

Report

Report to:	Social Work Resources Committee
Date of Meeting:	17 March 2021
Report by:	Director, Health and Social Care Executive Director (Finance and Corporate Resources)

Subject:	Establishment Changes
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Committee on additional service demands because of delivering, in a COVID environment, frontline operational services and supports
- ◆ set out proposals to strengthen the leadership, governance and management arrangements which support the delivery of statutory Social Care Services and will provide more robust oversight of contracted services

2. Recommendation(s)

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

- (1) that the content of the report is noted;
- (2) that the additional posts are added to the establishment as outlined in Section 8; and
- (3) that the funding outlined to meet new service demands and deliver services differently because of COVID-19 and realignment of existing resources be noted.

3. Background

- 3.1. It has now been more than 12 months that the COVID Pandemic has been impacting on society and how services are delivered. Within this time, many new directives have been issued by the Scottish Government to ensure that there is a consistency of approach to enable services to operate safely, whilst at the same time, continuing to ensure our most vulnerable people receive the care and support that they require.
- 3.2. It is fair to conclude that in most circumstances, any new national guidance has resulted in services having to adapt and change significantly in terms of their operating model.
- 3.3. This report will cover two aspects:
- ◆ the new demands resulting from the COVID Pandemic, whereby services have had to change and adapt their model of delivery. Outlining the additional resource requirements pertaining mainly to Care Homes and the ongoing requirements with regards to delivering a PPE service and the expanded staff testing
 - ◆ staffing establishment changes proposed with regards to substance misuse services, planning and development and public protection quality and audit capacity.

4. Current Position (COVID Impact)

- 4.1. **Residential Care Staffing** Residential Care for older people has undergone significant transformation to the way that care is delivered due to COVID-19. The Service has had to respond at pace to changing guidance to ensure that all safety measures are in place and that care is delivered to the highest standard. The overall impact of this has been to significantly increase the workload for each of the Care Homes. The strict guidance in place, has increased demands on staff time, whilst at the same time limited flexibility of deployment due to:
- ◆ room based care to keep residents safe from possible transmission
 - ◆ supporting visits for carers and family members
 - ◆ supporting remote contact/updates to families
 - ◆ supporting remote contact with health professionals
 - ◆ testing staff three times per week (once via a laboratory verified or PCR test and twice via a Lateral Flow Test)
 - ◆ testing residents and soon to be visitors
 - ◆ isolating residents
 - ◆ compliance with PPE and Infection, Prevention and Control measures
 - ◆ cohorting staff/units
 - ◆ increased scrutiny and reporting of weekly activity in care homes with regards to IPC, testing and capacity
 - ◆ Increased cleaning, laundry, portering and maintenance to ensure adherence to IPC and National Care Standards
 - ◆ the additional employees identified at the Table 8.1. are assessed as required to meet this additional workload
- 4.2. **Staffing for PPE Hub** - testing is being rolled-out across all Adult Social Work and Social Care including Care at Home, Adult Fieldwork Social Workers and Outreach Day Services as follows:
- ◆ weekly testing for Care at Home staff through a PCR laboratory confirmed test
 - ◆ Day Services and Adult Fieldwork staff will use Lateral Flow Testing twice per week via a home administered testing
- 4.3. All the above aspects with regards to testing requires several tasks such as the logging and tracking of results, ordering and distribution of test kits, training, and development of the workforce in the use of kits and additional workforce time to undertake the self-test, whichever test is being applied.
- 4.4. Over and above this demand is the ongoing resourcing of PPE to the full workforce. Recently, Chief Officers have had notification that the current Memorandum of Understanding (MOU) between COSLA, Scottish Government and National Services Scotland (NSS) to setup and distribute PPE through local Hubs will be extended once again to June 2021. As well as duties in relation to PPE distribution, the local Hub will also be involved in supplying Lateral Flow Test kits to Day Services, Adult Fieldwork staff and Personal Assistants. It is anticipated that this may also include Unpaid Carers in due course.
- 4.5. Although this extension has been applied to June 2021, the message is clear that there will be an expectation beyond this date for continuation.

