



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 OCTOBER 2022
VIA DIGITAL MEETINGS SYSTEM

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Voting Members Present:

Councillor S Akhtar
Councillor L Bruce
Ms F Ireland
Councillor L Jardine
Councillor C McFarlane
Mr P Murray (Chair)

Non-voting Members Present:

Mr D Binnie	Dr P Conaglen
Ms L Cowan	Ms C Flanagan
Ms M McNeill	Mr T Miller
Dr J Turvill	Ms F Wilson

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms J Jarvis
Mc C Johnston	Mr M Kennedy
Ms L Kerr	Ms G Neil

Clerk:

Ms F Currie

Apologies:

Ms E Gordon
Ms V de Souza
Mr I Gorman
Dr W Hale
Dr C Mackintosh
Ms J Tait

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 15 SEPTEMBER 2022 (FOR APPROVAL) AND MATTERS ARISING

The minutes of the meeting on 15th September 2022 were approved. There were no matters arising.

2. CHAIR'S REPORT

The Chair informed members of a letter dated 12 October 2022 from the Cabinet Secretary for Health & Social Care, Humza Yousaf, which had been sent to all Local Authority Leaders, Chairs & Vice Chairs of IJBs and Health Board Chairs. The letter asked for all Local Authorities, Health & Social Care Partnerships and Health Boards to renew their focus on several key areas to reduce the number of delayed discharges and support health and social care services in their plans for winter preparedness. It also set out details of additional funding to address actions in key areas.

Fiona Wilson advised that she was collating actions on the areas identified in the letter, and others, and meetings had been arranged to discuss progress and provide the required information to the Scottish Government. In the meantime, she assured the IJB that while East Lothian was excelling on all pathways there would be no easing off and they would continue to look at ways to expand and improve services.

The Chair echoed Ms Wilson's remarks adding that officers were giving this the appropriate level of attention, as required by the letter, and that many of the areas highlighted were already priorities for the IJB. However, where additional information or reassurance was required, this was being sought.

In response to a suggestion from David Binnie, Ms Wilson agreed that a development session on palliative care/end of life care would be useful for IJB members and that this topic might be covered as part of a session on wider services.

Dr Jon Turvill commented that palliative care and end of life care was often not well understood until families had a loved one requiring this care. It was widely recognised that staff from all services wanted to be able to support people in their own homes for as long as possible and he thought that this would be a good topic for a development session.

Councillor Lyn Jardine said she was confident that East Lothian was well ahead in many of the areas highlighted in the Cabinet Secretary's letter and that Ms Wilson and her staff would continue to progress work in these and other areas. She was also heartened by the comments from Mr Binnie and Dr Turvill and welcomed the proposal of a development session.

Lorraine Cowan informed members of the Palliative Care Strategy Group which included representation from local hospices to foster links between internal and external services. The Group met quarterly to consider options such as extensions to the hospital to home service, in-house care packages and introducing a single point of contact to ensure that individuals were receiving the right care while remaining in their own homes. She said she would be happy to expand the remit and membership of the Group as required.

The Chair also reported on the recent meeting of the Community Hospitals and Care Homes Provision Change Board which was making good progress. He advised that details would be circulated soon outlining the next steps in the process.

Ms Wilson confirmed that a report on the Change Board's progress would be brought to a future meeting of the IJB and added that there was a great deal of enthusiasm within the group to see evidence-based decisions delivering change for the right reasons.

3. IJB's AUDITED ANNUAL ACCOUNTS FOR 2021/22

The Chief Finance Officer had submitted a report presenting the IJB's annual accounts for 2021/22.

Claire Flanagan presented the report. She reminded members that the 2021/22 accounts had been considered and approved by the Audit & Risk Committee in September alongside the external auditor's report but that it was important for the IJB to have sight of both documents. She drew members' attention to the annual governance statement within the accounts including the improvement actions identified. She also advised that there were no issues arising from the external auditor's report and that of the two recommendations for action: the first, relating to medium term financial planning, was already in hand and the second, relating to the annual performance report, had been completed.

In response to a question from Councillor Akhtar, Ms Flanagan explained that the IJB had previously prepared a five year financial plan but that this work had been paused during the pandemic. She had now begun to review and develop a new plan which she intended to present to the IJB at its December meeting. She added that while this was five year plan, some other IJBs chose to produce three year plans.

The Chair thanked Ms Flanagan for her report noting that the forthcoming autumn statement from the UK Government would likely have an impact on any future financial plans.

Decision

The IJB agreed to:

- i. Note the IJB's Audited Annual Accounts for 2021/22; and
- ii. Note the External Auditor Annual Report for East Lothian IJB for 2021/22.

4. 2022/23 FINANCIAL UPDATE – END OF AUGUST 2022

The Chief Finance Officer submitted a report laying out the most recent financial forecasts from Partners and the projected financial position of the IJB for 2022/23. The report also updated the Board on the recent correspondence from Scottish Government regarding IJB COVID reserves.

Ms Flanagan presented the report. She provided a brief summary outlining a slight deterioration in the forecast outturn position due to further pressures within social care and Set Aside budgets. The next report to the IJB would include the Q2 financial reviews from the Partners and updated forecasts. She also provided details of the recent correspondence from the Scottish Government regarding recovery of COVID reserves. While further guidance was awaited, she confirmed that currently there was no impact on the IJB's financial position. She agreed to share the letter with members.

In response to a question from Councillor Akhtar, Ms Flanagan provided details of the IJB's COVID-related reserves and the cost projections for 2022/23. She also confirmed that providers were aware that sustainability payments would cease as of 31 March

2023 but that currently there were few areas where providers could still claim. In relation to the Scottish Government's intentions on reclaiming of COVID reserves, a number of bodies had already sought further advice, including legal advice, and Ms Flanagan said she would continue to tap into all available networks and to follow the advice provided by professional networks.

Councillor Jardine asked about avenues to try to influence further guidance from the Scottish Government. Ms Flanagan reported that the Chair of the Chief Finance Officers group regularly met with government colleagues to ensure that the guidance that was being developed worked for IJBs, local authorities and Health Boards alike. In terms of COVID costs, she confirmed there would be no additional costs incurred this year. Winter funding was being used to support non-bed based resources to put additional capacity into the system and support alternative models of care.

In response to further questions from Fiona Ireland, Ms Flanagan confirmed that the costs for Set Aside were calculated on a percentage basis. She said that NHS Lothian had been moving towards charging for costs based on actual activity but that the pandemic had halted this work. However, the process was re-starting and the HSCP was working to better understand activity across acute services and to share this information with NHS Lothian.

Ms Wilson advised that there was a lot of work taking place to understand occupancy and commissioning of beds in mental health services and to understand how to develop alternative services if the IJB is not using beds. Part of this work would involve Direction-setting.

Ms Ireland agreed that there was a need to consider how to structure Directions to lever some of that funding and to target it where it was needed.

The Chair asked if the increase in the Set Aside costs was influenced by the increased activity to deal with the backlog following the pandemic. Ms Flanagan advised that much of the increase was related to the impact of high vacancy levels and the use of locums and agency staff to fill these gaps. However, she accepted that the IJB needed to better understand what was driving the figures and that this information would come from the Partners.

Decision

The IJB agreed to:

- i. Note the end of August 2022 financial reviews undertaken by Partners; and
- ii. Note the correspondence from Scottish Government regarding IJB COVID reserves.

5. MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The Chief Officer had submitted a report updating the IJB in relation to the Medication Assisted Treatment Standards and the requirement to embed and implement these standards to 'enshrine a rights based approach to immediate, person centred treatment for problem drug use, linked to primary care, mental health and other support services'.

Gillian Neil presented the report. She began by outlining the background to MAT Standards which had been drawn up in response to the high levels of drug related deaths across Scotland. She summarised the standards and explained how services had been developed to ensure that individuals who met the standards could access

assessment and treatment on a same day basis, five days a week from 31st October, either through self-presenting at MELDAP or GP referral. This service would include involving a named person to encourage engagement with services over the longer term.

Ms Neil informed members that MELDAP colleagues and third sector providers would work with them to develop a communications strategy to publicise the service and engage with those at highest risk.

Ms Neil then set out the recommendations contained in the report brought before the IJB which sought approval of a plan to implement the MAT standards by April 2023 and to monitor progress in line with Scottish Government requirements. She detailed some of the monitoring arrangements being put in place and advised that funding from the Scottish Government and MELDAP had allowed them to recruit nursing staff to support the service.

Dr Turvill thanked Ms Neil for her excellent report and the work that lay behind it. He said that knowing people could access same-day assessment and treatment was crucial as people often needed immediate help when they were ready to present. He also noted the development of the substance misuse service, particularly within primary care, which was helpful for clients. He said he looked forward to the work being reflected in reduced deaths and improved outcomes.

The Chair observed that people with substance misuse issues were often judged and that this could also be a barrier to treatment. He echoed Dr Turvill's point about the importance of people being able to access the treatment they needed at the time when they felt able to seek help.

Councillor Akhtar agreed with the trauma based approach and echoed the remarks of her colleagues. She wished to pass on her thanks to MELDAP for stepping in to cover the shortfall in funding and suggested that they be invited to the IJB, as had been done previously, to provide an update on their work. She also asked if there had been any issues with recruitment.

Ms Neil advised that while they had recruited the necessary nursing staff, MELDAP colleagues had struggled to recruit to their posts and if they were not successful it may be necessary to look at alternative service models.

Recommendations i and iii were approved by general agreement of members and recommendation ii was approved unanimously by roll call vote.

Decision

The IJB agreed to:

- i. Note the specific responses, actions and oversight arrangements required by the Scottish Government to achieve implementation of the MAT standards;
- ii. Approve and sign the MAT Standards Implementation Plan; and
- iii. Note the quarterly progress update against the delivery of the MAT Standards Implementation Plan.

6. IJB DIRECTIONS POLICY

The Chief Officer had submitted a SBAR presenting the draft Directions Policy for approval by the IJB.

Claire Goodwin presented the report. She informed members that the draft policy updated the previous version produced in 2015 and reflected changes in the IJB's approach to Direction-setting in the intervening period, as well as the discussions at the development session in June 2022. She remarked that the introduction of a new policy was timely given the recent adoption of the IJB's new Strategic Plan and the work currently taking place to review all existing Directions and to develop a Delivery Plan. The new policy would help to inform the review of Directions as well as reflecting good practice and ensuring compliance with statutory requirements and Scottish Government guidance. Ms Goodwin outlined the key principles underpinning the approach in the draft Directions policy and drew members' attention to the process diagram and templates included in the appendices to the policy.

The Chair agreed that there had been significant developments in the way the IJB used Directions and it would be important to work closely with Partners to ensure these were successful. He added that monitoring progress was also very important and it would be useful to have more clarity on this.

Ms Goodwin responded to questions from Councillor Akhtar confirming that the Delivery Plan would be outcome-based, mapping strategic objectives alongside performance indicators, and would link into the work already being done by the Partners to avoid unnecessary duplication.

The recommendations were approved unanimously by roll call vote.

Decision

The IJB agreed to:

- i. Consider the content of the appended Draft Directions Policy; and
- ii. Approve adoption of the Draft Directions Policy.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 8 December 2022

BY: Chief Finance Officer

SUBJECT: 2022/23 Q2 Financial Update

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1 PURPOSE

- 1.1 This report lays out the results of the partner's (East Lothian Council and NHS Lothian) quarter two financial reviews and considers how these impact on the projected financial position of the IJB for 2022/23.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the quarter two financial review undertaken by partners.

3 BACKGROUND

- 3.1 Both partner organisations have now completed their quarter two financial reviews which provides an updated forecast financial outturn for 2022/23. The East Lothian Council and NHS Lothian quarter two financial reviews are based on information to the end of September 2022.
- 3.2 The quarter one financial review position for the IJB was a projected overspend of £1,106k at the end of the financial year and this was reported back in September 2022. There has been improvement in this position and the quarter two (Q2) financial review projects a close to breakeven position for the IJB in 2022/23 with only a small overspend of £92k being the output of the financial reviews.

	Annual Budget as at end of September 2022 £k	Forecast Expenditure £k	Q2 Forecast Under/(Over) Spend £k
Core	81,688	80,595	1,093
Hosted	14,631	14,489	141
Set Aside	22,127	23,119	(992)
Health	118,445	118,202	242
Social Care	67,788	68,122	(334)
Total	186,233	186,324	(92)

(Fig 1: IJB Quarter 2 review forecast)

- 3.3 The forecast position reflects the projections for both partners. NHS Lothian are due to present their Q2 position to their Finance & Resources Committee on the 21st December 2022. East Lothian Council will be looking to present their Q2 financial projections to their Council meeting on the 13th December 2022.
- 3.4 The forecast highlights our set aside budgets and social care budgets being the main areas projecting overspends. The set aside position continues to have financial pressures around Gastroenterology drugs and increased costs in medical pays to support staffing gaps. Within social care the overspend is predominantly related to the local authority pay settlement and the increase in costs related to this. East Lothian Council have confirmed that the IJB will receive a share of the £140m national funding announced as one of the funding measures to support the pay settlement. Therefore, it is currently only the projected unfunded element generating the overspend.
- 3.5 The Core services within Health although reporting a very small underspend do have some areas projecting small overspends for example within General Medical Services (GMS) across East Lothian.
- 3.6 The forecast will be monitored closely especially as we move into winter and as we still have some risks not included in the forecasts. These being the NHS pay settlement has not yet concluded and there is an ongoing issue with East Lothian Council regarding transport costs within Learning Disabilities budgets.
- 3.7 As reported to the IJB in October 2022 Scottish Government are looking to reclaim surplus IJB COVID reserves and we await further correspondence on the detail of this.
- 3.8 We have through the routine reporting to Scottish Government submitted our Q2 COVID cost projections for East Lothian HSCP this is summarised in the table below.

	2021/22 £k	Q1 2022/23 Return via NHS Lothian £k	Q2 2022/23 Return via NHS Lothian £k
COVID Reserve as at March 2022		9,182	9,182
COVID cost projections	8,141	4,499	5,249
Balance		4,683	3,933

(Fig 2: COVID Cost Projections)

3.9 The above cost projections are for the 4 remaining areas that we still supporting with COVID funding from the IJB COVID reserve:

- Health
 - costs relating to the additional wards open within East Lothian Community Hospital,
 - and additional costs in Primary Care (GMS and Prescribing).
- Social Care
 - costs relating to the ongoing sustainability payments to our external providers
 - and the loss of income from core services.

We will continue to update the IJB at future meetings on this reclaim of funding.

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 The IJB may wish to issue directions regarding the use of the reserves (especially these funds carry forward to support the Covid pandemic).

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 We have been made aware that East Lothian Council finance department continue to be in business continuity and therefore wanted to highlight the risk this may have on the IJBs delegated social care budgets. This risk has also been included on the IJBs risk register.

10 BACKGROUND PAPERS

- 10.1 None

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DATE	December 2022



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 8 December 2022

BY: Chief Finance Officer

SUBJECT: East Lothian IJB Medium Term Financial Plan 2022/23 – 2026/27

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1 PURPOSE

- 1.1 This report presents the Board with a medium term rolling 5 year financial plan (2022/23 to 2026/27) for noting which has been prepared utilising the in-year financial information and the financial plans and assumption of Partners for future years.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- i. Note the medium term rolling 5 year financial plan (2022/23 to 2026/27); and
 - ii. Note the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance

3 BACKGROUND

- 3.1 As in previous years, the IJB produces a longer-term financial outlook and updates the IJB members on this throughout the financial year. Following acceptance of the formal budget offers for 2022/23 from both partners the IJBs rolling 5-year financial plan has been developed.
- 3.2 This financial plan is developed utilising the Scottish Governments Medium Term Financial Framework for Health and Social Care (published in October 2018) and the financial plans developed in our Partners NHS Lothian and East Lothian Council.

- 3.3 The full financial plan summary is shared in Appendix 1 and a high level overview of the overall projected position for the IJB is summarised in Table 1 below.

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
Total Income	188,862	180,447	181,553	182,741	183,953
Total Expenditure	188,954	185,200	188,942	193,356	197,917
Gap before savings plans	(92)	(4,753)	(7,389)	(10,614)	(13,964)
% Gap	(0%)	(3%)	(4%)	(6%)	(8%)

Table 1: IJB rolling five year financial plan

- 3.4 The rolling 5 year financial plan is based on formal budget offers for 2022/23 and indicative budgets for the remaining years. East Lothian Council budget letter for 2022/23 included only an 2022/23 budget and therefore a flat cash budget for the next 4 years has been assumed. The only other assumption made to the East Lothian Council budget to the IJB has been a share of the £140m national funding to support the Local Authority pay settlement. Worth noting this does not meet the total increase in costs to the IJB and a gap circa £0.3m will require to be managed by the IJB.
- 3.5 Similar to East Lothian Council NHS Lothians budget offer letter also only included the in-year budget so 2022/23. What we have used as indicative IJB budgets from NHS Lothian in future year is the budgets within the NHS Lothians financial plan and this plan assumes a level of funding uplift from Scottish Government, and this is assumed at 2%. Table 2 summarises total anticipated delegated budgets over the next 5 years.

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
NHSL delegated base budget	113,925	110,558	112,499	113,665	114,853
Additional contributions	1,900	2,001	1,165	1,189	1,212
Covid	3,370	0	0	0	0
Total NHS income	119,195	112,559	113,665	114,853	116,065
ELC delegated base budget	59,159	67,404	67,888	67,888	67,888
Additional contributions	8,629	484	0	0	0
Covid	1,879	0	0	0	0
Total ELC income	69,667	67,888	67,888	67,888	67,888
Total income	188,862	180,447	181,553	182,741	183,953

Table 2: Indicative IJB delegated budget 2022/23-2026/27

- 3.6 The projected costs of delegated services across the same period are shown below in Table 3. The modelling assumptions used to estimate future costs are described below.

