



Council Offices, Almada Street
Hamilton, ML3 0AA

Tuesday, 09 March 2021

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, 17 March 2021
Time: 10:00
Venue: By Microsoft Teams,

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

Yours sincerely

Cleland Sneddon
Chief Executive

Members

John Bradley (Chair), Maureen Chalmers (Depute Chair), Walter Brogan, Robert Brown, Archie Buchanan, Janine Calikes, Graeme Campbell, Andy Carmichael, Margaret Cowie, Maureen Devlin, Mary Donnelly, Allan Falconer, Eric Holford, Mark Horsham, Katy Loudon, Joe Lowe, Hugh Macdonald, Catherine McClymont, Colin McGavigan, Jim McGuigan, Lynne Nailon, Richard Nelson, Carol Nugent, John Ross, Margaret B Walker, David Watson

Substitutes

Alex Allison, Gerry Convery, Margaret Cooper, Isobel Dorman, Fiona Dryburgh, Geri Gray, Graeme Horne, Ann Le Blond, Martin Lennon, Richard Lockhart, Eileen Logan, Davie McLachlan, Jared Wark, Josh Wilson

BUSINESS

1 Declaration of Interests

- 2 **Minutes of Previous Meeting** 5 - 16
Minutes of the meeting of the Social Work Resources Committee held on 20 January 2021 submitted for approval as a correct record. (Copy attached)

Monitoring Item(s)

- 3 **Social Work Resources - Revenue Budget Monitoring 2020/2021** 17 - 26
Joint report dated 16 February 2021 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)
- 4 **Social Work Resources - Capital Budget Monitoring 2020/2021** 27 - 30
Joint report dated 24 February 2021 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)
- 5 **Social Work Resources – Workforce Monitoring – November and December 2020** 31 - 38
Joint report dated 9 February 2021 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care. (Copy attached)

Item(s) for Decision

- 6 **Integrated Safeguarding and Early Intervention Hub, Emergency Social Work and Parenting Pathway Support** 39 - 44
Joint report dated 17 January 2021 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources). (Copy attached)
- 7 **Peer Support for Justice Services** 45 - 62
Joint report dated 25 February 2021 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources). (Copy attached)
- 8 **Analogue to Digital Telecare Project** 63 - 66
Joint report dated 23 February 2021 by Director, Health and Social Care and Executive Director (Finance and Corporate Resources). (Copy attached)
- 9 **Establishment Changes** 67 - 76
Joint report dated 2 March 2021 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources). (Copy attached)
- 10 **Rates for Social Care Services 2021/2022** 77 - 78
Report dated 17 February 2021 by the Director, Health and Social Care. (Copy attached)

Item(s) for Noting

- 11 **Adult and Older People Day Service Review Report** 79 - 142
Report dated 10 February 2021 by the Director, Health and Social Care. (Copy attached)
- 12 **South Lanarkshire Alcohol and Drug Partnership's Local Strategy 2020-2023** 143 - 146
Report dated 8 February 2021 by the Director, Health and Social Care. (Copy attached)

- 13 Transformation and Service Improvement Programme** 147 - 154
Report dated 16 February 2021 by the Director, Health and Social Care. (Copy attached)
- 14 Care Inspectorate Updates for Registered Social Work Services** 155 - 160
Report dated 22 February 2021 by the Director, Health and Social Care. (Copy attached)

Urgent Business

- 15 Urgent Business**
Any other items of business which the Chair decides are urgent.

For further information, please contact:-

Clerk Name: Tracy Slater

Clerk Telephone: 01698 454719

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

SOCIAL WORK RESOURCES COMMITTEE

2

Minutes of meeting held via Microsoft Teams on 20 January 2021

Chair:

Councillor John Bradley

Councillors Present:

Councillor Walter Brogan, Councillor Robert Brown, Councillor Archie Buchanan, Councillor Janine Calikes, Councillor Graeme Campbell, Councillor Andy Carmichael, Councillor Maureen Chalmers (Depute), Councillor Gerry Convery (*substitute for Councillor Margaret B Walker*), Councillor Maureen Devlin, Councillor Mary Donnelly, Councillor Allan Falconer, Councillor Eric Holford, Councillor Mark Horsham, Councillor Richard Lockhart (*substitute for Councillor Richard Nelson*), Councillor Eileen Logan (*substitute for Councillor Margaret Cowie*), Councillor Katy Loudon, Councillor Hugh Macdonald, Councillor Catherine McClymont, Councillor Colin McGavigan, Councillor Lynne Nailon, Councillor Carol Nugent, Councillor David Watson

Councillors' Apologies:

Councillor Margaret Cowie, Councillor Joe Lowe, Councillor Richard Nelson, Councillor John Ross (ex-officio), Councillor Margaret B Walker

Attending:

Finance and Corporate Resources

M M Cairns, Legal Services Manager; H Goodwin, Finance Manager; E McPake, HR Business Partner; A Norris, Administration Assistant; L O'Hagan, Finance Manager (Strategy); T Slater, Administration Adviser; A Thompson, Public Relations Officer

Health and Social Care/Social Work Resources

V de Souza, Director; I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); M Kane, Service Development Manager; J McCorrison, Development Officer – Gender-Based Violence; C McLean, Lead Officer, Child Protection Committee; B Perrie, Planning and Performance Manager; L Purdie, Head of Children and Justice Services

1 Declaration of Interests

The following interest was declared:-

Councillor(s)	Item(s)	Nature of Interest(s)
McGavigan	Remuneration for the Independent Chairs of the Fostering and Adoption Panel, Child Protection Committee and Adult Protection Committee	Member of the Fostering and Adoption Panel

2 Minutes of Previous Meeting

The minutes of the meeting of the Social Work Resources Committee held on 28 October 2020 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 2020/2021

A joint report dated 4 December 2020 by the Executive Director (Finance and Corporate Resources) and the Director, Health and Social Care was submitted comparing actual expenditure at 6 November 2020 against budgeted expenditure for 2020/2021 for Social Work Resources, together with a forecast of the position for the year to 31 March 2021.

At 6 November 2020, there was an overspend position of £0.359 million against the phased budget. The financial forecast to 31 March 2021 was a breakeven position. Continued additional costs incurred in relation to COVID-19, totalling £11.952 million, were detailed separately in Appendix B to the report, together with income received from the Scottish Government.

The Resource had also experienced a reduction in income of £0.844 million from services not provided as a result of COVID-19, as detailed in Appendix D to the report. To date, total additional costs to the Council as a result of COVID-19 were £12.796 million, with £5.464 million received from the Scottish Government. A further £7.329 million would be required to meet the spend incurred and councils had been advised that all reasonable costs would be reimbursed.

Information on additional COVID-19 related expenditure within the Children and Families Service of £0.359 million, which would not be funded by the Scottish Government Mobilisation Plan, was provided in Appendix B to the report. There were further pressures within Children and Families Services, relating mainly to additional external residential placements, resulting in an overspend of £0.151 million and, within the Adults and Older People Service, relating to the costs within the Home Care Service, resulting in an overspend of £0.800 million. Work had been ongoing to manage those pressures.

Details were provided in appendices B to F on budget virements in respect of Social Work Resources to realign budgets.

Officers responded to members' questions in relation to various aspects of the report.

The Committee decided:

- (1) that the overspend position on Social Work Resources' revenue budget, as detailed in Appendix A to the report, be noted;
- (2) that the forecast to 31 March 2021 of a breakeven position, excluding COVID-19 costs, be noted; and
- (3) that the budget virements, as detailed in the appendices to the report, be approved.

[Reference: Minutes of 28 October 2020 (Paragraph 3)]

Councillor Donnelly joined the meeting during this item of business

4 Social Work Resources – Capital Budget Monitoring 2020/2021

A joint report dated 21 December 2020 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 2020/2021 and summarising the expenditure position at 6 November 2020.

The budget reflected the revised programme for the year, approved by the Executive Committee at its meeting on 23 September 2020. This also included budget adjustments presented to the Executive Committee thereafter, up to and including its meeting on 16 December 2020. For Social Work Resources, there had been no change since the last report to committee.

The Committee decided: that the Social Work Resources' capital programme of £0.844 million, and expenditure to date of £0.077 million, be noted.

[Reference: Minutes of 28 October 2020 (Paragraph 4)] and Minutes of the Executive Committee of 16 December 2020 (Paragraph 3)]

5 Social Work Resources – Workforce Monitoring – September and October 2020

A joint report dated 8 December 2020 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 September and October 2020:-

- ◆ attendance statistics
- ◆ occupational health statistics
- ◆ accident/incident statistics
- ◆ disciplinary hearings, grievances and Dignity at Work cases
- ◆ analysis of leavers
- ◆ Staffing Watch as at 14 September 2020

Managers continued to follow the procedures outlined within the Council's Maximising Attendance Policy to support employees to remain at work, or return to work after a sickness absence. There were comprehensive employee supports in place and, additionally, Personnel Services worked in close partnership with line managers and the Resource Management Team on a case management basis to ensure that appropriate actions were taken.

The attendance information contained within the report included absences as a result of COVID-19 and employees were being supported through this difficult time to maintain attendance levels where possible.

The Committee decided: that the report be noted.

[Reference: Minutes of 28 October 2020 (Paragraph 5)]

6 Social Work Resource Plan 2020/2021 – Quarter 2 Progress Report

A report dated 7 December 2020 by the Director, Health and Social Care was submitted on the Social Work Resource Plan 2020/2021 in relation to the actions and measures within the Resource.

Details were provided on progress made at the end of quarter 2, covering the period 1 April to 30 September 2020, in implementing the actions and measures identified in the Resource Plan.

Officers responded to members' questions.

The Committee decided: that the report be noted.

[Reference: Minutes of the Executive Committee of 23 September 2020 (Paragraph 8)]

7 Infant Mental Health/Continuing Care – Additional Resources

A joint report dated 29 December 2020 by the Director Health and Social Care and the Executive Director (Finance and Corporate Resources) was submitted:-

- ♦ advising of the Scottish Government initiative to provide additional funding to develop a specialist Infant Mental Health Service
- ♦ providing an update on creating capacity to support wrap-around community-based accommodation for care leavers

The Scottish Government, through its Mental Health Strategy 2017 to 2027 and the national Perinatal and Infant Mental Health Programme, had provided funding to all NHS Boards with a requirement to develop a specialist Infant Mental Health Service from 1 April 2020.

A proposal had been submitted by NHS Lanarkshire (NHSL) for the establishment of a multi-disciplinary team across Lanarkshire. Posts of Project Worker and Nursing staff, who would be employed by NHSL, and 2 Social Worker posts, one for each North and South Lanarkshire, had been submitted as part of the proposal. Funding had been approved from October 2020 which would be reviewed at the end of March 2023.

It was, therefore, proposed that one 3-year fixed term full-time equivalent (FTE) post of Social Worker on Grade 3, Level 4, SCP 72-74 (£37,611 to £38,779) be added to the Social Work Resources' staffing establishment.

As part of the continuing care strategy, there was a requirement to increase capacity to offer young people an option of Supported Carers. At present, there was a small resource of 4 FTE Supported Carers and capacity within the team was maximised and limited. In addition, the team had taken on new support responsibilities for Kinship Care development across South Lanarkshire.

The Scottish Government had issued recurring funding of £15 million between all local authorities in relation to the development of new and enhanced community mental health and wellbeing services for 5 to 24 year olds, their families and carers. South Lanarkshire had received part year funding of £210,000 for 2020/2021. This additional funding was being provided to enable the roll out of new and enhanced supports and services.

It was proposed that one FTE post of Team Leader on Grade 3, Level 8, SCP 79-80 (£41,772 to £42,411) be added to the Social Work Resources' staffing establishment within the Family Placement Team which would enable the service to have a specific focus on recruitment, assessment and retainment of Supported Carers.

The costs associated with the fixed term Social Worker post would be met from the Mental Health Strategy funding provided to NHSL and the costs associated with the Team Leader post would be met from the recurring Mental Health and Wellbeing funding.

The Committee decided:

- (1) that the content of the report be noted;
- (2) that the creation of one 3-year fixed term FTE Social Worker post, as detailed in section 5.1 of the report, be approved; and
- (3) that the creation of one FTE Team Leader post within the Family Placement Team, dedicated to overseeing the development of a supported carers' service, as detailed in section 5.1 of the report, be approved.

8 Resourcing for Inclusion as Prevention and Justice Social Work Resources

A joint report dated 16 November 2020 by the Director, Health and Social Care and the Executive Director (Finance and Corporate Resources) was submitted:-

- ◆ providing an update on the Community Lottery Fund initiative 'Inclusion as Prevention'
- ◆ requesting approval for a temporary increase to the FAS establishment within Social Work Resources
- ◆ requesting approval for a temporary 0.5 Team Leader post within the Unpaid Work Service to be made permanent

The Council had secured funding of £800,000 from the Early Action System Change fund of the Community Lottery Fund for a 5-year project, for the period 2019 to 2024, named 'Inclusion as Prevention' (IAP). IAP was a partnership between the Council, the Centre for Youth and Criminal Justice, Dartington Service Design Lab and Action for Children, which aimed to redesign services in collaboration with children, young people and their families.

Following research and evaluation, the need for throughcare support for vulnerable families approaching the end of intervention work offered by the FAS intensive family support service was highlighted. The IAP core steering group endorsed a proposal to develop a test of change with FAS for children between the ages of 5 and 12 years of age. The Getting it Right for South Lanarkshire Children's Partnership Board also recognised that the test of change would inform, support, challenge and dovetail with wider system change activities.

Currently, FAS had support workers who worked with families for a period of up to 12 months, however, as they exited the service, the intensity of support they required was not always available to them. This gap in service provision created a risk in sustaining the changes required to prevent a relapse in the behaviours which led to the families being in crisis.

It was, therefore, proposed that one 12-month fixed term full-time equivalent (FTE) post of Family Support Worker on Grade 2, Level 1-4, SCP 34-57 (£21,497 to £30,147) be added to the Social Work Resources' staffing establishment to test the introduction of dovetailed support for families being referred to FAS.

There were currently 2 FTE Team Leader posts within the Unpaid Work Services within Justice Services, with an additional 0.5 FTE temporary Team Leader post due to end in March 2021. The temporary post was created to deal with additional workload and the impact of COVID-19. Due to the extent of the backlog of unpaid work hours resulting from the pandemic and the impact of the presumption against short-term sentences (PASS), the level of additional hours would not diminish. The current Team Leader complement did not have the capacity to manage the additional responsibilities whilst maintaining the quality of service delivery and providing effective risk management.

It was, therefore, proposed that the temporary 0.5 FTE post of Team Leader on Grade 3, Level 8, SCP 79-80 (£41,772 to £42,411) be made permanent.

The costs associated with the fixed-term Family Support Worker post would be met from the Community Lottery Fund and the costs associated with making the 0.5 FTE temporary Team Leader post permanent would be met from the Section 27 Grant funding.

The Committee decided:

- (1) that the content of the report be noted;
- (2) that the proposed increase to the staffing arrangements within FAS, as detailed in section 5 of the report, be approved; and

- (3) that the proposal to make the 0.5 FTE temporary post of Team Leader within the Unpaid Work Service within Justice Services a permanent post, as detailed in section 5 of the report, be approved.

[Reference: Minutes of 20 June 2018 (Paragraph 7) and 19 August 2020 (Paragraph 10)]

9 Remuneration for the Independent Chairs of the Fostering and Adoption Panels, Child Protection Committee and Adult Protection Committee

A report dated 24 November 2020 by the Director, Health and Social Care was submitted on the remuneration for the Independent Chairs of the Fostering and Adoption Panels, Child Protection Committee and Adult Protection Committee.

The Council engaged Independent Chairs to provide an objective perspective that ensured their functions were carried out rigorously. Currently, the Independent Chairs were remunerated at a rate of £300 per day which had not been increased since 2015.

Benchmarking had shown that this rate had fallen below rates paid elsewhere and, in order to attract the calibre of candidate required for those posts, it was proposed that the rate be increased to £350 per day.

The proposed uplift was based on the composite price index. Prices at July 2020 were 9.2% higher than the average prices in 2015. The cost associated with this proposal could be met from the Family Placement budget.

The Committee decided: that the increase in remuneration paid to the Independent Chairs of the Fostering and Adoption Panels, Child Protection Committee and Adult Protection Committee, be approved.

[Reference: Minutes of 11 November 2015 (Paragraph 8)]

Councillor McGavigan, having declared an interest in the above item in terms of Standing Order No 23(b), remained in the meeting during its consideration

10 The Independent Care Review's Finding and the Promise of Transformational Change

A report dated 13 November 2020 by the Director, Health and Social Care was submitted providing an update on the Independent Care Review's findings and the work being undertaken to support the vision of The Promise.

In 2017, the Scottish Government launched a root and branch review of the care system to look at the underpinning legislation, practices, culture and ethos. The aim of the Review was to identify and deliver lasting change in Scotland's care system and leave a legacy that would transform the wellbeing of infants, children and young people.

The Review produced 7 key reports: The Promise, The Plan, The Money and Follow the Money, The Rules and The Thank You. The Promise provided an overall vision of what the new approach would be. It found that the system was currently a “complex, fragmented, multi-purpose and multifaceted entity”. The Promise promoted the foundations of voice, family, care, people and scaffolding and it outlined a number of areas where organisations and institutions must “radically rethink” their underlying purpose and operating structures. The report also outlined that the Government must, therefore, create a clear legislative environment that supported families to stay together and that protected and allowed relationships to flourish across the system.

Information was provided on the next steps that would be taken for The Promise to be realised. The implementation of change could take up to 10 years and an independent National Oversight Group would establish a fit for purpose governance structure to ensure accountability from those responsible for making the change, with a report being submitted annually to the Scottish Parliament.

The Committee decided:

- (1) that the content of the report be noted; and
- (2) that it be noted that Social Work Resources would continue to support any future national and local implementation of The Promise arising from the Independent Care Review.

11 Lanarkshire Advocacy Plan/Advocacy Services Tender

A report dated 11 December 2020 by the Director, Health and Social Care was submitted on the draft Lanarkshire Advocacy Plan 2020 to 2025, the current contractual arrangements and the proposal to develop an advocacy tender specification.

Independent advocacy supported people to have their voices heard and their rights and interests protected, and the importance and benefits of independent advocacy were now widely recognised and woven into the fabric of Health and Social Care provision in Scotland. The legal and strategic context in which advocacy operated was underpinned by the following legislation and guidance:-

- ◆ Mental Health (Care and Treatment) (Scotland) Act 2003
- ◆ Patients’ Rights (Scotland) Act 2011
- ◆ Independent Advocacy – Guide for Commissioners 2013
- ◆ The Right to Advocacy – Mental Welfare Report 2018

The Lanarkshire Advocacy Plan, which was a pan-Lanarkshire Plan, had been evolving since 2004 and was now a more inclusive plan, setting out what was happening in each Health and Social Care Partnership and the future plans for advocacy services. The draft Lanarkshire Advocacy Plan 2020 to 2025 was attached as an appendix to the report.

As advocacy services were a delegated function in the South Lanarkshire Integration Scheme, a report would be submitted to the next meeting of the Integration Joint Board to approve the strategy and agree the future strategic direction of advocacy services.

There were existing contracts in place with The Advocacy Project and Speak Out which were due to expire in March 2021 and it was intended to roll these contracts forward for a further year, whilst developing an advocacy framework to have new services in place by April 2022. No formal contract was in place with People First and there was potential to review this arrangement and include peer advocacy as part of a new commissioned advocacy service. There were also further potential efficiencies in looking to have one provider for children’s advocacy and one provider for adult advocacy.

Members were invited to submit comments on the draft Plan.

The Committee decided:

- (1) that the draft Lanarkshire Advocacy Plan 2020 to 2025 be noted; and
- (2) that it be noted that existing contracts would be rolled forward for a further year while an advocacy tender specification was developed.

12 Update on the Social Work Risk Register and Risk Control Plan

A report dated 11 December 2020 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 its 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 revised 5x5 scoring matrix, which had been changed from a 3x3 matrix, following a review of the Council's Risk Management Strategy. The revised scoring matrix and definitions for likelihood and impact were outlined in Appendix 1 to the report. This had resulted in risks being scored between 1 to 25 (low to very 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 changes to the Social Work Resources' register were:-

- ◆ Care Inspection grades in the Council's care homes was now a stand-alone risk and elevated as a corporate risk
- ◆ a new risk for the Covid-19 implications had been introduced
- ◆ some risks had been re-scored as part of Covid-19 implications
- ◆ Self-Directed Support (SDS) was no longer a high risk, but classified as medium

Risks scored 15 to 25 were considered very high and risks scored 8 to 12 were considered high risks. The top risks identified for the Resource were detailed in Appendix 2 to the report.

100% of Risk Control Actions for 2019/2020 were completed on time against a Resource target of 90%. This is monitored on a monthly basis by the Central Risk Management Team. A further 8 Risk Control Actions had been identified for completion during 2020/2021 and those actions to mitigate risks would be progressed by the relevant officers.

The Committee decided:

- (1) that the contents of the Resource Risk Register be noted; and
- (2) that it be noted that the outstanding Risk Control Actions would be progressed by relevant officers.

[Reference: Minutes of 11 December 2019 (Paragraph 10)]

13 Transformation and Service Improvement Programme

A report dated 18 December 2020 by the Director, Health and Social Care was submitted providing an update on the Transformation and Service Improvement Programme and the impact of COVID-19 in relation to the following services:-

- ◆ South Lanarkshire's Care Facilities Modernisation Programme
- ◆ Care and Support Review
- ◆ Mental Health Strategy
- ◆ Care at Home Services Improvement Programme
- ◆ Adult and Older People Day Services Review

As part of the Council's commitment to improving later life for adults and older people and to meet the future needs and wishes of those people, a programme of Transformation and Service Improvement was being undertaken by the Health and Social Care Partnership (HSCP). This work supported the delivery of the Integrated Joint Board's Strategic Commissioning Plan and continued to strengthen community-based supports.

Covid-19 had impacted most severely on people who were older or had weakened immune systems and who were typical of people using Council services. The response process had slowed the progress of the Transformation Programme as resources had been redeployed and services suspended.

Work had now resumed and would incorporate all learning from the pandemic situation which would continue to be applied in future months.

Officers responded to members' questions.

The Committee decided: that the content of the report be noted.

14 Children (Equal Protection from Assault) (Scotland) Act 2019: Implemented 7 November 2020

A report dated 24 November 2020 by the Director, Health and Social Care was submitted advising of the implementation of the Children (Equal Protection from Assault) (Scotland) Act 2019 which came into force on 7 November 2020.

In 2015, the report, 'Equally Protected?' provided a review of the evidence commissioned by NSPCC Scotland, Children 1st, Barnardo's Scotland and the Children and Young People's Commissioner Scotland. The report highlighted the negative consequences of physical punishment, including increased levels of aggression and anti-social behaviour from children, and a strong detrimental effect on children's emotional and mental health.

While Scots law protected adults from all forms of physical violence, the Criminal Justice (Scotland) Act 2003 had provided a defence of justifiable assault of a child, which could be exercised where it was claimed a violent act against a child was for the purpose of physical punishment, often referred to as the use of reasonable physical chastisement. The application of the justifiable assault threshold was often challenging for professionals and was seen as counterintuitive to the values and principles of children's human rights.

The Children (Equal Protection from Assault) (Scotland) Act 2019 now gave children the same protections against assault as adults. The impact of similar legislation in other countries had been positive and these countries had usually seen a decrease in the use of physical violence against children and an increase in child wellbeing.

Information was provided on the national implementation of the Act and the role of partner agencies.

The Committee decided: that the content of the report be noted.

15 Position Statement on Prostitution

A report dated 7 December 2020 by the Director, Health and Social Care was submitted on the collaborative work by the South Lanarkshire Gender-Based Violence Partnership in the development of a Position Statement on Prostitution, attached as an appendix to the report.

Gender-based violence was an umbrella term that encompassed a spectrum of abuse experienced mostly by women and girls and perpetrated mainly by men. Tackling gender-based violence remained a key priority within Scotland. Equally Safe, Scotland's strategy for preventing and eradicating violence against women and girls set out a clear vision of 'a strong and flourishing Scotland, where all individuals were equally safe and respected, and where women and girls lived free from all forms of violence and abuse – and the attitudes that helped perpetuate it'.

South Lanarkshire's Gender-Based Violence Partnership was the mechanism to deliver Equally Safe at a local, strategic level. The Partnership was committed to working collaboratively with key partners in the public, private and third sector to prevent and eradicate all forms of violence against women and girls in South Lanarkshire.

In 2014, the European Parliament passed a resolution which recognised that prostitution, forced prostitution and sexual exploitation were gendered issues, and violations of human dignity and human rights. Under the UN Convention on the Elimination of Discrimination against Women, the UK had agreed to take appropriate measures to "supress all forms of traffic in women and exploitation of prostitution of women".

Following debate and some members' concerns that the Position Statement did not include male victims of gender-based violence, it was proposed that the issues raised be fed back to the Gender-Based Violence Partnership to broaden the agenda and that consideration be given to the narrative around the launch of the Position Statement on Prostitution, following consideration of those issues.

The Committee decided:

- (1) to endorse the adoption of the Position Statement on Prostitution, attached as an appendix to the report;
- (2) to support the public launch of Lanarkshire's Position Statement on Prostitution; and
- (3) that the issues raised be fed back to the Gender-Based Violence Partnership to broaden the agenda and that consideration be given to the narrative around the launch of the Position Statement on Prostitution, following consideration of those issues.

Councillor Calikes left the meeting during this item of business

16 Proposed National Framework for Self-Directed Support

A report dated 21 December 2020 by the Director, Health and Social Care was submitted on the response to Social Work Scotland's proposed national framework for Self-Directed Support (SDS).

Following widespread consultation with key national and local stakeholders, Social Work Scotland had developed a national SDS framework which would provide a set of co-produced Standards, helpful resources and action statements, building on the Change Map to assist local authorities in further implementation of SDS.

Social Work Scotland's SDS Project Team met with the Care Inspectorate which nominated South Lanarkshire Council, along with some other local authorities, to be part of the consultation, as an authority that had good tools, documentation and processes in place in relation to assessment, care planning, reviews and resource release/allocation and which also took an outcomes focused approach.

Outlined within the report were the 3 underlying assumptions within the proposed Framework which underpinned the Change Map and the Standards, which had been written for local authorities, outlining a direction of travel based on current evidence and best practice, for the effective implementation of SDS.

The Committee decided: that the content of the report be noted.

17 Chief Social Work Officer Annual Report 2019/2020

A report dated 20 November 2020 by the Director, Health and Social Care was submitted on the Chief Social Work Officer's Annual Report 2019/2020.

There was a statutory requirement for all local authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who must be registered with the Scottish Social Services Council (SSSC).

The role of the CSWO was to provide professional advice and guidance to local authorities, elected members and officers in the provision of social work services. The CSWO also had responsibility for overall performance improvements and the identification and management of corporate risk insofar as those related to social work services.

The CSWO was required to prepare an annual report of activity, which followed a standardised reporting framework, for submission to the Chief Social Work Advisor for Scotland.

Information was provided on the content of the CSWO's Annual Report which was attached as an appendix to the report.

The Committee decided: that the Chief Social Work Officer's Annual Report 2019/2020, attached as an appendix to the report, be noted.

18 Urgent Business

There were no items of urgent business.

Report

3

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

Subject:	Social Work Resources - Revenue Budget Monitoring 2020/2021
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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 2020 to 29 January 2021 for Social Work Resources
- ◆ provide a forecast for the year to 31 March 2021

2. Recommendation(s)

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

- (1) that the overspend of £0.341 million on the Social Work Resources' revenue budget, as detailed in Appendix A of the report, be noted;
- (2) that the forecast to 31 March 2021 of £0.379m overspend position, be noted; and
- (3) 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 2020/2021.
- 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 F.

4. Employee Implications

4.1. None.

5. Financial Implications

5.1. **Probable Outturn:** As at 31 March 2021, there is a forecast overspend of £0.379m against the annual budget, all of which relates to an additional COVID related expenditure for Children and Families Services, which will not be funded by the Scottish Government via the Mobilisation Plan as these services are not delegated to the IJB. These costs are being considered and reported as part of the Council's probable outturn position.

