



Council Offices, Almada Street
Hamilton, ML3 0AA

Tuesday, 12 June 2018

Dear Councillor

Social Work Resources Committee

The Members listed below are requested to attend a meeting of the above Committee to be held as follows:-

Date: Wednesday, 25 April 2018

Time: 10:00

Venue: Committee Room 1, Council Offices, Almada Street, Hamilton, ML3 0AA

The business to be considered at the meeting is listed overleaf.

Members are reminded to bring their fully charged tablets to the meeting

Yours sincerely

Lindsay Freeland
Chief Executive

Members

John Bradley (Chair), Maureen Chalmers (Depute Chair), Robert Brown, Archie Buchanan, Jackie Burns, Janine Calikes, Graeme Campbell, Andy Carmichael, Margaret Cowie, Mary Donnelly, Fiona Dryburgh, Allan Falconer, Mark Horsham, Katy Loudon, Joe Lowe, Hugh Macdonald, Catherine McClymont, Colin McGavigan, Jim McGuigan, Lynne Nailon, Richard Nelson, John Ross, Bert Thomson, Margaret B Walker, Jared Wark, David Watson

Substitutes

Alex Allison, Gerry Convery, Geri Gray, George Greenshields, Eric Holford, Graeme Horne, Ann Le Blond, Martin Lennon, Eileen Logan, Mark McGeever, Carol Nugent, Mo Razzaq, Josh Wilson,

BUSINESS

1 Declaration of Interests

- 2 **Minutes of Previous Meeting** 5 - 12
Minutes of the meeting of Social Work Resources Committee held on 7 February 2018 submitted for approval as a correct record. (Copy attached)

Monitoring Item(s)

- 3 **Social Work Resources - Revenue Budget Monitoring 2017/2018** 13 - 20
Joint report dated 16 February 2018 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)
- 4 **Social Work Resources - Capital Budget Monitoring 2017/2018** 21 - 24
Joint report dated 21 March 2018 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)
- 5 **Social Work Resources - Workforce Monitoring - December 2017 to February 2018** 25 - 30
Joint report dated 13 March 2018 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)

Item(s) for Decision

- 6 **Money Matters Advice Service - Scottish Legal Aid Board Funding** 31 - 34
Joint report dated 5 April 2018 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources). (Copy attached)
- 7 **Moving and Handling Training in South Lanarkshire Social Services** 35 - 38
Report dated 6 March 2018 by the Director, Health and Social Care. (Copy attached)
- 8 **Rates and Charges for Care Services 2018/2019** 39 - 42
Report dated 28 March 2018 by the Director, Health and Social Care. (Copy attached)

Item(s) for Noting

- 9 **Adult and Older People's Day Opportunities Update** 43 - 48
Report dated 15 March 2018 by the Director, Health and Social Care. (Copy attached)
- 10 **Self-Directed Support** 49 - 54
Report dated 6 March 2018 by the Director, Health and Social Care. (Copy attached)
- 11 **Integration Joint Board Update** 55 - 60
Report dated 12 March 2018 by the Director, Health and Social Care. (Copy attached)
- 12 **Carers Act Update** 61 - 64
Report dated 9 March 2018 by the Director, Health and Social Care. (Copy attached)

Urgent Business

13 Urgent Business

65 - 72

Any other items of business which the Chair decides are urgent.

For further information, please contact:-

Clerk Name: Tracy Slater

Clerk Telephone: 01698 454185

Clerk Email: tracy.slater@southlanarkshire.gov.uk

SOCIAL WORK RESOURCES COMMITTEE

Minutes of meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 7 February 2018

Chair:

Councillor John Bradley

Councillors Present:

Robert Brown, Archie Buchanan, Jackie Burns, Janine Calikes, Graeme Campbell, Andy Carmichael, Maureen Chalmers (Depute), Fiona Dryburgh, Allan Falconer, Mark Horsham, Martin Lennon (*substitute for Councillor Cowie*), Katy Loudon, Joe Lowe, Catherine McClymont, Hugh Macdonald, Colin McGavigan, Jim McGuigan, Lynne Nailon, Richard Nelson, Bert Thomson, Margaret B Walker, Jared Wark, David Watson

Councillors' Apologies:

Margaret Cowie, Mary Donnelly, John Ross (ex officio)

Attending:

Finance and Corporate Resources

H Goodwin, Finance Manager (Resources); E McPake, HR Business Partner; A Norris, Administration Assistant; L O'Hagan, Finance Manager (Strategy); T Slater, Administration Officer

Health and Social Care/Social Work Resources

V de Souza, Director; C Brown, Performance and Planning Manager; D Dobbie, Children and Justice Service Manager; B Hutchinson, Head of Health and Social Care; P McCormack, Service Development Manager; L Purdie, Head of Children and Justice Services

1 Declaration of Interests

No interests were declared.

2 Minutes of Previous Meeting

The minutes of the meeting of the Social Work Resources Committee held on 15 November 2017 were submitted for approval as a correct record.

The Committee decided: that the minutes be approved as a correct record.

3 Social Work Resources - Revenue Budget Monitoring 2017/2018

A joint report dated 15 December 2017 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care was submitted comparing actual expenditure at 8 December 2017 against budgeted expenditure for 2017/2018 for Social Work Resources, together with a forecast for the year to 31 March 2018.

As at 8 December 2017, there was an overspend of £0.613 million on Social Work Resources' revenue budget, with a forecast of a potential overspend of £0.924 million at 31 March 2018. The overspend was due to an increased demand for social care services. The previous level of overspend had been reduced due to the receipt of a higher level of income than expected from user contributions for care home placements, a reduction in the level of external placements and the successful implementation of a recovery plan.

The position would continue to be closely monitored and work on the recovery plan would be ongoing to further minimise the level of overspend.

The Committee decided:

- (1) that the overspend on Social Work Resources' revenue budget of £0.613 million, as detailed in Appendix A to the report, be noted;
- (2) that the forecast to 31 March 2018 of a potential overspend be noted; and
- (3) that the budget virements, as detailed in the appendices to the report, be approved.

[Reference: Minutes of 15 November 2017 (Paragraph 3)]

4 Social Work Resources - Capital Budget Monitoring 2017/2018

A joint report dated 3 January 2018 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care was submitted advising of progress on the Social Work Resources' capital programme for 2017/2018 and summarising the expenditure position at 8 December 2017.

The Committee decided: that the report be noted.

[Reference: Minutes of 15 November 2017 (Paragraph 4)]

5 Social Work Resources - Workforce Monitoring - October and November 2017

A joint report dated 28 December 2017 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care was submitted on the following employee information for Social Work Resources for the period October and November 2017:-

- ♦ attendance statistics
- ♦ occupational health statistics
- ♦ accident/incident statistics
- ♦ disciplinary hearings, grievances and Dignity at Work cases
- ♦ analysis of leavers and exit interviews
- ♦ Staffing Watch as at 9 September 2017

The Committee decided: that the report be noted.

[Reference: Minutes of 15 November 2017 (Paragraph 5)]

6 Social Work Resources' Resource Plan 2017/2018

A report dated 18 January 2018 by the Director, Health and Social Care was submitted on the Social Work Resources' Resource Plan 2017/2018.

The Resource Plan for 2017/2018 outlined the:-

- ♦ objectives and actions for 2017/2018
- ♦ capital and revenue resources for 2017/2018
- ♦ organisational structure of the Resource

In line with the Council's performance management arrangements, a progress report on actions identified in the 2017/2018 Resource Plan would be submitted to a future meeting of the Committee.

The Committee recommended to the Executive Committee: that the Social Work Resources' Resource Plan for 2017/2018 be approved.

[Reference: Minutes of the Executive Committee of 8 November 2017 (Paragraph 7) and South Lanarkshire Council of 6 December 2017 (Paragraph 3)]

7 Under 12's Intensive Family Support Service

A joint report dated 27 December 2017 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources) was submitted on proposed changes to the Social Work Resources' Children and Family Services' staffing establishment.

There were approximately 3,300 open cases within Children and Family Services at any given time. This included both statutory cases such as child protection, children who were formally looked after and accommodated, youth justice and children affected by disabilities, and those families who were working with services informally.

Whilst there was currently service provision for children under the age of 5 and over the age of 12, there was a gap in service provision for those aged between 5 and 12 years. Although there was support provided by Social Workers, wrap around support remained unmet.

A pilot project had been established providing intensive family support for under 12s. The findings of the pilot had been very positive and the project had helped a number of children to remain in the community with their families. The pilot evidenced that early intervention with vulnerable families empowered parents and built resilience to help families work through their difficulties and use their positive experience to problem solve in the future.

A consultation had been undertaken with partners to consider the needs of children aged between 5 and 12 years and various gaps in service provision were identified.

It was proposed to create a specialised under 12's Intensive Family Support Service by re-aligning the Children and Families' Home Care budget for the Lone Parent Support Project based in Hamilton and the Befriending Project in Rutherglen. This, together with funding from the Alcohol and Drug Partnership, would be used to develop the under 12's Intensive Family Support Service which would have the capacity to react to service demand and provide the specialist support required.

To support the service re-design, the following establishment changes were proposed:-

- ◆ establish 1 Full-time Equivalent (FTE) post of Team Leader on Grade 3, Level 8, SCP 75-80 (£35,841 to £38,615)
- ◆ establish 8 FTE posts of Family Support Worker on Grade 2, Level 1-4, SCP 32-57 (£18,979 to £27,446)
- ◆ establish 1.5 FTE posts of Family Support Worker on Grade 2, Level 1-4, SCP 32-57 (£18,979 to £27,446) for a fixed term of 3 years
- ◆ establish 0.5 FTE post of Clerical Assistant on Grade 1, Level 1-3, SCP 19-27 (£7,701 to £8,677)
- ◆ delete 1 FTE post of Resource Worker on Grade 3, Level 2, SCP 50-65 (£24,782 to £30,914)
- ◆ delete 1 FTE post of Information Worker on Grade 2, Level 2, SCP 36-40 (£20,183 to £21,388)

- ♦ delete 1 FTE post of Project Co-ordinator on Grade 3, Level 2, SCP 50-65 (£24,782 to £30,914)

The cost of the service re-design would be met from existing resources.

The Committee decided:

- (1) that the establishment of an under 12's Intensive Family Support Service be approved; and
- (2) that the establishment changes, as detailed in the report, be approved.

8 Substance Misuse Services - Review of Funded Establishment

A joint report dated 12 January 2018 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources) was submitted on a review of the Council's Substance Misuse Service (SMS).

As part of its review of the National Drugs Strategy, the Scottish Government had recommended the adoption of a 'seek, treat and keep' approach to service delivery. This model would be facilitated by the introduction of a new National Drug and Alcohol Information System (DAISy) on 1 August 2018. This required the entry of client identifiable information and followed the client through their treatment pathway.

At its meeting on 8 March 2017, the Council's Executive Committee agreed the establishment of an Integrated Substance Misuse Operations Manager post to work across Health and Social Work. The Integrated Manager undertook a review of the current models of delivery across both services, namely, the Council's SMS and NHS Lanarkshire's Alcohol and Drug Service (LAaDs).

The findings of the review were that the current model of service delivery was fragmented and did not always provide a holistic assessment of need or a clear treatment or care pathway. Integrating SMS and LAaDs into one service, the Community Addiction Recovery Service (CAReS), would streamline referrals, reduce waiting times, reduce barriers to treatment and improve retention rates. It also had the potential to reduce duplication which would increase capacity for outreach work.

To support the service re-design, the following establishment changes were proposed:-

- ♦ maintain 2 Full-time Equivalent (FTE) posts of Team Leader on Grade 3, Level 8, SCP 75-80 (£35,841 to £38,614)
- ♦ increase the number of FTE posts from 5 to 7 of Social Worker on Grade 3, Level 2-4, SCP 55-74 (£26,643 to £35,311)
- ♦ delete 3 FTE posts of Resource Worker on Grade 3, Level 2, SCP 55-65 (£26,643 to £30,914)
- ♦ increase the number of FTE posts from 9 to 10 of Substance Misuse Worker on Grade 2, Level 4, SCP 50-57 (£24,782 to £27,447)
- ♦ reduce the number of FTE posts from 6 to 5 of Social Work Assistant on Grade 2, Level 2-3, SCP 36-48 (£20,183 to £24,070)

The cost of the service re-design would be managed within the current budget allocation for the SMS.

The Committee decided:

- (1) that the integration of South Lanarkshire's Substance Misuse Service (SMS) and NHS Lanarkshire's Alcohol and Drug Service (LAaDs) into a single Community Addiction Recovery Service (CAREs) be approved; and
- (2) that the proposed establishment changes to reflect the operational requirements of the new Service, as detailed in the report, be approved.

[Reference: Minutes of the Executive Committee of 8 March 2017 (Paragraph 23)]

9 Community Payback Orders' Annual Report 2016/2017

A report dated 15 January 2018 by the Director, Health and Social Care was submitted on the Annual Report on the operation of Community Payback Orders (CPOs).

The Annual Report, which was attached as an appendix to the report, reflected the broad range of activities and projects undertaken across South Lanarkshire over the last financial year. Recipients of work undertaken had also contributed to the report, reflecting the positive impact the projects had on people's lives and communities.

The introduction of the Community Justice (Scotland) Act 2016 had led to the establishment of Community Justice Scotland, a non-departmental public body funded by and accountable to Scottish Ministers. The Annual Report now required to be submitted to Community Justice Scotland. The 2016/2017 Annual Report was submitted by the required deadline of 31 October 2017.