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
Base expenditure	171,705	180,343	184,650	188,942	193,356
Price effects	3,337	3,543	2,938	3,019	3,125
Demographic change	0	1,314	1,354	1,394	1,436
Investment & other growth	8,663	0	0	0	0
Covid	5,249	0	0	0	0
Total expenditure	188,954	185,200	188,942	193,356	197,917

Table 3: Projected cost of delegated services 2022/23-2026/27

- 3.7 Future NHS Lothian costs within the financial plan are based on the detailed financial planning exercise conducted by NHS Lothian. All ongoing COVID related costs have now been included in the baseline costs, for the IJB this is prescribing only. NHS Lothian presented their Financial Plan to their Finance & Resources Committee on 26th October 2022, this was a first iteration of their financial plan, and this will be refined and we will use those refinements to develop the IJBs plan further.
- 3.8 For East Lothian Council a starting position of baseline expenditure for Social Care at £334k overspent (being the Q2 forecast projection for 2022/23) was assumed. Future years increased expenditure was based on a combination of sources for pay awards it assumes in future years a 2% uplift utilising scenario 1 from the Councils Financial Outlook and Budget Development Framework 2023/24 Onwards, which was reported to Council on the 28th June 2022. In addition, demographic growth is assumed at 3% and includes growth for any transitions into Adult Services.
- 3.9 East Lothian Social Care pressures includes the 2022/23 Local Authority pay settlement and includes the full increase in costs associated with this it also assumes a share of the national funding of £140m to partially support the cost increase with this settlement. East Lothian Council have confirmed a share of the above funding will be passed to the IJB and therefore the IJB only require to meet the outstanding gap circa £0.3m.
- 3.10 At this stage moderate assurance can be given around the IJBs ability to break even in 2022/23. There is a significant financial challenge on the horizon and the IJB should ask officers within the partnership to develop financial recovery plans and update the IJB on progress against this at a future meeting. The IJB financial plan will also be refined early in the New Year as further information is made available.

4 ENGAGEMENT

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

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 There are no Directions implications arising from this paper

8 RESOURCE IMPLICATIONS

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

9 RISK

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

10 BACKGROUND PAPERS

- 10.1 None

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DATE	December 2022

Appendix 1 - East Lothian IJB 5 Year Rolling Plan 2022/23 – 2026/27

Appendix 1 - East Lothian IJB 5 Year Rolling Plan 2022/23 – 2026/27

East Lothian IJB 5 Year Financial Plan	2022/23			2023/24			2024/25			2025/26			2026/27		
	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k
Income															
Recurring budget	167,796	5,288	173,084	177,962	0	177,962	180,387	0	180,387	181,553	0	181,553	182,741	0	182,741
Uplifts	1,177	0	1,177	2,425	0	2,425	1,165	0	1,165	1,189	0	1,189	1,212	0	1,212
Other adjustments	8,843	509	9,352	0	60	60	0	0	0	0	0	0	0	0	0
Covid	0	5,249	5,249	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	177,816	11,046	188,862	180,387	60	180,447	181,553	0	181,553	182,741	0	182,741	183,953	0	183,953
Expenditure															
Baseline expenditure	168,019	3,686	171,705	180,308	35	180,343	184,650	0	184,650	188,942	0	188,942	193,356	0	193,356
<i>Anticipated cost increases:</i>															
Pay awards	1,099	27	1,126	1,849	0	1,849	1,732	0	1,732	1,754	0	1,754	1,796	0	1,796
Demographics	0	0	0	1,314	0	1,314	1,354	0	1,354	1,394	0	1,394	1,436	0	1,436
SG social care commitments	8,245	384	8,629	0	0	0	0	0	0	0	0	0	0	0	0
Non pay inflation	638	0	638	186	0	186	153	0	153	156	0	156	160	0	160
Medicines and prescribing growth	1,572	0	1,572	1,668	0	1,668	1,052	0	1,052	1,109	0	1,109	1,170	0	1,170
Investment decisions	34	0	34	-160	0	-160	0	0	0	0	0	0	0	0	0
Covid	0	5,249	5,249	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenditure	179,608	9,346	188,954	185,165	35	185,200	188,942	0	188,942	193,356	0	193,356	197,917	0	197,917
Gross Position	(1,792)	1,700	(92)	(4,778)	25	(4,753)	(7,389)	0	(7,389)	(10,614)	0	(10,614)	(13,964)	0	(13,964)



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 8 December 2022
BY: Chief Finance Officer
SUBJECT: CIPFA – Financial Management Code 2021/22

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1 PURPOSE

- 1.1 To ask the IJB to agree to adoption of the CIPFA – Financial Management Code guidance in so far as it applies to the operations of the IJB.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the consideration and recommendation to the IJB of this Code from its Audit & Risk Committee; and
 - ii. Agree to the adoption of the Code.

3 BACKGROUND

- 3.1 The Financial Management Code (FM Code) produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) is designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability. For the first time the FM Code sets out the standards of financial management for local authorities. The IJB is governed by the Local Authority regulations.
- 3.2 A summary of the Code and the principles are:-
1. Organisational **leadership** – demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisational culture.
 2. **Accountability** – based on medium-term financial planning that drives the annual budget process supported by effective risk management, quality supporting data and whole life costs.

3. Financial management is undertaken with **transparency** at its core using consistent, meaningful and understandable data, reported frequently with evidence of periodic officer action and elected member decision making.
4. Adherence to professional **standards** is promoted by the leadership team and is evidenced.
5. Sources of **assurance** are recognised as an effective tool mainstreamed into financial management, including political scrutiny and the results of external audit, internal audit and inspection.
6. The long-term **sustainability** of local services is at the heart of all financial management processes and is evidenced by prudent use of public resources.

3.3 During December 2021 and March 2022 the IJBs Audit & Risk Committee considered the Code and how the Code would pertain to the IJB specifically. The Audit & Risk Committee therefore are recommending to the IJB to support the adoption of the Code in as far as it relates to the IJB.

4 ENGAGEMENT

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

5 POLICY IMPLICATIONS

5.1 This paper is covered within the policies already agreed by the IJB.

6 INTEGRATED IMPACT ASSESSMENT

6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7 RESOURCE IMPLICATIONS

7.1 Financial – there are none.

7.2 Personnel – there are none.

8 BACKGROUND PAPERS

8.1 Audit & Risk Committee 15th March 2022 - CIPFA – Financial Management Code 2021/22

AUTHOR'S NAME	Claire Flanagan
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DATE	December 2022

Appendix 1 – Consideration of the CIPFA FM Code and its application to the IJB

Appendix 1 – Consideration of the CIPFA FM Code and its application to the IJB

Section	Standard	IJB	Assurance
1: The responsibilities of the Chief Finance Officer and Leadership Team	A: The leadership team is able to demonstrate that the services provided by the authority provide value for money	Yes, through the Strategic Plan and the Directions	IJB minutes, SPG minutes, Strategic Plan and Directions.
	B: The authority complies with the CIPFA 'Statement on the Role of the Chief Officer in Local Government'	Yes	Part of the Annual Audit process.
2: Governance and financial management style	C: The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control	The IJB is a board and not an operational unit. It doesn't have a management team as such. The IJB has its own governance but operational internal control matters are a subject for the partners.	
	D: The authority applies the CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework (2016)'	The IJB has its own governance processes. Where the framework pertains – these are part of the IJB's own regulations	

	E: The financial management style of the authority supports financial sustainability	Yes	Financial sustainability is addressed in the short term as part of the budget setting process. In the longer term the IJB is continuing to develop its multi-year balance financial plan to support the Strategic plan. The IJB also has published its financial strategy
3: Long to medium-term financial management	F: The authority has carried out a credible and transparent financial resilience assessment	Yes	Finance Reports to the IJB and IJB budget setting process
	G: The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members	Yes	Finance reports to the IJB and IJB budgets setting process
	H: The authority complies with the CIPFA 'Prudential Code for Capital Finance in Local Authorities'	Not applicable – the IJB has no capital resources.	
	I: The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans	Yes, the IJB is developing a financial plan to support the delivery of its Strategic Plan	

4: The annual budget	J: The authority complies with its statutory obligations in respect of the budget setting process	Yes, the IJB sets an indicative budget before the start of the financial year	IJB Budget setting paper to March Board
	K: The budget report includes a statement by the chief finance officer in the robustness of the estimates and a statement on the adequacy of the proposed financial reserves	Yes	IJB Budget setting paper to March Board
5: Stakeholder engagement and business plans	L: The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget	Yes, this is part of the consultation and development of the IJB's Strategic Plan	Strategic Plan consultations/ SPG minutes
	M: The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions	Yes.	SPG/ Strategic Plan
6: Monitoring financial performance	N: The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability	No. The operational delivery of the IJB's budget is a matter for its partners. The IJB receives updates on the financial position of its partners. That said, additional directions and	

		revisions to the Strategic Plan can be used if the financial issues are serious and threatening to the delivery of the Strategic Plan	
	O: The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability	In theory, however the IJB's balance sheet does not have any assets, loans or doubtful debtors that pose a risk to the IJB.	
7: External financial reporting	P: The chief finance officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the local authority complies with the reporting requirements of the 'Code of Practice on Local Authority Accounting in the United Kingdom'	Yes	Annual accounts and annual audit report.
	Q: The presentation of the final outturn figures and variations from budget allows the leadership team to make strategic financial decisions	Yes. Part of the annual budget setting process and the development of the financial plan. The Strategic Plan is the basis of future financial decisions.	IJB budget setting papers in March



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 8 December 2022
BY: Senior Communications Adviser
SUBJECT: ELHSCP Branding

6

1 PURPOSE

- 1.1 This report presents a new brand identity for East Lothian's Health and Social Care Partnership, along with new brand guidelines for the organisation.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i) Review the proposal for the new brand identity and guidelines.
 - ii) Approve and formally sign off the new brand identity and guidelines for implementation from January 2023.

3 BACKGROUND

- 3.1 A brand identity is the combination of all the elements a company creates and projects in order to represent an image and to entice a feeling when people interact.

Essentially, a brand identity is the personality of a business and a promise to your customers.

A brand identity is made up of the:

- Values, mission and vision.
- Verbal and written messaging.
- Visual communications.

A brand identity includes a logo, typography, jingles, and everything else visual, textual or auditoral that goes into communicating messages to message to intended target audiences.¹

- 3.2 The existing identity (below) includes multiple icons, but it is not definitively clear which each of them means, and as such there is room for misinterpretation. Additionally, these icons do not fully represent all of the services that Partnership provides. Furthermore, the current design doesn't allow for any flexibility; it cannot be reshaped or redesigned easily, as required for different reports and publications



- 3.3 The Communications Team has developed a new visual identity for East Lothian Health and Social Care Partnership with the following aims:

- To create a fresh, modern approach to ELHSCP's brand identity, reflective of the collaboration and partnership working of NHS Lothian and East Lothian Council.
- To create an identity which is easily recognisable, instils confidence, integrity and upholds the values of the organisation.

To provide clear and precise brand guidelines, which are easy to understand and applied through the organisation.

- 3.4 The new brand identity logo:



To date, the communication team has developed a motif, logo, colour palate and font suite for branded publications and internal use, and a range of branded templates with the new identity.

A brand guidelines document has been developed to assist all Partnership colleagues in its application across a range of media.

¹ <https://proofbranding.com/what-is-brand-identity-and-why-is-it-important/>

- 3.5 It is intended that the roll out of the branding application will take place over time, as part of a phased replacement cycle. This will avoid wastage and unnecessary expenditure.

This means that for at least the initial 6-12 months of 2023, ELHSCP will operate with two logo identities until fully adopted.

All digital assets and online assets will be updated within the first few months. However printed branded items such as stationary, marketing materials, lanyards, signage etc will be replaced at the point of renewal / replacement.

- 3.6 A coordinated identity has also been created for the IJB, to follow the same design as the Partnership logo:



4 ENGAGEMENT

- 4.1 The new brand identity has been designed in house, by the communications team with input and direction from East Lothian Council's graphic designer.
- 4.2 The branding proposal was presented at the HSCP General Managers Meeting on 8 November, before being circulated to the wider Service Management team for comment and feedback.

The comments received were both positive and constructive. As a result, minor amendments were incorporated into the design, namely:

- The application of a softer colour palate, linked to the previous design, which provides consistency, continuity and a more natural progress of design application.
 - A reduction to the font size width within the logo, to temper its visibility and the application of blue tones to the lettering instead of a perceived stark black.
 - Adopting 'Calibri' as the corporate internal font, which is much more accessible within digital applications. This is also the internal brand font of East Lothian Council.
- 4.3 It is not the intention of the communications team to conduct a public-wide consultation on the proposed brand identity. Following approval by the IJB, the Communication Team will seek approval from the Chief Executive of both partners, East Lothian Council and NHS Lothian.

5 POLICY IMPLICATIONS

5.1 This will be reviewed as brand standards are fully implemented.

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 directly report on a specific IJB Direction.

8 RESOURCE IMPLICATIONS

8.1 Financial

The design process has been completed in house, and as such no additional spend has been made on behalf of the Partnership in the creation of this brand development.

Costs will need to be incurred to replace the existing branding graphics, however as detailed above, this will be achieved on a replacement cycle.

Larger items such as the decals of the Vaccination Bus will be more costly, however the existing branding can remain in place until such point that this needs to be renewed.

8.2 Personnel

There are no personnel implications.

8.3 Other:

There are no other resource implications.

9 BACKGROUND PAPERS

9.1 None.

Appendix 1 - Brand Guidelines Pitch Presentation

Appendix 2 - Brand Guidelines document

AUTHOR'S NAME	Jennifer Jarvis
DESIGNATION	Senior Communications Advisor
CONTACT INFO	E: jjarvis1@eastlothian.gov.uk T: 01620 828765
DATE	29/11/2022



New Logo & Brand Guidelines Pitch

For East Lothian Health and Social Care Partnership

Why refresh the brand?

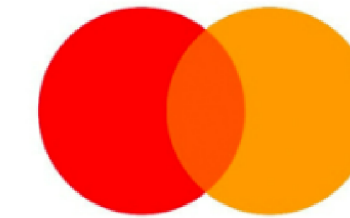
Establish Brand Continuity

Create Brand Identity

Clearer Communication

Create confidence for stakeholders

Keep the brand fresh and modern



Why now?

It is a time of change in the Partnership

Emergence from following a pandemic

Change in Leadership

We are introducing our new strategic direction

Looking forward



Existing brand identity

We have a logo, but do we have a brand?

Multiple icons in the existing logo, but what do they mean?

Room for misinterpretation

Current logo design doesn't allow for flexibility (It cannot be reshaped or redesigned without losing a bulk of its messaging)

Using location images which are not reflective of the service

We need to adopt a collective approach, across the service

East Lothian Health & Social Care Partnership



Our Current Homepage



Our Vision and Values

Our Vision describes our aspiration to deliver health and social services in East Lothian:

Our Vision

"To support all people in East Lothian to live health lives, to achieve their potential to live independently and exercising choice over the services they use."

Our Values

At present, we do not have a distinct set of values for the HSCP, but we follow those values articulated by our partners, NHS Lothian and East Lothian Council (who between them employ all HSCP staff) - these are shown in the diagram below.

We are looking at the potential to develop our own set of core values, which will incorporate the ones below, as part of broader organisational / workforce development activity.



- Care and Compassion
- Dignity and Respect
- Quality
- Teamwork
- Openness, Honesty and Reliability.



- **Enabling** and encouraging everyone we work with to achieve their full potential
- **Leading** by example and taking responsibility to improve ourselves and others
- **Caring** for each other, or community and the work we do.

New logo development



Motif

Core themes of Care, Professionalism, Optimism and Dependability were kept in consideration for the many variations of the motif that were created with the intent to reflect the services and partnership.

Colour palette

- Morning / rising sun / clear skies / care & professionalism
- Optimism
- Avoidance of dark tones, greens and purples
- ELHSCP having it's own identity

Font and Alignment

East Lothian
Health & Social Care
Partnership

Previous Logo

East Lothian
Health & Social Care Partnership

- **New Alignment**

- Changing the alignment of the text to left makes for a more squared off, neater and flexible logo. This design will take up less real estate without losing any of its presence.

- **New Typeface**

- "Poppins" is a welcome departure from a "word" style font. It remains some sharp edges to maintain a professional tone however it now has an intentional softness and width, designed to make the branding more welcoming and warmer.

- **Removed motifs**

- The removal of the motifs underneath from the old logo combined with the squared shape of the new font nestles in designs seamlessly and taking a more deliberate shape.

New logo



Motif

The pretzel motif reflects the partnership with East Lothian as the position of the two-toned blue swoosh swings over, reaching the swoosh emanating from the HSCP body, connoting the collaboration and strength of the partnership. The pretzel design also looks like the motif is giving you a hug!

The emphasis on the importance of the motif is to have instant brand recognisability. It's important to have an icon that works without the parent text - which we will look at in the coming slides.

Colour palette

The colours used remain consistent with the fresh and yet warm feeling.

The colours are also incorporate those from both the NHS Scotland and ELC brand guidelines.

The pastel hue to the colours give a warm, welcoming glow opposed to hard deliberate colours. This is also reflected in the text of the logo.

Logo Suite



Motif

Making a more flexible logo that can adapt to the season, reason or event.

Top - Summer / Autumn / Action / Hot

Middle 1 - Winter / Cold

Middle 2 - Greyscale / Print / Mourning

Middle 3 - Spring / Eco

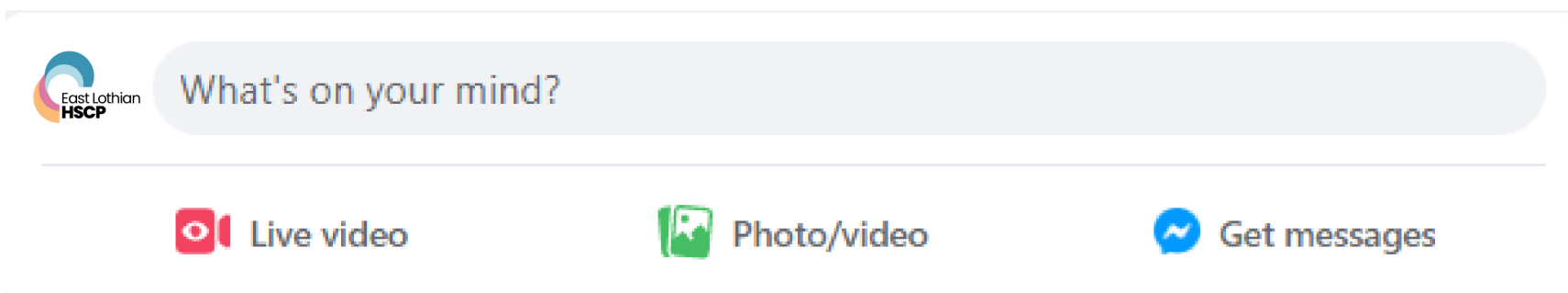
Bottom - Blackout of original logo

Social Media Ident Options



Variations

These are a glimpse of what the display photos on our socials can be.