- 5.2 There is a continued assumption that this year's additional costs of COVID-19 faced by services devolved to the IJB will be fully funded through the Mobilisation plan, therefore no account is taken of this pressure in the figures.
- 5.3. As at 29 January 2021, there is an overspend position of £0.314m against the phased budget.
- 5.4. The COVID-19 spend included in the services devolved to the Integrated Joint Board are being included in the Mobilisation Plan which the Scottish Government are using to allocate funds to the Health and Social Care Partnership. The additional cost includes expenditure on beds to facilitate discharge from hospital, expenditure on support for carers, PPE equipment and also staff overtime. These additional costs and income from Scottish Government are included in Appendix B and total £15.812m.
- 5.5. In addition to extra costs, Social Work Resources has lost income from services which are not being provided during the emergency and non-achievement of proposed savings. This totals £1.275m at period 11 and is included at Appendix D.
- 5.6. Taking the two figures together gives additional cost to the Council of £17.087m, which includes accrued costs.
- 5.7. The Social Care Mobilisation monies received to date have been fully spent. As at 29 January 2021, the Council has received £11.010m reflecting all the invoices raised to date for actual spend. A further £6.077m would be required to meet the spend of £17.087m incurred to that point. Invoices will be raised for these amounts and Councils have been told that all reasonable costs will be reimbursed.
- 5.8. Virements are proposed to realign budgets. These movements have been detailed in the appendices to this report, as appropriate.

6. Climate Change, Sustainability and Environmental Implications

- 6.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

7 Other Implications

- 7.1. 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.
- 7.2. There are no implications for sustainability in terms of the information contained in this report.

8 Equality Impact Assessment and Consultation Arrangements

- 8.1. 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.
- 8.2 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 2021

Link(s) to Council Values/Objectives

- ◆ Accountable, Effective, Efficient and Transparent

Previous References

- ◆ None

List of Background Papers

- ◆ Financial Ledger and budget monitoring results to 6 November 2020

Contact for Further Information

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

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SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January (No.11)

Social Work Resources Summary

	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£004	£004	£000	£000	£000			
<u>Budget Category</u>										
Employee Costs	91,742	98,348	(6,606)	(6,606)	73,906	77,081	(3,175)	Over	-4.3%	
Property Costs	2,653	3,099	(446)	(446)	2,186	2,816	(630)	Over	-28.8%	
Supplies & Services	5,776	7,533	(1,757)	(1,757)	4,415	5,052	(637)	Over	-14.4%	
Transport & Plant	4,317	4,285	32	32	3,899	3,773	126	Under	3.2%	
Administration Costs	1,696	1,554	142	142	1,040	1,011	29	under	2.8%	
Payments to Other Bodies	21,224	21,016	208	208	16,552	16,623	(71)	Over	-0.4%	
Payments to Contractors	105,792	122,218	(16,426)	(16,426)	76,867	89,363	(12,496)	Over	-16.3%	
Transfer Payments	3,105	3,029	76	76	2,612	2,531	81	Under	3.1%	
Financing Charges	335	356	(21)	(21)	267	276	(9)	Over	-3.4%	
Total Controllable Exp.	236,640	261,438	(24,798)	(24,798)	181,744	198,526	(16,782)	Over	-9.2%	
Total Controllable Inc.	(63,481)	(87,900)	24,419	24,419	(50,099)	(66,567)	16,468	over recovered	-32.9%	
Net Controllable Exp.	173,159	173,538	(379)	(379)	131,645	131,959	(314)	Over	-0.2%	

Variance Explanations

Variance explanations are shown in Appendices B -F.

Budget Virements

Budget virements are shown in Appendices B-F.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January 2021 (No.11)

Covid-19

Budget Category	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£000	£000	£000	£000	£000			
Employee Costs	0	6,208	(6,208)	(6,208)	0	3,011	(3,011)	Over	n/a	1
Property Costs	0	536	(536)	(536)	0	702	(702)	Over	n/a	2
Supplies & Services	0	2,621	(2,621)	(2,621)	0	1,305	(1,305)	Over	n/a	3
Transport & Plant	0	180	(180)	(180)	0	68	(68)	Over	n/a	
Administration Costs	0	30	(30)	(30)	0	84	(84)	Over	n/a	
Payments to Other Bodies	0	321	(321)	(321)	0	434	(434)	Over	n/a	4
Payments to Contractors	0	13,877	(13,877)	(13,877)	0	10,473	(10,473)	Over	n/a	5
Transfer Payments	0	55	(55)	(55)	0	30	(30)	Over	n/a	
Financing Charges	0	0	0	0	0	2	(2)	Over	n/a	
Total Controllable Exp.	0	23,828	(23,828)	(23,828)	0	16,109	(16,109)	Over	n/a	
Total Controllable Inc.	0	(23,458)	23,458	23,458	0	(15,812)	15,812	Over recovered	n/a	6
Net Controllable Exp.	0	370	(370)	(370)	0	297	(297)	Over	n/a	

Variance Explanations**1 Employee Costs**

These costs relate to the response to COVID-19 to maintain existing service delivery and to support hospital discharge.

2 Property Costs

These costs related to expenditure on hygiene and cleaning products in response to COVID-19.

3 Supplies & Services

These costs relate to the additional requirement for PPE in responding to COVID-19

4 Payments to Other Bodies

This expenditure relates to payments to Voluntary Action South Lanarkshire to provide additional support during COVID-19.

5 Payment to Contractors

This expenditure relates to the response to COVID-19 to provide capacity in the system, payments to external providers in respect of sustainability, the Social Care Support Fund and additional costs incurred on PPE and infection and prevention control measures.

6 Income

This over recovery of income is currently offsetting the expenditure incurred in response to COVID-19.

Budget Virements

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January 2021 (No.11)

Children and Families Services

Budget Category	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£000	£000	£000	£000	£000			
Employee Costs	16,813	16,818	(5)	(5)	13,525	13,539	(14)	Over	-0.1%	a
Property Costs	333	311	22	22	295	283	12	Under	4.1%	
Supplies & Services	731	629	102	102	595	538	57	Under	9.6%	
Transport & Plant	624	463	161	161	468	318	150	Under	32.1%	1
Administration Costs	297	207	90	90	242	185	57	under	23.6%	
Payments to Other Bodies	9,613	9,371	242	242	7,888	7,697	191	Under	2.4%	2,a
Payments to Contractors	6,065	7,514	(1,449)	(1,449)	4,699	5,832	(1,133)	Over	-24.1%	3,a
Transfer Payments	3,091	2,949	142	142	2,602	2,490	112	Under	4.3%	4
Financing Charges	19	30	(11)	(11)	19	24	(5)	Over	-26.3%	
Total Controllable Exp.	37,586	38,292	(706)	(706)	30,333	30,906	(573)	Over	-1.9%	
Total Controllable Inc.	(1,137)	(1,535)	398	398	(846)	(1,172)	326	over recovered	-38.5%	5
Net Controllable Exp.	36,449	36,757	(308)	(308)	29,487	29,734	(247)	Over	-0.8%	

Variance Explanations**1. Transport and Plant**

This underspend has arisen as a result of a reduction in service required and level of payment to providers.

2. Payment to Other Bodies

This underspend relates to services not being delivered due to COVID and as a result of the incorporation of new funding for mental health and wellbeing offset in part by an overspend in fostering related services.

3. Payment to Contractors

This overspend is a result of the increased requirement for children's residential school and secure placements.

4. Transfer Payments

This underspend is based on the current cost of service and it is anticipated that the budget will be required in full by 31 March 21.

5. Income

This is in relation to the recovery of costs from the Home Office for services provided to unaccompanied asylum-seeking children in South Lanarkshire children's care facilities.

Budget Virements

- a Incorporation of Mental Health and Wellbeing Funding 20/21£0.841m, Employee Costs £0.362m, Payment to Other Bodies £0.277m, Payment to Contractors £0.202m.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January 2021 (No.11)

Adults and Older People Services

Budget Category	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£000	£000	£000	£000	£000			
Employee Costs	61,414	62,067	(653)	(653)	49,454	49,818	(364)	Over	-0.7%	
Property Costs	1,716	1,736	(20)	(20)	1,374	1,373	1	Under	0.1%	
Supplies & Services	4,493	3,692	801	801	3,395	2,765	630	Under	18.6%	1
Transport & Plant	3,346	3,368	(22)	(22)	3,144	3,151	(7)	Over	-0.2%	
Administration Costs	436	454	(18)	(18)	351	364	(13)	over	-3.7%	
Payments to Other Bodies	11,122	10,715	407	407	8,203	7,923	280	Under	3.4%	
Payments to Contractors	99,654	100,758	(1104)	(1104)	72,112	73,000	(888)	Over	-1.2%	2
Transfer Payments	7	13	(6)	(6)	5	12	(7)	Over	-140.0%	
Financing Charges	42	45	(3)	(3)	40	41	(1)	Over	-2.5%	
Total Controllable Exp.	182,230	182,848	(618)	(618)	138,078	138,447	(369)	over	-0.3%	
Total Controllable Inc.	(55,096)	(55,671)	575	575	(43,797)	(44,134)	337	over recovered	-0.8%	3
Net Controllable Exp.	127,134	127,177	(43)	(43)	94,281	94,313	(32)	Over	0.0%	

Variance Explanations**1. Supplies & Services**

The underspend is attributable to a reduction in adaptations and catering and supplies for day care services, both impacted by COVID. The underspend is offset in part by an overspend on the license costs associated with the new home care scheduling system. Additionally, within catering there has been a delay in implementing the 2020-21 savings and the cost of not achieving this savings is offset by COVID-19 funding from the Scottish Government.

2. Payment to Contractors

The overspend relates to additional home care hours called on to the external market as a result of an increase in demand.

3. Income

This over recovery relates to the expected mobilisation funding in relation to non-achievement of savings as a result of the response to COVID-19.

Budget Virements

- a. Incorporation of Distress Briefing Intervention funding for 20/21 and response to COVID, Net Effect £0, Payment to Other Bodies £0.242m, Income (£0.242m).

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January 2021 (No.11)

Performance and Support Services

Budget Category	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£000	£000	£000	£000	£000			
Employee Costs	6,882	6,765	117	117	5,589	5,508	81	under	1.4%	1.
Property Costs	527	439	88	88	449	388	61	Under	13.6%	
Supplies & Services	435	484	(49)	(49)	358	385	(27)	Over	-7.5%	
Transport & Plant	251	191	60	60	212	164	48	under	22.6%	
Administration Costs	423	328	95	95	363	293	70	Under	19.3%	
Payments to Other Bodies	35	33	2	2	34	35	(1)	over	-2.9%	
Payments to Contractors	0	(4)	4	4	0	(3)	3	Under	n/a	
Transfer Payments	0	10	(10)	(10)	0	(1)	1	Under	n/a	
Financing Charges	262	257	5	5	196	192	4	Under	2.0%	
Total Controllable Exp.	8,815	8,503	312	312	7,201	6,961	240	Under	3.3%	
Total Controllable Inc.	(759)	(747)	(12)	(12)	(250)	(243)	(7)	Under recovered	2.8%	
Net Controllable Exp.	8,056	7,756	300	300	6,951	6,718	233	under	3.4%	

Variance Explanations

1. The underspend in employee costs mainly relates to a reduction in physiotherapy sessions for employees as a result of COVID and a small number of vacancies.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 29 January 2021 (No.11)

Justice Services

Budget Category	Annual Budget	Forecast for Year BEFORE Transfers	Annual Forecast Variance BEFORE Transfers	Annual Forecast Variance AFTER Transfers	Budget Proportion 29/1/21	Actual 29/1/21	Variance 29/1/21		% Variance 29/1/21	Note
	£000	£000	£000	£000	£000	£000	£004			
Employee Costs	6,633	6,490	143	143	5,338	5,205	133	Under	2.5%	1
Property Costs	77	77	0	0	68	70	(2)	Over	-2.9%	
Supplies & Services	117	107	10	10	67	59	8	Under	11.9%	
Transport & Plant	96	83	13	13	75	72	3	Under	4.0%	
Administration Costs	540	535	5	5	84	85	(1)	Over	-1.2%	
Payments to Other Bodies	454	576	(122)	(122)	427	534	(107)	Over	-25.1%	
Payments to Contractors	73	73	0	0	56	61	(5)	Over	-8.9%	
Transfer Payments	7	2	5	5	5	0	5	Under	100.0%	
Financing Charges	12	24	(12)	(12)	12	17	(5)	Over	-41.7%	
Total Controllable Exp.	8,009	7,967	42	42	6,132	6,103	29	Under	0.5%	
Total Controllable Inc.	(6,489)	(6,489)	0	0	(5,206)	(5,206)	0	-	0.0%	
Net Controllable Exp.	1,520	1,478	42	42	926	897	29	Under	3.1%	

Variance Explanations**1. Employee Costs**

The underspend is as a result of vacancies which are actively being recruited.

Budget Virements

Report

4

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

Subject: **Social Work Resources - Capital Budget Monitoring
 2020/2021**

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 2020 to 29 January 2021

2. Recommendation(s)

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

- (1) that the Social Work Resources capital programme of £0.844 million, and expenditure to date of £0.096 million be noted; and
- (2) that the projected outturn of £0.600 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 2020/2021. A final report will be presented following the end of the financial year.
- 3.2. As noted in the last report to this Committee (20 January 2021), the budget for Social Work Resources for financial year 2020/2021, including carry forward, was £0.844 million. There have been no other changes to this budget allocation since that meeting.
- 3.3. The report details the financial position for Social Work Resources in Appendix A.

4. Employee Implications

4.1. There are no employee implications as a result of this report.

5. Financial Implications

5.1. As detailed in Section 3.2, the revised capital programme for Social Work Resources for 2020/2021 is £0.844 million. Spend to 29 January 2021 totals £0.096 million.

5.2. 2020/2021 Outturn

Work has been ongoing to monitor the predicted spend position for this financial year and current estimates from Housing and Technical Resources suggest an outturn of £0.600 million. This is an underspend of £0.244 million and mainly relates to the expected timing of project spend, resulting in budget being required in 2021/2022 rather than 2020/2021.

- 5.3. The progression of a number of projects has been impacted by the ongoing lockdowns due to Covid-19. Any underspend on these projects, along with the funding, will carry forward into next financial year.

6. Climate Change, Sustainability and Environmental Implications

- 6.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

7. Other Implications

- 7.1. 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.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. 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.
- 8.2. 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

24 February 2021

Link(s) to Council Values/Ambitions/Objectives

- Accountable, Effective, Efficient and Transparent

Previous References

- Social Work Resources, 20 January 2021

List of Background Papers

- Financial ledger to 29 January 2021

Contact for Further Information

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

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South Lanarkshire Council
Capital Expenditure 2020-2021
Social Work Resources Programme
For Period 1 April 2020 – 29 January 2021

<u>Social Work Resources</u>	Base Budget £000	Budget Adjustments £000	Slippage £000	Total Budget £000	Actual Expenditure £000
Social Work - Care Facilities	744	0	0	744	96
Social Work - Other	100	0	0	100	-
TOTAL	844	0	0	844	96

Report

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

Subject: **Social Work Resources – Workforce Monitoring –
 November and December 2020**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide employment information for November and December 2020 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 November and December 2020 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 12 December 2020

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 November and December 2020.

4. Monitoring Statistics

4.1. Attendance Statistics (Appendix 1)

Information on absence statistics is analysed for the month of December 2020 for Social Work Resources.

The Resource absence figure for December 2020 was 7.7%, which represents an increase of 0.3% when compared to the previous month and is 2.1% higher than the Council-wide figure. Compared to December 2019, the Resource absence figure has increased by 0.2%.

Based on the absence figures at December 2020 and annual trends, the projected annual average absence for the Resource for 2020/2021 is 6.5%, compared to a Council-wide average figure of 4.4%.

For the financial year 2020/2021, the projected average days lost per employee equates to 13.5 days, compared with the overall figure for the Council of 9.4 days per employee.

Managers follow the procedures outlined in the Maximising Attendance Policy to support employees to remain at work, or to return to work after a sickness absence. There are comprehensive employee supports in place and additionally, Personnel Services work in close partnership with line managers and Resource Management Teams on a case management basis to ensure that appropriate actions are taken.

The attendance information contained in this report includes absences as a result of Covid-19, and employees are being supported through this difficult time to maintain attendance levels where they can. As this report was being prepared, at 10 February 2021, the Council overall absence level was 5.65% with 1.53% of this relating to Covid-19 for sickness and special leave.

4.2. Occupational Health (Appendix 2)

In terms of referrals to occupational health, which include medical examinations and physiotherapy, 236 referrals were made this period, an increase of 19 when compared with the same period last year.

4.3. Accident/Incident Statistics (Appendix 2)

There were 8 accidents/incidents recorded within the Resource this period, a decrease of 16 when compared to the same period last year.

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

There were 4 disciplinary hearings held within the Resource this period, which is a decrease of 5 when compared with the same period last year. There were 6 grievances raised within the Resource this period, which is an increase of 6 when compared with the same period last year. There were no Dignity at Work complaints raised within the Resource this period, which is a decrease of 2 when compared with the same period last year.

4.5. Analysis of Leavers (Appendix 2)

There were 11 leavers in the Resource this period who were eligible for an exit interview, a decrease of 15 when compared with the same period last year. Exit interviews were held with 36% of employees, compared with 31% for the same period last year.

4.6. When processing an employee termination, managers are asked to identify whether they intend to replace the employee who had left the Council. If they indicate that they do not intend to replace the employee, they are asked to select from four options:

- ◆ plan to hold for savings
- ◆ fill on a fixed term basis pending savings
- ◆ transfer budget to another post
- ◆ end of fixed term contract

4.7. Appendix 2a provides a breakdown of vacant posts and whether these are being replaced or held for savings. In the period November to December 2020, 33 employees in total left employment and managers indicated that 29 posts are being replaced. Of the remaining 4 posts, 1 was being filled on a fixed term basis, 1 was planned to transfer the budget to another post and 2 were as a result of the end of fixed term contracts.

5. Staffing Watch

- 5.1. There has been a decrease of 18 in the number of employees in post from 14 September 2020 to 12 December 2020.

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. Climate Change, Sustainability and Environmental Implications

- 8.1 There are no Climate Change, Sustainability and Environmental Implications arising from the information presented in this report.

9. Other Implications

- 9.1. There are no implications for sustainability or risk in terms of the information contained within 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 was 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

9 February 2021

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 – 20 January 2021

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:-

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ABSENCE TRENDS - 2018/2019, 2019/2020 & 2020/2021
Social Work Resources

APT&C				Manual Workers				Resource Total				Council Wide							
	2018 / 2019	2019 / 2020	2020 / 2021		2018 / 2019	2019 / 2020	2020 / 2021		2018 / 2019	2019 / 2020	2020 / 2021		2018 / 2019	2019 / 2020	2020 / 2021				
April	5.3	5.0	5.5	April	6.2	6.9	10.2	April	5.6	5.6	7.1	April	4.1	4.0	4.4				
May	5.1	5.6	4.4	May	6.2	7.7	8.1	May	5.4	6.3	5.7	May	4.2	4.4	3.1				
June	5.2	5.8	3.9	June	6.3	6.9	7.6	June	5.6	6.2	5.2	June	4.3	4.4	2.7				
July	5.2	5.1	3.7	July	6.4	7.7	6.3	July	5.6	5.9	4.6	July	3.4	3.4	2.3				
August	5.0	5.9	4.4	August	5.9	6.7	6.7	August	5.3	6.2	5.2	August	3.6	3.7	3.1				
September	5.0	6.2	5.4	September	6.1	6.8	7.5	September	5.4	6.4	6.1	September	4.4	4.5	4.2				
October	5.7	6.1	5.9	October	5.6	6.5	8.2	October	5.6	6.2	6.7	October	4.4	4.6	4.8				
November	5.4	6.8	6.6	November	5.3	6.8	8.9	November	5.4	6.8	7.4	November	5.1	5.5	5.8				
December	5.1	6.9	6.5	December	6.9	8.7	10.3	December	5.7	7.5	7.7	December	4.8	5.7	5.6				
January	5.2	6.2		January	8.4	9.5		January	6.2	7.3		January	4.9	5.3					
February	5.5	6.8		February	8.5	8.8		February	6.5	7.5		February	5.2	5.6					
March	5.4	6.8		March	6.5	8.5		March	5.8	7.4		March	4.9	6.2					
Annual Average	5.3	6.1	5.5	Annual Average	6.5	7.6	8.4	Annual Average	5.7	6.6	6.5	Annual Average	4.4	4.8	4.4				
Average Apr-Dec	5.2	5.9	5.1	Average Apr-Dec	6.1	7.2	8.2	Average Apr-Dec	5.5	6.3	6.2	Average Apr-Dec	4.3	4.5	4.0				
No of Employees at 31 December 2020				1840	No of Employees at 31 December 2020				1095	No of Employees at 31 December 2020				2935	No of Employees at 31 December 2020				15813

For the financial year 2020/21, the projected average days lost per employee equates to 13.5 days.

Appendix 2		
SOCIAL WORK RESOURCES		
	Nov - Dec 2019	Nov - Dec 2020
MEDICAL EXAMINATIONS		
Number of Employees Attending	69	100
EMPLOYEE COUNSELLING SERVICE		
Total Number of Referrals	13	10
PHYSIOTHERAPY SERVICE		
Total Number of Referrals	72	48
REFERRALS TO EMPLOYEE SUPPORT OFFICER	60	74
REFERRALS TO COGNITIVE BEHAVIOUR THERAPY	3	4
TOTAL	217	236
	Nov - Dec 2019	Nov - Dec 2020
CAUSE OF ACCIDENTS/INCIDENTS		
Specified Injuries*	1	1
Over 7 day absences	3	1
Minor	5	4
Near Miss	1	0
Violent Incident: Physical****	11	0
Violent Incident: Verbal*****	3	2
Total Accidents/Incidents	24	8
<p>*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.</p> <p>**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.</p> <p>***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.</p> <p>****Physical violent incidents are included in the "Specified" figures, where applicable, to provide the "Total Specified" figures.</p> <p>****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.</p> <p>****Physical Violent Incidents and ***** Verbal Violent Incidents are included in the "Minor" figures, where applicable, to provide the "Total Minor" figures.</p>		
	Nov - Dec 2019	Nov - Dec 2020
RECORD OF DISCIPLINARY HEARINGS		
Total Number of Hearings	9	4
Total Number of Appeals	0	2
Time Taken to Convene Hearing Nov - Dec 2020		
0-3 Weeks	4-6 Weeks	Over 6 Weeks
2	0	2
	Nov - Dec 2019	Nov - Dec 2020
RECORD OF GRIEVANCE HEARINGS		
Number of Grievances	0	6
Number Resolved at Stage 2	0	4
Still in Progress	0	2
	Nov - Dec 2019	Nov - Dec 2020
RECORD OF DIGNITY AT WORK		
Number of Incidents	2	0
Number Resolved at Informal Stage	1	0
Still in Process	1	0
	Nov - Dec 2019	Nov - Dec 2020
ANALYSIS OF REASONS FOR LEAVING		
Career Advancement	3	0
Poor Relationship with Manager/Colleagues	0	2
Moving Outwith Area	0	1
Personal Reasons	1	0
Travelling Difficulties	1	0
Dissatisfaction With Terms and Conditions	1	0
Other	2	1
Number of Exit Interviews conducted	8	4
Total Number of Leavers Eligible for Exit Interview	26	11
Percentage of interviews conducted	31%	36%

	Nov - Dec 2020		Reconciliation figure		Cumulative total	
			Apr - Oct 2020			
	FTE*	H/C**	FTE	H/C	FTE	H/C
Terminations/Leavers	23.14	33	103.60	137	126.74	170
Being replaced	20.80	29	99.60	132	120.40	161
Filled on fixed term basis	0.49	1	0.00	0	0.49	1
Plan to transfer this budget to	0.50	1	0.50	1	1.00	2
End of fixed term contract	1.35	2	2.50	3	3.85	5
Held pending service Review	0.00	0	1.00	1	1.00	1
Plan to remove for savings	0.00	0	0.00	0	0.00	0

* Full time equivalent

** Head count/number of employees

**JOINT STAFFING WATCH RETURN
SOCIAL WORK RESOURCES**

1. As at 12 December 2020

Total Number of Employees				
MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
213	203	983	1384	2783

*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
1.00	1259.30	551.60	558.02	24.00	24.00	2.00	0.00	0.00	2419.92

1. As at 14 September 2020

Total Number of Employees				
MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
206	208	991	1396	2801

*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
1.00	1294.96	522.16	564.03	25.00	24.00	2.00	0.00	0.00	2433.15

Report

6

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:	Integrated Safeguarding and Early Intervention Hub, Emergency Social Work and Parenting Pathway Support.
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide the Committee with an update on a Scottish Government Initiative and additional funding available to develop and enhance Community Mental Health and Wellbeing Supports and Services by the creation of an Integrated Safeguarding and Early Intervention Hub and increased capacity for the under 12 support service Fas.
- ♦ provide the Committee with update on proposal in efficiency savings regarding Emergency Social Work Services
- ♦ Update the Committee in relation to the parenting support pathway agreed through the Children's Services Strategy Group as part of the Children's Plan

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 the additions to the establishment recommended at section 7 be approved.

3. Background

3.1 **Integrated Safeguarding and Early Intervention Hub:** As part of improving children's services within South Lanarkshire the need to create capacity within existing locality-based teams has been noted through consultations taking place with staff during and after October 2019. The highest proportion of referrals to children and family teams evolve from Police Scotland and a high number of staff are deployed daily to routinely screen and manage these referrals.

3.2. Police Scotland and Children and Family Services have agreed to collaborate regarding an Integrated Safeguarding and Early Intervention Hub model which will deliver a new model of managing all referrals and early intervention requests to Child and Family Services. The profile of referrals on a daily basis are Domestic Violence, Addictions issues both alcohol and substance misuse, mental health referrals of children and cares that range from low level to intense interventions. Currently the four localities manage all referrals regarding children, including child protection and early intervention.

- 3.3. Funding for improving children's mental health and wellbeing has been made available by the Scottish Government. £15 million per annum available from financial year 2020-21, with the expectation, within the constraints of the annual spending review process, that funding will continue. Funding is confirmed for 2020-21, to enhance existing or new community-based supports for children and young people experiencing emotional/mental distress. The integrated safeguarding Hub agreed with the Police is seen as model of intervention that would support a consistent response across all localities. This model is in its early stages of development and as it progresses it is hoped to include wider partners on a collocated basis.
- 4. Integrated Safeguarding and Early Interventions Hub**
- 4.1. Early Intervention Services are currently delivered by a locality-based model and operationally managed by one locality. As part of the plan for improving services to those children experiencing emotional or mental distress it is our intention to amalgamate current early intervention services within the proposed integrated safeguarding and early intervention hub.
- 4.2. The creation of a Fieldwork Manager post will support the development and enhancement of improving early interventions agenda ensuring that services are targeted and developed to improve wellbeing outcomes for children and young people across South Lanarkshire. The early interventions teams are managed within the locality of Cambuslang Gate and they provide service to children and families across all four localities. The additional funding provided by the Scottish Government will cover fully the costs of an additional Fieldwork Manager who will assume responsibility for the newly created Integrated Safeguarding and Early Interventions Hub. All other posts within the Hub will be created from existing establishments.
- 4.3. As well as the Fieldwork manager Post we are also looking to create two additional Team Leader and three Family Support Worker posts to work in the Hub to build increased capacity in localities to prioritise and target young people with low level mental health presentations to high level distress. The aim is to increase the Getting It Right for Every Child approach to support multi agency team response to young people stressed and distressed. Social Work is seen as the agency with the skills competency and qualities to support coordinated responses.
- 4.4. As part of the response to mental health and wellbeing in the community Fas has been identified as one of the intervention resources that best supports young people and their carers presenting with mental health and wellbeing issues. These could be for a variety of reasons form domestic abuse, addictions and the effects of neglect and parenting support.
- 5. Emergency Social Work Services**
- 5.1. Emergency Social Work Services
Through the efficiency savings exercise resources have targeted a reduction in overtime, replacing overtime hours with employment where possible. A review of the Emergency Social Work Services (ESWS) overtime and workload has taken place during 2020, taking into account the winter impact in 2019 and current spend related to additional staffing costs in meeting increased demands for Care at Home, Adult and Childcare Services.

