SOUTH LANARKSHIRE COUNCIL

Council Offices, Almada Street
Hamilton, ML3 0AA

Tuesday, 02 November 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, 10 November 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 - 14
Minutes of the meeting of the Social Work Resources Committee held on 1
September 2021 submitted for approval as a correct record. (Copy attached)

Monitoring Item(s)

3   **Social Work Resources - Revenue Budget Monitoring 2021/2022**   15 - 24
Joint report dated 12 October 2021 by the Executive Director (Finance and
Corporate Resources) and Director, Health and Social Care. (Copy attached)

4   **Social Work Resources - Capital Budget Monitoring 2021/2022**   25 - 28
Joint report dated 20 October 2021 by the Executive Director (Finance and
Corporate Resources) and Director, Health and Social Care. (Copy attached)

5   **Social Work Resources – Workforce Monitoring – July to August 2021**   29 - 36
Joint report dated 11 October 2021 by the Executive Director (Finance and
Corporate Resources) and Director, Health and Social Care. (Copy attached)

Item(s) for Decision

6   **Carers Support and Services**   37 - 46
Joint report dated 26 October 2021 by the Director, Health and Social Care and
Executive Director (Finance and Corporate Resources). (Copy attached)

7   **Gender Based Violence**   47 - 58
Report dated 6 October 2021 by the Director, Health and Social Care. (Copy
attached)

Item(s) for Noting

8   **Care Inspectorate Updates for Registered Social Work Services**   59 - 64
Report dated 6 October 2021 by the Director, Health and Social Care. (Copy
attached)

9   **Family Centre Provision**   65 - 70
Report dated 5 October 2021 by the Director, Health and Social Care. (Copy
attached)

10 **Winter Planning Arrangements 2021-2022**   71 - 118
Report dated 29 October 2021 by the Director, Health and Social Care. (Copy
attached)

11 **Update of the Social Work Risk Register and Risk Control Plan**   119 - 152
Report dated 22 October 2021 by the Director, Health and Social Care. (Copy
attached)

12 **Chief Social Work Officer Report 2020-2021**   153 - 200
Report dated 12 October 2021 by the Director, Health and Social Care. (Copy
attached)

13 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

Minutes of meeting held via Microsoft Teams on 1 September 2021

Chair:
Councillor John Bradley

Councillors Present:
Councillor Walter Brogan, Councillor Robert Brown, Councillor Archie Buchanan, Councillor Janine Calikes, Councillor Andy Carmichael, Councillor Maureen Chalmers, Councillor Margaret Cowie, Councillor Maureen Devlin, Councillor Mary Donnelly, Councillor Allan Falconer, Councillor Eric Holford, Councillor Mark Horsham, Councillor Richard Lockhart *(substitute for Councillor Richard Nelson)*, Councillor Katy Loudon, Councillor Joe Lowe, Councillor Hugh Macdonald, Councillor Catherine McClymont, Councillor Colin McGavigan, Councillor Jim McGuigan, Councillor Lynne Nailon, Councillor Margaret B Walker, Councillor David Watson

Councillors' Apologies:
Councillor Graeme Campbell, Councillor Richard Nelson, Councillor Carol Nugent, Councillor John Ross

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
Health and Social Care/Social Work Resources
S Sengupta, Director; I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); M Kane, Service Development Manager; L Purdie, Head of Children and Justice Services

---

1 Declaration of Interests
No interests were declared.

---

2 Minutes of Previous Meeting
The minutes of the meeting of the Social Work Resources Committee held on 2 June 2021 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 28 July 2021 by the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care was submitted comparing actual expenditure for the period 1 April 2020 to 31 March 2021 against budgeted expenditure for 2020/2021 for Social Work Resources.

As at 31 March 2021, there was an underspend of £0.408 million before transfer to reserves and an overspend of £0.354 million after transfer to reserves, as detailed in appendices A to F to the report.

The Adult and Older People Services' budget, as detailed in Appendix D to the report, showed a breakeven position. Included within this position, was a commitment in relation to the Integration Joint Board (IJB) which had an underspend of £0.236 million. The Council had agreed to the IJB retaining this non-recurring underspend within its reserves earmarked for future care costs, in line with the approach to integrating health and social care budgets.

The £0.354 million overspend was in relation to additional Covid-19 related expenditure for Children and Families Services which was not funded by the Scottish Government via the Mobilisation Plan as those services were not delegated to the IJB. In addition, the Resource had lost income from services which were not being provided during the pandemic and non-achievement of proposed savings. This totalled £1.767 million.

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

The Committee decided:

(1)   that the Social Work Resources' outturn position as at 31 March 2021 of an overspend of £0.354 million, after approved transfers to reserves, as detailed in Appendix A to the report, be noted; and

(2)   that the proposed budget virements be approved.

[Reference: Minutes of 2 June 2021 (Paragraph 3)]

---

4   Social Work Resources – Revenue Budget Monitoring 2021/2022

A joint report dated 28 July 2021 by the Executive Director (Finance and Corporate Resources) and the Director, Health and Social Care was submitted comparing actual expenditure at 16 July 2021 against budgeted expenditure for 2021/2022 for Social Work Resources, together with a forecast of the position for the year to 31 March 2022.

As at 16 July 2021, there was an overspend of £0.650 million against the phased budget, of which £0.395 million was Covid-19 related and £0.255 million non Covid-19 related. The financial forecast for the revenue budget to 31 March 2022 was breakeven.

Continued additional costs incurred in relation to Covid-19 were detailed separately in Appendix B to the report, together with income received from the Scottish Government's Social Care Mobilisation Plan.

The Resource had also experienced a reduction in income of £0.318 million from services not provided as a result of Covid-19, as detailed in Appendix D to the report. Information was provided on the risk, should pressures continue into 2022/2023 where no additional funding for Mobilisation would be available.

Appendix B also detailed additional Covid-19 related expenditure for Children and Families Services which would not be funded through the Mobilisation Plan, as those services were not delegated to the Integration Joint Board.

To date, the additional costs to the Council as a result of Covid-19 were £4.405 million, with £4.087 million received from the Scottish Government through the Social Care Mobilisation Plan.

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

The Committee decided:

(1) that the breakeven position on Social Work Resources' revenue budget, as detailed in Appendix A to the report, be noted;

(2) that the forecast to 31 March 2022 of a breakeven position be noted; and

(3) that the budget virements, as detailed in the appendices to the report, be approved.

5	**Social Work Resources – Capital Budget Monitoring 2020/2021**

A joint report dated 11 August 2021 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 the period 1 April 2020 to 21 March 2021.

The total capital programme for Social Work Resources for 2020/2021 was £0.844 million. The total expenditure to 31 March 2021 was £0.529 million, a difference of £0.315 million.

The final expenditure position of £0.529 million was slightly lower than the projected outturn of £0.587 million. The projected outturn position at period 12 of £0.257 million mainly reflected the expected timing of project spend on the Blantyre Care Facility and Community Alarms projects, resulting in budget being required in 2021/2022 rather than 2020/2021. The additional underspend at year end of £0.058 million was again due to timing of spend on projects which had continued to be impacted by Covid-19. Funding would be carried forward into the next financial year as required.

The Committee decided: that the Social Work Resources' capital programme of £0.844 million, and expenditure for the year of £0.529 million, be noted.

[Reference: Minutes of 2 June 2021 (Paragraph 4)]

6	**Social Work Resources – Capital Budget Monitoring 2021/2022**

A joint report dated 11 August 2021 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 2021/2022 and summarising the expenditure position at 16 July 2021.

The revised capital programme for Social Work Resources for 2021/2022 was £6.768 million. Anticipated spend to date was £1.100 million and spend to 16 July 2021 amounted to £1.239 million. This represented a position of £0.139 million ahead of profile and mainly reflected good progress made on the Blantyre Care Facility project.

The Committee decided: that the Social Work Resources' capital programme of £6.768 million, and expenditure to date of £1.239 million, be noted.

7   Social Work Resources – Workforce Monitoring – April to June 2021

A joint report dated 12 July 2021 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 April to June 2021:-

♦   attendance statistics
♦   occupational health statistics
♦   accident/incident statistics
♦   disciplinary hearings, grievances and Dignity at Work cases
♦   analysis of leavers and exit interviews
♦   Staffing Watch as at 13 March 2021

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.

In response to members' questions, officers advised that:-

♦   general absence rates tended to be higher in the Resource due to the demographic of the workforce and delays to treatment and hospital appointments as a result of Covid-19
♦   to give a more reflective picture, comparative figures for 2019 could be provided
♦   information could be provided on the percentage of Covid-19 related absences that were in relation to Home Care employees

The Committee decided: that the report be noted.

[Reference: Minutes of 2 June 2021 (Paragraph 5)]

8   Social Work Resource Plan – Quarter 4 Progress Report 2020/2021

A report dated 2 June 2021 by the Director, Health and Social Care was submitted on the Social Work Resource Plan for 2020/2021.

Details were provided on:-

♦   progress made against all Resource Plan measures, as detailed in the Quarter 4 Progress Report, attached as Appendix 2 to the report
♦   key achievements made by the Resource to date, as detailed in Section 5.3 of the report
♦   areas for improvement and associated management actions, as detailed in Section 5.4 of the report
♦   those measures which had changed in blue/red/amber/green status, during the period from Quarter 2 to Quarter 4, as detailed in Appendix 3 to the report

Officers responded to members' questions in relation to the impact on Community Payback Orders due of the Covid-19 pandemic.

The Committee decided:

(1)   that the Quarter 4 Progress report for 2020/2021, as detailed in Appendix 2 to the report, be noted;

(2)   that the key achievements made by the Resource to date, as detailed in Section 5.3 of the report, be noted;

(3) that the areas for improvement and management actions, as detailed in paragraph 5.4 of the report, be noted; and

(4) that additional scrutiny of those measures which had changed in the blue/red/amber/green status during the period between Quarter 2 to Quarter 4, as detailed in Appendix 3 to the report, be noted.

[Reference: Minutes of 19 August 2020 (Paragraph 8)]

9 Practice Assessor/Mental Health Officer Post – Increase in Establishment

A joint report dated 2 August 2021 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources) was submitted on the proposal to establish a post of Practice Assessor/Mental Health Officer to support Mental Health Officer capacity.

The Mental Health (Care and Treatment) (Scotland) Act 2003 required local authorities to appoint sufficient Mental Health Officers (MHOs) to discharge the functions of MHOs in the Council area. Many local authorities had faced challenges in recent years with the recruitment and retention of MHOs and in nominating Social Workers to undertake the MHO Training Programme. The Scottish Government had established the MHO Capacity Building Grant Scheme to address the shortfall of MHOs nationally.

It was anticipated that within the Council there would be 3 candidates undertaking the MHO Training Programme at Strathclyde University starting in August 2021 and ending in June 2022. It would be beneficial to use the funds from the MHO Capacity Building Grant to appoint a dedicated Practice Assessor to assess the practice element of the course for those 3 candidates.

The time commitment for Practice Assessment for 3 candidates was 0.6 of a full-time equivalent (FTE) post. Appointing a dedicated Practice Assessor would decrease pressure on MHOs, allowing them to concentrate on statutory work.

It was, therefore, proposed that a 0.6 FTE post of Practice Assessor/MHO on Grade 3, Level 8, SCP 79-80 (£25,062 to £25,446) be added to Social Work Resources' staffing establishment on a fixed-term basis for a period of one year.

The costs of the Practice Assessor/MHO post would be met from grant funding received from the Scottish Government.

The Committee decided: that a 0.6 FTE post of Practice Assessor/MHO be added to Social Work Resources' staffing establishment on a fixed-term basis for a period of one year, as detailed in the report.

10 Additional Occupational Therapy Posts

A joint report dated 30 June 2021 by the Director, Health and Social Care and Executive Director (Finance and Corporate Resources) was submitted on the proposal to increase Social Work Resources' staffing establishment by 4 full-time equivalent (FTE) Occupational Therapist posts for a fixed-term period of 6 months.

Since the Covid-19 pandemic, there had been an unprecedented increase in referrals to the Community Occupational Therapy (OT) Service. The recent number of unallocated referrals was 501% higher than at a similar point in 2020, with a mean of 308% higher than at the same point over the past 4 years.

A 28-day response to assessment performance target had historically been in place to support the effective management of OT referrals. This target had not been achieved as a consequence of the step down of services due to Covid-19, with the longest waiting time on 1 June 2021 being up to 11 months or 48 weeks in length.

As a consequence of delays in accessing services and increased deconditioning and social isolation throughout the last year, staff caseloads were currently highly weighted with cases of higher risk and complexity. The open caseloads of existing staff had also increased in number due, in part, to the reduced service capacity and provision of partners in Housing and Technical Resources and commissioned services, who had been unable, at times, to provide the requested adaptation services, again as a result of COVID-19.

The proposed additional staff resource would aid mobilisation and recovery to restore the 28-day service standard by tackling legacy waiting lists. One Occupational Therapist would be assigned initially to each of the 4 localities, with the ability to flex this additional resource across South Lanarkshire, as required, to deliver equity of service in liaison with locality managers.

It was, therefore, proposed that 4 FTE posts of Occupational Therapist on Grade 3, Level 4, SCP 72-74 (£37,611 to £38,779) be added to Social Work Resources' staffing establishment. on a fixed-term basis for a period of 6 months.

The costs of the Occupational Therapist posts would be met from Scottish Government Social Care Mobilisation Plan funding.

The Committee decided:	that 4 FTE posts of Occupational Therapist be added to Social Work Resources' staffing establishment on a fixed-term basis for a period of 6 months, as detailed in the report.

11 Social Work Trauma Recovery Service

A report dated 23 July 2021 by the Director, Health and Social Care was submitted on the support the Trauma Recovery Service offered to Children and Young People, including the numbers of families that had accessed the service in the last year.

The Service was established in 2000 after the Resource had identified a need for a service with a specific remit of supporting children and young people recovering from trauma. The therapeutic input was seen as an integral part of the Social Work Care Plan and was viewed and admired nationally as progressive and forward-thinking at the time.

Over 20 years, the Service had continued to support some of South Lanarkshire's most vulnerable children and families recovering from trauma and/or abuse (more than 2,000 families over that time). It had become a respected and valued Service by families and other therapeutic partner agencies across Lanarkshire and had consistently received positive feedback from the Care Inspectorate.

During the period June 2020 to June 2021, 134 requests for assistance had been received. The team supported 38 young people who continued to reside with birth parents, 25 who were residing in Kinship Care, 40 children who were in Foster Care, 12 who were in adoption, 4 in residential care and 15 young adults who were in receipt of aftercare.

The figure of 134 was consistent with previous years. The Service had not had the capacity to allocate all referrals for counselling, due to the level of demand. Mental Health and Wellbeing funding from the Scottish Government had been allocated to recruit an additional Counsellor who would be focused solely on providing support to the FAS (under 12yrs) and Intensive Family Support Service teams (over 12yrs).

The Council's continued use of Child and Family Trauma Counsellors to work with Social Work Care Plans remained a forward thinking and progressive initiative, which kept reflective practice at the centre of social work interventions and which aligned with The Promise's commitment to families having access to family type therapies.

The Committee decided: that the vital support that the Trauma Recovery Service had offered families over 20 years and the continued need for this specialised Service be noted.

12 Progress of Throughcare and Aftercare Team

A report dated 23 July 2021 by the Director, Health and Social Care was submitted providing an update on:-

♦   the progress of the Throughcare and Aftercare Service
♦   priority improvement areas as it related to young people in receipt of Throughcare and Aftercare

The introduction of the Children and Young People (Scotland) Act 2014 brought about additional responsibilities for the Council's Social Work Resources in respect of the expansion of support to care leavers and the rights of young people to remain in care up until the age of 21 years (previously 18 years).

The Act also increased the age of young people entitled to Aftercare Service from 21 to 26 years of age. This had required the local authority to provide an increased 5 years of service to each young adult meeting the criteria for aftercare.

The Care Inspectorate's Joint Inspection evaluated services delivered by South Lanarkshire Partnership in autumn 2019. The inspection highlighted that the services to young people in receipt of Throughcare and Aftercare required significant improvements, noting that young people in this group experienced some of the poorest outcomes.

The Throughcare and Aftercare Service, which had been disbanded 10 years previously, was re-established in June 2020, during the early part of the Covid-19 pandemic. This was in recognition of highly vulnerable young people eligible for aftercare living alone within the community.

There were over 150 young people who were in direct receipt of Aftercare Services. The Service had provided vital support during the pandemic to young people who were care experienced and living in the community. Partnerships with Who Cares? Scotland and other charities had provided young people with food vouchers and essential items.

The Service was also supporting young people who were currently over 16 years and in continuing care placements. The focus had been on planning for those young people and supporting them to remain in their placement. When young people decided they did not wish to remain in their care placement, the Service had been proactively supporting them to transition to either a supported placement or their own tenancy. The Service had access to 2 training flats that had been used successfully as a step to more independent living.

Collaboration with a wider range of partners and services was required when young people were transitioning from care. Those transitions could be complex and could fall between child and adult health and social care systems. Under the Corporate Parenting agenda, the Throughcare and Aftercare Strategic Improvement Plan was represented by a wide range of partners, the Improvement Plan had 4 themed priorities for improvement: Pathways Planning; Health and Wellbeing; Education, Training and Employment; Accommodation and Housing. Progress had been made in all areas outlined in the Improvement Plan.

The Committee decided: that the areas of positive progress since the reinstatement of the Throughcare and Aftercare Team in South Lanarkshire be noted.

---

13 Care at Home

A report dated 15 July 2021 by the Director, Health and Social Care was submitted on the outcome of the recent Care Inspectorate activity within the Care at Home Service.

South Lanarkshire Council imposed a voluntary moratorium on the Care at Home Service in both Hamilton and Rutherglen in January 2020. This moratorium was introduced following concerns that had been highlighted in inspections carried out by the Care Inspectorate and placed a suspension on new referrals to the Service.

In December 2019, the Hamilton Service was issued with a formal Improvement Notice that required improvements to be undertaken. The original notice, for a period of 8 weeks, was extended to the end of May 2020 and then subsequently extended until 30 September 2020 because of the outbreak of the Covid-19 pandemic.

Similar concerns were highlighted within the Rutherglen Service following an inspection in October 2019. This did not result in an improvement notice, however, a decision was taken to initiate a moratorium on new referrals to enable the Service to focus on the improvement required.

The Services embarked on a significant programme of improvement to address the requirements arising from the inspection activity. This had been wide ranging and had involved the recruitment of new management teams that had developed and led improvement action plans aimed at bringing about positive change within the Service.

During the pandemic the Care Inspectorate maintained weekly contact with the Services and acknowledged that significant progress was being made. As a result of this progress, agreement was reached to lift the moratorium on new referrals in the Rutherglen Service from 31 August 2020.

The Hamilton Service was subject to a positive inspection in October 2020. This resulted in lifting of the Improvement Notice and agreement was reached to lift the moratorium on new services from 11 November 2020.

As restrictions had eased, Inspections had now taken place in Rutherglen and Hamilton Services, resulting in very positive outcomes with both Services.

The Care Inspectors, having been satisfied with the progress, re-categorised the Rutherglen Service from high risk to medium risk.

The Hamilton Service was subject to a further inspection in June 2021. Again, feedback from the inspection was exceptionally positive, highlighting the very positive steps that had been taken to improve the Service and the improvements in the management of the Service.

The Care Inspectors highlighted several areas of good practice during the inspection and were complimentary regarding the scale of improvement that had been achieved in such a short period of time, amid a pandemic. The Hamilton Service had also been re-categorised from high risk to medium risk.

Officers responded to members' questions in relation to a 'critical friend' report that had been undertaken.

The Committee decided: that the outcome of the recent Care Inspectorate activity within the Care at Home Service be noted.

[Reference: Minutes of 2 June 2021 (Paragraph 15)]

14 Rates and Charges for Care Services for 2021/2022

A report dated 23 July 2021 by the Director, Health and Social Care was submitted providing an update on the 2021/2022 rates and charges for care services.

Each year, Social Work Resources was required to confirm the rates and charges that would be adopted for residential, nursing, supported living, non-residential care services and care at home services. The rates to be charged to other local authorities for care services must also be set.

In recognition of the need to implement contractual uplifts in 2021/2022 without delay to providers, the Social Work Resources Committee, at its meeting on 17 March 2021, authorised the Executive Director (Finance and Corporate Resources) and Director, Health and Social Care to agree the following rates, as detailed in the report:-

♦ Care at Home, Supported Living, Day Care and Integrated Care Facilities
♦ Residential and Nursing Care through the National Care Home Contract
♦ Residential services ouwith the National Care Home Contract

In response to the Covid-19 emergency, the Scottish Government and COSLA had recommended a national living wage uplift for contractual hourly rates paid to adult social care providers.

The Committee decided:

(1) that the revised rates and associated arrangements to Residential and Nursing Care rates, as detailed in Section 4 of the report, be noted;

(2) that the revised Nursing and Residential Respite charges, as detailed in Section 5 of the report, be noted;

(3) that the revised rates and associated arrangements for Care at Home, Supported Living and Day Care, as detailed in Section 6 of the report, be noted; and

(4) that the arrangements for Non-Residential Charges, as detailed in Section 7 of the report, be noted.

15 Urgent Business

There were no items of urgent business.

SOUTH LANARKSHIRE COUNCIL

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Executive Director (Finance and Corporate Resources)**
	Director, Health and Social Care

| Subject: | **Social Work Resources - Revenue Budget Monitoring 2021/2022** |

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 2021 to 10 September 2021 for Social Work Resources
   ♦ provide a forecast for the year to 31 March 2022

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

   (1) the overspend of £0.092m, excluding Covid on the Social Work Resources revenue budget, as detailed in Appendix A of the report, and the forecast to 31 March 2022 of an overspend of £0.5m, excluding Covid, be noted; and
   (2) that the proposed budget virements be approved.

3. Background
3.1. This is the second revenue budget monitoring report presented to the Social Work Resources Committee for the financial year 2021/2022.

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

5. Financial Implications
5.1. As at 10 September 2021, there is an overspend of £0.984m against the phased budget, of which £0.892m is Covid related and £0.092m non Covid related. The financial forecast for the revenue budget to 31 March 2022 is an overspend of £0.5m prior to the completion of the annual probable outturn exercise.

5.2. The Council continues to incur expenditure in relation to Covid-19 and in order to separate these costs from the Council's normal activities, a Covid-19 Service has been included within Social Work Resources (Appendix B).

5.3.   The Covid related expenditure incurred by Social Work Resources for Adults and Older People Social Care, is expected to be funded by Covid reserves and the Scottish Government Mobilisation Plan funding, via Health.   The additional cost includes expenditure on beds to facilitate discharge from hospital, PPE equipment, staff overtime and sustainability and additional cost being incurred by Social Care providers and other costs associated with the remobilisation of services. These additional costs and income from Scottish Government are included in Appendix B and total £7.873 million.

5.4.   In addition to extra costs, Social Work Resources has lost income from services which are not being provided during the emergency and this totals £0.749m at period 6 and is included at Appendix D.

5.5.   Taking the two figures together gives additional cost to the Council of £8.622m.

5.6   As part of re-mobilisation of services, hospitals are seeing presentation of service users with more complex needs requiring much higher packages of care on discharge, resulting in additional costs within Care at Home and Care Homes. To address this demand, recruitment for Care at Home staffing has been authorised. In addition, there are further pressures within supported living, direct payments and unachieved savings. The additional cost pressures of £7.1m will be included in year in the mobilisation plan.

5.7   These costs represent service delivery that will recur into next financial year. On the 5 October 2021, the Scottish Government announced recurring investment funding nationally of £300m, however, the Council/Health and Social Care Partnership have yet to be notified of its share of these funds. Planning for future year budgets is ongoing with the Service and the Chief Financial Officer of the Integration Joint Board, and it has been agreed that an update on the financial strategy for 2022/23 will be presented to the next IJB Board meeting. This will include an update on recurring funding; an estimate of remaining financial pressures for 2022/23 and the requirement to bridge any remaining budget gap.

5.8.   Whilst these costs are being charged to Mobilisation plan for 2021/2022, there is a risk that if these packages are prolonged, this will be an additional pressure moving into 2022/2023, that additional funding may not fully cover. Separately, there are also costs being charged directly to the Mobilisation plan which are not directly linked to ongoing service delivery of Care at Home or Care Homes and as such represent a lesser risk of their impact on the financial position of the IJB into 2022/23. These costs total £8 million and reflect staff overtime to cover absence, PPE hub and supply, and interim placements to avoid delays in discharging patients from hospital. Whilst these costs are being incurred this year, and met from the mobilisation plan, in the absence of further funding these will result in additional pressures for the IJB going forward. The additional funding announced on 5 October (as detailed in section 5.7) may assist in some of these pressures if they are recurring, specifically interim placements.

5.9.   Appendix B also includes additional Covid related expenditure for Children and Families Services (£0.892m), which will not be funded by the Scottish Government via the Mobilisation Plan, as these services are not delegated to the IJB. These additional costs mainly related to residential and external placements for young people arising from the pandemic and will be met from the Councils Covid funding that forms part of a separate report to the Executive Committee. This is an issue that appears to be evident across the Country. An exercise has been carried out to update the costs which are attributable to Covid, with the value increasing from £1.4m to £2.350m. These placements are unlikely to be temporary, there is an estimated cost of £2.7m into 2022/23 for these placements, including the Education element of these placements.

5.10.   The Resource has identified pressures due to demand that are not as a direct result of the pandemic. The full year expected overspend for the service (excluding Covid) is £0.5m. This is a reduction in the position reported previously and reflects the outcome of the work carried out to review costs that are a result of the pandemic (see section 5.9.). The position as at 10 September, is an overspend of £0.251m, and is offset in part by an underspend in Performance and Support Services.

5.11   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 has been assessed as low given the detailed budget management applied across the Resources. 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)

Soumen Sengupta
Director, Health and Social Care

12 October 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 10 September 2021

Contact for Further Information

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

Hazel Goodwin, Finance Manager
Ext: 2699 (Tel: 01698 452699)
Email: Hazel.goodwin@southlanarkshire.gov.uk

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 10 September (No.6)

Social Work Resources Summary

	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 10/9/21	Actual 10/9/21	Variance 10/9/21		% Variance 10/9/21	Note
	£000	£000	£000	£000	£000	£000			
Budget Category									
Employee Costs	96,206	96,206	0	38,086	40,676	(2,590)	over	-6.8%	
Property Costs	2,641	2,641	0	730	950	(220)	over	-30.1%	
Supplies & Services	5,139	5,139	0	2,120	2,679	(559)	over	-26.4%	
Transport & Plant	4,479	4,479	0	3,561	3,594	(33)	over	-0.9%	
Administration Costs	1,698	1,698	0	474	457	17	under	3.6%	
Payments to Other Bodies	23,631	23,631	0	9,060	9,693	(633)	over	-7.0%	
Payments to Contractors	104,995	104,995	0	39,342	45,531	(6,189)	over	-15.7%	
Transfer Payments	3,125	3,125	0	1,480	1,796	(316)	over	-21.4%	
Financing Charges	337	337	0	170	204	(34)	over	-20.0%	
Total Controllable Exp.	242,251	242,251	0	95,023	105,580	(10,557)	Over	-11.1%	
Total Controllable Inc.	(66,448)	(66,448)	0	(13,420)	(22,993)	9,573	over recovered	-71.3%	
Net Controllable Exp.	175,803	175,803	0	81,603	82,587	(984)	Over	-1.2%	

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 10 September (No6)

Covid-19

	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 10/9/21	Actual 10/9/21	Variance 10/9/21		% Variance 10/9/21	Note
	£000	£000	£000	£000	£000	£000			
Budget Category									
Employee Costs	0	0	0	0	3,048	(3,048)	over	n/a	1
Property Costs	0	0	0	0	196	(196)	over	n/a	2
Supplies & Services	0	0	0	0	568	(568)	over	n/a	3
Transport & Plant	0	0	0	0	30	(30)	over	n/a	
Administration Costs	0	0	0	0	5	(5)	over	n/a	
Payments to Other Bodies	0	0	0	0	622	(622)	over	n/a	4
Payments to Contractors	0	0	0	0	5,911	(5,911)	over	n/a	5
Transfer Payments	0	0	0	0	23	(23)	over	n/a	
Financing Charges	0	0	0	0	0	0	-	n/a	
Total Controllable Exp.	0	0	0	0	10,403	(10,403)	Over	n/a	
Total Controllable Inc.	0	0	0	0	(9,511)	9,511	Over recovered	n/a	6
Net Controllable Exp.	0	0	0	0	892	(892)	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 and includes the £500 payment to Social Care staff.

2 Property Costs
These costs related to expenditure on hygiene products in response to COVID-19 and the operation of the PPE hub for supplies to all Social Care providers.

3 Supplies & Services
These costs mainly relate to an increase in demand for equipment and adaptations as services are remobilised.

4 Payments To Other Bodies
This expenditure relates to costs incurred by South Lanarkshire Leisure in respect of providing COVID-19 vaccination venues, additional supports required for fostering, adoption and services where the service user has chosen a direct payment.

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. It also includes the expenditure in relation to residential schools and external placements for young people as a result of the pandemic.

6 Income
This over recovery of income is currently offsetting the expenditure incurred in response to COVID-19 and the cost of the £500 payment to Social Care staff.

Budget Virements

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 10 September 2021 (No.6)

Children and Families Services

Budget Category	Annual Budget £000	Forecast for Year £000	Annual Forecast Variance £000	Budget Proportion 10/9/21 £000	Actual 10/9/21 £000	Variance 10/9/21 £000		% Variance 10/09/21	Note
Employee Costs	17,082	17,082	0	7,123	7,057	66	under	0.9%	
Property Costs	328	328	0	82	93	(11)	over	-13.4%	
Supplies & Services	509	509	0	219	220	(1)	over	-0.5%	
Transport & Plant	628	628	0	288	296	(8)	over	-2.8%	b
Administration Costs	299	299	0	130	126	4	under	3.1%	
Payments to Other Bodies	9,860	9,860	0	4,089	4,052	37	under	0.9%	b
Payments to Contractors	4,832	4,832	0	1,866	1.982	(116)	over	-6.2%	1a
Transfer Payments	3,112	3,112	0	1,475	1,759	(284)	over	-19.3%	2
Financing Charges	19	19	0	9	14	(5)	over	-55.6%	
Total Controllable Exp.	36,699	36,699	0	15,281	15,599	(318)	over	-2.1%	
Total Controllable Inc.	(2,289)	(2,289)	0	(1,046)	(1,113)	67	over recovered	-6.4%	3a,b
Net Controllable Exp.	34,380	34,380	0	14,235	14,486	(251)	over	-1.8%	

Variance Explanations

1. **Payment to Contractors**
   This overspend is a result of the increased requirement for children's residential school and external placements.

2. **Transfer Payments**
   This overspend relates to additional demand for kinship care.