All CPO Annual Reports would be made available on the Scottish Government website and the South Lanarkshire report would also be made available on the Council's website.

An overview was provided on the Unpaid Work Service within Social Work Resources' Justice Services which delivered the conditions of CPO requirements.

The Committee decided: that the report be noted.

[Reference: Minutes of 3 February 2016 (Paragraph 7)]

Councillor Burns left the meeting during this item of business

10 Youth Sentencing Court

A report dated 12 January 2018 by the Director, Health and Social Care was submitted on the piloting of a Youth Sentencing Court for a period of 18 months for 16 to 21 year olds at Hamilton Sheriff Court.

Social Work Resources' Justice Services was committed to the Whole System Approach which was a Scottish Government programme for addressing the needs and managing the risks of young people involved in offending. This approach required practitioners to work together to support young people and take early action rather than becoming involved once a situation had reached crisis point.

Many young people appearing before the adult court struggled to comply with statutory orders, resulting in breaches of orders and young people being placed in custody. Justice Services had been working in partnership with the Court Service to explore options to reduce reoffending and the use of custody for young people aged between 16 and 21 years.

The Council had been awarded Scottish Government funding of £219,999, for a period of 18 months, to improve employability outcomes for young people involved in offending behaviour. Following consultation between North and South Lanarkshire Justice Services and the Sheriff Principal, it was decided to pilot a Youth Sentencing Court for young people aged between 16 and 21 years. A dedicated court would sit bi-monthly at Hamilton Sheriff Court and have 2 dedicated Sheriffs.

Details were provided, in the appendices to the report, on the statutory disposals currently available, together with the model and structure of support provided by the Youth Sentencing Court which would take the form of Structured Deferred Sentences.

The University of the West of Scotland's Criminal Justice Department had agreed to evaluate the pilot over an 18 month period to provide an independent appraisal of the effectiveness of the Youth Sentencing Court.

The Committee decided: that the piloting of a Youth Sentencing Court for a period of 18 months for 16 to 21 year olds at Hamilton Sheriff Court be noted.

[Reference: Minutes of the Executive Committee of 6 December 2017 (Paragraph 9)]

11 Update of Social Work Resources' Risk Register and Risk Control Plan

A report dated 27 December 2017 by the Director, Health and Social Care was submitted on the systems and controls in place within Social Work Resources to control risks.

The Resource had followed Council guidance in developing, monitoring and updating their Risk Control Register on an ongoing basis. The Register had been developed to ensure that the Resource was fully aware of the main risks that it had, was able to prioritise those risks and had controls in place to eliminate or minimise the impact of risk.

The risks were scored in accordance with the Council's scoring mechanism which scored risks based on likelihood and impact of risk. This had resulted in risks being scored between 1 to 9 (low to high). Risks were scored on their inherent risk (risk if nothing was done) and their residual risk (risk after applying controls).

The Risk Register had been developed and was monitored on an ongoing basis to add any new risks and to review the scores of existing risks. The main change to the Social Work Resources' register was the inclusion of the Historic Child Abuse Inquiry as one of the top risks.

There were 6 residual risks identified within the Resource as falling within the high category score of 7 to 9. Those risks were also contained within the Council's Top Risk Register and were monitored closely.

The top 6 risks for the Resource were detailed in Appendix 1 to the report.

A separate Risk Register and Risk Management Strategy for Health and Social Care Integration had been developed and reported to the Performance and Audit Sub-Committee of the Integration Joint Board.

The Committee decided: that the systems and controls in place to monitor the identified risks within Social Work Resources be noted.

[Reference: Minutes of 23 November 2016 (Paragraph 7)]

Councillors Nelson and Thomson left the meeting during this item of business

12 Urgent Business

There were no items of urgent business.

Report

3

Report to: **Social Work Resources Committee**
 Date of Meeting: **25 April 2018**
 Report by: **Executive Director (Finance and Corporate Resources)
 Director, Health and Social Care**

Subject: **Social Work Resources - Revenue Budget Monitoring
 2017/2018**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide information on the actual expenditure measured against the revenue budget for the period 1 April 2017 to 2 February 2018 for Social Work Resources
- ◆ provide a forecast for the year to 31 March 2018

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the overspend of £0.511m on the Social Work Resources' revenue budget, as detailed in Appendix A of the report, and the forecast overspend of £0.924m to 31 March 2018, be noted; and
- (2) that the proposed budget virements be approved.

3. Background

3.1. This is the fourth revenue budget monitoring report presented to the Social Work Resources Committee for the financial year 2017/2018.

3.2. The report details the financial position for Social Work Resources in Appendix A, and then details the individual services, along with variance explanations, in Appendices B to E.

4. Employee Implications

4.1. None

5. Financial Implications

5.1. As at 2 February 2018, there is an overspend of £0.511m against the phased budget. The financial forecast for the revenue budget to 31 March 2018 is a potential overspend of £0.924m.

5.2. Social Work Resources are showing an overspend of £0.511m. As previously reported, it is expected that the requirement for social care services in 2017/2018 will continue to exceed the budget available, including service areas such as Care at Home, and continuing pressures in Children and Families for Children's placements in Residential Schools.

- 5.3. Earlier indications showed that the total level of expenditure for social care services may result in an overspend on the social work budget for 2017/2018 of £2.3m. The level of demand forecast for Care at Home remains as originally projected, however, an improved position is currently being seen in Social Work, primarily due to Care Home numbers fluctuating over the winter months and additional income from clients as a result of financial assessments. This position will be monitored over the remainder of the financial year.

6. Other Implications

- 6.1. The main risk associated with the Council's Revenue Budget is that there is an overspend. The risk is managed through four weekly Budget Monitoring Meetings at which any variance is analysed. In addition, the probable outturn exercise ensures early warning for corrective action to be taken where appropriate.
- 6.2. There are no implications for sustainability in terms of the information contained in this report.

7. Equality Impact Assessment and Consultation Arrangements

- 7.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 7.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

Paul Manning

Executive Director (Finance and Corporate Resources)

Val de Souza

Director, Health and Social Care

16 February 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ Accountable, effective, efficient and transparent

Previous References

- ◆ Social Work Resources Committee of 7 February 2018

List of Background Papers

- ◆ Financial Ledger and budget monitoring results to 2 February 2018

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Hazel Goodwin, Finance Manager

Ext: 2699 (Tel: 01698 452699)

E-mail: hazel.goodwin@southlanarkshire.gov.uk

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 2 February 2018 (No.12)

Social Work Resources Summary

	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 02/02/18	Actual 02/02/18	Variance 02/02/18		% Variance 02/02/18	Note
	£000	£000	£000	£000	£000	£000			
<u>Budget Category</u>									
Employee Costs	82,357	82,150	207	67,707	67,341	366	under	0.5%	
Property Costs	2,651	2,308	343	2,193	1,895	298	under	13.6%	
Supplies & Services	6,136	6,618	(482)	4,626	4,986	(360)	over	(7.8%)	
Transport & Plant	4,473	4,641	(168)	3,803	3,938	(135)	over	(3.5%)	
Administration Costs	1,380	1,766	(386)	869	1,177	(308)	over	(35.4%)	
Payments to Other Bodies	16,574	16,803	(229)	14,242	14,512	(270)	over	(1.9%)	
Payments to Contractors	85,794	86,368	(574)	65,929	66,411	(482)	over	(0.7%)	
Transfer Payments	613	764	(151)	515	649	(134)	over	(26.0%)	
Financing Charges	268	240	28	177	138	39	under	22.0%	
Total Controllable Exp.	200,246	201,658	(1,412)	160,061	161,047	(986)	over	(0.6%)	
Total Controllable Inc.	(60,967)	(61,455)	488	(52,301)	(52,776)	475	over recovered	0.9%	
Net Controllable Exp.	139,279	140,203	(924)	107,760	108,271	(511)	over	(0.5%)	

Variance Explanations

Variance explanations are shown in Appendices B and C.

Budget Virements

Budget virements are shown in Appendices B-E.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 2 February 2018 (No.12)

Children and Families Services

Budget Category	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 02/02/18	Actual 02/02/18	Variance 02/02/18		% Variance 02/02/18	Note
	£000	£000	£000	£000	£000	£000			
Employee Costs	14,416	14,201	215	11,846	11,514	332	under	2.8%	1
Property Costs	301	270	31	282	260	22	under	7.8%	
Supplies & Services	527	466	61	466	415	51	under	10.9%	2
Transport & Plant	615	700	(85)	522	611	(89)	over	(17.0%)	3
Administration Costs	155	330	(175)	139	274	(135)	over	(97.1%)	4
Payments to Other Bodies	8,039	8,243	(204)	7,144	7,328	(184)	over	(2.6%)	5
Payments to Contractors	3,029	3,812	(783)	2,571	3,276	(705)	over	(27.4%)	6
Transfer Payments	600	746	(146)	504	635	(131)	over	(26.0%)	7
Financing Charges	14	16	(2)	14	11	3	under	21.4%	
Total Controllable Exp.	27,696	28,784	(1,088)	23,488	24,324	(836)	over	(3.6%)	
Total Controllable Inc.	(496)	(560)	64	(425)	(506)	81	over recovered	19.1%	8
Net Controllable Exp.	27,200	28,224	(1,024)	23,063	23,818	(755)	over	(3.3%)	

Variance Explanations

- Employee Costs**
This non-recurring underspend has arisen whilst a service redesign has been undertaken to create an Intensive Family Support Service for under 12s. The service will be implemented next financial year.
- Supplies and Services**
This underspend relates to supplies for clients, which is a demand led line.
- Transport and Plant**
This overspend is in relation to transport costs for children going to school and residential respite.
- Administration Costs**
The overspend is as a result of legal fees for children being adopted. This expenditure is driven by numbers and complexity of contested adoptions.
- Payments to Other Bodies**
This overspend is due an increase in the requirement for external fostering placements.
- Payments to Contractors**
The overspend is a result of the demand for school, secure and external placements.
- Transfer Payments**
The overspend is primarily in relation to Section 22 payments which are provided to families to support the welfare of young people. The overspend reflects the demand and number of users requiring support.
- Income**
The over recovery of income is attributable to the recovery of costs from the Home Office in respect of services provided to unaccompanied asylum seeking children who have been placed in internal resources.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 2 February 2018 (No.12)

Adults and Older People Services

Budget Category	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 02/02/18	Actual 02/01/18	Variance 02/02/18		% Variance 02/02/18	Note
	£000	£000	£000	£000	£000	£000			
Employee Costs	56,004	56,297	(293)	46,031	46,220	(189)	over	(0.4%)	1
Property Costs	1,656	1,458	198	1,427	1,223	204	under	14.3%	2
Supplies & Services	5,095	5,556	(461)	3,886	4,255	(369)	over	(9.5%)	3
Transport & Plant	3,511	3,607	(96)	2,977	3,035	(58)	over	(1.9%)	4
Administration Costs	346	522	(176)	302	462	(160)	over	(53.0%)	5
Payments to Other Bodies	7,721	7,748	(27)	6,448	6,482	(34)	over	(0.5%)	
Payments to Contractors	82,719	82,510	209	63,314	63,091	223	under	0.4%	6
Transfer Payments	0	0	0	0	0	0	-	n/a	
Financing Charges	37	42	(5)	36	34	2	under	5.6%	
Total Controllable Exp.	157,089	157,740	(651)	124,421	124,802	(381)	over	(0.3%)	
Total Controllable Inc.	(53,920)	(54,187)	267	(47,382)	(47,718)	336	over recovered	0.7%	7
Net Controllable Exp.	103,169	103,553	(384)	77,039	77,084	(45)	over	(0.1%)	

Variance Explanations**1. Employee Costs**

This overspend is due to overtime costs for care and support staff to ensure that appropriate staffing ratios are maintained and within home care for service delivery.

2. Property Costs

This underspend is due to investment in more energy efficient heating systems and a reduction in gas tariffs.

3. Supplies and Services

This overspend is a result of demand for equipment and adaptations.

4. Transport and Plant

This overspend is in relation to the costs of transporting adults and older people to day care centres.

5. Administration Costs

This overspend is made up of a number of smaller variances, including telephony and legal fees.

6. Payments to Contractors

The underspend includes an overspend relating to demand for Care at Home services including home care, offset by a reduction in care home costs due to fluctuations in numbers of placements and a greater level of income than expected in relation to service users contributions.

7. Income

This over recovery of income relates to income from service users following financial assessments and one off recoveries of previous year care costs.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 2 February 2018 (No.12)

Justice and Substance Misuse

Budget Category	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 02/02/18	Actual 02/02/18	Variance 02/02/18		% Variance 02/02/18	Note
	£000	£000	£000	£000	£000	£000			
Employee Costs	5,196	5,055	141	4,240	4,139	101	under	2.4%	1
1Property Costs	99	65	34	92	57	35	under	38.0%	
Supplies & Services	88	191	(103)	67	117	(50)	over	(74.6%)	2
Transport & Plant	116	117	(1)	103	99	4	under	3.9%	
Administration Costs	453	448	5	59	56	3	under	5.1%	
Payments to Other Bodies	544	539	5	479	502	(23)	over	(4.8%)	
Payments to Contractors	46	46	0	44	44	0	-	0.0%	
Transfer Payments	6	7	(1)	5	6	(1)	over	(20.0%)	
Financing Charges	13	13	0	13	9	4	under	30.8%	
Total Controllable Exp.	6,561	6,481	80	5,102	5,029	73	under	1.4%	
Total Controllable Inc.	(5,595)	(5,599)	4	(4,316)	(4,316)	0	-	0.0%	
Net Controllable Exp.	966	882	84	786	713	73	under	9.3%	

Variance Explanations**1. Employee Costs**

This underspend is a result of vacancies within the service which are in the process of being filled.