Social Media Profile



Examples in action

What the logos could look like on our Facebook Homepage with new Facebook banner.

Sharper photos with the staff in action in the Facebook banner. In conjunction with the display photo a continuity is already being created within the brand.

We want to promote the services and its users rather than showcasing the location of the partnership.

Teams Background



Examples in action

What the logos could look like when applied to teams backgrounds.

Taking a uniformed approach, we need to uphold the branding when communicating with stakeholders or anyone outside of the partnership.

Using these backgrounds delivers our messaging in a passive way.

Headed Paper



Email Footer

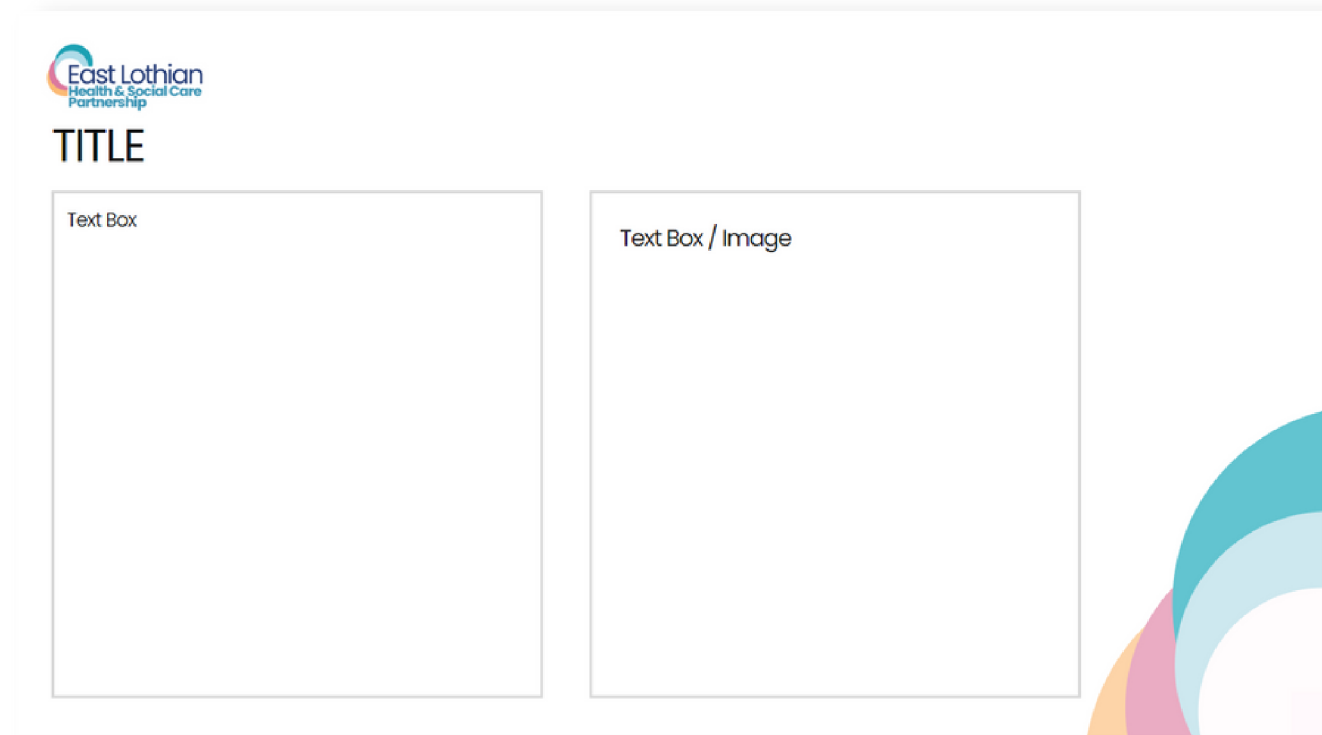
Lesley Berry
General Manager – East Lothian Rehabilitation Service
Chief AHP
East Lothian Community Hospital, Alderston Road, Haddington EH41 3PF
T: 01620 642860 M: 07791 356077
W: eastlothian.gov.uk/elhscp | abetterlife.eastlothian.gov.uk



Examples in action

What the logos could look like when applied to corporate stationary.

Presentation Template




Examples in action

What the logos could look like when applied to within a presentation.

Brand Guidelines Document


Contents

- Logo
- Exclusion Zone & Placement
- What not to do
- Typeface & Fonts
- Colour Palette




Logo

Restricted Space Variant




East Lothian Health & Social Care Partnership
Landscape logo to be used where space is limited. Alternate colour versions available - email: gking2@eastlothian.gov.uk

Reversed Variants



These variants should be used on dark/coloured backgrounds or images that allow the colour/shape in the motif and type elements to stand out.



The logo is made up of two components: the preface and the type elements. There are two versions of the logo - the master logo (above) and the restricted space logo (right). The combination of these components must never be altered in any other way.


Full colour variant is the preferred option, please see Reversed Variants on which logo to use when required.

Do not distort or stretch the X:Y values or recreate the logo.

The logo must always be reproduced from a digital master reference. The logo is available in the following formats:
eps/svg - jpg - png

Exclusion Zone & Placement


Exclusion Zone



To safeguard the logo from any accidental clipping an exclusion zone has been established to help determine where the logo should be placed or where other elements can be placed around or beside the logo.

This is based on the width and height of the "O" (~20mm) in the type element of the logo. Please do not intrude on these boundaries with text or graphics.

Sizing




The minimum size for documents should be as mentioned above and for pull up banners shown in the following page.

We tend to make bespoke communications for our stakeholders however the above sizes should be taken into consideration when producing material.

Placement

The logo can be positioned in any corner of the page.

The logo must take either the header or footer position when used for pull up banners.



It is important to follow our guidelines on sizing, exclusion zone and placement to ensure consistency and consistency across all mediums.

The logo can be placed in any of the 4 corners in A4 or other conventional sizes. Pull up banners should have the logo centred and either at the top or bottom of the poster.

Again, we make bespoke communications for our stakeholders so sizes and placements should be taken into consideration.

Typeface & Fonts

(Professional Use: Branding, Public Communications, Etc)

Poppins

Better Health, Better Care, Best Value for our Communities

abcdefghijklmnopqrstuvwxyz
ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz
ABCDEFGHIJKLMNOPQRSTUVWXYZ

Our design typeface for professional use is Poppins. Its softer edges makes the typeface warm, welcoming and modern while maintaining some sharper edges which reflects professionalism and innovation. Poppins and its font family should only be used by individuals who are professionally producing materials.

Heading 1

Poppins Bold: 33pt
Tracking: -50

Heading 2

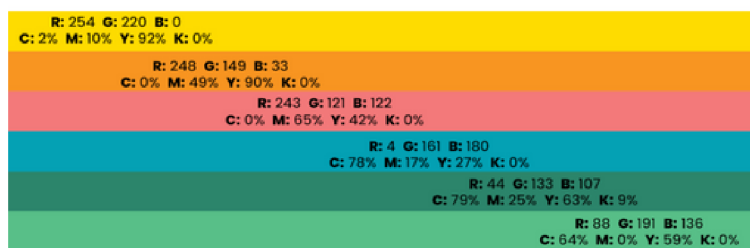
Poppins SemiBold: 18pt
Tracking: -50

Heading 3

Poppins SemiBold: 14pt
Tracking: -50

Body
Poppins: 10pt
Tracking: 0

Colour Palette



R: 254 G: 220 B: 0
C: 2% M: 10% Y: 92% K: 0%

R: 248 G: 149 B: 33
C: 0% M: 49% Y: 90% K: 0%

R: 243 G: 121 B: 122
C: 0% M: 65% Y: 42% K: 0%

R: 4 G: 161 B: 160
C: 78% M: 17% Y: 27% K: 0%

R: 44 G: 133 B: 107
C: 79% M: 25% Y: 63% K: 9%

R: 88 G: 191 B: 136
C: 64% M: 0% Y: 59% K: 0%

Our colour palette is vibrant, warm and modern, reflecting the professionalism and care that we give to our communities that we support.

The colour palette is reminiscent of morning time, denoting a fresh start to a comforting world.

Building from White

The colour palette can be used to add variety to graphics, colour code or navigate, minimal and deliberate usage is most effective. The same applies to the use of images, graphics, illustrations, etc.

White is an important part of our brand as it ensures clean and clear communication, while adding some colour to anchor our branding. Use white space to highlight other elements such as images, graphics, quotes and allow room for elements to "breathe".

Black -where appropriate- can used as a background colour to also emphasize colour, however should saved for body text and headings.

Examples in action

Document that would be issued to all HSCP colleagues with regards to how to apply the brand identity.

Includes:

- Identity exclusion zones
- Sizing and placement
- What not to do
- Typography & Font
- Colour palette
- Image use

This will be emailed out to you.



Your thoughts



Brand Guidelines

Contents

Logo

Exclusion Zone & Placement

What not to do

Typeface & Fonts

Colour Palette

Working Together to Deliver

Best Health
Best Care

Best Value
for our
Communities

Logo



The logo has been designed to reflect our principles by embracing change with best care, continuous care with best value and best health within our communities.

The logo also encapsulates the continued collaboration of NHS Scotland and East Lothian Council with the shared goal of healthier and better lives within its communities.

The logo is made up of two components,; the pretzel and the type elements. There are two versions of the logo - the master logo (above) and the restricted space logo (right). the combination of these components must never be altered in any other way.

Full colour variant is the preferred option, please see Reversed Variants on which logo to use when required.

Do not distort or stretch the X&Y values or recreate the logo

The logo must always be reproduced from a digital master reference. The logo is available in the following formats:

EPS/SVG - JPG - PNG

Restricted Space & IJB Variant



Landscape logo to be used where space is limited. Alternate colour versions available - email gking2@eastlothian.gov.uk.



Reversed Variants

These variants should be used on dark/coloured backgrounds or images that allow the colours/shape in the motif and type elements to stand out.



Exclusion Zone & Placement

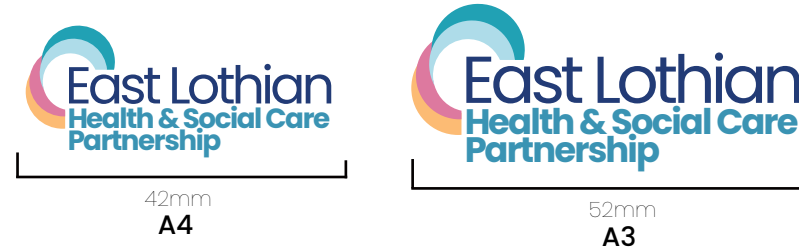
Exclusion Zone



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This is based on the width and height of the “O” (~20mm) in the type element of the logo. Please do not infringe on these boundaries with text or graphics.

Sizing



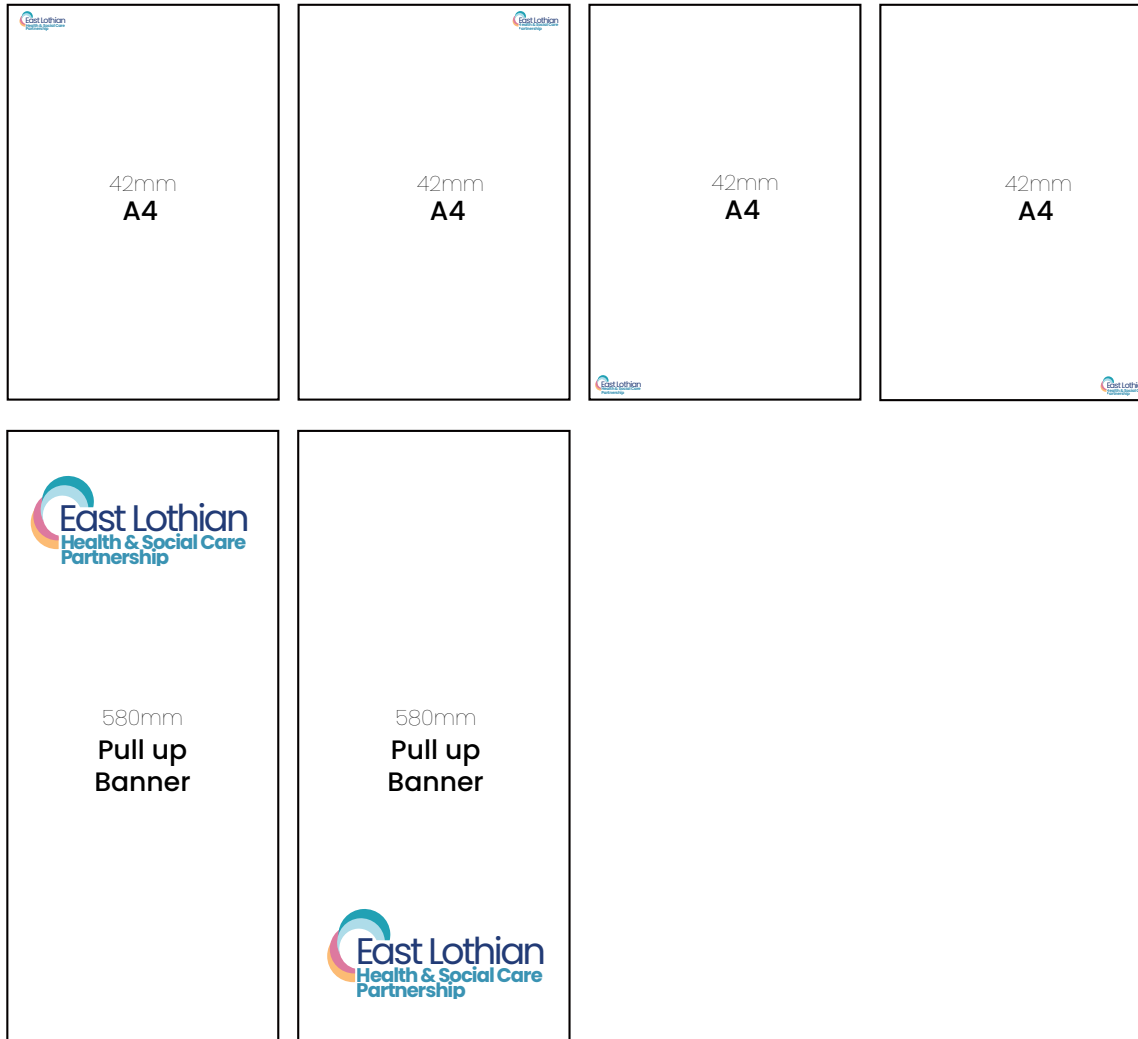
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Again, we make bespoke communications for our stakeholders so sizes and placements should be taken into consideration.

Typeface & Fonts

(Professional Use: Branding, Public Communications, Etc)

Poppins

*Better Health, Better Care, Best Value
for our Communities*

abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMNPNOPQRSTUVWXYZ

**abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMNPNOPQRSTUVWXYZ**

Our design typeface for professional use is **Poppins**. Its softer edges makes the typeface warm, welcoming and modern while maintaining some sharper edges which reflects professionalism and innovation. Poppins and its font family **should only be used by individuals who are professionally producing materials**.

Heading 1

Poppins Bold: 33pt
Tracking: -50

Heading 2

Poppings SemiBold: 19pt
Tracking: - 50

Heading 3

Poppins SemiBold: 14pt
Tracking: -50

Body
Poppins: 10pt
Tracking: 0

Typeface & Fonts

(Non Professional Use: Reports, Presentations, Etc)

Calibri

*Better Health, Better Care, Best Value
for our Communities*

abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMNPOQRSTUVWXYZ

**abcdefghijklmnopqrstuvwxy
ABCDEFGHIJKLMNPOQRSTUVWXYZ**

Our design typeface is **Calibri**.
This typeface mirrors Poppins values while being more accessible to those we need it in MS Word software. The thinner form factor makes for easy reading in reports.
Calibri and its font family **should only be used for non public facing presentations, reports, etc.**

Heading 1

Calibri Bold: 33pt
Tracking: 0

Heading 2

Calibri Bold: 19pt
Tracking: 0

Heading 3

Calibri Bold: 14pt
Tracking: 0

Body
Calibri: 10pt
Tracking: 0

Colour Palette

R: 254 G: 220 B: 0
C: 2% M: 10% Y: 92% K: 0%

R: 250 G: 192 B: 117
C: 0% M: 30% Y: 60% K: 0%

R: 243 G: 121 B: 122
C: 10% M: 65% Y: 15% K: 0%

R: 4 G: 161 B: 180
C: 78% M: 17% Y: 27% K: 0%

R: 4 G: 157 B: 180
C: 78% M: 17% Y: 27% K: 0%

R: 88 G: 191 B: 136
C: 64% M: 0% Y: 59% K: 0%

R: 44 G: 133 B: 107
C: 79% M: 25% Y: 63% K: 9%

Our colour palette is vibrant, warm and modern, reflecting the professionalism and care that we give to our communities that we support.

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White is an important part of our brand as it ensures clean and clear communication, while adding some colour to anchor our branding. Use white space to highlight other elements such as images, graphics, quotes and allow room for elements



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 8 December 2022
BY: Chief Social Work Officer
SUBJECT: Chief Social Work Officer Annual Report 2021-22

7

1 PURPOSE

- 1.1 This report presents to members the Chief Social Work Officer Annual Report for 2021-22. The report is attached at Appendix 1.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to consider the content of the 2021-22 Annual Report of the Chief Social Work Officer and its implications for the provision of social work services in East Lothian and their role in assuring the safety and welfare of vulnerable children and adults 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 social work services within East Lothian including those delivered within the Health and Social Care Partnership.
- 3.2 The format for the report follows the template as set out by the government's Chief Social Work Advisor:
- Governance and accountability arrangements
 - Service quality and performance
 - Resources
 - Workforce

- 3.3 The report reflects the strategic and operational delivery of services across children's (social work) services, justice social work, mental health social and adult social work services. It provides an overview of the professional activity for social work 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 second year of the COVID pandemic. It highlights the continued and continuing impact of the pandemic on East Lothian citizens with whom our services work to help them live safely and as independently as possible. The report illustrates some of the significant challenges ahead for services with the changing landscape of social care services and the increase in vulnerability for children and young people and families that will inevitably be compounded by the current cost of living crisis.
- 3.5 I am proud to have the opportunity to share some of the many achievements from 2021-22, that are firmly aimed at improving the experiences and outcomes of those who are being supported or cared for by social work services. This is testament to the commitment and resilience of the social work workforce and the support of managers and leaders.