3. **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 Winter Protection carry forward funding Net Effect £0, Payment to Contractors £0.269m, Income (£0.269m).

b   Incorporation of Unaccompanied Asylum funding Net Effect £0, Transport £0.004m, Payment to Other Bodies £0.096m, Income (£0.100m).

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 10 September 2021 (No.6)

Adults and Older People Services

	Annual Budget	Forecast for Year	Annual Forecast Variance	Budget Proportion 10/9/21	Actual 10/9/21	Variance 10/9/21		% Variance 10/09/21	Note
	£000	£000	£000	£000	£000	£000			
Budget Category									
Employee Costs	64,915	64,915	0	25,237	25,035	202	under	0.8%	**1b**
Property Costs	1,645	1,645	0	380	374	6	under	1.6%	
Supplies & Services	4,027	4,027	0	1,669	1,663	6	under	0.4%	
Transport & Plant	3,509	3,509	0	3,032	3,054	(22)	over	-0.7%	
Administration Costs	435	435	0	157	179	(22)	over	-14.0%	
Payments to Other Bodies	13,186	13,186	0	4,506	4,510	(4)	over	-0.1%	**a**
Payments to Contractors	100,078	100,078	0	37,465	37,627	(162)	over	-0.4%	**2**
Transfer Payments	7	7	0	3	12	(9)	over	-300.0%	
Financing Charges	42	42	0	22	22	0	-	0.0%	
Total Controllable Exp.	187,844	187,844	0	72,471	72,476	(5)	Over	0.0%	
Total Controllable Inc.	(55,904)	(55,904)	0	(9,509)	(9,514)	5	over recovered	0.1%	**a, b**
Net Controllable Exp.	131,940	131,940	0	62,962	62,962	0	-	0.0%	

Variance Explanations

1. **Employee Costs**
   The underspend is a result of vacancies for Social Workers, residential staff and home carers offset in part by turnover being less than budgeted for within other staff categories.

2. **Payment to Contractors**
   This overspend is a result slippage in savings related to reviews of care packages.

Budget Virements

a   Incorporation of Distress Briefing Intervention funding for 21/22 Net Effect £0: Payment to Other Bodies £0.263m, Income (£0.263).

b.   Budget realignment of residential income Net Effect £0: Employee Costs £0.165m, Income (£0.165m).

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 10 September 2021 (No.6)

Performance and Support Services

Budget Category	Annual Budget £000	Forecast for Year £000	Annual Forecast Variance £000	Budget Proportion 10/9/21 £000	Actual 10/9/21 £000	Variance 10/9/21 £000		% Variance 10/09/21	Note
Employee Costs	6,913	6,913	0	2,873	2,738	135	under	4.7%	1
Property Costs	531	531	0	169	168	1	under	0.6%	
Supplies & Services	496	496	0	182	178	4	under	2.2%	
Transport & Plant	251	251	0	182	156	26	under	14.3%	
Administration Costs	430	430	0	135	99	36	under	26.7%	
Payments to Other Bodies	35	35	0	0	0	0	-	n/a	
Payments to Contractors	0	0	0	0	0	0	-	n/a	
Transfer Payments	0	0	0	0	0	0	-	n/a	
Financing Charges	262	262	0	131	158	(27)	over	-20.6%	
Total Controllable Exp.	8,918	8,918	0	3,672	3,497	175	Under	4.8%	
Total Controllable Inc.	(1,020)	(1,020)	0	(132)	(122)	(10)	under recovered-	7.6%	
Net Controllable Exp.	7,898	7,898	0	3,540	3,375	165	under	4.7%	

Variance Explanations

1. **Employee Costs**
   The underspend is a result of vacancies which are actively being recruited.

SOUTH LANARKSHIRE COUNCIL

Revenue Budget Monitoring Report

Social Work Resources Committee: Period Ended 10 September 2021 (No6)

Justice Services

Budget Category	Annual Budget £000	Forecast for Year £000	Annual Forecast Variance £000	Budget Proportion 10/9/21 £000	Actual 10/9/21 £000	Variance 10/9/21 £000		% Variance 10/09/21	Note
Employee Costs	7,296	7,296	0	2,853	2,798	55	under	1.9%	**a**
Property Costs	137	137	0	99	119	(20)	over	-20.2%	**a**
Supplies & Services	107	107	0	50	50	0	-	0.0%	**a**
Transport & Plant	91	91	0	59	58	1	under	1.7%	
Administration Costs	534	534	0	52	48	4	under	7.7%	
Payments to Other Bodies	550	550	0	465	509	(44)	over	-9.5%	**a**
Payments to Contractors	85	85	0	11	11	0	-	0.0%	
Transfer Payments	6	6	0	2	2	0	-	0.0%	
Financing Charges	14	14	0	8	10	(2)	over	-25.0%	**a**
Total Controllable Exp.	8,820	8,820	0	3,599	3,605	(6)	over	-0.2%	
Total Controllable Inc.	(7,235)	(7,235)	0	(2,733)	(2,733)	0	-	0.0%	**a**
Net Controllable Exp.	1,585	1,585	0	866	872	(6)	-	-0.7%	

Variance Explanations

Budget Virements

a. Incorporation of Justice Services recovery funding Net Effect £0: Employee costs £0.425m, Property costs £0.065m, Supplies & Services £0.008m, Payment to Oher Bodies £0.242m, Financing Charges £0.002m, Income (£0.742m).

,

		Agenda Item
SOUTH LANARKSHIRE COUNCIL	**Report**	**4**

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Executive Director (Finance and Corporate Resources)**
	Director, Health and Social Care

Subject:	**Social Work Resources - Capital Budget Monitoring 2021/2022**

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 2021 to 10 September 2021

2.   Recommendation(s)
2.1.   The Committee is asked to approve the following recommendations:

(1)   that the Social Work Resources capital programme of £6.554 million, and expenditure to date of £1.715 million, be noted.

3.   Background
3.1.   This is the second capital monitoring report presented to the Social Work Resources Committee for the financial year 2021/2022. Further reports will follow throughout the year.

3.2.   As noted in the last report to this Committee (1 September 2021), the budget for Social Work Resources for financial year 2021/2022, including carry forward, was £6.768 million.

3.3.   This report includes adjustments to the budget totalling a net decrease of £0.214 million which will be presented to the Executive Committee (3 November 2021) for approval. The details are shown in Appendix A. If approved, this takes the Social Work Resources programme for 2021/2022 to £6.554 million.

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

4.   2021/2022 Capital Programme Update
4.1.   As detailed in Section 3.3, the revised capital programme for Social Work Resources for 2021/22 is £6.554 million. Anticipated spend to date was £2.043 million and spend to 10 September 2021 amounts to £1.715 million. This represents a position of £0.328 million behind profile and this mainly reflects progress on the Blantyre Care Facility project, which is slightly behind schedule due to delays experienced with the delivery of materials. We are working with the Contractor to recover this position on site.

5. Employee Implications

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

6. Financial Implications

6.1. The financial implications are detailed in section 4 of the report.

7. Climate Change, Sustainability and Environmental Implications

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

8. Other Implications

8.1. 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.

9. Equality Impact Assessment and Consultation Arrangements

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

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

Paul Manning
Executive Director (Finance and Corporate Resources)

Soumen Sengupta
Director, Health and Social Care

20 October 2021

Link(s) to Council Values/Ambitions/Objectives
- Accountable, Effective, Efficient and Transparent

Previous References
- Social Work Resources Committee, 1 September 2021
- Executive Committee, 3 November 2021

List of Background Papers
- Financial ledger to 10 September 2021

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
Lorraine O'Hagan, Finance Manager (Strategy)
Ext: 2601 (Tel: 01698 452601)
E-mail: lorraine.o'hagan@southlanarkshire.gov.uk

South Lanarkshire Council
Capital Expenditure 2021-2022
Social Work Resources Programme
For Period 1 April 2021 – 10 September 2021

Social Work Resources	Base Budget £000	Budget Adjustments £000	Slippage £000	Total Budget £000	Anticipated Spend £000	Actual Expenditure £000
Care Facilities	6,200	-	-	6,200	2,039	1,715
Other	568	-	(214)	354	4	-
TOTAL	**6,768**	**-**	**(214)**	**6,554**	**2,043**	**1,715**

For Information Only
Budget Adjustments presented to Executive Committee 3 November 2021:

Budget Adjustments
SWiS Plus Replacement   (£0.214m)
Total Budget Adjustments   **(£0.214m)**

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Executive Director (Finance and Corporate Resources)**
	Director, Health and Social Care

Subject:	**Social Work Resources – Workforce Monitoring – July and August 2021**

1. Purpose of Report

1.1. The purpose of the report is to:-

♦ provide employment information for July and August 2021 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 July and August 2021 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 June 2021

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 July and August 2021.

4. Monitoring Statistics

4.1. **Attendance Statistics (Appendix 1)**
Information on absence statistics is analysed for the month of August 2021 for Social Work Resources.

The Resource absence figure for August 2021 was 8.2%, which is an increase of 0.7% when compared to the previous month and is 3.5% higher than the Council-wide figure. Compared to August 2020, the Resource absence figure has increased by 3.0%.

Based on the absence figures at August 2021 and annual trends, the projected annual average absence for the Resource for 2021/2022 is 7.0%, compared to a Council-wide average figure of 4.8%.

For the financial year 2021/2022, the projected average days lost per employee equates to 15.3 days, compared with the overall figure for the Council of 10.8 days per employee.

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 6 October 2021, the Council overall absence level was 6.26% with 1.18% 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, 257 referrals were made this period, an increase of 48 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 45 when compared to the same period last year.

4.4. **Discipline, Grievance and Dignity at Work (Appendix 2)**
There were 7 disciplinary hearings held within the Resource this period, which is an increase of 4 when compared with the same period last year. There were no grievances raised within the Resource this period, which is a decrease of 5 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 1 when compared with the same period last year.

4.5. **Analysis of Leavers (Appendix 2)**
There were 30 leavers in the Resource this period who were eligible for an exit interview, which in an increase of 16 when compared with the same period last year. Exit interviews were held with 47% of employees, compared with 36% 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 July to August 2021, 54 posts (42.03 FTE) employees in total left employment and managers indicated that 50 posts (40.15 FTE) are being replaced, 3 posts (1.88 FTE) are being filled on a temporary basis and 1 post (0.00 FTE) was due to the end of a fixed term contract.

5. Staffing Watch

5.1. There has been a decrease of 19 in the number of employees in post from 13 March 2021 to 12 June 2021.

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)

Soumen Sengupta
Director, Health and Social Care

11 October 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 – 1 September 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:-

Laurane Rhind, Personnel Services Manager

Ext: 4239   (Tel: 01698 454721)

E-mail: Laurane.Rhind@southlanarkshire.gov.uk

Absence Trends - 2019/2020, 2020/2021 & 2021/2022
Social Work Resources

APT&C	2019 / 2020	2020 / 2021	2021 / 2022	Manual Workers	2019 / 2020	2020 / 2021	2021 / 2022	Resource Total	2019 / 2020	2020 / 2021	2021 / 2022	Council Wide	2019 / 2020	2020 / 2021	2021 / 2022
April	5.0	5.5	4.5	April	6.9	10.2	9.6	April	5.6	7.1	6.2	April	4.0	4.4	4.3
May	5.6	4.4	5.0	May	7.7	8.1	9.3	May	6.3	5.7	6.5	May	4.4	3.1	4.9
June	5.8	3.9	3.9	June	6.9	7.6	7.6	June	6.2	5.2	5.2	June	4.4	2.7	4.7
July	5.1	3.7	6.1	July	7.7	6.3	10.3	July	5.9	4.6	7.5	July	3.4	2.3	4.0
August	5.9	4.4	7.3	August	6.7	6.7	10.2	August	6.2	5.2	8.2	August	3.7	3.1	4.7
September	6.2	5.4		September	6.8	7.5		September	6.4	6.1		September	4.5	4.2	
October	6.1	5.9		October	6.5	8.2		October	6.2	6.7		October	4.6	4.8	
November	6.8	6.6		November	6.8	8.9		November	6.8	7.4		November	5.5	5.8	
December	6.9	6.5		December	8.7	10.3		December	7.5	7.7		December	5.7	5.6	
January	6.2	5.8		January	9.5	13.1		January	7.3	8.3		January	5.3	4.8	
February	6.8	5.1		February	8.8	12.6		February	7.5	7.6		February	5.6	4.8	
March	6.8	4.6		March	8.5	10.6		March	7.4	6.6		March	6.2	4.9	
Annual Average	6.1	5.2	5.6	Annual Average	7.6	9.2	9.9	Annual Average	6.6	6.5	7.0	Annual Average	4.8	4.2	4.8
Average Apr-Aug	5.5	4.4	5.4	Average Apr-Aug	7.2	7.8	9.4	Average Apr-Aug	6.0	5.6	6.7	Average Apr-Aug	4.0	3.1	4.5

No of Employees at 31 August 2021	1844	No of Employees at 31 August 2021	1074	No of Employees at 31 August 2021	2926	No of Employees at 31 August 2021	16424

For the financial year 2021/22, the projected average days lost per employee equates to 15.3 days.

SOCIAL WORK RESOURCES

	Jul-Aug 2020	Jul-Aug 2021
MEDICAL EXAMINATIONS Number of Employees Attending	89	93
EMPLOYEE COUNSELLING SERVICE Total Number of Referrals	9	8
PHYSIOTHERAPY SERVICE Total Number of Referrals	59	74
REFERRALS TO EMPLOYEE SUPPORT OFFICER	48	82
REFERRALS TO COGNITIVE BEHAVIOUR THERAPY	4	0
TOTAL	209	257

CAUSE OF ACCIDENTS/INCIDENTS	Jul-Aug 2020	Jul-Aug 2021
Specified Injuries*	0	0
Over 7 day absences	2	1
Over 3 day absences**	1	0
Minor	6	4
Near Miss	0	0
Violent Incident: Physical****	39	1
Violent Incident: Verbal*****	5	2
Total Accidents/Incidents	53	8

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

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

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

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

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

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

RECORD OF DISCIPLINARY HEARINGS	Jul-Aug 2020	Jul-Aug 2021
Total Number of Hearings	3	7
Total Number of Appeals	0	0
Appeals Pending	0	0

Time Taken to Convene Hearing Jul - Aug 2021

0-3 Weeks	4-6 Weeks	Over 6 Weeks
3	1	3

RECORD OF GRIEVANCE HEARINGS	Jul-Aug 2020	Jul-Aug 2021
Number of Grievances	5	0
Number Resolved at Stage 1	0	0
Number Resolved at Stage 2	0	0
Number Resolved at Stage 3	0	0
Still in Progress	5	0

RECORD OF DIGNITY AT WORK	Jul-Aug 2020	Jul-Aug 2021
Number of Incidents	1	0
Number Resolved at Informal Stage	0	0
Number Resolved at Formal Stage	0	0
Number of Appeals	0	0
Appeals in Process	0	0
Still in Process	1	0

ANALYSIS OF REASONS FOR LEAVING	Jul-Aug 2020	Jul-Aug 2021
Career Advancement	1	7
Poor Relationship with Manager/Colleagues	1	2
Moving Outwith Area	0	2
Personal Reasons	0	0
Travelling Difficulties	1	0
Further Education	0	1
Childcare/caring responsibilities	0	0
Dissatisfaction With Terms and Conditions	1	0
Other	1	2
Number of Exit Interviews conducted	**5**	**14**

Total Number of Leavers Eligible for Exit Interview	14	30

Percentage of interviews conducted	36%	47%

Reason	Jul-Aug 2021		Cumulative total	
	FTE	H/C	FTE	H/C
Terminations/Leavers	42.03	54	100.34	127
Being replaced	40.15	50	96.63	121
Filling on a temporary basis	1.88	3	1.88	3
Plan to transfer this budget to another post	0.00	0	0.00	0
End of fixed term contract	0.00	1	0.00	1
Held pending service Review	0.00	0	1.83	2
Plan to remove for savings	0.00	0	0.00	0

JOINT STAFFING WATCH RETURN
SOCIAL WORK RESOURCES

As at 12 June 2021

Total Number of Employees

MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
208	194	998	1354	2754

*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
0.00	1233.82	562.85	541.00	23.00	27.00	2.00	0.00	0.00	2389.67

As at 13 March 2021

Total Number of Employees

MALE		FEMALE		TOTAL
F/T	P/T	F/T	P/T	
210	200	989	1374	2773

*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	1252.14	556.49	546.79	24.00	26.00	2.00	0.00	0.00	2408.42

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**
	Executive Director (Finance and Corporate Resources)

Subject:	**Carers Support and Services**

1. Purpose of Report

1.1. The purpose of the report is to:-

♦ Update the Committee on the approval of South Lanarkshire Integration Joint Board to access additional funding from the Carers (Scotland) Act 2016 Allocation (21/22) to enhance operational services for Carers in the Community and also resource the ongoing strategic planning requirements of the Act.

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) to approve the addition to the establishment of posts within the Health and Social Care Partnership structure outlined in 5.2.

3. Background

3.1. The Carers (Scotland) Act 2016 (the Act) aims to support Carers' health and wellbeing and help make caring more sustainable. It put in place measures to help people continue to care, for as long as they choose, in better health and to have a life alongside caring.

3.2. Prior to the introduction of the Act, Scottish Government provided "Carer Information Strategy" (CIS) funding to Lanarkshire Health Board. CIS funding supported a range of Community-Based Carers Support Services. It also funded three Carer Co-ordinator posts at each general hospital site and a Carer Co-ordinator for Mental Health. Much of the support in hospital sites was lost due to the transition from one funding source to another, the temporary nature of the nurse secondments and the post holders return to their substantive positions.

3.3. The Carers (Scotland) Act 2016 came into effect on 01 April 2018 and has introduced the following statutory requirements on local authorities and health boards:
1. Adult Carer Support Plans and Young Carer Statements;
2. Local Eligibility Criteria;
3. Provision of Support to Carers;
4. Carer involvement (including Hospital Discharge);
5. Local Carer Strategies; and
6. Information and Advice (including Short Breaks).

3.4. The progress to date on these statutory requirements is outlined in the table below with some work complete, some to develop, and some to review.

	Statutory requirements	Health and Social Care Partnership	Voluntary Sector
1	**Adult Carer Support Plans and Young Carer Statements**	Health and Social Care Partnership, Adult Services developments to align to SDS assessment and care management building in Carers support planning. Focus on critical and substantial needs. Social Work Resources Child and Family Services Young Carer Support plan in place Good connections and conversations with our four Localities. Additional capacity to locality assessment and care management teams.	Lanarkshire Carers (LC) and Action for Children (AfC) commissioned to deliver ACSP/YCS for those with low/moderate needs. Strong partnership working developing between both commissioned services, the Council and the HSCP Development of ACSP Partnership Statement
2	**Local Eligibility Criteria**	Local Eligibility Criteria for Unpaid Carers in place. Service User eligibility criteria in place. Review due 2022	Criteria linked to Carers Eligibility indicators of: ♦ health and wellbeing ♦ relationships ♦ living environment ♦ employment and training ♦ finances ♦ life balance Impact on the above aspects of the Carers' life. None - no risk Low - low risk Moderate - moderate risk Substantial - substantial risk Critical - critical risk
3	**Provision of Support to Carers Carer involvement (including Hospital Discharge)**	Contract in place with Lanarkshire Carers (£549,950.00) and Action for Children (£199,951.00) commissioned to deliver a range of supports and services to Adult Carers /Young Carers. Supporting Carers in Hospital discharge to be developed on firmer basis.	Regular monitoring and reports from both providers. Both participate in Carers Partnership Meetings and Young Carer Steering Group Meetings. Planned Date of Discharge Information Group.

	Statutory requirements	Health and Social Care Partnership	Voluntary Sector
4	**Local Carer Strategies**	Carers Strategy in place Review due 2022	Work jointly with Partners via the Carers (Strategy) Partnership Group.
5	**Information and Advice (including Short Breaks) Part 6 of the Act,**[1]	Information and Advice provided in the main by commissioned services referred to at 3 above. SLC MONEY MATTERS Welfare Rights Advice Advocacy support still to be developed on firmer basis. Short Breaks Statement in place Review due 2022.	Other funded services PAMIS (Counselling) HAVEN (Bereavement) Rutherglen Community Carers (Carers Support/Dementia) TAP and Speak Out had piloted Carers Advocacy

3.5.   Covid-19 has impacted across all aspects of life and has certainly led to support to Unpaid Carers changing quite dramatically during the Pandemic. This required services to be paused or delivered differently and pathways to access primary care services changed. Demands on Carers increased significantly as they were less able to rely on wider networks of support and at the same time, the circumstances of their caring role often increased in complexity. Recent research published provides evidence that Carers lacked confidence, they felt isolated, drained, alone, responsible, and not able to care for themselves. Carers Trust - Research Report July 2021.

4.   Current Position

4.1.   As services and supports move to a recovery stage and restrictions start to ease, there should be increased opportunity to enable Carers to get the right supports at the right time. The Independent Review of Social Care Adult social care: independent review - gov.scot (www.gov.scot) Chapter 4 has a specific focus on Unpaid Carers.

4.2.   The Feeley Report identifies that Carers need more support, they ask for the same things as those who use Social Care Services, such as greater consistency in provision; clarity in the application of eligibility criteria; better involvement in and transparency about decisions regarding support; better data and support.

4.3.   The service specification developed for South Lanarkshire Commissioned Services addressed the duties of the Carers Act, with both new contracts (Lanarkshire Carers - June, Action for Children - July) commencing in the Summer 2020. Prior to the commencement of the new contract, Lanarkshire Carers had been providing regular monitoring reports.

---

[1] **34 Information and advice service for Carers** (1) Each local authority must establish and maintain, or ensure the establishment and maintenance of, an information and advice service for relevant Carers. (2) The service must provide information and advice in particular about— (a) Carers' rights, including those set out in the Carers' charter, (b) income maximisation for Carers, (c) education and training for Carers, (d) advocacy for Carers, (e) health and wellbeing (including counselling) for Carers, (f) bereavement support services for Carers following the death of a cared-for person, (g) emergency care planning and future care planning for Carers.

4.4. There has been consistent growth and a steady increase over a number of years. The attached Appendix 1 details growth over time in referrals (new Carers/services accessed) and outlined below is some quarterly comparisons:

Quarter Date	New Carers	Accessing Services	Registered Carers
Q3 October/December 2020	109	799	5028
Q4 January/March 2021	757	2272	4917 *

A baseline increase of between 5% and 10% is anticipated per quarter.
This particular quarter has been unprecedented with new Carers recorded at 694% increase.

This massive increase can be attributed to additional funding allocated to directly support Carers have a break, restrictions placed on traditional services cared- for would usually access, such as respite/day care and the vaccination and testing programmes.

*Regular data cleansing undertaken in line with GDPR

4.5. The current funding to Lanarkshire Carers does not provide for the growth over time nor allow for a staffing complement to support the current level of referrals outlined above. Supporting a carer with an Adult Support Plan takes time and involves meaningful conversations with the carer.

4.6. Carer Support workers deliver direct carer support. Lanarkshire Carers have a range of other posts within the organisation (Appendix 2) and all parties gain from the Pan-Lan Services provided by dedicated BAME workers, information workers and short breaks staff.

4.7. There are currently five dedicated Carer Support Workers in South and it is proposed increasing this to eight. These Carer Support Workers would align to localities and the three acute hospital sites to support South Lanarkshire Carers and Cared for regardless of setting.

4.8. To allow Carers (as patients or as Carers of patients) to be supported during hospital admission and discharge, this support needs to begin and end in the community. It also needs to be linked to what else is going on in their lives and family circumstances. Lanarkshire Carers are experts in Carers' rights and delivering Adult Carers Support Plans (ACSP) which is what Carers need. In North Lanarkshire two of their Carers Support Workers are linked to each hospital (Monklands and Wishaw) and are working closely with the community liaison project and NHS professionals within the hospital. This can be replicated in South.

4.9. At a fixed point in time the "Caring through COVID fund" brought some additional resource for Carers. A detailed report is available. One of the main outcomes of this report was that Carers did not ask for a lot. Carers could access small grants of up to £300 in order support them in their caring role and most of this funding was utilised to provide a creative break from caring, thus increasing carer wellbeing.

4.10. Carers were modest in their expectations regarding the levels of support being sought. Creating a flexible fund hosted by Lanarkshire Carers would ensure less bureaucracy and Carers would be provided with assistance quickly. Carers have expressed concern about the Self-Directed Support (SDS) process, flexible small grant funding source, as set against an SDS assessment process to access Carers budgets should be an alternative support to be considered.

4.11.   The Resource Allocation System (RAS) that is used to determine Self Directed Support (SDS) budgets is being reviewed in order to generate an appropriate funding level to support identified needs and risks. Carers benefit from the support provided to the Cared - for person, replacement care provides a break from their caring role.

4.12.   A tender for Adult Advocacy is currently in the planning stages. Carer Advocacy is identified within the Carers Scotland Act 2016. In order to address this information requirement of the Act, a Carer Advocacy post could be added to the existing tender specification to provide advocacy support to Carers. Resource workers posts will assist at the centre, pulling together all the strands outlined above in 3.4., thus allowing further development and review, whilst supporting preparation for the implementation of the recommendations of the Independent Review of Adult Social Care. These posts will connect to locality teams and the voluntary sector to ensure whole system working (including Self Directed Support).

4.13.   A Carers Partnership Group was established to drive forward the work of the Carers Strategy. Support staff are required to ensure all the work in relation to the Carers Strategy and Action Plan is undertaken. The Carers Strategy and other publications associated with the Carers Act also require review and refresh (Local eligibility criteria, Short Breaks Statement, Information booklets). Resource workers will support the Planning and Performance Manager (Carers Lead) take this work forward.

4.14.   In summary, the following is proposed in order to assist us to deliver the statutory requirements outlined in the SCP and ensure all Carers are supported to continue to care, if they choose to do so, in good health and wellbeing for longer.

♦   Additional funding for carer support staffing to support the voluntary sector to provide carer supports and services to localities and acute sites. In order to progress this, the IJB approved the commissioning of 3 Carer Support Workers and 1 Carer Support Assistant Manager from the Lanarkshire Carers Centre at an annual cost of approximately £0.136m.

♦   A flexible support fund for Carers of £0.075m per annum is being established which will be co-ordinated by the Lanarkshire Carers Centre.

♦   Capacity will be built in to our Advocacy Tender to deliver on Carers advocacy, the estimated cost of which is approximately £0.032m.

♦   Additional Resource Worker posts are proposed within the Planning and Performance team in order to drive forward the whole system of support for Adult Carers and Young Carers and the duties outlined at 3.4.

5.   Employee Implications

5.1.   The following posts should be added to the establishment on a permanent basis:-

Post	No. of posts FTE	Grade	SCP range	Hourly rate	Annual salary	Gross Cost (plus on costs 30.3%)	Total cost
Resource Worker	2	G3L2	63-65	£18.08 - £18.60	£32,994 - £33,943	£42,991 - £44,228	£85,982 – £88,456

6.   Financial Implications

6.1.   Nationally a £28.500 million uplift in Carers Act implementation funding was included in the local government settlement as part of the Scottish Budget 2021/22. This funding is recurring and translated into £1.500m for Adult Services for the South Lanarkshire HSCP.

6.2.   The total cost of the proposals at paragraphs 4.14 and 5.1 is approximately £0.331m per annum and will be met from the new funding for the Carers Act. Full year funding will not be required in 2021/22 due to the timeline to fully recruit to posts.

6.3.   In total £0.960m has been committed from the additional Carers Act funding for 2021/22.

6.4.   A key step towards improving carer support is to ensure that the substantial Carers Act funding uplift for 2021/22 goes to delivering the intended expansion in Carer Support Services at local level.

6.5.   In terms of the existing contract with Lanarkshire Carers, a modification is permitted if additional services become necessary, services can be delivered economically by the existing provider, and the increase in price does not exceed 50% of the initial price under the contract. The additional posts equate to £0.136m or 25% of the original contract award.

6.6.   The flexible fund will be awarded as a grant to the voluntary sector, who in turn will use their existing application processes to allocate onwards to Carers.

6.7.   Pending Social Work Resources Committee approval, Resource Worker posts will be added to the Social Work establishment on a permanent basis. As highlighted at paragraph 6.1, the Carers Act Funding is recurring.

6.8.   In order to support the day-to-day operations of the above posts, budget for start-up and administration is in place to allow for agile working arrangements.

6.9   The funding allocations at paragraphs 4.14 and 5.1 reflect the full year commitments. The actual funding for 2021/22 will be discussed and agreed with the Voluntary Sector partner.

7.   Climate Change, Sustainability and Environmental Implications

7.1.   There are no Climate Change issues in relation to the content of this report. Voluntary sector providers address Climate Change within their own policies and practices.

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.   There are no additional risk implications associated with this report.

8.2.   There are no other implications associated with this report.

9.   Equality Impact Assessment and Consultation Arrangements

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

9.2.   The HSCP have been engaged with Lanarkshire Carers, Carers Connected and the Carers representative of the IJB. Cognisance has also been taken from what Carers are telling us from surveys and reports.

Soumen Sengupta
Director, Health and Social Care

Paul Manning
Executive Director (Finance and Corporate Resources)

26 October 2021

Link(s) to Council Values/Ambitions/Objectives
♦ Accountable, Effective, Efficient and Transparent

Previous References
♦   none

List of Background Papers
Appendix 1 - Statistics
Appendix 2 - Staffing Structure for Lanarkshire Carers.