2. Supplies and Services

The overspend is in relation to programmes being delivered to prevent re-offending.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 2 February 2018 (No.18)

Performance and Support

Budget Category	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 02/02/18	Actual 02/02/18	Variance 02/02/18		% Variance 02/02/18	Note
	£000	£000	£000	£000	£000	£000			
Employee Costs	6,741	6,597	144	5,590	5,468	122	under	2.2%	1
Property Costs	595	515	80	392	355	37	under	9.4%	
Supplies & Services	426	405	21	207	199	8	under	3.9%	
Transport & Plant	231	217	14	201	193	8	under	4.0%	
Administration Costs	426	466	(40)	369	385	(16)	over	(4.3%)	
Payments to Other Bodies	270	273	(3)	171	200	(29)	over	(17.0%)	
Payments to Contractors	0	0	0	0	0	0	-	n/a	
Transfer Payments	7	11	(4)	6	8	(2)	over	(33.3%)	
Financing Charges	204	169	35	114	84	30	under	26.3%	
Total Controllable Exp.	8,900	8,653	247	7,050	6,892	158	under	2.2%	
Total Controllable Inc.	(956)	(1,109)	153	(178)	(236)	58	over recovered	32.6%	
Net Controllable Exp.	7,944	7,544	400	6,872	6,656	216	under	3.1%	

Variance Explanations**1. Employee Costs**

This underspend is a result of vacancies within the service which are in the process of being filled.

Report

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Executive Director (Finance and Corporate Resources) Director, Health and Social Care

Subject:	Social Work Resources - Capital Budget Monitoring 2017/2018
----------	--

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide information on the progress of the capital programme for Social Work Resources for the period 1 April 2017 to 2 February 2018

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the Social Work Resources' capital programme of £0.405 million, and expenditure to date of £0.079 million, be noted.

3. Background

3.1. This is the fourth capital monitoring report presented to the Social Work Resources Committee for the financial year 2017/2018.

3.2. The budget reflects the approved programme for the year (as approved at Council meeting, 16 February 2017), exceptions approved during 2016/2017 and monies carried forward for projects from 2016/2017. It also includes budget adjustments approved by the Executive Committee during 2017/2018 up to and including its meeting on 28 March 2018.

3.3. The report details the financial position for Social Work Resources in Appendix A.

4. Employee Implications

4.1. None

5. Financial Implications

5.1. The total capital programme for Social Work Resources for 2017/2018 is £0.405 million.

5.2. Work has been ongoing to clarify the predicted spend position for this financial year and current estimates from Housing and Technical Resources suggest an outturn for Social Work Resources of £0.087 million. This is an underspend of £0.318 million and mainly relates to the expected timing of project spend and funding will carry forward into next financial year.

- 5.3. Anticipated spend to date was £0.097 million, and £0.079 million has been spent (19.51% of full budget). This represents a position of £0.018 million behind profile due to timing of spend on projects.

6. Other Implications

- 6.1. The main risk associated with the Council's Capital Programme is that there is an overspend. The risk has been assessed as low given the detailed project management plans prepared and monitored for each project. The risk of overspend is managed through four weekly Investment Management Meetings.

- 6.2. There are no implications for sustainability in terms of the information contained in this report.

7. Equality Impact Assessment and Consultation Arrangements

- 7.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 7.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

Paul Manning

Executive Director (Finance and Corporate Resources)

Val de Souza

Director, Health and Social Care

21 March 2018

Link(s) to Council Values/Ambitions/Objectives

- Accountable, effective, efficient and transparent

Previous References

- Council meeting, 16 February 2017
- Executive Committee, 28 March 2018

List of Background Papers

- ♦ Financial ledger to 2 February 2018

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Lorraine O'Hagan, Finance Manager (Strategy)

Ext: 2601 (Tel: 01698 452601)

E-mail: lorraine.o'hagan@southlanarkshire.gov.uk

South Lanarkshire Council
Capital Expenditure 2017-2018
Social Work Resources Programme
For Period 1 April 2017 – 2 February 2018

	Budget £000	Budget b/f £000	Total Original Budget £000	Budget Adjustments £000	Slippage £000	Total Budget £000	Budget to Date £000	Actual Expenditure £000
Social Work	11,296	109	11,405	0	(11,000)	405	97	79
TOTAL	11,296	109	11,405	0	(11,000)	405	97	79

Report

5

Report to: **Social Work Resources Committee**
 Date of Meeting: **25 April 2018**
 Report by: **Executive Director (Finance and Corporate Resources) and Director, Health and Social Care**

Subject: **Social Work Resources – Workforce Monitoring – December 2017 to February 2018**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide employment information for December 2017 to February 2018 relating to Social Work Resources

2 Recommendation(s)

2.1 The Committee is asked to approve the following recommendation(s):-

(1) that the following employment information for December 2017 to February 2018 relating to Social Work Resources be noted:-

- ◆ attendance statistics
- ◆ occupational health
- ◆ accident/incident statistics
- ◆ discipline, grievance and Dignity at Work cases
- ◆ analysis of leavers and exit interviews
- ◆ Staffing Watch as at 9 December 2017

3 Background

3.1 As part of the Council's performance management arrangements, regular workforce monitoring reports are submitted to Committee. This report for Social Work Resources provides information on the position for December 2017 to February 2018.

4 Monitoring Statistics

4.1 Attendance Statistics (Appendix 1)

Information on absence statistics is analysed for the month of February 2018 for Social Work Resources.

The Resource absence figure for February 2018 was 6.0%, which represents a decrease of 0.1% when compared to the previous month and is 1.0% higher than the Council-wide figure. Compared to February 2017, the Resource absence figure has increased by 0.6%.

Based on the absence figures at February 2018 and annual trends, the projected annual average absence for the Resource for 2017/2018 is 5.2%, compared to a Council-wide average figure of 4.2%.

For the financial year 2017/2018, the projected average days lost per employee within the Resource equates to 11.3 days, compared with the projected average figure for the Council of 10.0 days per employee.

4.2 Occupational Health (Appendix 2)

In terms of referrals to occupational health, which include medical examinations and physiotherapy, 407 referrals were made this period, a decrease of 49 when compared with the same period last year.

4.3 Accident/Incident Statistics

There were 36 accidents/incidents recorded within the Resource this period, an increase of 20 when compared to the same period last year.

4.4 Discipline, Grievance and Dignity at Work (Appendix 2)

There were 15 disciplinary hearings held within the Resource this period, a decrease of 2 when compared with the same period last year. There was 1 grievance hearing, a decrease of 3 when compared to the same period last year. There were 3 Dignity at Work complaints raised within the Resource this period, an increase of 3 when compared with the same period last year.

4.5 Analysis of Leavers (Appendix 2)

There were 36 leavers in the Resource this period, an increase of 1 when compared with the same period last year. Exit interviews were held with 3 employees.

5 Staffing Watch (Appendix 3)

5.1 There has been a decrease of 27 in the number of employees in post from 9 September 2017 to 9 December 2017.

6. Employee Implications

6.1 There are no implications for employees arising from the information presented in this report.

7 Financial Implications

7.1 All financial implications are accommodated within existing budgets.

8 Other Implications

8.1 There are no implications for sustainability or risk in terms of the information contained within this report.

9 Equality Impact Assessment and Consultation Arrangements

9.1 This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2 There was no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza

Executive Director (Health and Social Care)

Paul Manning

Executive Director (Finance and Corporate Resources)

13 March 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ Accountable, effective, efficient and transparent
- ◆ Fair, open and sustainable
- ◆ Ambitious, self aware and improving
- ◆ Excellent employer
- ◆ Focused on people and their needs
- ◆ Working with and respecting others

Previous References

- ◆ Social Work Resources – 7 February 2018

List of Background Papers

- ◆ Monitoring information provided by Finance and Corporate Resources

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Janet McLuckie, Personnel Officer

Ext: 4239 (Tel: 01698 454239)

E-mail: Janet.McLuckie@southlanarkshire.gcsx.gov.uk

ABSENCE TRENDS - 2015/2016, 2016/2017 & 2017/2018
Social Work Resources

APT&C				Manual Workers				Resource Total				Council Wide			
	2015 / 2016	2016 / 2017	2017 / 2018		2015 / 2016	2016 / 2017	2017 / 2018		2015 / 2016	2016 / 2017	2017 / 2018		2015 / 2016	2016 / 2017	2017 / 2018
April	5.0	4.8	5.0	April	4.2	6.6	5.6	April	4.8	5.4	5.2	April	3.8	4.3	3.9
May	4.8	5.3	4.9	May	4.5	6.9	4.1	May	4.7	5.8	4.6	May	3.9	4.4	4.2
June	3.9	5.2	5.3	June	4.3	6.2	4.6	June	4.0	5.5	5.1	June	3.5	4.1	3.9
July	3.9	5.0	4.8	July	4.0	5.7	4.9	July	4.0	5.3	4.8	July	2.9	3.3	3.0
August	4.0	4.8	4.9	August	4.0	5.4	4.7	August	4.0	5.0	4.8	August	3.3	3.6	3.2
September	3.5	4.3	5.0	September	5.3	5.3	5.2	September	4.0	4.7	5.1	September	3.8	4.1	4.0
October	3.9	4.7	4.2	October	4.8	5.6	5.8	October	4.2	5.0	4.8	October	4.1	4.4	4.1
November	4.4	5.1	4.4	November	6.0	5.4	5.9	November	4.9	5.2	4.9	November	4.7	4.9	4.8
December	4.3	5.6	5.6	December	5.5	6.1	6.1	December	4.7	5.8	5.7	December	4.7	4.9	5.1
January	4.4	5.5	5.5	January	5.7	5.5	7.3	January	4.8	5.5	6.1	January	4.6	4.5	5.0
February	5.2	5.8	6.1	February	6.2	4.8	5.8	February	5.5	5.4	6.0	February	5.0	5.0	5.0
March	5.3	5.6		March	7.2	4.8		March	5.9	5.3		March	5.2	4.7	
Annual Average	4.4	5.1	5.1	Annual Average	5.1	5.7	5.4	Annual Average	4.6	5.3	5.2	Annual Average	4.1	4.4	4.2
Average Apr-Feb	4.3	5.1	5.1	Average Apr-Feb	5.0	5.8	5.5	Average Apr-Feb	4.5	5.3	5.2	Average Apr-Feb	4.0	4.3	4.2

No of Employees at 28 February 2018	1842	No of Employees at 28 February 2018	1056	No of Employees at 28 February 2018	2898	No of Employees at 28 February 2018	14926
-------------------------------------	------	-------------------------------------	------	-------------------------------------	------	-------------------------------------	-------

For the financial year 2017/18, the projected average days lost per employee equates to 11.3 days.

SOCIAL WORK RESOURCES

	Dec-Feb 2016-2017	Dec-Feb 2017-2018
MEDICAL EXAMINATIONS		
Number of Employees Attending	154	125
EMPLOYEE COUNSELLING SERVICE		
Total Number of Referrals	57	35
PHYSIOTHERAPY SERVICE		
Total Number of Referrals	150	160
REFERRALS TO EMPLOYEE SUPPORT OFFICER		
	79	73
REFERRALS TO COGNITIVE BEHAVIOUR THERAPY		
	16	14
TOTAL	456	407

CAUSE OF ACCIDENTS/INCIDENTS	Dec-Feb 2016-2017	Dec-Feb 2017-2018
Specified Injuries*	0	1
Over 7 day absences	1	2
Minor	5	11
Near Miss	1	1
Violent Incident: Physical****	8	13
Violent Incident: Verbal*****	1	8
Total Accidents/Incidents	16	36

*A Specified Injury is any fracture (other than to the fingers, thumbs or toes), amputation, loss of sight, serious burns, crushing injury, scalping, loss of consciousness caused by asphyxiation/ head injury, a chemical or hot metal burn to the eye or penetrating injury as defined by the HSE.

**Over 3 day / over 7day absence is an injury sustained outwith specified injury category that results in a period of absence of absence as defined by the HSE.

***Near Miss - Any unexpected, unplanned occurrence (except Dangerous Occurrences) that does not lead to injury of persons, damage to property, plant or equipment but may have done so in different circumstance.

****Physical violent incidents are included in the "Specified" figures, where applicable, to provide the "Total Specified" figures.

****Physical violent incidents and ***** Verbal Violent Incidents are included in the "Over 3-day or Over 7-day" figures, where applicable, to provide the "Total Over 3-day or Over 7-day" figures.

****Physical Violent Incidents and ***** Verbal Violent Incidents are included in the "Minor" figures, where applicable, to provide the "Total Minor" figures.