- 5.2 The review considered the impact of steps taken during the winter of 2019 as part of the Health and Social Care Partnership (HSCP) Winter Planning Action Plan which supported and agreed to an increase in staffing hours within ESWs for Care at Home and Adult Services. The additional staffing was to be met, by offering current employees some short-term additional hours. This was not as successful as anticipated due to the difficulties in locating available staff for covering the weekend hours required. As a result, a different approach is required.
- 5.3 The ESWs has an availability budget over and above core staffing which is used to augment the service when required, for example, weekends, public holiday, annual leave etc. A review of the staffing requirements has been undertaken, and this has highlighted the need for 0.5 FTE Social Work Assistant and 1.03 FTE Social Worker, for weekend cover, to be added to the core establishment using part of the availability budget. The creation of these posts will improve consistency of practice and result in a high standard of support being provided. The conversion of overtime hours to employment will support the reduction in overtime costs for the Resource.
- 6. Parenting Support pathway Coordinator**
- 6.1 The Lanarkshire Parenting Support Strategy was launched in 2012 and set out ten core commitments designed to build the capacity of staff to deliver timely, appropriate and proportionate support to parents and carers and improve the ability of parents to support their children's development.
- 6.2 The Inspection of Services for Children and Young People in 2015, noted some excellent practice in supporting parents, but also identified several areas for improvement related to the delivery of parenting support. It noted the lack of a strategic, coordinated approach to parenting support which meant that there was variation across areas in the support available.
- 6.3 In 2016, as part of the Realigning Children's Services (RCS) programme our ambition was to provide the right services tailored to local need, using evidence-based programmes geared towards prevention and early intervention and by adopting a strategic commissioning approach to planning and delivery. There were several key findings in particular attachment, use and access of parenting support services and parental perceptions of parenting support were noted.
- 6.4 The agreed programs within the parenting support pathway were based on:
- Evidence from the 27mths child health reviews which identified emotional behavior, social, speech and language development as the key issues.
 - Parents and carers identifying behavior, sleep, speech and language and emotional and social concerns as their key issues
 - Improving outcomes for all children and young people by providing effective support for their parents is a children services continuous improvement priority
 - Key programmes provided would be evidence-based and outcomes focused to
 - ensure that effective and appropriate support is provided.

In 2017 following analysis and prioritisation of the RCS findings along with staff and parental consultations key areas were incorporated into our overall model.

- 6.5 Current Position: The South Lanarkshire Parenting Support pathway is in the third phase of implementation. Almost all the evidence-based programmes are now being delivered in all four localities with the exception of mellow parenting and dads' groups which is established in two localities with progress being made to increase numbers of staff trained to deliver in Clydesdale and Cambuslang. There are 97 staff trained to deliver the core programmes and outcomes and impact reports are available for IY and Mellow parenting that provide data on attendance, completion, and outcomes. (see appendix one further details)
- 6.6 We have reduced inefficiencies of running multiple programmes, provided greater coherence and confidence for practitioners both in delivery and referral and provided a better evidence base for future evaluations. Almost all programmes contained within the pathway are those that have an evidence base demonstrating greatest impact.
- 6.7 Each key partner, Health, Education and Social Work has committed £25,000 per annum for the next 2 years to employ one full time coordinator post and cover programme resources (manuals, training, computers transport and crèches etc.) We will continue to build capacity to deliver meet the need and deliver a minimum of two groups of each parenting pathway programme per locality per year.

7 Employee Implications

- 7.1 Employee Implications are detailed below and are required to be established on a permanent basis:

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Fieldwork Manager	1	Grade 5 Level 1	96 - 97	£29.47 - £29.92	£53,780- £54,601	£70,075- £71,145	£70,075 - £71,145
Social Worker Assistant	0.5	Grade 2 Level 2-4	39 - 48	£12.68 - £14.48	£23,139 - £26,425	£30,151 - £34,431	£15,075 - £17,215
Social Workers	1.03	Grade 3 Level 4	72 - 74	£20.61 - £21.25	£37,611 - £38,779	£49,007 - £50,529	£50,477 - £52,045
Team Leaders	2	Grade 3 Level 8	79 -80	£22.89 - £23.24	£41,771 - £42,410	£54,428 - £55,261	£108,856 - £110,552
Family Support Workers	3	Grade 2 Level 2-4	39 - 48	£12.68 - £14.48	£23,139 - £26,425	£30,151 - £34,431	£90,453 - £103,293
Parenting Coordinator	1	Grade 3 Level 8	79 -80	£22.89 - £23.24	£41,771 - £42,410	£54,428 - £55,261	£54,428 - £55,261

8 Financial Implications

- 8.1 The cost of the 1 FTE Fieldwork Manager, 2 Team Leaders and the 3 Family Support Workers will be met from the Mental Health and Wellbeing funding. As stated, South Lanarkshire Council will receive the share of the national £15M pond £15 million per annum available from financial year 2020-21, with the expectation, within the constraints of the annual spending review process, that funding will continue. If, however there is a change in the recurring funding from the Scottish Government in relation to this funding the posts identified will be consumed within the existing Social Work establishment as part of SWITCH2 Process. Turnover of staff will support this process with little risk to the staffing budget.

- 8.2 The cost of the 0.5 FTE Social Work Assistant and 1.03 FTE Social Worker post will be funded from the existing availability budget. Creating these posts will contribute towards a reduction in overtime within the ESWS team.
- 8.3 The Parenting pathway coordinator will be met with an agreed £25K funding support from Health, Education and Social Work. This will be a temporary post for an initial 2-year period and will be reviewed at that stage through the Children Services Strategy Group.

9 Climate Change, Sustainability and Environmental Implications

- 9.1 There are no implications for climate change associated with this report.
- 9.2 There are no sustainable development issues associated with this report.
- 9.3 There are no environment Implications associated with this report.

10 Other Implications

- 10.1 The implications of not creating an additional Fieldwork Manager post will significantly reduce the likelihood of improvement in service delivery to those children requiring safeguarding to remain within their local community.
- 10.2 The implications of not creating the posts within ESWS will mean continued levels of overtime being paid at enhanced rates. There is less continuity of service, where provision is made on an overtime basis and different employees used to cover this.

11 Equality Impact Assessment and Consultation Arrangements

- 11.1 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.
- 11.2 Consultation has taken place with the Trade Unions regarding the report.

Val de Souza
Director, Health and Social Care

Paul Manning
Executive Director (Finance and Corporate Resources)

17 January 2021

Link(s) to Council Values/Ambitions/Objectives

- ◆ Improve later life
- ◆ 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:-

Liam Purdie, Head of Children and Justice Services

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Email: Liam.Purdie@southlanarkshire.gov.uk

Report

7

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: **Peer Support for Justice Services**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Committee on a joint funding bid from the Alcohol and Drug Partnership and Justice Social Work Services submitted to the Drug Death Task Force

2. Recommendation(s)

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

- (1) that two full-time Peer Support Assistant posts are established within Justice Social Work Services for a fixed term period of 18 months subject to the approval of funding from the Drug Death Task Force in mid-March.

3. Background

- 3.1. The Drugs Deaths Taskforce (DDTF) was established in July 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice. The Taskforce membership includes those with a background in developing and delivering policies and services across Health, Social Services, research, Police, Criminal Justice, Emergency Services and people who bring lived experience of drug and addiction issues. They are tasked with protecting those at risk of a drug related death (DRD) by identifying evidence-based strategies and working with organisations to develop a programme of measures across a range of touch points.
- 3.2. The Taskforce consists of four sub-groups all working across six areas of strategic development. The focus for the Multiple Complex Needs (MCN) sub-group is to improve the management of the risks of DRD to those with persistent, problematic, and interrelated Health and Social Care needs. Evidence indicates that people with MCN's face intersecting experiences of homelessness, problematic substance use, and poor physical and mental health, which individually can all be predictors of DRD. Many justice service users have multiple and complex needs.

- 3.3. The DDTF have offered funding to support several tests of change, one of these focussed on a peer-delivered navigator model of support. Alongside providing access to practical elements of support and building connections with Community-Based Services, peer navigators who have lived experience will be skilled at developing trusting relationships with those who can be difficult to engage. They will make connections and promote access to a range of services including substance use services, health, and housing, offer hope, and build self-esteem which could be protective against DRD and other negative outcomes.
- 3.4. The justice system provides an opportunity to detect, intervene or signpost people into treatment and support, and the unique perspective offered by peer support assistants with lived experience will support better outcomes in terms of health, addictions and offending.
- 3.5. South Lanarkshire Council Alcohol and Drug Partnership has a strong focus on reducing the drug related harm and deaths in the local area. Rights, Respect and Recovery (2018) outlines that persons not engaged in services are at greater risk of harm. National research from Dickie et al (2017) indicates that persons with lived experience are a key ingredient in supporting persons with substance use issues. Peer support assistants are said to be “experientially qualified” to bridge the gap for service users and support them to engage with treatment, Health, Social Work, and other services. The Beacons Recovery Hubs in South Lanarkshire have already successfully recruited to peer support posts and have witnessed outcomes in many of these areas. Many persons with substance use issues are also involved with Justice Services.

4. Current Circumstances

- 4.1. To improve outcomes for persons with substance use issues who are involved with Justice Services a joint bid from South Lanarkshire Council and the Alcohol and Drug Partnership has been submitted to the multiple and complex needs sub-group of the drug death task force. The bid is for two Support Assistants with lived experience to support persons with substance use issues who are also in the justice system. The post holders who are “experientially qualified” will work in partnership with Justice Services to reduce DRD and service users will be invited to work with them on a voluntary basis whilst subject to Diversion from Prosecution or on Community Payback Orders.
- 4.2. Support Assistants will be expected to build trusting relationships with service users whom they will work with through the transition from statutory to mainstream services. They will connect them to the local Beacons Recovery networks, support them to register with GPs and to access the medication required to meet their needs. Shorter and longer-term outcomes will be measured internally using Outcomes Star, an evaluation tool accredited for use by this service user group and via the Scottish Drugs Forum. Outcomes will consider factors such as engagement with peer navigators, Substance and Health Services and the wider impact on drug related harm and on levels of offending behaviours.
- 4.3. Persons recruited would be expected to complete standard protecting vulnerable groups (PVG) checks and adhere to the South Lanarkshire Council Codes of Practice.

5. Employee Implications

- 5.1. The following posts should be added to the Social Work Resources' establishment on a fixed term basis subject to confirmation of funding in mid-March. Specification of the posts are outlined in the table below:

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Peer Support Assistants	2.0	Grade 1 Level 4	30 - 31	£11.12	£20,292	£26,441	£52,882
				–	–	–	–
				£11.29	£20,603	£26,845	£53,690

6. Financial Implications

- 6.1. Funding for the posts would be provided following confirmation of monies from the drug death task force.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for Climate Change associated with this report.
- 7.2. There are no sustainable development issues associated with this report.
- 7.3. There are no Environment Implications associated with this report.

8. Other Implications

- 8.1. There are no other issues associated with 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 existing policy, function or strategy and therefore no impact assessment is required.

Val de Souza
Director, Health and Social Care

Paul Manning
Executive Director (Finance and Corporate Resources)

25 February 2021

Link(s) to Council Values/Ambitions/Objectives

- ♦ Focussed on People and their needs
- ♦ Working with and respecting others

Previous References

- ♦ None

List of Background Papers

- ◆ Rights Respect and Recovery 2018
- ◆ Dickie et al (2017) Drugs Related Deaths rapid evidence review: keeping people safe

Contact for Further Information

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

Diane Dobbie, Service Manager, Children and Justice Services

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Email: diane.dobbie@southlanarkshire.gov.uk



Drug Death Task Force

Grant Funding

Section 1: Contact Information

South Lanarkshire Council Area

Lead Partner- Justice Social Work Services

South Lanarkshire Alcohol and Drug Partnership

Primary Contact

First Name: Carol

Last Name: Chamberlain

Job Title: Alcohol and Drug partnership Coordinator

Email carol.chamberlain@lanarksire.scot.nhs.uk

Phone 0776 657 8150

Contact Address: Almada Street

Hamilton

ML3-0AA

Section 2: Tell us more about how the fund will help.

Which sub-group stream does this proposal related to?

- MCN: Improving Interventions for Justice

What is the title of your project? 20 words

Navigating forward-supporting people to improve their life chances both during and after involvement with justice services. **16**

Project Summary. 400 words

This summary will be used to introduce your application to the advisory panels.

The project will test the feasibility of a peer delivered intervention for people with problematic substance use who are transitioning from the justice system. Peer navigators will enhance and support relationships with people nearing the end of their involvement with statutory justice social work services such as diversion from prosecution or community payback orders. Navigators who have lived experience will be skilled at developing trusting relationships with those who can be difficult to engage. They will make connections, offer hope, and build self-esteem which could be protective against drug related death, reduce re-offending and other negative outcomes. Relationships formed will help to enhance support for people on their road to recovery and encourage them to stay connected to support and treatment services. Greater social integration will also contribute to a reduction in social isolation and promote desistance from offending. The vision of maintaining justice service users in treatment and enhancing their support network will be led by a dedicated management team. The team will oversee implementation of the project and ensure peer mentors receive the required support, supervision, and training. We believe this test of change will help to deepen an understanding of a recovery informed approach within justice social work services towards persons who have substance use issues. The project will also influence the culture and generate further improvements within justice and other areas of service delivery leading to lives being saved. **233**

Please tell us about the issue you have identified that will be addressed by this work. 400 words

National research and data in relation to drug related deaths reveals that people who are not engaged with services are at greater risk of drug related deaths. Local data gathered from Social Work Services also reflects these findings and further indicates that persons transitioning from justice into mainstream services are at greater risk of drug related deaths. (Dickie et al 2017). These outcomes are associated with the findings of the Hard Edges Report (2020) which identified that many of these individuals who have multiple and complex needs such as addictions, mental health issues and homelessness are residing in areas of multiple deprivation. This group often lack citizenship, do not trust agencies, are not registered with a GP and are not accessing the right supports or medication required to meet their needs. They are socially isolated and do not have the

social capital to get them out of the situation they are in. Persons approaching the end of a justice social work intervention, be it Diversion or a Community Payback Order are often in this category. These factors are associated with drug related deaths and there are both national and local examples of situations where people have lost their lives in these circumstances. Research indicates that introducing support from people with lived experience is a key component required to support persons in recovery. Those with lived experience are “experientially qualified” to support peers currently experiencing substance misuse issues. Research indicates that peer supports are positively associated with improved relationships with treatment providers and social supports in addition to treatment retention. There currently appears to be a gap in the model of care for persons transitioning from justice services with the current system not prioritising supports for persons stepping down from services. **290**

Is this a new approach? Only projects with novel or innovative approaches be considered.

- ☐ **Yes**
- ☐ **No**
- ☐ **Has been tried before, this is an amendment/adaptation/upscaling of a previous/existing project**

How did you identify this need? 300 words

In February 2020 we carried out a self-evaluation of locality social work practice, focussing on Community Payback Orders (CPO). Findings from this review highlighted that justice social work staff were often referring or signposting individuals to treatment and support services however, the uptake of services was very low or non-existent in some cases. A clear gap in service provision was identified at the end point of orders where service users are no longer compelled to work with statutory services. Statutory justice services have no further locus at the end of a (CPO) to ensure individuals remain motivated to utilise community supports and treatment services. Someone working with service users on a voluntary basis who also has experience of recovering from substance use issues may be well placed to fill this gap and help support people to remain connected to available supports. This person would have the capacity to respond to someone involved in a cycle of dropping in and out of treatment services. **163**

What is the project you would like to deliver? What is the evidence to support this approach? 400 words

The model proposes introducing peer navigators to persons on community payback orders who have substance use issues and are approaching the end of their orders. Peer navigators will work with persons prior to the end of their orders and beyond. They will support people through the transition period, assist them to develop recovery capital by connecting them with the local recovery networks known locally as “Beacons” and help them to remain in treatment provided by the community addiction recovery services (Cares). Navigators will help to engage with people in recovery out with the confines of traditional statutory services. Navigators will drive forward a human rights approach as outlined in Rights, Respect and Recovery (2018). Our proposed model is based on our experience of delivering a broad range of justice services including CPOS, Drug Treatment and Testing Orders (DTTO), Structured Deferred Sentences (SDS), Court and Throughcare and Diversionary services. As

such, we are familiar with the needs of this service user group and the gaps in available provision. Our experience is supplemented by the findings of research which indicates that peer supports are positively associated with improved relationships with treatment providers and social supports in addition to treatment retention. Local evidence indicates that there is a gap in the model of care for persons transitioning from justice services with the current system not prioritising supports for persons stepping down from services. Justice Services are committed to improving outcomes for this service user group and introducing a peer navigator model across the service. **251**

When will the project start? 01/04/2021

When do you expect to complete? 30/09/2022

Please detail how quickly will you be able to start this work? How will you address barriers that could add delays to a proposed start date? 200 words

Anticipated barriers involve delays in recruitment of people with lived experience. Delays may arise because of cultural barriers due to the local authority having limited experience of recruiting to posts based on the candidates' experience of recovery from using substances. To mitigate against these issues a briefing report has been prepared for local counsellors and colleagues from human resources outlining the ethos of the project and evidence supporting this approach in reducing drug related deaths. The explanation provided is intended to instil confidence in key leaders regarding the validity of this project in improving outcomes for people and their communities. Further possible barriers may involve recruiting persons at the right time in their recovery where they are able to take on the challenging role of peer navigator. To mitigate against this risk, discussions have taken place with local third sector organisations (SACRO/We Are With You) who are familiar with these issues and may be in contact with persons capable of taking on this role. Discussions have also taken place with the Beacons Manager who may can offer mentoring support to persons in their peer navigator role and with training colleagues to identify training relevant to persons carrying out this role. **200**

How will you implement this project operationally? Please include details of operational management. 500 words

The project aims to reduce drug related deaths by adding an additional ingredient of lived experience to persons whilst they are subject to Community Payback Orders and as they transition out of the justice system. To ensure success of the project it is essential that social workers, team leaders and operational managers within justice services have a clear understanding of the purpose of the project and of their role in relation to that of the navigator. The navigator will not be involved in the supervision of the person on a CPO but will offer, where consent is provided from the person, experiential support to persons with substance use issues. They will form a trusting relationship with the person and support them to comply with their CPO in addition to supporting them where required with other issues such as engaging with housing agencies, treatment providers and GPS.

The Operations Manager will offer direct supervision to the peer navigator and will help to offer weekly support with challenges encountered. The Justice Support team will help to establish a database regarding who we are working with, relevant issues, interventions and outcomes and the dedicated Operations Manager will ensure the database is populated as required and also oversee the implementation, progress, effective management, and new learning of this unique project that could be utilised to inform future peer interventions. **225**

What will be the short-term outcome? How will your project immediately contribute to reductions in drug related deaths or minimising risk of drug related deaths? 400 words

The initial goals will include a measure of peer navigators maintaining relationships with people who have problematic substance use by locality. We will also monitor GP registrations and attendance at the Beacons and the Community Addiction Recovery Services (CAREs) and homelessness services. We would also look to promote the use of take-home Naloxone through peer navigators linking persons with harm reduction services. We will, therefore, monitor uptake of take-home Naloxone.

Our short-term outcome would also be to introduce this new service across the justice services and have a clear and supportive framework for the peer navigators which would enable them to embed their roles within statutory settings. We acknowledge that introducing new ways of working would empower us to demonstrate our desire to reduce drug related deaths in our area. **130**

What will be the potential long-term outcome? How might your project contribute to long-term changes in systems of standard operating practice across Scotland – particularly relating to service delivery, design and/or commissioning? 400 words

Longer term objectives would include service users having an improved experience of transitioning from justice services with greater retention in treatment and support services. Ultimately this will lead to greater life chances with a reduction in the poor outcomes associated with the complex issues associated with substance use. Ultimately, this will lead to a reduction in DRDs.

The South Lanarkshire initiative could be a demonstration project for the recruitment to peer navigators with lived experience in statutory justice settings. Through demonstrating positive transitions where former justice clients are registered with a GP, retained in treatment and connected to recovery networks, there will be greater confidence in the effectiveness of this approach which may generate interest in emulating this model. Modelling the benefits of recruitment of and inclusion of people with lived experience may lead to a reduction in stigmatisation and greater employability opportunities for persons with lived experience.

To utilise learning gained from the peer navigator project to ensure the continuous improvement and consolidation of justice services that would continue to prevent or reduce DRDs and promote the uptake of support and treatment services during and beyond the expiry of persons' (CPOS).

We also envisage that findings from this initiative could have a potential to change the direction of national standards set for the delivery of CPO and diversionary and commissioning services across Scotland. Inclusion of service user's perspective would also be a crucial element in terms of changing the mind-set of broader workforce/communities and making informed changes to the delivery of our justice services.

A Steering Group will be established which will oversee the implementation and oversight of the Peer Navigator service. The group will also report to the SLADP in addition to the Community Justice Partnership, both branches of South Lanarkshire's Community Planning Partnership. Partnerships are multi-agency with representation from Police Scotland, Education, Health, Social Work and the third sector who will help to ensure the effective rollout and integration of Peer Navigator funding in South Lanarkshire.

The Group will agree and oversee an operational plan covering implementation, delivery and management, allocating tasks and owners, directing resources and investment, and agreeing performance indicators and reporting mechanisms. The Group will agree Terms of Reference to define its purpose and scope. This will ensure clear lines of communication for sharing information and ensure the widest possible level of engagement and participation is in place from the people with lived experiences.

400

Section 3: Governance and partnerships

People with appropriate lived experience must be involved in the development of funded projects. Please outline how people with lived experience will be involved in guiding the project as it is delivered? 400 words

The importance of working with people who have lived experience is integral to this funding application. There already an established network of people with lived experience through the Beacons recovery hubs in South Lanarkshire. The beacons are driven by people with lived experience who are already working in a co-productive manner to augment partnership working. Existing navigators working from the Beacons are available to offer support to persons new to this role and can facilitate connections for persons in recovery.

80

Are you working in partnership to deliver this project?

Yes/No

If not, please explain why this project can be delivered by one agency working independently. 100 words

If yes, which partners are involved in this work?

- ☐ Third sector organisations
- ☐ Children and families
- ☐ Community/recovery groups
- ☐ Employment services
- ☐ Housing
- ☐ Mental health services
- ☐ Primary care
- ☐ Social services
- ☐ Pharmacy services
- ☐ Specialist drug and alcohol services
- ☐ Police
- ☐ Justice services
- ☐ Other (please specify in box below)

Please detail the role and responsibility each partner will take. 300 words

Third sector organisations

Many Justice service users may be working with third sector organisations as part of their wider plans e.g., SACRO/Action for Children/Includem. The existing peer navigators in the Beacons are employed by Liber8 and there are others working with SACRO. Third sector colleagues will be essential in supplementing support from health, housing and employability services.

Children and Families

Many service users have wider families and as such it is essential to connect them to the Beacons “Whole Family Approach” to ensure support is maximised for persons impacted by substance use. It will also be important to understand the role of statutory child care social work and include them in this new local initiative.

Community Recovery Groups

The Beacons will offer mentoring and support to the peer navigators and a network for service users to participate in to support their recovery.

Employment Services

We work closely with skills development Scotland and other local providers and will connect service users as and when they are ready to access these supports.

Housing

Supports will be included in individual casework and future planning for this service user group

Mental Health Service

Partners from mental health services will work with us to access relevant and timely supports for service users working with peer navigators.

Community Addiction Recovery Services

Many of the service users on CPOS will be referred to CARES or supported to attend appointments and remain in treatment. Maintaining connections with CARES IS essential to this initiative.

Police (Scotland) colleagues are first responders and may support connecting people they are in contact with to access support from peer navigators.

Justice Social Work Services

Justice services are the lead agency and integral to the project with peer navigators.

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Section 4: Reporting

As a test of change please give details about how your project will be evaluated? And how you plan to share learning from it. 300 words

We will use a range of formal and informal methods to evaluate the learning and impact of our test of change, through maximising the contribution of our existing stakeholder network and working closely with specialist organisations such as the Scottish Drugs Forum and South Lanarkshire First responder and recovery Beacons and the Alcohol and Drug Partnership who is currently evaluating the beacons over a three-year period. In addition, delivery of peer-led focus groups will be set up to provide an opportunity for further qualitative feedback from service users to develop our understanding of what works and what can be improved. This will include internal organisational learning as well as more formal evaluation methods and gathering quantitative and qualitative data to understand the unique impact of the Peer Navigators project within justice services transitional processes, procedures and above all rapid and sustainable links with local treatment/ support services to meet the needs of identified persons.

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This fund aims to support immediate and responsive work to prevent and reduce drug related deaths, which will result in long-term change to practice. Regular monitoring of the impact the project should be demonstrated in this application. Please tell us how you will take a responsive, real time approach to evaluating and monitoring the impact of this change/project, and how you will adapt the project to react to challenges or unexpected/unintended elements of the project. 1000 words

To support immediate and responsive work to prevent and reduce drug related deaths it is essential that both qualitative and quantitative data are gathered regarding the findings of this initiative. The database will be informed by Outcome Star and will incorporate the flexibility to gather relevant information not considered at the outset of this project. Information gathered at key points of the project will be clearly communicated with all relevant personnel inclusive of persons involved in this service, the steering group, and key stakeholders. Information communicated will be informed by the data gathered. We would intend to recruit an external evaluator who would attend the steering group and support the project to adapt as the project evolved.

Key components of the evaluation strategy are outlined below:

- Numbers of referrals and the level of engagement will be recorded.
- Through gathering information from Outcome Star and focus groups information will be gathered regarding areas that an individual may require assistance with – for example, access to treatment/support services, drugs dependency, retention, and housing. Expected and unexpected trends will be identified from information gathered.
- We would carry out independent interviews with individuals using the support services and the employees of support services where possible to familiarise the service project while it is operational as part of an ongoing improvement approach.
- We will work with partner agencies to access training for peer navigators and justice staff to ensure we can be responsive to unexpected developments during the course of the project.

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How could these changes be mainstreamed or made sustainable in the long term? Please illustrate how funding will be committed or reallocated to sustaining this project after the grant funding ends, and which agency will take the responsibility for future funding. 400 words

The evidence gathered from the evaluation of what works for this service user group will be communicated regularly to the ADP and the community planning partnership groups to ensure visibility of the project and influence funders of the value of and risks of maintaining this approach to working with service users with substance use issues. Communication tools such as webinars and newsletters will be employed to get the message across. Justice social work services and the alcohol and drug partnership will take responsibility for this funding which should both reduce criminalisation and improve the outcomes stated earlier for persons with problematic substance use.

Bibliography

Dickie et al (2017), Drugs related deaths narrative rapid evidence review: keeping people safe. ED:NHS Health Scotland

Scottish Government (2008), The Road to Recovery; a new approach to tackling Scotland's drug deaths, Edinburgh, Scotland

2019 Staying Alive in Scotland (November 2019)-Strategies to combat drug related deaths

Scottish Government (2018), Rights Respect and Recovery; alcohol and drug treatment strategy
162

Section 5: Financial breakdown

Up to how long is the funding requested for?

6 months/12 months/**18 months**/ 24 months

Please detail the costs associated with your project.

Staffing/Consultancy

2 FTE Peer Navigators including ONC costs
(based on SWA Grade 1 level 4)

Costing= 78,000

Year 1=£21,000 salary for 12 months x 2 = £42,000 plus
ONC costs of 5,000 x 2 = £52,000

Year 2=£10,500 salary for 6 months x 2 = £21,000 plus
ONC costs of £2,500 x 2 = £26,000

[Option of adding additional lines]

Support Costs

Laptop and mobile phones for navigators and service users

Amount £2,575

[Option of adding additional lines]

Other Costs (e.g. travel and food)

personal budget for meeting up with individuals and potential travel across South Lanarkshire

Amount £ 4,925

[Option of adding additional lines]

Programme Evaluation

Amount £6,000

Total Costs

£91,500

Please tell us about any matched funding sources for this work (including in-kind support).

Total requested from Drug Death Task Fund.

£91,500 over 18 month period

Please upload a budget for your project if you feel this would be beneficial.

Link to upload a document.

Section 6: Authorisation

Please give details of the person who has authorised this work. This should be a senior officer in the organisation, like a CEO or Director.

Letter(s) of support will also be required from chairs of ADPs/Local Authorities/Integrated Authorities if the work will be delivered at a local level. Letters of support not required for nationwide projects.

First Name: Liam

Last Name: Purdie

Job Title: Chief Social Work Officer and Head of Children and Justice Services

Organisation: South Lanarkshire Council

Email: Address: Almada Street, Hamilton, ML3-0AA

Phone:01698-458972

Contact Address

City

Postcode

Please upload a letter of support for your project from your ADP Chair outlining their commitment to this piece of work. This is required even if your application is signed off by the Local Authority/Health and Social Care Director.