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Name: Bernie J. Perrie
Designation: Planning and Performance Manager
Phone: 01698 453749
Email: bernie.perrie@southlanarkshire.gov.uk

Services Accessed (South Lanarkshire

Year	Value
2016-17	1211
2017-18	1509
2018-19	2997
2019-20	3268
2020-21	3751

New Carers registering with Lanarkshire Carers (South Lanarkshire)

Q4 2020 data correct as of close of business 17th Feb 2020

Quarter	Value
Q1 2016	138
Q2 2016	142
Q3 2016	103
Q4 2016	171
Q1 2017	178
Q2 2017	196
Q3 2017	112
Q4 2017	177
Q1 2018	187
Q2 2018	235
Q3 2018	190
Q4 2018	239
Q1 2019	197
Q2 2019	228
Q3 2019	160
Q4 2019	196
Q1 2020	197
Q2 2020	127
Q3 2020	109
Q4 2020	402

Lanarkshire Carers
Organisational Structure Chart

Board of Directors
(L) Chief Executive Officer
Lanarkshire Carers Grade 8 SCP 25-30

(L) Carer Services Manager		(L) Carer Services Manager		(L) Carer Information Manager (Including SBB)		(L) Carer Services Assistant Manager
Grade 7 SCP 21-24		Grade 7 SCP 21-24		Grade 7 SCP 21 to 24		Grade 6 SCP 18-20
Line Manager – CEO		Line Manager – CEO		Line Manager – CEO		Line Manager – CEO

Left column (North Lanarkshire):

North Lanarkshire Carer Support Workers SCP 26 – 29 Grade 4 SCP 11-14	Line Manager
(N) 7 x FTE	CSM (N)
(N) 2 x 0.8 FTE	CSM (N)
(N) 1 x 0.2 Vacancy	CSM (N)

Lanarkshire Wide (L) BAME Carer Service	Line Manager
(L) BAME Carers Services Co-ordinator Grade 5 SCP 15-17	CSM (N)
(L) BAME CSW x 1 FTE Grade 4 SCP 11-14	CSM (N)

(Carers Trust Funded) Lanarkshire Wide (L) Diversity Co-ordinator Coordinator Vacancy Grade 5 SCP 15-17

Line Manager – CSM (N)

Middle column (South Lanarkshire):

South Lanarkshire Carer Support Workers SCP 26-29 Grade 4 SCP 11-14	Line Manager
(S) 2 x FTE	CSM (S)
(S) 1 x 0.8 FTE	CSM (S)
(S) 3 x 0.6 FTE	CSM (S)
(S) 1 x 0.5 FTE	CSM (S)

South Lanarkshire (S) Carer Voice and Engagement	Line Manager
(S) CV&E Co-ordinator SCP 30 – 32 Grade 5 SCP 15-17	CSM (S)
(S) CV&E Link Worker SCP 23 – 25 Grade 3 SCP 8-10	CSM (S)

Lanarkshire Wide (L) Volunteer Involvement	Line Manager
Volunteer Development Worker SCP 26 – 29 Grade 4 SCP 11-14	CSM (S)

Right column (Carer Information):

Lanarkshire Wide (L) Carer Information	Line Manager
(L) Carer Information Workers 2 x FTE Grade 2 SCP 5-7	CIM (L)
(L) Carer Service Workers 1 FTE and 1 x 0.6 FTE Grade 1 SCP 1-4	CIM (L)
(L) SBB Information Worker 1 x 0.8 FTE (Including Respitality) SCP 20 – 22 Grade 2 SCP 5-7	CIM (L)

Lanarkshire Wide (L) Short Break Bureau (SBB)	Line Manager
(L) SBB Development Worker Grade 4 SCP 11-14	CIM (L)
(L) SBB Link Workers 1 x FTE and 1 x 0.8 FTE Grade 3 SCP 8-10	CIM (L)
(L) SBB Grants and Administration Worker Grade 2 SCP 5-7	CIM (L)

Far right column:

(L) Finance Coordinator Grade 5 SCP 15-17
Line Manager – CEO

(L) Business Administration Worker Grade 3 SCP 8-10
Line Manager – CEO

(L) Data Management Coordinator Grade 5 SCP 15-17
Line Manager – CIM

Report

Agenda Item

7

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**

Subject:	**Gender Based Violence**

1. Purpose of Report

1.1. The purpose of the report is to:-

♦ ask the Committee to support the collaborative work of South Lanarkshire Gender-Based Violence Partnership

♦ note the local and national statistical information as detailed within the report

♦ bring attention to the National Violence Against Women (VAW) Network Position on Restorative Justice

♦ endorse the implementation of the Safe and Together Model across the multi-agency workforce

2. Recommendation(s)

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

(1) that the statistics highlighted at Section 4, Crime and Justice Annual Report 2019-20, as detailed in point 4, be noted;

(2) that the position as stated in the attached Position Statement on Restorative Justice, as detailed in point 5, be noted; and

(3) that the implementation of the Safe and Together Model and roll out of Safe and Together Training across the multi-agency workforce, as detailed in point 6, be endorsed.

3. Background – Gender-Based Violence and Equally Safe

3.1. Gender Based Violence (often referred to as Gender-Based abuse or violence against women and girls) is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and girls and perpetrated mainly by men. This spectrum of abuse includes:

♦ physical, sexual, and psychological abuse including Domestic Abuse and rape

♦ sexual harassment and stalking

♦ commercial sexual exploitation, including prostitution, pornography, and trafficking

♦ harmful practices, including so called 'honour' based violence, forced marriage and female genital mutilation

3.2. Tackling Gender-Based Violence remains a key priority within Scotland. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls sets out a clear vision of: 'a strong and flourishing Scotland, where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it.'

3.3. South Lanarkshire's Gender-Based Violence Partnership is the mechanism to deliver on Equally Safe at a local, strategic level. The Partnership is 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. The Partnership recognises that no agency alone has the resources, skills or reach to achieve the aims of Equally Safe. It is only by working between agencies, across all areas of life, that we will successfully achieve the vision and aims of Equally Safe.

4.   Crime and Justice Annual Report 2019-20
4.1. "Domestic Abuse recorded by the Police in Scotland 2019-20" has now been published. The report highlights that:

♦ the Police recorded 62,907 incidents of Domestic Abuse in 2019-20, an increase of 4% compared to the previous year. This is the fourth year in a row this figure has shown an increase. 3,619 of these incidents were recorded in South Lanarkshire, which is a 3.3% increase on the precious year

♦ in 2019-20, 40% of incidents of Domestic Abuse recorded by the Police in Scotland included the recording of at least one crime or offence

♦ the type of crime or offence that was most frequently recorded as part of a Domestic Abuse incident in 2019-20 was Common Assault, accounting for 34% of all crimes and offences recorded. This was followed by Breach of the Peace and similar offences accounting for 26% of crimes and offences

♦ in 2019-20, the highest percentages of incidents of Domestic Abuse that also included the recording of at least one crime or offence were in Dumfries and Galloway (54%) and Moray (51%), whilst the lowest were in Na h-Eileanan Siar (29%), Highland and South Lanarkshire (both 33%)

♦ following its enactment on the 1 April 2019, crimes recorded under the Domestic Abuse (Scotland) Act 2018 accounted for 4% of crimes and offences recorded as part of a Domestic Abuse incident in 2019-20

♦ there were 115 incidents of Domestic Abuse recorded by the Police in Scotland per 10,000 population in 2019-20. At a local authority level, Dundee City (166), Clackmannanshire (152) and Glasgow City (151) recorded the highest incident rates per 10,000 population. South Lanarkshire currently sits slightly below the national average with 113 recorded incidents of Domestic Abuse per 10,000 population

♦ where gender information was recorded, 82% incidents of Domestic Abuse in 2019-20 involved a female victim and a male accused. This was the same as in 2018-19

♦ in 2019-20, 15% of Domestic Abuse incidents involved a male victim and a female accused (where gender information was recorded). This decreased slightly from 16% in 2018-19

♦ 59% of incidents involved a victim or accused who had previously been recorded in a Domestic Abuse incident. 27% had no previous incidents

♦ 51% of incidents occurred between current partners, meaning 49% of incidents related to incidents where the relationship had ended

5.   National Violence Against Women Network and Scottish Women's Aid Position Paper on Restorative Justice
5.1. Following developments to move forward with the Restorative Justice agenda the National VAW Network along with Scottish Women's Aid have developed a position paper outlining the need for further consultation and greater engagement with VAW professionals and specialist services before further work is undertaken to promote the Restorative Justice model in cases of Domestic Abuse, Sexual Violence/Abuse, Commercial Sexual Exploitation, Trafficking and Honour Based Abuse. South

Lanarkshire's GBV Partnership have endorsed this paper and are in full support of the position it outlines. The full paper is attached as an appendix to the report.

6. Safe and Together

6.1. The Safe and Together model is an internationally recognised suite of tools and interventions designed to help key public sector and third sector professionals to become Domestic Abuse-informed and promote multi-agency, collaborative responses to working with families experiencing violence and abuse.

6.2. In local communities across Scotland, women, children, and young people experiencing Domestic Abuse are at increased risk of harm during the COVID-19 Pandemic. Recent Vulnerable People Weekly Data Reports produced by the Scottish Government and SOLACE highlight that the number of children being placed on child protection registers has increased since the Pandemic, with Domestic Abuse being reported as a significant factor in 50% of these cases.

6.3. Lockdowns, school closures and other restrictions in place to control the spread of the virus, continue to make it harder for Social Workers and other key professionals to effectively assess for Domestic Abuse within families, intervene with the perpetrator and put high quality support plans in place for women and children. With local authorities and other public sector and third sector partners currently under unprecedented levels of pressure, there is a growing need to ensure workforces have the support they need to provide services to families experiencing Domestic Abuse in a way that holds perpetrators to account for their abusive behaviours and ensures and protects the safety and wellbeing of the child.

6.4. Research has shown that many of the current discourses around Domestic Abuse focus on single incidents of physical violence, separation, 'failure to protect' and are characterised by an invisibility of perpetrators. Survivors, usually mothers, are too often held responsible for the impact of Domestic Abuse upon their children. There has been a tendency to focus on their decision making, rather than the perpetrator's pattern of coercive control. They may be pressured to show that they are protective by carrying out drastic actions like moving home, ending the relationship, or calling the Police. However, the steps they are already taking to keep their children safe, to help them heal from trauma or to provide stability and nurturance often go unrecognised. At the same time there can be a lack of a systematic approach to holding perpetrators accountable for Domestic Abuse and for their parenting choices.

6.5. Domestic Abuse-informed practice can be defined as a perpetrator pattern, child centred, survivor strengths-based approach to working with Domestic Abuse. Having Domestic Abuse-informed practice, policies and systems means that survivors are more likely to see child protection systems and services as supportive resources, while cross system collaboration is likely to be improved through common frameworks and language. The Safe and Together Model, as a systems change framework, offers language, thinking and practices that help increase accountability for perpetrators as parents, reduce victim blaming and improve outcomes for children and families.

6.6. Supporting the implementation of Safe and Together locally will directly contribute to priority 3 of Equally Safe by helping service providers and other professionals to competently identify Domestic Abuse and respond effectively to women, children and young people experiencing abuse. Specifically, this project will promote local workforce wellbeing, capacity building and development by ensuring key staff have the training, tools, and other resources they need to identify and respond to Domestic Abuse within families in a way that promotes the safety and wellbeing of the mother and child and holds the perpetrator to account for their behaviours.

6.7. South Lanarkshire GBV Partnership and Child Protection Committee began the implementation of the Safe and Together Model to the multi-agency workforce in 2019. As part of the implementation plan, the need for a larger scale roll out of training has been identified to enable the Model to be fully embedded in practice.

6.8. The GBV Partnership was recently successful in their application to the Delivering Equally Safe Fund to secure additional funding from Scottish Government to further the roll out of training on the Model in South Lanarkshire.

7. Employee Implications
7.1. No employee implications associated with this report.

8. Financial Implications
8.1. No financial implications associated with this report

9. Climate Change, Sustainability and Environmental Implications
9.1. No Climate Change, sustainability and environmental implications associated with this report.

10. Other Implications
10.1. There are no other risks or sustainability implications associated with this report.

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 an existing policy, function or strategy and therefore no Equality Impact Assessment is required.

Soumen Sengupta
Director, Health and Social Care

6 October 2021

Link(s) to Council Values/Objectives
♦ protect vulnerable children, young people, and adults
♦ deliver better health and social care outcomes for all

Previous References
♦ none

List of Background Papers

♦ Appendix 1 - National VAW and SWA Position Paper on Restorative Justice.

Contact for Further Information

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

Name: Julie McCorrison, Gender-Based Violence Development Officer
Phone: 07385 347978
Email: Julie.mccorrison@southlanarkshire.gov.uk

National Violence Against Women Network Position Statement on Restorative Justice

May 2021

About the National VAW Network

[Equally Safe: Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls](#) (VAWG) highlights the need for agencies across every area of Scottish life to work together to tackle violence against women and girls. At a local level, Violence Against Women Partnerships are recognised as the strategic driver for this multi-agency work and bring together the key third sector and public sector partners working to improve outcomes for women and children who have experienced VAWG in each local authority area.

To support the local implementation of Equally Safe, the National VAW Network brings together local VAW Partnership Coordinators/ Lead Officers across Scotland and other key national stakeholders to share information, learning and resources and ensure that there is meaningful engagement and a coordinated approach taken on relevant issues.

Aims of this Position Paper

The [Restorative Justice Action Plan](#) sets out the Scottish Government's vision for Restorative Justice services to be widely available across Scotland by 2023, available to anyone who wishes to access them, and at a time that is appropriate to the people and case involved. The Plan notes the importance of such services being consistent, evidence-led, trauma informed and of a high standard and highlights the need for strong leadership, commitment and meaningful collaboration between national and local partners to ensure this happens.

The National Violence Against Women Network is concerned that wider and meaningful collaboration with professionals working across the violence against women sector has not taken place. As a result, in taking the Plan forward and developing restorative justice approaches and services, the potential risks to the safety and wellbeing of survivors of VAWG who may engage with restorative justice services have not been adequately considered. This position paper is intended to outline some of the key concerns of the sector which the Network feel must be addressed before further work is undertaken to promote a Restorative Justice model which may act to undermine the priorities and commitment set out in Equally Safe.

This paper has been developed by the National Violence Against Women Network in partnership with Scottish Women's Aid.

1

Policy Context and Legislative Drivers

International standards on violence VAWG **prohibit mandatory alternative dispute resolution** processes in relation to all forms of gender-based violence and specify that women should always be able to access formal justice process.

The UN's Committee on the Elimination of all forms of Discrimination Against Women (CEDAW) has set out necessary safeguards:

"The use of those procedures should be strictly regulated and allowed only when a previous evaluation by a specialised team ensures the free and informed consent of victims/survivors and that there are no indicators of further risks to the victims/survivors or their family members."

CEDAW also highlights that:

"Procedures should empower the victims/survivors and be provided by professionals specially trained to understand and adequately intervene in cases of gender-based violence against women, ensuring adequate protection of the rights of women and children and that interventions are conducted with no stereotyping or re-victimisation of women".[i]

The Istanbul Convention, likewise, prohibits mandatory alternative dispute resolution and the Explanatory Report to the Convention highlights the power imbalance between victims and perpetrators and the risks of re-traumatisation, reminding states of their obligations to provide access to formal justice processes.[ii]

We are aware that the current imperative for the provision of restorative justice within the *Victims and Witnesses (Scotland) Act 2014* was derived from Directive 2012/29/EU of The European Parliament establishing minimum standards on the rights, support and protection of victims of crime. In relation to the use of restorative justice in the context of violence against women, specifically domestic abuse and the role that the criminal justice system plays in generating service-generated – victimisation of women and children, we would draw your attention to the requirements of paragraph 9, which states:

"...Victims of crime should be protected from secondary and repeat victimisation, from intimidation and from retaliation, should receive appropriate support to facilitate their recovery and should be provided with sufficient access to justice...."

We would also refer to the terms of paragraph 46, which states*:*

"Factors such as the nature and severity of the crime, the ensuing degree of trauma, the repeat violation of a victim's physical, sexual, or psychological integrity, power imbalances, and the age, maturity or intellectual capacity of the victim, which could limit or reduce the victim's ability to make an informed choice or could prejudice a positive outcome for the victim, should be taken into consideration in referring a case to the restorative justice services and in conducting a restorative justice process."[iii]

Assessing Needs of, and Risks to, Women, Children and Young People

The *Restorative Justice Action Plan* highlights the importance of ensuring a robust risk assessment and support process is in place for all cases where Restorative Justice activities are being considered, to enable an informed decision to be made as to the appropriateness of the model.

The risk assessment must be carried out by a professional with an in-depth understanding of the causes, impact and dynamics of domestic abuse and other forms of VAWG on women, children and young people, who has been fully trained on how to assess risk, including risks of control, coercion and traumatisation. We would like to see a process developed for referral pathways into specialist services to enable this to happen.

Additionally, the VAW Network and Scottish Women's Aid recommend that is it vital for victims/survivors to access support from specialist VAWG services, and that this must be made available to any victim/ survivor who wants it before, during and after they engage with the restorative justice process to ensure they have the necessary information and support to meet their individual needs, and to minimise potential risks of re-traumatisation. Given the significant pressures currently being placed on specialist VAWG services in local communities across Scotland, additional resources would need to be provided to specialist services to enable them to respond to increased levels of demand for this support.

CEDAW also recommends that free or low-cost legal services are available for victims of VAWG and legal aid should include:

"*all stages of judicial or quasi-judicial proceedings, including alternative dispute resolution mechanisms and restorative justice processes*".[iv]

Where there are children and young people involved in cases where restorative justice processes are taking place, it is also critical that processes are in place to identify, assess and respond to any risks that they may directly or indirectly experience through the process. In cases involving domestic abuse, this may include the risk that the perpetrator uses the child to pressure the victim/ survivor into engaging with restorative justice processes or the victim/ survivor's decision not to participate is interpreted negatively by professionals within child protections and child contact systems.

Such processes are imperative in protecting women and children from secondary and repeat victimisation and in ensuring the protections set out in the EU Directive.

Training

The *Restorative Justice Action Plan* also highlights the importance of ensuring stringent guidelines and highly trained facilitators are in place where Restorative Justice processes are being considered for use in sensitive or complex cases of harm, including cases where harmful and/ or coercive behaviours have taken place over a prolonged period of time.

Given the complex dynamics of VAWG and the fact that the harms to victims/ survivors are often hidden, the VAW Network and Scottish Women's Aid believe that there is a need to ensure that all restorative justice professionals undergo robust training to ensure they have the necessary knowledge and skills to identify and respond to victims/ survivors of VAWG in an appropriate way. This should include, as set out in the EU Directive, whether even consideration of engagement in restorative justice processes is appropriate and safe for women, children and young people. To ensure it is of a high-quality, this training should be designed by specialist VAWG agencies and adequate resources should be put in place to support the delivery of training, monitoring and evaluation and wider workforce development on an ongoing basis.

It is vital that any training put in place upskills professionals in identifying tactics that may be used by perpetrators of VAWG to undermine the victim/ survivor, such as manipulation and coercion, as well as identifying and responding to risks to victims/ survivors themselves. It is also vital that robust guidelines are in place to ensure best practice is being followed at all times.

Adopting a Trauma Informed Approach

The VAW Network and Scottish Women's Aid believe it is essential that all Restorative Justice processes are underpinned by the five key principles of trauma informed practice: safety, collaboration, trust, empowerment and choice.

Of key importance is ensuring that the process is wholly "victim led" but within that, no victim/ survivor of VAWG ever feels pressured into engaging with restorative justice processes by the perpetrator, their family/ friends or professionals. Given the role of coercive control, and in order to ensure the safety of women and children and protect the integrity of the criminal justice process, we have grave concerns around restorative justice processes being promoted before or during prosecution and sentencing or in any way influencing these processes. This is a particular concern given the known high rates of attrition for victims relating to participation in, and engagement with, criminal justice processes including prosecution of the abuser. It is also critical that engagement in restorative justice processes by perpetrators of VAWG is not automatically seen as sign of positive behaviour change or a reduction in any previous risk posed by the perpetrator.

We believe that it is imperative that both victims/ survivors of VAWG, and the specialist services that support them, have meaningful opportunities to shape how restorative justice services are designed and promoted, in order to ensure it helps in their recovery and supports safety and wellbeing.

While we are aware that some consultation with adult survivors has taken place to date to support this work, we are concerned that specialist VAW organisations were not involved from the outset in shaping the approach taken to these consultations and as a result, they may not have adequately

captured the diverse views of victims/ survivors or the complexities of domestic abuse in a meaningful way.

We are particularly concerned about the lack of targeted consultation with women with protected characteristics and/ or women experiencing socio-economic disadvantage given research repeatedly shows that these women are often likely to face additional barriers and risks when engaging with non-specialist services. This includes: minority ethnic women and girls; refugees and asylum seekers; disabled women and girls (including those with learning disabilities); LGBTI people; and women at different ages and stages of life (including older women). Additionally, VAWG victims/ survivors with multiple, complex needs including problem alcohol and drug use, a history of offending behaviour, homelessness and/ or mental health issues and trauma who are experiencing, or may experience, additional challenges, risks and support needs when engaging with restorative justice processes and it is essential that these are also fully considered as part of any consultation activities.

We are also concerned about the lack of consideration that has been given to understanding the needs of children and young people who will be impacted by restorative justice processes. We believe that separate consultation will be required with children and young people which, as noted above, should be co-designed with specialist VAWG organisations and the survivors they support.

Given the importance of ensuring that all aspects of restorative justice in Scotland are developed in consultation with victims/ survivors of VAWG in a way that recognises and captures the diversity of their experiences, we believe it is vital that members of local VAW Partnerships - including those representing specialist VAWG and equality support services - are actively involved in shaping these consultation activities and fully resourced to do so. Without this commitment, it is unlikely that women with lived experiences of VAWG will be supported to shape the next phases of this work in a meaningful way, leading to a significant risk that restorative justice processes may act to prevent rather than support the recovery of victims/ survivors of VAWG.

May 2021

---

[i] CEDAW, General Recommendation 35, para 32 (b), UN DOC CEDAW/C/GC/35

[ii] Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence, para 251-252

[iii] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012L0029&from=en

[iv] CEDAW General Recommendation 33 on Access to Justice, para 37(a)

5

Report

SOUTH LANARKSHIRE COUNCIL

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 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 the contents of this report is noted.

3. Background

3.1. The Care Inspectorate have a duty to inspect Registered Care Services. South Lanarkshire have 39 Registered Services. Care Inspectorate Grades are reported nationally on the Care Inspectorate website for public information. Datastore (careinspectorate.com). 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 39 Registered Care Services which include: six care homes for older people; 13 Day Centre's for older people; six Adult Lifestyles Centre's; one Adult Community Support Services (one closed); six Care Homes for children and young people; three Child and Family Services (Fostering, Adoption and Supported Carers); and four Home Care Services. Since the last update in March 2021, two 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 the most recent inspection information that is in the public domain.

3.4. Recent Inspections

3.4.1. Prior to lockdown the Care Inspectorate had concerns about the performance of two of our Care at Homes Services. As previously reported these services are now performing at an adequate and good level, and continue to work on improvement action plans.

Care service	Inspection date	Care and Support	Staffing	Management and Leadership	Peoples Wellbeing
Hamilton / Blantyre	17/06/2021	3	NA	NA	3
Rutherglen	24/11/2020	3	4	4	4

3.4.2. The Care Inspectorate are now inspecting services under their Quality Inspection Framework Evaluation which poses the following questions:

♦ how well do we support people's wellbeing?
♦ how good is our leadership?
♦ how good is our staff team?
♦ how good is our setting?
♦ how well is care and support planned?
♦ how good is our Care and Support during the Covid Pandemic?

3.4.3. The table below shows how Rutherglen Care at Home grades are represented on the Care Inspectorate website.

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 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 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.   There are no additional risk implications associated with this report.

8.2.   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.

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

Soumen Sengupta
Director, Health and Social Care

6 October 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
♦   Social Work Resources Committee – 17 March 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:-
Liam Purdie, Head of Children and Justice
Ext: 4887 (Phone: 01698 454887)
Email: liam.purdie@southlanarkshire.gov.uk

CARE HOMES

	Care Service	Lastest Inspections	Care & Support Planned	Setting	Staffing	Leadership	People's Wellbeing	Areas for Improvement	
			Care/Support	Envir	Staff	Man/Lead		Require	Recom
1	Canderavon House	15/08/2019	4	4	5	4	5	0	0
2	David Walker Gardens	19/11/2019	5	NA	NA	NA	5	0	0
3	Dewar House	05/12/2019	3	NA	NA	NA	3	2	1
4	McClymont House	13/11/2018	5	NA	NA	NA	5	0	0
5	McKillop Gardens	30/10/2018	5	NA	NA	NA	5	0	0
6	Meldrum Gardens	01/11/2019	4	5	3	5	4	1	2
								4	**6**

OP DAY CARE

	Care Service	Lastest Inspections	Care & Support Planned	Setting	Staffing	Leadership	People's Wellbeing	Areas for Improvement	
			Care/Support	Envir	Staff	Man/Lead		Require	Recom
7	Canderavon NC	16/02/2016	4	5	5	5		0	4
8	Harry Heaney Centre	10/05/2019	5	NA	5	NA		0	0
9	Jenny McLachlan Centre	19/01/2017	6	NA	5	NA		0	0
10	Jimmy Swinburne RC	15/05/2018	5	NA	4	NA		0	2
11	Lesmahagow NC	07/02/2017	5	NA	5	NA		0	0
12	McClymont RC	05/08/2019	5	NA	5	NA		0	0
13	Meldrum House	05/06/2017	5	NA	5	NA		0	0
14	Newberry Rooney	22/11/2016	5	NA	NA	4		1	1
15	Nisbet Centre	18/06/2019	5	NA	5	NA		0	0
16	Parkhall	03/08/2018	5	NA	5	NA		0	0
17	Saltire	22/05/2018	5	NA	5	NA		0	0
18	St Andrews	24/07/2019	4	NA	NA	NA	5	0	1
19	Whitehill	24/07/2018	5	NA	5	NA		0	0
								1	**8**

HOME CARE

	Care Service	Lastest Inspections	Care/Support	Envir	Staff	Man/Lead	People's Wellbeing	Require	Recom
20	Clydesdale / Larkhall	26/10/2018	5	NA	4	NA		0	0
21	East Kilbride	24/01/2020	4	NA	5	5		0	0
22	**Hamilton / Blantyre**	17/06/2021	3	NA	NA	NA	3		4
23	**Rutherglen**	24/11/2020	3	NA	4	4	4	1	0
								1	**4**

63

ADULT DAY OPS

	Care Service	Lastest Inspections	Care & Support Planned	Setting	Staffing	Leadership	People's Wellbeing	Areas for improvement	
			Care/Support	Envir	Staff	Man/Lead		Require	Recom
24	Carluke Lifestyles	19/05/2017	5	NA	NA	5		0	0
25	Eastfield Lifestyles	15/11/2017	5	NA	NA	4		0	3
26	Fairhill Lifestyles	22/01/2019	5	NA	5	NA		0	0
27	Lanark Lifestyles (HSC)	12/08/2015	6	6	6	6		0	0
28	East Kilbride Lifestlyes (MO)	13/12/2016	5	NA	5	NA		0	2
29	Stonehouse/Larkhall	26/05/2017	5	NA	NA	5		1	2
30	Care & Support South	20/05/2019	4	NA	5	4		0	2
								1	**9**

CHILD AND FAMILY

	Care Service	Lastest Inspections	Care & Support Planned	Setting	Staffing	Leadership	People's Wellbeing	Areas for Improvement	
			Care/Support	Envir	Staff	Man/Lead		Require	Recom
31	Bardykes Road	02/05/2019	5	5	NA	NA		0	1
32	Hillhouse Road	03/07/2019	5	NA	NA	NA	5	0	1
33	Hunters Crescent	17/05/2019	5	5	NA	NA		0	1
34	Langlea Avenue	26/07/2018	5	NA	5	NA		0	2
35	Rosslyn Avenue	23/07/2018	4	NA	4	4		0	3
36	Station Road	28/03/2019	5	5	NA	NA		0	0
								0	**8**
37	Supported Carers	22/01/2019	5	NA	NA	5		0	1
38	Fostering Services	12/02/2018	5	NA	NA	4		0	1
39	Adoption Services	12/02/2018	5	NA	NA	5		0	1
								0	**3**

Grades guide:

1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

Grades Updated

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**

| Subject: | **Family Centre Provision** |

1. Purpose of Report

1.1. The purpose of the report is to:-

♦ to provide the Committee with details of the work undertaken by Family Centres

2. Recommendation(s)

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

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

3. Background

3.1. Getting It Right for Every Child (GIRFEC) is the national framework to improving the wellbeing of children and young people. It advocates preventative work and early intervention to support children, young people and their families with statutory and third sector partners working together in the best interests of the child.

3.2. The Scottish Government recognises the need for early intervention approaches to build the capacity of individuals, families and communities to secure the best outcomes for themselves; creating a shift from intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems arise.

3.3. The Early Intervention Foundation notes 'addressing a child or family's needs early on can reduce risk factors and increase protective factors in a child's life'.

3.4. In South Lanarkshire, Social Work Resources have two Family Centres, one in Cambuslang and the other in Burnbank (Hamilton) which are central to our early intervention response based on the GIRFEC Framework.

4. The Role of Family Centres

4.1. Family Centres work to divert children and families away from statutory measures of intervention and reduce the number of child protection referrals by offering early effective support to parent(s) and children, through intensive family support.

4.2. The Cambuslang and Burnbank Family Centres are purpose built and offer a caring and nurturing environment for parent(s) and children where family support is offered. In addition, facilities within the Family Centres can be used in Parenting Capacity Assessment such as parent(s) ability to prepare/cook meals.

4.3.   Staffing within the Family Centres consist of Team Leader, Social Workers and Family Support Workers and Administrative Support. Social Workers and Family Support Workers work with Service Users offering individual support and or groupwork support.

4.4.   The Family Centres target their intervention to pre-birth cases and children under five. There is also a focus also on young parent(s) aged between of 14 - 18 years.

4.5.   The Family Centres are not part of Universal Service Provision, but targeted to those most in need. Referrals are taken from Midwives, Health Visitors, Social Work and Education.

4.6.   Referring issues predominately centre around poverty, alcohol and drug misuse, pregnancy, housing, homelessness, finance, education, mental health, parenting, (learning disabilities) domestic violence, isolation and offending.

4.7.   The range of work undertaken in the Family Centres ranges from intensive family support which involves addressing issues around parenting for example, implementing routines and putting in boundaries. Other work involves Child Protection, Adoption/Permanence/Looked After and Accommodated (LAAC), Kinship, children involved in the Children's Hearing System and Pre-birth risk assessments.

5.   Groupwork Provision
5.1.   Burnbank and Cambuslang Family Centres deliver a range of groupwork programmes aimed at parent(s) mentioned above.

5.2.   Groupwork is a methodology for practitioners to help individual clients attain their goals in a group setting. It can be regarded as a problem-solving session to encourage individuals with similar concerns to develop solutions together, as well as to learn from each other's experiences.

5.3.   The Family Service Centre Code of Social Work Groupwork Practice Guide recognises groupwork can also be instrumental for social change as people come together and mobilise resources to create a more supportive environment for themselves and others.

5.3.1. Our main groupwork programmes offered in the Centres are:
Incredible Years
This is an evidence-based program for parents supported by over 30 years of research. The goal is to prevent and challenge young children's behaviour problems and promote their social, emotional, and academic competence. The program is used worldwide and has been shown to work across cultures and socioeconomic groups. This is an accredited programme which runs for 10 weeks.

5.3.2. Mellow Parenting
A 14-week accredited programme helping parents develop positive relationships with their children. Increases confidence and self-esteem, parent/child bonding. This includes structured parenting workshops.

5.3.3. All about me
This group can help to reduce social isolation, stress/mental health issues, raise self-esteem, confidence and encourages social engagement. This group is aimed mostly at parents that have not experienced groupwork before.

5.3.4. Dad's Group
This group offers an opportunity for dads and male carers to come together and get involved in fun activities and discussions about the challenges and stresses of parenting.