- 4.6. The local PPE Hub which was established within the Newberry Rooney Centre and has since moved to Whistleberry Road has been managed within existing resources to date, primarily because it was anticipated (at the outset of COVID) to be a short – term requirement only. Although the distribution aspect of the PPE Hub has been provided by Housing and Technical Resources, there remains a role for staff within the Health and Social Care Partnership (HSCP) in relation to:
- ◆ working with over 200 Social Care providers to ensure that there is a weekly PPE top-up service in place
 - ◆ weekly liaison with NSS, who supply a weekly national allocation of PPE to the local Hub
 - ◆ inputting all daily data to the NSS system as part of accountability, governance, and replenishments. This provides real time daily data of the current stock position and accounts for every item of stock received and issued
 - ◆ oversee the stock and ordering system for 220 providers
 - ◆ undertake stock check analysis with Housing and Technical staff
 - ◆ link with procurement to order PPE for council in-house services, including ensuring that all localities and services have adequate operational and contingency stocks
 - ◆ oversee the stock and replenishment of test kits
- 4.7. To date, the operation has been picked up by staff who already have substantive posts. This loss of capacity to the Resource has impacted adversely on its planning, performance and support functions and these staff urgently need to revert to their core roles to sustain essential activity such as the delivery of statutory strategic commissioning and planning documents, service transformation and operational management. It is therefore proposed that given this operation looks set to continue and grow, that a short to medium term resource would assist in managing these demands.
- 4.8. The additional resources identified in Section 8.2. will enable employees currently supporting the Hub to undertake their substantive duties to support other areas of service delivery.

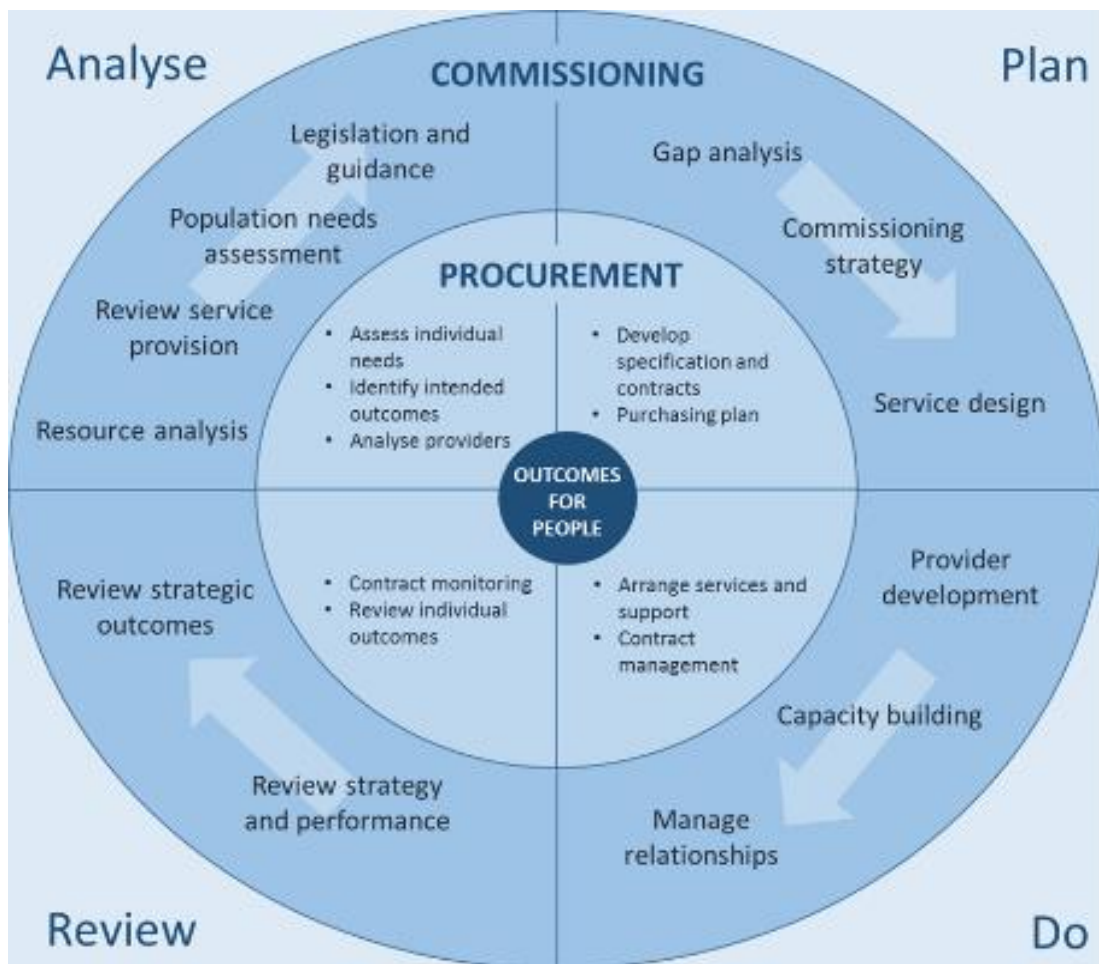
5. Staffing Changes for Planning and Development, Substance Misuse, and Public Protection