Link to upload a document.

If you would like to find out more about what we do with your data, you can access our Privacy Notice [here](#)

<https://www.corra.scot/privacy-notice>

To the best of our knowledge the information given on this form gives a true and accurate account of the proposal to which it relates. We confirm that on behalf of the Local Authority or Health and Social Care Partnership and the charity we authorise Corra Foundation to:

- publish details of financial support given to this proposal and of the objectives of the project;

- to pass any details obtained about the project through this application or through subsequent assessment procedures to the Scottish Government and other relevant stakeholders,
- and also to use such information as part of any Corra Foundation customer satisfaction survey;
- and as part of any Corra Foundation media release or publication.

These details will not be used for commercial purposes.

Section 7: Enclosures

Please make sure that you have enclosed copies of the following with your application:

Please upload annual report and accounts (if lead organisation is a charity)

Link to upload a document.

Please upload a copy of partnership agreement. Who do you have in your partnership to identify? We need to do this quickly as Liam needs to authorise. There is a format already that we can use but you need to identify the partners please.

Link to upload a document.

If there is another document you have referenced in your application, you can upload it here.

Link to upload a document.

Section 9: Bank Account Information

If your application is successful, payment will be made by Electronic Funds Transfer.

Name of Account

Sort Code

Account Number

Please upload a copy of your organisation's most recent bank statement. If you are unable to provide a copy of a bank statement as a result of coronavirus, a letter on headed paper

confirming the bank details (signed by Director, Company Secretary, Financial/Credit Controller or Chief Executive) will be acceptable.

Link to upload a document.

Corra Foundation, Riverside House, 502 Gorgie Road Edinburgh EH11 3AF

e: hello@corra.scot t: 0131 444 4020 www.corrascot

(The) Corra Foundation is a charity registered in Scotland (No SC009481) and is also a company limited by guarantee (No SC096068). Fortify Social Enterprise CIC is a community interest company registered in Scotland and is also a company limited by guarantee (No SC507457). (The) Corra Foundation was previously called Lloyds TSB Foundation for Scotland.

Report

8

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: **Analogue to Digital Telecare Project**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Committee on Scottish Government funding within Social Work Resources to support the delivery of the Council's transition from Analogue to Digital Telecare Project
- ◆ seek approval for additions to the establishment to support the delivery of the Analogue to Digital Telecare Project

2. Recommendation(s)

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

- (1) that the addition to the establishment on a fixed term basis of 3.0 FTE Technology Assistants (A2D Auditor) posts, as detailed in Section 6.1, be approved; and
- (2) that the reconfiguration of vacant hours to a fixed term 1 FTE Telecare Development Assistant post, also detailed in Section 6.1, be approved.

3. Background

- 3.1. Telecommunication companies are moving to newer digital technology known as 'Voice Over Internet Protocol' (VOIP) which can support both broadband and phone services. The Public Switched Telephone Network (PSTN) will then be switched off.
- 3.2. An Analogue to Digital (A2D) Project has been established with appropriate governance arrangements. This project has to propose a service delivery model and oversee its implementation by 2023, in advance of the PSTN being switched off.
- 3.3. Resources have been assigned to co-ordinate and deliver the transition from A2D Telecare Community Alarm Services with South Lanarkshire Council (SLC) and Lanarkshire Health and Social Care Partnership (HSCP). These staff are actively moving forward with a range of preparatory work.

- 3.4. There are currently nearly 10,500 residents in receipt of Telecare/Community Alarm Services across South Lanarkshire. The successful delivery of a digital solution will ensure that they continue to receive a quality and reliable service which aims to protect them from risk and harm.
- 3.5. Understanding the current service and equipment provision is a key area in terms of preparation. The proposed posts will allow the 3 FTE fixed term posts to be employed to carry out a detailed audit of the equipment in use across the current Telecare service user estate.

4. Resourcing Requirements

- 4.1. The Technology Assistant (A2D Auditor) posts will capture key data that will help inform the development, design and subsequent delivery of a digital Telecare Service for South Lanarkshire.
- 4.2. The key tasks the post holders will carry out include;
- ◆ conducting visits to service users' homes to review and record Community Alarm Service equipment, and where appropriate carry out a test call
 - ◆ using appropriate technology to input captured information from home visits into SWiSplus
 - ◆ actively respond to instances where telecommunications companies have installed digital hubs. Visit service users at home and resolve any associated community alarm equipment issues
- 4.3. It is proposed that the reconfiguration of vacant hours from a Telecare Development Worker post and a Planning and Support post are used to create a fixed term 1 FTE Telecare Development Assistant post. The proposed Telecare Development Assistant post will support the Telecare audit process by co-ordinating the Telecare Assistants (A2D auditor) home visits to approximately 7,500 Community Alarm Service users across South Lanarkshire. The post holder will also assist with a range of assistive technology, Telecare and asset audit data collation and amalgamation activities, and update new and existing management information reports.

5. Current Position

- 5.1. The Scottish Government through NSS TEC has granted funding to SLC to deliver specific work in relation to the Council's transition from the current analogue service to a digital Telecare solution.
- 5.2. Funding has been approved by the Council to match fund the SG NSS TEC grant award.
- 5.3. The combined allocation will enable a small team to be established for a specific period of time who will work under Social Work's Planning and Support Team to gather and process critical information relative to Telecare in-home technology.

6. Employee Implications

- 6.1. Employee implications are detailed below and the posts added to the establishment for a period of 12 months.

Post	Proposed Number of Posts (FTE)	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total
Technology Assistant	3	Grade 1 Level 1 -2	20 -23	£9.60 – £10.04	£17,519 - £18,332	£22,827 - £23,873	£68,481- £71,619
Telecare Development Assistant (reconfigured from vacant hours)	1	Grade 2 Level 2 - 4	39 - 57	£12.68 - £16.52	£23,169 - £30,147	£30,151 – £39,282	£30,151- £39,282

- 6.1.1. The posts have been graded using the Council's Job Evaluation scheme.

7. Financial Implications

- 7.1. The costs for the additional posts will be met through a combination of £41,898 funding provided by the Scottish Government with match funding of £41,898 being applied by SLC.
- 7.2. The Telecare Development Assistant post will be funded from 21 vacant hours from a Telecare Development Worker post and the balance from some other vacant hours within a Performance and Development Assistant post.

8. Climate Change, Sustainability and Environmental Implications

- 8.1. There are no implications for Climate Change associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no Environment Implications associated with this report.

9. Other Implications

- 9.1. 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 existing policy, function or strategy and therefore no impact assessment is required.
- 10.2. Consultation will take place with the Trade Unions regarding this report.

Val de Souza
Director, Health and Social Care

Paul Manning
Executive Director, Finance and Corporate Resources

23 February 2021

Link(s) to Council Values/Objectives

- ◆ improve quality of life
- ◆ effective and efficient
- ◆ working with and respecting others

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:-

Niall Brittain, Project Manager
Ext: 2354 (Phone: 01698 452354)
Email: niall.brittain@southlanarkshire.gov.uk

Jill O'Boyle, Technology Enabled Care Project Governance Co-ordinator
Ext: 07795454781
Email: Jill.Oboye@southlanarkshire.gov.uk

Report

9

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**

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.

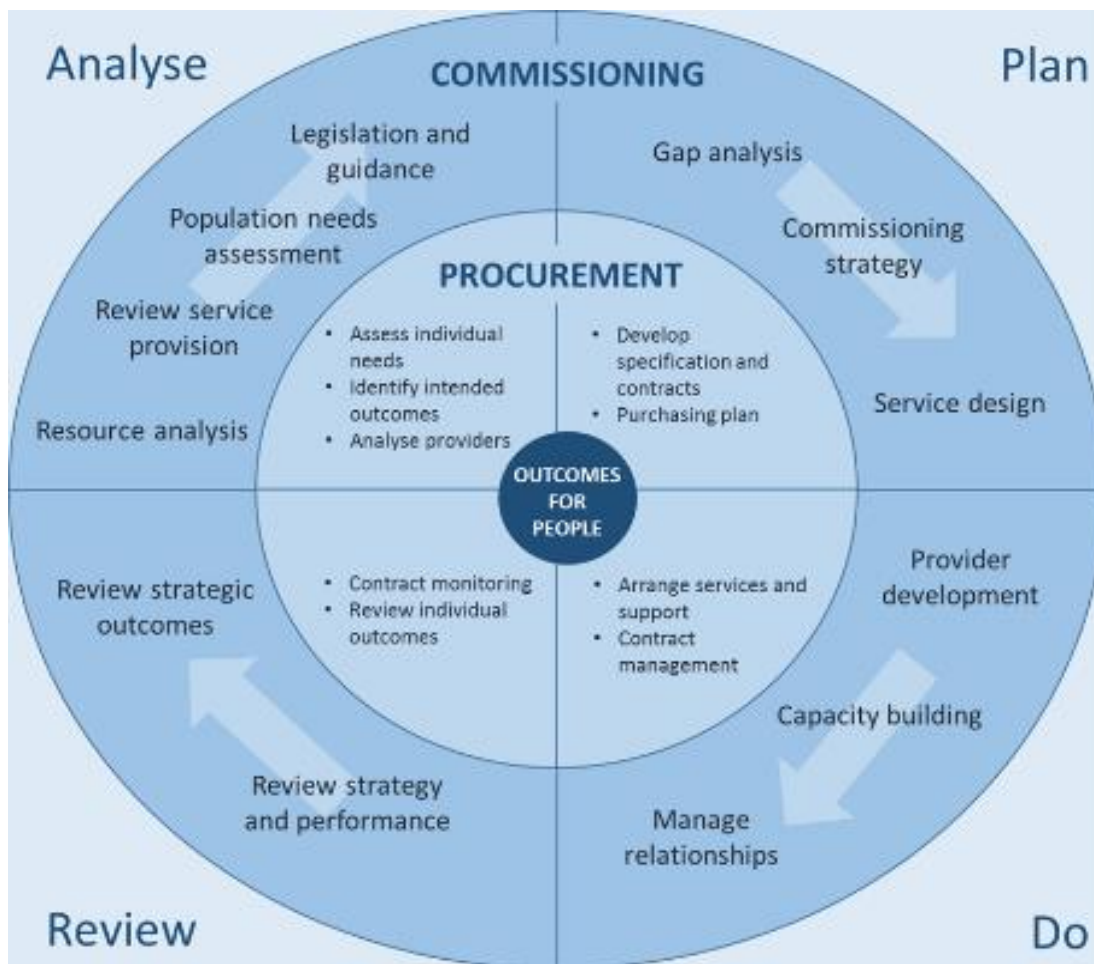
5. Staffing Changes for Planning and Development, Substance Misuse, and Public Protection

- 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
Director, Health and Social Care

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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Report to: **Social Work Resources Committee**
Date of Meeting: **17 March 2021**
Report by: **Director, Health and Social Care**

Subject: **Rates for Social Care Services 2021/2022**

1. Purpose of Report

1.1. The purpose of the report is to:-

- request Committee approval for delegated authority for the Director of Health and Social Care and Executive Director of Finance and Corporate Resources to agree 2021/2022 rates for Social Care Services

2. Recommendation(s)

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

- (1) that delegated authority for the Director, Health and Social Care and Executive Director (Finance and Corporate Resources) to agree 2021/2022 rates for Social Care Services as set out in section 4.1.1 of this report be approved.

3. Background

- 3.1. Each year, Social Work Resources Committee is presented with a proposal for commissioned rates for social care services, including Care Home and community-based services.
- 3.2. Given the ongoing impact of Covid 19, negotiations around budget settlement for Scottish Living Wage and the National Care Home Contract are not yet concluded.
- 3.3. The Council's Social Care providers continue to face unprecedented operational and financial challenges in responding to Covid-19, with sustainability arrangements in place in accordance with Scottish Government and COSLA guidance.

4. Delegated Authority

4.1. To ensure the Council can implement, at the earliest opportunity, increased contractual rates for providers effective from 1 April 2021, it is recommended that Committee grant delegated authority to the Director of Health and Social Care and Executive Director of Finance and Corporate Resources to agree amended rates follows:

4.1.1. Rates for commissioned services:

- Care at Home, Supported Living, Daycare and Integrated Care Facilities
- Residential and Nursing Care through National Care Home Contract

- Residential services outwith National Care Home Contract

4.2. A report will be presented to a subsequent meeting of Social Work Resources Committee to note the implemented rates.

5. Employee Implications

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

6. Financial Implications

6.1. The costs associated with increased charges will require to be considered alongside the funding available in the budget delegated to the Health and Social Care Partnership.

7. Other Implications

7.1. There are no issues in respect of sustainable development arising from this report.

7.2. There are no other issues arising from this report.

8. Equality Impact Assessment and Consultation Arrangements

8.1. There is no requirement to carry out an impact assessment in terms of the proposals contained within this report.

8.2. There is no requirement to undertake any consultation in terms of the information contained within this report.

Val de Souza

Director, Health and Social Care

17 February 2021

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:-

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Report

11

Report to:	Social Work Resources Committee
Date of Meeting:	17 March 2021
Report by:	Director, Health and Social Care

Subject:	Adult and Older People Day Service Review Report
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ inform the Social Work Resources Committee of the completion of the Adult and Older People Day Service Review
- ◆ inform the Social Work Resources Committee of proposed next stages of the review process

2. Recommendation(s)

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

- (1) that it be noted that the Briefing Paper informs the Committee of the status of the Review;
- (2) that it be noted that the key findings of the Review offer direction in relation to future modelling;
- (3) that the fundamental principles of a redesigned model be noted; and
- (4) that the proposed further consultation with stakeholders on redesign options be noted.

3. Background

3.1. An evidence-based review of Adult and Older People Day Services has been underway since May 2019. The Review activity is now complete, and the Review Group is now moving to a programme of designing a remodelling of the service.

3.2. During the COVID-19 period, delivery of the Building-Based Day Services was paused and the Service mobilised to offer an Outreach option within peoples' own homes and communities for those who exhibited the most significant vulnerabilities. This Service was delivered safely whilst adhering to the requirements of social distancing, public health and infection prevention and control guidelines.

3.3. There were a range of triggers and drivers for the Review:

- ◆ policy and legislation
- ◆ changing demographics
- ◆ the current traditional service model

- 3.4. The Self Directed Support (SDS) Act and its associated 10 year strategy expected significant change away from such traditional models of care. The 2014 and 2017 Audit Scotland Reviews of progress with SDS expressed concern about the lack of pace of such change, and set out the view that “staff will have to move away from allocating people to existing services, and work together with people to help them choose what support they want and would best meet their needs. People may choose new and different types of support that staff have not considered before” (Audit Scotland 2014).
- 3.4.1. A key recommendation from the 2017 audit is that when commissioning for SDS authorities should:
- ◆ develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another
 - ◆ work with service users, carers, and provider organisations to develop more flexible outcome-focused contractual arrangements
 - ◆ continue to work with communities to develop alternative services and opportunities that meet local needs
- 3.5. The demography of South Lanarkshire has changed significantly over the past 20 years or more and there are significant differences now in the health of the ageing population, when compared to the Day Services required to meet the population needs of that era. In addition, there has been a reduction in the number of people with a learning disability which is now at its lowest since 2007.
- 3.6. The projected population increase to 2027 and beyond shows a decrease in the working age population of just 4%. By comparison, the population of people aged 65+ is expected to rise by 23.4% and for those aged 85+ this will increase by 32.8%. This is likely to present challenges where there will be less people of working age to undertake the role of caring for those with care and support needs. This is currently evident within the Day Services workforce where 55% of employees are aged 50+ and just 5% of employees are aged less than 25 years.
- 3.7. The traditional Day Service delivery model in South Lanarkshire has not significantly changed since the inception of South Lanarkshire Council in 1996 and the service operates 19 building based facilities across South Lanarkshire providing services for individuals with a learning and/or physical disability and older adults. Additionally, there is a Community Support Team (CST) based within each locality who support both older and younger adults with a learning disability in community settings. Around 667 people attend day care and 209 are open to the Community Support Team.
- 3.8. The 19 building-based in-house services are registered with the external regulator, the Care Inspectorate whilst the CST Service is not a registered service. Buildings are generally of a high quality although a small number are not suitable for the delivery of full personal care support due to being of an older prefabricated design with space limitations. The registered services perform well at regulatory inspection where 92% of adult services are graded as very good or excellent, and 88% of older people services are also graded as very good or excellent. The cost of in-house provision is £11.44m.

- 3.9. In addition to in-house provision of day services, a range of specialist services are purchased from 21 external providers who deliver services to around 100 individuals. This includes an older person's day service operated by the Salvation Army and several providers who offer specific service to those with the most complex needs and disabilities. The cost of this externally purchased provision is £1.55m.
- 3.10. The total expenditure on all building based day services during 2019-2020 was £11.04m. Included in this figure is the cost of transport fleet to support service delivery which is currently £2.4m and this accounts for 22% of the total expenditure. 82% of service users access the fleet buses at a cost of £4,100 on average per person. Considering this through the lens of SDS, a question to the service user might be, "how would you prefer to spend this sum?" Notably, many service users are also in receipt of a DWP mobility allowance which raises a question of potential double funding from the public purse where the partnership also provides support with mobility to access services. A number of individuals use their mobility allowance to purchase a suitable vehicle to accommodate their needs, however very few use these vehicles to access the services.
- 3.11. Uptake of the Outreach service during Covid started fairly slowly, but as confidence in the service grew, just less than a third of the day service population (260 - 280 people) accepted an element of this service. Support packages delivered ranged from full time (35 hours per week) to just a couple of hours weekly. Individual's risks were monitored on a regular basis and the service level was adjusted accordingly in consultation with service users and their families. A further cohort of attendees already receive 1:1 support and had their essential needs met through these services or by supplementing their existing care arrangements.
- 3.12. An evidence based approach to the day service review was agreed from the outset with a three-fold focus, providing opportunities to learn from the past as well as to embrace more recent and modern approaches where technology, legislation and practice are continually evolving. The review considered:
- ◆ Best Practice research
 - ◆ service user and their families' experiences and expectations and
 - ◆ Social Work, Health, and Social Care professional expertise
- 3.13. An Appreciative Inquiry approach was employed to stakeholder consultation that fully involved all stakeholders in gaining views and opinions about what worked well in the current day service model and about where there was room for improvement. In total 527 service users and carers took part in the engagement sessions. In addition, there were separate engagement events for employees of the service and other partner agencies.
- 3.14. The Review was progressed by a range of sub-groups whose membership included a full range of partners from NHS, Social Work, third sector, housing, external agencies and the Care Inspectorate. These groups focussed on gathering evidence from the following areas:
- ◆ Consultation
 - ◆ Research and best practice
 - ◆ Profiling
 - ◆ Equalities
 - ◆ Workforce

4. Findings of the Review

- 4.1. The Review indicates clear findings in several areas that have informed the position on service development at both authority wide and locality levels.
- 4.2. Occupancy
 - 4.2.1. Overall, Day Services operate at approximately 60% occupancy with some as low as 25% occupancy and the review has identified that the reasons for this apparent under-occupancy is complex.
 - 4.2.2. Within the older day service population, the profile of service users has changed and there is now a much frailer, less mobile population attending. Around 65% of these older people are living with a dementia condition. Within the adult population of attendees, a similar position prevails where individuals with multiple complex needs are now living well into adulthood and often require 1:1 staffing support and there are currently 84 individuals who require this intensity of support.
 - 4.2.3. Contrasting with the continued changes amongst the service user population, the staffing model is fixed and modest in scale and so higher dependency levels result in fewer people being able to attend the services. Since September 2018, the National Health and Social Care Standards require that staffing levels within these services must be tailored to levels of dependency where previously an indicative ratio of staff to service users was sufficient.
- 4.3. Quality and opportunity
 - 4.3.1. Current Day Services are highly valued by service users, carers and staff working in the Services. The Services offer a dependable and reliable form of care and the external regulator the Care Inspectorate, has consistently graded Day Services as good, very good or excellent.
 - 4.3.2. Carers of people who attend services identify that they value having a break from their caring role that their family member is engaged in meaningful activity with their friends and peers and that people are supported to remain safe whilst accessing services.
 - 4.3.3. However, the nature of care delivered in these large group settings, limits opportunities for individuals' outcomes to be central to their support planning. Whilst the availability of a dependable and reliable service is laudable, it has in some cases meant that people have had little or no opportunity to engage in new life experiences for between 40 and 55 years. This is particularly true of the adult population in receipt of services where they commenced Day Services straight from an educational setting and have remained there into their 70s.
 - 4.3.4. Notably, the review highlighted that younger adults are keen for new and more activity to be involved in their day such as sporting opportunities, getting out and about and spending time with friends.
 - 4.3.5. Specialist services that benefit individuals and support them to remain longer within their own communities and to keep well includes access to physiotherapy, falls assessment, podiatry and technology enabled care. These have been seen largely as separate from the function of Day Services but these Services should be intrinsic to the activity of Day Service opportunities where support could be delivered locally and intensive work followed up by support staff who see people regularly within their own homes and communities.

4.4. Transport

- 4.4.1. The current model of Day Services is heavily reliant on the use of fleet transport moving people to and from home to service building bases. In many instances for adults, individuals have no sooner arrived than they are leaving to attend an activity which is community based for example, a swimming session or ten-pin bowling.
- 4.4.2. For older people who have often been assisted to get up and dressed early in the morning by Care at Home Services then wait for the bus to collect them some time later in the morning, they can be tired and need to rest by the time they arrive at the Day Service building. Due to the shared fleet arrangement with Education Resources, it is not uncommon for individuals to arrive at the building close to 11am.
- 4.4.3. For frail people, or for individuals with complex needs, extensive time spent on fleet transport can be challenging and arguably not the best way for them to achieve their individual outcomes. The review has determined that the service delivery is constrained and defined by the transport arrangements and is concerned that close to a quarter of the care budget is consumed by fleet costs.

4.5. Areas for development

- 4.5.1. Whilst positives around the current style of service are evident, the review consultation process evidenced a need for a more flexible service which offered greater choice and was more suited to individual needs. In addition, extended operating times when people could access support was raised as a point for consideration in any redesign options. It was felt that this could better support carers who were employed to remain in employment.
- 4.5.2. The Review concludes that there is room for improvement in the assessment process. The HSCP now operates to the Council's revised Prioritisation Framework which is compliant with Scottish Government and CoSLA guidance. There is a need to fully embrace the statutory requirements set out in the Self-Directed Support Act and move the focus of the assessment away from services, to meeting outcomes and using a defined personal budget allocated to the Supported Person and their Carer.
- 4.5.3. The Lifestyles model of service at Stonehouse is one which sees shared use of a single building base used by both the adult and older people population. Other community functions within that building during the Day Service operating times have shown to be beneficial in enabling formal users of the service to be more interconnected with the local community. All other building based services have an almost exclusive focus on a single client group activity or condition despite the fact that many of the buildings are jointly utilised by the public and have other Resources such as Leisure, operating within them. The spirit of community integration has not been fully realised and services remain exclusive and separate from their communities instead of inclusive. Stonehouse as a Best Practice model, is one that should be considered as a template for development which could subsequently be replicated in other areas.

4.6. Self-Directed Support (SDS)

- 4.6.1. Four fundamental principles of SDS are built into legislation:
 - ◆ participation and dignity
 - ◆ involvement
 - ◆ informed choice and
 - ◆ collaboration

- 4.6.2. This means that Social Care should be provided in a way that affords 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.
- 4.6.3. The specific intention of SDS was to move away from local authorities dictating what type of services would be available and how people should fit into existing services, to a place where individuals requiring care and support would have choice and control over their care and how they could best have their outcomes met. A key challenge with having large budgets tied up in building infrastructure and transport provision has resulted at times in the Council paying twice where people have accepted a personal budget for SDS and the Council also maintains the fixed building-based infrastructure and provision. Notably, more than £7million is currently spent on direct payments across the Resource separately from the cost of Day Services.
- 4.6.4. The Partnership's updated Eligibility Criteria enables those with substantial and critical need to access a personal budget and a number of long-standing service users have not yet benefitted from a full SDS approach to support planning. Much of the Review activity sits with the provider role that is the Day Service teams themselves, rather than with the assessment and Care Management teams. It is anticipated that as an outcome of ongoing individual reviews that have been triggered more quickly as a result of the COVID-19 situation, there will be a redistribution of resource in accordance with eligibility and complexity of need. Full implementation of the SDS approach will see a fairer redistribution of resources based on assessed need which may result in some individual's use of day care reducing and some choosing alternative options.
- 4.6.5. Being caught up in the current fixed commitments to buildings and fleet does not offer Best Value and limits the Resources capacity for ingenuity and creativity in providing personalised responses to the changing needs of the population. Commissioning new person centred support models based on locality need and building on local assets and opportunities, is impossible at present and will remain the case unless funding can be freed up and redirected.
- 4.7. Key Principles for Modernising the Service
- 4.7.1. The Review identified shared key principles across all stakeholders that should underpin service access, opportunities and redesigning of a modern, fit for purpose support service for adults and older people. These are,
- ◆ fairness and equity
 - ◆ access to service based on priority need
 - ◆ robust assessment, support planning and review
 - ◆ flexibility and choice
 - ◆ an enabling and asset-based approach
- 4.7.2. Notably, the impact of COVID-19 means that risks associated with the delivery of direct care and support services will require ongoing multi-disciplinary work between Health, Social Care, Public Health, and the Care Inspectorate.

4.8. Next steps

- 4.8.1. The review by Audit Scotland in 2017 of the progress of SDS indicated that progress against this national agenda was too slow. There is a need to develop a more flexible service style to meet 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. These were designed to encourage significant changes to how Services were previously provided and required public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.
- 4.8.2. Transformational change is required to create a more flexible, personalised, and responsive service. Redesign must be underpinned by the principles of fairness and equity, best value, adaptability, and its capacity to support the intentions of the Strategic Commissioning Plan. A redesigned Day Support Service would be well positioned to contribute to many of the Partnerships objectives both now and into the future.
- 4.8.3. In order to achieve this transformation, budget from fixed assets such as buildings would need to be released and diverted into building a strong community support infrastructure. This would include more involvement of the third sector as well as offering flexibility to deliver enhanced services to individuals who are difficult to reach in rural locations and where there is limited opportunities for individuals to realise their personal outcomes. Such radical change would take time and careful planning since the whole service support system would require to be restructured, for example, changes to staff terms and conditions and a full review of the model of fleet contract.
- 4.8.4. Whilst the knowledge research element of the Review concluded that there was no optimal model for redesign, it clearly found that ending separation from the communities that people live in by moving away from segregated building bases was best practice. A three-level model of support was recommended and should include:
- ◆ individualised tailored support
 - ◆ a re-ablement focus
 - ◆ intensive support for those with the most complex needs
- 4.8.5. The review has established that:
- ◆ the delivery model must be better aligned with the IJB's strategic commissioning plan
 - ◆ Assessment and Care management approaches must be strengthened to take account of the prioritisation framework and SDS so that all service users and carers have a defined personal budget within which their Support Plan will be organised under their direction
 - ◆ the current model is deficient in that it is based on services not outcomes
 - ◆ existing services are well run and well regarded
 - ◆ given the occupancy levels, the existing service users could be accommodated within fewer buildings where a building model remains, without significant detriment
 - ◆ there is merit in sustaining some building-based services in each locality, but the current number of bases is unnecessary and limits creative use of available budget

- ◆ there is unevenness in the distribution of resource across localities which must be remedied
- ◆ existing staffing models are out of date relative to changing needs and demands and require to be reviewed
- ◆ the Stonehouse Lifestyles model works well and could be further developed
- ◆ there is opportunity to develop rehabilitation, re-ablement and crisis intervention services into the model
- ◆ resource must be “unlocked” to support the evolution of SDS
- ◆ two buildings are less suitable and could be given up as a first step
- ◆ Outreach Services developed over the COVID 19 period have extended the range of options for service users and carers and should be maintained and developed
- ◆ Service users and carers are asking for more flexible approaches to care for example, opening hours
- ◆ the current transport arrangements are costly and unhelpfully define the Service
- ◆ there is double funding of transport costs from the public purse

4.8.6. The focus of consultation for a proposed model for the future should be on:

- ◆ being fully compliant with the SDS legislation and strategic intentions
- ◆ maintaining an element of access to a building base service in each locality
- ◆ developing an individualised outreach model and
- ◆ continuing to support those with complex needs to have access to specialist services where required

4.8.7. This would deliver on all three elements of a Best Practice model as noted at section 4.8.4. of this report.

4.8.8. A commitment to involve stakeholders in both the review and redesign of Adult and Older People Day Services was made at the outset of the Review. It is proposed that consultation on options arising from the review should be the next stage of activity.