4 ENGAGEMENT

- 4.1 Not applicable in relation to the development of this report.

5 POLICY IMPLICATIONS

- 5.1 There are no direct policy implications for 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 Not applicable in relation to the development of this report.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None

Appendix 1 - Chief Social Work Officer Report 2021-22

AUTHOR'S NAME	Judith Tait
DESIGNATION	Head of Children's Services and Chief Social Work Officer
CONTACT INFO	jtait@eastlothian.gov.uk
DATE	30 November 2022

**East Lothian Council Chief Social Work Officer
Annual Report 2021-22**

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	○ Child protection activity data	
	○ Looked after Children Performance Data	
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	○ Specialist Social Work Services	
	○ Children's Residential Service – Lothian Villa: Ravensheugh and Meadowmill	
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1. Introduction and Key Achievements

I am very pleased to introduce the chief social work officer report for 2021-22. The report details the performance and experience of delivering social work services during the second year of the COVID pandemic. It highlights the continued and continuing impact of the pandemic on East Lothian citizens with whom our services work to help them live safely and as independently as possible. The report illustrates some of the significant challenges ahead for services with the changing landscape of social care services and the increase in vulnerability for children and young people and families that will inevitably be compounded by the current cost of living crisis.

I am proud to share some of the many achievements aimed at improving the experiences and outcomes of those who are being supported or cared for by social work services. This is testament to the commitment and resilience of the social work workforce and the support of managers and leaders.

The report will provide more detail in the sections below but some of the highlights include:

- Whole-service redesign of children's services – aimed at ensuring a high quality response in assessing and planning to meet risk and need, deploying the staff with the right skills and experience to help families effect change and protecting positive relationships with young people as they move towards adulthood.
- Reducing the number of children who needed to become looked after, and reducing those who needed to become looked after away from home within the context of rising numbers of referrals
- In partnership with education, launch of the integrated Early Intervention Support Team combining education and family support to provide short-term additional support to children (aged 5-12 years) struggling in school, to prevent the need for targeted interventions
- Upward trend of children with disabilities being supported and continued rise in those receiving direct payments.
- Successful approaches to support and settle young people seeking asylum who arrived via the national transfer scheme.
- Restructuring in adult social work services resulting in improved performance with a significant reduction in waiting times for a service
- Implementation of the learning disability social work team and new services benefitting young people, adults and carers developed within the community transformation programme.
- Service innovation and partnership developments in response to crisis in the care at home social care crisis
- Delivery of an enhanced programme of reviews of East Lothian care home residents
- Restructuring in the mental health officer team leading to significant reduction in waiting times for guardianship applications

- Outcome and future focused service and workforce planning in justice social work
- Implementation of a systematic approach to quality assurance in justice services

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 health and social care partnership and council services and across key partner agencies including the third sector. The CSWO is a member of the council management team, 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
- East Lothian Partnership Governance Group
- East Lothian Children’s Strategic Partnership
- East Lothian Community Justice Partnership
- Mid and East Lothian Drug and Alcohol Partnership

As CSWO I regularly meet and report to the council’s chief executive. I attend East and Midlothian Critical Services Oversight Group (chief officer group) for public protection in an advisory capacity; I am a member of the public protection committee and sub-groups for performance and quality improvement and learning reviews and chair the East and Midlothian MAPPA Group. The CSWO is a non-voting member of the IJB and 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. As CSWO I chair the Lothian and Borders MAPPA strategic oversight group.

Role of the CSWO in 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 and care at home oversight groups
- 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 and Prevent Multi-Agency Panel (PMAP) chair
- Monitoring of MAPPA business and co-chair of MAPPA 3 meetings;
- Member of learning review sub-group for public protection
- Principal counter-signatory for SSSC endorsements

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 2021-22, these meetings continued to provide a supportive “space” for managers to discuss cross-cutting and thematic issues and 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

3.1 Children’s Services

During 2021-22, the focus for managers and staff was firmly on the whole-service redesign of children’s services as a key work stream of the Council’s Transforming Services for Children Programme. To summarise the findings of detailed self-

evaluation, the rationale for change was clear within the context of rising service demand;

- There was insufficient staffing resource at the front door and there was a high number of families who repeatedly presented to social work with concerns continuing to increase and issues remaining unresolved.
- The service was not well-placed to consistently complete full assessments and future focussed plans within the duty service, leading to delay and unnecessary changes of worker.
- Throughcare and aftercare needed to be considered at a much earlier stage, with a move away from age-related and time limited model of support.
- Family support workers were not organised in a way to deliver support in line with The Promise. A large number of families were receiving support without a high quality plan or sufficiently clear end-goal. There were no services in place for families to “step-down” to.
- A lack of intensive outreach for children and young people who were at risk of being accommodated or whose placements were at risk of disruption.

Led by Lindsey Byrne, General Manager for Children’s Services, the underpinning work to support the redesign was carried out during 2021 and the implementation was launched in early 2022. The service was re-shaped to strengthen the quality and experience of children and young people at the entry and exit points from the service. Alongside this, teams were reconfigured to facilitate outcome-focused work through statutory interventions to help children achieve a permanent destination in a timely manner. Specialist skills and capacity in kinship care and those working with young people in or on the edges of offending were bolstered.

Whilst good early progress was made in matching staff to preferred roles, current recruitment challenges meant the service has been unable to fully complete and deliver all the desired changes. This risks the stability of the service and the success of the re-design work to date. Two other service areas; developing an outreach team hosted within the residential service; and redesigning Olivebank Child and Family Centre are on-stream for delivery in 2022-23.

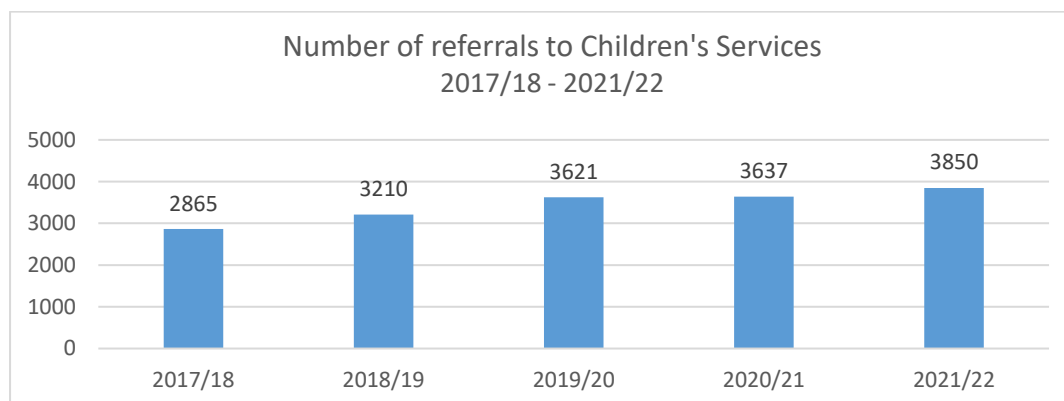
Developing the workforce to ensure professional social work practice is of the highest standard and is focused on helping to deliver the Promise was recognised as an essential part of the redesign. The service renewed its commitment and investment to the Signs of Safety practice model with a comprehensive learning and development programme to ensure this underpins the whole-service approach to working with children, young people and families. This includes our colleagues in education and child health. Within the model, staff strive to build effective relationships and use a strength-based, family first approach to keep children living safely within their own families wherever possible. Signs of safety is being adopted across many local authority areas and when implemented well, is recognised as an important lever for improving outcomes and empowering families to engage in making positive changes.

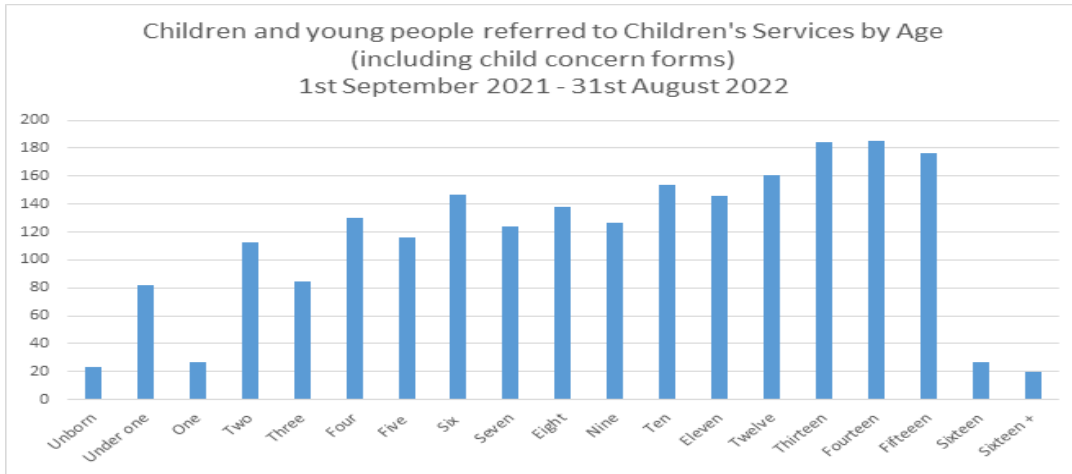
The workforce development programme accompanying this is well underway and will continue during 2022-23.

Intake and assessment and child protection - the front door into the service

Within the context of strengthening the duty arrangements, as the data below highlights, referrals to children's services continued to rise. This was driven in part by the impact of COVID on children and young people and family functioning and will increasingly be further impacted by the cost of living crisis. It reinforces the importance of a relentless focus on Getting It Right For Every Child – providing effective early help and support for families within universal services to prevent difficulties escalating to the stage where targeted interventions are needed. Of note, referral numbers have risen faster within the first quarter of 2022-23 than at any other time and are forecasted to reach 4500 by March 2023.

As part of the Transforming Services for Children programme, education and children's services launched the integrated **Early Intervention Support Team** in October 2021. A combined approach with teachers and family support workers the team provides short-term additional support to children in upper primary and early secondary school, who are experiencing difficulties engaging in or remaining engaged in school but before they reach the tariff of requiring social work intervention. Feedback indicates that many of the children referred require significant support to reach the stage of being "ready to learn".

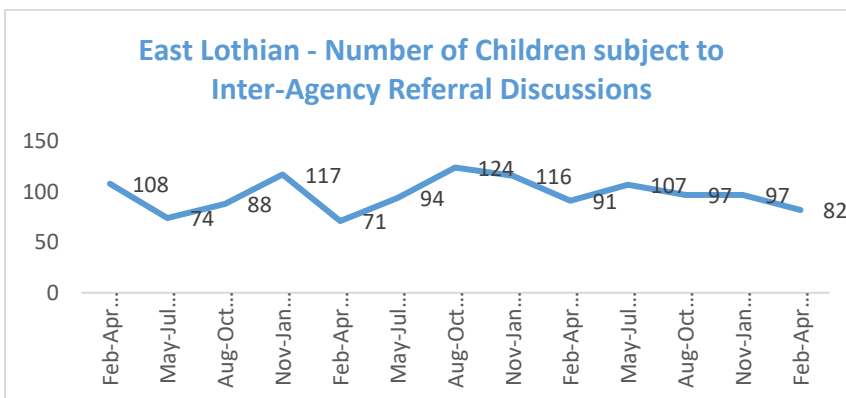




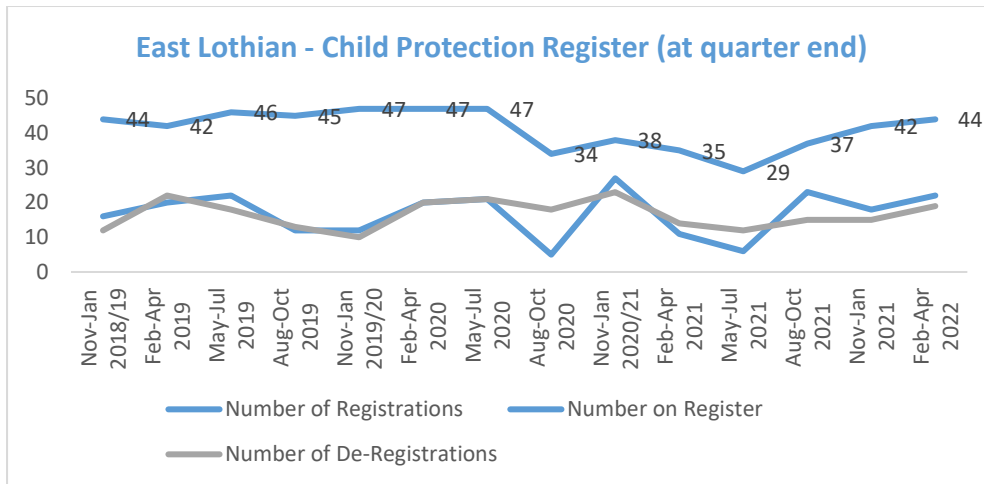
The **Intake and Assessment Teams** were redesigned to provide effective interventions to support families to reach a place of safety and stability to avoid longer term or statutory social work involvement. We needed them to work alongside and understand a family's long-term support needs and help identify suitable community options. However, the current challenges in recruiting and retaining experienced staff mean these teams are not fully staffed therefore the anticipated improvements in workflow cannot yet be realised.

The duty service was reconfigured to create a dedicated **Child Protection Team** to strengthen existing practice and provide a high quality and strengths based child protection response for newly referred children and young people at risk of significant harm. It provided a team base for the dedicated Video Recorded Interview (VRI) and Scottish Child Interview Model (SCIM) coordinator. This is the new approach to joint investigative interviewing with the police which is trauma informed, child focused and aims to achieve the best evidence through improved planning and interview techniques. It will be fully rolled-out by 2024. Whilst the aspirations of the approach are fully supported, the resource impact of the extensive training and evaluation programme on busy teams in small local authority areas has not been recognised or provided for by Scottish Government.

Child protection activity data



Numbers of Inter-Agency Referral Discussions in 2021-22 reduced slightly from the previous year. The biggest age category was 11 to 15 year olds for three quarters out of the year, highlighting the increased challenges and vulnerabilities for this age group. The EMPPC Vulnerable Young Persons Protocol gives a helpful framework for supporting and protecting this age group, and was been used more during the past year.

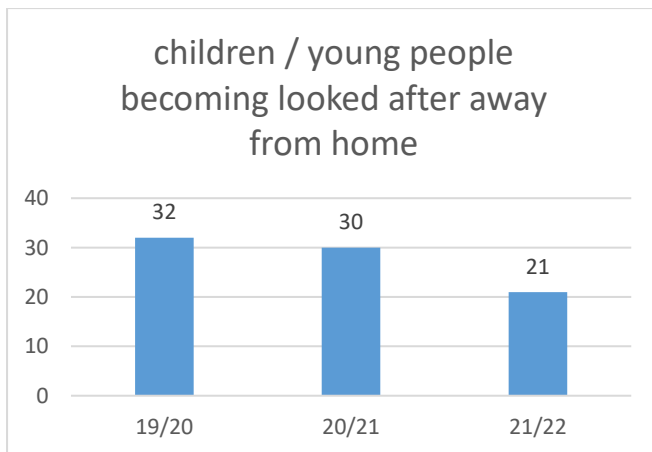
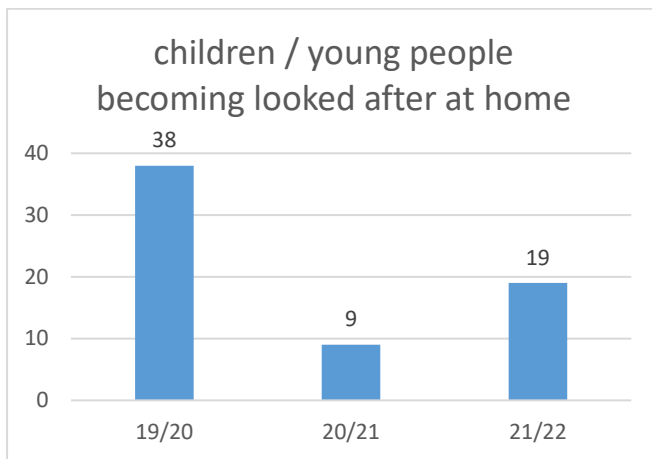
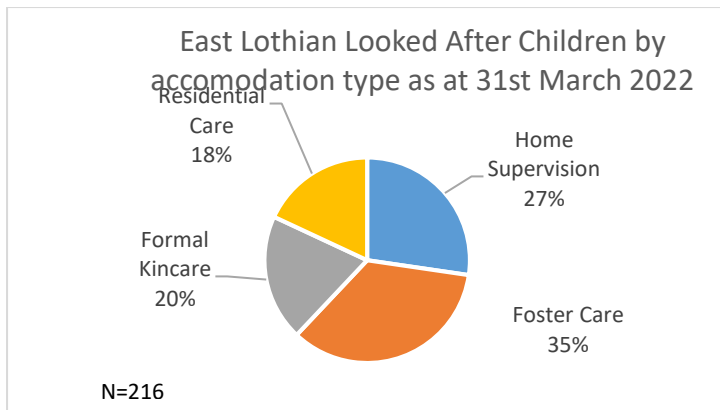


The number of Child Protection registrations remained fairly consistent with a slight increase from last year. The average number of children on the Child Protection Register over 13 quarters has been 41, with no identifiable trend. The most common concerns raised at registration over the year were parental drug misuse and domestic abuse followed by emotional abuse and issues associated with poor parental mental health. Despite the disruption in light of COVID, parental/carer attendance at Initial Child Protection Case Conferences (ICPCC) and Initial Core Group meetings has remained at 100% (blended approach of virtual and face-to-face meetings have been used).

The performance and quality assurance sub-group of the public protection committee closely monitors child protection data and quality audits to provide assurance to chief officers about multi-agency practice. Improvement priorities include adopting City of Edinburgh’s Neglect Toolkit to promote a consistent approach across Edinburgh and the Lothians. East Lothian will be taking part in a Harmful Sexual Behaviour Framework Audit which will be facilitated by the NSPCC. East Lothian has seen an increase in incidences involving Harmful Sexual Behaviour and it is hoped the audit will be helpful in developing and improving multi-agency responses to children displaying harmful sexual behaviour.

Looked after Children

Despite the increase in service demand, the overall number of East Lothian children who are looked (at home and away from home) after fell during the year from 231 (rate of 10.8 per 1,000) to 216 (rate of 10.1 per 1,000). Both these rates were below the national average of 14.0 per 1,000.