5.3.5. Early Birds/Early Bird plus
This is a 12-week programme for parents and carer of young children 4 - 8 years with an autistic spectrum disorder. The aims of the programme are to inform and empower parents/carers. The sessions will help you to understand your child's autism, improve communication with your child and develop strategies to pre-empt problem behaviours and to help manage those that do occur. Sessions will be held locally on the same day and time each week. Three spaces can be allocated, this allows for two parents/carers and another professional working with the child.

5.3.6. Other groupwork provision delivered at the Family Centres is detailed in Appendix A.

6. Overview

6.1. With the delivery of our Groupwork programme our aim is to achieve positive outcomes for the parent(s) and family of those who attend through building self-confidence/esteem resilience and improved parenting, resulting in children remaining at home and being parented safely. Also, to encourage/support parent(s) into employment, further education, voluntary work to develop their skills further.

6.2. Our Groupwork programmes also involve linking in with other partners such as Fire Service, Local Community Police, Dietician/Nutritionist, Physiotherapist, Health Visitors/Midwives, Credit Unions Local Community Groups (for example Swaddle, Juniors), Churches, Salvation Army, Women's Aid and local Foodbanks.

6.3. Some of our Programmes have a multi-agency approach and are co delivered with health and education staff.

6.4. Family Centres are also a resource for and supports contacts between children and their families. Accommodation is appropriate and equipment can be provided to assist in parent/child interaction for the purpose of any assessments.

7. Community Use

7.1. Burnbank Family Centre is also used by Child Care in the Community as an After School Facility, supporting parent(s), families in the local community who require this service. This is offered from 3pm - 6pm Monday to Friday during term time and from 8am - 6pm on school holidays (Easter and Summer).

7.2. Burnbank Family Centre is also used by Relationship Scotland who run the Contact Centre at the weekends Saturday and Sundays. This is where court orders or arrangements have been put in place via Courts and or Solicitors for children to have contact with their non-resident parent(s) and more recently contact with grandparents. This can be supervised and or supported contact. Relationship Scotland also use this building some evenings during the week offering a counselling for children (Time to Talk), family mediation and Parenting Apart Programme. The work of Relationship Scotland is highly valued by Sheriffs throughout Scotland.

8. Conclusion

8.1. The Family Centre provision allows for the delivery of Early Intervention and Groupwork programmes, which give us the opportunity to provide a targeted service to the most vulnerable in our Communities as early as possible.

8.2. Our provision is in line with the GIRFEC national approach in Scotland to improve outcomes and support the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports children and their parent(s) to work in partnership with the services that can help them.

8.3. Since COVID-19 our Groupwork programme has not been delivered on the scale it would normally have been. The Centres have embraced technology and offered a scaled down Groupwork Programme using Microsoft Teams. The feedback we have received from our Service Users it that they prefer face to face Groupwork.

8.4. The Centres are beginning to resume their Groupwork programmes, in keeping with safe systems of work and national guidance

9. Employee Implications

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

10. Financial Implications

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

11. Climate Change, Sustainability and Environmental Implications

11.1. There are no implications for climate change in terms of the information contained in this report.

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

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

12. Other Implications

12.1. There are no additional risk implications associated with this report.

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

13.   Equality Impact Assessment and Consultation Arrangements

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

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

Soumen Sengupta
Director, Health and Social Care

5 October 2021

Link(s) to Council Values/Ambitions/Objectives
♦   focused on people and their needs
♦   Get it right for children and young people
♦   Protect vulnerable children, young people and adutls

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:-
Arun Singh, Children and Justice Service Manager
Ext: 3764 (Phone: 01698 453764)
Email: arun.singh@southlanarkshire.gov.uk

In addition to this the following groups are also offered:

Happy Baby
Parent(s)/Carer(s) who are socially isolated with a baby up to six months old. Focuses on communication and interaction with your baby, promotes awareness and understanding re language use, behaviour, consequences for development in terms of relationships and learning.

Toddlers at Play/Play & Explore
This group is aimed at vulnerable/socially isolated parents of children aged 6 - 18 months. Learning through play - ball games, dancing, sand and water, drawing, painting, singing, musical instruments.

Birth & Beyond/Mellow Babies
This is a six-week antenatal programme. The programme decreases stress levels in pregnancy. It helps mums to understand that babies are prepared for social interaction from birth and emphasises the importance of early interaction for brain development.

Health issues in the Community
This is an accredited programme working within an integrated framework.
Group attendees work with community nutritionists to develop good health diets for their children. Additional to that the programme looks at ways in which mental health can be addressed.

Healthy Eating
This group will offer participants a chance to learn skills that will benefit all the family. These will include healthy cooking on a budget.

Baby Massage
Baby massage is provided in the Family Centres as the local Health Visitors no longer provide this service. Health Visitors steer their patients to the family centre where they engage in a four-week programme. Baby massage is an excellent way for strong attachments to develop. Further to that massage promotes a healthy digestive system ensuring that babies get the right amount of nutrition to help them grow and development.

Bonding with baby
Bonding with Baby is a programme which allows workers to demonstrate how babies learn through play, reading etc. This is a very good programme for the younger parent to engage in. This programme is generally undertaken in the family home.

	Agenda Item
Report	**10**

South Lanarkshire Council

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**

Subject:	**Winter Planning Arrangements 2021-2022**

1. Purpose of Report

1.1. The purpose of the report is to: -

- provide an update on the planning arrangements put in place thus far to ensure services are prepared for the coming winter months – with particular recognition of planning alongside the impact of current staff shortages; Covid-19; national service wide pressures and the other strategic priorities operating this year

2. Recommendation(s)

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

(1) that the planning arrangements which have been put in place to ensure services are prepared for the coming winter months and the associated costs be noted; and

(2) that the work ongoing with Scottish Government to confirm the financial arrangements be noted.

3. Background

3.1. This report has been prepared following discussion and agreement within the Winter Planning Group as well as the Senior Management Teams of North and South Health and Social Care Partnerships (HSCPs) and the NHS Corporate Management Team. It has also been shared with the South Lanarkshire Integration Joint Board (IJB).

3.2. It is likely that the Plan will also form part of a meeting with Scottish Government officials in relation to Winter Planning as part of the wider understanding of the Health Board/HSCP mobilisation plan. The self-assessment for preparedness for winter has been submitted to Scottish Government and this is attached at Appendix 1.

4. Summary of Key Issues

4.1. Planning for Winter 2021/22 commenced in July and, as in previous years, is a multi-agency approach across NHS Lanarkshire, North and South Lanarkshire Councils together with the respective supports, for example, SAS, NHS 24 etc. The 'Plan' is a dynamic document and will be updated/revised to take account of the level of unpredictability in the wider NHS and Social Care Services and, in particular the scarcity of staff of all types and grades. As such, it is not yet in a 'final state' and will be subject to change over the coming months. In this regard, regular monitoring of staff availability and service priorities will be undertaken such that the Plan can be flexed accordingly, and staff can be directed to those areas of greatest need.

4.2.   In addition to the foregoing, the letter recently received from John Burns and Donna Bell, Scottish Government – attached at Appendix 2 – is currently being considered with a view to identifying the most appropriate way to seek to deploy the respective resources such that making an investment in one area does not destabilise other areas of the system. Work is ongoing at time of writing of this report and subsequent agreements will be built into the developing plan.

4.3.   There is a range of specific work streams which have been established to take forward the respective work areas as below.

a) **Flu and Covid Vaccine Programme – Public**
Almost 400k people will be eligible for either a flu vaccine, Covid vaccine or both in 2021 and this will be the largest flu vaccination campaign ever undertaken. Both North and South Lanarkshire Councils have assisted in the identification of the venues for the campaign. The venues have been chosen to get a good balance between accessibility, safety, and an ability to get as many people vaccinated safely as quickly as possible. A recruitment drive has sought to maximise as many dedicated staff as possible to be available to deliver the vaccination programme, however, there will continue to be the requirement to bolster the core staff with a range of bank staff, staff able to do additional hours and also using independent practitioners, for example, GDPs, Optometrists etc. At time of writing, the vaccination programme is on schedule.

b) **Flu/Covid Vaccine Programme – Health and Social Care Staff**
Similarly, to the public vaccination programme, so too there will also be the largest ever vaccination programme for staff. This will include Social Care staff from both Council and independent and voluntary sectors in Lanarkshire, NHS employed staff, and all teaching/school-based staff who will be eligible for a flu vaccine. Additionally, many of these staff will also be eligible to receive a Covid vaccine and this also features as part of the overall vaccination programme. The programme is well underway.

c) **Provision of Urgent Care Flow Hub – Flow Navigation Centre**
As part of the planning for winter, the Urgent Care Flow Hub – FNC, established for winter 2020/21, will be expanded to maximise coverage over the peak winter months. A dedicated public comms campaign is ongoing to encourage as many people as possible who would previously have gone directly to A&E to be managed in a different way. This has also been extended to GPs who rather than refer patients to ERC to arrange admission, will also have the opportunity to discuss cases with an appropriate secondary care clinician with a view to ensuring patients are managed in as 'planned' a way as possible, whether that be to access diagnostics, further assessment or indeed admission.

d) **GP and Pharmacy Opening**
As in previous years, following the break from this last year, there will again be an NHS Lanarkshire LES (Local Enhanced Service) to support GPs opening on public holidays this year. This will take place on Tuesday, 28 December 2021 and Tuesday, 04 January 2022 with a view to ensuring there is more access for patients on the fourth day of each of the four-day public holiday periods. Additionally, GPs will also be offered the opportunity to open on each of the subsequent two Saturdays in January. There will also be an extended public holiday Pharmacy Service available to ensure that people can both access

prescriptions as well as being available for re-direction from NHS24/Urgent Care Flow Hub.

e) Planning for Additional Deaths
The Resilience Planning Officers of North and South Lanarkshire previously worked alongside local undertakers to ensure there is sufficient 'pace' of funeral services – both burials and cremations – to support the eventuality of a significant excess of deaths over the winter period. Additional mortuary capacity is also available across the three hospital sites.

f) Staffing
As noted above, this is of particular importance this year given the two 'four day' weekend/Public Holiday periods.
There will be social care staff in the hospitals across the public holiday periods to support early identification of people who may require support packages to facilitate discharge. Additionally, social work and care at home staff will also be available in localities to help facilitate same.

g) Well-Being of Staff
There is a range of supports that have been put in place to seek to maximise the well-being of our staff and to recognise the respective pressures being faced in the current climate. These include provision of rest areas, counselling services and other online supports which staff are able to access.
.
h) Adverse Weather
A series of actions is open to the Board/HSCPs in managing adverse weather and these have been refined over many years of winter planning.

i) Overall Resilience Planning
A review of the plan will be undertaken by the SLC/NHSL/NLC resilience planners to give objective opinion as to the range and extent of the mitigating factors introduced to reduce the impact of winter on the overall system. A desk top exercise concentrating on management of concurrent respiratory disease across the care home sector was held on 26 October, 2021. This assisted in identifying a number of actions which can be taken in advance of winter to assist in supporting mitigating actions should an outbreak/outbreaks occur.

j) Communications
A review of the plan will be undertaken by the SLC/NHSL/NLC resilience planners to give objective opinion as to the range and extent of the mitigating factors introduced to reduce the impact of winter on the overall system. A desk top exercise concentrating on management of concurrent respiratory disease across the care home sector was held on 26 October, 2021. This assisted in identifying a number of actions which can be taken in advance of winter to assist in supporting mitigating actions should an outbreak/outbreaks occur.

5. Employee Implications
5.1. A number of temporary posts/supports for staff to additional hours to support the peak winter pressures will be funded from Winter Planning monies which will be allocated to SLC to cover the respective staff who are appointed. As will be appreciated, given the national shortage of care staff, it is not possible to predict at this stage the extent of the additional staff who will be available.

6. Financial Implications

6.1. Thus far, advice from Scottish Government is that the content of the Winter Plan and associated costs have to be included as part of the wider mobilisation plan.

6.2. Each of the HSCPs have submitted plans with respective costs. It is recognised however, that given the national shortage of available staff across a range of specialities, it is very difficult to predict with any certainty at this time the success of the respective recruitment campaigns.

6.3. Dependent upon the availability of staff to recruit, it is recognised that the overall costs may vary. Additional resources will be available to support the overall Plan, and these will be factored in as more clarity emerges on how the respective finding can be utilised.

6.4. As such, the cost of the Winter Plan 2021/2022 will be refined to reflect the progress made in recruiting the respective staff. The cost will be met from within the financial envelope available which will include both core budgets and additional Scottish Government funding as necessary.

6.5. The cost of the Winter Plan 2021/2022 will be included as part of the ongoing financial monitoring arrangements and final anticipated costs will be included in the more defined plan which will be submitted in December.

7. Climate Change, Sustainability and Environmental Implications

7.1. No Climate Change, sustainability and environmental implications associated with this report.

8. Other Implications

8.1. Availability of staffing over the peak winter period has been identified as the major risk. This is obviously heightened by the fact that there is the scope for a series of major issues all to coincide concurrently.

8.2. Depending on further advice from Scottish Government as well as local 'command' arrangements, it may be necessary to re-prioritise some services, standing down some services which have recently started to recover such that other services can be provided, for example, Covid and flu vaccines, Surge Ward Cover, Community Palliative Care and so on. The respective areas are all included in the overall Risk Register and reviewed regularly.

9. Equality Impact Assessment and Consultation Arrangements

9.1. A range of partners have been involved in the development of the arrangements.

Soumen Sengupta
Director, Health and Social Care

29 October 2021

Link(s) to Council Values/Ambitions/Objectives

♦ Focused on people and their needs

- Improve health, care and wellbeing
- Deliver better health and social care outcomes for all

Previous References
- none

List of Background Papers
- Appendix 1 – Self Assessment Checklist – Winter Preparedness
- Appendix 2 - letter from John Burns and Donna Bell, Scottish Government

Contact for Further Information
Soumen Sengupta, Director, South Lanarkshire Health and Social Care Partnership
Phone: 01698 453700
Email: soumen.sengupta@southlanarkshire.gov.uk

Craig Cunningham, Head of Commissioning and Performance, South Lanarkshire Health and Social Care Partnership
Phone: 01698 453703
Email: craig.cunningham@lanarkshire.scot.nhs.uk

Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. Resilience

2. Unscheduled / Elective Care

3. Out of Hours

4. Norovirus

5. COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing

6. Respiratory Pathway

7. Integration of Key Partners / Services

These checklists supplement the narrative and deliverables identified in your RMP4 and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance and experiences of managing Covid -19.

Your winter preparedness assessment should cover systems, processes and plans which take into account the potential impacts of COVID-19, Respiratory Syncytial Virus (RSV), seasonal flu, other respiratory conditions and severe weather impacts. Plans should recognise that some of these events may occur concurrently and should take into account system wide impacts. Plans should also reflect a strategic as well as operational approach to maintain service resilience and business continuity.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS National Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
■ Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
■ Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
■ Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

2

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*	RAG	Further Action /Comments
1	NHS Board and Health and Social Care Partnerships (HSCPs) have clearly identified all potential disruptive risks to service delivery and have developed robust Business Continuity (BC) plans to mitigate these risks. Specific risks include the impact of Respiratory Infections (e.g. Covid, RSV, Seasonal Flu) on service capacity, severe weather and staff absence. Business continuity arrangements have built on lessons identified from previous events, and are regularly tested to ensure they remain relevant and fit for purpose.	*(amber)*	Whilst robust arrangements are in place, it is not possible at this stage to be absolute re whether they will be able to mitigate all the concurrent issues recognising the scale and 'never before seen' potential impact of these. These plans are based on previous debrief events and will also take account of experience/lessons learned from 'Winter Breach' planning exercises both this year and previously.
	Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded in Remobilisation / Annual Operating Plans as part of all-year-round capacity and service continuity planning *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details.* This guidance Preparing for Emergencies Guidance*sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	*(green)*	Council and NHS resilience officers are all key members of the winter planning group and also work alongside the wider LRP process. They have also been key to 'testing' the system and organising 'Winter Breach' exercise, currently planned for 28 October, 2021. Opportunity will also be taken to link potential learning from COP26 BCP exercises which would be pertinent to winter planning.
2	BC plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst case scenarios.	*(amber)*	As above, whilst the BCP process is in place, it is not possible to test it in real terms in relation to worst case scenario re concurrency given the uncertainty of many of the potential issues to be managed. It

			is similarly very difficult to predict the prevalence of Covid and other respiratory disease and therefore the potential subsequent extent of stand down of 'routine' healthcare. It will definitely not be possible to provide 'routine' healthcare – and indeed social care, if there was to be 'worst case scenario' given current staffing and multiple demands on same.
	Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required to maintain them are included on the corporate risk register and are actively monitored by the risk owner. The Health Board and HSC partnership have robust arrangements in place to support mutual aid between local / regional partners in respect of the risks and impacts identified.		Similar message re recognition that we may/will not be able to do everything being asked of the same staff groups – including extended winter staffing – depending on severity of seasonal flu/RSV/infection rates re Covid. There are robust arrangements in place between NHSL and the 2 x H&SCPs. Complexities this year include the shortage of home care staff; continued apprehension by care homes to accept given all the adverse publicity around care homes and Operation Koper. And fewer staff who could be deployed from other roles than was the case last winter when services were stood down/lock down in place. Additionally, this means that where we previously were able to have beds provided to support short term

4

		🟧	stays to support earlier discharge, it is less likely this year.
3	The NHS Board and HSCPs have appropriate policies in place to cover issues such as : • what staff should do in the event of severe weather or other issues hindering access to work, and • arrangements to effectively communicate information on appropriate travel and other advice to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	🟩	There are appropriate policies in place and these have been refined over the years. This includes regular updates to all staff to reiterate the fact they are essential staff and as such, expected to travel to their work in adverse weather conditions as required. There are also well rehearsed mutual aid arrangements between NHSL, the 2 Councils and SAS re being able to access patients (and occasionally staff) to ensure ability tom make essential journeys to hospital
4	NHS Board/HSCPs websites will be used to advise patients on any changes to service access arrangements or cancellations of clinics / outpatient services due to severe weather, reduced staffing levels etc,	🟩	This is covered as part of the adverse weather policy
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	🟩	Consideration has been given and mitigating actions established/ taken.

5

2	Unscheduled / Elective Care Preparedness *(Assessment of overall winter preparations and further actions required)*	RAG	Further Action/Comments
1	**Clinically Focussed and Empowered Management**		
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity and visibility of other key performance indicators *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*		Well established processes are in place across the 3 hospital sites and the H&SCPs. This is supplemented by a daily bed state call involving acute and H&SCPs. SAS also join as required.
1.2	Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.		Twice daily huddles are held on all sites to ensure any issues identified/resolved. These can be increased as and when pressures escalate.
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care, with PDDs*		Modelling and escalation policies in place.

	(planned dates of discharge) visible and worked towards, to ensure patients are discharged without delay.	🟩	
1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	🟧	Whilst these escalation policies are in place the ability to purchase additional capacity in care homes is limited in the extreme given social care staffing pressures.
2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID-19 activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**		
2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for COVID demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID-19 care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.*	🟥	Systems in place albeit without knowing extent of subsequent demand, it is not possible to be able to confirm that all these services will be able to continue elective work whilst responding to scale of Covid and associated staffing requirements. There will also be significant backlog to catch up following recent and previous stand down of routine elective surgery, meaning modelling will require to give cognisance to priority patients over routine waiting list management and therefore there will be a deterioration in waits.

	NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID-19 surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.		
2.2	Pre-planning created pathways which provide an alternative to admission, and optimised the use of inpatient capacity for the delivery of emergency and elective treatment, including identification of winter / COVID-19 surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*		As above, it is unlikely there will be enough staff/beds to manage full extent of Covid requirements without adversely impacting upon elective work.
3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**		
3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection,		Rotas are in place, however there are emerging demands on various

	Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.*		staff groups which require additional staff to be recruited/ diverted from other tasks to manage same, e.g. additional surge beds, ICST and home care capacity challenges.
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.		Staff rotas in place to manage same – with same proviso as 3.1
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations.*		Full involvement of wider partners as part of LRP/winter planning processes.
3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*		All staff aware of alternative treatment destinations, This will be supported by the creation of the urgent care flow hub.
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of hospital associated infection and crowded Emergency Departments.		

9

	Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.		
	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.		The new Urgent Care Flow Hub will build upon the success of the previous ERC to be able to redirect as many people to alternative treatment resources as possible and where necessary, direct patients to the most appropriate care flow.
	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.		
4	**Optimise patient flow by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools such as – Daily Dynamic Discharge, to shift the discharge curve to the**		

	left and optimise in day capacity,and ensure same rates of discharge over the weekend and public holiday as weekday.		
4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*		All sites and H&SCPs now have PDD fully embedded and working to minimise delays. As noted above, issues still exist around admissions to care homes. It would be helpful if there was some change in the management of AWIs given the inability of courts to respond timeously to demand and the subsequent significant delays of people who do not need to be in hospital being discharged from hospital.
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*		Social Work/discharge staff cover has been secured for weekends and public holidays throughout the winter period. This includes associated AHPs.
4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.		

	Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance. *Extended opening hours during festive period over public Holiday and weekend*	🟩	
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes.*	🟩	As 3.3.
5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**		
5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions. Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff. Assessment capacity should be available to support a discharge to assess model across 7 days.*	🟧	Whilst close partnership working is in place, it is not possible to confirm that all staff will be in place recognising pressures around prevalence of Covid, national lack of social care staff and other staff demands.

12

5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible.*		As indicated above, whilst the service will be there in both community and inpatients, there is reluctance across both care at home and care home providers to take patients without 2 negative tests.
5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*		There is a cohort of 'high resource' individuals followed up in this way. It is not all who are on SPARRA registers.
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*		Advice has been issued to all areas to ensure ACPs are up to date as well as respective KIS.

13

5.5	COVID-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.		FNC mainstream GMS and A&E now integral to Covid pathway.
6.0	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**		
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*		
6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.* *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.*		A dedicated winter comms campaign is being launched. This follows on from previous year's campaigns which have won national awards.

14

	The Met Office *National Severe Weather Warning System* provides information on the localised impact of severe weather events. Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns		

3	**Out of Hours Preparedness** *(Assessment of overall winter preparations and further actions required)*	**RAG**	**Further Action/Comments**
1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*		All planning in place and rotas developed to recognise anticipated increased demand over peak weekends and public holidays. As highlighted at 9 below however, it is not possible at this stage to be able to predict fill rates.
2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.		As above. The plan is there, but little certainty re staff availability.
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.		All calls are now subject to a senior clinician 'call back' to ensure best possible option re treatment delivery. This will include use of Pharmacy First, mental health team etc.
4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?*		OOH will also feature as part of the redesign work associated with the Urgent Care Flow Hub.

15

5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	 	
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa.	 	
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	 	
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	 	
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	 	Staffing in the OOH service has been very fragile in recent months and whilst work is ongoing in securing additional staff with the associated skill set, e.g. ANPs, this is set against other areas demanding the same staff as well as there not being services stood down as previously had been the case.
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	 	As per 6.2 above.

16

11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.		
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan.

This should confirm agreement about the call demand analysis being used. | | |
| 13 | There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.

This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements. | | |
| 14 | There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.

This should include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc. | | |
| 15 | There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan.

The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24. | | |

17

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*	**RAG**	**Further Action/Comments**
1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	🟩	
2	IPCTs and HPTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their IPCTs and Health Protection Teams (HPTs) are supported to undertake the advance planning to ensure that Norovirus outbreaks in hospitals and care homes are identified and acted upon swiftly. Boards should ensure that there are sufficient resources to provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	🟧	In 'normal' times, the IPCT would be involved in this, however this year, we will utilise what is already in existence recognising that the IPCT is fully committed in responding to Covid outbreaks in all respective settings.
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff.	🟩	
4	How are NHS Board communications regarding bed pressures, ward closures, kept up to date in real time. *Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	🟩	
5	Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	🟩	

18

6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	🟩	
7	Are there systems in place that would ensure appropriate patient placement, patient admission and environmental decontamination post discharge in ED and assessment areas.	🟧	As per item 2 above.
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	🟩	
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	🟧	This will be undertaken alongside management of Covid patients and may result in different planning than in previous years.
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	🟩	
11	Are there systems in place to deploy norovirus publicity materials information internally and locally as appropriate.	🟩	

19

12	Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of COVID-19.		As per 6.2 above.

5	**COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing** *(Assessment of overall winter preparations and further actions required)*	**RAG**	**Further Action/Comments**
1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on Adult flu immunisation programme 2021/22 (scot.nhs.uk) and Scottish childhood and school flu immunisation programme 2021/22 . Further CMO letters will be issued before the flu season begins to provide further details on aspects of the programme, including the marketing campaign and details of education resources for staff administering vaccinations.		Plans are in place to allow all staff to have both flu and covid vaccines, however it will be later in the programme before we are able to confirm extent of coverage recognising it is not mandatory. There is however plenty of scope for all such staff to be vaccinated.
2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with*		Plans in place for various staffing groups.

	NHS Boards fully support vaccine delivery and uptake. Vaccine uptake will be monitored weekly by performance & delivery division	🟩	
3	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. SG procures additional stocks of flu vaccine which is added to the stocks that Health Boards receive throughout the season, which they can draw down, if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division.)*	🟧	Whilst the plan takes account of the potential for additional demand due to seasonal flu, it is not possible to say that there will be adequate resources to deal with it internally to NHSL depending on other pressures which may be in the system concurrently.
4	PHS weekly updates, showing the current epidemiological picture on COVID-19, RSV and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *Public Health Scotland and the Vaccinations Strategy Division within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	🟩	
5	Adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	🟧	Without being able to predict the extent of either, it is not possible to state whether the resources would be adequate. Depending on severity and possible concurrence, it may be necessary to stand down non-urgent service delivery.

21

6	Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are fully aware of all IPC policies and guidance, FFP3 fit-tested and trained in the use of PPE for the safe management of suspected COVID-19, RSV and flu cases and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***		
7	Staff in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) will also will be required to continue to undertake asymptomatic weekly testing for COVID-19 throughout this period. We are actively reviewing the current asymptomatic Healthcare Worker testing Operational Definitions to ensure they are still fit for purpose.		
8	Ensure continued support for care home staff asymptomatic LFD and PCR testing and wider social services staff testing. This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results. *Enhanced care home staff testing introduced from 23 December 2020 . This involves twice weekly LFD in addition to weekly PCR testing review of enhanced staff testing underway. PCR testing - transition to NHS lab complete. Good level of staff participation in PCR testing. Testing has been rolled out to a wide range of other social care services including care at home, sheltered housing services.*		

| 9 | NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2021/2022) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows:

• Adults aged over 65
• Those under 65 at risk
• Healthcare workers
• Unpaid and young carers
• Pregnant women (no additional risk factors)
• Pregnant women (additional risk factors)
• Children aged 2-5
• Primary School aged children
• Frontline social care workers
• 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household
• Eligible shielding households

The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from day 1 of the programme utilising automated data collection methods for performance monitoring. Public Health Scotland will report weekly. | | It is anticipated plans will be able to deliver against JCVI guidelines and respective Soct Gov asks.
Further guidance is awaited in relation to timing of covid boosters to allow seasonal flu and covid booster to be able to be delivered concurrently. |

23

10	**Low risk** – Any care facility where: a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative) **Medium risk** Any care facility where: a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARSCoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing **High risk** Any care facility where: a) un-triaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing So all emergency admissions where COVID-19 status is unknown/awaited will fall into the medium risk pathways until testing can be undertaken to allow them to transition into green.		
11	All NHS Scotland Health Boards have provided assurance that all emergency and all elective patients are offered testing prior to admission. *Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.*		

24

12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf		
	In mid-February 2021, the scope of the LFD testing pathway was expanded further to include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), hospice staff, and NHS24 and SAS call handlers. Some hospice staff had been included in the original scope where staff worked between hospitals and hospices, so this addition brought all patient facing hospice staff into the testing programme.		
	On the 17 March Scottish Government announced that the scope of the HCW testing pathway would be further expanded to include all NHS workers. The roll out is currently underway and we expect that all Boards across Scotland will have fully implemented the roll-out of twice weekly lateral flow testing to eligible staff by the end of June 2021. This will include staff who may have been shielding or working from home and is in line with national guidance.		
	Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-COVID-19-healthcare-worker-testing/		

6	Respiratory Pathway *(Assessment of overall winter preparations and further actions required)*	RAG	Further Action/Comments
1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**		
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	🟩	
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	🟥	There is not a 7 day home respiratory service available.
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	🟧	Respiratory staff are aiming to ensure all ACPs in place, however are currently having to prioritise managing Covid inpatient and outpatient activity. GPs have been asked to ensure PC led respiratory patients have ACPs in place**.**
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	🟩	

26

2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**		
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*		
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.		
3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**		
3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*		As 1.3 above.

27

4	There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board		
4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*		
5	People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.		
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*		

28

7	Key Roles / Services	RAG	Further Action/Comments
	Heads of Service		
	Nursing / Medical Consultants		
	Consultants in Dental Public Health		
	AHP Leads		
	Infection Control Managers		
	Managers Responsible for Capacity & Flow		
	Pharmacy Leads		
	Mental Health Leads		
	Business Continuity / Resilience Leads, Emergency Planning Managers		
	OOH Service Managers		
	GP's		
	NHS 24		
	SAS		
	Other Territorial NHS Boards, eg mutual aid		
	Independent Sector		
	Local Authorities, incLRPs & RRPs		
	Integration Joint Boards		
	Strategic Co-ordination Group		
	Third Sector		
	SG Health & Social Care Directorate		

29

COVID-19 Surge Bed Capacity Template   **Annex A**

PART A: ICU		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out						

PART B: CPAP	Please set out the maximum number of COVID-19 patients (at any one time) that could be provided CPAP in your NHS Board, should it be required		

PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID-19 patients (share of 3,000 nationally), should it be required		

30

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information

http://www.nipcm.hps.scot.nhs.uk/)

Health Protection Scotland

NHS National Services Scotland

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings. Definitions: 2 or more confirmed or suspected cases of COVID-19 within the same area within 14 days where cross transmission has been identified. Confirmed case: anyone testing positive for COVID-19 Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology) This tool can be used within a COVID-19 ward or when there is an individual case or multiple cases.					
Standard Infection Control Precautions; Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.					
Patient Placement/Assessment of risk/Cohort area **Date**					
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities					
Cohort areas are established for multiple cases of **confirmed** COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.					
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**					
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.					
Personal Protective Clothing (PPE)					

31

1. PPE requirements: PPE should be worn in accordance with the **COVID 19 IPC addendum** for the relevant sector: • **Acute settings** • **Care home** • **Community health and care settings** 2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found **here**.					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily)is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. "frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					

32

Patient Information Leaflet if available or advice provided?					
Education given at ward level by a member of the IPCT on the IPC COVID guidance?					
Staff are provided with information on testing if required					

33

NHS Scotland Chief Operating Officer
John Burns

Director of Mental Wellbeing and Social Care
Donna Bell

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

Scottish Government
Riaghaltas na h-Alba
gov.scot

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

By email

Dear colleagues,

Winter Planning for Health and Social Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Providing interim care

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

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

Expanding Care at Home capacity

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

Therefore, this funding should be spent on:

i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.

ii. **Funding a range of approaches to preventing care needs from escalating,** such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.

iii. **Technology-Enabled Care (TEC),** equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

INVESTORS IN PEOPLE | Accredited Until 2020

disability confident LEADER

Social Care Pay Uplift

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

COVID-19 Financial Support for Social Care Providers

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

Nationally Coordinated Recruitment in Specialist Areas of Need

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

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

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

International Recruitment

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

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

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

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

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

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

Professional Regulators' Emergency Covid-19 Registers

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

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

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

Healthcare Students

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

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

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

Wellbeing

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

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

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

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

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

Yours sincerely,

John Burns   Donna Bell
Chief Operating Officer,   Director of Mental Wellbeing
NHS Scotland   and Social Care

Annex A

Volume of Staffing – NRAC Share

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

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**

Subject:	**Update of the Social Work Risk Register and Risk Control Plan**

1. Purpose of Report

1.1. The purpose of the report is to: -

♦ present an Update on the Risk Register and Risk Control Actions for Social Work Resources

2. Recommendation(s)

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

(1) that the contents of the Resource Risk Register are noted; and

(2) that it be noted that the outstanding Risk Control Actions will be progressed by relevant officers.