5. Employee Implications

5.1. There may be staffing implications resulting from the Review and once service redesign options are agreed these will be determined. The trade unions are aware of the Review and the recent adoption of an Outreach model. Further consultation will take place about the proposed future staffing model which will be required as part of a service redesign.

6. Financial Implications

6.1. A previous efficiency of £0.55m for 2020/21 was identified early in the Review process which has been affirmed by the fuller review information. This involves merging service users and staff into fewer buildings within their locality, revisions to fleet and a re-specification of an expired external contract. This has not been progressed due to the impact of the COVID response, but has been the subject of consultation with stakeholders.

6.2. Services are not currently operational from any building bases due to the COVID Pandemic and service user needs are being met by alternative service provision.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no Climate Change, Sustainability and Environmental implications associated with this report.

8. Other Implications

- 8.1. There are no risk implications associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. An EIA has been ongoing throughout the process of the life of the Review and will remain under development to the conclusion of redesign of services.
- 9.2. Consultation and engagement have been central to the Review and this will continue as options for redesign are proposed.

Val de Souza

Director, Health and Social Care

10 February 2021

Link(s) to Council Values/Objectives

- ◆ Focused on People and their needs
- ◆ Accountable, effective, efficient and transparent
- ◆ Ambitious, self-aware and improving
- ◆ Improve health, care and wellbeing
- ◆ Deliver better health and social care outcomes for all
- ◆ Improve later life

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:-

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Neighbourhood Networks

Peer Support Networks in South Lanarkshire

Evaluation and review of the effectiveness and impact of the
East Kilbride and Lanark Neighbourhood Networks

July 2020



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INTRODUCTION

This is an independent evaluation of the Neighbourhood Networks in Lanark and East Kilbride. Neighbourhood Networks asked Outside the Box to evaluate and review the effectiveness and impact of the two peer support networks in South Lanarkshire. The work was carried out during July 2020.

The aim of the evaluation is to assess the effectiveness and impact of the networks on network members and how they live their lives, and for their families and carers.

About Neighbourhood Networks

Networks are generally made up of around 9 to 12 people. Everyone in the network tends to live within the same community, often within walking or easy travelling distance of each other. People who are part of the network are called members because they are part of the network. Members may have a learning or physical disability, mental health issue or other support need. Members choose to be part of a network - their involvement is voluntary.

The aim and purpose of the network is friendship and mutual support. Each member is encouraged to use their skills to help and support other members of the network. Neighbourhood Networks Mission, Vision and Values Statement says:

"Through local networks of mutual support, we will work with people in their neighbourhoods to deliver the support they require to live independently in their own homes, and to contribute to their communities."

Each network is supported by a Community Living Worker (CLW), who also lives in the same area as the members. The role of the Community Living Worker is to support the network and its individual members. It is also to connect members with their community, increase activities that they are involved in, their circle of friends and connections and reduce social isolation.

Network members tend to be people who are at the edge of services, or transitioning into adulthood, or may have perhaps previously had more intensive help but are now at a stage where they need some support but don't necessarily need a service or regular support with a set number of hours.

Each network decides amongst themselves how often and where they meet and the activities they engage in.

Each network is a genuine partnership and coproduction between the individual members, the CLW and Neighbourhood Networks.

About South Lanarkshire Networks

In 2019 South Lanarkshire Council commissioned two networks, one in East Kilbride and one in Lanark, primarily aimed at young people aged 16-25 years living with a mental health, learning disability or social isolation problem. The networks are funded by the National Lottery with additional funding from the Robertson Trust and South Lanarkshire Council.

The East Kilbride Network established itself quickly with referrals for young people.

'East Kilbride got off to a really good start. The young people in East Kilbride participate well in group activities, offer peer support to each other freely and have become good friends. They are continuing to flourish, via online connections during Lockdown.'

In contrast, the Lanark Network 'got off to a slower start' with fewer initial referrals in the relevant age group. The network now covers a wider rural area and age range has been extended to all ages. The large rural area and the lack of public transport as made it far harder for network members to meet up easily and independently. The network had begun to meet regularly and develop some activities and meetups before just before Lockdown started. The main members in Lanark have not been so keen to use digital technology to make connections with each other. The new CLW had only just started when Lockdown began and had not met any of the network members.

Both Networks have had changes in staff with new Community Living Workers starting in February and March of 2020, as well as a new manager.

About the evaluation

The aim of the evaluation is to evaluate and review the effectiveness and impact of the two peer support networks in South Lanarkshire.

The sources of information that the evaluation has drawn on are:

- Informal telephone conversations with members of the peer support networks in East Kilbride and Lanark
- Telephone conversations with family members of network members
- Discussions with staff and managers at Neighbourhood Networks
- Telephone and email conversations with South Lanarkshire Social Workers
- Neighbourhood Networks Values and Mission Statements
- Neighbourhood Networks Annual Reports and Blogs
- Social Services in Scotland – A shared vision and strategy 2015-2020
- Self-Directed Support Strategy 2010-2020
- Care Inspection Report January 2020
- South Lanarkshire Service Specification
- Taylor Nisbet - Establishing the financial case for Neighbourhood Networks 2018/19

Within Neighbourhood Networks it also draws upon:

- Neighbourhood Networks Charter of Rights
- Member Planning Wheel and Action Plan
- Key Performance Indicators
- Support Planning policy and procedure
- Members' Newsletters
- Information leaflets

We also used ethnographic methods, such as observing and participating in activities to evaluate the impact of the networks on members and family members. We collect and organise the observations and experiences from the activities into an evaluation tool called Magic Moments. More information about Magic Moments as an evaluation and analysis tool can be found at this link www.jrf.org.uk

We used Magic Moments to highlight small but significant changes in people's lives. They are a snapshot of individuals' experiences that collectively show the differences in people's lives because they are for example a member of a network or group, participate in activities or are supported well. In this evaluation, due to the pandemic lockdown and short timescale, the Magic Moments are a collection of quotes, comments and notes from activities and conversations.

We were delighted to participate in three digital quizzes including a Marvel film quiz hosted by East Kilbride Network members. We also observed the cooking sessions with Maureen on Facebook live and the exercise sessions with Jo.

These sessions provided a way for us to get to know Network members, a taster of activities enjoyed by people, and some insights into people's personal situations and ways in which they can be supported by other network members and by the CLWs and other Neighbourhood Networks staff. Many of these insights have been incorporated into Magic Moments.

We had telephone conversations with two family members and five network members across both networks. We devised a question set for each group based on the Service Specification of the Networks and the Planning Wheel used with members. This began with some general questions about strengths and weaknesses of the Networks, then with more specific questions around areas of independence, skills and confidence. To determine degree of connection to community or isolation, questions were also asked about engagement in activities. Family members were asked additional questions about degree of participation in other activities, and around any challenges encountered by the Network. They were also given the opportunity to give any other relevant information or comments.

Magic Moments

The Magic Moments have been collected from the digital activities we observed and participated in, and from conversations we had with staff, network and family members and stakeholders. They are a snapshot of individual experiences that collectively show the positive in member's lives and the support they give and receive as network members. The Magic Moments highlight small but significant changes in people's lives.

The themes in the Magic Moments are linked to the Network Outcomes.

Life skills and independence	
Person	Magic Moment
Network member	"During lockdown I'm learning to cook with Maureen on Facebook"
Staff member	Asking if people liked the music and asking for their musical choices for the exercise session. Lady Gaga was requested by a member
Network member	Following the discussion on Facebook cooking sessions one member shared an offer they had seen for toilet rolls
Network member	"I'm using large bags of pasta as weights instead of buying them - Jo gave me this idea"
Staff member	Talking about the most up to date coronavirus advice and what this means and checking members understand
Staff member and network members	Sharing experiences of queuing in shops and wearing masks and encouraging and supporting each other
Staff members and network members	Checking everyone has a mask and knows when and how to wear it. Members sharing their experiences of wearing masks with each other to encourage and support each other
Network member	"The best for me is the group meet ups, the chat, the conversations and the planning."
Network members	"The digital stuff - is strange but good. We are getting used to it now and the weekly quiz we have is really good."

Family member	"The Network is a little thing in a global sense but it's made such a massive difference to our daughter."
Network member	Making plans and developing ideas. One member suggested they make a film to tell the story of the lockdown and how neighbourhood networks had helped them.
Network member	"Jo's session - It's better than PE with Joe Wicks PE"
Staff member	"We have now video called a few times and each time it is getting longer. Last time we talked for 20 minutes. It is such a big and positive step for her."
Family member	"He has started taking the calls himself and responding to the messenger chats as well. And that's great because I used to have to help him. It gives him so much more independence and he has become the Network rep."
Network member	"The quiz has been really good and cemented friendships because we can all join in and we have taken it in turns to ask the questions."
Family member	"Being part of the network has increased her independence in that she can go out supported by people other than her family. She has got her own space - that's really important for everyone but especially young people."
Network member	"The shop is starting back soon. I'm not sure what I think about working there yet. So I'm going to think about it this weekend"
Stakeholder	"The difference since I began working with him around 18 months ago has been really positive. That's him now moved into his own tenancy and is no longer in temporary accommodation. That in itself is a huge accomplishment."

Friendships and Connections

Person	Magic Moments
Network member	"I'd not had friends for a while, since leaving school, but now I have people who know me and know my name and ask me to join in."
Network member	"I like having friends"
Network member	"I've got a good group of friends and I can be myself – it's good"

Family member	"It's good to see the friendships develop and members sharing their interests with the others"
Staff members	Reminding everyone about all the activities that are available, when they are on and how to connect.
Stakeholder	"I think the main areas where I have seen improvements in part due to Neighbourhood Networks involvement are in his Friendship and Connections, his Health and Wellbeing and in his Independence and Life Skills."
Staff member	Talking about the Stay Up Late party on a Friday night and explaining how to join using zoom rather than Facebook which they have used for most of their get togethers.
Staff and network members	Wishing members Happy Birthday during Facebook live sessions and everyone else joining in
Network member	"I really like that the Network is my thing that I go to on my own away from my family. I do a lot with my family but the Network and the friends I have made are mine. They all have friends and now I do too. It's just more grown up and I like it."
Family member	During a quiz session one mum popped in to say she was on her way out for a bit. Everyone waved and said hello and bye to her.
Network members	During the quiz everyone waited and chatted when one of the members phone battery ran out.
Network member	"I've put in a Disney question 'cos I know she likes Disney."
Network member	"I think some of the questions are difficult so I made them A B or C so if you don't know the answer some guesses can be made"
Network member	"Keep the bonus question until the end in case it goes to the wire like last week"
Network member	"Wow winning twice – that's brilliant – well done"
Network member	"Thank you it was great to see everyone again."
Family member	"I can feel a sense of family, safe space and community where members can join in and be themselves"

Confidence and Self Esteem	
Person	Magic Moment
Network member	"I just love the meet ups and going to different places. I have really missed it. We need to start meeting up again soon."
Network member	"Have been a member for nearly one year now. The difference is amazing – I now have people to meet up with and can get out of the house. Such a positive experience!"
Family member	"He has been in a relationship now for some time and I can see that his confidence is growing all the time in his interactions, and how he deals with others."
Network member	"The Chase is on." At the start of the quiz.
Staff member	Using her own experience to share how exercise makes her feel confident, strong and well. She encouraged the group to share what other ways they like to exercise. Members talked about riding bikes, walking and running.
Family member	"There is nothing for young adults her age to do around here. So this is her life line, it's given her a sense of self and we have seen her grow in confidence."
Network member	"I think some of the questions are difficult so I made them A B or C so if you don't know the answer some guesses can be made"
Network member	'Keep the bonus question until the end in case it goes to the wire like last week'
Staff and network members	Facebook live cooking sessions. Members shared photos of their cooking. People commented on each others photos using likes and comments like 'well done! And 'they all look so yummy' and people commented when Maureen was cooking 'yum yum, your sauce looks lovely'

Health and Wellbeing	
Person	Magic Moment
Network member	"Jo's session - It's better than PE with Joe Wicks PE"
Staff member	Using her own experience to share how exercise makes her feel confident, strong and well. She encouraged the group to share what other ways they like to exercise. Members talked about riding bikes, walking and running.
Staff member	Ensuring that the exercise session is for everyone offering different variations and for members to choose what suits them best.
Staff member	Demonstrating that exercise is good for mind as well as body. And using opportunity to learn about different muscles in the body.
Network member	"Jo's fitness is excellent - I don't always get up for it but it's 100% brilliant."
Stakeholder	"Neighbourhood Networks have been one of the only constants in his life during my time supporting him [as a social worker] and I hope we can continue to share good practice."
Family member	"She gets out more now and engages with people which improves her wellbeing. She has her own friends and activities. Her mental health is also better because she's more positive."
Stakeholder	"I can see that his confidence is growing all the time in his interactions, and how he deals with others. This has contributed to his overall health improving somewhat, particularly in relation to his mental health. As previously stated, he has just coped admirably with a house move there and stated only this morning that his 'depression is better'."
Stakeholder	"Whilst he may always need some support around him in his life, Neighbourhood Networks have helped enormously in putting some of the building blocks in place for him to lead a fulfilling life."
Staff member	"I think even reclusive people are finding it harder now – it has had an effect on everyone's wellbeing. But my role is to support members to 'get back' gradually and work on ways in which we can do that. Socially distanced walks have been very helpful."

Managing Money	
Person	Magic Moment
Network member	"I've always had a bank card and my own money so being a network member hasn't changed anything for me."
Network member	"I've found it really helpful to talk about budgeting and looking out for special deals. We tell each other if we have seen something good. It helps my money go further and now I have some meals I can cook its even better."
Network member	"I'm getting better at this now. I have my own place so it's important."
Network member	"I'm using large bags of pasta as weights instead of buying them - Jo gave me this idea"
Network member	Following the discussion on Facebook cooking sessions one member shared an offer they had seen for toilet rolls
Staff member	Facebook live cooking sessions Maureen suggested that as the chocolate was going to be melted for Rocky Road, members could use cooking chocolate, and this would be cheaper.
Volunteering and employment	
Person	Magic Moment
Network member	"I've been helping out for years. I really enjoy it and it's been so great that its continued on Zoom through the Lockdown. I get a buzz from seeing everyone and I would have really missed it."
Network member	"I'm waiting for this to be all over, so I can do some volunteering and check out some ideas. I would like to meet more people who live near me."
Network member	"This definitely something I want to do."
Network member	"I'm thinking about what I want to do next and when it will be safe to be out amongst people again. I hope it won't be too long."

Neighbourhood networks and Community Living workers	
Person	Magic Moment
Stakeholder	"Neighbourhood Networks have been one of the only constants in his life during my time supporting him [as a social worker] and I hope we can continue to share good practice."
Family member	"There is a 'black hole' of support and opportunities for young people with moderate support needs like my daughter. It was just by chance that I heard about neighbourhood networks, asked the social worker about it and was referred. It has made such a difference to all our lives."
Stakeholder	"Whilst he may always need some support around him in his life, Neighbourhood Networks have helped enormously in putting some of the building blocks in place for him to lead a fulfilling life."
Stakeholder	"Neighbourhood Networks are just brilliant. They focussed totally on him. His wellbeing and the practical steps that he needed in this situation. Without Maureen and Jo, he would have got lost in the emergency needs of his mum."
Stakeholder	"Jo and Maureen were excellent - totally professional to work with and got things done, all during a pandemic. I can't speak highly enough of them and Neighbourhood Networks. They made my work easier and really helped the young man."
Stakeholder	"They also supported him when his gran went into hospital for a short stay too."
Stakeholder	"Neighbourhood Networks are absolutely integral to his health and wellbeing. The practical steps and support they gave him, got best outcome for him in a complicated, messy, difficult fraught situation for his mum."

INTERPRETATION AND ANALYSIS

The evidence gathered in this evaluation shows that the Networks in South Lanarkshire have a positive impact and are effective in achieving positive outcomes in members' lives.

From the different data gathered and analysed we have gained an overall view of the impact of the Neighbourhood Networks on different aspects of the members' and their families' lives. We have broken this down into themes which reflect the programme outcomes, as well as any additional or unexpected outcomes.

What people liked about the Network

Members liked the positive impact the Network was having on their day to day lives and many emphasised how things had improved for them because they were part of it.

The key aspects members liked most were:

- Being part of a group and having activities and things to do together
- Having something just for themselves outside of their families and the fact that the Network was not a service
- Having plans and ideas that they could work on with others to make happen

Members liked having a community living worker with whom they have an individual relationship but who is also part of the group.

The friendships and connections that people made as Network members were also very important to people. Members also mentioned difficult experiences they had had with people in the past and how being part of the Network was very positive for them.

Stakeholders said the most important part of the Network for them was the focus of staff on the members, making sure their wishes and interests were heard and acted upon.

Staff members talked about the uniqueness of the Networks in both the approach to supporting people simply and well, and also that each Network had its own character and style forged by its members.

"The best for me is the group meet ups, the chat, the conversations and the planning."

"The digital stuff - is strange but good. We are getting used to it now and the weekly quiz we have is really good."

"Jo's fitness is excellent - I don't always get up for it but it's 100% brilliant."

"During lock down I'm learning to cook with Maureen on Facebook"

"I really like that the Network is my thing that I go to on my own away from my family. I do a lot with my family but the Network and the friends I have made are mine. They all have friends and now I do too. It's just more grown up and I like it."

"There is nothing for young adults her age to do around here. So this is her life line, it's given her a sense of self and we have seen her grow in confidence."

"The Network is a little thing in a global sense but it's made such a massive difference to our daughter."

"I can feel a sense of family, safe space and community where members can join in and be themselves"

"Neighbourhood Networks have been one of the only constants in his life during my time supporting him [as a social worker] and I hope we can continue to share good practice."

"There is a 'black hole' of support and opportunities for young people with moderate support needs like my daughter. It was juts by chance that I heard about neighbourhood networks, asked the social worker about it and was referred. It has made such a difference to all our lives."

Life skills and independence

The Networks have had a positive impact on members and their life skills. The CLWs managed the different skills and support needs of members very well. The members also have different levels of support offered by their families. Some examples of skills being developed included:

- Taking part in the cooking sessions on Facebook live with Maureen
- Fitness sessions with Jo – with the focus on looking after health and getting stronger
- Jo checking out with members that they knew about the latest advice and rules around Covid and what that meant for them
- Making decisions around what to cook and which items to buy
- Making decision around activities they wanted to do as a group and who would take on which tasks
- Sharing experiences and things that worked well
- Members setting up and using Facebook pages, WhatsApp and messenger to chat and keep in contact in between sessions
- Taking phone calls and talking about the impact of the network with people you don't know
- Beginning to use video calls to talk with CLW and also talking with other members of the network

“Jo’s session - It’s better than PE with Joe Wicks PE”

“We have now video called a few times and each time it is getting longer. Last time we talked for 20 minutes. It is such a big and positive step for her.”

“He has started taking the calls himself and responding to the messenger chats as well. And that’s great because I used to have to help him. It gives him so much more independence and he has become the Network rep.”

“The quiz has been really good and cemented friendships because we can all join in and we have taken it in turns to ask the questions.”

“Being part of the network has increased her independence in that she can go out supported by people other than her family. She has got her own space - that’s really important for everyone but especially young people.”

“The shop is starting back soon. I’m not sure what I think about working there yet. So I’m going to think about it this weekend”

“The difference since I began working with him around 18 months ago has been really positive. That’s him now moved into his own tenancy and is no longer in temporary accommodation. That in itself is a huge accomplishment.”

‘Soupathon’

One of the very popular activities and practical skill developments has been the innovative cookery sessions led by Maureen on Facebook live.

‘Well this was a first for Neighbourhood Networks a Soupathon. We hope everybody enjoyed the soup packs that were delivered. For some members this was the first time they had made soup and they were able to learn a new skill. For other members it was a chance to spend some time with family sitting down to a lovely bowl of soup or for people on their own an activity to beat the boredom.’

From June 2020 Newsletter

The cookery sessions have covered many practical skills including

Budgeting and money management

Making choices and decisions

Looking after health and eating well

Checking out Covid updates and understanding

Weighing and measuring – when it needs to be accurate and when a rough idea is OK

Sharing and celebrating good food

Friendships and connections

The networks have increased social friendships, connections and interaction for members. It has increased the number of friends, and the number and range of activities that members participate in. Everyone recognised the importance of friendship and valued being part of a group of friends that support and help each other.

The Covid lockdown has presented challenges in maintaining friendships and connections for members and for staff.

Staff have worked very hard, and creatively, to support members to get online, exploring different digital platforms, checking in with families and carers around options and online safety for the young people.

A crucial part of this has been working with members, to develop and deliver a programme of varied activities based on the activities and interests of members. This has been achieved at an organisational level and by East Kilbride network.

Most of the members of the East Kilbride network have been participating with digital activities, such as the weekly quiz sessions and also the Facebook live sessions for the whole network - cooking with Maureen is very popular.

Lanark Network members have had less contact as a group during the lockdown. The members are more dispersed geographically and the Network had been widened to include a wider age range. They enjoy physically meeting up and are not interested in connecting digitally.

The Lanark CLW started in post just as the Covid Lockdown began. She told us that 'It's been hard to maintain relationships with people you have never met, and many people can be anxious about speaking on the phone in the first place, never mind to someone you have never met.'

However, despite Lockdown she has made connections with members and has engaged in socially distanced walks, getting to know individual members and she has been able to play a facilitating role in supporting members to recognise boundaries and social etiquette within friendships.

"I'd not had friends for a while, since leaving school, but now I have people who know me and know my name and ask me to join in."

"I like having friends"

"I've got a good [group] of friends and I can be myself – it's good"

"It's good to see the friendships develop and members sharing their interests with the others"

"I think the main areas where I have seen improvements in part due to Neighbourhood Networks involvement are in his Friendship and Connections, his Health and Wellbeing and in his Independence and Life Skills."

During the quiz the members also made plans for the future – planning to celebrate some birthdays and also to make a film about the Lockdown and how Neighbourhood Networks had helped them. This was a great example of the members taking ownership of their activity choices and the ways they want to communicate to others about their experiences.

The quiz gave a real sense of the camaraderie and relationships built up within the group:

"I've put in a Disney question 'cos I know she likes Disney."

"I think some of the questions are difficult so I made them A B or C so if you don't know the answer some guesses can be made"

"Keep the bonus question until the end in case it goes to the wire like last week"

"Wow winning twice – that's brilliant – well done"

"Thank you it was great to see everyone again."

Confidence and self-esteem

The network has also had a positive impact on members' confidence and self-esteem. What has helped members is having a friendship group, people to do things with, being part of other people's lives, supporting, caring and sharing things. Members also talked about the activities giving a structure to the week and then fitting everything else around it.

The members who have not been able to see people during the pandemic have really missed it.

For some members the newly acquired digital knowledge and equipment has also had a positive impact on confidence and self-esteem. It's also been an opportunity for others to share their knowledge and skills with friends to help them get online and stay online. Skills have been utilised and new skills practice and developed.

"I just love the meet ups and going to different places. I have really missed it. We need to start meeting up again soon."

"Have been a member for nearly one year now. The difference is amazing – I now have people to meet up with and can get out of the house. Such a positive experience!"

“He has been in a relationship now for some time and I can see that his confidence is growing all the time in his interactions, and how he deals with others.”

“The Chase is on.” At the start of the quiz.

Health and wellbeing

Members were very clear that being part of the network was very effective in keeping them well and had a positive impact on their health and wellbeing. Most members also understood what things helped their health and the things they needed to do to look after themselves.

The exercise sessions provided an obvious boost to physical wellbeing but at the same time Jo made a point of mentioning how beneficial physical exercise is for mental wellbeing as well. Jo also talked about different muscles and how they worked. She was careful to encourage people to work where they were comfortable and within their own ability range, offering alternative versions of exercises.

It was also clear during the exercise sessions that the participants were not living in a protective bubble – they were fully aware of the Covid-19 pandemic and the risks involved. There was open discussion about practical issues around shopping, queuing and the general advice and restrictions and what these meant for people. The mutual peer support aspect is clearly for everyone with examples on many occasions of members offering advice to Maureen and Jo in their sessions.

“I can see that his confidence is growing all the time in his interactions, and how he deals with others. This has contributed to his overall health improving somewhat, particularly in relation to his mental health. As previously stated, J has just coped admirably with a house move there and stated only this morning that his 'depression is better'.”

“Whilst he may always need some support around him in his life, Neighbourhood Networks have helped enormously in putting some of the building blocks in place for him to lead a fulfilling life.”

“She gets out more now and engages with people which improves her wellbeing. She has her own friends and activities. Her mental health is also better because she's more positive.”

The Lockdown has had a negative impact on everyone's health and wellbeing. Some members have found it very hard and have been at risk of self-harm. Their risk has reduced due to the support of the CLW and Network manager and it has also reduced the potential impact on other health and social care services.

Practical suggestions were discussed around ways to support good mental wellbeing at difficult times and staff and members made practical suggestions. Using social distanced walks as a way of getting used to the changing rules with the benefits of having longer conversations with people, getting outside and enjoying a walk were suggested.

‘I think even reclusive people are finding it harder now – it has had an effect on everyone’s wellbeing. But my role is to support members to ‘get back’ gradually and work on ways in which we can do that. Socially distanced walks have been very helpful.”

Managing money

The cooking sessions gave an excellent example of managing money, and ways of saving money by substituting cheaper ingredients or looking out for special deals. Members also offered peer support by sharing knowledge about current special offers with one another.

The exercise sessions also provided an opportunity to discuss budgeting, with Jo offering tips on improvising with everyday household items – for example using tins and pasta packets as weights.

“I’ve always had a bank card and my own money so being a network member hasn’t changed anything for me.”

“I’ve found it really helpful to talk about budgeting and looking out for special deals. We tell each other if we have seen something good. It helps my money go further and now I have some meals I can cook its even better.”

“I’m getting better at this now. I have my own place so it’s important.”

Volunteering and employment

Members had different experiences around employment and volunteering. Some members had established volunteering activities they participated in and some are keen to have volunteering or work opportunities in the future. The CLW support members to gather information about the things they would like to do and to begin to plan how they would go about it. For some members, the pandemic has reduced their opportunities for volunteering because so many activities temporarily closed. But for some the activities and their involvement has continued online.

“I’ve been helping out for years. I really enjoy it and it’s been so great that its continued on Zoom through the Lockdown. I get a buzz from seeing everyone and I would have really missed it.”

“I’m waiting for this to be all over, so I can do some volunteering and check out some ideas. I would like to meet more people who live near me.”

“This definitely something I want to do.”

“I’m thinking about what I want to do next and when it will be safe to be out amongst people again. I hope it won’t be too long.”

Community Living Worker

A key part of the network for members is the role and support provided by the Community Living Worker.

'The role of the Community Living Worker is key to the development of the Network and has to strike a balance between ensuring the right amount of support at the right time and avoiding the danger of encouraging an over-reliance or dependency on staff support.'

South Lanarkshire Service Specification

Both CLWs have developed individual relationships with network members and have responded and supported members to be part of the Network and in other aspects of their lives.

One example from East Kilbride was when a family member was taken into hospital as an emergency admission, leaving the Network member living in very difficult circumstances. It was a fraught, messy and complicated situation that would have been difficult at any time and was exacerbated by the Lockdown. The CLW supported the Network member, his grandmother, hospital staff and social workers to ensure that the individual's needs were not overlooked in the crisis about his family member. They also helped the grandmother get her home ready for the Network member to move into, including sorting out furniture.

"Neighbourhood Networks are just brilliant. They focussed totally on him. His wellbeing and the practical steps that he needed in this situation. Without Maureen and Jo, he would have got lost in the emergency needs of his mum."

"Jo and Maureen were excellent - totally professional to work with and got things done, all during a pandemic. I can't speak highly enough of them and Neighbourhood Networks. They made my work easier and really helped the young man."

"They also supported him when his gran went into hospital for a short stay too."

"Neighbourhood Networks are absolutely integral to his health and wellbeing. The practical steps and support they gave him, got best outcome for him in a complicated, messy, difficult fraught situation for his mum."

OVERALL ASSESSMENT AND CONCLUSIONS

The assessment of the impact of the South Lanarkshire Networks is based on how the network is achieving its own aims and objectives, and how it reflects wider social care policy and practices.