RECORD OF DISCIPLINARY HEARINGS	Dec-Feb 2016-2017	Dec-Feb 2017-2018
Total Number of Hearings	17	15
Total Number of Appeals	1	0

Time Taken to Convene Hearing Dec 2017 - Feb 2018

0-3 Weeks
5

4-6 Weeks
6

Over 6 Weeks
4

RECORD OF GRIEVANCE HEARINGS	Dec-Feb 2016-2017	Dec-Feb 2017-2018
Number of Grievances	4	1
Number Resolved at Stage 1	3	1
Number Resolved at Stage 2	1	0

RECORD OF DIGNITY AT WORK	Dec-Feb 2016-2017	Dec-Feb 2017-2018
Number of Incidents	0	3
Still in Process	0	3

ANALYSIS OF REASONS FOR LEAVING	Dec-Feb 2016-2017	Dec-Feb 2017-2018
Moving Outwith Area	1	1
Personal Reasons	1	0
Dissatisfaction With Terms and Conditions	0	1
Other	0	1
Number of Exit Interviews conducted	2	3

Total Number of Leavers Eligible for Exit Interview	35	36
--	-----------	-----------

Percentage of interviews conducted	6%	8%
---	-----------	-----------

**JOINT STAFFING WATCH RETURN
SOCIAL WORK RESOURCES**

1. As at 9 December 2017

Total Number of Employees				
MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
221	187	904	1472	2784

*Full - Time Equivalent No of Employees									
Salary Bands									
Director	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Fixed SCP	Teacher	TOTAL
1	1331.78	480.04	534.17	19	26	2	0	0	2393.99

1. As at 9 September 2017

Total Number of Employees				
MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
223	195	913	1480	2811

*Full - Time Equivalent No of Employees									
Salary Bands									
Director	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Fixed SCP	Teacher	TOTAL
1	1354.03	477.57	543.58	20	22	2	0	0	2420.18

Report

6

Report to: **Social Work Resources Committee**
 Date of Meeting: **25 April 2018**
 Report by: **Director, Health and Social Care**
Executive Director (Finance and Corporate Resources)

Subject: **Money Matters Advice Service - Scottish Legal Aid Board Funding**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide an update on the Money Matters Advice Service funding from the Scottish Legal Aid Board (SLAB) and seek approval to increase the staffing establishment

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the funding from the Scottish Legal Aid Board be noted;
- (2) that the continuation of the additional staffing, as detailed in section 6, for one Welfare Rights Officer, 2 Benefits Advice Assistants and 0.5 Clerical Assistant posts be approved; and
- (3) that they recruitment of the two Benefits Advice Assistant posts be approved.

3. Background

- 3.1. The Money Matters Advice Service (MMAS) has been in receipt of "Making Advice Work" grant funding administered by SLAB since 2014. Funding has been extended on an annual basis.
- 3.2. In November 2017, both SLAB funded Benefits Advice Assistants, who were in post, obtained permanent posts within the core MMAS structure. On advice from SLAB, a hold was put on recruitment for these posts, pending notification of funding for 2018/2019.
- 3.3. The yearly confirmation of funding and temporary nature of contracts means that officers within the SLAB structure seek to move into permanent posts. This has resulted in reduced resources and instability within the team, and an inability to draw down full funding from the SLAB. It has meant a reduction in resources to meet the needs of vulnerable individuals and families for help to maximise incomes and navigate the challenges that welfare reform imposes on them.
- 3.4. SLAB has confirmed that funding for the project has been extended for the year to 19 March 2019. The grant available for the extended period is £110,301.
- 3.5. The structure funded by the grant consists of 1 x Welfare Rights Officer, 2 x Benefits Advice Assistants and 0.5 Clerical Assistant. The Welfare Rights Officer and 0.5 Clerical Assistant are currently in post on a temporary basis. The Benefits Advice Assistant posts are currently vacant.

3.6. The level of the grant for 2018/2019 will fully fund the structure.

4. Objective of SLAB Funding

- 4.1. The objective of the SLAB funded service is to provide a welfare rights service for people who are affected by welfare reform. This means that, as different aspects of welfare reform have been implemented, the service has evolved since 2014. Since 1 April 2017, the objective has been to provide a welfare rights service for Universal Credit claimants.
- 4.2. Universal Credit Full Service (UC FS) was rolled out in South Lanarkshire in October 2017 for all new working age claimants who would have previously claimed legacy benefits. Legacy benefits are: income based Employment and Support Allowance and Job Seekers' Allowance, Housing Benefit, Working and Child Tax Credits and Income Support.
- 4.3. The Welfare Rights Officer currently funded by the SLAB provides much needed advice and assistance on UC FS matters to claimants to help guide them through the process and resolve issues as they arise as well as supporting Housing and Social Work staff with information and advice.

5. Universal Credit Full Service

- 5.1. Universal Credit is designed to place more responsibility on the claimant and claims must be made and maintained online, except in very limited circumstances. When claiming for housing costs, it relies on the claimant's knowledge of their rent and service charges.
- 5.2. Everyone who receives Universal Credit is placed in a conditionality group based on their circumstances and work capability. The group they are in will determine what is expected of them during their claim. In order to receive benefit, the claimant must sign a claimant commitment to say that they understand what is expected of them. If they fail to meet the claimant commitment without good cause they may face a benefit sanction.
- 5.3. Until Universal Credit is fully implemented across all claimants, there will be different benefits systems running alongside each other. It is inevitable that there will be confusion around whether a claimant whose circumstances have changed should claim Universal Credit and be subject to natural migration or when they can remain on current legacy benefits until they are subject to managed migration. The claimant needs to know if these options are available to them as well as the financial implications for the household.
- 5.4. The replacement of six welfare benefits has been administratively and digitally challenging for the Department for Work and Pensions (DWP) and they have adopted a test and learn approach with improvements and changes to systems made as problems emerge. On the face of it, this makes good sense, however, it does not mean that there are inevitably more issues arising during the claims process than normal and this can be difficult for the DWP staff and claimants to manage.
- 5.5. These are considerable changes for benefit claimants and many are finding the process very difficult. Good quality and well informed advice and assistance continues to be important to assist claimants with some of the difficulties outlined.
- 5.6. Between 4 October 2017 and 6 March 2018, the Welfare Rights Officer provided 386 people with targeted advice and assistance on Universal Credit matters. The number of people being naturally migrated to Universal Credit as well as the increasing

number of new claimants means that the need for this type of advice will continue to increase, at least until Universal Credit Full Service is fully implemented.

6. Employee Implications

- 6.1. The employee implications for implementing the SLAB funding is detailed in the table below:

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%
Welfare Rights Officer	1	G2 L3/4	44 - 57	£12.43 - £15.04	£22,683 – £27,446	£29, 555 - £35,762
Benefits Advice Assistant	2	G2 L1-3	33 - 48	£10.58 - £13.19	£19,307 - £24,070	£25,157 – 31,363
Clerical Assistant	0.5	G1 L3	25 - 27	£9.42 - £9.69	£8,595 - £8,841	£11,199 - £11,519
Total	3.5					£91,068 - £110,007

*The SLAB funding allocation has made an allowance for the application of a pay award.

- 6.2. The team will continue to be managed from existing resources.

7. Financial Implications

- 7.1. The proposed level of grant from the SLAB is £110,301 and will fully fund the posts. There are no financial implications within this report in the financial year 2018/19. SLAB funding has been agreed annually since 2013. In the event this is reduced or removed in coming years, there is sufficient turnover within the section and redeployment of MMAS and staff with similar experiences is successful within the Council.

8. Other Implications

- 8.1. There are no risk or sustainability implications associated with this report.
- 8.2. There are no other implications associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy function or strategy, nor does it recommend a change to existing policy, function or strategy, therefore, no impact assessment is required.
- 9.2. The Trade Unions have been provided with an update in regard to the annual SLAB funding renewal and the proposals to seek approval for additional staffing.

Val de Souza
Director, Health and Social Care

Paul Manning
Executive Director (Finance and Corporate Resources)

Link(s) to Council Values/Ambitions/Objectives

- ◆ focused on people and their needs
- ◆ accountable, effective, efficient and transparent
- ◆ work with communities and partners to promote high quality, thriving and sustainable communities

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Jackie Lawson, Money Matters Advice Service Advisor

Ext: 3497 (Phone: 01698 453497)

Email: jackie.lawson@southlanarkshire.gcsx.gov.uk

Report

7

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Moving and Handling Training in South Lanarkshire Social Services
----------	--

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ outline a proposal to transition to the Passport model of Moving and Handling training for social services staff in South Lanarkshire Council

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the move to the Scottish Manual Handling Passport model of training for social services staff be noted;
- (2) that SALUS, a NHS based provider of occupational health, safety and return to work services across the public and private sectors, train the social services staff in the Scottish Manual Handling Passport; and
- (3) that the award of the contract to SALUS, without carrying out a formal procurement exercise, as is permitted in terms of the Public Contracts (Scotland) Regulations (PCS) and the Council's Standing Orders on Contracts be approved. It is recommended the contract be for a period of 6 years which would span 2 complete cycles of Manual Handling training for staff.

3. Background

3.1. The Health and Social Care Partnership identified the need to review the approach to moving and handling training to ensure a robust framework is in place and there is a consistent approach across health and care staff.

3.2. The implementation of the MH passport across Health and Social Care Partnerships agencies is supported by the Health and Safety Executive as can be seen by the letter to all Chief Executives of Health and Social Care in 2014.

hse.gov.uk/Scotland/pdf/manual-passport-letter.pdf

4. Current Situation in South Lanarkshire Council

4.1. Social Work Resources has approximately 1,400 staff across social care that require MH training (also known as moving and assisting training in SLC). We also require to make provision for staff turnover, this has been estimated at 450 staff over three years. The contract – part of Clyde Valley shared services, is a framework contract which expires July 2018. Under the current framework, Physicare were ranked as first provider and have delivered all moving and assisting training for our social care staff. From August 2018, our proposal is to have SALUS provide the Manual Handling Passport training.

5. Current Situation in NHS Lanarkshire

- 5.1. In Lanarkshire Health Board, there are circa 12,000 staff, 6,000 being hospital based and community staff who require moving and handling training. Training is provided by SALUS – an NHS based provider of occupational health, safety and return to work services across the public and private sectors. It is the largest multidisciplinary service of the NHS and operates as a social enterprise model.
- 5.2. The training model delivered by SALUS supports the Health and Safety Executive preferred model of training. All SALUS training settings have equipment for both home and hospital based service users/patients. Training assesses competency of the MH Passport competencies A – F. Competencies A and B (legislation and personal movement requirements), are via an e-learning and C-F for practical classroom based training. Refresher training is three yearly consisting of an e-learning and ½ day practical classroom training. All staff completing the training are provided with MH passport and records kept of completions by SALUS.
- 5.3 SALUS MH Passport training is delivered by Health and Care Professions Council (HCPC) registered nursing and allied health professional staff trained in moving and handling. Training staff provide onsite advice and consultancy which ensures timely and relevant professional guidance and support is provided for partners, carers and the cared for.

6. Legal Position - Partnership Proposal for South Lanarkshire HSCP

- 6.1. The Council wishes to award a contract to SALUS without carrying out a formal procurement exercise. This arrangement is permitted in terms of the PCS Regulations and the Council's Standing Orders on Contracts.
- 6.2 Regulation 13(8) of the PCS Regulations provides that the PCS Regulations do not apply to procurement for the award of a public contract between 2 or more contracting authorities subject to certain specific requirements being fulfilled. These are as follows:-
- ◆ the purpose of the contract is to ensure that public services which each of the contracting authorities have to perform are provided with a view to achieving their common objectives
 - ◆ the co-operation is governed solely by considerations relating to the public interest
 - ◆ the contracting authorities perform less than 20% of the activities concerned on the open market. The % of activities is determined by reference to the contracting authority's average turnover for the 3 years prior to the date of proposed contract award
- 6.3 It can be confirmed that SALUS have the capacity to undertake this work and the Council will continue to obtain the required services from a trusted provider. It can, in addition, be continued that the Council's anticipated spend is below the 20% threshold.
- 6.4 Discussions with SALUS confirm that if the contract was awarded, additional staff employed would ensure SALUS had the capacity to train the additional staff within the existing timescale and quality standards required for induction and refresh training.
- 6.5 SALUS is the largest multidisciplinary service of the NHS and operates as a social enterprise model. It is an NHS based provider of Occupational Health, Safety and Return to Work Services across the public and private sectors. The MH Passport training model delivered by SALUS supports the Health and Safety Executive preferred model of training.

- 6.6 All relevant provisions of the Council's Standing Orders on Contracts will be met in the award of the contract to SALUS.

7. Cost and Benefits - Partnership Proposal for South Lanarkshire HSCP

- 7.1. There has not previously been a more appropriate time to move forward with a partnership model of delivery of MH training for Health and Social Care Staff. Recent case review recommendations reinforce the importance of change. The current legislative framework and the resultant shared and co working arrangements moving forward are also key drivers.
- 7.2. The MH adviser role includes assessment of appropriate equipment provision to meet needs as well as policy development. SALUS MH trainers/advisers have clinical backgrounds with additional training and expertise in health and safety MH practice and training delivery.
- 7.3. Shared training across the Services will support partnership work in practice in and across the Social Care and Health Services. It provides flexibility across the workforce moving forward as Services evolve to support community based care.
- 7.4. The importance of specialist assessment and advice supporting all Services when required as well as clarity in required equipment, its access and quality control are all additional key benefits.
- 7.5. The review of and amending of policy and procedures surrounding MH across the Partnership will be more straightforward with the shared training approach.
- 7.6. The identification of a lead worker will, for each service user, be more straightforward with a common approach and delivery of MH training. The lead worker principle for service users of complex and multiservice inputs supports best practice and ensures a lead coordination role for managing care and support effectively and minimises risk of ineffective communication.