3. Background

3.1. The Council's Risk Management Strategy promotes consideration of risk in service delivery, planning and decision-making processes. The strategy requires Resources to record and review risks and control actions regularly. Social Work Resources (SWR) follow the guidance in developing, monitoring, and updating the Risk Register on an ongoing basis.

3.2. The purpose of the Register is to ensure that the Resource is fully aware of its top risks; that these risks are prioritised; and those controls are in place to eliminate or minimise the impact of the risks.

3.3. The Resource scores the risks in accordance with the Council scoring mechanism, based on likelihood and impact. This results in risks being scored between one and twenty-five (low – very high).

3.4. Risks are scored on their inherent score (risk if we do nothing) and their residual risk (risk after applying controls).

3.5. The last update of the SWR Risk Register was reported to the Social Work Resources Committee on 21 January 2021.

3.6. The Resource top Risk Register and Risk Control Plan has been reviewed. This work was completed in September 2021.

3.7.   The Central Risk Management Team annually review Resource compliance with the Risk Management Strategy. The outcome of the 2020/21 review identified that Social Work Resources achieved 100% per cent compliance, scoring 45 out of a possible 45.

4.   Resource Risk Management
4.1.   Each Resource has a Resource Risk Management Group which has responsibility for the promotion and management of risk.

4.2.   The Social Work Resources Risk Management Group continues to meet on a regular basis.

4.3.   The work of the group over the last year has focused on the review and update of the Resource Risk Register and ensuring that the Register reflected the Council Plan and individual Service Plans.

5.   Risk Register
5.1.   Work has been completed by the Resource Risk Group to finalise the review of the Resource Risk Register. The update gave consideration to risks at a Service level, as well as strategic Council risks.

5.2.   The Resource Risk Register will be monitored on an ongoing basis to allow new risks to be added and for the control measures and scores of the existing risks to be reviewed in light of new information.

5.3.   Risks can result from internal or external influences, with examples being the impact of projected funding cuts or legislative changes or the impact of internal service changes.

5.4.   The development process for the Resource Plan requires a risk assessment process to be undertaken, as appropriate, resulting in some actions within the Resource Plan having a corresponding risk identified within the Risk Register.

5.5.   The main changes to the register are summarised below:
   ♦ risk descriptions, controls and actions have been updated as required on individual risks, following discussion with risk owners
   ♦ the risk description for 'death or injury to employees, service users or members of the public affected by Council operations' has been amended to capture wider health, safety and wellbeing issues
   ♦ the Council has introduced a new (very high) risk with the Independent Review of Adult Social Care, this is captured as a new high risk for Social Work
   ♦ the residual risk score for 'Covid-19 Pandemic' remains very high as part of wider implications to Health and Social Care Services challenges in Residential Services, Day Care, Care at Home and localities with increased demand, and associated capacity issues
   ♦ Care Inspectorate grades still remain as a high risk as we have 39 registered Care Services
   ♦ progress Care Inspectorate Action Plan for children and young people in need of care and protection in South Lanarkshire. Outstanding Advocacy and Kinship Continuing Care protocol
   ♦ future Adult Support and Protection Care Inspection risk due to staffing capacity due to vacancies and recruitment challenges associated with pay differentials and increased absence levels

♦ UK leaving the European Union remains a high risk as we experience supply chain issues with component parts for assistive technology and increase demands to deliver services to vulnerable individuals with staff shortages and added competition with retail and hospitality sectors

5.6.   Risks scored 15 to 25 are considered to be very high risks, and risks scored 8 to 12 are considered to be high risks. Very high and high risks are monitored closely. The top risks identified for the Resource, that is those that are residually scored as being very high and high, are attached at Appendix 2.

5.7.   Appendix 3 provides a comparison of risk scores for 2020 and 2021. This appendix also details changes in risk description.

5.8.   Risks evaluated residually as being medium or low risk will be monitored to ensure that they continue to be adequately managed.

5.9.   The Committee is asked to note the contents of the Resource Risk Register.

6.   Insurance Hotspots
6.1.   The Council insurers have been undertaking an analysis of the public liability, employer's liability, motor, and property claims experiences for the last two years, with a view to identifying areas where a number of similar types of claim or high value claims were originating. This work was delayed due to the Pandemic and is now due to be completed by the end of 2021. Action plans will be agreed with Resources to mitigate against Hotspot areas.

6.2.   It is anticipated that Social Work will have some actions resulting from the Insurance Hotspot Review.

7.   Scope and Appetite for Risk
7.1.   The Council aims to be risk embracing, that is it will accept a tolerable level of risk in seeking service efficiencies and in agreeing control measures.

7.2.   The level of risk facing the Council is measured both before (inherent risk) and after (residual risk) consideration of controls. The Council should never carry a high residual risk exposure as this would indicate instability, but a low residual risk exposure should also be avoided as this indicates lack of innovation.

7.3.   The Council's universal risk tolerance levels were updated as part of the Review of the Risk Management Strategy last year, with the ideal risk profile defined as:
    ♦ no more than 10 per cent of residual risks at a very high level
    ♦ no more than 15 per cent of residual risks at a high level
    ♦ around 50 to 60 per cent of residual risks at a medium level
    ♦ no more than 30 per cent of residual risks at a low level

7.4.   Table One below shows the top risks heat map, that is, it details the total number of risks for each individual risk score. Table Two below notes the overall risk profile for the top risks.

Table One – Top Risks Heat Map –

Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5	Almost Certain			3		
4	Likely			4	4	2
3	Possible				6	
2	Unlikely					
1	Rare					

Impact

Table Two –Top Risks Risk Profile

Risk Category	Risk Rating	Number of risks	Percentage of risks
1	Very high	9	41
2	High	10	45
3	Medium	3	14
4	Low	0	0

7.5. Despite the fact that the profile noted in Table Two is out with the ideal universal risk exposure defined by the Risk Management Strategy, this risk exposure is reasonable as these are the highest-level risks currently being faced by the Resource.

7.6. Social Work Resources has ensured that all inherent risks scored at a very high or high level have effective control measures in place. Where further control measures are required, these are included within the Resource Risk Control Plan.

8. Control Actions

8.1. One hundred per cent (5/5) of Risk Control actions due to be completed during 2020/2021 were completed on time against an overall Resource target of 90%.

8.2. Details of the completion of Risk Control actions during 2020/21 are contained in Table Three below.

Table Three

	2020/2021
Total number of actions due	5
Completed on time	5
Completed late	0
Due to be completed at a later date	0

8.3. Progress with completion of Resource Risk Control Actions is monitored by the Central Risk Management Team. This is also reviewed by the Resource Risk Group.

8.4.   There are currently six risk control actions due for completion during the remainder of 2021/22. The Committee is asked to note that these actions to mitigate risks will be progressed by the relevant officers. Details of the actions are noted within the Risk Control Plan at Appendix 2.

9.   Major Projects, Partnerships or Change
9.1.   Within Social Work Resources, 12 partnerships have been identified. Two of these are considered to be high risk, Health and Social Care Integration, and MAPPA Public Protection. Of the remaining partnerships, six have been assessed as being medium risk and four low risk.

9.2.   Appropriate risk management arrangements are in place for the high-level partnerships.

10.   Next Steps
10.1.   The Resource Risk Management Group will continue to meet on a regular basis. The Risk Register will be reviewed on an ongoing basis by the group to ensure that risks remain valid for the appropriate service areas and to identify new areas of risk that affect the Resource. An update report will be provided to Committee on an annual basis.

11.   Employee Implications
11.1.   Time will be required by the Resource Risk Management Group in the management of the Resource Risk Register and Risk Control Plan.

12.   Financial Implications
12.1.   There are no direct financial implications associated with the Resources' top risks. There are a number of proposed risks which are classified under the heading of financial, including additional costs stemming from Covid-19. Where this is the case, the appropriate controls and actions have been included in the risk control cards and progress will be monitored.

13.   Climate Change, Sustainability and Environmental Implications
13.1.   Sustainable development issues are included in the Council's top risk register through being linked direction to the Council plan objective "making communities safer, stronger and sustainable."
There are no environmental implications associated with this report.

14.   Other Implications
14.1.   Failure to demonstrate that risk is actively considered and managed cannot only lead to avoidable financial loss but could also affect delivery of services and could affect the Resources' reputation.

15.   Equality Impact Assessment and Consultation Arrangements
15.1.   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.

15.2.   Consultation on the content of this report has been undertaken with the Resource Management Team.

Soumen Sengupta
Director, Health and Social Care

22 October 2021

Link(s) to Council Values/Objectives
♦ Accountable, effective, efficient, and transparent

Previous References
♦ Report to Social Work Committee - 20 January 2021 Update of Social Work Resources Risk Register

List of Background Papers
♦ None

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Bernie Perrie, Planning and Performance Manager
Ext: 3749 (Phone: 01698 453749)
Email: bernie.perrie@southlanarkshire.gov.uk

Risk Scoring Matrix and Likelihood and Impact Definitions

Likelihood

Score	1	2	3	4	5
Description	Rare	Unlikely	Possible	Likely	Almost certain
Likelihood of occurrence	1 in 10 years	1 in 3 years	1 in 2 years	Annually	Monthly
Probability of occurrence	The event may occur in certain circumstances	The event could occur	The event may occur	The event will probably occur	The event is expected to occur or occurs regularly

Impact

	Reputation	Financial	Service delivery/ Time to recover	Compliance	Safety
1 Negligible	Public concern restricted to local complaints	<£50,000 per annum	No impact to service quality; limited disruption to operations.	No external interest	Minor injury – no lost time
2 Minor	Minor adverse local/public/media attention and complaints	£50,000-£250,000 per annum	Minor impact to service quality; minor service standards are not met; short term	Very minor attention from legislative /regulatory body	Minor injury – resulting in lost time
3 Moderate	Adverse national media Public attention	£250,000 to £500,000 per annum	Significant fall in service quality; major partnership relationships strained; serious disruption in service standards	Short-term attention from legislative/ regulatory body	Major injury or ill health resulting in lost time
4 Major	Serious negative national or regional criticism	£500,000 to £1million per annum	Major impact to service delivery; multiple service standards	Medium-term attention from legislative/ regulatory body	Fatality; Or injuries to several people

	Reputation	Financial	Service delivery/ Time to recover	Compliance	Safety
			are not met; long term disruption to operations; multiple partnerships affected		
5 Catastrophic	Prolonged international, regional, and national condemnation	>£1million per annum	Catastrophic fail in service quality and key service standards are not met; long term catastrophic interruption to operations; several major partnerships are affected	National impact with rapid intervention of legislative/ regulatory body	Multiple fatalities; Or injuries to large number of people

The assessments for impact and likelihood combine to provide an overall inherent risk score on the scale of between 1 and 25, using the Council's recognised risk matrix.

Risk matrix

Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
		Impact				

The risk score is calculated as follows:

Likelihood score x Impact score = Risk Score

Appendix 2

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 Very High (15-25)	**The Council does not provide an adequate response to the pandemic; maintaining critical services; delivering emergency response commitments as a Category One Responder; and protecting wellbeing of employees and service users as far as reasonably practicable. Responding to the pandemic will impact on everything else the Council does** ♦ Health and Social Care Services increased pressures/service demands ♦ Absence rate increases due to the Pandemic and increased pressured on wellbeing of workforce ♦ Increased vacancy levels due to attrition rate of qualified staff to fulfil statutory requirements **Council Top Risk**	25	♦ Roll out of MS Teams throughout the Council ♦ Health and wellbeing portal for staff ♦ Continued working from home arrangements in place ♦ Safe systems of working continue to be adopted ♦ New methods of service delivery such as outreach in place. ♦ All Council offices regular cleaning regime ♦ All workplace appropriate social distance signage in place ♦ Partnership risk registers in place ♦ All Core service continued to operate ♦ All core staff remained in work ♦ Testing frequency increased ♦ Ease of access to lateral flow testing ♦ National vaccination programme underway ♦ Planned Covid booster and flu vaccination autumn programme ♦ Regular statistical briefing email ♦ Effective communication systems in place ♦ Regular monitoring as restrictions ease ♦ More services remobilising as restrictions ease ♦ Enhanced cleaning and safe systems of work (infection prevention and control)	20

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 **Very High (15-25)**	**Reduction in external funding and fees/income received by the council, as well as increased service demands, results in saving difficulties.** ♦ Failure to generate income from charging policy **Council Top Risk**	25	♦ Active participation in the Efficiency agenda ♦ Annual budget meetings ♦ Service reviews and redesign ♦ Assessment and care arrangements and income maximisation opportunities ♦ Service Reviews including IT solutions to deliver service models ♦ Reassess 'waiving of charges' SDS in relation to carers Adults Carer Support Plans ♦ Procurement of Carers Services, Care at Home and Support Services to those with Learning disabilities ♦ Operation of Eligibility Criteria ♦ IJB Chief financial officer ♦ Additional short term funding sources ♦ Money Matters service continues to income maximise ♦ Eligibility Criteria aligned to Day Services (Lifestyles)	20

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 **Very High (15-25)**	**The Council does not fully deliver the strategic outcomes of the IJB as outlined in their Strategic Commissioning Plan** ♦ Independent Review of Social Care and role of IJB **Council Top Risk**	25	♦ Chief Officer representation on Group ♦ SOLAR Guidance ♦ Strategic Commissioning Plan Current review and consultation ♦ IJB Directions issued to Council and NHS Board annually ♦ SMT Work plan re the transformation/change agenda ♦ Chief Officers Network facilitated by the Scottish Government ♦ Code of Corporate Governance ♦ Performance reporting framework ♦ Tripartite Joint Chief Executive meetings ♦ Chief Officer 1-2-1 meetings with Chief Executives ♦ Active Carer Representative on IJB ♦ Recommendations from IRASC (Feely Report) powers to IJB's	16

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 Very High (15-25)	**Failure to ensure the health, safety and wellbeing of employees and the protection of service users and members of the public in the delivery of council services.** ♦ Increased demand on Mental Health Services ♦ More vulnerable service users ♦ Staff capacity with increasing absence rates and attrition of qualified posts and challenges in recruitment **Council Top Risk**	25	♦ Child and Adult Protection policy and procedures and governance procedures in place to guide all staff ♦ All Social Work establishments use the Corporate Occupational Hea[lth] and Safety Management System. This includes developing and carr[ying] out appropriate risk assessment and sharing information with employ[ees] and service users ♦ Protection of Vulnerable Groups (PVG) checks are carried out for all individuals who have contact with service users including staff, foster carers, and paid carers ♦ A range of telecare and assistive technology provides a means of monitoring children, young people and adults who may be at risk fro[m] a range of different types of harm ♦ Front line managers can access daily management information repor[ts] from our SWiSplus client index and the IMPROVe performance syste[m] ♦ Workforce regulated by Scottish Social Services Council ♦ Safe systems of work ♦ Mental Health wellbeing resource available for staff	16

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 Very High (15-25)	**Community Alarms - Failure to properly prepare and successfully transition from the current analogue services to a digital solution within the pre-determined timescale** ♦ There are currently approximately 9,000 community alarm users in South Lanarkshire	25	♦ Senior management team representation on ICT programme Board ♦ Workstream dedicated to digital switchover15 ♦ Capital programme funding agreed to support test of change ♦ South Lanarkshire Health and Social Care Partnership agreed to part fund a post within IT to map out the issues and way forward ♦ Ofcom have been predicting that telecommunications providers will stop supporting the public switched telephone network (PSTN) and Integrated Services Digital Network by 2025 ♦ Dedicated officer supporting this agenda ♦ Number of individual workstreams ♦ Programme Board and reports to CMT and Committee	15
1 Very High (15-25)	**Failure to evidence sufficient progress against Care Inspectorate requirements** ♦ Resource responsible for 39 Registered Care Services ♦ Progress Care Inspectorate Action Plan for children and young people in need of care and protection in South Lanarkshire. Outstanding Advocacy and Kinship Continuing Care protocol ♦ Future Adult Support and Protection Inspection. Risks associated with capacity due to Pandemic response, absence and staff retention for Council Officers/Qualified Social Workers and front-line Managers	20	♦ New Link CI Inspector ♦ Transformation Change reports presented to Committee ♦ Positive subsequent Registered Services inspection reports ♦ Care at home oversight group ♦ Care Home oversight group ♦ Regular touchdown meetings with the Care Inspectorate (in house) ♦ Other localities have low risk inspection reports all have improvement plans. ♦ All services have a service improvement plan ♦ Annual Returns complete ♦ Six monthly Report to SW Committee regarding C I grades ♦ Updates on Joint Inspection Action Plans to GIRFEC South Lanarkshire Board ♦ Promise Board established	15

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 Very High (15-25)	**Lack of capacity and skills to provide and meet increased service demands** ♦ Competition with other industry sectors ♦ (retail and hospitality sector, less responsibility) ♦ Competition within Social Care sector ♦ Covid – expectation of vaccination ♦ Qualified Social Work and front-line Manager salary differential across the country ♦ Volume of inexperienced workers and front-line Managers **Council Top Risk**	20	♦ Learning and development Board identifies, and monitors training and support required ♦ Social Work Governance Board in place with LDB reports tabled ♦ Council Workforce plan ♦ National integrated workplan 2022/25 ♦ Registration requirements for care at home and housing support services ♦ Working time Directives ♦ Learn of Line Mandatory Courses ♦ Plans to scope the use of digital platforms to deliver training ♦ Consideration of peripatetic teams ♦ Monitoring of increased service demands ♦ Recruitment and new posts on establishment ♦ High uptake of vaccinations ♦ Implications of National Care Service Consultation	16

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
1 Very High (15-25)	**New and amended legislation** ♦ Social Work operates against a backdrop of many pieces of legislation, historically operating under the requirements of the Social Work (Scotland) Act 1968 ♦ Independent Review of Adult Social Care (IRASC) implications on Social Care Services (not just Adult Services)	20	♦ The requirements are met under all the standard legislation the resource operates within ♦ Adults With Incapacity and Adult Support and Protection timescales are built into IMPROVe reporting systems and performance monitored ♦ Children and Child Protection legislation timeframes are built into the IMPROVe reporting system and performance monitored ♦ Social Work Governance Group established ♦ Respond to SG on range of consultations some regarding planned bills ♦ COVID legislation ♦ Mental Health Legislation/funding • Review of Adult Social Care (Feeley) Report • Current consultation on the National Care Service	16
1 Very High (15-25)	**The Council fails to meet statutory and legislative duties in respect of public protection.** ♦ Child Protection ♦ Adult Protection ♦ Prevent (Terrorism or Extremism) ♦ Gender based Violence ♦ Staff capacity and experience of workers and Managers due to Pandemic demands **Council Top Risk**	20	♦ Public Protection Chief Officers Group ♦ Multi-agency child protection committee in place ♦ Multi-agency adult protection committee in place ♦ Multi-agency procedures adopted to provide guidance to staff ♦ Multi- agency MAPPA arrangements in place ♦ Significant case review protocol in place ♦ Data sharing agreements in place to support alert messaging and sharing key information ♦ Partnership Serious Organised Crime Group ♦ Contemporary guidance for PREVENT provided to staff ♦ Wider public health and environment COVID impacts ♦ Care Home Large Scale investigation findings ♦ Safer South Lanarkshire Board and Community Justice Partnership ♦ Getting it Right for South Lanarkshire Children's Partnership Board ♦ Locality Huddles re protection issues	16

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
2 High (8-12)	**The Council is materially affected by the recommendations arising from the independent review of Adult Social Care in Scotland.** ♦ All social care services no longer based in Councils ♦ Impact on Council Budgets **Council Top Risk**	16	♦ Briefing reports presented to IJB and Social Work Committee ♦ Consultation currently on National Care Services (includes all Social Care Services) ♦ Ongoing horizon scanning of recommendations ♦ COSLA supporting local councils	12
2 High (8-12)	**Information Governance not subject to adequate controls** ♦ Poor information recording within Client index systems **Council Top Risk**	20	♦ Data sharing protocols are in place with partners to ensure appropriate sharing of information about service users ♦ Electronic Documents Records Management System (EDRMS) is embedded in case file practice in all localities ♦ Resource following Corporate file structure "Objective" ♦ New replacement client index system in planning ♦ Annual audit checklists ♦ Information Governance Group and Strategy ♦ Regular updates on guidance circulated (use of Zoom/MS Meetings) ♦ Good Governance Statements ♦ As working from home continues supporting guidance issued to staff regarding safe working practices and information governance. ♦	12

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
2 **High** **(8-12)**	**Potential liability arising from claims of historic abuse** ♦ Perceived failure on the authority and predecessor authority to fulfil its obligations in relation to looked after children **Council Top Risk**	16	♦ Cross Council Historic Child Abuse Enquiry Group in place ♦ Regular meetings and monitoring Section 21 notices ♦ Review of historical records pertaining to current Section 21 notices completed ♦ Timescales met for Section 21 notices received. ♦ Level of insurance cover exists in relation to predecessor authorities. ♦ Redress for Survivors (Historical Child Abuse in Care) (Scotland) Bill published, payment levels for survivors who meet the eligibility for the scheme: Level 1, £20,000; Level 2 £40,000; Level 3 £80,000	12
2 **High** **(8-12**	**Failure to embed Self-directed support (SDS) with the Carers (Scotland) Act 2016 in respect of Carers** ♦ Allows for choice/option in how care is delivered service user/carer control	20	♦ A directory of support providers is available to assist service users identify organisations that that can offer appropriate forms of support ♦ Clear criteria for the management of Direct Payments established and Take Control offer support to Service uses and Carers for options 1 & 2 ♦ A range of public information items has been developed. ♦ An updated prioritisation framework is in place ♦ Support arrangements are reviewed annually and prioritised ♦ Independent Research published "My Support My Choice: o People's Experiences of Self-directed Support and Social Care in South Lanarkshire (a research project run by the Health and Social Care Alliance Scotland (the ALLIANCE) and Self Directed Support Scotland (SDSS) and funded by the Scottish Government) (18 October 2021) ♦ Resource Allocation System (RAS) under review	12

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
2 High (8-12	**Procurement activity is affected by a lack of resources, non-compliance or legal challenge** ♦ Centralised procurement function reducing capacity and knowledge of health and social care requirements **Council Top Risk**	20	♦ Liaison with central procurement ♦ Governance arrangements in place ♦ Monitor Care Inspectorate reports on purchased services ♦ Deficiency in care meetings in place for poor grading of care providers ♦ Quality Assurance and Commission Team in development with very focussed remit ♦ Regular reports re Care Inspectorate grades to Committee/SW Governance Group ♦ Seconded staff (Scotland Excel) within Procurement Service ♦ Specialisms within procurement services	12
2 High (8-12	**IT development and functionality does not keep pace with changing service requirements** ♦ Restrictions on legacy systems (SWIS plus) **Council Top Risk**	20	♦ Strategic review of Social Work IT System ♦ IT Programme Board in place ♦ IT Infrastructure Subgroup in place for IJB ♦ As part of digital strategy, council has commenced a move to the Cloud, which will include the introduction of Office 365 ♦ Approval and funding for replacement SWiSplus system in place ♦ IMPROVe (CORVU) developments ♦ Regular IT update reports on range of SW developments ♦ Project team in place for new SWIS client index system	12

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
2 High (8-12	**Fraud, theft, organised crime and cyber-attacks** ♦ Employee fraud/theft ♦ Breach in internet security **Council Top Risk**	20	♦ Code of conduct for all Social Work Staff ♦ Scottish Social Services Council accreditation ♦ Internal Audit ♦ Routine guidance to service users ♦ Trading standards input to providers re bogus callers ♦ Adult Protection Committee, Trading standards now included ♦ Bulletins and updates ♦ Use of social media channels to raise awareness ♦ SOC group council wide partnership group ♦ Community Justice Partnership ♦ Prevent (Terrorism or Extremism) awareness raising	12
2 High (8-12	**Failure to achieve results and demonstrate continuous improvement through leadership, good governance, and organisational effectiveness** ♦ Children's Services Inspection ♦ Adult Support and Protection Inspection	20	♦ Action plans following inspections findings ♦ Performance reporting through the IMPROVe system ♦ Regular Care Inspection oversight reports developed ♦ Care Inspectorate registered services reports to Committee ♦ Registered Service annual audit included in Good Governance Statement ♦ Customer Service Excellence Awards in 3 service areas ♦ Performance and Continuous Improvement Groups established across service user groups ♦ Range of audit and self-evaluation activity undertaken ♦ Social Work Governance Group oversight ♦ Action plan from Children's Services Inspection ♦ ASP preparation for inspection	12

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	Inherent risk score	Sample of Controls	Residual risk score
2 **High** **(8-12**	**Failure fulfils emergency response commitment befitting the Council's status as a Category 1 (emergency) responder** ♦ Social Work responsible for a number of building-based services from care homes for the older people, care homes for children and young people, day care services for adults and older people ♦ The resource employs over a thousand homecare staff to support very vulnerable people in various urban and rural settings **Council Top Risk**	16	♦ Named responsible person identified in each service area ♦ Officers identified for Major Incident Support Team Lanarkshire ♦ Emergency planning arrangements are in place with all social work establishments ♦ Clear processes for Fire Inspection and property maintenance audit are in place in all establishments ♦ Pandemic/health and contingency plans are in place ♦ Emergency Social Work Services out of hours service provided ♦ Client index system regularly backed up ♦ Covid Legislation and mobilisation of emergency arrangements	12
	The Council is significantly affected by the impact of the UK leaving the European Union ♦ There will be a shortage of entry level workers, including those with lower skills, those who gain their qualifications largely through work-based training, and those in less highly-paid sectors ♦ Social Care Staff shortages ♦ Access to supply chains (mobile phone components, computer parts, Technology enabled care equipment) **Council Top Risk**	20	♦ The HM Treasury has provided assurances around the current EU funded programme for all projects ♦ Council Resources have reviewed their contingency plans to ensure that they are sufficiently robust to deal with any significant negative impact that may arise from the UK leaving the EU ♦ Recruitment drives underway across the Resource	12

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Category	Number of Risks	Percentage
Very High	9	41%
High	10	45%
Medium	3	14%
Low	0	0
Total	22	100%

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Actions 2021/2022 (Additional control measures required to mitigate the risk)			
	Action:	Responsible person:	Target completion date:
1	Continue to monitor service capacity to deliver increased demand for Care at Home Services	Scot McNeill	March 2022
2	Continue to mobilise services in line with Government Guidance	Ian Beattie	March 2022
3	Maintain overview of national care service developments	Ian Beattie	January 2022
4	Commission replacement SWIS plus system	Martin Kane	March 2022
5	Eligibility criteria further aligned to Day Service Facilities (Lifestyles)	Ian Beattie	March 2022
6	Continue preparation for inspection of Adult Support and Protection	Ian Beattie	January 2022
7	Progress the actions from the joint inspection of services for Children and Young People in need of care and protection in South Lanarkshire in relation to Corporate Parenting responsibilities	Liam Purdie	March 2022

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Comparison 2021 and 2020

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**The Council does not provide an adequate response to the pandemic; maintaining critical services; delivering emergency response commitments as a Category One Responder; and protecting wellbeing of employees and service users as far as reasonably practicable. Responding to the pandemic will impact on everything else the Council does** ♦ Health and Social Care Services increased pressures/service demands **Council Top Risk**	16	20	↑	Addition of "providing support to community and business" to description

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**Reduction in external funding and fees/income received by the council, as well as increased service demands, results in saving difficulties**. ♦ Failure to generate income from charging policy **Council Top Risk**	20	20	**=**	Deletion of "maintaining front line services" from description Addition of "external " to description in respect of funding and fee/income

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**The Council does not fully deliver the strategic outcomes of the IJB as outlined in their Strategic Commissioning Plan** • Independent Review of Social Care and role of IJB **Council Top Risk**	12	16	↑	

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**Failure to ensure the health, safety and wellbeing of employees and the protection of service users and members of the public in the delivery of council services.** ♦ Increased demand on Mental Health Services ♦ More vulnerable service users **Council Top Risk**	9	16	↑	Description amended from "Death or injury to employees, service users or members of the public affected by council operations"
1 **Very High** **(15-25)**	**Community Alarms - Failure to properly prepare and successfully transition from the current analogue services to a digital solution within the pre-determined timescale** ♦ There are currently approximately 9,000 community alarm users in South Lanarkshire	15	15	=	Description fronted with the Community Alarms as the switch over impacts mainly on this for the Resource

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**Failure to evidence sufficient progress against Care Inspectorate requirements** ♦ Resource responsible for 40 Registered Care Services	16	15	↓	Home Care Grades improved
1 **Very High** **(15-25)**	**Lack of capacity and skills to provide and meet increased service demands** ♦ Competition with other industry sectors ♦ (retail and hospitality sector, less responsibility) ♦ Competition within Social Care sector ♦ Covid – expectation of vaccination ♦ Qualified Social Work salary differential across the country ♦ Volume of inexperienced workers **Council Top Risk**	9	16	↑	Major concerns with recruitment to health and social care workforce

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**New and amended legislation** ♦ Social Work operates against a backdrop of many pieces of legislation, historically operating under the requirements of the Social Work (Scotland) Act 1968 ♦ Independent Review of Adult Social Care (IRASC) implications on Social Care Services (not just Adult Services)	6	16	↑	New legislation plans developing

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
1 **Very High** **(15-25)**	**The Council fails to meet statutory and legislative duties in respect of public protection.** ♦ Child Protection ♦ Adult Protection ♦ Prevent (Terrorism or Extremism) ♦ Gender based Violence **Council Top Risk**	9	16	↑	Increased demands on services for most vulnerable individuals
2 **High** **(8-12)**	**The Council is materially affected by the recommendations arising from the independent review of Adult Social Care in Scotland.** ♦ All social care services no longer based in Councils ♦ Impact on Council Budgets **Council Top Risk**	0	12		New risk

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
2 **High** **(8-12)**	**Information Governance not subject to adequate controls** ♦ Poor information recording within Client index systems **Council Top Risk**	12	12	**=**	
2 **High** **(8-12)**	**Historical Childhood Abuse** ♦ Perceived failure on the authority and predecessor authority to fulfil its obligations in relation to looked after children **Council Top Risk**	12	12	**=**	Key risk description amended from "Potential liability arising from claims of historic abuse"

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
2 **High** **(8-12)**	**Failure to embed Self-directed support (SDS) with the Carers (Scotland) Act 2016 in respect of Carers** ♦ Allows for choice/option in how care is delivered service user/carer control	6	12	↑	Review of the Resource Allocation System, and risk reworded to reflect connection between legislation
2 **High** **(8-12)**	**Procurement activity is affected by a lack of resources, non-compliance or legal challenge** ♦ Centralised procurement function reducing capacity and knowledge of health and social care requirements **Council Top Risk**	9	12	↑	Recruitment and contract monitoring

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
2 **High** **(8-12)**	**IT development and functionality does not keep pace with changing service requirements** ♦ Restrictions on legacy systems (SWIS plus) **Council Top Risk**	9	12	↑	Replacement client index system plans
2 **High** **(8-12)**	**Fraud, theft, organised crime and cyber-attacks** ♦ Employee fraud/theft ♦ Breach in internet security **Council Top Risk**	12	12	=	

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
2 **High** **(8-12)**	**Failure to achieve results and demonstrate continuous improvement through leadership, good governance, and organisational effectiveness** ♦ Children's Services Inspection ♦ Adult Support and Protection Inspection	6	12	↑	ASP inspection intimated
2 **High** **(8-12)**	**Failure fulfil emergency response commitment befitting the council's status as a Category 1 (emergency) responder** ♦ Social Work responsible for a number of building-based services from care homes for the older people, care homes for children and young people, day care services for adults and older people ♦ The resource employs over a thousand homecare staff to support very vulnerable people in various urban and rural settings **Council Top Risk**	12	12	=	

Social Work Resources Risk Register (as at 13 October 2021)
Extract of risks with residual score category of Very High and High

Risk Category	Key Risk	2020 Residual Risk Score	2021 Residual Risk Score	Change	Change to key descriptions
2 **High** **(8-12)**	**The Council is significantly affected by the impact of the UK leaving the European Union** ♦ There will be a shortage of entry level workers, including those with lower skills, those who gain their qualifications largely through work-based training, and those in less highly-paid sectors ♦ Social Care Staff shortages ♦ Access to supply chains (mobile phone components, computer parts, Technology enabled care equipment) **Council Top Risk**	6	12	↑	

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**10 November 2021**
Report by:	**Director, Health and Social Care**

Subject:	**Chief Social Work Officer Report 2020-2021**

1. Purpose of Report

1.1. The purpose of the report is to: -

♦ outline the content of the Chief Social Work Officer Annual Report 2020/2021

2. Recommendation(s)

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

(1) that the Chief Social Work Officer Annual Report 2020/2021 be noted.