All the feedback in this report points to networks that are high quality, well respected and valued by members, family members and stakeholder organisations in South Lanarkshire.

The comments from members, family members and stakeholders show that the peer support network is highly valued and has made a huge difference to the lives of the people who are involved.

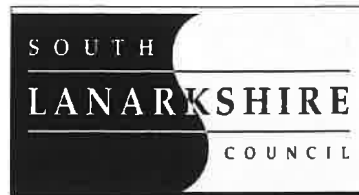
The support and contact from the Community Living Workers is crucial to the ongoing success of both the networks. The CLW and Network manager deliver, person centred, strength based, sensitive, responsive and high-quality individual and group support. They are also clearly passionate about the members, their work and the difference it makes in people's lives.

The way the team has responded to the challenges of lockdown has been creative, innovative and collaborative - working with members and families – to create trust, and to build safe fun digital ways to interact and learn.

The feedback in the report shows that the network's aims outlined in the introduction are being met, and that this is resulting in a high- quality mutual support networks with good outcomes for the individual members.

There are four areas where the networks have the biggest impact. These are

1. The networks help members with every day activities developing and reinforcing life skills and independence, increasing friendships and connections with network members and the wider community.
2. They provide essential personalised practical and consistent support to members, that wouldn't be there otherwise, and is especially needed when life gets complicated and difficult, and in emergencies. This not only helps individual members but also assists and reduces the impact on other health and social care partners delivering services.
3. The networks are flexible, adaptable and responsive to individual and group needs and also to changing circumstances. Neighbourhood Networks staff and members have continued to offer a creative and collaborative range of activities (both digital and nondigital) and individually tailored support during a 21st century pandemic.
4. The networks offer excellent support and space for families and carers. The CLW spend time building relationships and trust with families to support young people to be network members and to participate safely. The networks allow families to see that the young people can be independent and have their own life, activities and friends.



Print Date: 29-SEP-20

IMPACT ASSESSMENT REPORT

Policy Title	Assessment Date
Adult and Older People Day Service Review 2019-2020	16-JAN-20
Status	Assessment Number
INCOMPLETE	836
Lead Officer Name	Lead Officer Job Title
Michelle Lynn	Community Living Manager
Resource Name	Service Name
Social Work	Adult and Older People Services
Completed By	Recommendation
Michelle Lynn	Introduce
Actions Required	
0	

Group Members

Michelle Lynn (Community Living Manager)
 Annmarie Malloy (Acting Resource Manager)
 Ciana Stewart (Operations Manager)
 Advocacy Representation
 Finance rep (TBC)
 HR rep (TBC)

Aims, objective, purpose and intended outcomes

The aim of the Adult and Older People Day Service Review (DSR) is to review of the current model of service delivery for an extensive range of day services provision to adults and older people. This will include in-house provision as well as commissioned services.

Any subsequent redesign of the delivery of day services should realise improved outcomes for service users through creating more flexible choices.

Best value should be realised where there may be efficiency savings.

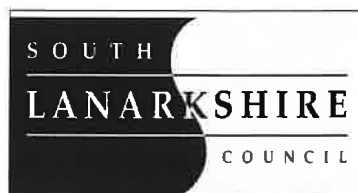
Who was involved in the development of the policy

The following groups have been involved in initial consultation and will continue to be involved in consultation throughout the life of the DSR:

Service users, their family members and carers
 Employees within adult and older people day services
 Advocacy partners
 NHS Lanarkshire partners
 Locality teams
 Care Inspectorate
 Trade Unions
 Locality community groups
 External day service providers

Q1. Who will be affected by the policy?

The service users who access day services may be affected by this policy, as might the staff and management who work within the Service. In addition, family members or carers of those attending day services may be affected. The specifics of any service redesign or changes are as yet not defined.



IMPACT ASSESSMENT REPORT

Q2. Who will be/has been involved in the consultation process?

The following groups will continue to be involved in the consultation throughout the life of the review:

Service users, their family members and carers
Employees within adult and older people day services
Advocacy partners
NHS Lanarkshire partners
Locality teams
External regulator
Trade Unions
Locality community groups
External day service providers

Q3. Please outline any particular needs/barriers which equality groups may have in relation to this policy, what evidence are you using to support this and whether there is any negative impact on particular groups.

Age - What Effect/Difference will the Policy have on people

This policy will effect adult and older people service users from 18 years upwards. It is intended that any resulting changes to service design following the outcome of the Day Service Review (DSR) will provide greater equitable access to services with a focus on individual outcomes without limitation of age restricted opportunities

Age - How Do You Know That

All of the adult and older people day services within scope are registered with the Care Inspectorate with age restricted registration criteria of those over 18 years. Recent age profiling work has been undertaken as part of the DSR background activity.

Disability - What Effect/Difference will the Policy have on people

All service users who access day services have a condition which could be classed as having additional support needs or a disability. This is due to the service user population being either of older age with frailty and/or a dementia condition or because they have a learning and/or physical disability. Therefore, individuals with a disability are more likely to be affected by this policy.

Disability - How Do You Know That

Day services are registered with the Care inspectorate and the conditions of registration indicate the scope of service which can be delivered and to whom. Condition and disability profiling work has been undertaken as part of the DSR background activity during the last quarter of 2019.

Gender Reassignment - What Effect/Difference will the Policy have on people

There is no evidence to suggest that anyone affected by this policy falls into this protected characteristic and it is therefore not envisaged that there will be any specific effect for this group.

Gender Reassignment - How Do You Know That

Currently there is no reliable base line data available in relation to the transgender population in South Lanarkshire however, however, the Council is taking steps to amend monitoring to include this characteristic. There is no accurate data to show how many people identify as trans or transgender in the Council area.

Marriage & Civil Partnership - What Effect/Difference will the Policy have on people

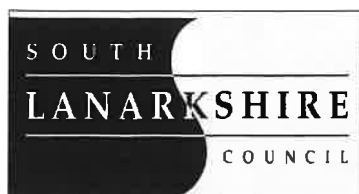
There is no specific effect or difference in impact on this group

Marriage & Civil Partnership - How Do You Know That

There is no barrier to these services in relation to marriage and civil partnership.

Pregnancy & Maternity - What Effect/Difference will the Policy have on people

There is no specific effect or difference in impact on this group



IMPACT ASSESSMENT REPORT

Pregnancy & Maternity - How Do You Know That

There is no barrier to these services in relation to pregnancy and maternity.

Race - What Effect/Difference will the Policy have on people

None known

Race - How Do You Know That

Any changes resulting from this policy will be planned in partnership with individual service users, their carer/family supports and their wider network of community support, irrespective of race.

Religion & Belief - What Effect/Difference will the Policy have on people

None known

Religion & Belief - How Do You Know That

Any changes resulting from this policy will be planned in partnership with individual service users, their carer/family supports and their wider network of community support, irrespective of race.

Sex (Gender) - What Effect/Difference will the Policy have on people

There may be a differential effect on the staff from this protected characteristic who may be affected by this policy. At this stage though, it is not possible to define any specific effect.

Sex (Gender) - How Do You Know That

The majority of staff employed within day services identify as women. The outcome of the review and any resulting proposals for redesign will provide clarity on any specific effect.

Sexual Orientation - What Effect/Difference will the Policy have on people

There is no specific effect or difference in impact on this group

Sexual Orientation - How Do You Know That

There is no barrier to these services in relation to sexual orientation.

Q5. If policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Any potential negative impact of this policy (the Day Service Review) will be minimal since day services will continue to be delivered. If redesign is considered appropriate once all the review evidence has been assimilated this may impact on some individuals however any negative impact will be addressed and monitored through individual review and consultation with service users and their carers/family members. The principles of Self Directed Support and the application of the South Lanarkshire Prioritisation Framework will ensure equity throughout the process.

Q6. How will the impact of the policy be monitored and reported on an ongoing basis.

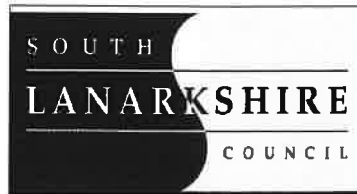
Any impact of this policy will be monitored through regular review with individual users and the monitoring of outcomes for individuals. Progress of the review will be reported through the Senior Management Team, Social Work Committee and the Integration Joint Board.

Any required Actions will be added to this assessment once any redesign proposals have been recommended and consulted upon.

Q7. What is your recommendation for the policy.

Reason for recommendation

However, this assessment concludes that there is likely to be a minimal impact on people with the protected



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IMPACT ASSESSMENT REPORT

characteristics of age and disability (in the case of service users) and of gender (in the case of staff).

Individual service users will continue to receive a service which is guided by their personal outcomes and where their individual circumstances are taken account of.

The work of the DSR will provide an evidence base for any proposed changes or redesign of these services.

Adult and Older People Services

Day Service Review

fact
leaflet
one



Supporting people to live independently

2017-18
2,087
people

2018-19
2,436
people



Performance improving ✓

Over 60s attendances at leisure facilities (Activage)

Target - 470,000



2017-18
465,870

2018-19
504,160

Target met ✓ Performance improving ✓



South
Lanarkshire
Health and Social Care
Partnership



What is a Service Review?

A **Service Review** is the business framework which the Council uses to look at a particular area of services which are delivered to the citizens of South Lanarkshire.

A Service Review will identify all aspects of the service, including the different elements which make up the entire service and note the costs and staffing for each part of the service.

This Review of Adult and Older People Day Services will include the following:

- Council provided day care for older people

- Council provided day opportunities for adults with disabilities
- Services which the Council contract or purchase from other organisations to provide day services for adults and older people

A Service Review aims to identify if there are areas where improvements could be made.

Why are we doing the Service Review?

Early in 2019 the Social Work Resources Committee which is made up of local Councillors, asked for adult and older people day services to be reviewed. The Committee asked for this because there were a large number of vacant day service placements.

Day Services have remained largely unchanged over the past 20 years and there has been changes to legislation and policy for example; the Carer's (Scotland) Act 2016, Self-Directed Support (SDS) and the South Lanarkshire Prioritisation Framework. These require day services to demonstrate personalised outcomes for individuals. There is also a considerable change in the population who use these services where people with disabilities are living much longer and where there is a significant increase in the population of older people.

In response to the request from the Social Work Resource Committee, the Health and Social Care Partnership (HSCP) took a proposal to Committee in May 2019 and it was agreed that an evidence based Service Review would be undertaken to examine all areas of the service.

How will we undertake the Service Review?

Initial work has begun to gather information for the Service Review. There are a number of working groups already set up to find out more detail. These working groups are;

- Looking at building a profile of people who use day services
- Researching what is the best practice in day service design and how to deliver good outcomes for individuals who use day services
- Consulting with people who use services, carers, employees and other partners
- Looking at the impact of day service reform to ensure that people are treated equally and fairly
- Considering what skills are required now and into the future from the social care workforce within day services for adults and older people.

How can you be involved in the Service Review?

A range of focus groups and local consultation and engagement opportunities are being planned and your local Day Service Manager or a representative of the Day Service Review Team will keep in touch to advise you of dates for these opportunities.

If you are not able to be directly involved you could email your ideas or opinions to:

adult_and_older_people_
day_service_review
@southlanarkshire.gov.uk

Or you can write to:

**Adult and Older People
Day Service Review**
Secretary to the
Head of Service,
Floor 8 Council Offices,
Almada Street,
Hamilton ML3 0AA

Will anything in adult and older people day services change?

There will be no change at this stage to the way services are delivered. The Service Review will identify best practice in the delivery of day services and we will know more about what this means as the Day Service Review progresses. Currently, South Lanarkshire invests more than £10 million each year in Adult and Older People day services and the HSCP has a duty to ensure that this money is spent efficiently and effectively in order to meet the needs of all its' citizens who require support from day services.

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

Phone: 0303 123 1015

Email: equalities@southlanarkshire.gov.uk

www.southlanarkshire.gov.uk

support
trust care
protect

Produced for South Lanarkshire Health and Social Care Partnership by Communications and Strategy. 052409/Nov19

What will happen next

We aim to have achieved initial consultations with service users and their family members and carers as well as those of employees and partner organisations by the end of 2019.

Based on the evidence found during the Service Review, a range of options will be put forward to the Social Work Resources Committee and the Integration Joint Board (IJB), and further specific consultation will take place with service users and their carers, employees and partner organisations on these options.

www.southlanarkshire.gov.uk

www.southlanarkshire.gov.uk/slhscp

This further consultation will be held in the early part of 2020. We will produce a regular Fact Sheet with information to ensure that you are kept up to date with progress. This will be available on the South Lanarkshire Council and HSCP websites as well as in leaflet form from your local Day Service.

***Working together to improve health and wellbeing
in the community – with the community***

Appendix 4

Appreciative Inquiry Feedback Summary

Day Service Managers – 15 January 2020

	Managers	Staff	Carers – Day Service	Carers - CST
What do we do well?/ What do you value most?	Good outcomes for service users Motivating staff	Communication Meeting outcomes	Achieves outcomes Stimulation Safe	Choice of activities Build confidence
What does doing well look like?	Relaxed Organised	Skilled staff Feeling valued	Happy Cared for	Learn new skills Takes stress away
What made this possible?	Knowing service users well	Forward thinking Motivated	Fully trained Compassionate staff	Consistent staff Good relationships
In order to do even better what do we need to do?	More involvement in assessment and review Administer medication	Be responsive Ensure adequate staffing	Transport to suit all needs Flexible service	More choice Flexibility
What is your one wish for the future of the service?	HUB – health clinics, voluntary sector Flexible use of buildings	Provide specialist service Improve community networking	More shared learning between agencies Guarantee day care will remain open	Short breaks More peer supports

APPENDIX 4

Service User Consultation Feedback - Appendix 5

What makes you happy?

Company	Older Events	Adult Events	
Family	12	33%	2
Friends	17	47%	10
Food	3	8%	22
Music/ Singing/ Dancing	5	14%	9
Getting out	13	36%	13
Attending Centre	14	39%	17
	10	28%	15
	Older		Adult

What do you like best about day services? - Key Points

Meeting people/ Company	29	81%	10	21%
Friends	2	6%	20	42%
Getting out	8	22%	9	19%
Activities	14	39%	41	85%
Bus	2	6%	14	29%
Food	14	39%	10	21%
Staff	11	31%	16	33%
Music/ Dance	5	14%	18	38%
	Older		Adult	

What does day services do well? - Key Points

Staffing	24	67%	32	67%
Activities	18	50%	34	71%
Caring, Helpful and Supportive	14	39%	11	23%
Friends	12	33%	14	29%
Safe	2	6%	10	21%
Meals	7	19%	11	23%
Valued	5	14%	12	25%
Routine	3	8%	4	8%
Inclusive	12	33%	15	31%
Transport	4	11%	6	13%
Getting out	3	8%	8	17%
	Older		Adult	

When it's a really good day at day service, how do you feel? - Key Points

Happy	24	67%	43	90%
Excited	0	0%	16	33%
Good	17	47%	19	40%
Tired	4	11%	5	10%
Content	8	22%	3	6%
Thumbs up/ Smile	2	6%	9	19%
Relaxed/ Settled	8	22%	3	6%
Stimulated	10	28%	6	13%
Great	10	28%	3	6%
	Older		Adult	

What can we do better? - Key Points

Nothing	17	47%	6	13%
Gardening	1	3%	3	6%
Choices in menu	8	22%	2	4%
Alternative Activities	6	17%	22	46%
Outings	5	14%	9	19%
Music	1	3%	4	8%
More Sports	2	6%	8	17%
Better Transport	1	3%	4	8%
More time	1	3%	3	6%
New technology	0	0%	5	10%

Appreciative Inquiry

Adult and Older People Carers Consultation Feedback

When day services are at their best...?

...what do you value most about day services?	...what do day care services do well?
Safety –mum is looked after and cared for.	Extra eyes – staff tell us if they see any deterioration in SU health or if they suspect UTI etc, they spot things before most other people.
People get to participate in activities they choose and at their own speed.	Focus on individuals and mind their wellbeing
Gives me back my life for part of the day	Keeps mum safe and stimulated
Not left home alone, don't want to put mum in a care home so it supports me too	They just do a great job
Respite for me	Mum is smiling, laughing and her face lights up when she sees the bus
Couldn't manage at home without it	Helps mum deal with her dementia, stops her feeling depressed and isolated and puts variety in her life
Lots of stimulating activities with promotes wellbeing for my mum	Staff notice behaviour changes and understand peoples medical needs, they are well trained
Opportunity to try new things and get out and about	Daycare is mums happy place
Difference to life for both carers and service users.	It's a connection to community
Stopped service user from going into long term care	Staff have a positive attitude and are warm and pleasant to mum
Break from caring role	Service is second to none, would come every day
Needs are being met	Really happy with service, everything well
Safe environment	Delighted with care we have, lovely lunch – gained weight
Realises the burden on carers, takes pressure off the family.	Knowing service users and their needs
Less visits to ensure my mum is okay as she is at day-care.	Signposting
Staff go above and beyond Respite	Achieving outcomes
Stimulation	Everything, the whole package from transport, helping service users with their personal care needs, providing meals throughout the day. It has also helped my mum cut down in her smoking as she does not smoke when she is at day-care
Safe environment	Communication between Service users
Trust	100% safe
Socialisation	Trust
Staff/ Commitment	
Trust Meet Health Needs	
Base in a Hub/Safe Environment	

<p>Social Inclusion/Being Cared for</p> <p>Safe secure environment</p> <p>Structure and flexibility of the day for their family/carer</p> <p>Social Inclusion, enjoying time with friends Friendship</p> <p>Preventing Lonliness</p> <p>Variety of Activities</p> <p>Support mental and emotional wellbeing</p> <p>Allows me to be an individual</p> <p>Service users present as happy and have a positive attitude towards attending the Day Centre</p> <p>Reliability of service provision</p> <p>Structure and consistency of services provided</p> <p>The positive outcome it provides for my family and home environment</p>	<p>Respite</p> <p>Effective</p> <p>Communication Partnership Working, holistic approach to care.</p> <p>Fully trained, compassionate staff understanding needs of S/U's</p> <p>Hub/Base good group activities –avoiding isolation</p> <p>Good partnership working& communication between services – Holistic Care.</p> <p>Co-ordinating & reviewing services with family and all involved in package of care.</p> <p>Safe environment, good facilities ie personal care, food provided etc.</p> <p>Looking after Service Users</p> <p>Preventing Isolation</p> <p>Variety which family member could not sustain</p> <p>Quality of Staffing</p> <p>Continuity of care and service delivery</p> <p>Good communication</p> <p>Consistent, enthusiastic and committed team</p> <p>Offers a variety of activities which are fun but also support service users to develop skills and abilities</p> <p>Ensures the safety and wellbeing of service users.</p>
<p>...what does doing well look like?</p> <p>A nice clean environment</p> <p>Happy mum</p> <p>Mum is content</p> <p>Keeping mum comfortable and maintaining her continence needs</p> <p>Individual activities catered for, person rather than block activities</p> <p>Staff know people well, mum is happy to see staff</p> <p>Staff are mindful to us too, they are also helping carers</p> <p>Agencies involved ie social work are mutually supportive</p>	<p>...dream for the future of daycare?</p> <p>Service only 10-3, we could do with expanding times and being more flexible</p> <p>7 day service with more intergenerational work</p> <p>More staff so you can take more people into the service and offer more activities per day</p> <p>Have more volunteers</p> <p>Easier access to carers being assessed for budget, carers should be assessed at the same time as the person they are caring for</p> <p>Name change from day centre to day club</p> <p>Process want easy to get – long time, I asked, wasn't offered, highlight what it's like.</p> <p>A local day centre in each community</p>

<p>Happier, easier to get up, gives structure. Mood changes, would like to have more but distance to travel</p> <p>Something to look forward to</p> <p>Less stress as phone calls are not as frequent, of they didn't want to come you would know something was wrong.</p> <p>Reducing stress for Carer/Family member</p> <p>Service user being happy</p> <p>Service user being cared for</p> <p>Happy service users</p> <p>Relaxed</p> <p>Relieved</p> <p>Less stressed</p> <p>Relaxed/Piece of mind</p> <p>Provision of services available</p> <p>Happy/bit of respite for carer</p> <p>S/U keen to attend service and to participate, Feel satisfied.</p> <p>Working together, meeting personal outcomes and goals.</p> <p>Good worthwhile activities, good staffing levels</p> <p>S/U's enjoy attending daycare – positive body language etc and experiences/activities shared.</p> <p>Safe, secure environment, day service and transport.</p> <p>Successful outcomes, reviews with multi agency attendance.</p> <p>Bond with staff</p> <p>Consistency</p> <p>Happiness</p> <p>Happy relative which has a positive impact on family members and home environment</p> <p>Enthusiastic staff team</p> <p>Positive environment/Good communication</p> <p>Service users are happy and have a positive attitude towards attending the Day Centre</p>	<p>For everyone to access day-care, even if it was just for the company of others. Should be an option for everyone, and they could then choose if they wished to attend or not</p> <p>Better feedback from the daycare services</p> <p>Evidence of what might be stimulating while at day service (written down)</p> <p>Clearer feedback</p> <p>Phone call to prompt arrival to lessen activity</p> <p>Longer daycare hours</p> <p>Flexible hours</p> <p>Options to time of day</p> <p>One to one for service users, get to know person intensely</p> <p>Inclusive for everyone in community</p> <p>Continue to change lives of people attending</p> <p>Assessments to be completed quicker</p> <p>Not to have waiting lists in units</p> <p>Keep current service and facilities.</p> <p>Guarantee service provision – No closure of day services.</p> <p>Having flexibility to approaches.</p> <p>Keep the service/facilities going as it is</p> <p>Service to continue and evolve, serve our communities in rural areas, sense of community.</p> <p>Guaranteed future service/Daycentres.</p> <p>Services/centre to remain open and provide a more flexible service in terms of access to the centre – activities offered.</p> <p>To continue to provide the same good quality service.</p> <p>Proactive team – visible and approachable</p> <p>Good communication</p> <p>To continue to provide building based day support services</p> <p>Flexibility</p> <p>Activities which include skiing, go karting, pony trekking</p>
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<p>A consistent staff team who present as committed and enthusiastic.</p> <p>Consistency and range of activities</p>	<p>To offer experiences/opportunities to individuals which people without disabilities have in life.</p> <p>To have a menu of opportunities available to pick & choose.</p> <p>To work in partnership with social services</p> <p>A flexible Day Centre provision incorporating working in partnership with parents/carers and other providers to maximise access to resources i.e. Rebound Therapy at Touchbase</p> <p>SLC providing 1:1 support which will offer the same calibre and consistency of staffing resources as currently exists within the Day Centre</p> <p>Specialised training opportunities available to staff i.e. Autism specific</p>
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Appreciative Inquiry

Community Support Team Carers Consultation Feedback

When day services are at their best...?

...what do we do well?	... what would make day services even better?
Choices of activities	More choice about activities offered
Builds confidence	Flexible services
Includes everyone	Better information about activities that are available
Provides daughter with activities	Need to let people know that the services are there
Walking group, keeping healthy	Access technology
Shopping	Help with meal preparation
Group to prepare meals but only uses kettle, toaster and microwave and other meals are prepared by family	Driving to youth clubs
Builds esteem and positivity	Befriender
Has empathy	Befriending service
Groupwork	Trained staff
Day services builds confidence and self esteem	Structured care
Day services do everything well	For someone to care when I can't
Could be more matching of carers with service users for one to one support	A website with current information about activities
Carers have good relationships with service users	A befriending service
They exist	Better communication
Care for our kids as we do	Better communication
Report back to us any issues or positives	Same carers in the team
Annual reviews	More understanding from staff
Group opportunities	Follow care plan
Confidence in children	In day centre son had all care needs met
Day services help our child progress	Staff better qualified
Reassuring to know young person is being looked after	Staff training to individual needs

<p>Signposting to the right services</p> <p>Annual review – issues identified</p> <p>Increased confidence in service user</p> <p>Consistency of staff</p>	<p>Choices for holidays - Short breaks in Cambuslang has stopped – it is not only respite it is trust</p> <p>Continuity of care/core group staff</p> <p>Knowledge based staff</p> <p>Appropriate care plan</p> <p>Appropriate care providers</p> <p>More day opportunities</p>
<p>...what does it look like (or feel like)?</p> <p>More confident</p> <p>Learning new skills and using these in the art group and on the radio station</p> <p>Happy to be part of the group and meeting people</p> <p>Takes stress away from parents/carers</p> <p>Builds confidence</p> <p>Continuity of carers</p> <p>Having carers more aged with service users for certain activities such as football, pool, pub.</p> <p>Making person happy, continuous workers, stimulation</p> <p>Son comes home happy when not out with parents</p> <p>Daughter is contented</p> <p>Continuity building relationships</p> <p>My son is happy and in a good mood</p> <p>My daughter is content and not stressed</p> <p>Happy and safe adults</p> <p>Service user in good health – health is monitored</p>	<p>...one wish for the future of the service?</p> <p>To use the radio station and other technology to advertise groups and activities that are available for adults in the community</p> <p>Our young people want to spend time with friends that have similar disabilities</p> <p>To have things in place to support my daughter when I am no longer able to support her.</p> <p>Befriending</p> <p>Long weekends</p> <p>To have more holidays and social work to contribute to chosen holiday</p> <p>To have someone provide meals, time out etc. when we are on holiday</p> <p>Adults to have their own home with supported living</p> <p>Carer to offer services, activities in a group setting and access the local wider community</p> <p>Someone else I feel that would be able to take on the carer's role as I am now 74 years old</p> <p>Prompting voice aids</p> <p>Daughter to get married</p> <p>More time and understanding of needs, dreams, aspirations</p> <p>Emergency plan in place</p>

	<p>Trips away (long weekends) for people who live on their own</p> <p>Cluster accommodation with a support network</p> <p>Sharing care between people less one to one</p> <p>More peer support</p> <p>More information technology</p> <p>More links between police services</p> <p>More training for other organisations</p> <p>More community groups working together offering more opportunity - more opportunities for smaller groups</p> <p>Individual choices</p> <p>Care home for adults with learning physical disabilities - Safe housing with support when needed</p> <p>Know daughter will be safe maybe like Sense type living core group housing</p> <p>More group housing and parent knew young person was safe and secure and know that young person would be well taken care of</p> <p>Appropriate holiday choices</p> <p>Core group transport</p> <p>Appropriate planning</p> <p>Opportunities to access appropriate health services – physio, rebound, speech and language, dietician</p>
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Case studies: Day service outreach during Covid-19 emergency response

Mr K

Mr K is 80 years old and has been attending day services for older people since Feb 2010. Mr K is living with a dementia condition and additionally has underlying mental health issues. There has been adult protection activity around Mr K.

Mr K's previous building based day service was for four days per week which totalled 24 hours. Mr K also had home care support four times daily on the days he did not attend day services and three times daily on the days he attended day services. Other support has been minimal due to mental health issues for other family members and Mr K lives alone. Mr K was noted by staff to mainly observe activities in the day service building but not to participate. He was underweight and presented as undernourished and dehydrated since he would throw away the food that home carers made over the fence into neighbouring gardens or down the side of his armchair in the lounge. He also frequently used this armchair as a toilet facility and was resistant to home care staff attempts to support him with showering. Complaints had been lodged by neighbours about a rat infestation which is thought to have been exacerbated by the food stuff that Mr K was throwing out.

Mr K has been receiving the day service outreach model at home for 15 hours each week and since the staff of this service have had more time to spend with Mr K than their home care colleagues, they have been able to wait in the house whilst he eats his meals. Mr K has been working with the day service staff in relearning skills for daily living and is now fully participating in keeping his house clean and tidy as well as being compliant with personal care. He has also been undertaking regular strength and balance physical activities with the support of staff which has benefitted his overall physical wellbeing. Staff have also spent time developing cognitive activities for Mr K to take part in.

Mr K's whole life appears to have been turned around by this service and his personal outcomes in relation to his physical and mental health as well as the quality of his living environment and in his relationships with his neighbours. A family member reported that when he popped in to visit his Mr K recently, he found him sitting in his armchair singing and presented as relaxed and contented. Mr K has gained a much needed 9lb in weight since day service outreach commenced.

A reablement approach has been taken by day services staff with Mr K in that he has been fully involved in all activity happening within his home in relation to daily living skills and personal care skills. The success of this approach being used within a day service building would have been limited due to Mr K's dementia condition and an inability to transfer using these skills from one situation to another. Mr K's living situation was not apparent to day service staff until they began the outreach service.