8. Proposed Training Implementation Plan

- 8.1. Both SALUS and the current Council refresh training cycle are three yearly. On this basis and in order to minimise disruption and unnecessary expenditure, staff will be transitioned to the Manual Handling passport SALUS training when their scheduled refresh is due. At the end of the three year period all existing staff will be MH passport trained.
- 8.1.1 Existing staff that are currently trained in moving and assisting would transition by completing the e-learning (for module A&B) and a ½ day practical classroom based training.
- 8.1.2 All newly appointed staff without the MH passport would undertake a 1 ½ day classroom and e-learning (for module A&B). Newly appointed staff with the MH passport (and confirmation therein of training within the 3 year period) would need to provide the passport to exempt them from the 1 ½ day training.

9. Employee Implications

- 9.1. Staff will benefit from shared training and this, together with the expertise of the SALUS trainers and consultancy as required, will support confidence in moving and handling in practice.

10. Financial Implications

- 10.1. The total cost will be £112,320 over the 3 year contract. The introduction of e-learning as part of the MH training will reduce the costs of training provision and

backfill costs for operational services. Whilst the projected costs proportionally are higher for SALUS than the estimated costs for another provider, this is still less than is currently being incurred for this service. Therefore, the costs can be managed within the overall Corporate Training Budget.

11. Other Implications

11.1. The benefits for the Health and Social Care Partnership and for caring for the South Lanarkshire community moving forward are highlighted in Section 7 of this report.

11.2 There are no sustainable development issues associated with this report.

11.2. There are no other issues associated with this report.

12. Equality Impact Assessment and Consultation Arrangements

12.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

13.2 There was also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza

Director, Health and Social Care

6 March 2018

Link(s) to Council Values/Ambitions/Objectives

♦ none

Previous References

♦ none

List of Background Papers

♦ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Deborah Mackle, Locality Manager (Hamilton)

Ext: 3744 (Phone: 01698 453744)

Email: Deborah.mackle@southlanarkshire.gcsx.gov.uk

Mairi Lowson Learning & Development Adviser

Ext: 4348 (Phone: 01698 454348)

Email: mairi.lowson@southlanarkshire.gcsx.gov.uk

Report

8

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Rates and Charges for Care Services for 2018/2019
----------	--

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ request Committee approval for the 2018/2019 Rates and Charges for Care Services

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the implementation of the revised rates and associated arrangements to residential and nursing care rates, as detailed in section 4 of the report, be approved;
- (2) that the implementation of revised charges to nursing and residential respite charges as detailed in section 5 of the report be approved;
- (3) that the implementation of the revised rates and associated arrangements for care at home, supported living and day care, as detailed in section 6 of the report, be approved; and
- (4) that the implementation of the revised rates for non-residential charges and associated arrangements, as detailed in section 7 of the report, be approved.

3. Background

3.1. Each year, Social Work Resources require to confirm the rates and charges which will be adopted for residential, nursing, supported living, non residential Care Services and Care at Home Services. The rates which will be charged to other local authorities for Care Services must also be set.

4. Residential and Nursing Care Rates

- 4.1. COSLA, Scottish Care, and the Coalition of Care and Support Providers in Scotland (CCPS) have undertaken a review of the 2018/2019 fee levels associated with providing nursing and residential care for older people in Scotland.
- 4.2. COSLA confirmed in March 2018 that the proposed 3.39% increased rate had been accepted by Scottish Care and CCPS. The rate for nursing care will be £689.73 per week and the rate for residential care will be £593.89 per week. These rates will also be adopted for the in-house residential care homes to ensure equity for all residents within in-house and private sector care homes. This will also form the basis for the charge to other local authorities that have placed users within the in-house care homes.

- 4.3. Each resident's financial contribution towards their residential care costs is based on assessment of their ability to pay in line with the National Assistance (Assessment of Resources) (Scotland) Regulations 1992, as amended.
- 4.4. The Free Personal and Nursing Care Payment rates are revised annually by the Scottish Government. The rates will increase to £174 per week for personal care and £79 per week for nursing care from 1 April 2018.
- 4.5. It is proposed to increase the current rates for adult residential care up to a maximum of 3.39%.
- 4.6. It is proposed to continue to adopt the COSLA agreement to accept, for placements outwith South Lanarkshire, the rates set and agreed by the relevant host authority where applicable.
- 4.7. The Council is not bound by statute to set a rate for the provision of residential accommodation for children, however, a charge is set to allow the Council to recover the cost of placements by other local authorities. It is, therefore, proposed to increase charges to other local authorities to £2,480 per place per week, effective from 1 April 2018. This increase will have no impact on service users within South Lanarkshire.

5. Nursing and Residential Respite Charges

- 5.1. The National Assistance (Assessment of Resources) Regulations 1992 state that for the first eight weeks of respite, authorities should charge "the amount it appears reasonable to the local authorities for the resident to pay".
- 5.2. In deciding what is "reasonable", authorities should consider the individual's outgoing expenses and commitments at home. The nursing and residential respite charge is, therefore, based on the standard minimum guaranteed income less personal allowance and increases in line with the Department for Work and Pensions increases in state benefits.
- 5.3. In line with previous years, it is proposed to increase the nursing and residential respite charge for older people by £3.05 to £136.00 per week, effective from 9 April 2018, in line with the Department for Work and Pensions' increase.
- 5.4. The increase to the nursing and residential respite charge will be met by the net increase in Department for Work and Pensions' benefits available to individuals. This practice is consistent with the practice adopted in previous years.
- 5.5. It is proposed that the nursing and residential respite charge for adults remains unchanged for 2018/2019 at £84.45 per week.

6. Care at Home, Supported Living and Day Care Rates

- 6.1. The rates paid by the Council for care at home, supported living and day care will increase by £0.36 per hour effective from 1 April 2018 to reflect the increase in the living wage for 2018/2019. In addition, an average increase of £1.68 is proposed for sleepover rates to increase this to a standard rate of £9.74 per hour.
- 6.2. It is proposed to continue to adopt the COSLA agreement to accept, for services provided outwith South Lanarkshire, the rates set and agreed by the relevant host authority where applicable.
- 6.3. The Care at Home Framework rate is currently adopted for South Lanarkshire Council's in-house Home Care Service. This ensures equity for all service users

receiving a Care at Home Service, therefore, it is proposed that the rate is also increased by £0.36 per hour.

7. Non Residential Care Service Charges

- 7.1. The charging policy for non-residential Care Services continues to be based on an assessment of the service user's ability to pay towards the cost of care.
- 7.2. In line with previous years, it is also proposed that the charging policy in respect of non-residential Care Services be amended to reflect the thresholds recommended by COSLA for 2018/2019, effective from 9 April 2018. If the income of service users falls below this threshold, no contribution would be required.
- 7.3. In arriving at the contribution payable by users towards the cost of their Care Services, a calculation is completed to determine their assessable income to which a percentage taper is then applied. This then determines the maximum level of contribution that service users will make. The level of the percentage taper is set by the Council and will remain at 60% for 2018/2019.
- 7.4. In addition, there are charges that are set at a flat rate as detailed below:

Service	2018/2019 Rate	Status
Lunch Clubs	£3.00 per meal	No change
Frozen meals	£2.97 per meal	Contractual price agreed by Scotland Excel
Community Alarm	£1.59 per week	Increase of 5p (3%)

- 7.5. A rate for non residential Care Services requires to be set to allow other local authorities using South Lanarkshire Council's services to be charged. It is proposed to increase charges to other local authorities by £1, effective from 1 April 2018. This will have no impact on service users within South Lanarkshire. The relevant rates are detailed below:

Service	2018/2019 Rate
Integrated community facilities	£119 per day
Day care centres	£134 per day

8. Employee Implications

- 8.1. There are no employee implications associated with this report.

9. Financial Implications

- 9.1. The additional expenditure associated with the increase in rates across the various categories detailed in the report will be met from existing revenue budgets. Additional income generated as a result of the increase in charges for other local authorities will offset the increases in the cost of service delivery.

10. Other Implications

- 10.1. There is a risk that service users may refuse to receive the Care Services which they have been assessed as requiring as a result of an increase in the charge for those services. Effective risk management arrangements are an integral part of the delivery of Social Care Services and all clients will undergo a risk assessment. The Director has discretion to exercise her authority in terms of the Social Work Scotland Act 1968 to abate or waive charges on a case by case basis where a service user, due to their financial circumstances, has difficulty in meeting the approved cost of the service.
- 10.2. There are no issues in respect of sustainable development arising from this report.
- 10.3. There are no other issues arising from this report.

11. Equality Impact Assessment and Consultation Arrangements

- 11.1. There are no requirements to carry out an impact assessment in terms of the proposals contained within this report.
- 11.2. There was no requirement to undertake any consultation in terms of the information contained within this report.

Val de Souza
Director, Health and Social Care

28 March 2018

Link(s) to Council Values/Ambitions/Objectives

- Deliver better health and social care outcomes for all
- Accountable, effective, efficient and transparent
- Fair, open and sustainable

Previous References

None

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Brenda Hutchinson

Head of Adult and Older People Services

Ext: 3701 (Phone: 01698 453701)

Email: brenda.hutchinson@southlanarkshire.gcsx.gov.uk

Craig Fergusson

Head of Finance (Transactions)

Ext: 4951 (Phone: 01698 454951)

Email: Craig.Fergusson@southlanarkshire.gcsx.gov.uk

Report

9

Report to: **Social Work Resources Committee**
Date of Meeting: **25 April 2018**
Report by: **Director, Health and Social Care**

Subject: **Adult and Older People's Day Opportunities Update**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Committee on current work being undertaken within day care services

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted; and
- (2) that proposed next steps outlined in section 6 to develop future options and an overall strategy for day care services are noted.

3. Background

- 3.1. The Council currently delivers a mix of day care and support services for both adults and older people within their communities.
- 3.2. The delivery model has changed little over the last 20 years, with the focus being on the delivery of services from buildings based resource, whereby service users attend their local day centre to participate in a number of activities designed to:
- keep people active, involved and stimulated
 - reduce isolation through offering social opportunities providing a break for carers
 - developing the skills and abilities of service users
- 3.3. Overall, there are 20 day centres split across the four localities, comprising of 13 centres with a focus on older people (65+) and 6 delivering services to adults with learning disabilities. The current locality configuration and split is outlined below:

Locality	Day Centre Resources
Clydesdale	3 older people's day centres 3 adult day centres
East Kilbride	3 older people's day centres 1 adult day centre
Hamilton/Blantyre	6 older people's day centres 1 adult day centre
Rutherglen/Cambuslang	1 older people's day centre 1 adult day centre

- 3.4. In addition to centre based services, there are Community Support Teams based within localities that provide direct support to service users with learning disabilities, particularly with regards to accessing community based supports.
- 3.5. Although the majority of current provision is delivered by in-house Council services, there is a small but very specialist element of service provision which is externally purchased.
- 3.6. Access to all of the aforementioned services is similar to other social care orientated services, in that a person has to be assessed through a fieldwork social care assessment to ascertain whether or not they have a certain level of need/vulnerability. The service is, therefore, targeted and not universal in nature.
- 3.7. From a finance related perspective, older people depending on the outcome of a financial assessment pay either a contribution or in full for their day care services. Conversely, there are no charges in place for adults with a learning disability who attend day care services.

4. Current Position

- 4.1. Across the older people's element of day care services, there are in any given week, a total of 1,396 places available. However, current occupancy levels in March 2018 indicate that the service is operating at a capacity of 937 places or 67%, with the remaining 459 or 33% of places unoccupied. This is not a new or one-off trend and broadly reflects occupancy figures over the last number of years.
- 4.2. A similar, but more pronounced position exists in an adult day care context. For example, Carluke Lifestyles is currently 80% under occupied. Moreover, the existing profile has seen very little change, in that many of the service users have continued to attend for 30+ years. However, this is consistent with demographic trends, whereby life expectancy in adults with a learning disability has increased markedly as a result of advances in medical care with the majority of users now between the age of 50 and 80 years old.
- 4.3. There are a number of factors which provide context to the relative under occupancy and usage of day care services. These are summarised below:
 - annually, the number of referrals received to the service has fallen, with demand for traditional services not as high as they once were
 - the national policy landscape has changed significantly over the last 20 years with legislation such as The Same as You – A Review of Services for People with a Learning Disability (2000) and the Keys to Life – Improving Quality of Life for People with Learning Disabilities (2013) and the introduction of Self Directed Support (SDS) through the Social Care (Self Directed Support) (Scotland) Act 2013. All of which emphasise a move away from a 'one size fits all' approach where service users are opting to use their personal budgets to engage in alternative day activities which offer more flexibility, choice and control.