- 5.1. Whilst the above changes and costs pertain mainly to the impact of COVID, the HSCP continues to deliver other core and statutory commitments. Continuous improvement and development within these services remains a priority. This section proposes realignments of existing budgets to support this.
- 5.2. Strategic planning demands continue to increase for Health and Social Care Services as a direct result of new national policy imperatives and local transformation activity. At a previous Social Work Committee, a temporary Planning and Development Officer was approved to support the translation of national policies, for example, the implementation of the See Hear Strategic Framework for people with a sensory impairment. In addition to supporting the implementation of national strategies, the Resource has been utilised as part of a wider plan to align strategic planning resources to the four locality planning areas for Health and Social Care. Approval is now sought to mainstream this post on the establishment.

- 5.3. The Community Addiction and Recovery Service (CAREs), has worked to integrate the Service across Social Care and Health over the last two years. CAREs have an establishment of Social Workers to 2.0 FTE per locality to ensure the Service meets statutory public protection duties. It has become evident that additional Social Worker capacity is required in the Hamilton locality, which experiences higher demands than the other three localities. It is therefore proposed that CAREs Hamilton be given an increase in establishment of 0.5 FTE Social Worker through a realignment of existing staffing resources and can be managed on a recurring basis.
- 5.4. It is further proposed that a post of Operations Manager (Adult Protection) is established. This has already been tried and tested with the recent preparatory work for an Adult Support and Protection inspection and has been valued by fieldwork staff. Many partnerships have a dedicated Officer who supports Quality Assurance along with practice and procedural development. This work supports the council's statutory duties under the key Acts namely Adult Support and Protection, Adults with Incapacity and Mental Health Care and Treatment. There is a significant work stream related to Quality Assurance and implementing learning from audit and case review activity that is dispersed across a range of posts rather than being supported and focused by a dedicated officer currently. This fragmented arrangement limits the impact of the improvement activity and the forthcoming Adult Protection inspection has brought this issue into sharper focus. The additional post detailed at 8.3. will be resourced through a re-alignment from each of the existing four locality budgets.

6. Community Living Change Fund

- 6.1. The Scottish Government have announced that a national total of £20m will be allocated to focus on areas such as Mental Health, Learning Disability, Autism and Service Redesign for those individuals who may have encountered lengthy hospital stays or who might have been placed outside of Scotland and who could now more appropriately be supported closer to home. Delivering this intention will require disinvestment in institutional care as more individuals with complex needs are supported in the community. This money is to be transferred to Integration Authorities to be held for a period of up to three years. The South Lanarkshire share of this national allocation will be £1.2m over three years.
- 6.2. The HSCP proposes to utilise this funding to support a Programme of Change and Development that will enhance its capacity to commission services in accordance with the National model set out in the diagram below. The Partnership has a spend of £104.925m on Contracted Services through a range of contracts including Care at Home and Supported Living Services, the National Care Home contract and arrange of specialist and bespoke provision. To ensure the new change fund is maximised to its full potential it needs to be considered within a strategic commissioning context. The diagram below re-enforces the importance of procured services, reviewing performance, achieving outcomes, and having sufficient capacity within the commissioning cycle. This model of strategic planning underpins how the Resource prepares plans for Children's Services, Integrated Health and Social Care Services for Adults and Justice Services and the model through which the HSCP currently works.



- 6.3. In delivering this model there is currently a gap between commissioning, procurement and quality assurance and it is critical that these connections are strengthened. For example, there are several historic contractual and non-contractual arrangements that require to be reviewed and re-assessed in respect of their strategic fit with the plans referred to above.
- 6.4. Capacity within the current system to undertake this is very stretched with other operational demands, particularly with regards to governance, oversight and quality assurance of the services procured. Much of this activity requires professional Social Care review to ensure that inputs are supporting the achievement of outcomes and that regulatory and quality standards are being met. Whilst the care plans of individual service users are monitored and reviewed and there is some liaison is not a dedicated resource in place to examine the quality of practice and obtain assurance that the contractual conditions are being fulfilled. This is another element of Quality Assurance and Development that requires to be strengthened.
- 6.5. Sitting across this Commissioning cycle there is a requirement for enhanced professional governance and scrutiny of performance. The COVID period has thrown into sharp focus the needs to have effective oversight of contracted provision. Such scrutiny is also applicable to internal services and previous Committee reports have discussed the need for robust evaluation of the performance of all Registered Services and the associated processes of care management and protection.