Neighbours have come out to thank staff for "looking after Mr K" since it has improved the vermin issue and they seem happier with the situation and have showed concern for his wellbeing.

Ms D

Ms D is a lady with a mild learning disability who has attended building based day services two days per week since Feb 2014. In addition to the day service, Ms D has been supported by homecare twice weekly for showering and each evening for a bedtime visit. Ms D lives alone and has additional support from family relatives extending to a weekly shopping being

brought into her house at the weekend, and visiting her elderly relative who lives close by twice a week for her evening meal.

Ms D has lived her whole life within a family setting with her parents until they passed away. Her parents were always very protective of Ms D and there were no formal services in place whilst they were alive. Ms D always presented well within day services, wearing clean clothes and was very helpful towards other service users who were less able than herself.

Despite being known as a relatively able individual, from the outset of lockdown, Ms D was assessed by day service staff as a priority for a weekly social visit from staff since her relatives whom she would normally be in contact with were both shielding. Ms D was unfamiliar with “strangers” coming into her home since she only knew staff within the day service setting so it took a few visits before a rapport was built and for trust to be established.

It was discovered that Ms D had no understanding of how to live well and manage in her own home. There was a serious infestation of ants, very little food in the house and she was purchasing mainly sweets, biscuits, cold meat and rolls from a small corner shop by way of sustenance (Ms D has diet controlled diabetes). It appeared that prior to lockdown, her main meals through the week were the two evening meals at her aunt’s house and the two lunch time meals when attending the day service. There were signs of significant continence issues and it transpired that Ms D’s bed was too high for her to safely get out of and into the bathroom on time.

Day service staff began daily visits and gradually worked up a personalised programme of life skills activities to include general housekeeping, shopping, cooking skills and personal self-care. Ms D has been supported to learn how to order a repeat prescription and collect her medication from the local pharmacy. In consultation with Ms D and her relatives, staff have supported Ms D to order a more suitable bed which she can get in and out of more easily and through supported engagement with the continence management service she now has access to correctly fitting products which has promoted personal self-confidence and self-esteem. As Ms D has learned more and more skills, the time spent by day service staff has been reduced to 3 ½ hours of support each week which is in contrast to the previous 12 hours spent within a day service building base. There is evidence that Ms D’s needs were overlooked within the day service building setting due to the complexities of other peoples’ needs and support being delivered in large group settings.

Ms D’s outcomes in relation to living well independently, continence and personal care and general life-skills have greatly improved as has her overall diet and health.

Next steps planned are to introduce Ms D to travelling in her local community independently and ultimately when more community activities are open, to support her to be involved with local groups since she enjoys socialising outside of her home.

Ms D’s relatives have reflected that they “mollycoddled” her all her life and never gave any thought to her being able to do things for herself. They are really pleased that she will be able to be more independent going forwards since they have their own health challenges.



Evaluating Day Opportunities in South Lanarkshire

Integrated Day Services in Stonehouse Lifestyles

Intermediate Day Care in McClymont Resource Centre

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25th September, 2018

1. INTRODUCTION

South Lanarkshire Health and Social Care Partnership (SLHSCP) identified a need to evaluate aspects of their day opportunities (used as an umbrella term). These related to developments at South Lanarkshire Lifestyles in Stonehouse and McClymont Resource Centre in Lanark. The SLHSCP Transitions Manager had been working with key stakeholders to test an 'Integrated Day Services' model at Stonehouse and 'Intermediate Day Care' provision in McClymont. These are defined as:

Stonehouse Lifestyles - Integrated Day Services (IDS) – A flexible and accessible model of day opportunities available to Older People and Adults with learning and/or physical disabilities (referred to as 'Adults' from here on), offering a person-centred and meaningful programme of activities that may include personal care and clinical support, but provided via shared staffing and other resources such as transport, if required. Integration extends beyond statutory provision to carers and the third sector where possible

McClymont Resource Centre - Intermediate Day Care (IDC) – Support for older people with complex health and social care needs to enable them to remain at home, where possible, and improve their quality of life. People attend for four to six weeks of holistic needs assessment, re-ablement, and onward referral/signposting to a range of statutory and/or third sector supports

2. EVALUATION PLAN

The Stonehouse and McClymont evaluations were undertaken in parallel using the same methodology. This was not due to any relationship between the two services, rather their combination in this report is simply to enable any joint learning to be surfaced. Although the results are presented separately, the main components for both were:

Phase 1 (March to June 2018)

- Information gathering initial interviews with the Transitions Manager and managers of the Stonehouse and McClymont day opportunities
- Review of day opportunities reports and feedback, and peer-reviewed publications
- Production of a brief report to inform Phase 2

Phase 2 (July to September 2018)

- Interviews with day opportunities staff, current and previous service users/carers
- Analysis of quantitative data from day opportunities
- Production of a brief report, with recommendations for further action (i.e. this report)

3. RESULTS

Although there were some common themes across IDS and IDC, the results are presented separately for ease of reference. Any synergies are fully considered in the discussion section.

3.1 Stonehouse Lifestyles Integrated Day Services (IDS)

The first phase of this work involved interviews with four managers of the day services who were testing integration (Adults and Older People) and the Transitions Manager responsible for this development. During Phase 2, eight interviews were conducted with day services staff (two each from Adults and Older People) and service users (two each from Adults and Older People). The Adult service users were not very expansive about their views, so some augmentation from the staff has been included, where relevant. The results from both phases have been combined to cover both the strategic and operational aspects of the issues raised. The results of service user surveys gathered by the staff (about integrated activities and transport) have also been layered in, along with what we know from the published literature.

The development of IDS at Stonehouse had been ongoing for 12 to 18 months, becoming a bigger part of the working day in the last 6 to 12 months. All of the staff interviewed had worked in day care services before integration started. Attendance and staffing information is shown in Table 1.

Table 1 – Attendance and staffing of the integrated services in Stonehouse Lifestyles

Adult service	Older People's service	Carers' group
38 service users have a place each week * - 12 service users on integrated transport	17 to 22 service users have a place each week *	Typically 10 to 12 carers - 1-3 Older People carers - 2-3 Adult carers - 6-7 carers not involved with either service
5 members of staff in the unit: - 4 staff involved in joint activities - 2 staff involved in integrated transport	5 members of staff in the unit: - all involved in joint activities and integrated transport	N/A
Joint activities run 4 afternoons each week		Group meets monthly
Integrated transport runs Tuesdays and Fridays		

* They may or may not attend each day, depending on sickness, respite, or discharge from the service

3.1.1 Why integration?

It was hoped that Integrated Day Services (IDS) would encourage joint activities, sharing of environments, and pooling of staffing and resources. Interviewees recognised the potential for IDS to promote social cohesion between the users of different services and the wider community, and we know it can maintain the independence of some people who might otherwise be considered for residential care (Curtis, 2010), and enable increasingly disabled participants to continue to live in their own homes (Gross & Caiden, 2000). The interviewees also acknowledged that the previous model of dispersed day care was being accessed by decreasing numbers of service users, which impacted adversely on both the quality of the experience and its cost-effectiveness.

3.1.2 What has been good about IDS?

Some of the positive aspects of IDS related to the environment of Stonehouse Lifestyles itself. The building is relatively open and able to accommodate large groups engaged in joint activities, as well as individual service user needs in smaller spaces. This is important to ensure people don't become isolated (Hunter & Watt, 2001) but also because people with dementia can be marginalised in generic provision if their needs are not attended to (Curran, 1996). The facility also has space that can be used by visiting service providers, which would fit with the support/rehabilitation that we know is valued, especially following major life events (Tester, 2001). IDS had also encouraged interaction with the wider community who access the facilities, including young children (for intergenerational activities), who can brighten up the day of older service users. One example was cited of an older service user who previously only interacted with other day care attendees, but who now socialised much more widely than just with his peers. A range of integrated activities were offered in the afternoons, encouraging all service users to exercise choice about what they wished to participate in. This helped to ensure there was something for everyone. Mixing together had also led to some positive behaviour change that had not been anticipated, for example an Adult service user who had been observed to modify his language in the presence of some of the Older People.

IDS had brought benefits for the staff as well, including improved communication e.g. daily discussions around the service users attending and new integrated staff meetings every six weeks. Others highlighted that integration had added a new dimension to their role and provided a welcome variation in their duties. Staff acknowledged the need for change and were enjoying the opportunity to work with different service users and more closely with colleagues.

3.1.3 What has been challenging about IDS?

Four main challenges were identified in these interviews, around funding, transport, communication and bringing two distinct groups together. Funding arrangements were different for the two groups whose services were integrated. Older people paid for theirs and had a budget for activities, whereas Adults did not pay but were expected to purchase any activities or food. It had been possible during this test for Adults to join activities paid for from the Older People's budget, but this was not viewed as a sustainable arrangement. Whilst it is known that budget cuts can reduce activity options and in turn attendance at day centres (Fawcett, 2014), there is also a risk that older people may be unable to manage their Self Directed Support (SDS) budgets, or prioritise the pursuit of leisure activities (Glendinning et al, 2008).

It had proved difficult to fully integrate transport provision for the two groups due to key differences in their arrangements, specifically collection times and whether or not a member of staff needed to travel with them. The interviewees were optimistic that this could be resolved in time, but integrated arrangements were being tested on Tuesdays and Fridays at present. Ensuring that any changes to transport provision are sensitively implemented is critical, since many people would be unable to attend without this resource (ONS, 2008).

Some aspects of communication had been an issue at the start of IDS. Staff from the Adult service said they had known less about integration than their Older People's service colleagues and felt that changes to their management arrangements had adversely affected the dissemination of this information. This may have contributed to the Adult service staff feeling unsure about appearing critical of integration for fear of being perceived as overly negative, despite their managers wanting everyone to have an equal say about, and ownership of, the evolving integrated approach.

A number of issues arose around bringing the two different groups of service users together. One member of staff had felt a sense of disapproval if they tried to encourage service users to integrate with members of the public in the café. This is important because we know that staff and service user attitudes and behaviours play a central role in establishing the social environment and atmosphere (Tse & Howie, 2005). Issues around food and drink were not restricted to the café but to refreshments/snacks during joint activities. It was noted that Older People were provided with tea and biscuits, but that Adult service users were only offered healthier options such as fruit. Staff found it difficult to refuse the Adults under these circumstances, even though there were good reasons for only offering them healthier snacks. And the activities themselves could be problematic at times e.g. when the Teddy Bear's Picnic encouraged the Adult service users to bring a toy with them when this was normally discouraged. The ethos of the Adult service is to promote greater independence in the community, something the staff felt might be at risk under integration.

3.1.4 IDS staff views and needs

Literature on day care services emphasises the crucial role that staff play in creating the ideal environment and how this goes beyond the daily management of the centre. Relationships with staff can be extremely important in ensuring a positive experience for service users (Tse & Howie, 2005). This means it is vital to address any needs that might be affecting optimal service provision and some interviewees noted that they were still awaiting further training to help them deliver IDS. The operational staff were also well-aware that there were differences between them in pay and conditions. The two groups did not have the same working hours, involvement with personal care or responsibility for the administration of medication. There was also a feeling that staffing ratios were fairly tight, and, although the pool of staff worked better together under integration, the addition of a support post would be helpful, especially during times of high staff absence.

3.1.5 IDS service user views and needs

Service user views, and where relevant those of their carers, were captured in a series of meetings. Maintaining this kind of dialogue is critical for understanding service effectiveness, building upon service users' direct involvement in planning, developing and delivering activities (Clark, 2001). On the whole the service users have been happy to integrate with others and have enjoyed their joint activities. In surveys that service users completed, 26 of the 29 respondents enjoyed the joint Christmas Party, most of those who saw the joint pantomime enjoyed it, and 27 said they would be happy to have more joint activities in future. Additional comments included a wish for 'more day trips out' and 'invite others to parties'. There was overwhelmingly positive feedback on the joint Royal Garden Party, buffet lunch provided and music chosen, and nothing about it service users wanted to change. Feedback about transport was not entirely positive, with 13 of 28 respondents saying sharing had had an impact on the service they received. Aspects they were not happy with included noise levels and pick-up/drop-off times, although when specifically asked, two thirds said they were satisfied with the pick-up/drop-off times. 23 service users said they found the journey comfortable and only one wanted anything changed – they asked for a bigger bus with more room.

In their interviews service users said they enjoyed having more people to interact and socialise with and some Adults spoke of making new friends with Older People's service users and staff. This view was reinforced by Adult service staff who were in no doubt that the service users preferred the new approach to the old way, specifically reporting that they had asked them many times and were sure they liked IDS better. The Adults' social circles tend to be restricted and they welcomed the new opportunities to meet people. The Older People interviewed had also mainly responded positively to integration, despite a few having reservations at the outset. These appear to have been linked to lack of familiarity with people with learning/physical disabilities because once they had spent some time with the Adult service users most had become more at ease with the integrated approach.

As IDS has developed, people have engaged in the shared activities more readily e.g. Older People joining in the karaoke sessions which were mainly accessed by Adults previously. But, as hinted above, a small number of Older People have not been entirely comfortable being in close contact with Adults with learning difficulties. We know that careful planning around attitudes is necessary, otherwise divisions can remain within ostensibly integrated services (Tester, 2001). The response of IDS has been to continue to encourage joint activities, whilst ensuring that alternatives are provided for anyone who chooses to engage.

The published literature tells us that participation in social activities have the strongest association with wellbeing, health or survival, stronger than physical or leisure pursuits (Dabelko-Schoeny & King, 2010). It is therefore slightly concerning that the IDS staff identified that a degree of division remained, which was especially evident at lunchtimes. Integration had not extended beyond the joint activities and service users tended to remain within their peer groups for lunch. Staff felt that this could not be forced, but continue to be encouraged.

Those interviewed felt that the search for more middle ground should continue so that activities suited to both groups of service users could be found. Practicalities such as differences in physical ability that might restrict some of the Older People had to be taken into account, as had the provision of a suitable menu, catering for both the higher calorific needs of the Older People and low calorie options for Adult weight maintenance. Older People have been known to become tired being with the Adult service users, and, as previously noted, others need lower noise levels in areas away from crowds. It was suggested that spending more time with the service users involved would help to identify what everyone was capable of and needed. And they would be more satisfied with the experience if able to engage in activities they enjoyed (Everard, 1999). Offering more mentally stimulating activities can also enhance quality of life (Dabelko-Schoeny & King, 2010).

3.1.6 Future of IDS

In looking forward, many of the interviewees acknowledged that the practical issues around standardising the staffs' terms and conditions would need to be addressed for IDS to continue long-term. The vision was for people to be offered the option of engaging in day opportunities within their community that suited their needs rather than having to sign up to defined day care services. And there was a definite sense that the learning from IDS in Stonehouse could help shape future delivery e.g. more intergenerational work and harnessing the willingness of other groups using the facility who were open to further involvement with the service users. However, there were also questions around how much further integration could evolve beyond the current model of delivery, especially since service user capabilities may hamper their ability to participate in certain activities. It was suggested that further development should tread carefully and fully consider the impact on potential service users, especially if plans include extending to other service user groups (e.g. more profound disabilities) or other settings (e.g. busier and with a wider range of ages/needs). The position is perfectly summed up by one member of IDS staff:

'I think it's just learning how people work and taking your time to get to know people ... there have been barriers, but I think we've done well to overcome them.'

3.2 McClymont Resource Centre Intermediate Day Care (IDC)

The first phase of this work involved interviews with the Day Services Manager and the Transitions Manager responsible for this development. During Phase 2, seven interviews were conducted in total, 1 with a day services staff member, 3 with staff referring into the service and 3 people who had previously attended Intermediate Day Care (IDC). The results from both phases have been combined to cover both the strategic and operational aspects of the issues raised. Service data has also been layered in, along with case study experiences and any relevant published literature.

3.2.1 Why Intermediate Day Care?

Six IDC places are currently offered free of charge, designed for older people who have recently been discharged from hospital or are at risk of hospital admission. Many are experiencing social isolation and would benefit from intensive interventions to sustain them in their communities (Gross & Caiden, 2000). IDC has been running for 18 months and takes referrals from Lanark and Carluke. The referral process was simplified to ensure that the Resource Allocation Group could reach a quick decision about the person's suitability for IDC. Each service user agrees goals that they wish to achieve in their 4-6 weeks and support staff measure whether or not they have been achieved. Transport to and from their home is provided for the duration of their attendance.

Most of the people offered IDC have opted to accept the referral, although one interviewee commented that some people 'need a little bit of persuasion' to overcome their reluctance. The characteristics of a typical group of referrals/service users is illustrated in Table 2.

Table 2 –McClymont Resource Centre IDC service use (n=20 referrals)

Referrals from	Occupational Therapists, Community Psychiatric Nurses
No. times each person referred	1 referral each except two for one person and three for another
No. IDC days allocated/used	Majority allocated and used 12 days, two were allocated 6 days
Reason for referral to IDC	Mainly poor mobility/falls/build confidence, anxiety/depression
Age of IDC service users	Average age = 86 years (range 79 to 96)
Discharge destination	15 went home (with or without day care)
30 day outcome	Details for 7 people – all at home, 4 awaiting day care
Change in mobility	6 of 9 with poor mobility had improved by end (3 not recorded)

In addition to the 20 referrals described in Table 2, details of another service user showed that he had 13 contacts with services in the two weeks before attending IDC (5 telephone calls, 4 home visits, 4 case discussions) taking a total of 580 minutes of time. During the seven weeks he attended IDC, he had 4 contacts (3 reviews of his objectives at the centre, 1 telephone call) lasting only 200 minutes. This demonstrates the reduction in contacts during his time with IDC.

3.2.2 What has been good about IDC?

The aspect of IDC most applauded was service users being supported to set goals, the outcomes of which were assessed to determine whether or not they had been achieved. This meant that some people were helped to realise they did not need long-term care, as they had previously thought, and there were many examples of positive outcomes for others passing through the service. One case study described how Mrs C's progressive dementia was manifest in trying to leave her house in the evenings and becoming physically aggressive towards her husband. Although initially agitated in IDC, Mrs C began to engage in a range of activities and by week six displayed no agitation. Despite her communication difficulties, Mrs C smiled when asked how she found IDC and her husband felt that it had avoided the need for long-term care. Another case study concerned Mrs D whose level of anxiety and depression had led to hospital admission. Mr D, who also had health issues, was experiencing considerable carer stress, putting his ability to cope at risk. With one-to-one support in IDC, Mrs D joined the art project and began painting again, which greatly reduced her anxiety and agitation. She decided that she had achieved her IDC goals by week 5, so was discharged home. These two case studies illustrate another positive aspect of IDC, namely that it can help to avoid crises. Because referrals can be processed quickly IDC can offer interventions to service users and/or families who are at breaking point. This was really appreciated by those referring into IDC since they previously had nothing to offer in these circumstances, but they also highlighted the benefits of early prevention compared to someone being left at home and potentially continuing to deteriorate.

The environment in McClymont was felt to be beneficial for IDC in a number of respects. Not only was there sufficient space to undertake all of the exercises recommended for people with mobility issues (which could be difficult in their own homes), but it provided a valuable opportunity to assess service user needs over time. Given the number of professionals involved with IDC, including those using the visiting services room, progress could be informed by a range of views, and any actions reinforced over time. Interviewees also described high levels of social isolation observed when undertaking rehabilitation in people's own homes. They felt that the opportunity to socialise in IDC was a great benefit, often resulting in the motivation to do more to keep up with peers.

IDC staff had benefited from better communication with referrers, and improved relationships with service users, which some said had led to greater job satisfaction (Tse & Howie, 2005).

3.2.3 What has been challenging about IDC?

Two main concerns were identified by interviewees, namely that the number of referrals into IDC was relatively low and that there could be a delay between completing IDC and gaining a longer-term place, if required. Although some staff took a positive view of the unfilled places because it gave them more space to work with existing service users, others suggested that it might be linked to referrers holding back from offering IDC to their clients because of the possible delays. Referrers were worried that delays between the end of IDC and onward routes might lead to service users who had improved outcomes experiencing a deterioration while waiting the weeks or months it could take to obtain a permanent place. There was also a risk that expectations were raised during IDC which could not be sustained, both for service users and their families. Some people noted that even short-term deterioration during a delay could result in increased reliance on home care packages. Where the wait was for a community care assessment, there was a feeling that this should be undertaken before the end of IDC, and there was a need for more community supports.

3.2.4 IDC staff views and needs

It was noted that some staff were initially concerned that the new service might require them to work with people who were frailer than they had been used to. However, IDC was quickly embraced and staff offered the chance to undertake additional training in several areas. They mentioned gaining a better idea of mental health, diabetes and falls, all of which were new to them. They were also able to benefit from advice provided by staff of the visiting services.

3.2.5 IDC service user views and needs

Two of the three former service users were very positive about IDC and although the third had had 'a pleasant experience' he had been looking for a specific activity it was not possible to organise in IDC. All three were complimentary about the standard of care provided, the range of activities and food on offer, and even the transport provided, and one volunteered that they had even been asked what kind of activities they would like (Everard, 1999). The two who had really enjoyed it said:

"I loved it. I loved going to McClymont."

"I just felt happier. I'd get dressed up and, you know, I just waited for the bus. It just felt livelier."

Some of the referrers pointed out that IDC service users were often assessed as requiring some form of ongoing day care and if they had good family support they were happy to go home. But they also said that most of the time people didn't have anyone to take them out after IDC.

3.2.6 Future of IDC

The people interviewed felt that IDC should be extended beyond the current model, moving into other geographical areas to increase referral numbers or offering a similar service from other bases. There would be merit in forging closer links between health and social care to develop a joint strategy for day opportunities, which could include using the visiting services room as a hub to benefit a greater number of service users. This is important because we know what aspects are appreciated by people accessing day services (Tester, 2001). It was also suggested that IDC could provide more 'step-down', as the current model mainly benefited 'step-up' i.e. avoiding hospital admissions for those at risk. This recognised that some people leaving bed-based intermediate care might benefit from a few more weeks of re-ablement, or it may be possible for some people to be discharged home earlier with intermediate day care. Given the potential for expansion and evolving models of care, it was suggested that an IDC Co-ordinator may be needed to ensure future success.

4. BRIEF DISCUSSION

This evaluation shows that both Integrated Day Services (IDS) at Stonehouse Lifestyles and Intermediate Day Care (IDC) at McClymont Resource Centre are delivering what they were set up to do and they are well-liked by their service users. There was much to celebrate, including the suitable environments in both centres (with enough space to accommodate all necessary activities as well as room for visiting service providers), the choice of activities which was appreciated by the service users (who also liked being asked about what they were interested in doing), and the improved communication and skills acquired by the staff, many of whom said this had increased their job satisfaction. Direct feedback from service users was overwhelmingly positive, which is important for service effectiveness (Clark, 2001) and health and wellbeing (Everard, 1999 and Fawcett, 2014). Both services offered increased opportunities for socialisation, which is the aspect of day services that has the strongest association with wellbeing (Dabelko-Schoeny & King, 2010). There were a small number of reservations from Older People in IDS about mixing with Adults with Learning Disabilities (which were mostly overcome when they got to know them) and anecdotally from IDC service users who may have had the wrong impression of what it was about. However, both services were commended for ensuring that no-one felt forced to participate and there was always an alternative activity or quiet space service users could choose instead.

IDS had the added benefit of promoting greater community interaction, since there were a number of groups that made use of the Stonehouse Lifestyles facilities. This was useful to promote the Adult service ethos of engaging in the wider community instead of only with peers. It had proved a little more difficult to standardise or synchronise other aspects of the two integrated services, including funding arrangements (Older People have a budget for activities, Adults do not), transport provision (particularly different pick-up and drop-off times), and the food/refreshments on offer (Older people needing higher calorie content whilst Adults are encouraged to eat more healthily). Most of those interviewed did not see these differences as irreconcilable, rather they could be worked through with greater flexibility of approach, indeed many problematic issues had already been resolved. However, it may be that there has not been enough time or creative thinking around issues such as the preference to eat separately at mealtimes and the different Terms & Conditions of the staff within the two services. We know that relationships with staff are critically important to service users having a positive experience (Tse & Howie, 2005), so the need for additional support for IDS and a Co-ordinator for IDC (which could cover both requirements) is worth exploring.

It was felt to be very important that IDC service users were supported to set their own goals and that their progress towards achieving them was regularly reviewed by the staff. This had meant there were numerous examples of positive outcomes, some of which had avoided the need for long-term care or another hospital admission. The main problem with IDC was the delay that service users frequently experienced if it was felt they required some form of continuing support. A proposed solution was to begin the Community Care Assessment at an earlier stage than the end of IDC, but concerns remained that service users regressed from the positive outcomes they had achieved in IDC during any delay and this had the potential to increase their need for home care packages.

5. BRIEF CONCLUSION

Having reviewed a considerable amount of information from IDS and IDC, and conducted two separate phases of bespoke interviews, we conclude that both are benefiting service users who rely on day opportunities for most of their social interactions, structuring their days, maximising their outcomes, and, in turn, maintaining their health and wellbeing.

6. RECOMMENDATIONS

- The data we have suggests that Integrated Day Services (IDS) and Intermediate Day Care (IDC) should continue and be extended. The roll-out should be to other geographic areas, either setting up similar services in other parts of South Lanarkshire, or increasing the areas that can refer into the existing services
- The potential for adding a dedicated Co-ordinator role for IDC, and possibly IDS at the same time, should be explored to support the expansion of these services
- A joint day opportunities strategy should be developed for South Lanarkshire, covering health and social care provision, but also advocating more supports becoming available in local communities. This may enable local people or third sector organisations to become involved in day opportunities provision, or provide support to augment IDS/IDC
- The Terms & Conditions of staff providing IDS need to be standardised and the integrated transport arrangements need more work to benefit the maximum number of service users
- IDC should be used more for 'step-down' as well as the current focus on 'step-up' i.e. avoiding hospital admission. An additional period of re-ablement may be needed after discharge from bed-based Intermediate Care, or IDC could shorten the length of time someone needs an Intermediate Care bed

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Report

12

Report to:	Social Work Resources Committee
Date of Meeting:	17 March 2021
Report by:	Director, Health and Social Care

Subject:	South Lanarkshire Alcohol and Drug Partnership's Local Strategy 2020-2023
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide information to the Social Work Resources Committee regarding South Lanarkshire Alcohol and Drug Partnership's Local Strategy 2020-2023

2. Recommendation(s)

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

- (1) that the multi-agency commitment required to achieve the anticipated outcomes set within this Strategy and action plan be noted.

3. Background

- 3.1. The South Lanarkshire Alcohol and Drug Partnership (SLADP) is a multi-agency strategic partnership focused on alcohol and drugs use issues in their local areas. Members include those agencies with an interest in providing treatment and intervention for people experiencing problem alcohol and drug use, and other key stakeholders.
- 3.2. All thirty of Scotland's ADPs are responsible for developing local strategies for tackling, reducing and preventing problem alcohol and drug use. ADPs also have responsibility for planning and commissioning services to deliver improved care and local outcomes, taking into account local needs, circumstances and resources. SLADP was established in September 2017 following the disaggregation of a pan-Lanarkshire ADP.
- 3.3. Most ADPs, have appropriate governance structures and accountability arrangements in place to progress strategy and policy developments in relation to both national and local priorities. They are mostly all linked to, or operating through, the health and social care scheme of integration and so to the integration joint boards (IJBs) and their strategic commissioning plans.
 - 3.3.1. SLADP has in place financial planning and monitoring processes to support transparency and accountability in commissioning.