5. Redesign and Testing New Ways of Working

- 5.1. Whilst there is no doubt that day services can help people to stay connected with friends and reduce social isolation, the service recognised that alternative delivery methods would have to be considered to maximise the use of resources in the best possible way, particularly in light of the under occupancy referred to above.
- 5.2. A number of initiatives over recent years have proven to be very successful in re-positioning the service. Below is a summary of the successes in both an adult and older people context to date:

No	Service Development/Test of Change	Outcome
1	Alternative day opportunities	Service users attending Lindsay House were afforded the opportunity to look at more person-centred day opportunities outwith a traditional centre. Following the closure of Lindsay House and transition of the service users to alternative provision, only 14 of the original cohort have opted to continue with a centre based service. All other service users have been fully re-connected to other community based alternatives.
2	Extending choice to adult day care	The creation of three service models of <i>day centre</i> , <i>support</i> and <i>facilitation</i> to extend choice beyond the traditional day centre model. The three components of the model allows people to continue to access day services, or to be supported to develop their own person centred support plan or be enabled to increase their independence in the community with friends and peers. The model advocates increased choice and empowering individuals to become more independent and less dependent on traditional models of care. This has enabled individuals who were previously very reliant on day centre support to become more independent to travel on their own, seek employment and education opportunities and socialise with friends and peers with very limited support. This reinforces national policy outlined in the <i>Same as You</i> and <i>Keys to Life</i> strategies for people with a learning disability.
3	Co-location of adult and older people day care	The co-location of adult and older people day services within the Lifestyle community facility in Stonehouse has realised a number of opportunities in terms of the creation of community hubs, where resources can be pooled, for example transport, budgets, joint activity planning and staff. Early indications of this model are positive.
4	Shared activities and services across adult day care	Service users from Carluke Lifestyles and Harry Smith Lifestyles regularly share activities, with the Carluke service often re-located to Harry Smith. This has proven that there are economies of scale and more efficient ways of working to be explored.
5	Intermediate Day Care	Introduced within McClymont day care in Clydesdale, the service has focused on supporting older people who are physically frail and at potential risk of hospital admission. The service offers crisis intervention with a focus on rehabilitation and enablement with a view to maintaining the person at home. The service supports older people for 10 weeks and will be fully evaluated in July 2018.

6. Next Steps

- 6.1. Whilst the above examples have not been service wide, they have helped the service to test new and innovative practice which, in turn, provide opportunities to develop and position the service for the future.
- 6.2. Given that the day care delivery model has remained relatively unchanged but at the same time demand, demography and national policy has changed significantly, it is proposed that a strategy for day care is developed which outlines a service wide model for the future.
- 6.3. From the perspective of timescales, a proposal should be brought back to a future meeting of the Social Work Resources Committee. Thereafter, and subject to agreement, a full implementation plan will be developed to support the direction of travel.

7. Employee Implications

- 7.1. There are no additional employee implications associated with this report.

8. Financial Implications

- 8.1. There are no financial implications associated with this report.

9. Other Implications

- 9.1. There are no additional risks associated with this report.
- 9.2. There are no sustainable development issues associated with this report.
- 9.3. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. There is no requirement to carry out an equality impact assessment in terms of the proposals contained within this report.
- 10.2. There are no consultation issues associated with this report.

Val de Souza
Director, Health and Social Care

15 March 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ Deliver better health and social care outcomes for all

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Programme Manager, Health and Social Care

Ext: 3743 (Phone: 01698 453743)

Email: martin.kane@southlanarkshire.gcsx.gov.uk

Report

10

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Self-Directed Support
----------	------------------------------

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ advise of the progress of Self-Directed Support

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted.

3. Background: SDS Purpose

3.1. Self-Directed Support (SDS) aims to improve the lives of people with Social Care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. This means Social Care should be provided in a way that gives people choice and control over their own lives and which respects and promotes their human rights. It requires significant changes to the way Social Care has been provided in the past. Crucially, authorities should work in partnership with people and communities to design and deliver the services that affect them.

4. Scottish Government Strategy

- 4.1. The ten-year SDS strategy was introduced jointly by the Scottish Government and COSLA in 2010. It is one of a number of national policies designed to empower people and communities to become more involved in designing and delivering services that affect them. The Social Care (Self-Directed Support) (Scotland) Act 2013, the Community Empowerment (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 were all introduced following the report by the Christie Commission in 2011. They were designed to encourage significant changes to how services were previously provided, and require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.
- 4.2. Councils already had a legal duty to assess people's Social Care needs. If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Councils do not have to offer the SDS options to people who do not meet local eligibility criteria. But in those circumstances, councils should inform individuals about where else they can find help, for example, voluntary groups and charities, or the local community.

5. South Lanarkshire Context and Progress

- 5.1. This is now the seventh year of the ten-year SDS strategy. It is recognised that implementing the strategy is not just about authorities changing their Social Work processes and procedures, the way they plan and manage their budgets, and how they work with external providers and communities to ensure a balance of flexible, good-quality services. A report was submitted to Social Work Resources Committee in November 2017 which detailed the key findings and recommendations arising from the Audit Scotland report 'Self Directed Support – 2017 Progress Report'. This included a checklist for councillors and Integrated Joint Board (IJB) members.
- 5.2. The expressed view of Audit Scotland is that there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. This is synonymous with the position within South Lanarkshire. Self-Directed Support supports choice and control for individuals in how their support plan is delivered to meet the assessed need and risk. It gave Councils responsibility for offering people four options for how their social care is managed:
- Option 1: the individual or carer chooses and arranges the support and manages the budget as a direct payment.
- Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support.
- Option 3: The authority chooses and arranges the support.
- Option 4: a mixture of Options 1, 2 and 3.
- 5.3. Whilst progress has been made within South Lanarkshire, it has been slower than our ambitions for the implementation of SDS. Nationally, progress on implementing SDS is reported on through the Local Government Benchmarking Framework (LGBF) Indicators.
- 5.4. The LGBF Indicator that covers this subject is SW 2: Self Directed Support (Direct Payments and Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+.
- 5.5. The draft LGBF indicators for 2016/2017 show a continuing improvement for South Lanarkshire at 2.5% but it is still behind the Scottish average of 5.9%. Appendix 1 provides the full summary positions.
- 5.6. The South Lanarkshire return confirmed the actual expenditure for SDS 1 (Direct Payments) and SDS 2 (Managed Personalised Budgets). The spend equated to £4.3m against a total adult gross expenditure of £170m which is 2.5% of the overall budget.
- 5.7. What is missing at a national level from this analysis is any recognition of those individuals who elected to take option 3. This expenditure is contained within the heading "Services Purchased or Directly Provided by Councils".
- 5.8. It may be argued that not including the data on option 3 within this measure significantly underestimates the progress of SDS in many authorities. Option 3 is a legitimate choice offered and is also the default in law where supported persons do not wish to express a preference. As with South Lanarkshire, authorities evidencing significant numbers of option 3 are often portrayed as not fully embracing SDS when this is not the case.

- 5.9. The other relevant factor is how authorities have chosen to interpret option 2 (Individual Service Funds/Managed Budgets). The national data evidences two authorities that could be considered as outliers in terms of the percentage of spend. Whilst the reasons for this are markedly different, taking these two figures out of the equation would drop the national average to around 3.8%. Whilst this is still higher than the South Lanarkshire position, the gap is significantly reduced.
- 5.10. There is also a requirement to submit further information as an indicator of how SDS is progressing and the following data has been submitted to the Scottish Government as part of the annual Social Care Return. Comparable data for 2015/2016 is detailed below also. This includes children and families data that is not part of the LGBF indicator.

Data Extract	2015 - 2016	2016 - 2017
Number of SDS1 clients (regardless of what other options chosen)	287	314
Value of payments (Option 1)	£3.2m	£4.1m
Number of SDS2 clients (regardless of what other options chosen)	4	54
Number of SDS3 clients (regardless of what other options chosen)	563	7,213

- 5.11. The Council fully acknowledges the significant transformational change that the SDS legislation seeks to embed and, as a consequence, major changes have been adopted in terms of our assessments and methodology around allocating funds to support eligible needs. We have undertaken a review of progress in implementing SDS. We continue to review progress in implementing SDS and identify improvement actions where required.

6. South Lanarkshire Self-Evaluation

- 6.1 Social Work Resources undertook a self evaluation to its approach to SDS using Empower improvement methodology supplemented by a staff survey over October/November 2017. The findings pointed to slow progress in a number of areas including system developments for assessment and support planning and financial screens. It was also evident from a practice perspective that some staff did not feel confident or have the tacit knowledge in implementing SDS. Feedback from service users and carers has also highlighted that, for some, the SDS process has been slow and for many, there is a lack of understanding on how the SDS process works.
- 6.2. This was followed up by focus groups for staff, service users and carers over March 2018 within each locality to ensure engagement with all key stakeholders.
- 6.3. Internal Audit within the Council have completed an audit of SDS, the findings of which have still to be reported on. The findings of the audit and emergent improvement plan will be reflected in the future SDS Strategy for the Council.
- 6.4. The engagement with staff and service users has been invaluable and will help shape the strategy moving forward focusing on:
- ◆ continued engagement sessions with staff service users and carers
 - ◆ refresher training for all staff involved in assessment and care management, implementing SDS
 - ◆ further refinements to key processes in partnership with IT in respect of assessment, support planning, review modules

- ◆ further development of assessment for carers to take account of impending implementation of the new Carers Act
- ◆ agreeing future funding methodology in terms of children and adults supported through SDS
- ◆ reviewing council public information in relation to SDS and methods of more effective communication with service users and families.

7. Way Forward

- 7.1. The Audit Scotland check list for elected members and IJB members (link provided below) has been updated to reflect the improvements put in place to reflect the findings of the SDS self evaluation and verbal feedback from internal audit.



Self-Directed
Support 2 Supplement

- 7.2. In recognition of the challenges and aspirations to implement the SDS strategy a temporary project management team has been put in place to support the implementations of SDS. This consists of experienced managers and practitioners across services including Social Work, Finance and IT.
- 7.3. There is an SDS Implementation Board in place and the membership and terms of reference for the Board have been revised. The project lead will report to the SDS Implementation Board on progress against the SDS Implementation Plan.
- 7.4. The Care Inspectorate has announced that SDS will be subject to inspection across Health and Social Care Partnerships over 2018/2019 and, whilst no date for inspection for South Lanarkshire Health and Social Care Partnership has been announced, preparation for inspection will be an important task for the team.
- 7.5. Governance arrangements for the SDS Implementation Plan and preparation for future inspection of SDS will be reported through the SDS Implementation Board, Social Work Governance Group and progress reports to Social Work Resources Committee.

8. Employee Implications

- 8.1. Three staff have been seconded onto the Project Management Team on a full time basis. Two from Social Work Resources and a Finance Officer from Finance and Corporate Resources.
- 8.2. In addition to this, lead officers have been identified within Social Work Resources and IT Services to provide support to the project team.

9. Financial Implications

- 9.1. There are no financial implications associated with this report.

10. Other Implications

- 10.1. There are no risk implications associated with this report.
- 10.2. There are no sustainable development issues associated with this report.
- 10.3. There are no other issues associated with this report.

11. Equality Impact Assessment and Consultation Arrangements

- 11.1. There is no requirement to carry out an impact assessment in terms and proposals contained within this report.

11.2. There is no requirement for consultations of proposals contained within this report.

Val de Souza
Director, Health and Social Care

6 March 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ Improve later life
- ◆ Protect vulnerable children, young people and adults
- ◆ Deliver better health and social care outcomes for all

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Brenda Hutchinson, Head of Health and Social Care

Ext: 3701 (Phone: 01698 453701)

Email: Brenda.hutchinson@southlanarkshire.gcsx.gov.uk

Appendix 1

Local Authority	SW2 2016-17	SDS Spend on over 18s 2016-17	Gross SW Spend on over 18s 2016-17
Aberdeen City	3.66	4797	130908
Aberdeenshire	7.84	10962	139743
Angus	3.65	1878	51480
Argyll & Bute	3.81	2386	62649
Clackmannanshire	0.17	49	29104
Dumfries & Galloway	6.22	5674	91213
Dundee City	0.93	994	106513
East Ayrshire	4.01	2706	67556
East Dunbartonshire	5.94	3400	57235
East Lothian	4.24	2419	57049
East Renfrewshire	6.33	3028	47871
Edinburgh City	6.24	18136	290530
Eilean Siar	2.53	688	27213
Falkirk	3.66	3590	98128
Fife	2.92	6391	218512
Glasgow City	18.18	71385	392617
Highland	6.65	6482	97437
Inverclyde	4.69	2282	48608
Midlothian	0.99	1789	180843
Moray	3.54	2391	67551
North Ayrshire	2.29	2077	90653
North Lanarkshire	1.98	3653	184538
Orkney Islands	4.94	977	19779
Perth & Kinross	5.13	3757	73243
Renfrewshire	3.68	3495	94999
Scottish Borders	19.25	14087	73162
Shetland Islands	3.43	977	28485
South Ayrshire	2.51	1928	76917
South Lanarkshire	2.50	4242	169547
Stirling	4.26	1930	45269
West Dunbartonshire	2.31	1459	63111
West Lothian	1.86	1518	81735
Scotland	5.87	191527	3264198

Report

11

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Integration Joint Board Update
----------	---------------------------------------

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ update the Committee on progress with Health and Social Care Integration and the work of the Integration Joint Board (IJB)

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provided a legislative framework that required Councils and NHS Boards to integrate (as a minimum) services associated with Adult Health and Social Care.
- 3.2. In establishing local integration arrangements, Councils and NHS Boards on each of the 31 geographical areas had to prepare an Integration Scheme which set out how integration arrangements would function. Integration Schemes were submitted to the Scottish Government and required Parliamentary approval.
- 3.3. One of the key arrangements agreed within Integration Schemes was the creation of IJBs to oversee the planning, commissioning and financial direction associated with the adult and older people functions (service areas) outlined in the Act. In a formal context, IJBs are formal entities of the public sector.
- 3.4. As part of providing Executive support to IJBs, there was also a requirement to appoint a Chief Officer and Chief Financial Officer, both of whom have key roles in implementing decisions made by the IJB in partnership with local Councils and NHS Boards
- 3.5. Detailed below, is a summary of the work of the IJB to date and some of the proposed areas of development in the future

4. South Lanarkshire Integration Joint Board

- 4.1. Similar to other IJBs across Scotland, South Lanarkshire IJB from a composition perspective has to comply with the prescribed membership outlined in the Act. In summary, there are:
- ♦ eight voting members made up of four local Elected Members and four Non Executive Directors of Lanarkshire NHS Board, who are the only representatives able to make a decision