3. Background

3.1. There is a statutory requirement for all local authorities to appoint a professionally qualified Chief Social Work Officer (CSWO). He/she must be registered with the Scottish Social Services Council (SSSC). The role of the CSWO is to provide professional advice and guidance to local authorities, elected members and officers in the provision of Social Work Services, whether commissioned or directly provided. The CSWO has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

3.2. The CSWO is required to prepare an Annual Report of activity to the Chief Social Work Advisor for Scotland. The report follows a standardised reporting framework and timeframe to ensure key issues are highlighted and to aid learning and the sharing of information nationally. A summary report is also published annually by the Scottish Government.

4. CSWO Report

4.1. The report is split into an introduction and five main sections, a copy of which is attached as an appendix and a summary of highlights is outlined below:

4.2. Introduction

4.2.1. Introduces the purpose of the report and contextualises the role of the CSWO.

4.3.   Governance and Accountability

4.3.1. This section details the vision, values, and objectives of South Lanarkshire Council (SLC) and how these link to the work of Social Work Resources (SWR). It outlines the key role and responsibilities of the CSWO and the systems, structures and reporting arrangements which assure the quality of Social Work Services. Responsibilities are outlined in relation to the South Lanarkshire Health and Social Care Partnership (SLHSCP), Integration Joint Board (IJB), Children's Services, Public Protection, Community Planning, and the corporate responsibilities of the Council.

4.4.   Service Quality and Performance Arrangements

4.4.1. The report provides a service overview which highlights the positive response of SWR throughout the Pandemic, alongside key challenges, and areas for development within the national context in which Social Work Services are delivered and key legislation and strategies which currently frame that delivery.

4.4.2. Significant work has been undertaken to develop a consistent and meaningful approach to service user and carer participation and involvement within Social Work and this is a key responsibility of the CSWO. An example of this is the development of an Engagement and Participation group to support the work of the newly established Corporate Parenting Board (Promise Board) and Champions Board. This subgroup upholds the values of relationships, growth, inclusion, learning, opportunities and voice for care experienced children and young people.

4.4.3. The Care Inspectorate continues to regulate and inspect our 39 registered care services. Attached in the appendix are the most up to date grades in respect of our registered services. The CSWO has responsibility to respond to Care Inspectorate reports and findings from local and national activity, addressing the requirements of internal and external audit and reporting on progress against outcomes and follow-up actions from this activity. This includes discussion with the Chair of Social Work Resources Committee.

4.4.4. The report on the Inspection of Services for Children in Need of Care and Protection, undertaken in 2019, was published by the Care Inspectorate on 16 June 2020. An Improvement Action Plan was developed, based on the Care Inspectorate's findings, and has continued to progress with revised timelines to ensure all pertinent areas identified within the inspection report are addressed.

4.4.5. Care at Home Services continues to make progress in respect of the improvement plan established in 2019 following the inspection of services within Hamilton and Rutherglen localities. The Service has continued, throughout the Pandemic, to evidence sufficient progress against Care Inspectorate requirements and this was acknowledged following the reinspection of Hamilton in October 2020 and Rutherglen in November 2020 with both resulting in improved gradings.

4.4.6. As a result of the COVID-19 Pandemic, the Care inspectorate has duties placed upon it by the Coronavirus (Scotland) (No.2) Act and subsequent guidance, to evaluate infection prevention control and staffing levels within care homes and report inspection activity fortnightly to the Scottish Parliament. The Care Inspectorate adapted its inspection programme and augmented the existing quality framework for care homes. Throughout the last year, the CSWO has had a critical role providing professional leadership and oversight in response to the global COVID-19 Pandemic.

4.4.7. In addition to the continuing demands presented by COVID-19, there are other factors that continue to bring specific challenges to SWR and will require continued focus and action. These include:

♦ an increase in demand for Social Work Services over the last three years which includes a 32% rise in the number of children looked after; 14% rise in the number of people on Guardianship Orders; an 80% increase in the number of Adult Protection Plans to support vulnerable adults

♦ an increasing ageing population (this is most pronounced in the 75+ age group).

♦ increasing prevalence of dementia from 8 per 1,000 of the population in 2012/13 projected to be 9.7 per 1,000 of the population for 2020/21

♦ rising numbers of people living with long term health conditions and requiring Social Care Services, including Care at Home. For example, the number of people living with depression or anxiety is projected to grow from 224 to 281 per 1,000 of the population in 2020/21

4.5. Delivery of Statutory functions

4.5.1. The priority of Social Work Services is to ensure effective delivery of critical services, complying with statutory legislation to protect vulnerable children, young people, and adults in our communities. Services have continued to be delivered to those assessed as most at risk with the focus on public protection throughout the last year.

4.5.2. The CSWO is active in overseeing the quality of services and is responsible for ensuring that Social Work staff are appropriately trained and supported to carry out their professional and statutory duties. This is undertaken in several ways including regular meetings between the CSWO and Senior Managers to discuss performance and other operational issues, fulfilling corporate governance requirements through the annual Internal Statement of Assurance and overall Governance Assessment Framework with the agreement of the Chair of the Social Work Resources Committee.

4.6. Workforce

4.6.1. Social Work and Social Care Services are a diverse sector in terms of job roles, career pathways and service structures. The CSWO has a key leadership role in relation to workforce planning and development, from both a local authority and Partnership perspective.

4.6.2. The report details the responsibility and activity of the CSWO to ensure that Social Work staff and that of external providers adhere to the standards of conduct and practice within the sector and are equipped to support service users.

4.7. COVID-19 Pandemic

4.7.1. Ensuring that essential services could be delivered safely, the CSWO participated in a strategic command centre, initially daily, to take decisions for the Partnership in response to the spread of the virus and subsequent fast-paced guidance issued by the UK and Scottish Governments, Public Health, and other organisations. The priorities remained to ensure safe, effective delivery of critical services that support and protect vulnerable children, young people, and adults in our communities, complying with statutory legislation.

4.7.2. The exponential rise in the use of IT has also provided a safe and effective method of continuing assessment and treatment by health professionals where physical contact has not been essential. It has been of value where families have been able to be included in care discussions remotely and maintained positive contact between care home residents and families when visiting was restricted. Many services are actively re designing previous care pathways to include video consultations as a standard where possible.

4.7.3. Access to IT equipment and links to communication software have enabled home/agile working at an unprecedented level. The incidence of employees working from home long term (over 28 days) has increased from 26 in March 2020 to 823 by late August 2020.

4.7.4. Staffing challenges have been experienced across Social Work Services as a result of the Pandemic, with employees absent due to the infection of COVID or requiring to shield, or self-isolate. Local arrangements were established to realign staff on a temporary basis from other Council Resources to ensure the most essential services were maintained.

4.7.5. A PPE Hub was established immediately to ensure all care providers could work safely and protect both their workforce and service users. Housing and Technical Resources colleagues have been integral to the development of the Hub, providing the logistics for the delivery of PPE to internal and external care providers across the SLHSCP.

4.8.   Key priorities for recovery

4.8.1. The challenges facing both local and national government are expected to continue throughout the recovery phase of the COVID-19 Pandemic. Notwithstanding the financial constraints, the Council continues to do everything in its power to protect and maintain vital services, keep people safe, save lives, and protect our National Health Services.

4.8.2. Delivery models have been reorganised to adhere to social distancing by reducing the footfall in offices and homes, thus supporting the most vulnerable people. Care homes and Care at Home Services have introduced revised guidance and procedures to ensure enhanced infection prevention control standards are being met.

4.8.3. The Council began its process of recovery from COVID-19 in June 2020 with the publication of the COVID-19 Recovery Plan, which continues to be reviewed whilst the virus remains within the community. It does acknowledge that changes to priorities were forced upon Resources and consideration will be given to future service delivery in line with new innovative practice adopted during the emergency period.

4.8.4. The CSWO ensures operational risks continue to be monitored and reviewed to ensure further mitigating measures are taken where and when required.

4.9.   Performance, Data and Trends

4.9.1. Some additional information laid out in charts and tables have been incorporated into the report to give an understanding of trends over time across a range of service areas.

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 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 risks associated with this report.

8.2. 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.

9.2. There is no requirement for consultation in respect of this report.

Soumen Sengupta
Director, Health and Social Care

12 October 2021

Link(s) to Council Values/Ambitions/Objectives
♦ Improve later life
♦ Protect vulnerable children, young people, and adults
♦ Deliver better Health and Social Care outcomes for all

Previous References
♦ Social Work Resources Committee 20 January 2021

List of Background Papers
♦ Annual Report – Chief Social Work Officer, South Lanarkshire Council 2020/2021

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact: -
Ciana Stewart, Planning and Performance Manager
Email: Ciana.Stewart@southlanarkshire.gov.uk

South Lanarkshire Council

Chief Social Work Officer Annual Report

2020-2021

Contents

1. Governance and Accountability
2. Service Quality and Performance
3. Resources
4. Workforce
5. COVID-19

Appendix 1 - Performance Data and Trends

Appendix 2 - Care Inspectorate Gradings for Registered Services

Introduction

The aim of Social Work Resources is to promote social welfare and provide effective care and support to meet the needs of vulnerable people in South Lanarkshire. We are committed to providing responsive and accessible services, with defined standards for service provision and to supporting local people to maximise their potential, maintain their independence and improve outcomes.

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO), who must be registered with the Scottish Social Services Council (SSSC), is contained within Section 3 of the Social Work (Scotland) Act 1968. The role of the CSWO is to provide professional advice and guidance to the local authority's Elected Members and Officers in the provision of commissioned and directly provided Social Work Services. The CSWO also has responsibility for overall performance improvement and the identification and management of corporate risks, insofar as these relate to Social Work Services.

The CSWO is also required to prepare an annual report of activity to the Chief Social Work Advisor for Scotland. A summary repot is also published annually by the Scottish Government to aid learning and the sharing of information nationally.

All local Councils have a duty under the Social Work Scotland Act 1968 to assess a person's community care needs and where appropriate, to arrange any services they may require. South Lanarkshire Social Work Resources, in partnership with community planning partners, voluntary organisations and independent providers, offer a range of services designed to enable, support, improve and protect the Health and Social Care of those using our services.

Self-Directed Support (SDS) is Scotland's mainstream approach to Adult Social Care. The Social Care (Self-Directed Support) Scotland Act 2014 aims to put the person at the centre of the support planning process enabling them and their carers and families to make informed choices about the Social Care support they require and how it is delivered. It gives the individual better control of their care through four funding options. Our assessments are modelled on the co-produced assessment directed by our SDS assessment tools, offering individuals choice and control over their personal outcomes. The Children and Young People (Scotland) Act 2014 places Getting It Right for Every Child at the centre of assessing the wellbeing needs of children and young people.

In addition to assessment, Social Work Resources commission a wide range of local private, not for profit and voluntary sector providers together with a range of specialist services from outwith the South Lanarkshire area. There are 40 independent care homes for older people, 13 care homes for adults with a range of support needs and a small number of children's care homes in the Council area. Additionally, we have a range of Care at Home, Day Care and Supported Living providers operating across our localities.

Throughout 2020/21 Social Work Resources activities included:
♦ providing assessment, specialised assessment and support
♦ providing targeted services for vulnerable children young people, adults and their carers
♦ providing care at home
♦ day, respite and residential support services

- supervision and monitoring in the protection of vulnerable children and adults and wider public protection services
- working with those subject to requirements within Justice and Mental Health legislation

Those who use our services and the wider workforce have all experienced the impact of the global COVID-19 Pandemic. As we look forward to the gradual reintroduction of services as restrictions ease, we will assess and amend our plans, embrace our creativity and capitalise on the many innovations that have arisen in response to the Pandemic.

As CSWO for South Lanarkshire I will continue, whilst pursuing COVID-19 recovery, to progress our priorities in areas including:
- public protection for children and adults
- multi-agency public protection arrangements
- Integrated Joint Board and development meetings for Health and Social Care integration
- Social Work governance group/clinical governance group
- care facilities improvement plans
- health and care standards
- data protection, GDPR
- procurement of social care services
- eligibility criteria/prioritisation
- Self-Directed Support (SDS)
- community justice
- children and young people's legislation
- Carer's (Scotland) legislation
- care inspectorate announced and unannounced inspections and follow up improvement action plans
- developing and supporting our profession and workforce

The ongoing development of Social Work Services and our achievements rely on the continued commitment of our staff, statutory and third sector partners, the local community and support of the Council's Elected Members across all parties, who continue to advocate for the Service.

I would like to thank everyone for their efforts during the exceptional circumstances of 2020-21 and I look forward to working together on shared agendas during the year ahead.

Liam Purdie
Chief Social Work Officer
30 September 2021

Section 1. Governance and Accountability
1.1   Community Planning Partnership
1.1.1   South Lanarkshire Council is part of the South Lanarkshire Community Planning Partnership (CPP) and the Partnership Board has a key role in progressing Community Planning in this area. Board partners include:

- ♦ NHS Lanarkshire
- ♦ Police Scotland
- ♦ Scottish Enterprise
- ♦ Scottish Fire and Rescue Service
- ♦ Scottish Government
- ♦ Skills Development Scotland
- ♦ Strathclyde Partnership for Transport
- ♦ University of the West of Scotland
- ♦ VASLan (Community and Voluntary Sectors)

1.1.2   The agreed vision for Community Planning in South Lanarkshire is:
"To improve the quality of life for all in South Lanarkshire by ensuring equal access to opportunities and to services that meet people's needs".

1.2 South Lanarkshire Council

1.2.1 There are 64 Council Members representing the 20 multi-member wards across South Lanarkshire. The composition of the Council is:

Scottish Labour Party	Scottish National Party	Conservative /Unionist	Scottish Liberal Democrats Party	Independent	Independent Group
17	25	12	3	1	6

1.2.2 The Council's Vision to "improve the quality of life of everyone in South Lanarkshire" remains at the heart of the Council Plan and along with our values, influences everything that we do. Our five Ambitions Circle, shown below, links our Vision and Values to our 11 Objectives and to work in our wider communities and with public partners.

1.2.3 Social Work Resources is one of five Council Resources, the others being: Community and Enterprise Resources; Finance and Corporate Resources;

Education Resources and Housing and Technical Resources. All Resources work together in support of the Council Plan - Connect 2017-22.

1.2.4 Each Resource prepares an annual Resource Plan which details the work, achievements and ongoing performance activity. Here is the link to Social Work Resource Plan 2021-2022 - SWR_Resource_Plan_2021_22 (1).pdf

1.3 Social Work Resources

1.3.1 The principal role and purpose of the Social Work Service is contained within the Social Work (Scotland) Act 1968, which gives local authorities the responsibility of "promoting social welfare". The Social Work Service has a statutory duty to provide care and protection to the most vulnerable people across South Lanarkshire. Unfortunately, due to the statutory nature of our work, many of our service users do not engage with us on a voluntary basis.

1.3.2 The CSWO role is understood and valued within the Council and Partnership. The CSWO provides professional advice directly to the Chief Executive of South Lanarkshire Council on statutory service delivery and on matters relating to the profession. This professional advice and guidance also extend to local elected members, officers within other Resources of the Council and to senior staff within partner agencies. There is a clear line of accountability including support and challenge that is understood by the Council Leader, the Chief Executive and the five Directors of the Corporate Management Team.

1.3.3 The CSWO holds the position of the Head of Children and Justice Services, is a member of the Senior Management Team (SMT) and a standing member of the Integration Joint Board (IJB). The role is integral in the supervision and monitoring of the protection of vulnerable children and adults and serving as a conduit between the IJB and public protection activity and reporting annually on the discharge of statutory duties.

1.3.4 Social Work Committee consists of 26 Elected Members and deals with most of the business relevant to the CSWO role, as well as strong links to other key member groups including relevant audit, scrutiny, equality, and member officer working groups.

1.3.5 The CSWO actively participates in a number of influential decision-making forums providing a significant leadership role in shaping the overall strategic direction of services, including:

Table - CSWO Membership of Decision-Making Bodies	
Structure	**Role**
Council	♦ Social Work Committee ♦ Social Work Governance Group ♦ Good Governance Group ♦ Learning and Development Boards ♦ Corporate Management Team
Integrated Joint Board (IJB)	♦ IJB Board ♦ IJB Performance and Audit Sub Committee ♦ Health and Care Senior Management Team ♦ Support, Care and Governance Group

Table - CSWO Membership of Decision-Making Bodies	
Structure	Role
Children's Services	♦ GIRSLC Partnership Board ♦ GIRSLC Strategy Group
Public Protection	♦ Chief Officer's Group ♦ Child Protection Committee ♦ Adult Protection Committee ♦ MAPPA Strategic Oversight Group
Community Planning	♦ Community Planning Partnership Board ♦ Safer South Lanarkshire Steering Group ♦ South Lanarkshire Community Justice Partnership ♦ Lanarkshire Alcohol and Drugs Partnership ♦ Gender based Violence Group

1.3.6   In addition to these regular forums, the CSWO has engaged in a strategic command centre throughout the COVID-19 Pandemic, established by the South Lanarkshire Health and Social Care Partnership (SLHSCP) to make daily decisions in response to the fast-paced guidance issued by the UK and Scottish Governments, Public Health and other organisations.

1.4   SLHSCP

1.4.1   Within the SLHSCP, the Director, Health and Social Care has a lead role for Social Work functions, supported by the CSWO.

1.4.2   Child and Family and Justice Social Work Services are not included in the South Lanarkshire Integration scheme and lie outside the SLHSCP. A Performance and Audit Sub-Committee assists with the governance and accountability arrangements in key areas of work which are led by the IJB, including:
   ♦ the approval and implementation of the Strategic Commissioning Plan (SCP)
   ♦ the establishment of locality planning
   ♦ governance and accountability arrangements
   ♦ the production of an annual performance report

1.4.3   South Lanarkshire locality planning areas develop local profiles and identify local priorities which in turn shape commissioning intentions and the Strategic Commissioning Plan.
   (www.southlanarkshire.gov.uk/slhscp/download/downloads/id/194/sl_hscp_strategic _commissioning_plan_2019-2022.pdf)

1.4.4   The CSWO has responsibility for ensuring there are recognised governance and decision-making arrangements in place that support the SCP ambitions. The CSWO provides professional leadership and ensures the SLHSCP delegated statutory functions are being delivered through the chairing of groups such as, the Social Work Governance Group and the Social Work Learning and Development Boards alongside the scrutiny and monitoring of performance and standards within the Senior Management Team.

1.4.5   The Scottish Government outlined new arrangements in May 2020 for HSCPs to enhance professional clinical and care oversight of care homes within their area. The CSWO is central to the multi-disciplinary group that monitors and discusses the

quality of care within care homes across South Lanarkshire. This requires daily support and oversight and includes arrangements for testing and infection prevention control arrangements and PPE, through an established Care Home Clinical and Care Professional Oversight (CHCCPO) team comprising of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse Lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

1.4.6 Alongside this is the responsibility for tracking and reporting to Scottish Ministers and the implementation of emergency powers, outlined in the Coronavirus (No 2) (Scotland) Act 2020), to intervene as the nominated officer to secure the health and safety of people living in care homes should this be necessary.

1.4.7 Below is the structure chart that the Health and Social Care Partnership operate within.

8

Social Work Resources/Health and Social Care Organisational Structure

Director of Health and Social Care

Head of Health and Social Care x 2

2193 Staff (Whole Time Equivalent)

Each Head of Service is responsible for delivering Social Work Services for Adult and Older People in two localities including:

- Care and protection of vulnerable adults and children
- Assessment
- Physical disability and Learning disability
- Mental Health Services
- Drug and Alcohol Services
- Carers Support Services
- Care Home Services
- Care at Home Services
- Health Improvement Services
- Day Services
- Respite Services
- Occupational Therapy Services
- Reablement Services – Equipment and Telecare/Health
- Commissioning of Services
- Integrated Community Support Team
- Palliative Care
- Primary Care

Chief Financial Officer

The Chief Financial Officer is responsible for monitoring and regulating the financial performance of the resources available to the Integration Joint Board. This post covers North and South Lanarkshire IJBs

Head of Commissioning and Performance

244 Staff (Whole Time Equivalent)

Commissioning of Services

- Strategic Planning
- Performance Management
- Property and Assets
- Information Technology
- Communication
- Complaints
- Money Matters
- Health Improvement
- Winter Planning

Nurse Director

Community Nursing: 406 staff

Children's Services: 159 staff

Specialist and Hosted Services: 134 staff

Associate Nurse Directors

- Health Visiting
- Community Nursing
- Hosted Services (Palliative Care, Health and Homeless, Out of Hours, Primary Care Improvement Plan)

Medical Director

Associate Medical Director and four locality lead GPs

Primary Care Improvement Team (5TE) – Pan-Lanarkshire

Professional input and liaison for Primary Care Services, all GP practices, Community Pharmacies, Opticians Dentists Pan-Lanarkshire

Head of Children and Justice Services / CSWO

536 Staff (Full time Equivalent)

- Care and protection of children and young people
- Assessment
- Children's Houses
- Fostering and Adoption Services
- Corporate Parenting
- Getting It Right for Every Child
- Family Support
- Throughcare and Aftercare
- Youth Justice
- Learning Disability
- Counselling
- Working with Offenders
- Community Payback
- Restorative Justice
- Multi Agency Public Protection Arrangements (MAPPA)
- Court Services
- Drug Testing and Treatment Orders (DTTO)
- Substance misuse services
- Gender based violence
- Justice Throughcare

Section 2 Service Quality and Performance

2.1 Service Overview

2.1.1 Throughout 2020-21, Social Work Services have responded positively to the global Coronavirus Pandemic, ensuring that the most vulnerable citizens in our communities and our employees remain supported and protected.

2.1.2 Service delivery models have been reorganised to adhere to government guidance, and restrictions with social distancing resulted in an immediate reduction in footfall within our workplaces. The introduction of agile working and the use of key IT solutions such as Microsoft Teams and Near Me have been invaluable to service delivery and to the recovery process. Working arrangements put in place to deliver services during this public health crisis continue to be reviewed on an ongoing basis as we recover.

2.1.3 In direct response to the COVID-19 Pandemic, a PPE Hub was established immediately to support the needs of over 200 care providers including care homes, Care at Home providers, paid carers, unpaid carers, and charitable organisations, operating 24 hours daily, 365 days per year. Asymptomatic Testing Centres also opened in the area in March 2021.

2.1.4 The Council's Community Engagement Team has worked alongside Third Sector Interface (VASLan) in response to the Coronavirus Pandemic to collate the activity happening within communities and establish contact with new groups and networks that have developed in response to the current situation. This included setting up a helpline to assist people to access food and other essential supplies.

2.1.5 Engagement with service users and the community remains strong across the Partnership and is supported by the South Lanarkshire Health and Social Care Forum. This is an independent group of community volunteers who work to engage Health Service and Social Care users, carers and communities to improve local Health and Social Care Services. The Forum also supports wider public involvement in planning and decision-making about local services, and keeps local people informed about the range and location of services.

2.1.6 The IJB's second Strategic Commissioning Plan 2019-22 (SCP), continues to provide the SLHSCP with direction of travel by responding to:
   ♦ public and key stakeholder consultation and engagement activity
   ♦ strategic needs profiling of the population of South Lanarkshire
   ♦ delivery of the nine National Health and Wellbeing Outcomes
   ♦ strategic aspiration of the Scottish Government to shift the balance of care through the provision of services which are designed and delivered in the person's home and community (www.southlanarkshire.gov.uk/slhscp/downloads/file/194/south_lanarkshire_health_and_social_care_partnership_strategic_commissioning_plan_2019-2022)

2.1.7 Social Work Resources continues to play a key role in operationally delivering a number of the 13 strategic priorities identified within the SCP and supporting the most vulnerable people who may be at risk of harm.

2.1.8 A strategic priority for the SLHSCP is the implementation of the Rapid Rehousing Transition Plan (RRTP) 2019/2024 which sets out how the Partnership will work to

reduce homelessness and improve outcomes for people experiencing homelessness. A Homelessness Strategy Group has been established to take forward the priority outcomes set out in the South Lanarkshire's Local Housing Strategy (LHS).

2.1.9   Adult and Older People Services work with other Council Resources as well as partners in health, the voluntary and independent sector. Staff fulfil duties under the law and the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 play an important role in guiding how some services are delivered. Assessment and Care Management Services work with service users and their carers to help plan services to meet their needs.

2.1.10 Adult and Older People's Services carried out a range of activity throughout 2020-21 examples of which include:
   ♦   working with 2,436 people to promote independence as part of the Supporting Your Independence approach
   ♦   providing 14,199 items of equipment to people to enable people to stay within their home
   ♦   supporting up to 2,200 older people at any time in long term care placements
   ♦   our Adult Support and Protection activity showing this year, for adults under 65 we supported inquiries for 875 people which led to 340 investigations and for adults 65+ we supported 2071 inquiries leading to 824 investigations
   ♦   for local authority Welfare Guardianship Orders, visits have been maintained at a good level over the course of the year, with 94% within timescale
   ♦   for private Welfare Guardianship Orders, demand remained high; however, despite the COVID-19 outbreak and social distancing measures, the number of visits completed within timescales was 94%
   ♦   supporting 1,085 people with a learning disability to live in their own communities
   ♦   working with 5,405 adults with a physical disability who were referred to the physical disability teams
   ♦   working with 788 individuals with a mental health problem who were referred to Community Mental Health Teams

2.1.11 Care at Home Services continued to offer support to the most vulnerable individuals throughout the Pandemic. The Service benefitted from initial support from colleagues redeployed from other Council Resources to enable the creation of a Community Meals Service and welfare check for those with lower-level need. This released valuable Home Carer hours to focus on those with greater complex needs and offered additional support to those discharging from hospital.

2.1.12 A challenge for the Service during this period was the impact of staff absence, with a significant number of staff shielding, self-isolating or absent from work due to sickness. Fortnightly meetings were held with external Care at Home providers to offer support, share information and ensure appropriate responses were in place to meet emerging issues.

2.1.13 Communication with carers was paramount and agreement to extend Microsoft 365 accounts to all Home Carers, provided access through organisational email addresses and MS Teams. This has transformed the way in which we can engage with staff who work in the community in a more responsive, efficient, and safe way.

2

2.1.14 The Service also remained focussed on areas of improvement which had been previously highlighted by the Care Inspectorate. Two locality teams were placed in voluntary moratorium to enable local managers and staff the opportunity to address the areas of concern. Following positive feedback from the Care Inspectorate, the moratoria have now been removed.

2.1.15 Meanwhile the Service has introduced a sector leading IT system called Total Mobile to transform the way that it schedules and allocates work and communicates with staff and service users. The system will bring efficiencies to the scheduling process, be more responsive to changes in service user circumstances and offer improved continuity with a more personalised care service.

2.1.16 Care homes for older people were required to adapt rapidly to the outbreak of COVID-19, and the Service has since been consistent in its application of the changing guidance, implementation of enhanced infection prevention and control measures and additional scrutiny and oversight.

2.1.17 In response to the Crown Office and Procurator Fiscal Service's dedicated COVID-19 Death Investigation Team (CDIT), the CSWO has established a Governance Oversight Group to support Operation Koper. Further, the Care Home Outbreak Management Oversight Group has been established to review and assure the management of COVID-19 outbreaks in Lanarkshire care homes. The Group reviews active outbreaks and monitors the impact of preventative and mitigating actions. Common themes and lessons learned are collated and identify further action for improvement.

2.1.18 At the outset of the Pandemic a Discharge Pathway was developed in-line with national COVID-19 step-down guidance to support the discharge of patients' home from acute hospital sites. Care home capacity was created within three new sites where adults from hospital and community received intermediate care before returning home. As testing capacity increased, a decision was taken to close the additional sites and establish COVID-19 admission zones within our care homes.