In addition, there has been an overall downward trend in the number of children *becoming looked after at home and becoming looked after away from home*. Around 50% of children who became looked after in 2021-22 were the subject of home supervision requirements. The dip in 2020-21 reflects the lack of children’s hearings due to the COVID restrictions.

Support and Intervention Service

Previously known as the long-term social work teams, the newly configured Support and Intervention Service comprises three teams that carry the bulk of the work with children who are subject to statutory orders and / or child protection registration. In addition, the teams work with families whose children are on the edges of care through section 22, who are not subject to formal orders. Large-scale audits were undertaken to review this area of practice to ensure a proportionate level of assessment, intervention, plan and review stage is in place. All children subject to legal orders or who have a child protection plan have an allocated social worker. The service managed to maintain this position throughout 2021-22 despite recruitment difficulties and staff sickness due to stress and or COVID. Since April this has become increasingly difficult to sustain.

A key function of the Support and Intervention service is to progress permanence plans – to establish whether children can either safely stay at home or be rehabilitated to parents or family or require long-term care. There are clear structures, support and oversight in place to minimise drift for children but to also ensure family first is the culture. The delay in courts post pandemic continued to impact in this area of work and with the move nationally to independent expert reports being requested in any contested Permanence order lodged builds in additional delays for the child and additional financial pressure for the local authority.

Court delays also impacted on some Kinship care families applying for legal orders to secure a child in their family without the need for social work intervention. We have seen an increase in families applying for an order and not requiring statutory social work intervention but continuing to be able to access different levels of support, depending on need through our partnership working with Children 1st.

The **family support function** was realigned into a separate dedicated team, to provide targeted practical and emotional support to families on the basis of a clear and mutual agreement set out in an outcome-focused care plan. The team also supports permanence planning through coordinating and delivering family time (family contact) arrangements.

The service re-design presented challenge in terms of minimising the amount of change to families through our movement of staff from one area of service to another. There is more work to do but wherever possible, all decisions about the transfer of cases have been children and family focused. It has been clear through our engagement with staff that practitioners working in the area of long term social work with families were feeling emotionally exhausted and as well as giving new opportunities to those practitioners through the re-design managers are working on how to best support social workers in this practice area to ensure they feel valued.

In the year to March 22 the **Independent Reviewing Officer** team became responsible for chairing reviews for children looked after at home as part of the commitment to ensuring children's care plans are maximising the opportunities for improving outcomes. The first review is now three months after the hearing and then

again three months before an annual children's hearing review to assess whether progress has been sufficient to recommend the order can be terminated. Unfortunately the impact of COVID on the hearing system has delayed hearings and we have yet to see the full benefit of these developments.

The IROs developed a survey of care experienced young people on improving participation in meetings and having their voice heard, this also looked at the format and settings of meetings and this work will be taken forward over coming months.

Viewpoint was used as a way of hearing the views of a record number of children and young people during the year, and has been developed for use with young carers.

Of those who responded and who are accommodated (8 to 17 years):

- 90% report that they feel safe 'all or most of the time' where they are living
- 92% enjoy where they are living 'all or most of the time'
- 91% feel settled 'all or most of the time'

For those who responded and are living at home (8 to 17 years)

- 76% feel safe 'all the time' where they are living
- 85% say that 'things are good right now'
- 71% feel 'okay' where they live now

A significant minority of young people who were accommodated reported feeling angry and having problems with sleeping, perhaps reflecting the trauma they have experienced and requiring attention in their care plan.

- 38% 'felt angry or frustrated' during the last month 'all the time or a lot'
- 29% report sleeping difficulties 'often or a lot'.

For young people living at home with parent(s)

- 25% report that they do not take part in 'clubs, activities or events' in their local area.

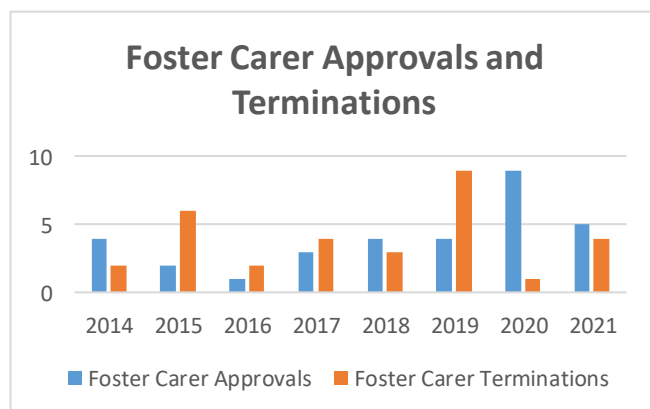
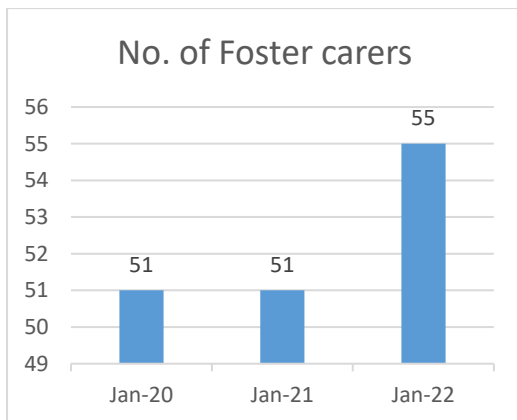
Specialist Social Work Services

As part of the service re-design, the fostering and adoption team separated into the **fostering, and adoption and kinship care team** in recognition of the need to increase capacity to support family members taking on kinship care responsibilities; the increasing challenge of developing and resourcing a fostering service in line with the Promise and the complexity of adoption and post adoption support work.

In the fostering team COVID restrictions meant staff were unable to maintain the previous levels of face to face contact between supervising social workers and foster

carers. This impacted on relationships, the team’s ability to identify early signs of placement fragility and carer stress, and carers’ willingness to seek help. The impact of this became apparent during 2021-22 with the team providing high levels of support, and a reduction in placements available. At March 2022, we had 50 foster carers, who at full capacity could provide 76 placements.

Fostering panel business Jan 21-March 2022	5 new carers approved	38 formal carer reviews	7 de-registrations	5 carers approved as continuing carers
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Foster care recruitment is a national challenge with low levels of interest. While some areas fare better than others it is not helped by “competition” between neighbouring authorities and independent agencies to reach out to the public to recruit. There continues to be variability across the country in the level of allowances paid to foster carers. The long-anticipated minimum allowances is likely to be implemented in 2022-23 but there is concern that the financial settlement predicted will fall short of meeting demand. This will also impact on kinship care as there is an expectation of financial parity.

In 2021-22 the Scottish Child Abuse Inquiry’s focus was the experiences of children living in foster care. Meeting the requirements of the inquiry and the redress scheme continue to present a staffing resource challenge for the council and children’s services in particular.

Children’s services has a strong track record in supporting young people to remain within their placement until they are ready to leave “home” in line with the policy and legislative framework of **Continuing Care**. During 2021-22, five foster carers were approved to provide continuing care to enable the young person in placement to remain with them. Whilst this was very positive for our care experienced young people, it reduced the number of placements available for children.

Adoption & Kinship Care Team

Adoption panel business was reduced in 2021-22 due to the impact of the pandemic on adoption assessments and preparation, and on the pace of permanence planning for children. During the previous year assessments of parenting capacity were halted, family contact arrangements were reduced, and children’s hearings were reduced.

The service has a steady stream of people applying to adopt and it is a challenge for the team to keep up with demand for assessments. The service needs families who are willing to consider permanent fostering to support the Promise and reflect the decrease in children requiring adoptive families. The need for post-adoption support continues to grow, reflecting the challenges for adoptive families who are struggling to cope with and meet the complex needs of children. It is likely that the profile of the county, as a good place for children to grow up, may well attract adoptive parents to move to East Lothian.

Adoption panel business	8 children registered for permanency	3 children matched with forever family	1 adopter approval	1 long-term fostering approval
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Children’s services remains committed to strengthening family networks and finding family solutions to enable children to remain within their families and communities wherever possible. In partnership with Children 1st, the kinship care assessment service received 32 requests for a kinship care assessment in 2021-22. This figure was up from 12 requests in the year ending 31 March 2021. The driver behind this significant increase is Children Services work to implement The Promise, where family and kinship carers should be the first choice when children cannot live with birth parents.

The assessment process for formal kinship carers provides a service that offers practitioners the information needed to safeguard children whilst aiming to be least intrusive for families. The assessment process helps to identify support needs to work alongside families and provide support for as long as they need it.

Alongside Children 1st the service provides a range of supports to kinship carers

- Three support groups across East Lothian
- School holiday activities
- Proactive support provided when the carer needs it most; this varies from an intensive support service and regular home visits to less formal support at intermittent intervals and information sharing via social media.
- Financial Advice
- Parentline – 24-hour on-call support service

Children’s Disability Team

The impact of the pandemic on families with children who have complex needs has been particularly acute. Those who were coping with low levels of support previously are now seeking more help. The transition back to school has been particularly problematic for some children. Families have used all of their emotional reserves and many are at breaking point. During the lockdown periods staff worked creatively to provide support to families, for example using schools staff who already had strong relationships with children.

Ninety children received Direct Payments in 2021-22 allowing them to make decisions about how their care is delivered. However the impact of COVID has reduced the choices available to them, with the recruitment of personal assistants (PAs) remaining very challenging. The service provided Share the Care to 12 children. As with fostering, responses to a recent very-well profiled share the care recruitment campaign were limited.

The reduction in social care provider staffing capacity due to COVID within the children’s sector has been largely overlooked at a national level, with additional financial support firmly focused on adult services. Whilst the quantum of the social care crisis was clearly more significant in adult services, the impact on children and young people with highly complex needs and the reduction of respite and support available to their parents has put many families under intolerable pressures.

Table : Number of children receiving support options					
	2017	2018	2019	2020	2021
Direct Payment	45	47	57	70	89
Care at Home	30	35	33	36 (pre pandemic)	16
Share the Care	24	21	20	16	12
Residential Respite in ELC	10	9	8	11	9
Residential Respite out with ELC	4	3	3	5	4
Funded out with funding table Living at home	Table not in place	17	14	15	18
Children supported at home	113	132	135	117	148
Looked after away from home	10	8	5	4	4
Total number of children supported by Disability Team	108	122	129	121	152

Throughcare and Aftercare

The evidence underpinning the service redesign highlighted the need to be considering what outcomes and support young people need in the statutory through care and aftercare phase at a much earlier stage. Changes to the team were aimed at protecting relationships between the young person and their worker and that transition

to the team should be on the basis of need rather than age. There is a much stronger focus on ensuring long-term destinations are considered from the beginning of a young person's care journey and that the work has a stronger focus on creating, protecting and nurturing lifelong connections to support each young person into adulthood and beyond.

At 31 March 2022, the Throughcare and Aftercare team supported 107 care leavers aged between 18 and 25 years in a combination of allocated worker and a duty service provision. Twenty-eight young people have been supported to remain in fostering, residential or formal kinship care placements. Of the 107, 55% are either in education, employment or training. Performance in maintaining contact with care leavers is strong.

The reality of life post-COVID for this group of already vulnerable young people was and continues to be characterised by very poor mental health. Formal mental health services struggled to make meaningful engagement or "fit" the needs and lifestyle of this group of young people. Increasing numbers are involved in high-risk behaviours and using substances. Young people struggled to return to their routine prior to COVID, with many now in unemployment and the cost of living adding additional pressures. A partnership with Financial Inclusion Team offered dedicated financial advice one day a week to maximise income. A monthly Education Training and Employment meeting with our partners helped by offering appropriate activities and highlighted gaps in services.

Having a secure and stable home-base is essential if we expect our care leavers to make the successful transition into adulthood. All our young people have a plan for leaving care that includes accommodation and support. The service works closely with housing colleagues to plan for appropriate housing options and to forecast future needs but East Lothian's housing challenges impact on this particular group more than many. The level of trauma that some young people leaving care have experienced throughout their lives means that managing to sustain their care and support plan is not possible and they find themselves struggling to maintain relationships which can lead to homelessness. Whilst all services acknowledge the national policy expectation that care leavers should not be considered within the homeless processes, they still require a safe and appropriate place to stay. Emergency accommodation for this group includes the use of bed and breakfast, with an average stay of 28 weeks.

Young People Seeking Asylum

In October 2021 the UK Government moved from a voluntary to a mandatory national transfer scheme for young people seeking asylum who arrive in the UK who unaccompanied. This is aimed at relieving the pressure on the English local authorities at the main points of arrival into the UK. We made strong representation to the government that our accommodation and placement options were insufficient to meet needs appropriately but this was not accepted.

Since November 2021, four young people have arrived and remained in East Lothian and the TAC team has worked hard in partnership with other council and partner services to provide accommodation and support the young people to settle and begin to plan for their lives. These young people have looked after status until age 18 then are eligible for aftercare until they reach 26. Their age is not always clear which presents a potential risk if placing within residential or fostering settings. The UK government has failed to understand the Scottish legal position, whereby the aftercare responsibilities remain in place beyond the (usual) five year asylum status (unlike in England and Wales). At this point the young person must start further legal processes to remain but have no recourse to public funds therefore the legal fees and living costs will fall to local authorities.

It has become increasingly clear that many young people want to live in cities rather than rural areas and often in the large English cities. The risks of exploitation for this group are very real.

Wellbeing and Justice

2021-22 saw the development of a more focused youth justice offer within children's services. The number of young people struggling after lockdown and displaying challenging behaviour and on the fringes of antisocial and offending behaviour was increasing. A small dedicated wellbeing and justice team was created to provide support to children, young people and their families with the aim of preventing offending and to avoid children becoming involved in statutory youth or adult justice services and to reduce the likelihood of offending and / or anti-social behaviour.

The latter part of the reporting year saw a number of Problem Solving Partnerships stood up in some localities. These highlighted the importance of early intervention services within localities and the value of both group work approaches and effective individual relationship-based interventions. Recruitment of experienced workers to the new team has proved problematic and as a result progress has been slower than hoped for.

In terms of the statutory youth justice service in 2021-22, no court reports resulted in community payback orders for young people, a reduction from previous years and in line with the government's commitment to divert young people from the adult justice system. That said, there was a clear increase throughout 2021-22 in specialist care and risk planning meetings required for vulnerable older young people whose behaviours present a risk to themselves or others. Implementing the Promise within this field of work means developing different approaches to managing risks young people pose within the community in order to prevent the use of secure care placements wherever possible.

Children’s Residential Service – Lothian Villa: Ravensheugh and Meadowmill

Maintaining our residential services during the pandemic was a significant challenge and impacted on staff resilience, capacity and health.

The service redesign developed a new management structure for the residential services with a service manager and a team leader in each of the residential houses. The team leaders are responsible for developing and formalising two new service developments; the Intensive Outreach Service and a Lothian Villa Through-Care and After-Care Service. These projects seek to capitalise on both the continuity of the care and caring beyond staying at Lothian Villa and utilising the specialist skills of the staff in the provision of relational practices to intensively work with young people and their families in the community. The intended outcomes include protecting fragile fostering and family placements evenings and weekends and preventing accommodation. In addition, we are seeking to increase the pace of movement of young people through the service and provide a vital step-down facility that provides support with reduced “care” element as a transition to independence.

Providing a safe and secure base that encourages a sense of belonging for young people, their families and staff has always been a feature of Lothian Villa. All ex-residents have access to ongoing aftercare support and guidance. This aftercare support has been provided for over 27 years with the oldest ex-resident still in contact now in their 40’s. This support ranges from regularly weekly contact through to a call or card for any significant events. The Lothian Villa aftercare community also provide support to each other via our social media platform. Over the years it has had a significant impact on the ability for young people to manage their lives without the need for ongoing statutory social work involvement.

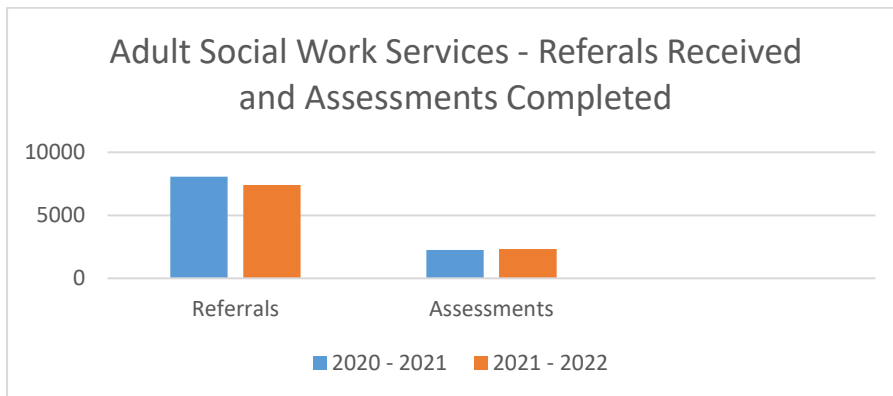
Lothian Villa currently have 13 young people in residence. All of the young people have been resident at Lothian Villa for over a year, with 25% of the group having been in a safe and stable placement for 3.5 years. Most of the young people arrived on an emergency basis after family/placement breakdown.

The coming year will see the development of a new-build replacement for the Lothian Villa Meadowmill house currently on the St Joseph’s campus. Extensive consultation work has been undertaken by Social Work, Housing and Community colleagues with young people, families and staff in the planning of the new residential house. The house has been designed to meet the specific needs of care experienced young people.

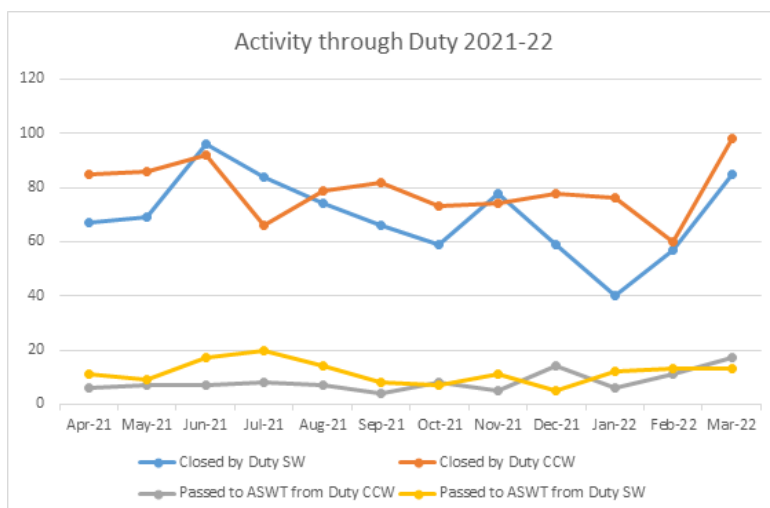
3.2 Adult Services

Adult Social Work Duty and Assessment

Adult social work services were restructured during 2021 - 2022 with rehabilitation services consolidated into their own team and care at home services moving to be managed by NHS partners to bring internal and external providers together and strengthen integration with the hospital discharge process. Overall, services performed well with clear evidence of improvement as a result of the developments to service design and delivery.