- ◆ The Chief Officer of the IJB and Chief Financial Officer
- ◆ professional advisors who include the Chief Social Work Officer, Medical Director, Nurse Director and professional clinical representation from acute services and General Practice
- ◆ service user, carer and Third Sector representation
- ◆ additional representation in the form of the Health and Social Care Senior Management Team

- 4.2. One of the key pieces of work which the IJB has to oversee is approving a three - year Strategic Commissioning Plan, which sets out how Health and Social Care Services in South Lanarkshire will collectively work to support the delivery of the nine Health and Wellbeing Outcomes and integration principles set out in the Act.
- 4.3 The Strategic Commissioning Plan sets out the overall strategic direction and is supported by Annual Directions which IJBs issue to both the Council and NHS Board with regards to specific strategic intentions which require to be implemented across the forthcoming year
- 4.4 As a new entity, the IJB has been meeting in a formal context since April 2016 and previously as a Shadow Board for approximately one year prior to this. The IJB has continued to evolve and mature in terms of a strategic decision-making body and is making a significant contribution to the integration of Health and Social Care Services as outlined in the next section of this report

5. Key Milestones and Achievements of the IJB

- 5.1. Whilst not an exhaustive list of the work of the IJB to date, the table below highlights some of the key decisions and progress to date:

Theme		Progress
Strategic Commissioning	Strategic Commissioning Plan	The IJB has an approved Strategic Commissioning Plan 2016-19 which sets out how the IJB will design services to meet the 10 key priorities which citizens in South Lanarkshire told us were important to them. For 2018/19, the plan has been refreshed and updated as part of the work to develop the next three year Strategic Commissioning Plan 2019-22 http://www.slhscp.org.uk/
	Shifting the balance of care	Approved the decision to disinvest in off – site acute beds within Udston Hospital to re-invest in community based supports, thus supporting the aspirations of service users/patients and carers to remain in their own homes and communities
	Supporting end of life care	Approved the decision to develop 12 palliative care beds within the South Lanarkshire geographical area, with the clear benefits being that South Lanarkshire residents have access to specialist support closer to home
	Building and Celebrating	The IJB approved the approach being implemented across the four localities to

	Communities	engaging and working with communities with the aim of identifying where communities can lead and support themselves and where they need the help of Health and Social Care Services
	Promoting Self Care and Self Management	<p>The IJB has a number of strategic commissioning intentions which aim to enable and support people to look after their own health and maintain their independence. Of note, staff working across the Health and Social Care Partnership have supported a number of operational successes including:</p> <ul style="list-style-type: none"> ♦ the implementation of Physical Activity Prescribing (PAP) ♦ growing third sector supports around befriending and peer support ♦ the implementation of reablement ♦ successfully testing new initiatives with regards to maintaining at home, people with respiratory conditions who are at risk of hospital admission ♦ coordinating more effective hospital discharge planning, which has resulted in a significant reduction in the number of hospital delays ♦ the growth in technology enabled care through simple text messaging of results, the promotion of electronic self care platforms and teleconferencing in Care Homes
	Locality Planning	The IJB agreed to the formation of four locality planning areas, in line with the legislative requirements to have a minimum of two localities per geographical area. The locality model and further integration of services is a key priority which all localities are developing. Several good examples of practice are being implemented, including strengthened multi – disciplinary team working to support people with multiple long term conditions in the community and those at risk of hospital admission. This continues to be work in progress.
Governance/Compliance	Integration Scheme	The IJB has an approved and updated Integration Scheme which confirms the scope of how the IJB will operate and its areas of oversight. This was signed off by South Lanarkshire Council and NHS Lanarkshire in 2015 and subsequently updated to take account of the Carers (Scotland) Act 2016 in February 2018
	Legislative Imperatives	Similar to other bodies within the public sector, the IJB has approved statements in place to meet its duties with regards to equalities, climate change and freedom of

		information
	Risk management	The IJB has an approved risk register which sets out the top risks associated with the IJB's ability to discharge its duties. The risk register is currently being refreshed
	Performance Management	The IJB approved its first Annual Performance Report for 2016/17 in line with the statutory requirements. This report gave a broad overview of the impact of the work progressed with regards to implementing the Strategic Commissioning Plan. Work now continues to implement an integrated performance management report for the IJB
Infrastructure	Integrated Senior Management Team	A co-located and integrated senior management team has been established and is led by the Director of Health and Social Care/ Chief Officer of the Health and Social Care Partnership. The SMT provides the necessary assurance to the IJB, Council and NHS Board with regards to progress with this agenda
	Locality Management and Development	Integrated Health and Social Care Managers lead, coordinate and implement the strategic commissioning intentions set out in the Strategic Commissioning Plan within localities. There has also been an agreed pathway of intervention developed and implemented. This focuses on ensuring that any interventions are appropriate and timely, with the principle being on community first. The model provides clarity for all agencies and staff working in communities and emphasises the importance of preventative initiatives such as third sector supports including physical activity and being active, through to people who require more enhanced health and social care support. A good example of this is the work to move 5% of hospital activity into a more appropriate setting, for example patients requiring IV therapy and those with respiratory conditions such as Chronic Obstructive Airways Disease.
	Organisational Development	IJB members have been supported and will continue to be supported through a structured organisational development programme, which is designed to assist them in maximising the effectiveness of their role and the role of the IJB
Communications	Communications Strategy	Effective communication across a workforce of 5,000+ staff was recognised as key priority for the IJB. In 2017, the IJB approved its Communication Strategy which outlined the methodology for communicating and engaging with staff and partners.

	Health and Social Care website and Director's Blog	The IJB has approved a Health and Social Care website which provides a medium to communicate with the wider workforce and went live in 2017. Supplementing this, the Director of Health and Social Care/ Chief Officer communicates through a monthly blog http://www.slhscp.org.uk/
--	--	---

5.2. There are a number of good examples where Health and Social Care Integration has provided a tangible impact on the people of South Lanarkshire. A few of these examples are listed below:-

- ◆ there has been a 40% reduction in the number of bed days associated with delayed discharges over the last 3 months due to better integrated working in localities and with hospital staff. This has brought the Health and Social Care Partnership into line with the agreed target and this has resulted in people spending less time in hospital unnecessarily
- ◆ through intermediate care, more and more people are being supported to return home. Of 80 people recently supported through this approach, over 50% were enabled to return home, when previously they would have moved to residential/nursing care
- ◆ through reablement support, the Health and Social Care Partnership has managed to increase the levels of independence of service users. On average, any service user who successfully completes a reablement intervention will have 30% less home care in comparison to when they were first referred

6. Next Steps

6.1 The IJB continues to meet on a frequent basis (up to five meetings per year). Over the next year, a number of key priorities have been identified with the aim of supporting the overall direction of travel alluded to in section four.

6.2 In summary, the most significant strategic priorities for the IJB will be:

- ◆ overseeing the strategic direction with regards to the new General Medical Services Contract and also the wider work associated with transforming Primary Care Services
- ◆ developing the Building and Celebrating Communities approach across the four locality planning areas as a means of empowering communities to recognise what they can do best
- ◆ the continuing development of strategies which support the growth of community based supports as viable alternatives to bed based forms of care, thus enabling the necessary shift in the balance of care. For example care facilities modernisation
- ◆ growing opportunities in Telehealth and Telecare which both extends service user, carer and staff confidence in utilising technology enabled care
- ◆ further developing the locality model to ensure that all services maximise their potential through appropriate interventions within the care pathway
- ◆ agreeing a new three year Strategic Commissioning Plan for the period 2019-22
- ◆ working in partnership with the local authority to develop replacement care facilities

7. Employee Implications

7.1. There are no employee implications associated with this report.

8. Financial Implications

8.1. There are no financial implications associated with this report.

9. Other Implications

9.1. There are no additional risks associated with this report.

9.2. There are no sustainable development issues associated with this report.

9.3. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

10.2. There is no requirement to undertake a consultation as this report is for update purposes only.

Val de Souza

Director, Health and Social Care

12 March 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ deliver better health and social care outcomes for all
- ◆ achieve results through leadership, good governance and organisational effectiveness
- ◆ improve later life
- ◆ improve health care and wellbeing
- ◆ protect vulnerable children, young people and adults

Previous References

- ◆ Social Work Resources Committee of 3 June 2015

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Programme Manager, Health and Social Care

Ext: 3743 (Phone: 01698 453743)

Email: martin.kane@southlanarkshire.gcsx.gov.uk

Report

12

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Carers Act Update
----------	--------------------------

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise of the progress on the Implementation of the Carers (Scotland) Act 2016
- ◆ advise of the contributory role of the voluntary sector in the Implementation of the Act

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the progress on the implementation of the Carers (Scotland) Act 2016 be noted;
- (2) that the role of the voluntary sector with the implementation of the Act be noted; and
- (3) to note that future updates on the implementation of the Carers (Scotland) Act 2016 would be provided.

3. Background

3.1. The NHS and Community Care Act 1990 is widely cited as the first piece of UK legislation to establish a formal requirement for user involvement in service planning. The Carers (Recognition and Services) Act 1995 further linked carers to involvement and planning of services. Services evolved in South Lanarkshire as a result of this legislation. The Carers (Scotland) Act 2016 now establishes the rights of carers on a more formal basis by placing specific duties on local authorities and health boards.

3.2. The Carers (Scotland) Act 2016, which came into force on 1 April 2018, represents a bold vision through extending and enhancing the rights of carers.

3.3. Implementation of the Carers (Scotland) Act 2016 sits within a wider context of the integration of Health and Social Care, building a fairer Scotland and a strong, sustainable economy, tackling inequalities and delivering public services with communities.

3.4. The Carers (Scotland) Act 2016 identifies a number of new requirements and actions to support carers:-

- ◆ a new adult carer support plan
- ◆ a new young carer statement
- ◆ duty to support carers including by means of a local eligibility criteria
- ◆ duty to prepare a local carer strategy
- ◆ duty to provide an information and advice service and publish a short breaks services statement

- ◆ duty to involve carers in the discharge from hospital of the people they care for

3.5. A Carers Act Programme Board was established in September 2017 and has been shaping the South Lanarkshire Health and Social Care Partnership's response to the implementation of the Carers Act. The Programme Board has been using the Carers Act Readiness Toolkit to track the progress of its response and implementation of the range of duties within the Act this can be assessed below.



South Lanarkshire H
SC Partnership Read

- 3.6. Final Guidance on the implementation of the Act was received from the Scottish Government in March 2018.
- 3.7. Carers are recognised as equal partners in the delivery of support and care. The Council has benefited from carers who care for the most vulnerable people living in our communities, and the organisations that support them.
- 3.8. South Lanarkshire has provided support funding to a range of organisations supporting carers but the two main carer organisations funded primarily focus on the "provision of support services to carers" and "the voice of carers".
- 3.9. [Lanarkshire Carers Centre](#) (LCC) is a carer led organisation and has operated since 1995. It is a registered charity and is recognised as the key provider of carer support services. LCC receives pan Lanarkshire Service funding by both North and South Lanarkshire Partnerships, with other funding from a previously managed NHS Lanarkshire Carers Information Strategy (CIS). CIS funding transferred to the respective Health and Care Partnerships in April 2017.
- 3.10. [South Lanarkshire Carers Network](#) (SLCN) is a Carer led organisation which was established in 1998 to influence and involve carers in the planning and provision of services that affect them. The role of the Network is to: identify unpaid carers, develop and maintain the Network for unpaid carers, Consult and engage with carers, identify gaps in the provision of services.
- 3.11. The Resource is working closely with both organisations in our readiness for the implementation of the Act, and to ensure we have the right support in the right place at the right time for all carers across South Lanarkshire.
- 3.12. Commissioning arrangements with current carer organisations require to be reviewed in relation to specific duties of the Act. Our main Carer Centre, is a pan Lanarkshire Service and North Lanarkshire Health and Social Care Partnership has indicated they will be tendering their Carer Support Services. An options appraisal of future service models of Carer Support in south will be undertaken. This will include the current CIS funded hospital and community carer support services.
- 3.13. The Scottish Government has also requested detailed information in the form of "Carers census" data. Social Work Resources and Lanarkshire Carers Centre are currently working to support this activity.

- 3.14. Stakeholder awareness raising around the Act will be undertaken in a range of ways, with some funding targeted to the voluntary sector to drive some of this work forward. In terms of training and awareness for our own staff, a Learn on Line, EPIC (Equal Partners in Care) carer awareness training tool will go live shortly. A communication group will also be established to ensure all publicity material from a range of different organisations is consistent across all agencies.

4. Employee Implications

- 4.1. This report identifies further responsibilities for employees of both the Resource and the voluntary sector, in driving the work forward with the additional planning, data, and operational demands of the implementation of the Act.

5. Financial Implications

- 5.1. The financial impact of the Act and funding associated is still to be identified. A range of funding streams is currently being mapped to ensure the duties of the Act are delivered.
- 5.2. The transfer of CIS funding to respective partnerships, its management, allocation, and future utilisation requires to be considered.

6. Other Implications

- 6.1. The potential demands for Adult Carer Support Plans/Young Carers Statements and the Self Directed Support budgets that could development remains a concern as organisations such as the Coalition of Carers raise awareness/expectation to Carers rights under the Act.
- 6.2. Voluntary Sector organisation have differing roles and remits, there is a risk that as the Act defines specific duties, such as information and advice, rather than complement, they compete. Social Work Resources is working with Carer organisations and Vaslan to ensure the resources carers require are in place and access clear.
- 6.3. The tender of Carers Services in North Lanarkshire will have implications for the Partnership. South Lanarkshire will monitor the impact on Lanarkshire Carers Centre once the impact is known.