- 3.4 SLADP has a strategic commitment and strong aspiration to shift the balance of care from clinic-based provision to community provision that is holistic, person-centred and recovery-focused. There are examples of innovative user involvement at individual, service and partnership levels to proactively consult, engage and seek feedback. Overall, the third sector is leading statutory services in innovation and person-centred service models. The way in which some NHS and Social Work Services are delivered needs to modernise to maximise efficient use of resources and to also ensure a person-centred approach.
 - 3.5 The Scottish Government requested ADPs to submit local three year strategies on the back of the national strategy that was published in November 2019. South Lanarkshire developed a strategy that reflected the national strategy with five priority areas.
 - 3.6. NHS Health Scotland is leading on the evaluation of the national strategy, through an evaluation framework. The framework will be used to monitor and evaluate progress against the commitments and outcomes from '*Rights, Respect and Recovery*' on an ongoing basis. This will sit alongside the existing evaluation framework for the Alcohol the Prevention Framework, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS).
- 4. Strategic Direction of ADP**
- 4.1. This SLADP local strategy sets out an approach to tackling alcohol and drug related problems, both of which can be inextricably linked to health inequalities. The local strategy reflects the national strategy and has the same five priorities identified, namely: **1.** a recovery orientated approach which reduces harms and prevents alcohol and drugs deaths; **2.** a whole family approach on alcohol and drugs; **3.** a public health approach to justice for alcohol and drugs; **4.** Education, prevention and early intervention on alcohol and drugs; and **5.** a reduction in the attractiveness, affordability and availability of alcohol.
 - 4.2. There is a need for a collective acknowledgement that the use of alcohol and drugs is a complex health and social issue and different evidence based interventions are indicated and required by different populations. In the light of the significant rise in drug related deaths both nationally and locally there is even more need now to adopt a public health approach which is vital for future success of outcomes. This approach requires adopting systems thinking and employing a whole systems approach when considering service delivery and the need for trauma informed care within psychologically informed environments.
 - 4.3. In order to deliver outcomes of these priority areas and the identified actions within the delivery plan, links into other policy areas including Housing, Education, Public Health and Justice is required and therefore an understanding and acknowledgement of partners responsibilities within the ADP partnership.
 - 4.4. The global health crisis of 2020 has required SLADP to respond to new challenges quickly and flexibly. Partners have had to adapt their services, service users have had to learn to engage using unfamiliar technology and we have all had to navigate unknown territory with normal channels of information sharing and interaction unavailable. For everyone involved, digital working and engagement has had to become the norm and there have been significant strengths and weaknesses in this model. SLADP will identify and address these and continue to think imaginatively about how we further support those who are digitally excluded and for whom current digital interaction is not appropriate. Due to the current changing environment, our

contingency planning has never been more important and more reliant on robust partnership working.

- 4.5. SLADP strategy was written prior to the COVID-19 Pandemic and advice was sought from the Scottish Government (SG) as to whether to rewrite our local strategy and put out to consultation once more. The Scottish Government advised for SLADP to continue as we had as SG would be issuing plans regarding contingency planning on the back of the global crisis. There is no reference therefore within the strategy to the impact of COVID-19 at this juncture. We have however, commissioned Figure8 to carry out an evidence-based review of our commissioning processes to ensure they best reflect the five key national priorities.
- 4.6. Several of the presently commissioned services across South Lanarkshire are nearing completion of their existing contracts. This review will be used to inform a number of consultation events in March/April 2021 with communities, local third sector organisations and statutory partners. These consultation events will offer stakeholders the opportunity to be informed of the direction of travel in relation to the local strategy and the commissioning of services for 2021-2023.

5. Employee Implications

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

6. Financial Implications

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

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no Climate Change, Sustainability and Environmental implications associated with this report

8. Other Implications

- 8.1. There are no risk implications associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other issues associated with 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 existing policy, function or strategy and therefore, no impact assessment is required.

Val de Souza

Director, Health and Social Care

8 February 2021

Link(s) to Council Values/Objectives

- ◆ focused on people and their needs
- ◆ working with and respecting others
- ◆ accountable, effective, efficient, and transparent
- ◆ ambitious, self-aware, and improving none

Previous References

- ◆ none

List of Background Papers

- ◆ Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths <https://www.gov.scot/publications/rights-respect-recovery/>
- ◆ [South Lanarkshire Alcohol and Drug Partnership Strategy 2020-2023](#)

Contact for Further Information

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

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Report

13

Report to:	Social Work Resources Committee
Date of Meeting:	17 March 2021
Report by:	Director, Health and Social Care

Subject:	Transformation and Service Improvement Programme
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update of progress of the Transformation and Service Improvement Programme in relation to the following services and the impact the Coronavirus (COVID-19) has had on these services:
 - Care and Support Service Redesign
 - South Lanarkshire's Care Facilities Modernisation Programme
 - Mental Health Strategy
 - Care at Home Services Improvement Programme
 - Adult and Older Peoples Day Services Review
 - Equipment and Adaptations

2. Recommendation(s)

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

- (1) that the content of this report is noted.

3. Background

- 3.1. This report provides a progress update on the Programme of Transformation and Service Improvement being undertaken by the Health and Social Care Partnership (HSCP). This work supports the delivery of the Integrated Joint Board's (IJBs) Strategic Commissioning Plan (SCP) and continues to strengthen many of our community-based supports.
- 3.2. The response to the Coronavirus (COVID-19) Pandemic continues to slow the progress of the Transformation Programme as resources have been redeployed. The work streams affected are the Care Facilities Modernisation Programme; the evidence-based Review of Adult and Older Peoples Day Services; Care at Home Improvement Programme; Care and Support Review and Mental Health Services.
- 3.3. However, the work on the Transformation agenda has continued and is taking account of the risks that COVID-19 has posed, the learning that is accruing and is considering how we modify services to meet these risks.
- 3.4. This programme of work endeavours to put the people who use Social Care supports, their families and carers and the people who work in Social Care Services at the centre of care. It also gives us the opportunity to align services focussing on the outcomes of the recently published Independent Review of Adult Social Care, which is likely to influence the ongoing programme into the future.

4. Current Position

4.1. Care and Support Service Review

- 4.1.1. The outcome of the review of the Care and Support Service will come to the next cycle of the IJB. The initial findings and recommendations from the Review are detailed within the final report. The Review has identified a number of key themes and the report will include a number of recommendations for sustaining and modernising the service in the context of the IJB's Strategic commissioning and financial planning.
- 4.1.2. In concluding the Review there are areas of the service which need updated to reflect the changing demographic, Social and Health equality profiles and care needs of its service users. An updated Service Specification which takes account of SDS principles and operates with a cost effective and safe staffing model have been a key focus of the Review process.
- 4.1.3. The implementation of the outcomes of the service review and service redesign will require continuing engagement with service users and carers along with key stakeholders across the HSCP, the Council, staff and trade unions.

4.2. Care Facilities Programme

- 4.2.1. Work is now underway on Phase 1 of the Blantyre development with contractors beginning preparatory work on site on 30 November. Full mobilisation began on site 18 January 2021 with earthworks and drainage installation being the priority. It is anticipated that the programme will take 70 weeks for full site completion. A formal 'Sod Cutting' event was scheduled to take place at the end of January, however this had to be postponed due to Lockdown restrictions and will be re-organised when these have been eased.
- 4.2.2. The Care Facilities Steering Group monitors progress and provides advice and leadership around the ongoing activity associated with the development. The Programme Board includes a range of professionals leading on individual work streams.
- 4.2.3. These work streams have been set up to take forward specific work areas of the Programme and are made up of key stakeholders from, Social Work, NHS, Housing, Finance, HR, Legal, third sector and external agencies including the Care Inspectorate. These work streams focus mainly on the following areas:
 - ◆ Workforce Planning
 - ◆ Communication, Consultation and Engagement
 - ◆ Registration - Care Inspectorate
 - ◆ Intermediate Care
 - ◆ GP/ANP Input
 - ◆ Hub Fittings/Furniture
 - ◆ IT
 - ◆ Technology Enabled Housing
- 4.2.4. Having a robust communication strategy embedded within the Change Programme has ensured that neighbours surrounding the site, including the school and church are aware of the work that is being carried out. This proactive approach has helped to alleviate any issues arising within the development.

- 4.2.5. Canderavon House continues to provide intermediate care service in the meantime and is providing valuable learning opportunities to inform the Blantyre model and building on the COVID response work that evolved at McWhirters House. This further builds the evidence that delivering intermediate care within the new custom-built facility will deliver better outcomes for people.
- 4.2.6. Further work on the care facilities programme was paused due to the impact of the global Pandemic. This allowed the HSCP to focus on the response and prioritise services across the Partnership during the Pandemic. COVID-19 has overtaken Phase 2 of the programme. The strategic and operational focus has changed significantly, and the demand for traditional care home services has further decreased. In the context of this changing landscape, there is a need for the Strategic Commissioning Group to review our existing commissioning assumptions and update the IJB's strategic plan taking into account the consequences of and future risks posed by COVID-19. A further paper will be brought forward to detail the emerging options.
- 4.3. Mental Health
- 4.3.1 *Remobilisation and Recovery*
Mental Health Services are a priority within NHS remobilisation and within Lanarkshire Mental Health Services began the process of remobilisation in September 2020 following the restructuring of some service activity at the beginning of the Pandemic. Remobilisation involved incorporating some of the new ways of working required by the Pandemic (such as phone or Video Consultation) into more traditional service provision. This blended approach to service provision has increased capacity within the Community Mental Health Teams to enable them to meet some of the increasing demand for Mental Health Services and support and provide a timely response to individuals experiencing the onset or recurrence of mental ill-health.
- 4.3.2. Improving Access to Mental Health Services and Supports – Action 15 Programme
The Primary Care Mental Health Liaison Nurse Service provides support to people experiencing mild to moderate mental health problems of a short term nature within GP practices. This service has continued to provide a phone triage service to patients in 40 GP practices throughout lockdown. Work is now underway for the Service to expand into more GP practices across Lanarkshire and to develop the non-clinical aspect of the stepped/matched care Primary Care Mental Health (PCMH) and Wellbeing service model. The aspiration is that all GP practices in Lanarkshire will have access to the PCMH and Wellbeing service by the end of 2022. In total, the recruitment of additional mental health staff providing this service will exceed 45wte across NHSL and third sector organisations.
- 4.3.3. Other work streams improving access to Mental Health Services which are developing as part of the Action 15 programme are:
- ◆ Prisoner Healthcare – Work stream Lead: Senior Nurse Shotts Prison
 - ◆ Police Custody – Work stream Lead: Forensic Mental Health Service Manager
 - ◆ Emergency departments – Work stream Lead: Mental Health Service Manager

4.3.4. Integration of Community Mental Teams in South Lanarkshire

The vision for Mental Health Services in South Lanarkshire is to develop an integrated model that will put the person at the centre. The work to transfer the operational management of South Lanarkshire Community Mental Health Services to South Lanarkshire HSCP is continuing. An interim central operational management structure for Community Mental Health and Addictions (CAREs) Services in South Lanarkshire is in place and will progress the implementation plan to facilitate the transfer of Adult and Older Adults CMHT's and locality Psychological Therapies teams to South Lanarkshire HSCP. The Chief Officers of the North and South Partnerships are working through the budget disaggregation that accompanies the transfer of operational accountability to South Lanarkshire HSCP from the previous hosted service arrangements with North Lanarkshire HSCP.

4.3.5. Access to Unscheduled Care

We are preparing to change the way that people with mental health needs engage with services when they do not have an appointment with a health care professional. Initial implementation of these changes began in December 2020. The aim is to make sure that people get to the most appropriate service as quickly as possible. In some cases that will be Mental Health Services, but it is intended that those who do need our services have to see fewer people and have to wait less time to be seen.

4.3.6. A key finding from the COVID-19 response was that when an experienced decision maker was involved early in the patient's journey, a more appropriate outcome was achieved in less time. The main change will be that a person who would previously have arrived at Emergency Department, will instead phone NHS24 and talk to a CPN (Community Psychiatric Nurse) or Psychological Wellbeing Practitioner. If it is decided that a more detailed Mental Health Assessment will be needed, the caller is handed over to the flow centre. The flow centre is an assessment area only, with no follow up or treatment capacity. It will be staffed by senior clinical decision makers who will assess and determine the correct next step. This could include a routine referral to a CMHT, an urgent appointment with a CMHT, a crisis response or signposting/referral to local mental health supports. This change in mental health unscheduled care response is in the very early stages of development in Lanarkshire and is part of the Scottish Government intention that Mental Health Services broaden their approach to unscheduled care access and responding to distress.

4.4. Naming of a New NHS Lanarkshire Facility

4.4.1. NHSL Corporate Management Team approved deviation from the conventional criteria for naming facilities. This was to protect the dignity and confidentiality of individuals using the undernoted service (as per NHSL protocol). They also supported and endorsed the naming of the suite, as The Dunnock Suite.

4.4.2. NHS Lanarkshire (NHSL) is a member of a West of Scotland Regional collective of Health Boards who are working on new models of Service for the Forensic Examination and ongoing support and care for victims of rape and sexual assault. Commensurate with Regional plans, NHSL is in the process of creating a new facility to provide the necessary Forensic Medical Examinations. It is nearing completion and now requires to be formally named. The Project Board have sought suggestions from persons with lived experience via Rape Crisis, and after discussion the proposal is *The Dunnock Suite. The Project Board considers this to be a suitable, fitting, and discreet title which protects the users of the facility in its anonymity. The development of this facility is in-line with the Scottish Government requirement for all territorial boards to provide local facilities as part of a national improvement plan which includes legislative change in regard to the responsibilities of local boards.

The Scottish Government Taskforce on Rape and Sexual Assault are leading a series of improvements, underpinned by legislative change and Health Improvement Scotland standards and performance indicators to report on nationally. The facility in question and the nature of the work conducted therein, requires to be discreet, for sensitivity and confidentiality/privacy reasons. In these circumstances any overt or literal naming of the suite that explicitly describes its function would be distressing and 'identifying' for anyone using the facility. By way of example, the sister facility in NHS Ayrshire and Arran has been named "The Willows".

**[A Dunnock is a small, resident bird of the British Isles which lives in large numbers in Lanarkshire. Well camouflaged with shades of brown for its preferred environment of hedgerows and undergrowth, it is characteristically shy and cautious and remains unobtrusive in its existence].*

4.5. Care at Home Service

- 4.5.1. Care at Home Services continue to operate as normal, delivering essential services to some of the most vulnerable service users in our communities. As expected, staff absence has increased sharply as a result of increased COVID transmission, staff self-isolating and general illness. This has limited capacity within the Service.
- 4.5.2. Winter Planning contingencies have been implemented and contact has been made with service users and their families to establish situations where they could provide low level supports to increase resilience within the Service. There has been a more limited response that we received in the first Lockdown as a result of families continuing to work.
- 4.5.3. A large number of individuals who receive a Care at Home Service from South Lanarkshire HSCP receive assistance with the preparation of meals as part of their support. The majority will require a range of other supports as a result of their needs, necessitating a visit by a Home Carer. However, there are around 85 service users who either receive only a food preparation service, would be able to function independently, or would be able to function with the support of those that reside with them.
- 4.5.4. A temporary Community Meals Service has been re-established to support those identified as being suitable and approximately 85 service users are receiving the service. The service ensures that service users receive a visit each day, with visits taking place over lunchtime each day. The visits provide:
- ◆ the delivery of a hot two-course meal
 - ◆ the delivery of a sandwich and cold desert that can be eaten at tea-time
 - ◆ a wellbeing check and reporting of any concerns to the locality team
- 4.5.5. The establishment of Community Meals service provides a number of benefits:
- ◆ the service ensures that those identified as suitable for the service continue to receive well balanced and nutritional meals each day
 - ◆ drivers are on hand to check on the wellbeing of individuals each day and relay any concerns to the Care at Home service to follow up
 - ◆ the Home Carer time that is released can be redirected towards those with the greatest need and support the maintenance of services during these challenging times
- 4.5.6. External providers also have appropriate contingency plans in place should they be required. However, there has been a general improvement in staff absence within external agencies over recent weeks.

- 4.5.7. Electronic scheduling system has been procured within the Service. This will bring significant improvements to the service in relation to communication with staff, more effective and efficient scheduling and improved recording of information. A Project Implementation Team is now operational and live testing of the system commenced on 2 March 2021 with a small number of service users and staff in the Bothwell/ Uddingston areas. A wider roll out to all locality areas is scheduled to take place throughout 2021 and requires to be completed by Autumn 2021.
- 4.5.8. As part of the implementation of the scheduling system, Home Carers are being issued with new mobile devices. The roll-out of these new devices will also see Home Carers receiving access to organisational email and Microsoft Teams providing the service with significant improvements in the way it communicates with staff.
- 4.5.9. Vaccination roll-out is now well underway and uptake has been exceptionally high. Across Lanarkshire, over 5,400 internal and external Care at Home staff have either had their first dose COVID10 vaccination or are booked to receive this by the middle of February. This figure includes over 1,500 South Lanarkshire Care at Home, Care and Support and Day Services staff. Appointments for the second dose vaccinations have been issued to staff and are now taking place as scheduled.
- 4.5.10 Weekly staff testing arrangements have recently been finalised and were implemented across the Care at Home sector on 11 February 2021. Early experiences indicate a minimal number of staff testing positive as a result of the asymptomatic testing.
- 4.5.11 Improvement activity within the Service is ongoing but capacity has fluctuated in parallel with the Pandemic waves and response activity. As noted in previous reports, the Care at Home Improvement Board is overseeing a number work streams that have responsibility for taking forward the redesign of the Service. The COVID response, improvement activity in Hamilton/Rutherglen and the work to implement the scheduling tool have been prioritised. It is hope that the COVID related demands on the Service will ease and allow the Service to be refocused on this programme. It is anticipated that a fuller report on this Review will be brought to the IJB mid-year.
- 4.6. Adult and Older People Day Service Review
- 4.6.1. Work is now complete on the Adult and Older People Day Service Review and the final report was presented to Elected Members at an engagement event on 4 February. The initial findings and recommendations from the Review are detailed within a report prepared for the Social Work Resources Committee and the Integrated Joint Board (IJB). The Review has identified a number of emerging themes and the report includes a number of recommendations for consideration, approval and to determine next steps identified.
- 4.6.2. The four management and administrative Hubs remain open (Harry Smith, Murray Owen, Harry Heaney and Newberry Rooney) to support the delivery of outreach, support employees and undertake weekly risk assessment and reviews for all registered services users. Each of these Hubs continue to function as a locality base for the storage, provision and management of Personal Protection Equipment (PPE) for staff as well as three of the Hubs hosting vaccination centres for Health and Social Care staff across the Partnership area.
- 4.6.3. It remains the case that the immediate risk to re-open Day Service buildings for adult and older people could not be mitigated at this time and these should remain closed for the delivery of support to service users whilst the Outreach Service will continue.

4.7. Equipment and Adaptations

- 4.7.1. There has been an ongoing Review of equipment and adaptations provision since 2018. The first stage of this Review was to transfer adaptations from Social Work over to Housing and this successfully took place over 2018/19. The second stage was to review the value for money options on equipment provision for SLHSCP.
- 4.7.2. SLHSCP currently have a contract for equipment provision with both Equipu (Glasgow) through South Lanarkshire Council and North Lanarkshire Joint Equipment store for NHS. The review of the services from both is being supported by a Project Board and in turn a project team. The project team are working with stakeholders to develop an options appraisal on the Best Option for equipment provision for the Partnership, both from a person-centred perspective and also from a financial perspective in terms of best value. The results of the options appraisal should be available by the end of March 2021. Further details of the options, results and implications will be presented at a future committee following on from this work.

4.8. Reporting timetable

- 4.8.1. As indicated above, the HSCP intends to bring forward a series of reports providing more detail on the outputs of the review and transformation activity and to seek approval from the IJB for further actions.
- ◆ This cycle: Day Care and a further report later in 2021
 - ◆ Next Cycle: Care and Support
 - ◆ Future 2021 cycles:
 - Care at Home
 - Mental Health
 - Care Facilities
 - Equipment

5. Employee Implications

- 5.1. The employee implications associated with this report will be individual to each work stream. However, the work streams referred involve service redesign intended to reshape services and have associated workforce issues. The work streams will continue to be the subject of consultation with the trade unions.

6. Financial Implications

- 6.1. There are no direct financial implications associated with this report. The transformation and improvement workstreams are intended to support the HSCP to deliver the IJB's Strategic Commissioning Plan within the available resources and in accordance with the Financial Plan.
- 6.2. There is a significant element of financial risk associated with the ongoing response and consequences of the COVID Pandemic. The Chief Finance Officer has identified costs to be set against the Mobilisation Plan for the Scottish Government. However, there remains a risk that COVID will impact adversely upon the financial position and consequently the transformation and improvement programme.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for Climate Change in terms of the information contained in this report.
- 7.2. There are no implications for sustainability in terms of the information contained in this report.

7.3. There are no implications for the environment in terms of the information contained in this report.

8. Other Implications

8.1. At this moment the risk implications associated with this report are being monitored through a COVID-19 risk report.

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

8.3. This work has strategic fit with other transformational change work streams currently being progressed, for example primary care transformation.

9. Equality Impact Assessment and Consultation Arrangements

9.1. A full equality impact assessment will be developed in conjunction with the future strategy for Residential Care Homes.

9.2. There has been significant consultation and engagement with stakeholders as outlined throughout the report. This will continue to be intrinsic to this programme of work.

Val de Souza

Director, Health and Social Care

16 February 2021

Link(s) to Council Values/Ambitions/Objectives

- Improve Later Life
- Deliver better Health and Social Care for all

Previous References

- ◆ Social Work Resources Committee of 20 January 2021

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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Report

14

Report to: **Social Work Resources Committee**
Date of Meeting: **17 March 2021**
Report by: **Director, Health and Social Care**

Subject: **Care Inspectorate Updates for Registered Social Work Services**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide the Committee with an update in relation to the inspections that have taken place from the Care Inspectorate and updates in relation to the grades across the Registered Services managed by Social Work Resources

2. Recommendation(s)

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

- (1) that they note contents of this report.

3. Background

- 3.1. The Care Inspectorate have a duty to inspect Registered Care Services. South Lanarkshire have 42 Registered Services. Care Inspectorate Grades are reported nationally on the Care Inspectorate website for public information. It has been agreed that a six-monthly update report for all Registered Services will be presented at relevant boards and forums so members have an overview of Care Inspectorate activity and reporting of grades both up and down over the past six month period. There will therefore be **two** Care Inspectorate update reports to the relevant board and committee for noting.
- 3.2. The Care Inspectorate continues to regulate and inspect our 42 Registered Care Services which include: eight care homes for older people; 13 Day Centre's for older people; six care homes for children and young people; three Child and Family Services (Fostering, Adoption and Supported Carers); six Adult Lifestyles Centre's; two Adult Community Support Services and four Home Care Services. During 2019/20, 19 inspections took place. The details of the Social Work Registered Care Service inspection summary is included in Appendix 1.
- 3.3. It should be noted that due to the COVID-19 Pandemic the activity in relation to Care Inspectorate scrutiny has significantly reduced. The appendix attached therefore shows the dates of the last inspection and grades. Inspections are not routinely undertaken on an annual basis and the inspection should be proportionate for services. However, Registered Services such as Care Homes and Care at Home, result in annual scrutiny. The data therefore in the appendix represents to the most recent inspection information that is in the public domain.

3.4. Recent Inspections

3.4.1. Notwithstanding the reduced scrutiny activity from the Care Inspectorate, they conducted inspections on two of our Care at Home services as a result of poor inspection just prior to lock down. (Hamilton and Rutherglen/Cambuslang). This resulted in the Partnership to self-impose temporary moratoriums on the two localities. The period of moratorium gave time to evaluate what was working well and what needed to be improved while still ensuring that all people who required a Homecare Service and all staff were still supported to the highest possible standard. We continued to work closely with the Care Inspectorate and our staff to make improvements.

3.5. Hamilton Update October 2020 - Following re-inspection and reflecting the work and commitment of staff, the Improvement Notice has been lifted for Hamilton and the Care Inspectorate have regraded the service to:

- ◆ Quality Care and Support – Grade 3
- ◆ Quality of Staff – Grade 2
- ◆ Quality of Management and Leadership – Grade 3

3.6. It should be noted however, that these grades have not transferred into a public document as this was a follow-up to the Improvement Notice.

3.7. Rutherglen Update November 2020 – the Care Inspectorate have also re-inspected the Rutherglen Service and the Care Inspectorate have reported their assurance in the running of the Service. The verbal feedback to date has been that the grades will now be increased. The final report is yet to be published however, the progress has been recognised in relation to the improvements in this Service.

4. Summary

4.1. The appendix gives a breakdown of the grades across the Service and a six-monthly update will be provided in relation to the Registered Services across the Resource.

5. Employee Implications

5.1. There are no employee implications in relation to this report.

6. Financial Implications

6.1. There are no financial implications in relation to this report.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for Climate Change associated with this report.

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

7.3. There are no environment Implications associated with this report.

8. Other Implications

8.1. Failure to maintain the Health and Care Standards in the delivery of Registered Services will result in reputational damage, as well as risk to individuals in the failure of Services to provide adequate care standards.

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

Val de Souza
Director, Health and Social Care

22 February 2021

Link(s) to Council Values/Ambitions/Objectives

- ◆ focused on people and their needs
- ◆ working with and respecting others
- ◆ accountable, effective, efficient, and transparent

Previous References

- ◆ none

List of Background Papers

Appendix 1 - Care Inspectorate Grades

Contact for Further Information

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

Liam Purdie, Head of Children and Justice Services and Chief Social Work Officer

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				Care & Support Planned	Setting	Staffing	Leadership	People's Wellbeing
CARE HOMES		Care Service	Latest Inspections	Care/Support	Envir	Staff	Man/Lead	
	1	Canderavon House	15/08/2019	4	4	5	4	5
	2	David Walker Gardens	19/11/2019	5	NA	NA	NA	5
	3	Dewar House	05/12/2019	3	NA	NA	NA	3
	4	Kirkton House	17/05/2018	5	NA	NA	5	
	5	McClymont House	09/01/2020	5	NA	NA	NA	5
	6	McKillop Gardens	28/01/2020	5	NA	NA	NA	5
	7	McWhirters House	11/12/2018	4	5	NA	4	3
	8	Meldrum Gardens	01/11/2019	4	5	3	5	4
OP DAY CARE	9	Canderavon NC	16/02/2016	4	5	5	5	
	10	Harry Heaney Centre	10/05/2019	5	NA	5	NA	
	11	Jenny McLachlan Centre	19/01/2017	6	NA	5	NA	
	12	Jimmy Swinburne RC	15/05/2018	5	NA	4	NA	
	13	Lesmahagow NC	07/02/2017	5	NA	5	NA	
	14	McClymont RC	05/08/2019	5	NA	5	NA	
	15	Meldrum House	05/06/2017	5	NA	5	NA	
	16	Newberry Rooney	22/11/2016	5	NA	NA	4	
	17	Nisbet Centre	18/06/2019	5	NA	5	NA	
	18	Parkhall	03/08/2018	5	NA	5	NA	
	19	Saltire	22/05/2018	5	NA	5	NA	
	20	St Andrews	24/07/2019	4	NA	NA	NA	5
	21	Whitehill	24/07/2018	5	NA	5	NA	
HOME CARE	22	Clydesdale / Larkhall	26/10/2018	5	NA	4	NA	
	23	East Kilbride	24/01/2020	4	NA	5	5	
	24	Hamilton / Blantyre *	09/10/2020	1	NA	1	1	
	25	Rutherglen	24/11/2020	3	NA	4	4	4
ADULT DAY OPS	26	Carluke Lifestyles	19/05/2017	5	NA	NA	5	
	27	Eastfield Lifestyles	15/11/2017	5	NA	NA	4	
	28	Fairhill Lifestyles	22/01/2019	5	NA	5	NA	
	29	Lanark Lifestyles (HSC)	12/08/2015	6	6	6	6	
	30	East Kilbride Lifestlyes (MO)	13/12/2016	5	NA	5	NA	
	31	Stonehouse/Larkhall	26/05/2017	5	NA	NA	5	

APPENDIX 1

CHILD AND FAMILY	32	Care & Support North	16/11/2018	5	NA	NA	5	
	33	Care & Support South	20/05/2019	4	NA	NA	4	
	34	Bardykes Road	02/05/2019	5	5	NA	NA	
	35	Hillhouse Road	03/07/2019	5	NA	NA	NA	5
	36	Hunters Crescent	17/05/2019	5	5	NA	NA	
	37	Langlea Avenue	26/07/2018	5	NA	5	NA	
	38	Rosslyn Avenue	23/07/2018	4	NA	4	4	
	39	Station Road	12/02/2020	5	NA	NA	NA	5
	40	Supported Carers	22/01/2019	5	NA	NA	5	
	41	Fostering Services	12/02/2018	5	NA	NA	4	
	42	Adoption Services	12/02/2018	5	NA	NA	5	

*Hamilton Blantyre Care at Home Service have had a follow up scrutiny inspection following the Improvement Notice issued in 2019. Following progress made, the Care Inspectorate have removed the Improvement Notice and recognised the progress made. They have not, however, published new grades as these will be submitted following a full inspection of the service out with the Improvement Notice scrutiny.

Grades guide:

1	Unsatisfactory	
2	Weak	
3	Adequate	
4	Good	
5	Very Good	
6	Excellent	
	Grades updated	
	Unit Closed	