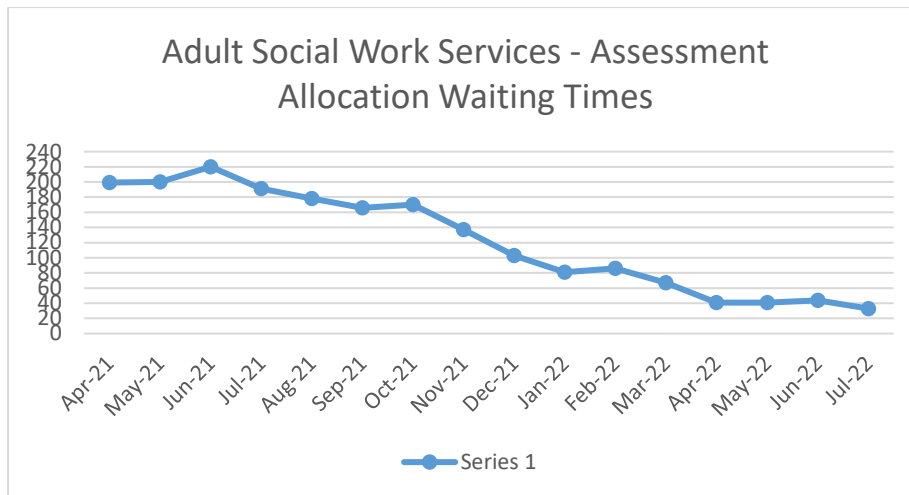


The above details that although there were around 500 fewer referrals counted in the past year this was just below the average over the past five years. Assessments show a steady increase which reflects a new improved screening process at the point of referrals and proactive allocation process which will be covered later in the report.



The table above shows a steady increase in cases being concluded at the point of duty, avoiding cases being progressed to waiting lists unnecessarily (orange and blue lines). A new focus on stronger decision making within duty has resulted in this. A

number of cases have some input from duty workers but still require to be progressed to our waiting list for allocation (grey and yellow lines). As detailed earlier as consequence of new ways of working we have seen significant improvements in assessment allocation waiting times. Although the data stretches beyond the end of the 2021-22 reporting period it demonstrates important successes.



The new operating model aimed to improve outcomes for service users, carers and families. Since October 2021 wait times for assessment have reduced significantly and managers are working towards allocating at the point of referral following screening thereby promoting intervention at the earliest opportunity to prevent problems deteriorating. As well as improving experiences and outcomes for service users, this has increased service efficiency avoiding more costly crisis intervention caused by lengthy wait times.

These improvements have been achieved by integrating the duty system and long term team into one team and harmonising skills. This has led to improvements in practice as practitioners now practice across all areas of professional activity from crisis intervention to long term work and it has strengthened worker resilience.

There is a range of internal mechanisms to monitor the quality of provision and any improvement activity required. Managers have made improvements in the following areas: direct supervision of front-line practice by senior practitioners via an enhanced supervision policy; individual reviews of care plans, packages of care and risk by case managers through a new “self-assessment evaluation” tool; and a new caseload management system that highlights when caseloads have capacity or do not maximising the amount of case that can be allocated across the team.

Care at Home

Care at home (CAH) services were under very significant pressures during 2021-22, reducing existing care packages and restricting the availability of new ones. Care

providers could only support people at highest risk and with the greatest need. There has been a change in the nature and complexity of care packages, with a consequent impact on the health and social care system in East Lothian. The levels of urgency and risk have risen. The number of people awaiting hospital discharge is rising and the situation has worsened in the last year due to challenges in recruiting and retaining staff.

Between May and December 2021 over 2,000 hours of care per week were lost from the system - mainly due to recruitment and retention issues. This had a serious impact on people waiting for care in their own home, or waiting to be discharged from hospital. The situation stabilised in January 2022 and since then the service has been providing just under 7,000 hours of CAH a week, from commissioned care providers.

A number of initiatives were developed in 2021-22 to support CAH within the community and facilitate hospital discharge:

- A red-amber-green (RAG) system identified people at highest risk with multi-agency consideration of prioritisation for provision
- Integrated Care Allocation Team (iCAT), a central point for prioritising services, taking account of delayed discharge and high risk community pressures.
- In the period 2021/22 an increased internal CAH and hospital to home provision. This is beginning to have an impact, giving more resilience and allowing flexible deployment of staff to cover shortages elsewhere.
- Between June and October 2021 a Dedicated Response Team worked with providers unable to manage their contracted hours. Partnership staff delivered care during the initial response to this emergency.
- The Support Plan Broker Team was increased to three full-time members of staff with a senior and a senior business support worker and clustered care packages to make more efficient use of our resources. From September 2021, managers held a daily care-at-home huddle to monitor and respond to situations where providers were in difficulty.

In October 2021 a weekly CAH Oversight Group was established, bringing together a multi-disciplinary team including key clinical leads and chief social work officer to oversee quality assurance of in-house and commissioned CAH service provision and the care and treatment of adults in the community. Services refined the use of eligibility criteria for assessments, assessing service provision against critical and substantial risk and accelerated efforts to reduce reliance on providers by supporting alternative community provision.

In 2022 the focus will be on restoring provider capacity and assuring the quality of provision. The CAH Oversight Group will transition to a CAH Quality Assurance Group, meeting quarterly to oversee monitoring of commissioned and internal CAH service provision.

Looking ahead services will be developing alternative approaches to commissioning and contracting to reshape the market, ensure greater flexibility of service delivery models and reduce pressure on CAH services. There will be a greater focus on early intervention and a strengths-based social work model that focuses on assets and support networks around the service-user. An ethical commissioning strategy will ensure that services best reflect the NCS principles. Re-procurement of CAH contracts will prepare for service redesign that expands models of support, working with third sector community providers to increase community capacity and broaden community outreach services.

Integrated Care Allocation Team (ICAT) was established in late 2021 to ensure the cases that are most in need are allocated Care at Home support. The aim is to provide one point of daily contact for the Support Plan Brokers to receive instruction regarding cases to be allocated support and also for geographical areas of Care at Home provision to be clustered allowing for more efficient service delivery in areas often rural in nature. This brings NHS and Social Work partners together to ensure the equitable distribution of services and to maximise efficiency in the deployment of these services.

Partnership with the third sector - VCEL

During 2021-22 adult social work services engaged in the development of closer more formal joint working with VCEL. Recognised and evaluated by Health Improvement Scotland, this project aims to strengthen the role of communities in the provision of early support and challenge some more traditional expectations of service provision. Consideration of the potential for volunteer input is given to every referral at the front door. Referrals are passed to the duty community care worker for discussion about the potential for VCEL involvement meeting the referred need.

With consent the Duty CCW makes the referral directly to VCEL to engage with the referrer/client. In some instances further assessment is required, consideration if VCEL can meet any of the assessed need can be made at any stage in the assessment process. By making referrals into the service and developing relationships it is anticipated that this will inform the future development of volunteer services and increase community capacity and resilience.

The shortage of resources in care, care homes and short breaks remains the most challenging part of social work. With limited services to reduce risk for the individuals and their carers our staff hold responsibility to assess the risk, escalate concerns and communicate this to service users and relatives when services are falling short of their needs and expectations. This will likely remain a challenge into 2023 and beyond.

Care Homes

East Lothian care home managers continued to implement Public Health and Scottish Government guidance requiring greater emphasis on infection prevention and control during 2021-22. Compliance with this has been overseen through ongoing monitoring

via the care home huddle chaired by the Chief Nurse and attended by the chief social work officer. Care homes received considerable support, advice and guidance from the East Lothian NHS Care Home Team, Care Home Assessment and Review Team (CHART) and the NHS Quality Improvement Manager. The rolling programme of supportive visits to homes has also continued and results were fed back into the twice weekly huddle meetings.

The continued rollout of the vaccination booster programme over 2021, including a number of mop-up vaccination sessions for new residents and staff meant East Lothian care homes have achieved a high degree of vaccination coverage which has assisted greatly in reducing the impact of COVID on both staff and residents. Outbreaks towards the start of 2021 remained at relatively low numbers with lower levels of transmission than previously seen in 2020. However, the rise of Omicron towards the end of November 2021 saw infection rates rise again significantly until late March 2022.

The number of outbreaks across homes and subsequent suspension of admissions to these providers meant that significant work was required over the winter period to support hospital flow down from the acute sector. The Partnership put in place two block contracts with Haddington Care Home and Harbour House to guarantee 10 care home beds that could be used flexibly to support ongoing discharges through the use of interim placements.

A new business support role was also put in place, initially using CSWO monies, to enable both greater tracking of available vacancies across care homes to support hospital discharge, but also to support the increased reporting requirements by NHS Gold during this period. Although transmission rates were falling by the end of March 2022, the impact on delayed discharges continued to be felt.

The continuation of the care home huddle proved invaluable in dealing with two significant events over 2021, namely the closure of Adamwood Nursing Home in Musselburgh, and the (enforced) closure of Hillend View Care Home in North Lanarkshire where alternative placements had to be found for seven East Lothian residents.

Care Home Assessment and Review Team (CHART)

Due to the pandemic there were restrictions on the number of professional visitors to care homes and restrictions on family visiting. This meant that many people living in care homes had not been seen by anyone other than care home staff for nine months. In some care homes, oversight visits highlighted deficiencies in physical care and as a result in March 2021 the Scottish Government provided additional resources for local authorities to undertake an enhanced programme of reviews of care home residents whose plans had not been reviewed within the preceding 6 months.

This social work team prioritised reviews in East Lothian homes and then moved on to those placed elsewhere. Wherever possible these were carried out face to face.

The work was completed by September 2021. In terms of key findings, a number of incidents including potential adult protection concerns, had not been reported to social work and further work is needed to reinforce the need for care homes to report incidents when they occur.

However overall the findings were positive:

- Good care planning, including evidence of monitoring and following up issues, corresponded to good care being provided.
- In the care homes where life story work was good, other elements of the care plan such as stress and distress care plans tend to be better written.
- It was notable that regardless of the quality of life story work, good personal presentation did seem to be a theme across all care homes and social workers reported seeing residents looking well groomed, and evidence of personalisation in care plans regarding how residents liked to present themselves.
- Residents generally reported feeling safe and happy in their placements. The most important things to residents were the relationships between themselves, the staff and friendships with other residents, and having enjoyable activities they could choose to do.
- Similarly most families reported feeling that their relative was safe and well cared for. Where issues did arise, it tended to be problems in being able to communicate with care home staff.

This work provided an important benchmark to build and maintain a system of annual reviews for all residents. Additional funding has been now secured for a 0.5 WTE social worker post in the Care Home Assessment and Review Team to increase the teams capacity to maintain 12 week initial reviews and annual reviews from 2022-23 onwards.

Services to Carers

Carers have felt the effects of the COVID-19 pandemic disproportionately and been placed under huge pressure, carer numbers are estimated to have increased and many existing carers took on more intensive caring roles, while also losing access to breaks from their caring roles. Carers made and continue to make an invaluable contribution and deserve recognition for that.

The Carers Change Board met throughout 2021 to oversee carer services and distribute additional Carers Act funding to meet the East Lothian Carers Strategy outcomes. With continuing constraints on delivery of services due to COVID-19 restrictions and impact some projects were unable to be delivered, for example the block booking for respite, therefore remaining Carers Act monies were distributed to local organisations and projects to offer micro-grants to give Carers easier access to funds intended to provide alternative and preventative support where typical support was not available.

As our commissioned service, Carers of East Lothian made good progress in identifying and supporting carers. Adult Carer Support Plans were offered to all newly registered carers although numbers being completed remain low. This will constitute one of the target areas for improvement this year. CoEL have successfully met internal targets of; 90% of referrals to the service having initial acknowledgement within 5 days and initial engagement within 3 weeks and through Carer feedback 85% of people reported an improvement in confidence, ability to cope and a better balance as a result of the service.

The decision was taken in 2021 to develop an in-house service for Young Carers, closely aligned with the inclusion and well-being service in Education and Children's services. The new co-ordinator was in post by Oct 2021 and has engaged schools in discussions with the aim of increasing numbers of Young Carers identifying as Carers and accessing appropriate support. Early work observed a significant gap in understanding of young carers needs among staff but also among pupils so input initially focused on raising awareness as well as recruitment of team members, two full time youth workers are now in post and recruitment of a 3rd is underway.

An increasing number of Young Carers now asking for Young Carer Statements and within the last 6 months they have surpassed the number of statements being completed above any previous year to date. The service also implemented use of the Viewpoint screening tool which allows the Young Carer Statements to be completed online and links outcomes to the SHANNARI indicators.

In terms of workforce planning, a dedicated carers strategy officer was recruited in recognition of the need to deliver the national commitments to value, recognise and support carers. Furthermore, the role of a Community Care Worker was established within adult social work to focus on developing Carers Support plans in recognition that the needs of the Carer and the Cared for person are distinct. A dedicated Mental Health Officer was also recruited with use of carer's funds to support private guardianship applications.

East Lothian Council received its 'Carer Positive' – engaged - status in June 2021 and has an action plan in place to widen support under this initiative and move forward through the Carer Positive accreditation system.

Learning Disability Services

Services for adults with a learning disability include the Learning Disability Social Work Team; Adult Community Resources (Shared Lives, day and respite services) and the Community Learning Disability Team.

East Lothian has the fourth highest percentage in Scotland of adults with a learning disability at 7.3% per 1,000. The Learning Disability Social Work Team was established in April 2021 in recognition of the specialist skills and support services required. The team works closely with adult social work team and the Community Learning Disability (health) Team. There are further plans to co-locate these teams as part of a wider asset review and to further develop an integrated, enhanced Learning

Disability Service. This will help to ensure that East Lothian residents with a learning disability and their carers / guardians have access to an efficient, specialist and outcomes focused service. The team will focus on all statutory work including reviews, guardianships and coordination of all transitions of young people to adult services.

The Learning Disability Social Work team lead the transition arrangements for older young people as they move between children's to adult services. This involves coordinating and screening all transition referrals, ensuring consistency of approach and one point of contact. Colleagues from children's and adult services meet quarterly to; co-ordinate, share and update information on all young people due to transition to adult services, both prior to and following referrals being made; to maintain a transition spreadsheet, which helps with forecasting and planning; and confirm school leavers and proposed dates for allocation to adult services.

A draft transitions policy has been developed to help ensure best practice by promoting young people's rights, highlighting clear duties, clarifying areas of responsibility and setting timescales. The aim of the policy is to enhance young people's experience of moving to adult services and to support the identification and achievement of their individual outcomes.

The **Community transformation programme** focuses on developing community support for older adults, adults with disabilities and adults with mental health support needs. Excellent progress was made in 2021-22 with the following highlights:

- Piloting of a new Community Outreach and Coordination Service with Volunteer Centre East Lothian
- Expansion of the 'Resource Coordinator' Service (see below).
- New outreach support from all nine Older People's Day Centres, proving support and respite for carers as well as practical help and support and providing a blended model of outreach and centre-based support.
- An innovative approach to dementia support by funding the development of a Dementia Meeting Centre in Musselburgh to be run by Dementia Friendly East Lothian (to commence in late summer 2022).
- Investment in additional 'Neighbourhood Networks' – one in Dunbar and one for people who are moving from young people's services (a 'transition' network). Each individual is supported to establish a life in which they are safe and more independent in their local community.
- A new Development worker for Headway, the brain injury association.
- Working with East Lothian Works to support the development of employability support for adults with complex needs. A pilot service has started, run by Enable Works and funded through the Scottish Government's 'No One Left Behind' fund. This is a specialist employability provision for people who have complex barriers to work including disabilities and long-term health conditions.
- Teens+ provides a day service based in Musselburgh with an educational experience to support young adults with a learning disability and or autism to develop life skills.

During 2021-22 a **respite/ short break service** was developed for those with profound and multiple learning disabilities (PMLD) who often have complex medical needs. This enhanced respite and short break service allows these individuals to receive a local service and avoids out of area placements. This service development has reduced admissions to A&E and hospital and as this facility is used as part of the overall package of care, this contributes to a reduction in delayed discharges and reduction in carer stress. An adjoining single person flat/safe space which has also been utilised in crisis situations over the pandemic, due to care breakdown, carer's stress, which has successfully prevented unnecessary admission to hospital where a period of assessment or treatment would have been required.

A **resource coordinator service** was established in April 2021 to develop community-based sessions for people with learning disabilities who do not require a resource centre based service. An independent evaluation of the service confirmed it was meeting servicers' needs well. It currently supports 100 people with plans for augmenting the service to reach those who have not previously used day services.

Appropriate Adult Service

The Criminal Justice (Scotland) Act 2016 established a duty to provide support for vulnerable persons in police custody or involved in investigations as a suspect or witness. This is known as the Appropriate Adults (AA) Service. Police Scotland (and other law enforcement agencies) have a duty to request and appropriate adult and councils have a statutory duty to provide Appropriate Adult Services. In East Lothian the AA service is delivered through Adult Social Work Services with funding comes from annual recurring monies from the Scottish Government. The data indicates that there was a decrease in referrals from the police over the last two years, likely to be as a result of the pandemic.