- 6.6. The Table in 8.4. sets out a proposal to use the Change Fund to establish new posts of Service Manager, Team Leader and Planning Officer (4 FTE) to strengthen the Resource's capacity to undertake commissioning and scrutiny activity. These posts would support some alignment of duties and functions for existing job roles to support Locality Managers and the Chief Social Work Officer in their respective roles of locality led Commissioning and Governance. The specific functions of this Resource would be:
- ◆ to achieve 'Best Value' with regards to the £100m+ funding around externally procured services
 - ◆ ensure that these services are aligned to the Integrated Joint Boards (IJBs) Strategic Commissioning Priorities and support a personal outcome approach
 - ◆ work with frontline teams to review the quality of services, both from an in-house and external service perspective
 - ◆ identify areas where funding could be re-directed from legacy arrangements and services which no longer meet the desired outcomes of service users and carers
 - ◆ with the statutory duty of Self-Directed Support (SDS), there is real opportunities through this resource to consolidate and enhance SDS 'choice and control' for people who use services
 - ◆ provide additional professional capacity, leadership, and knowledge within the Social Care part of integrated management arrangements, like the already well-established general management/professional model that has been well embedded within the Health part of governance arrangements
 - ◆ an effective commissioning cycle involves change and renewal and this Resource would strengthen the links between strategic planning, the council's procurement service and operational delivery on the ground. This is a critical part of the strategic commissioning cycle referred to above and has been identified as a current gap
 - ◆ established services need to adapt to changing environments and new service users with different needs. There are many more specific services where groups of service users are supported collectively in some way for example in small residential units and Supported Living Services where there can be elements of shared over-night care and core and cluster models. Such models require a degree of orchestration beyond individual care planning to meet outcomes and maximise impact within the confines of the service users' personal budgets. This Resource would provide capacity to work with providers to ensure high quality and cost-effective support
 - ◆ have a lead role in linking with the Care Inspectorate and providing reassurance to external regulators and partners that the HSCP has a robust approach to quality assurance, audit, review, and continuous improvement.
- 6.7. Whilst the Change Fund is time limited, its purpose is to provide the Resource with the capacity to undertake a change programme that will release and remodel capacity to improve outcomes. It is anticipated that a more effective approach to the Commissioning cycle will result in efficiencies that will sustain these posts in the longer term.
- 7. Support for Occupational Therapy Service**
- 7.1. Work has been successfully undertaken to strengthen the professional Governance of the Occupational Therapy (OT) Service in the context of an integrated model. HSCP OT's are employed by both the council and the NHS and the partnership is developing approaches to maximise the impact of this Resource and the use of financial resources aligned to the Joint Stores (North Partnership and Equipu) and the provision of adaptations. A Team Leader has been temporarily redirected to support this work and it proposed that this post is made substantive to reflect the

ongoing need for effective governance and service development. This post will be funded out of existing budgets aligned to the Occupational Therapy Service.

8. Employee Implications

8.1. The posts outlined in Section 4 pertaining to Care Homes, should be added to the establishment for a fixed term period of six months as outlined below.

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Social Care Worker	7	G2 L1 - 2	34 -40	£11.78 – £12.86	£22,725 - £24,809	£29,611 – £32,326	£207,277 – £266,282
Domestic (Housekeeping / Laundry)	20	G1 L1	20	£9.60	£18,520	£24,131	£482,620
Clerical Assistant	3.5	G1 L2	22 -23	£9.90 – £10.04	£19,098 – £20,256	£24,885 – £25,300	£87,097 – £88,550
Facilities Assistant	7	G1 L2	22 -23	£9.90 – £10.04	£19,098 – £20,256	£24,885 – £25,300	£174,195 – £177,100
Social Care Assistant	7	G1 L2	22 -23	£9.90 – £10.04	£19,098 – £20,256	£24,885 – £25,300	£174,195 – £177,100
Social Care Worker (Nights)	6	G2 L 1 -2 (plus 4)	37 – 44	£11.92 – £13.18	£22,995 – £25,434	£29,962 – £33,140	£234,242 – £259,088
Community Living Manager	1	G5 L1	96-97	£29.47 – £29.92	£53,799 – £54,601	£70,075 – £71,145	£70,075 – £71,145
Total costs							£1,429,701 – £1,521,885

8.2. The posts outlined in Section 4 pertaining to the ongoing requirements of the PPE Hub, should be added to the establishment a fixed term period of six months:

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Team Leader	1	G3 L8	79 – 80	£22.89 – £23.24	£41,771 – £42,410	£54,428 – £55,261	£54,428 – £55,261
Business Support Officer	1	G2 L4	55 - 57	£16.03 – £16.52	£29,253 – £30,147	£38,116 – £39,281	£38,116 – £39,281
Clerical Assistant	6	G1 L4	30 – 31	£11.12 – £11.29	£20,292 – £20,603	£26,441 – £26,845	£206,715 – £209,874
Total cost							£299,259 – £304,416

- 8.3. The posts outlined in Section 5 of this report pertaining to CAReS, Planning and Development and Adult Protection should be added as permanent posts on the establishment as detailed below.

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Planning and Development Officer	1	G3 L4	72 - 74	£20.61 - £21.25	£37,611 - £38,779	£49,007 - £50,529	£49,007 - £50,529
Social Worker Substance Misuse CARes	0.5	G3 L4	72 - 74	£20.61 - £21.25	£37,611 - £38,779	£49,007 - £50,529	£24,504 - £25,265
Social Work Assistant (CAReS)	-0.63	G2 L4	55 – 57	£16.03 - £16.52	£29,253 - £30,147	£38,117 - £39,282	(£24,014 - £24,768)
Operations Manager	1	G4 L2 -5	82 – 88	£23.92 - £26.18	£43,651 - £47,775	£56,878 – £62,252	£56,878 – £62,252
Social Worker (Locality Team)	-1.23	G3 L4	72 - 74	£20.61 - £21.25	£37,611 - £38,779	£49,007 - £50,529	(£60,279 - £62,151)
Total costs							£46,096 - £51,127

- 8.4. The posts outlined in Section 6 of this report pertaining to Commissioning, Quality Assurance and Governance should be added as permanent posts on the establishment as detailed below.

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Service Manager	1	G5 L8	107 - 108	£34.73 - £35.26	£63,379 - £64,346	£82,583 - £83,843	£82,583 - £83,846
Team Leader (QA&R)	1	G3 L8	79 – 80	£22.89 – £23.24	£41,771 – £42,410	£54,428 – £55,261	£54,428 – £55,261
Planning Officer (QA&R)	4	G3 L4	72 - 74	£20.61 - £21.25	£37,611 - £38,779	£49,007 - £50,529	£196,028 - £202,116
Total Costs							£333,039 - £341,223

- 8.5. The posts outlined in Section 7 of this report pertaining to Occupational Therapy should be added as permanent posts on the establishment as detailed below.

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Team Leader	1	G3 L8	79 – 80	£22.89 – £23.24	£41,771 – £42,410	£54,428 – £55,261	£54,428 – £55,261
Total Costs							£54,428 – £55,261

9. Financial Implications

- 9.1. The posts at 8.1. and 8.2. are costs directly associated with additional demands emanating from COVID-19. Consequently, these will be added to the local mobilisation plan and funded from monies provided by the Scottish Government.
- 9.2. With regards to posts cited within Section 8.3, the Planning and Development post will be funded from 'See Hear' monies and the other posts created are funded by the deletion of vacant posts.
- 9.3. The posts in 8.4. are funded for up to three years from the Community Living Change Fund and it is anticipated that the redesign and recommissioning activity that the fund supports will release resource to provide a substantive funding solution over this period.
- 9.4. The Team Leader posts (Occupational Therapy) will be funded out of existing budgets aligned to the Occupational Therapy Service.

10. Climate Change, Sustainability and Environmental Implications

- 10.1. There are no implications for Climate Change, sustainability, and the natural environment in terms of the content of this report.

11. Other Implications

- 11.1. The proposal outlined in this report will assist in reducing the significant risks associated with COVID-19, particularly with regards to ongoing and increasing infection, prevention control demands.
- 11.2. It will also provide much needed capacity as Care Homes have had to operate to a different care model which includes less group interaction and more one to one care.
- 11.3. The proposals will mitigate risk in relation to financial and professional governance.

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 existing policy, function, or strategy and, therefore, no impact assessment is required.

Val de Souza
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Paul Manning
Executive Director (Finance and Corporate Resources)

2 March 2021

Link(s) to Council Values/Objectives

- ◆ protect vulnerable children, young people, and adults
- ◆ improve later life
- ◆ deliver better Health and Social Care outcomes for all

Previous References

- ◆ Social Work Resources Committee 20 February 2019

List of Background Papers

- ◆ none

Contact for Further Information

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

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