2.1.19 A network of support has been established for the care home sector during this period. The Care Home Providers forum includes representation from independent, voluntary, and local authority care homes. Chaired by a Social Work Manager, the forum provides the opportunity to share and signpost providers to emerging guidance and reporting requirements, whilst sharing an understanding of the pressures and identifying solutions.

2.1.20 The Pandemic interrupted the programme of transformation of the existing model of residential care. With the programme recommencing in the spring of 2021, work on the £18 million investment from the Council's capital fund is fully underway.

2.1.21 Planning permission was granted in December 2019 for a new care facility to be built with four distinct elements including:
  ♦ 20 transitional care apartments for adults and older people. Transitional care offers short term support with the objective of allowing people to return home following a period of ill health or crisis. Transitional care can also be preventative, preventing hospital admission.

3

♦ a Centre of Excellence specialising in training and development of Health and Social Care staff. Although unique to the proposed Hamilton/Blantyre facility, this will support all localities.

♦ a community-facing hub featuring: a café; demonstration site showcasing our Telehealth Technology and how that can improve lives; guidance and support for unpaid carers; linkage and signposting into a raft of community-based voluntary and third sector support.

♦ 20 technology enabled homes for adults and older people designed and equipped with technology to support older people requiring a higher level of support and those with complex disabilities to live independently in a family home rather than moving to residential care.

2.1.22 This model of care will enhance our ability to meet changing care needs and respond to what people have told us, particularly in light of significant population changes over the last 20 years. It offers individuals more choice and options to be maintained at home and in the community.

2.1.23 Care and Support arrangements have remained under review throughout the Pandemic. The Service, offering support to adults with a learning disability to live safely within their own home in the community was established in 2004 and has seen little change since its inception. The need to embed policy directives such as SDS, South Lanarkshire's Eligibility Criteria and the Carers (Scotland) Act 2016 were considered drivers to review the Service, alongside a recognition of the diminishing number of ageing service users, with increased levels of dependency. It is anticipated the review will provide individuals with greater choice and control over their care and support to achieve outcomes that matter to them and ensure there is sufficient capacity to continue to meet those outcomes going forward.

2.1.24 Adult and Older People's Day Service buildings were required to close on 19 March 2020, in response to government COVID-19 guidance. An Outreach Service was established immediately to ensure those most vulnerable, who had been attending day services were offered individualised support at home. Working closely with Care at Home Services, steps were taken to reduce the footfall within service users' homes, with day services seeking a service variation to enable them to also carry out personal care tasks within service users' homes.

2.1.25 Prior to the Pandemic, an evidence-based review of adult and older people's day services was underway. The review emerged in response to changes in national policy direction to provide personalised support and better understand the reasons for decline in the number of individuals attending traditional day services.

2.1.26 An appreciative inquiry approach was taken to consult fully with all stakeholders during 2019 and early spring 2020, to gain views and opinions about what works well in the current day service model and where there is scope to improve. Review activity has now recommenced and, whilst there is steady progression to resume some building-based service, Outreach support will continue during the period of recovery.

2.1.27 Technology Enabled Care (TEC) has seen an unprecedented rise in services accessing technology enabled care as an option to provide care and support since early March 2020, as a result of restrictions on travel, shielding and social distancing. Consultations have risen from 75 in the month of February 2020 to a

4

current average of over 1,800 consultations per week (SLIJB Annual Report 2019/20).

2.1.28 Services are now redesigning their care pathways to include video consulting, Near Me, following its regular use by a wide range of health, social care and independent providers to maintain the quality-of-care provision throughout the Pandemic.

2.1.29 **Telecare (assistive technology)** review was completed at the end of January 2020, with recommendations to streamline the assistive technology pathway and improve efficiency and effectiveness including:
   ♦ the development of tech hubs in three SLC care homes
   ♦ the development of an assistive technology assessment on Social Work information system
   ♦ the collation and submission of telecare benchmarking data to the national TEC programme

2.1.30 This development programme was paused at the start of the COVID-19 Pandemic but quickly restarted except for the tech hubs in care homes. The focus of training has moved to online assistive technology training for assessors.

2.1.31 The number of assistive technology requests dramatically reduced at the start of lockdown. However, demand for assistive technology installations quickly bounced back with 382 assistive technology items being installed in service users' homes between September and November 2020, a 137% increase on those installed during the same period in 2019.

2.1.32 The assistive TEC team continues to be involved in a range of COVID-19 related activities. One notable example is that the team procured, configured and distributed tablets to all South Lanarkshire Council care homes and children's houses at the start of lockdown. Care homes have used the tablets to enable video consultations between residents and health professionals using NHS Near Me, together with enabling residents to keep in contact with their loved ones.

2.1.33 Children Services work to provide family support to promote the welfare and development of children, young people and their families. Children's Services provide support and care for children, young people and their families so that, wherever possible, young people can remain with their own families in their own communities.

2.1.34 Social Work Resources has a duty to protect children. Whilst this is a shared responsibility with other agencies and the community, Social Work has particular responsibility to investigate allegations of child abuse. These responsibilities are carried out in the framework of jointly agreed child protection procedures.

2.1.35 In response to the Pandemic, South Lanarkshire Council's Meals at Home Programme was established to support vulnerable families with current involvement with Children and Families Resources. Hot meals and desserts were delivered seven days per week during the periods of lockdown, to enhance the existing Care Plans for over 120 families.

2.1.36 An Inspection of Services for Children in Need of Care and Protection was undertaken in 2019. The Care Inspectorate published the Inspection Report on 16

5

June 2020, following a short delay in light of the priorities surrounding the COVID-19 Pandemic.

Summary of Evaluations:

How good is our leadership?	Good
How well do we meet the needs of our stakeholders	Good
Impact on children and young people	Adequate
Improvements in the safety, wellbeing and life chances of vulnerable children and young people	Adequate

2.1.37 An integral part of any inspection undertaken is the development of an Improvement Action Plan based on the Care Inspectorate's findings. The Improvement Plan has continued to progress but with revised timelines due to the Pandemic to ensure all pertinent areas identified within the inspection report are addressed. The five key themes were:
- ♦ corporate parenting arrangements;
- ♦ care leavers transitions;
- ♦ outcome data;
- ♦ views of children, young people and their families; and
- ♦ kinship care

2.1.38 Each theme has several actions and associated measures to track progress. The actions within the plan are linked back to existing strategic plans and incorporated into new ones to ensure there is clear governance and reporting.

2.1.39 The Corporate Parenting Group, Children Services Continuous Improvement Group and the Children's Services Strategy Group will take ownership of the themes identified in the Action Plan and report on progress.

2.1.40 Residential Children's Services have maintained a settled environment during the period of COVID-19. Staff continue to deliver high quality care whilst observing and applying public health guidance during wellbeing activities and family contact. This has merited meticulous planning and organising involving key stakeholders across the Corporate Parenting landscape within SLC placing particular emphasis on contingency situations to ensure our young people remained safe.

2.1.41 Corporate Parenting Board (Promise Board) and a Champions Board were established in 2020 to sit alongside the Getting It Right for South Lanarkshire's Children Partnership Board. These two newly formed Boards will lead on the change agenda and hold all partners to account, providing the foundation for achieving best practice in implementing the Promise and The Plan.

2.1.42 The Corporate Parenting Board's vision is to make sure everyone plays their part in supporting care experienced children and young people as they grow and develop and assists the Council and partners in continuing to fulfil its legal obligations and responsibilities towards looked after children and children leaving care. The inaugural meeting took place on the 24 April 2021 and was chaired by the Chief Executive of South Lanarkshire Council. The Board, known as the Promise Board in recognition of the vision of the Independent Care Review findings, includes representation of all key partners and senior officers. The Promise Board reports directly to the Community Planning Partnership (CPP) and operates to a set of

principles on which to lead and challenge the progress of the Corporate Parenting agenda and meet collective, Corporate Parenting responsibilities.

2.1.43 Three subgroups report to the Promise Board including:

♦ **Engagement and Participation**
The aim of the Engagement and Participation subgroup is to ensure that care experienced people in South Lanarkshire help to shape the decision-making processes that affect their daily lives by ensuring participation and involvement is embedded into agency practice across the Children's Partnership of South Lanarkshire. The Engagement and Participation Sub-group upholds the values of relationships, growth, inclusion, learning, opportunities and voice for care experienced children and young people.

♦ **Redesigning Services for children looked after in the community**
This group brings together representatives from Children's Services throughout South Lanarkshire to build a broader understanding of the needs of children looked after in the community and to develop proposals for service redesign. The focus of the group are those children and young people who are subject to a Compulsory Supervision Order, and who are looked after at home or in Kinship Care that is with a person who is related to them or a person with whom they have a pre-existing relationship. Initial work will focus on improving the data that is available on the scale and changing demographic of children looked after in the community and the services currently provided to them.

♦ **Throughcare, continuing care and aftercare**
The Throughcare and Aftercare Sub-group act in the best interests and promote the physical and mental health and well-being of care leavers, ensuring that care leavers are engaged and regularly consulted. The areas of improvement for the group include;
♦ assessment, planning and review
♦ health and wellbeing
♦ housing and accommodation pathways
♦ education, employment, and training

2.1.44 Champions Board is a group of young care experienced people who are supported to come together to engage directly with those who make key decisions about the care system. The vision for Champions Boards is one where Corporate Parents build genuine, trusting relationships with care experienced young people in their area. By combining the expertise of care experienced young people and the power and responsibility of decision makers, Champions Boards aim to improve the quality of care and support for care experienced young people.

2.1.45 The South Lanarkshire's Champions Board is supported by Who Cares? Scotland and was launched in December 2019 at an event that brought together Corporate Parents and care experienced young people from throughout the area. In addition to Who Cares? Scotland, the Champions Board will recruit two dedicated Participation Workers jointly funded by NHS and South Lanarkshire Council Social Work Resources. These posts advertised for young people with care experience and are specifically focussed on increasing the participation of care experienced young people.

2.1.46 The Champions Board links directly with the Promise Board and the three strategy sub-groups ensuring the voice of care experienced young people is central to decision making.

2.1.47 Justice Services work within the context of a Community Safety and Social Inclusion Policy to provide services that enable people to participate effectively in response to the problems and consequences of crime.

2.1.48 Justice offers a wide range of services in courts, local offices and specialised teams to people referred by the Crown Office and Procurator Fiscal Service, courts, the Scottish Prison Service and other agencies. Specialised teams have been developed to work with women, young people, people leaving custody (throughcare), men convicted of domestic abuse and their families (Caledonian system), adults involved in substance related offending (the drug treatment and testing order service). Justice employee's work with individuals to address the factors associated with their challenging and harmful behaviours to reduce the likelihood of these behaviours recurring and to promote community safety. Justice Services undertake a relationship-based approach which maximises opportunities to reduce criminality. Justice Services maximise opportunities for individuals to be diverted from prosecution where possible and to remain in the community rather than custody with required levels of supervision. Work delivered includes maximising opportunities for young people (16–21year-olds) to undertake a structured deferred sentencing programme which is tailored to their age and stage of development.

2.1.49 The Caledonian Programme for persons convicted of domestic abuse offences and the moving forward making changes programme for persons convicted of sexually harmful behaviour. A holistic approach is taken to ensure programmatic work addresses inappropriate behaviour but also ensures the safety of persons harmed. The Caledonian Programme is a good example of this as it is delivered in partnership with CIRCLE and Women's Aid who support the women and children impacted by the behaviour of men.

2.1.50 The Coronavirus Act 2020 allowed for the emergency early release of prisoners sentenced to 18 months or less, with 90 days or less of their sentence to serve if necessary. Those released are not subject to supervision and are offered support on a voluntary basis.

2.1.51 A fortnightly multi-agency meeting was quickly established with key contacts from Police (Scotland) SPS, Housing, Health and Addictions, Adult and Childcare Services and the local third sector, to assist in the management of any public protection, Housing or Health issues that may require attention. The Justice Service has seen an increased demand in the number of clients presenting with welfare needs. The service responded by providing food, meals, and essential items.

2.1.52 There has been significant impact on the courts system, whilst the three courts within Lanarkshire are operational, their delivery has been impacted by lockdown, social distancing and infection control measures. The introduction of virtual courts for persons appearing from custody has required Court Social Work Services to introduce and access digital communication to ensure service provision. Challenges arising from virtual communication are fed into Social Work Scotland

and reported to the National Justice Board. Court reports have continued to be delivered however, have been undertaken virtually where possible. For individuals with complex needs and risks, interviews have continued to be undertaken in person in approved office arrangements.

2.1.53 Unpaid Work (UPW) was suspended at the outset of the Pandemic, in response to renewed public health guidance. Service delivery adapted to changing government guidance and when permitted, resumed with appropriate infection control measures and social distancing. The required health and safety measures have led to a reduction in the volume of service users who can attend the UPW Service at any one time. New ways of working also led to creative and imaginative solutions such as the delivery of UPW at home leading to for example, safety blankets being made from crisp packets for homeless people. Reduced service capacity has led to a backlog of UPW hours. The backlog in hours is monitored closely and reported nationally via Social Work Scotland who are reporting this to the Justice Board at Scottish Government. A recovery plan has been developed and both Sacro and Action for Children who have existing contractual arrangements with South Lanarkshire are working in partnership with us to reduce the backlog in hours. Nevertheless, current restrictions have limited the ability to progress work as planned however, we are continuing to explore innovative solutions with regards to what can be delivered remotely in advance of one-to-one work resuming.

2.1.54 Children and Justice Services carried out a range of activity throughout 2020-21 examples of which include:
   ♦ protected children through 811 child protection investigations. On 31 July 2019, there were 118 children on the Child Protection Register
   ♦ prepared 473 reports for children who were supported through the Children's Hearing system
   ♦ as of 31 July 2021, 760 children were looked after by the Council. Of these children: 476 or 63% were looked after at home; (352 of these with friends and relatives); 204 or 27% were looked after by foster carers/prospective adopters. 69 or 9% children were in residential and/or secure school accommodation.
   ♦ supported 501 people to complete a Community Payback Order, including providing the opportunity for personal development or learning opportunities
   ♦ 571 individuals were supported by substance misuse services, following a referral for alcohol or drug misuse

2.1.55 **Performance and Support Services** support the work of all other services within Social Work Resources and embraces a range of business support functions and links with: IT; Procurement; Finance; Personnel; Workforce Planning; Corporate Governance; Information Governance; and Asset Management. Administration Services providing effective administration and communication support to all the service areas across the Resource. Money Matters Advice Service offers benefits and money advice. A dedicated team of staff provides a range of services and support in the areas of performance reporting and statutory planning, inspection, regulation, risk management which involves the provision of a range of information which meets the following resource planning requirements, Scottish Government returns and statutory performance indicators; information to support planning, for example demographic profiles and trends, management information requests as required by services and business needs.

2.1.56 Activity across all service areas included:
- ♦ during the past year Money Matters Advice Service has helped residents of South Lanarkshire to claim over £33.2 million in benefits and over £4.7 million in backdated payments. As well as this, Money Advisors have helped people to deal with over £8.6 million debt
- ♦ we supported 4,011 carers through our two carers' organisations (Lanarkshire Carers Centre and South Lanarkshire Carers Network) in 2019-20

2.2   Performance monitoring

2.2.1   Service quality, performance management and reporting are intrinsic parts of the duties of the CSWO. Social Work Resources utilise a quarterly performance and monitoring system which allows services within the Resource to assess performance against key Council and Social Work Resources objectives. Performance information is then used to inform the annual Social Work Resource Plan 2021-2022 highlighting areas of progress and approaches to continuous improvement. The Resource Plan also identifies those areas of action where performance requires to be measured for example, Adult Support and Protection, AWI, Child Protection.

2.2.2   A quarterly performance management meeting takes place in-line with the reporting timescales of the quarterly report. Examples of performance activity, which are discussed include findings from case file audit activity, self-evaluation, Social Work risks and financial performance.

2.2.3   The performance scorecard within the Resource Plan has a number of measures which relate to the Council Plan. These are formally reported to the Council's Executive Committee twice a year. Any measures which have amber or red progress status are discussed within the Council's Scrutiny Forum and a Head of Service from the Social Work Resources Management Team is required to attend and explain the performance and potential improvement activity.

2.2.4   The performance management system (IMPROVe) supports frontline Managers with real time management information. This system allows Managers to look at detailed caseload or timescale information for aspects of service such as guardianship visits and reviews and the supervision of children under statutory requirements. In addition, the system allows the higher-level performance measures within the Resource Plan to be tracked and measured daily. This enhances performance management capacity and knowledge across the Service, allowing for corrective action to be taken instantly.

2.2.5   Some key performance trend data is recorded at Appendix 1 that supports some examples of the areas of work identified above.

2.2.6   In common with other Council Resources, an Internal Statement of Assurance is produced annually covering general good governance, internal controls, information governance and systems of governance and control.

2.2.7   Accounts Commission, as part of their statutory responsibilities, audit public performance reporting arrangements each year to provide continuity and support progress of the Local Government Benchmarking Framework (LGBF). Social Work Resources reports a range of information to demonstrate that it is securing Best Value in providing services.

2.2.8 The Care Inspectorate continue to regulate and inspect our 39 Registered Care Services which include: six care homes for older people; 13 Day Services for older people; six care homes for children and young people; three Child and Family Services (Fostering, Adoption and Supported Carers); six Adult Lifestyles Services; one Adult Community Support Service and four Home Care Services. Attached in Appendix 2 are the most up-to-date grades in respect of our Registered Services.

2.2.9 As a result of the COVID-19 Pandemic, the Care Inspectorate has duties placed upon it by the Coronavirus (Scotland) (No.2) Act and subsequent guidance, to evaluate infection prevention control and staffing levels within care homes and report inspection activity fortnightly to the Scottish Parliament. The Care Inspectorate therefore adapted its inspection programme and augmented the existing quality framework for care homes for older people and the quality framework for care homes for adults.

2.2.10 South Lanarkshire Council has achieved Gold Status as an 'Investor in People'.

2.2.11 South Lanarkshire Council has been recognised as a Carer Positive Employer at the Engaged Level. The Carer Positive Award is presented to employers in Scotland who have a working environment where carers are valued and supported.

2.2.12 Customer Service Excellence (CSE) standard aims to make a tangible difference to service users by encouraging provider organisations to focus on their individual needs and preferences. The Award assesses services in the areas of customer insight; culture of the organisation; information and access; delivery and timeliness and quality of service against a set standard. In addition to meeting the standard, services can be awarded "compliance plus" status which demonstrate that services exceed the standards set and are examples of National Best Practice. Social Work Services for Older Peoples Residential and Day Care and Adult Mental Health Services are fully compliant in all areas of the standard and have collectively achieved the higher standard of compliance plus in 57 criteria.

Customer Service Excellence Service Area	Compliant Plus 2020/21
Adult Mental Health Services	10
Older Peoples Day Care Services	23
Older Peoples Residential Care	24

2.3 Delivery of Statutory functions

2.3.1 Our priority is to ensure effective delivery of critical services, complying with statutory legislation to protect vulnerable children, young people and adults in our communities. Services have continued to be delivered to those assessed as most at risk with the focus on public protection.

2.3.2 Supplementary guidance issued by the Scottish Government for Child Protection and Adult Support and Protection in April 2020 remains in place to support CSWOs, local managers and Child Protection and Adult Protection Committees during the COVID-19 Pandemic. South Lanarkshire Adult Protection Committee (SLAPC) issued Adult Support and Protection briefings during the COVID-19 Pandemic to

offer advice and guidance to front line Managers and practitioners about how to effectively manage high risk situations during this challenging time.

2.3.3   A COVID-19 communication strategy was established with partner agencies to ensure regular public protection messages were disseminated to support both staff and the public. Daily communication bulletins were circulated to Managers for the first two months of the Pandemic, and weekly thereafter, to ensure they were fully informed of change in policy and guidance. Adult Support and Protection and Child Protection Case Conferences and other key meetings have been arranged virtually, together with face-to-face contact where necessary. Other services have also continued to be delivered with minimal cover arrangements, to reduce footfall or though agile means.

2.3.4   Duty Workers and Council Officers carry out home visits where the risk to the adult or child is deemed critical. Pre-visit checks and screening are undertaken to establish the health of all those within the household and public health guidance is followed in relation to social distancing and the use of personal protective equipment (PPE).

2.3.5   Transitional arrangements from Children's Services to Adult Services remains a priority for the Social Work Resources and the SLHSCP. A review of transition arrangements has taken place with key improvement areas being identified. The Social Work Governance Group is overseeing the improvement plan.

2.3.6   The CSWO is active in overseeing the quality of services and is responsible for ensuring that Social Work staff are appropriately trained and supported to carry out their professional and statutory duties. This is undertaken in a number of ways including regular meetings between the CSWO and Senior Managers to discuss performance and other operational issues; fulfilling corporate governance requirements through the annual Internal Statement of Assurance and overall Governance Assessment Framework with the agreement of the Chair of the Social Work Committee.

2.3.7   All Social Work staff working with service users are bound by a professional Code of Conduct which is governed by the Scottish Social Services Council (SSSC). South Lanarkshire's Council's Code of Conduct for Social Work staff has drawn on this framework; all staff, regardless of qualification agree to adhere to specific professional codes that guide their practice.

2.3.8   SDS: a co-produced assessment is operational across Adult and Older People's Services and the Child's Plan meets the statutory requirements of SDS within the GIRFEC Framework. A Carers' Support Plan and Young Carers Statement are in operation.

2.3.9   The Mental Health Officer Award is funded on an ongoing basis to enable the Council to meet legislative obligations under the Adults with Incapacity (Scotland) Act and the Mental Health (Care and Treatment) (Scotland) Act. A Staff Development Officer for Mental Health Services who is a Mental Health Officer provides support to meet the learning and development requirements within this service.

2.3.10 The CSWO has a role in ensuring Significant Case Reviews and Significant Incident Reviews take place as required. Significant Case Reviews (SCR) are published on South Lanarkshire Council's Adult Protection Committee or Child Protection Committee's website. Learning from SCRs is crucial for staff across the Resource. Actions are agreed and taken forward as a partnership as a result of reports published.

2.3.11 Analysis and management of information relating to Guardianship Orders; complex balance of need, risk and civil liberties in accordance with professional standards, for example, in relation to Adult Support and Protection and Child Protection guidelines; and decisions relating to the need to place children in secure accommodation and the review of such placements all fall to the CSWO.

2.3.12 The CSWO actively promotes continuous improvement and evidence-informed practice, including the development of person-centred services that are focussed on the needs of the service-user. The CSWO also oversees the quality of practice learning experiences for Social Work students and effective workplace assessment arrangements in accordance with the SSSC Code of Practice. South Lanarkshire is a member of Learning Network West and cohorts of students are provided with placements annually across the Social Work Service. Each placement is supported by a Practice Teacher identified from the South Lanarkshire Social Work Services workforce.

2.3.13 The CSWO has responsibility to respond to Care Inspectorate reports and findings from local and national activity, addressing the requirements of internal and external audit and reporting on progress against outcomes and follow-up actions from this activity. This includes discussion with the Chair of Social Work Committee.

2.3.14 The CSWO is represented on Social Work Scotland (SWS). SWS is the professional leadership body for the Social Work and Social Care professions. It is a membership organisation which represents Social Workers and other professionals who lead and support Social Work across all sectors. Membership is included from NHS, local authorities, third and independent sectors. SWS effectively do two things: (1) influence and advice on the development of policy and legislation; (2) support the development of the Social Work and Social Care professions.

2.4   Key Challenges to Service Delivery
2.4.1   In addition to the continuing demands presented by COVID-19, there are several factors which present specific challenges to Social Work Resources in relation to the demand for service provision. In the coming year, Social Work Resources will take forward all necessary actions, where reasonable and appropriate, to mitigate or reduce the Resource's exposure to these risks including:
   ♦ affordability of services as a result of new financial pressures brought about by the global Pandemic
   ♦ 32% rise in the number of children looked after over the last three years
   ♦ 14% rise in the last three years in the number of people on Guardianship Orders with the consequential impact of a 15% increase in the number of statutory visits to be undertaken
   ♦ Increased Adult Support and Protection activity over last three years with an 80% increase in the number of adult protection plans being agreed to support vulnerable adults

13

- ♦ an increasing ageing population (this is most pronounced in the 75+ age group). Aligned to this is that the healthy life expectancy for people in South Lanarkshire is lower and people will spend a higher proportion of their lives in poor health. These factors increase the demand for services
- ♦ increasing prevalence of Dementia. The prevalence rates were 8 per 1,000 of the population in 2012/13 and are projected to be 9.7 per 1,000 of the population for 2020/21
- ♦ rising numbers of people living with long term health conditions and requiring Social Care Services. For example, the number of people living with depression or anxiety is projected to grow from 224 to 281 per 1,000 of the population in 2020/21
- ♦ the impact of deprivation. South Lanarkshire has a significant deprivation issue, the publication of the latest Scottish Index of Multiple Deprivation (SIMD) statistics highlights persistent levels of deprivation within a number of South Lanarkshire communities
- ♦ the effect of health inequality. Many factors combine to affect the health and wellbeing of individuals and communities. Whether people are healthy or not, is determined by their social and economic circumstances and the wider environment all of which contribute to health inequalities. The Pandemic will accentuate these inequalities and service provision will continue to be targeted at the most vulnerable in our communities.

2.4.2 **Independent Review of Adult Social Care** was an action taken from the Programme for Government Protecting Scotland, Renewing Scotland. The Review examined how Adult Social Care can most effectively be reformed to deliver a national approach to Care and Support Services. This Review will include consideration of a National Care Service. The aim of the Review was to recommend improvements to Adult Social Care in Scotland, in terms of the outcomes achieved by, and with people who use services, their carers and families, and the experience of people who work in Adult Social Care. The Review takes a human-rights based approach with a focus on the views of those with lived experience, about what needs to change to make real and lasting improvements. The recommendations of the Review were published in February 2021 and are likely to impact significantly on how Adult Social Care Services are delivered in the future.

Section 3 Resources

3.1   Finance
3.1.1 Social Work Resources had a net revenue budget of £171,811 million for 2020/21 which was allocated as follows:

Table - % net budget by service (£million)	
Adult and Older People	74
Children and Families	20
Justice and Substance Misuse	1
Performance and Support	5

% Net budget by service (£million)

- Adult and Older People
- Children and Families
- Justice and Substance Misuse
- Performance and Support
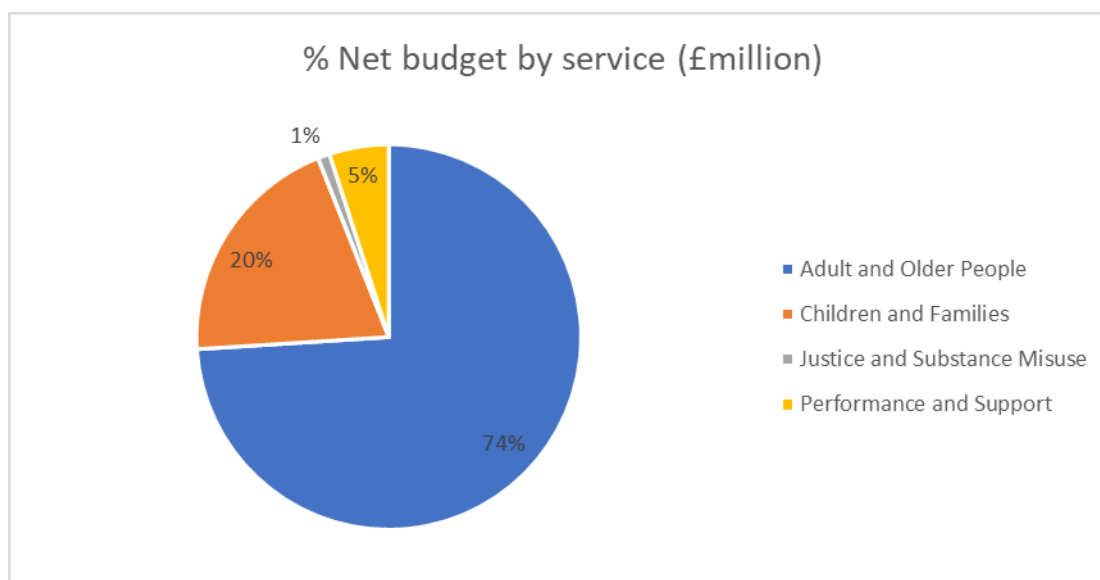
3.1.2 There are a number of financial challenges which Social Work Resources continue to manage including:

- ♦ the financial impact of demographic growth and an ageing population
- ♦ the increasing numbers of people supported in their community with long-term health conditions
- ♦ an increase in Adult Support and Protection activity
- ♦ an increase in the number of children looked after
- ♦ service user and carer expectations
- ♦ the Council's requirement to achieve ongoing savings.
- ♦ the impact of the COVID-19 Pandemic

3.2 Risk

3.2.1 Risk management is a key duty for Social Work Resources, both in a service wide and individual service-user and carer context. From a service perspective, the Council's Risk Management Strategy promotes consideration of risk in service delivery, planning and decision-making processes.

3.2.2 Social Work Resources follows the Council's guidance in developing, monitoring and updating the Resource Risk Register on an ongoing basis. The 2020/21 top service risks identified for the Resource are detailed below and these are reviewed and monitored on a regular basis. In the coming year, Social Work Resources will take forward all reasonably necessary actions, where appropriate, to mitigate or reduce the Resource's exposure to these risks.

Risk Description	
1.	Failure in multi-agency public protection procedures that result in harm to vulnerable children and adults.
2.	Failure to evidence delivery of actions necessary to achieve the objectives set out in the IJB Strategic Commissioning Plan.
3.	Reduction in Council funding resulting in difficulties in achieving savings and maintaining frontline services.
4.	Potential liability arising from claims of historic abuse.

15

5.	Information Management not subject to adequate control.
6.	Failure to evidence sufficient progress against Care Inspectorate requirements for the Care at Home Service.
7.	Failure to prepare for the analogue to digital switchover.
8.	Lack of capacity and skills to provide and meet increased service demands.

3.2.3 The Resource continues to review and reshape how it operates and where it can find efficiency and innovation. It has developed a dashboard that comprises a range of performance information and a range of statistical data that assists focus on the strategic needs of the most vulnerable population we are required to support.

Section 4 Workforce

4.1   **Workforce**

4.1.1   The Social Care workforce is one of the largest employment groups in South Lanarkshire with employees working to provide a range of support within our communities. Excellent Social Services require a confident, dedicated and skilled workforce which is valued by employers, service users and the public.

4.1.2   Everyone in the workforce needs to feel valued and to be motivated to improve their contribution and be innovative in their practice. The CSWO needs to ensure these workers have the right skills, knowledge, values and behaviours to provide high quality services. Retaining experienced staff in front-line practice is crucial to delivering excellent Social Services.