Mental Health and Substance Misuse

Social work provides an important role within the mental health and substance use services. Both services have been under review with some structural changes proposed which will be agreed later in 2022 with the aim of improving the resilience of both services. There have been a number of staffing challenges in the past 12 months resulting in the use of agency staffing. Recent recruitment should see stabilisation of the roles within the teams and service delivery with wait times for

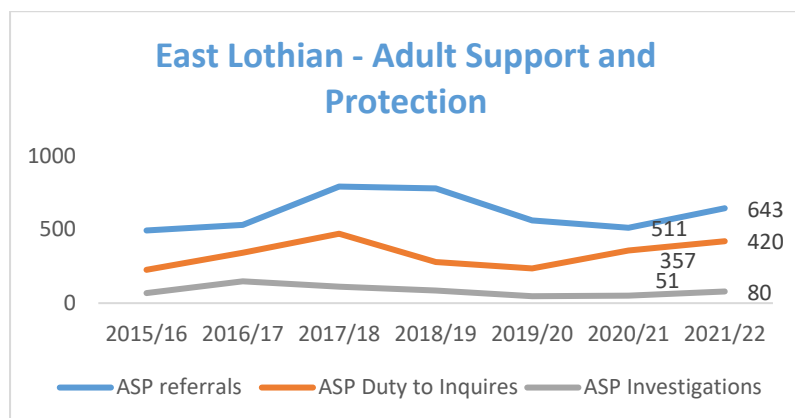
Adult Support and Protection

The assessment and management of risk posed to adults at risk of harm and the wider community are core functions of social work. The operational response to adult protection concerns span adult social work, learning disability and the care home assessment and review team. However during 2021-22 the adult social work service manager took over the coordination and oversight of ASP, working closely with peer

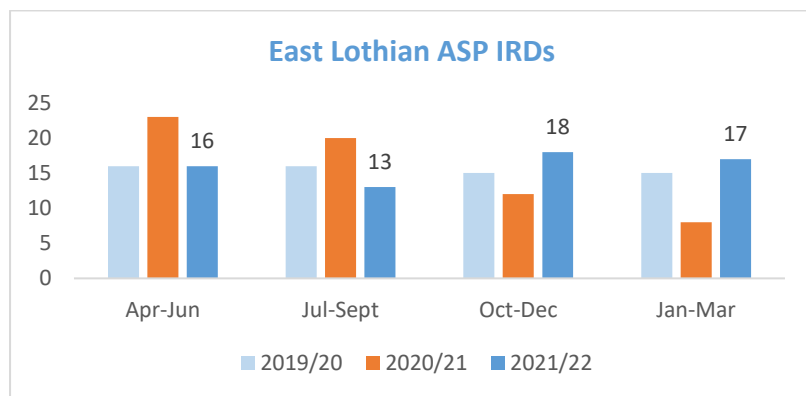
managers across these teams to strengthen operational consistency, governance and assurance, reporting to the general manager for adult social work.

The safe assessment and management of risk depends on effective practice, key processes and policy. In partnership with the EMPPC lead officer for ASP, quality assurance and governance arrangements have been reviewed and strengthened:

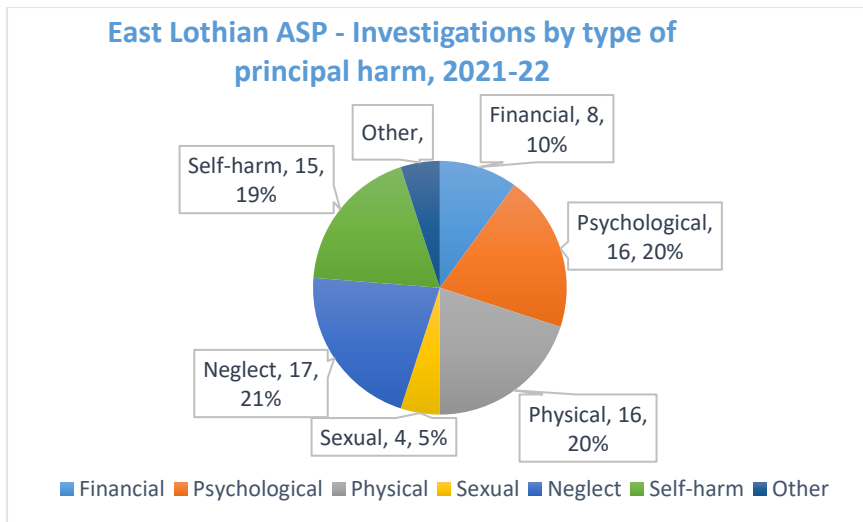
Performance



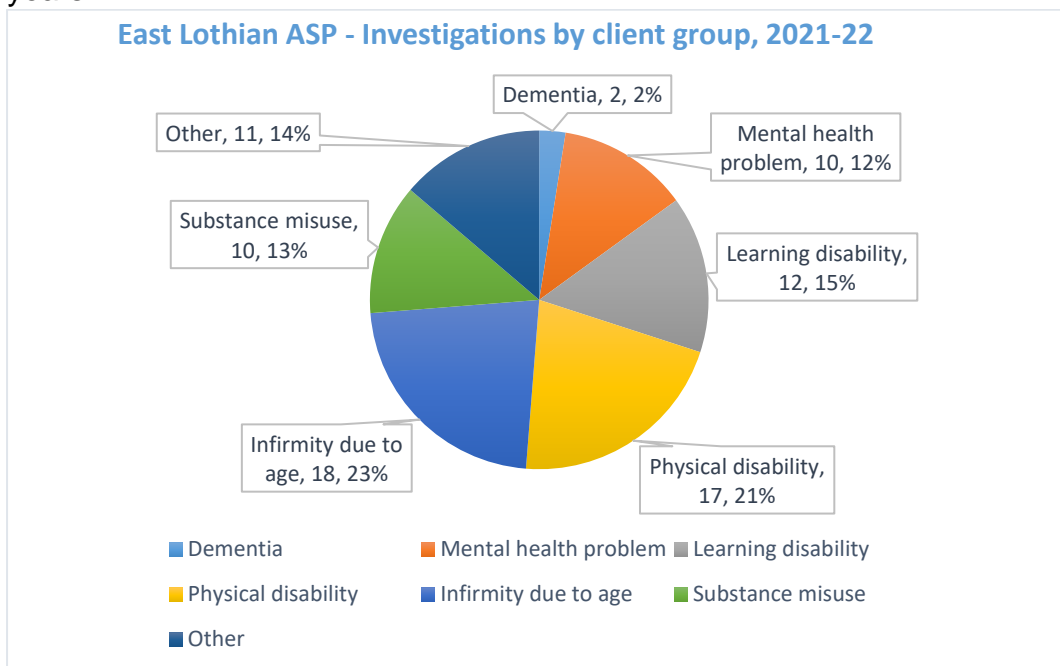
There were 643 referrals categorised as Adult Protection in the year, an increase of 25.8% (132) from the previous year with the Police remaining the main referral source.



An Inter-agency Referral Discussion (IRD) may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures. They are a vital stage in the process of joint information sharing, assessment and decision making about adults at risk of harm. In the year, there were 64 Inter-agency Referral Discussions (IRDs) for Adult Protection. East Lothian, operates an IRD Oversight Group, consisting of the core agencies who undertake IRDs (Police, NHS and Social Work) and chaired by the Adult Protection Lead Officer. The Group meets every four weeks to review all IRDs that have taken place during the period, or remain open, authorise closure of the IRD and undertake quality assurance activity.



The most common type of harm investigated was neglect (including self-neglect), followed by psychological and physical harm. This pattern is reflected elsewhere, and is understood as the impact of restrictions and lockdown with vulnerable adults' circumstances becoming more visible once these eased. This was a shift from the previous year, where the most common type of harm investigated was financial harm, which has been the most common type of harm investigated in four of the last six years.



In East Lothian, there were 51 ASP Case Conferences in the year, of which 26 were Initial Case Conferences and 25 Review Case Conferences. The standard is to hold these within 21 days from the date of the IRD to the Initial Case Conference, and within three months for the Review Case Conference. 66.7% of Case Conferences were held within our timescale standards. The timescale standard for completion of the

report by the Council Officer no later than three days before the Initial Case Conference was met in 80.8% of cases (21 of 26 cases).

A Senior Manager and the ASP Lead Officer undertook an audit of the quality of risk assessments and chronologies and reported this to the East Lothian and Midlothian Public Protection Committee. We have strengthened the approach to risk management in ASP by developing and implementing a risk management framework.

There was a significant challenge in meeting the demand for care at home services in the second half of 2021. In response to the reality of reduced service and the subsequent increase in risk to people in the community, the ASP Lead Officer led the implementation of the 'T.I.L.S.' risk assessment framework that looks at the interaction between types of harm; imminence of harm; likelihood of harm and the severity of impact of harm. This provided more granular detail in risk assessing the allocation of scarce care at home resources and enabled managers to make more accurate and safe decisions about where to direct scarce resources.

During 2021-22 work continued on developing the new in-house **corporate appointeeship service** which supports service users who lack capacity or ability to manage their welfare benefits. Transfers of the service users began in June 2021 and have continued on a phased basis. At the start of the project, ICMS held around 135 service users, by end of March 2021 the team had transferred 67 clients and closed a further 28 cases (due to client death or where the client/next of kin opted not to transfer). The project works in partnership with a number of other council departments including Corporate Banking, IT, Legal, Data Protection, Internal Audit, the Welfare Rights Team and the Financial Assessment Team.

Mental Health Officer (MHO) - Function and Team

The East Lothian mental health officer team fulfils the local authority's duty to provide and manage a service for those who experience mental disorder that require statutory intervention.

The statutory functions of an MHO are:

- The provision of reports for guardianship applications, guardianship renewal applications, and intervention order applications under the Adult with Incapacity (Scotland) Act 2000, where orders relate to the personal welfare of Adults.
- 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.
- 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.

The service faced significant changes in 2021-22 yet continued to develop to meet the challenges of the changing East Lothian demographic and impact of COVID on mental health. Key changes included:

- The MHO team is office based at least 60% of their working week to ensure peer engagement that is critical to the role, leading to opportunities for improved practice and service developments
- Given the projected demographic changes across East Lothian, a lead MHO post to focus on Guardianship work was recruited, to allow for a more streamlined and dedicated provision to the county
- Capacity Building – a programme of training for suitably experienced social workers and plans to progress a recruitment drive in summer 2022. This will allow for a more cohesive team to meet the complexities of the statutory duties and reduce reliance on agency and temporary staff
- Referral processes were streamlined to improve clarity for recording and allocating tasks that are responsive to risk.

As a result of the restructuring, increased capacity and enhanced oversight arrangements, performance has improved. The adults with incapacity (Guardianship Orders) waiting list was halved and by March 2022, no service user was waiting more than six months for their application to be progressed. The response to Local Authority Guardianship Order applications has improved with 80% now being allocated within appropriate timescales.

Mental Health Team	2019/20	2020/21	2021/22	Change
LA welfare guardianship	7	12	17	+5
Private guardianship	12	18	47	+29
Emergency detention	37	39	37	-2
Short term detention	81	92	89	-3
Supervised guardianships private	139-166	139-161	148-172	N/A
MHO waiting list	22-34	26-34	11	N/A

Risks and Challenges

Despite the developments and progress made, the following challenges remain as areas for further improvement:

- An appropriate dataset is needed in order to establish baselines and improvement planning for the timely completion of Social Circumstance Reports, Private Guardianship Reviews and immediacy of Local Authority Guardianship Orders across Adult Social Work Services.

- Duty service capacity; although there is legal provision for emergency detention without an MHO being present this is always a last resort. An increase in staffing and an updated system of back-up will alleviate this challenge as we progress into 2023.
- Forthcoming review of mental health and guardianship legislation

3.3 Justice Social Work

Justice Social Work (JSW) across Scotland has experienced significant change and development since the publication of the revised National Outcomes and Standards for Social Work Services in the Criminal Justice System (NOS) in 2011. As a reminder, the core outcomes are; community safety and public protection; the reduction of reoffending; and social inclusion to support desistance from crime. Justice Social Work services provide all statutory and associated functions identified in S.27 Social Work (Scotland) Act 1968. Over the last five decades this Act has been updated by supporting legislation relating to pre-conviction, court/sentencing developments, community disposals, post-release supervision and associated tasks relating to 'offender' and offence types, for example domestic abuse, sexual offending and hate crime.

There have been developments in the understanding of 'what works' with an emphasis on engaging meaningfully with people who offend to better understand their offending pathways and the impact of, for example, deprivation, inequality, mental ill-health, educational inequity, trauma, adverse childhood experiences (ACEs) etc. on an individual's decision-making and agency.

The service predicated its service user interventions, partnerships and public protection responsibilities on:

- Proportionality – interventions should meet the risks and needs identified with the aim of being least restrictive wherever possible
- The use of non-custodial interventions is most likely to reduce reoffending, except where the risk of harm is so great that there is an identifiable public protection concern (restrictions)
- Early intervention and prevention is appropriate at different stages throughout the life cycle – it is not the preserve of young people or women who offend
- Where possible an individual subject to a Community Payback Order requirement of 'unpaid work/other activity' should be integrated into community activities and hubs so that their efforts (reparation) are 'visible'
- Our group and individual interventions should give each service user the best chance of effecting lifestyle change (rehabilitation) so they can engage more meaningfully with family, friends, neighbours and local communities (reintegration)
- The voices of those with lived experience - we know that this is an area requiring improvement and development

Activity and performance (at 31.03.22)

Service	2019/20	2020/21	2021/22	Change
Community Payback Order (supervision)	82	78	95	+17
Statutory Throughcare (community)	18	19	20	+1
Statutory Throughcare (custody)	46	39	35	-4
Voluntary Throughcare (custody, eligible)	14	16	12	-4
Voluntary Throughcare (community, receiving/offered)	10	8	34	+26
Registered Sex Offenders (in the community)	14	11	19	+8
MAPPA Category 3 (violent offences)	2	2	0	-2
Caledonian Orders (domestic abuse)	9	16	23	+7

Year	2019/20	2020/21	2021/22	Change
CPOs (imposed – all requirements)	141	92	126	+34
CPOs – total number of months for supervision	1,287	1,142	1466	+324
CPOs – number of unpaid work hours imposed	13,123	7,226	11,371	+4145
CJSWRs – number of reports submitted	218	128	170	+42
DTTOs – number of Orders imposed	15	2	7	+5
Diversion – Completed Reports	35	43	34	-9

The confirmation of additional funding to support COVID recovery activities promoted significant change and development within the JSW team. Increased provision of social work assistant support for welfare and advocacy interventions allowed for a more nuanced provision that utilises the different skills within the staff team. Joint work with VCEL to increase capacity for those subject to unpaid work orders. Individualised placements (as opposed to group activities) offer a greater degree of community engagement and, it is hoped, will reduce the stigma around those on the justice pathway. A review of team roles led to a decision to increase senior practitioner capacity.

During 2021-22 there was a specific emphasis on training and staff development. Community Justice Scotland undertook projection modelling to address the backlog of court cases and identified a likely 30%+ increase in business over the coming years. It has been noted that there has been an increase in domestic abuse offending and colleagues in Police Scotland have identified that there will likely be an increase in online sexual offending. As a result the JSW Team has placed an emphasis on training and staff development to meet these potential needs:

In June 2021 Justice Social Work finalised an evaluation timetable 2021-23 to formalise quality assurance arrangements and provide senior management assurance of key activities that will be undertaken to identify areas of good practice and those that require improvement – the inaugural report is due in August 2022. The key elements are:

- Case File Audits – using the Care Inspectorate templates and guidance.
- Report Assurance Template – this allows for review of both Criminal Justice Social Work Reports and Home Background Reports.
- Every CJSWR that results in a custodial sentence being imposed is reviewed to confirm that the report provided appropriate and adequate assessment and sentencing options to allow for the consideration of a community disposal
- Practice Evaluations – these are designed to support the more complex work that is undertaken in relation to both our interventions for those convicted of sexual offences or subject to a Caledonian System requirement.

Evaluation findings identified good practice and the value of the work undertaken by the Children's Worker, which has resulted in a rethink of how we support children who are affected by parental involvement in the justice system. Areas for improvement included case management plans along with frequency of home visits and verification of information. Arrangements were in place throughout the reporting year to provide more generic assurance relating to the *impact of COVID* on service provision in relation to MAPPA and Recovery and Renewal.

In the last year there were a number of **practice consultations** focusing on how best to deliver appropriate, risk-led services that meet the varying needs of individuals on the justice pathway. The service manager engages fully with national professional networks to raise the profile of the service and ensure that the direction of new policy is underpinned by sound professional practice and evidence.

Service Developments

Early intervention and prevention: as the JSW service opened up in summer 2021 Justice Social Work tasked SACRO with undertaking a Strategic Needs and Strengths Assessment focused on early intervention and prevention. A new coordinator post will lead the implementation of work to progress this agenda.

'An Opportunity to Think' provides guided learning around positive outcomes, the cycle of change, self-calming techniques and support to better understand the impact of thoughts and feelings on behaviour, including self-talk. In August 2021 the team introduced a dedicated intervention pack for individuals made subject to Diversion from Prosecution where there was evidence of outstanding need.

Throughout the year the service has been developing modules that can be delivered as part of statutory supervision or other activity as well as, where appropriate, for those engaging in voluntary service. The focus has been on personal development and responsibility including:

- Citizenship – we intend that this module should be delivered to everyone on any Order or Licence in East Lothian. The aim is to support an understanding of social responsibility to and from your community, increase local engagement and place the individual in context.
- Scottish Fire and Rescue Service – this optional module will be delivered to increase fire and safety awareness, especially with service users that are more vulnerable or present with self-management challenges.
- Third Sector – service users were given the opportunity to meet with key agencies that offer support for employment, education, training and volunteering.
- Learning Pack – this has been agreed and rolled out for anyone with other activity hours available and supports the individual to reflect on their attitudes and behaviours to support improved decision-making.

Criminal Justice Social Work Reports assess, manage and address risk in men convicted of domestic abuse offences remained essential. A revised approach to strengthen the response to domestic abuse was implemented with a review of each Criminal Justice Social Work Report (CJSWR) request and if a man has been convicted of a previous domestic offence or the index offence involves physical violence, a Caledonian assessment is automatically undertaken.

Community Payback Orders: two social workers have been developing a guide to CPO inductions, which will focus on the necessary tasks to meet KPIs (such as first appointments), information gathering to update the risk assessment and develop a Case Management Plan, and incorporate the use of the Justice Outcome Star. Case Management Plans are an area for development, as identified through the Quality Assurance exercises.

Risks/Challenges

The post-pandemic recovery of JSW continued throughout the reporting year, but by summer 2021 the service was at full provision for all statutory requirements. There were however limitations for the service due to our partnership arrangements with City of Edinburgh Council JSW in relation to court services, drug treatment and testing provision and group provision for sexual and domestic abuse interventions.

