upholding the rights of vulnerable children and adults. Maintaining stability across social work services in this time of flux and uncertainty is essential.



Date: 13th December 2021
Completed by: Bruce Dickie
Area: Project Plan Timeline update

Situation	This SBAR provides a brief update on progress of the East Lothian Community Hospitals and Care Homes Provision Change Board.
Background	<p>This Change Board was established to consider the Community Hospitals and Care Homes provision throughout East Lothian and re-focus the project taking in to account current circumstances. These included the current IJB Strategic Plan, COVID-19, capital funding, East Lothian Local Housing Strategy 2018-23 and the Independent Review of Adult Social Care.</p> <p>Progress has been good and we have established 3 working groups, chaired by Health and Social Care Partnership (HSCP) officers; Communication and Engagement, Capacity and Planning and Finance and Capital. There have been 5 meetings of the Change Board to date.</p>
Assessment	<p>A number of work stream actions are underway / completed:</p> <ul style="list-style-type: none"> • Development of capacity and planning reports for the community hospitals and care homes. • Engagement across the council with several councillors and updates to MSPs. • Draft community consultation and engagement plan will be presented to the March 2022 Change Board and it will be finalised at the June 2022 Change Board. • Development of a Communications and Engagement timeline and draft Community Consultation plan for presentation to the Change Board in March 2022. • Finalised stakeholder map. • Developed a web page (ELC hosted) including the update and incorporation of previous re-provisioning content. The web pages are now live.



- An interim Integrated Impact Assessment summary report has been completed and the full IIA will be revisited and updated in July 2022 as part of the model development.
- Staff Briefing was sent out to all ELHSCP staff October 2021.
- Community Briefing was sent out October 2021 to key stakeholders as per communications and engagement log.
- Attendance at Dunbar Health and Wellbeing Group (HWG) along with the link officers to support further conversation around Belhaven.
- Link officer has met with North Berwick Health and Wellbeing Association (NBHWBA) chairs and agreed to attend their next meeting.
- The Change Board has requested that meetings take place every 2 months (previously 6 weekly). This will start in 2022 with the cancellation of the January Change Board meeting and also the need to work around the pre-election period (see below).
- It is intended that an Initial recommendations paper on next steps is drafted in April 2022 for presentation to Change Board in June 2022. Post local-election, if agreed (by the Change Board) a Community consultation period will start in July 2022 and complete by the end of September 2022. Subsequently a report will be taken to the Change Board on 24th October 2022 and potentially to the next appropriate IJB (November/December 2022).

Two additional key areas of note are:

Scottish Elections 2022 – we have adapted our programme timeline to take account of the Scottish Elections in May 2022 and the need to take cognisance of the pre-election period. This has now been factored in to our plans and timelines which have been updated, following agreement at the Change Board meeting on the 11th November 2021.

Staffing pressures over winter period – we also need to highlight the continuous and ongoing pressure being faced by Health and Social Care staff from Covid-19, winter pressures, increased demand on services, high level of vacancies, staff sickness and the need for staff to self-isolate. These also impact on the time required by staff for the planning and development of services. This is highlighted as a key risk within our project plan.



Recommendation	<ol style="list-style-type: none"> 1) To note the actions to date undertaken by the Change Board. 2) To note the key changes to the timelines of work as a result of the Scottish Elections and pre-election period. 3) To note the continuous and ongoing pressure on staff as a result of the impact of Covid-19 and service impacts of Covid-19 through high levels of sickness, high vacancies, staffs need to self-isolate.
Further Information	N/A