7. Equality Impact Assessment and Consultation Arrangements

- 7.1. An equality impact assessment will be required as the Act will introduce new policy.
- 7.2. Carers will be consulted, and the carer organisations who support them included in any consultation. Carer organisation representatives are included in the Carers Act Programme Board and its sub groups.

Val de Souza
Director, Health and Social Care

9 March 2018

Link(s) to Council Values/Objectives

- ◆ protect vulnerable children, young people and adults
- ◆ improving later life
- ◆ deliver better health and social care outcomes for all
- ◆ work with communities and partners to promote high quality, thriving and sustainable communities

Previous References

- ◆ Report to IJB – Carers Strategy Issues Paper

List of Background Papers

- ◆ Carers Act – Readiness Toolkit.

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Bernie Perrie, Planning and Performance Manager

Ext: 3749 (Phone: 01698 453749)

Email: bernie.perrie@southlanarkshire.gcsx.gov.uk

Report

13

Report to:	Social Work Resources Committee
Date of Meeting:	25 April 2018
Report by:	Director, Health and Social Care

Subject:	Investing to Modernise South Lanarkshire Care Facilities
----------	---

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the members of the Committee about the planned investment to modernise care facilities in keeping with the Strategic Commissioning plan to focus on transitional support and the “home for life” principle
- ◆ provide an update of the progress to date by South Lanarkshire Council and an overview of the next steps

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the progress made to date in respect of the transition to the new model of care service delivery is noted;
- (2) that the proposals for the care facilities as outlined in section 5 be approved; and
- (3) that a report is provided to the Integration Joint Board (IJB) which outlines the transformational plan for care facilities as outlined in section 5.

3. Background

- 3.1. Demographic growth projections for South Lanarkshire indicate that the 75+ population and 85+ population will rise year on year by 2.7% and 5.2% respectively. People are living longer but not necessarily healthier lives. Recent figures identify an increase of 35% in the number of people diagnosed with dementia over a three year period.
- 3.2. Since 1996, whilst significant funding was invested to upgrade and refurbish South Lanarkshire Council (SLC) residential care home estate, the current model of service delivery has remained relatively static whilst factors such as demographic demand, complexity of care needs and government policy to shift the balance of care have all changed significantly in this timeframe.
- 3.3. In terms of this estate, four of the existing eight care homes are ageing in building infrastructure and design layout. The four care homes identified are Kirkton House (Blantyre) Canderavon House (Stonehouse), McWhirters House (Larkhall) and McClymont House (Lanark). The total number of registered care places is 134.

- 3.4. The remaining four residential care homes, Dewar House (Hamilton) Meldrum Gardens and McKillop Gardens (East Kilbride) and David Walker Gardens (Rutherglen) are of a sufficiently high standard to continue to meet regulatory requirements, thus providing the opportunity to continue to provide care provision within these locations. The total number of registered care places is 138.
- 3.5. SLC, working in partnership with NHS Lanarkshire Board, is committed to contributing to the nine national health and well being outcomes, in particular, the second of which is to support people, including those with disabilities or long term conditions, or who are frail, to be able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3.6. The Scottish Government's strategy "Age, Home and Community" (2012-2021) also set out a 10-year vision for housing older people, aiming to shift the balance of care towards supporting people to remain at home independently for as long as possible, rather than in care homes or hospitals. The Local Housing Strategy 2017-2022, "Affordable Homes, Sustainable Places", sets out a specific outcome for supporting people with particular needs and their carers to live independently within the community in a suitable and sustainable home.
- 3.7. The direction of travel is consistent with the Strategic Commissioning Plan which emphasises a reduction on the reliance of nursing and residential care. This will be achieved through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the "home for life" principle.
- 3.8. Social Work Services for adults and older people, Care Home Services and respite provision were functions, amongst others, which were delegated to the South Lanarkshire IJB on 1 April 2016. This delegation was required by the Public Bodies (Joint Working) Scotland Act 2014 and is set out at clause 5.2 in the South Lanarkshire Health and Social Care Integration Scheme. The ownership of the properties from which Health and Social Care Services are delivered however was retained by local authorities and health boards in line with the legislation.

4. Progress to date

- 4.1. A pilot/test of change was undertaken within the care facilities of Canderavon House, Meldrum Gardens and McKillop Gardens through the provision of 22 intermediate/transitional beds since 2016. Evaluation of the pilot confirms that service users who would have otherwise moved to residential or nursing care have been supported to regain skills and confidence. Of the people supported through this service, 56% successfully returned home supporting the view that through an enabling approach, more people can be supported to return their community.
- 4.2. New models of care and developing practice have also been reviewed by officers across the Health and Social Care Partnership. Research has been undertaken and a number of observational visits have taken place to explore opportunities and to consider the application of these findings within South Lanarkshire.
- 4.3. Based on the test of change and the research, the Council and its partners recognise the need to transition the current model of residential care to one which is focused on intermediate care aimed at supporting the person to return home or to a setting which best meets their needs. A whole system approach is being adopted which reflects early intervention, self-management and enablement and supports people to secure

their personal outcomes. This will best be achieved through the provision of timely re-ablement and rehabilitation interventions provided from a locality based multi-disciplinary hub. It is intended to develop the care facilities within a broader strategic framework.

- 4.4. The future model of care will therefore incorporate the following principles:
- ◆ the flexible use of beds to support people through a transitional period, particularly those who are at risk of premature admission to long term care; require crisis intervention; have palliative care needs; or have been subject to acute hospital admission and require a period of recovery.
 - ◆ the provision of an environment to undertake further multi-disciplinary assessment, monitoring, rehabilitation and enablement.
 - ◆ the provision of a recovery and recuperation period to enable the person to return home safely.
 - ◆ be centred around a hub which will be resourced by a multi-disciplinary team, with multi-function rooms to undertake the necessary rehabilitation and re-ablement of service users in the designated transitional beds.
 - ◆ connect with wider community supports, with both staff in the hub and in the community providing in-reach and out-reach support. The availability of multi-purpose rooms will allow community staff to deliver inputs such as Podiatry, Occupational Therapy and Physiotherapy Services.
 - ◆ a carers and third sector hub to support carers and community engagement.
- 4.5. This innovative model of care will support more people to return home who may otherwise have been prematurely admitted to a care home setting or resided longer than necessary in a hospital bed. The service will be responsive, flexible and available at times of crisis to ensure the person recovers and maximises their independence.
- 4.6. The model will have a stronger connection to existing community based resources including the Home Care Re-ablement Teams, the Integrated Community Support Teams and Hospital at Home Service. The model will also support a fuller assessment period prior to any decision regarding permanent admission to a care home. This will ensure the care home option is only utilised at the most appropriate point in the person's life journey.

5. Phasing the Investment – Care Facilities

- 5.1. In order to engage all Elected Members in the development of care facilities which are fit for the future, Members were invited to attend a presentation outlining the Council's investment in the care facilities for the future. To facilitate the discussion, this event was held over four sessions on 18 April 2018. The drivers for change were explained and the whole system approach to providing support to the ageing population of South Lanarkshire was presented in relation to this new initiative.
- 5.2. The presentations were well received. The scale and ambition of the change programme was acknowledged and there was general support from the Elected Members who were well informed about the significance and potential benefits and positive outcomes that the new model of delivery could have for South Lanarkshire residents. The officers directly involved in the delivery of the project benefited from the feedback from Elected Members.

- 5.3. The model will be implemented South Lanarkshire wide across the four localities. The future configuration of resources across each locality will involve de-commissioning of the older Care Homes which are coming to the end of their life span in terms of being fit for purpose in future years, whilst at the same time enhancing the remaining ones. This is outlined below:

Locality	Implementation
Hamilton	Kirkton House and McWhirters House will be replaced by a new Care Facility. Dewar House will be maintained
Clydesdale	McClymont House and Canderavon House will be replaced by a new Care Facility
East Kilbride	Will see an enhanced model for the existing Meldrum House and McKillop Gardens Care Facilities.
Rutherglen/Cambuslang	Will see an enhanced model for the existing David Walker Gardens

- 5.4. The Hamilton locality has been identified as the starting point due a number of factors including ageing care homes within this locality and the identified need in relation demographic growth. The Hamilton locality has the largest population of 107,000 and the most significant growth in the 85+ population. 29.4% of the population comprises of people aged 65+. Frailty amongst the Hamilton population is higher and the locality has the highest prevalence of mental health needs, including dementia. It also has the highest rates of emergency admissions and people living with multiple long term conditions.
- 5.5. A preferred site has been identified – St Joseph’s in Blantyre.
- 5.5.1. The site provides the opportunity to co-locate and integrate the following services and amenities:
- ◆ 20 transitional ensuite rooms providing care for adults and older people with multi – purpose rooms for reablement and rehabilitation interventions. There will be staff accommodation to enable the delivery of in reach and outreach support
 - ◆ 20 technology enabled homes which support adults with complex needs and older people to live independently. Where support is required, this would be provided by community based Health and Social Care teams.
 - ◆ a Centre of Excellence which would host Telehealth/Telecare demonstration space, facilities to train and develop our own care staff, accommodation for students, a community cafe and a community I.T Hub.
 - ◆ community regeneration and intergenerational space to promote social enterprises such as community gardens, sensory garden and children’s play area which is autism and disability friendly.
 - ◆ employment opportunities created through community cafe and social enterprise.
 - ◆ new supply of mainstream social rented housing built to Housing for Varying Needs Standards, which includes barrier free internal spaces and other accessibility features.
- 5.6. The model will be tailored to each locality’s requirements beyond the core elements, recognising that the asset base and current service configuration in each locality will be different, thus providing their own unique opportunities.
- 5.7. This concept is set out diagrammatically at Appendix 1.

- 5.8. The full presentation that was delivered to Elected Members is embedded within the background papers.

6. Next Steps

- 6.1. Given the significance of the capital investment and the transformational change programme, the IJB will be asked to endorse the approach being adopted by the Council and note the requirement for the delegated funding to continue to be available to operate the new care facilities. The IJB is responsible in terms of the Integration Scheme for the delivery of the integrated functions and provides operational oversight of all integrated services.
- 6.2. A report will be presented to the IJB on 26 June 2018 providing an update on the progress being made. The transition to the new model of service delivery relies on the ongoing availability of the revenue budget allocation delegated by the IJB to the Council.
- 6.3. On approval a full communication strategy for all stakeholders will be developed to introduce the model and give updates on an ongoing basis.
- 6.4. With regards to the delivery of the build, programme work is already underway to develop specific project briefs and specifications for each phase of the works and it is currently anticipated that the initial phase of works will commence on site later in 2018. There is a joint Social Work/Housing and Technical Resources Programme Board already established and which will oversee the physical and financial progress made in the delivery of this programme. Updates on progress will be included as part of future capital monitoring reports.

7. Employee Implications

- 7.1. The new model of care service will provide an opportunity for staff to develop their skills and knowledge to work within the new care facilities. The Council is well placed to support staff to undertake the necessary personal development to equip them to discharge their professional roles in line with regulatory requirements.

8. Financial Implications

- 8.1. The detailed specification of the design for the new model of care facilities is underway for the Hamilton locality and the proposed financial framework will be finalised as part of this exercise, including confirmation of decommissioning costs and anticipated future revenue consequences of capital.
- 8.2. The capital cost of the care facilities developments across South Lanarkshire will be met from within the agreed capital investment programme. At the meeting of the Executive Committee on 28 February 2018, the General Services Capital Investment Programme for the financial years 2018/2019 and 2019/2020 was updated and a revised budget of £17.6 million was approved for the replacement of Social Work care facilities.
- 8.3. The St. Joseph school site was identified by Education Resources as surplus to their requirements. This site has been identified as the preferred site for this development.

9. Other Implications

- 9.1. The approved capital investment programme will mitigate future operational risks which would otherwise emanate from the deterioration of four of the existing residential care homes.

- 9.2. A full decommissioning plan is being put in place to maintain the stability and quality of care and support for existing service users.
- 9.3. There are no sustainable development issues associated with this report.
- 9.4. There are no other issues associated with this report.
- 10. Equality Impact Assessment and Consultation Arrangements**
- 10.1. A full equality impact assessment will be undertaken of the strategy for care facilities for the future.
- 10.2. Ongoing consultation and engagement will be a key component of the implementation approach.

Val de Souza
Director, Health and Social Care

24 April 2018

Link(s) to Council Values/Objectives

- ◆ deliver better health and social care outcomes for all
- ◆ protect vulnerable children, young people and adults
- ◆ improve later life
- ◆ accountable, effective, efficient and transparent
- ◆ focused on people and their needs
- ◆ ambitious, self aware and improving

Previous References

- ◆
- ◆ Executive Committee 28 February 2018 - Capital Programme 2018/2019 to 2019/2020 Update
- ◆ Integration Joint Board 26 March 2018 – Directions from the South Lanarkshire Integration Joint Board to NHS Lanarkshire and South Lanarkshire Council

List of Background Papers

- ◆ Presentation - Investing in care facilities for the future (18 April 2018)



AO1808_Investing
to Modernise.ppt

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Evelyn Devlin,
Service Manager Transitions
Ext: 3938 (Phone: 01698 453938)
Email: evelyn.devlin@southlanarkshire.gcsx.gov.uk