MAPPA Information sharing and use of ViSOR: Police Scotland sought to alter the current information sharing arrangements under MAPPA, with the focus being transferred to the ViSOR database as the *only* information sharing method other than during a MAPPA L2/3 Board OR where there was an imminent risk to life. These changes have significant repercussions for the Council and H&SCP with partners across Scotland seeking to find a resolution. Access to ViSOR requires Non-Police Personnel Vetting L2 or L3 and this is a highly intrusive process and colleagues in legal, Information Governance and HR have advised that JSW staff cannot be instructed to undertake this vetting and have confirmed that JSW need access to the information that ViSOR holds only, not the system itself, to fulfil their duties under the Management of Offenders (Scotland) Act 2005 on which MAPPA is based.

LSCMI: an error was found in February 2022 in the core risk assessment and management tool (LSCMI) used by JSW nationally to manage risk and need of general offenders. We have identified a dedicated Team Leader to engage with the Scottish Government and Risk Management Authority to undertake the checks and updates required.

Domestic Abuse and Sexual Offending: throughout 2021-22, JSW prioritised the provision of interventions and risk management for those convicted of domestic abuse and sexual offences. There has been a steady increase in domestic abuse across the County and there is no indication that this is slowing – in many ways the increase will relate to improved reporting and confidence from survivors that perpetrators will be held to account. There is also anecdotal evidence from Police Scotland that there has been an increase in online sexual offending and that there are ongoing investigations which may see an upturn as we progress into 2022-23.

4. Resources

Children’s Services

The CSWO annual reports for 2019-20 and 2020-21 provided the context and drivers for the budget pressures that emerged in 2018-19 from the use of external residential placements, secure care and external fostering resources. A wide range of strategic developments and operational improvements have been underway over the full time period, and the impact of these has been subject to close scrutiny. Recognition of the need to reduce vulnerability and demand for targeted social work interventions through preventive actions and effective early intervention in universal and community services underpins the council’s Transformation of Services to Children improvement programme.

	Budget	Expenditure	Surplus/(deficit)
Children's 2021-22	£'000s	£'000s	£'000s
Total	17,571	18,435	(-864)

Additional investment was made in 2021-22 and 2021-22 to support the pressures and in 2022-23 growth to provide ongoing impact of support packages required during the pandemic.

Additional investment	£
2020-21	950,000
2021-22	1,500,000
2022-23	23,000

The year-end position in 21-22 was a deficit of £864,000. The most significant pressures remained in external residential care, secure placements and external fostering. However, there are signs that targeted interventions are working and this has resulted in a positive impact on controlling demand for external placements supported the young with packages at a lower cost. As detailed above the downward trend in children becoming looked after and looked after away from home evidences the success to date.

External placements spend is coming down in 21-22 compared to 20/21 by £199,000

	21-22			20/21		
	budget £	actual £	overspend £	budget £	actual £	overspend £
residential	3,137,070	3,947,941	810,871	2,287,070	4,070,050	1,782,980
foster	535,000	783,638	248,638	250,000	813,393	563,393
secure	300,000	448,494	148,494	150,000	495,505	345,505
Total	3,972,070	5,180,073	1,208,003	2,687,070	5,378,948	2,691,878

The deficit in 21/22 included covid related spend of £796,000 largely related to staff absence, additional external fostering, kinship care placements and supporting young people in temporary accommodation. COVID funding of £93,000 (including £23,000 carried forward from 20/21) was also allocated to support families and young people through section 22 and section 29 social work payments.

Transformation agenda

As detailed earlier in the report, the redesign of children's services is aimed at improving the outcomes and experiences of those children at risk of harm and enabling more children to live safely within their own family networks. Other developments include:

- Early Intervention Support Team – creation of this team jointly with education with temporary funding provided. Outcome to reduce referrals into Social Work and the Education resource group, demonstrate cost effectiveness through

measuring the cost of interventions against potential costs of more intensive or statutory interventions (cost avoidance)

- Integrated approaches to tier 2 mental health supports and services are demonstrating a reduction in demand for CAMHS and reduced delays for children experiencing distress. This should help children remain included and engaged in education and reduce the risk of requiring targeted services (cost avoidance).
- Developments in Whole Family Support – providing early and targeted intervention aimed at reducing need and vulnerability. The 2022-23 CSWO report will provide more detail on this work (cost avoidance)
- Provision of flexible outreach and specialist intensive supports for high tariff young people with the aim of reducing the number of children and young people requiring secure and residential care in crisis
- “Promise officer” post holder appointed for 1 year to drive the change demanded by the findings of the independent care review. To keep the promise to young people that every child grows up loved, safe and respected, able to realise their full potential. The programme will develop, test and roll out of new approaches to service delivery.

Financial risks

The pace of progress is being impacted by the restrictions the pandemic had on the experiences of children and young people and the capacity and resilience of families to manage and cope:

- Continued rising demands for the services will impact on the ability to manage expenditure
- Foster care availability – continued lack of capacity in the foster care sector means a lack of local and experienced foster families resulting in use of external fostering and residential care.
- Ability to recruit – lack of resources will affect the dealing with referrals/caseloads and ultimately will affect the progress of the transformation agenda

Adult Services

Adult Services 2021/22	Budget	Expenditure	Surplus/(deficit)
	£'000s	£'000s	£'000s
Total	59,986	59,039	947

The 947,000 surplus was transferred as follows:

£30,000 to General Reserve and a total of £917,000 to earmarked reserves which was attributable to £79,000 for Carers, £419,000 for care at home and £420,000 for interim care beds.

Pressures and demand

Pressures in commissioned costs continue throughout the Service. In addition;

- COVID costs totalled £2,066,000 and comprised of sustainability payments of £914,000, £322,000 to care at home providers to recover from pandemic,;
- £319,000 loss of Income in Resource Centres, 3 Resource Co-ordinators totalling £150,000.
- Loss of beds in Eskgreen care home due to COVID outbreak resulted in a loss of £150,000 and a £75,000 loss in respite beds as the service ceased.
- Increase of £76,000 in transport costs to safely and individually transfer client to comply with Social distancing.
- £60,000 additional costs for PPE equipment

2022/23 sees an additional £7.8m added to Health and Social Care IJB which takes the services budget to £66,294,000. This is an increase of 13% on 2021/22 %. New Monies are mainly targeted at Living Wage, Carers Act and Care At Home Capacity

Future Issues

The Scottish Government sustainability payment scheme has been extended to the end of September 2022. However there are ongoing financial risks for some residential providers which would create additional budget pressures if these businesses failed.

Care at home costs are expected to increase due to demand from new service users and increased need in current service users' demand as well as an increase in costs. The Scottish Government has committed to funding the Living Wage to £10.50 per hour in 2022-23.

As the services seeks to increase internal capacity in care at home, the risk of further recruitment challenges and impact on private providers will need to be monitored closely.

ELC's day care services offer needs to be reviewed to consider the best method of service delivery and sustainability.

5. Workforce

National messaging for social work

Social Work Scotland published *Setting the Bar for Social Work in Scotland* [Setting-the-Bar-Full-Report.pdf \(socialworkscotland.org\)](#) in May 2022, but the evidence and material for the report was gathered during the 2021-22 reporting timeframe.

Key headlines

- Scottish policy ambitions include the formation of a National Care Service, the embedding of human rights and delivery of “The Promise” to Scotland’s children. For social work, the vision requires ‘a skilled and valued workforce’ with ‘a focus on prevention, early intervention and enablement.
- The size of the social work workforce in Scotland has remained relatively unchanged in recent years, and now faces retention and recruitment challenges. In contrast, the policy landscape is characterised by increasing volume and complexity. Pre-COVID, within six years of qualifying, one in four social workers had left the profession.
- These and many other factors influence social work caseloads and their manageability, including case complexity, geography, economy, poverty, and available support services, plus social work staffing and organisational considerations. Over time these interconnected factors have left much of the social work workforce with larger, more administratively demanding and less balanced caseloads comprising individuals with more challenging lives, often presenting higher levels of risk. At the same time there are fewer services available to connect people to. Consideration of caseload limits must keep sight of the bigger picture.

Adult and Justice Services

The review and restructure of staffing and management arrangements within “adult wellbeing” into adult social work and statutory services enabled more efficient deployment of staff with the right skills in the right place. The impact on improved performance as detailed earlier in the report demonstrates the success of these changes. It also allowed managers to better identify where there was a shortfall and what additionality was needed.

The Adult Social Work Service has been working closely with IRISS, the Institute for Research and Innovation in Social Services, on a project to re-imagine the approach to Social Work services for Adults in East Lothian. This has included engaging with staff, prioritising areas for improvement and creating a coherent framework for multiple changes and developments to ensure that our social work service is effective, responsive and fit for the future. This has included work to reduce the time people are on waiting lists for assessments and move towards a more preventative and early intervention approach. The ambition is to take a more outcome focussed approach to supporting individuals in a range of different ways most suitable to their needs at that

time. This work will continue in 2022 as tangible changes to systems and processes are introduced.

The Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019 confer on Local Authorities the duties to deliver Appropriate Adult services. The services were placed on a statutory footing in January 2020 with work now underway to support Local Authorities transitioning to statutory arrangements. Funding for an Appropriate Adult Coordinator was provided Scottish Government for this statutory service.

The funding to support the delivery of adult social work has allowed the service to create other frontline and support roles. This includes Scottish Government funding to sponsor a community care worker to undertake social work qualification through the Open University whilst remaining at work. This, alongside hosting student placements from local universities, will increase prospective future social workers' knowledge of East Lothian and encourage them to apply for our vacancies. The upcoming Graduate Apprenticeship in Social Work will create more opportunities as there will be less budget implications in this scheme.

The service will continue to accept placements from universities but there are only four active practice educators across adult social work which will limit capacity. Interest in undertaking the post-graduate course is low, reflecting the commitment required to study alongside their current caseloads. Joint work with children's services includes regular development sessions with all students, and including sessions with Midlothian and Borders Social Work students. There are also separate development support sessions offered to social workers who are either practice educators or link workers.

Staff retention remained stable and turnover low in all areas during 2021-22. However, within adult social work there is a need to strengthen retention by improving career progression. The extended period of high risk, high intensity work during the crux of the care at home crisis impacted on the wellbeing, resilience and capacity of the workforce. Senior managers worked hard to support the operational response and "hold" the risk on behalf of the frontline staff.

There has been significant work carried out to increase and strengthen capacity in the Justice Social Work team. This has addressed the expectations of the employees, employers and service users to ensure that the team are maintaining the required standards. A number of the staff have been on temporary contracts funded by COVID recovery grants. This allowed the team to progress initiatives and it is hoped that with natural attrition and restructuring of the team, these temporary staff will be afforded the opportunity to move onto permanent contracts. There is collaboration with the third sector in securing funding for prevention and early intervention with offenders and also to support structured deferred sentencing and bail support. It is now important to identify the sustainability of these temporary arrangements and whether we will maintain them or agree an exit strategy.

The PRD appraisal form was updated for the HSCP to a more user-friendly format. This will also allow the sharing of certain information with Workforce Development to ensure that development needs are considered. Already a number of development requests from PRDs have been actioned.

Children’s Services

Children’s social work has had to respond to more legislative changes than any other part of the profession over the past 15 years. This along with the aspirations of the Independent Care Review and other policy changes have added additional pressure to the ever changing landscape of children and families social work. These changes come at a time when there is a significant pressure on council budgets, demographic change and the ongoing impact of COVID on children, young people and families.

Recruitment

The re-design of children’s services has seen the movement of staff into evolving positions and development roles, leaving a number of vacancies within the frontline teams. The service review team and team leaders held and attended recruitment events to share information about the benefits of working for East Lothian. The situation has deteriorated during 2022-23 with the service returning to business continuity mode. Sickness absences in key managerial roles and repeated unsuccessful recruitment campaigns risks the aspiration of the service re-design and is impacting on staff morale.

Children’s vacancies between	Services advertised	Number
01/04/2018-31/03/2019		48
01/04/2019-31/03/2020		44
01/04/2020-31/03/2021		18
01/04/2021-31/03/2022		60

As discussed above, sustaining a workforce for the future requires offering high quality student experiences. One staff member completed the Post Graduate Practice Education Course in 2021-22, one has deferred completion and a further one person is due to complete the course in December 2022. Practice educators and link workers were consulted around the barriers to taking on students in response to the National struggle in identifying student placements. Workload pressures and reduced resilience to go “above and beyond” which is required for those undertaking the role.

Respondents in the Setting the bar (2022) research suggested 45% stated that poor physical and mental health would likely be one of the reasons they would leave the profession. East Lothian’s numbers below highlight the challenges faced following the re-design and COVID.

Reasons for absence	2018-2019	2019-2020	2020-2021	2021-2022
Stress, anxiety, depression	558	841	787	569
Total days lost	1036	2202.5	2019.6	1676

2018-2019 and 2021-2022 show a similar level of sickness caused by stress, anxiety and depression. We may assume that this is due to the level of stress, risk and vicarious trauma which is caused due to working with vulnerable children and families as well as personal stressors that people experience. There was a significant increase in sickness during 2019 and 2020 which may have, in the latter months been related to anxieties around COVID 19 and the lockdown in March 2020. The lockdown caused additional financial, caring and mental health stressors for everyone.

In 2020-2021, it was expected that the numbers would increase; however COVID may have mis-represented the extent of sickness during this time. A number of people were shielding, meaning they were unable to do visits or work in the office and home working was introduced with a clear message from management that people need to attend to priority business, but with the understanding that everyone was juggling additional pressures. This flexibility/ shielding may have masked sickness levels. In contrast this also led to frustrations between workers and teams regarding the level of commitment of some compared to others and the completion of work.

In response to the recognition that staff wellbeing has been impacted by COVID, restructuring and a profession which experiences vicarious trauma on a regular basis, the service has made a strong commitment to engaging with the frontline staff around their wellbeing and supporting long term solutions to maintain a strong and passionate workforce.

“Supporting the workforce to care must be at the heart of Scotland’s service planning” The Promise (2020). “All of the workforce should access, at a level appropriate to their role, initial and lifelong learning that is grounded in attachment theory, trauma responsive care and the clear understanding and application of children’s Rights” The Promise (2020).

Despite the challenges, Children’s Services continues to prioritise the professional development and wellbeing of staff to influence the safety and wellbeing of the families they support.

Safe and together	Safe and Together training has been impacted by COVID and a reduced completion rate with the training becoming largely self-directed via online material. 49 current staff
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	<p>members have completed the training and the training is being offered to our partner agencies including health. Consideration is underway by the Public Protection Office regarding how this training is delivered in the future.</p> <p>10 members of the Leadership Team have completed the Supervisory Course.</p> <p>The implementation group is well established and meets regularly to review the continued progress of embedding the approach into practice.</p> <p>Joint Practice Forums have been re-established with Midlothian and the first session was very well received and allowed positive practice to be shared and work case studies to be explored.</p>
Signs of safety	<p>Leigh Taylor has provided refresher and beginner training to the majority of frontline Children's Services Staff (with the exception of those off sickness and new staff).</p> <p>The next stage of the implementation is to provide bespoke training sessions to specific areas to gather the nuances of Signs of Safety. This will align our paperwork to ensure it promotes a relationship approach where we work alongside children and their families.</p> <p>The next steps will be to establish an implementation group to disseminate this approach with our partner agencies and continue to embed within practice.</p>
Foster Carers, Lothian Villa and Olivebank	<p>Planning is underway to ensure we update and maintain our training requirements in terms of first aid, moving and handling etc.</p>
Induction	<p>1-2-1 induction meetings continue to be offered by the Service Review Team.</p> <p>CSWO has allocated time throughout 2022 to meet all new staff members.</p> <p>Induction Pack continues to be developed as changes occur nationally and locally. Feedback so far has been positive.</p>
Coaching for business planning	<p>With the re-design being underway and higher movement between teams than normal, business plans have been delayed through a trauma informed lens to allow people to embed.</p> <p>These will be revisited and teams supported by the Service Review and Development Team to develop their plans.</p>

PRDs	<p>The re-design has seen a significant number of staff move teams/ take on new roles. This has generated exciting opportunities for people to consider their skill set and where they would like to progress.</p> <p>Due to changes continuing to take place and people needing to build relationships with new managers the PRD's have been delayed and will aim to be launched in August/ September 2022. This is to ensure staff feel able to have open and transparent conversations with their line manager.</p>
Leadership and Supervision Programme	<p>The CMI programme is no longer supported by East Lothian Council. Alternative courses have been considered however a consistent approach which provides Leaders with the skills they need (specifically within social work) remains to be identified.</p>

6. Summary and Key Challenges

I hope this report does justice to the breadth and depth of the professional social work functions and services in East Lothian, and the commitment of our workforce to improving the lives of people who use services, vulnerable children young people and adults and to protecting the public.

A range of challenges have been detailed throughout the report that demonstrate the differing risks faced across the various professional and specialist areas. What unites these is the need for a resilient, well-supported and resourced and connected social work workforce in order to deliver effective and efficient and importantly safe practice. The current recruitment challenges within children's social work are being experienced in other areas and will require longer-term planning in the context of budget considerations.

The need for adequate resourcing from Westminster and Scottish government to accompany the plethora of new policy and legislative "asks" must be supported. Reducing demand and vulnerability by early intervention, up-stream investment, maximising community and universal assets and determined strategic prioritisation is at the heart of solutions across all domains of social work. We have seen the positive impact of additional resourcing that has been made to some parts of social work to help achieve this, but not others despite the public concern about vulnerability and risk.

Achieving the aspirations of the Promise and transforming all services that work with children and their parents to ensure that more children can safely remain within a loving family setting will take significant and sustained investment and commitment from all services whatever the structural arrangements.

Partnership working remains at the heart of almost all social work practice and creating and sustaining strong relationships across all and any structural boundaries will be essential – none more so in the world of public protection.

Continued impacts of COVID on mental health, family stability and functioning, poverty, domestic abuse will continue to emerge and require a regular review of the resources required to meet need.

Whilst the criticality of the social care crisis experienced in 2021-22 may have receded, there is and will be a sustained and significant reduction in care services, and in particular those for older adults. There is a need to re-shape and challenge expectations about what is possible and achievable. Returning to pre-COVID service levels will not happen.

The NCS brings opportunities as well as risks. Whatever the final shape this settles into, we must ensure that the commitment to protecting the services and the staff working in the services that protect our most vulnerable citizens don't become a casualty of the political, structural and financial debates that lie ahead.

Judith Tait

Chief Social Work Officer

10 October 2022