4.1.3   Social Work Resources has 2,944 employees as at March 2021. Employees are supported to deliver their duties through a range of policies including personal appraisal and a robust training framework.

The number of employees (per headcount) by Service is as follows:

Service	Number of employees
Adult and Older Peoples Services	2,116
Children and Justice Services	538
Performance and Support	290
Total	**2,944**

4.1.4   The CSWO has a key planning and leadership role in relation to workforce planning and development, both from a local authority and partnership perspective. Whilst Social Services is a diverse sector in terms of job roles, career pathways and service structures, what unifies the sector is a common set of shared values and ethics which underpins the principles of those that work in the sector.

4.1.5   Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the core of social service practice. The life changing and challenging work undertaken cannot be underestimated. This essential work is underpinned by core values. These values focus on understanding each individual in the context of family and community, supporting participation and building on the strengths of the individual and their communities to promote enablement.

4.1.6   There are also standards of conduct and practice which Social Services workers and employees must follow. It is the CSWO responsibility to ensure their staff and those of external providers adhere to these standards and are equipped to support service users.

4.1.7   The impact of COVID-19 on the wider workforce is recognised and a number of initiatives are available through the Employee Assistance Programme (EAP), which offers practical and emotional support for all Council employees, including early intervention, counselling or financial support. As well as the usual supports, a number of new initiatives have been developed to support the mental health and wellbeing of staff. The COVID-19 recovery - Service Re-introduction Toolkit July

2021 encourages Service Managers to adopt a flexible approach that will improve service delivery whilst supporting the resilience of the workforce.

4.1.8   Assessment of risk is undertaken to protect those staff who continue to work on site and for those working agile at home or within another location. Equipment requests can be made to support the creation of a safe and secure workplace. Well established trade union and employee forums are in place that enable regular monitoring and resolution of issues.

4.2   Workforce Planning
4.2.1   The CSWO supports possible successors through the CSWO Award offered by Glasgow Caledonian University.

4.2.2   The CSWO has a key role in preparing the Resource for delivering the transformation agenda for care facilities, Adult and Older People's Day Services and Care at Home Services.

4.2.3   A significant number of staff are projected to reach retirement age over the next 10 years and this together with high turnover of staff in residential and Care and Support Services and an ongoing requirement to retain and increase numbers of Mental Health Officers presents particular challenge which is addressed through our Workforce Plan 2017-2020.

4.3   Learning and Development
4.3.1   Health and Social Care Integration work continues, and locality planning groups are established that report into the IJB and inform local priorities.

4.3.2   The Social Work Workforce Planning and Learning Development Board has a strategic overview of the learning and development activity that takes place within the Resource and ensures there is openness and transparency in relation to how training is organised and accessed by staff. The development of a Social Work Resource Learning and Development Plan is instrumental to this and contributes to supporting a learning culture. Throughout COVID-19, the ongoing learning and development needs of the workforce has remained a priority with a robust learning and development programme adapted to virtual platforms during the Pandemic.

4.3.3   Each Social Work Service area has a learning and development pathway which highlights the specific learning and development needs for individual staff. In addition to the pathways there are service priorities for all staff within Social Work. These highlight any newly required or ongoing training needs and are presented at the Learning and Development workforce planning boards. This includes inhouse training (virtual, e-learning and only, if necessary, classroom learning) and any externally purchased courses.

4.3.4   Learning and development requirements of individual staff members are identified through supervision and reflected in an Annual Performance Appraisal meeting. Additional training requirements are identified through the Corporate Learning and Development Team for Social Work Resources.

4.3.5   Social Work Resources supports evidence informed practice and in developing its research culture funds a number of Post-Graduate courses to support staff with their learning and development. Six individuals are studying for the Post Graduate

Certificate in Adult Support and Protection and five staff will complete the Post Graduate Certificate in Child Welfare and Protection in October 21.

4.3.6   The ongoing development of the Dementia Strategy: a pathway has been developed, which details the level of input/training required for each sector of the workforce from 'Informed' through to 'Expert'. The programme continues to incorporate new members of staff and includes colleagues from other Council Resources and Health.

4.3.7   Access to Management and Leadership Development training is available through Personnel Services to all Social Work staff, in consultation with their Line Managers. Those who are either first time Managers or who are looking to be promoted to a management post, can also make use of the SSSC Step into Leadership Course.

4.3.8   Registration of all staff within Social Work Resources within the timescales set out by the SSSC. Where staff have conditional registrations and the achievement of appropriate qualifications is required, support is provided.

4.3.9   All newly qualified Social Workers meet with the relevant Staff Development Officer for a learning and development/Post Registration Training and Learning (PRTL) induction meeting to draw attention to the relevant learning and development pathway for their post, how to access training and ensure they understand their responsibilities in relation to post registration training and learning requirements. The support that is available in relation to the PRTL is also explained.

4.3.10 The Adult and Older People's Service provide mentors to newly qualified Social Workers for the first few months to help them as they settle into post.

4.3.11 In Children and Families teams, newly qualified Social Workers, together with all other Social Workers, attend Practice Development Sessions which take place each month. This time gives Social Workers the space to learn and reflect on practice.

4.3.12 Within the Mental Health Officer (MHO) Service, learning and development pathways are in place for Managers, Social Workers/Mental Health Officers and Social Work Assistants. Pathways identify face-to-face and learn online training recommended for each job role, indicate any essential training requirements and the relevant external qualifications available. Mentoring arrangements are in place for newly qualified MHOs. Three members of staff enrolled in the Mental Health course in 2020/21.

4.3.13 A recruitment strategy is in place involving the Staff Development Officer for Mental Health identifying Social Workers interested in completing the MHO Award and providing advice, guidance, support, opportunities to shadow MHOs and to spend time in a Community Mental Health Team, prior to making an application.

Section 5 Covid-19
5.1   Early indications of impact on workforce and services

5.1.1   Throughout 2020/21, the Council responded to the global Pandemic, ensuring that essential services could be delivered safely. A Strategic Command Centre met daily to take decisions for the Partnership in response to the fast-paced guidance issued by the UK and Scottish Governments, Public Health and other organisations

5.1.2   Our priorities are to continue to ensure safe, effective delivery of critical services that support and protect vulnerable children, young people, and adults in our communities, complying with statutory legislation.

5.1.3   The introduction of agile working for employees and the use of key IT solutions such as Microsoft Teams and Near Me, have been invaluable to the maintenance of service delivery and to the recovery process.

5.1.4   The exponential rise in the use of IT has also provided a safe and effective method of continuing assessment and treatment where physical contact has not been essential. It has been of particular value where families have been able to be included in care discussions remotely. Many services are actively re designing previous care pathways to include video consultations as a standard where possible.

5.1.5   Services have continued to be delivered to those assessed as most at risk with our focus on public protection. Adult Support and Protection and Child Protection supplementary guidance issued by the Scottish Government is supported by Child and Adult Protection Committees and made available to Chief Officers, local Managers and front-line staff. Case Conferences and key meetings have been arranged virtually or with face-to-face contact where necessary.

5.1.6   Temporary amendments for Mental Health Services under the Coronavirus Act 2020 were available to support in situations of severe staff and resource shortage, however, the Partnership has maintained business as usual to meet its statutory duties and did not require to enact.

5.1.7   Care at Home, Residential Childcare and Residential Older People's Services continue to deliver care, supported by a rigorous COVID-19 testing and vaccination programme.

5.1.8   The introduction of Key Question 7 within the Care Inspectorate Quality Indicators Framework afforded the services to evaluate against: How good is our care and support during the COVID-19 Pandemic

5.1.9   As a direct response to the COVID-19 Pandemic, a PPE Hub was established immediately to ensure all care providers could work safely and protect their workforce and service users. Housing and Technical Resources colleagues have been integral to the development of the Hub, providing the logistics for the delivery of PPE to internal and external care providers across the SLHSCP. As COVID-19 guidelines have changed, the Hub has expanded to also include distribution to Corporate and Education Resources. The Hub operates a delivery only model Monday to Friday with an Emergency Service out with normal business hours, ensuring it is fully operational 365 days of the year including public holidays.

5.1.10 Other services have continued to be delivered with minimal cover arrangements to reduce footfall, or through agile means such as Money Matters Advice, Administration Services, Strategy, Planning and Performance, Children, Justice, Court Services and Adult And Older People Assessment and Care Management.

5.1.11 Other staff from across South Lanarkshire Council Resources have provided essential support to Social Work in response to the challenges of the COVID-19 Pandemic. South Lanarkshire Leisure and Culture employees were instrumental in their support of care homes, becoming involved in a range of work including domestic duties, care and befriending. In addition, their links with community groups have supported the delivery of social welfare to the most vulnerable in our society, supporting with food parcels and prescription collection/delivery for those living at home.

5.1.12 Access to IT equipment and links to communication software have enabled home/agile working at an unprecedented level. The incidence of employees working from home long term (over 28 days) has increased from 26 in March 2020 to 823 by late August 2020.

5.1.13 Social Work Resources staff have also been affected by COVID-19 and there were 231 long term self-isolations (over 28 days) across the Resource from the beginning of lock down until August 2020.

5.1.14 Care at Home Services has been most affected by self-isolation with over half of all staff self-isolations. Within Children and Justice Services most of the staff self-isolating are employed within Children's residential units.

5.1.15 COVID-19 has had a significant effect on staff sickness levels showing a 2.8% reduction from March 2020 to July 2020. This was replicated across all Service areas within Social Work and is evident particularly in those areas where employees could work from home. Short Term absence, which was falling, has fluctuated over the same period. Long term absence, however, has continued to decrease from March to July.

5.1.16 Throughout the COVID-19 Pandemic Social Work staff have received regular email communications to advise them of a range of self-care and support services and techniques which could be accessed without referral, including the National Wellbeing Hub and Helpline.

5.2 Key priorities for recovery

5.2.1 The challenges facing both local and national Government are expected to continue throughout the recovery phase of the COVID-19 Pandemic. Notwithstanding the financial constraints, the Council continues to do everything in its power to protect and maintain vital services, keep people safe, save lives, and protect our National Health Services.

5.2.2 Delivery models have been reorganised in order to adhere to social distancing, to reduce the footfall in offices while at the same time supporting our most vulnerable people. Care Homes and Care at Home Services have introduced revised guidance and procedures to ensure enhanced infection prevention control standards are met.

1

5.2.3   The Council began its process of recovery from COVID-19 in June 2020 with the publication of the COVID-19 Recovery Plan, which continues to be reviewed whilst the virus remains within the community. It does acknowledge that changes to priorities were forced upon Resources and consideration will be given to future service delivery in-line with new innovative practice adopted during the emergency period.

5.2.4   As the management of COVID-19 moves through the recovery phases there remains a need to continue reviewing all operational risk assessments to determine if further actions are needed. A change in staffing levels or new ways of working can introduce new risks to the workplace and the Health and Safety Risk Assessment Guide is now available to support staff review current risks and include some of the factors linked to the special working arrangements associated with COVID-19.
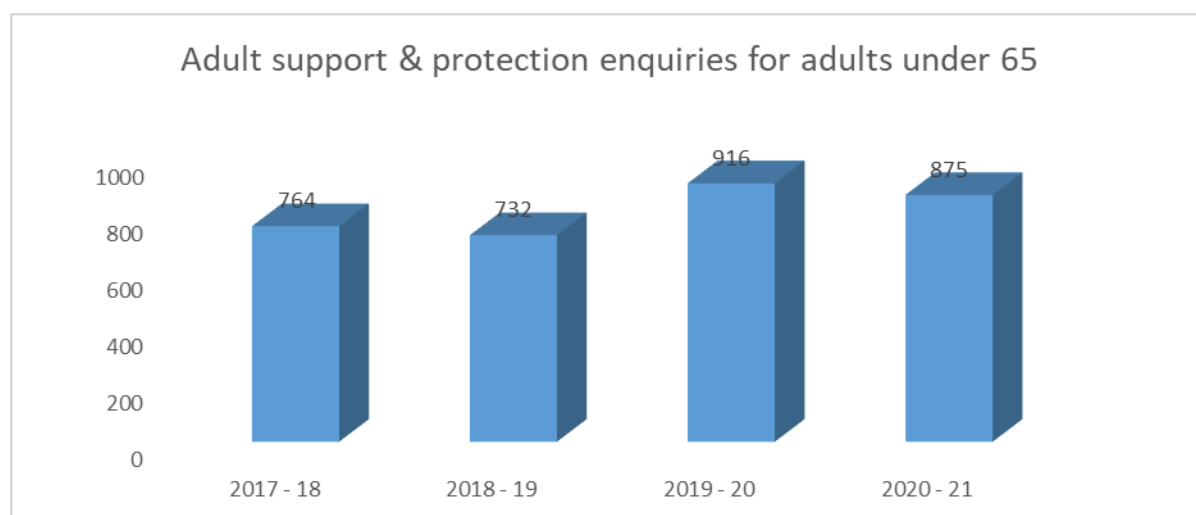
Appendix 1 Performance Data and Trends

Adult support & protection enquiries for adults under 65

Table - Adult support and protection enquiries for adults under 65	
2017 - 2018	764
2018 - 2019	732
2019 - 2020	916
2020 - 2021	875

Adult support & protection investigations for adults under 65
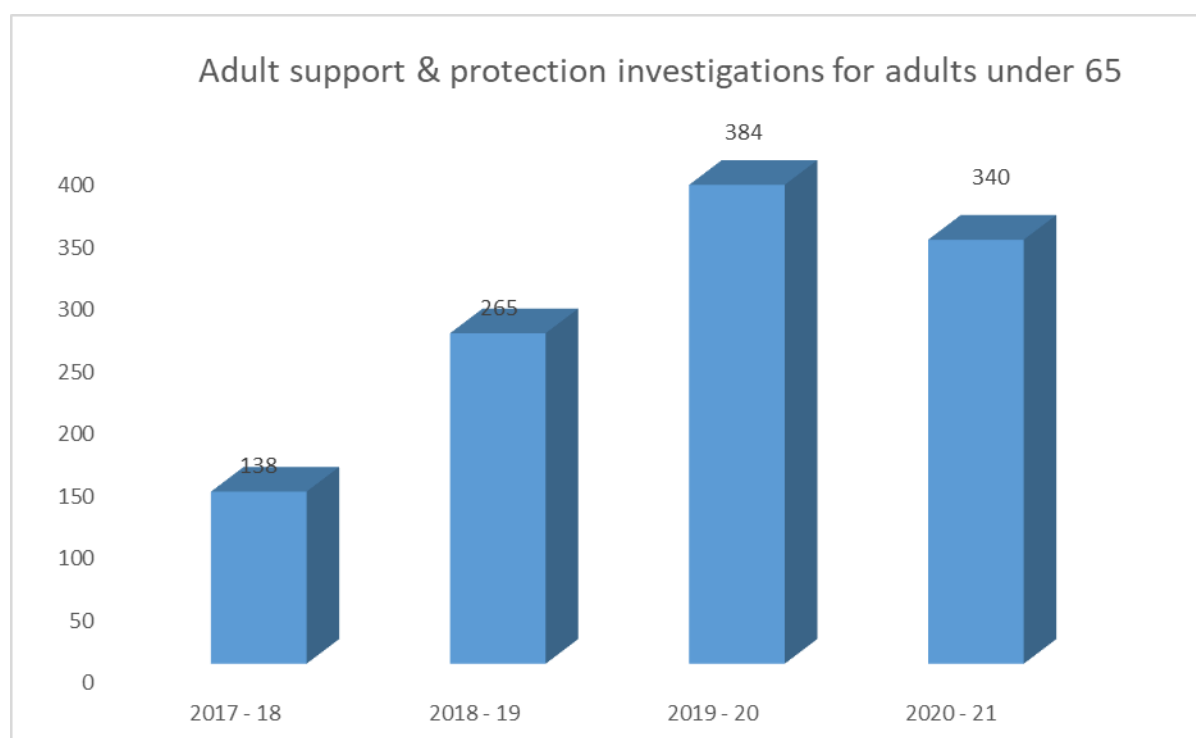
Table - Adult support and protection investigations for adults under 65	
2017 - 2018	138
2018 - 2019	265
2019 - 2020	384
2020 - 2021	340

3

Adult support & protection, protection plans for adults under 65
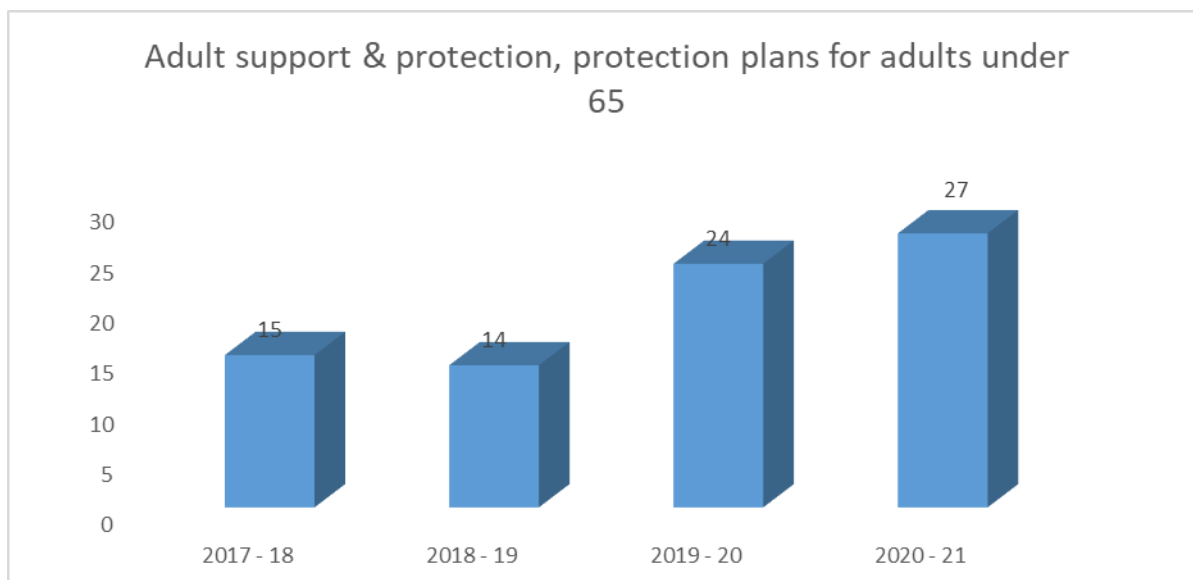
Table - Adult support and protection, protection plans for adults under 65	
2017 - 2018	15
2018 - 2019	14
2019 - 2020	24
2020 - 2021	27

Adult support & protection enquiries for adults over 65
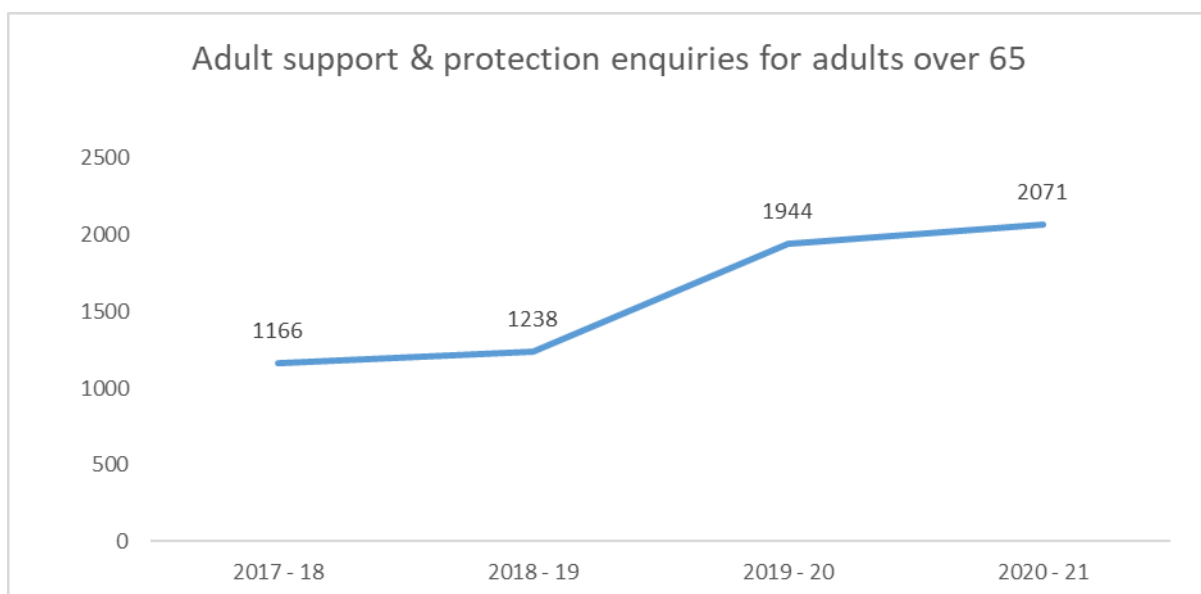
Table - Adult support and protection enquiries for adults over 65	
2017 - 2018	1166
2018 - 2019	1238
2019 - 2020	1944
2020 - 2021	2071

4

Adult support & protection investigations for adults over 65
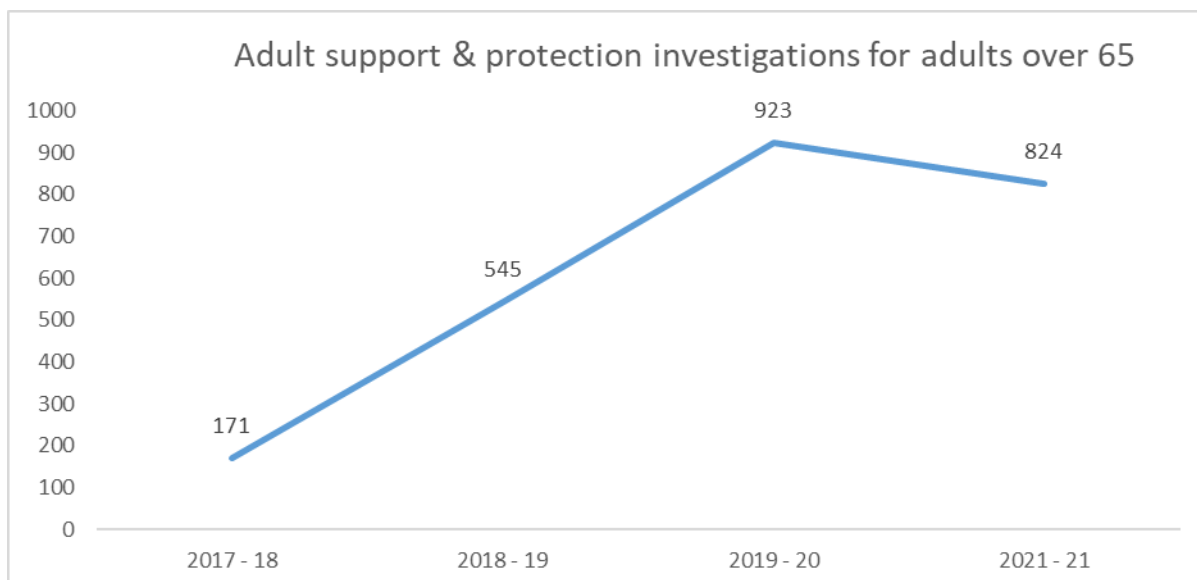
Table - Adult support and protection investigations for adults over 65	
2017 - 2018	171
2018 - 2019	545
2019 - 2020	923
2020 - 2021	824

Adult support & protection, protection plans for adults over 65
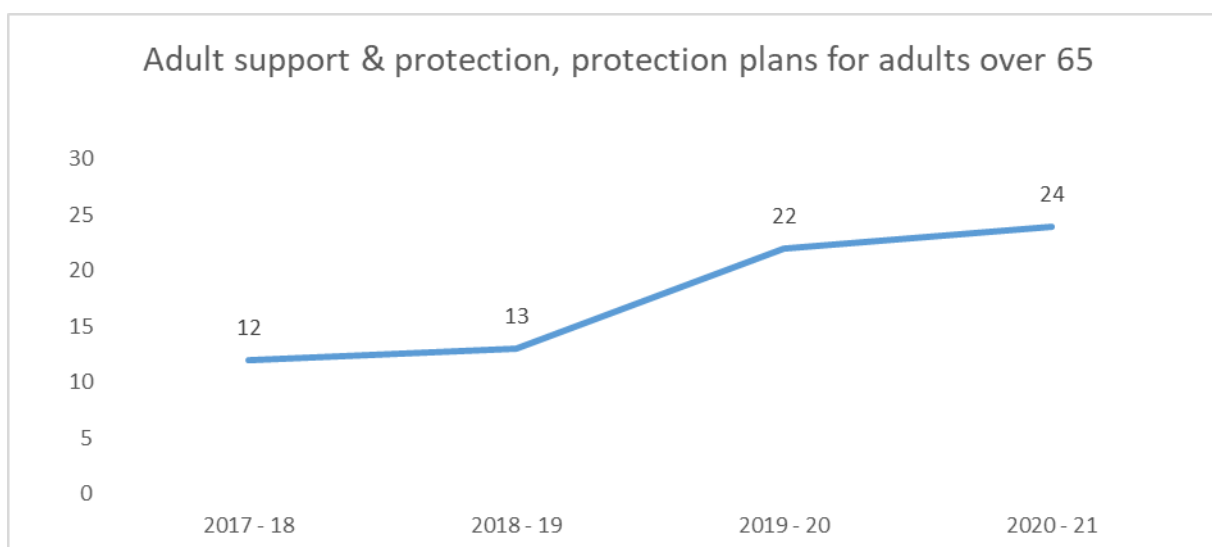
Table - Adult support and protection, protection plans for adults over 65	
2017 - 2018	12
2018 - 2019	13
2019 - 2020	22
2020 - 2021	24
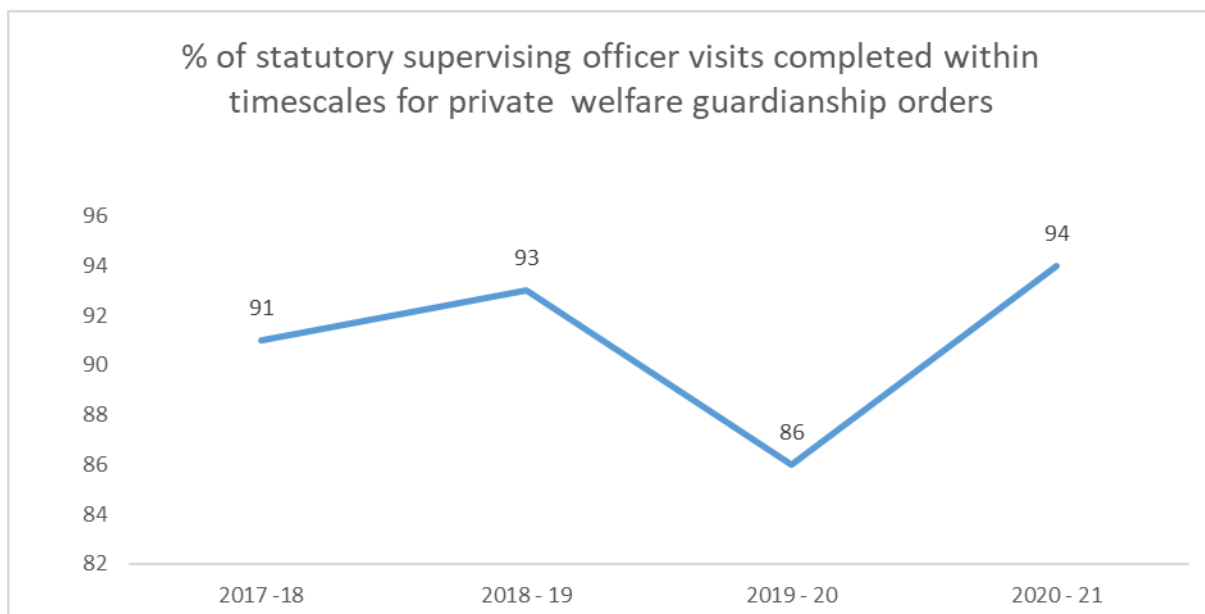
5

% of statutory supervising officer visits completed within timescales for private welfare guardianship orders

Table – percentage of statutory supervising officer visits completed within timescales for private welfare guardianship orders	
2017 - 2018	91
2018 - 2019	93
2019 - 2020	86
2020 - 2021	94
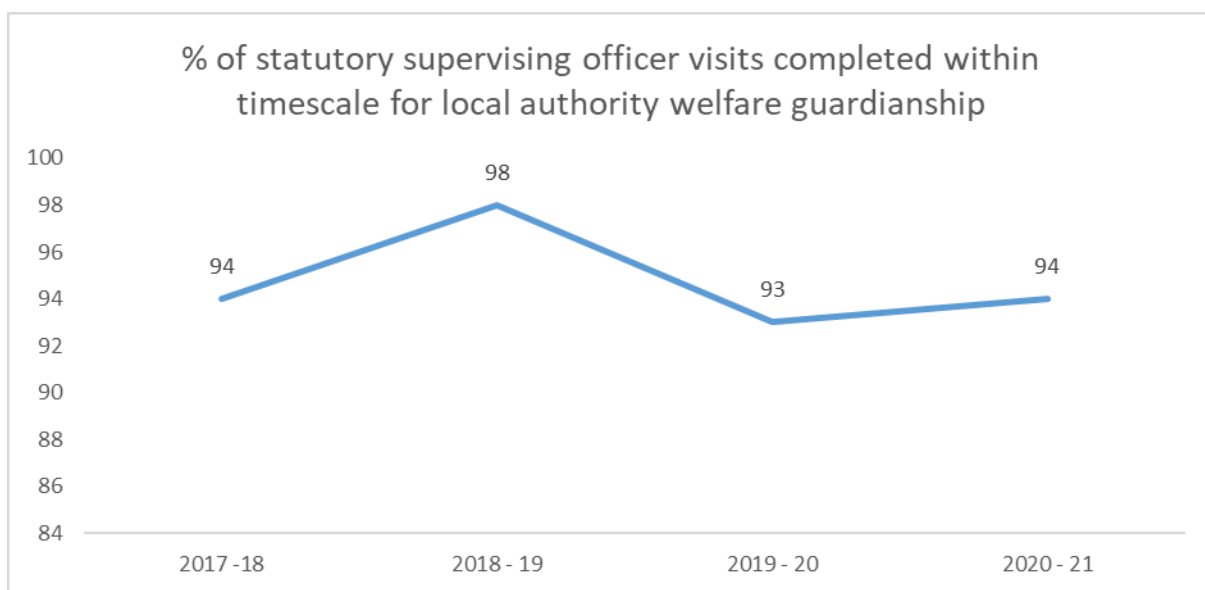
% of statutory supervising officer visits completed within timescale for local authority welfare guardianship

Table – percentage of statutory supervising officer visits completed within timescales for local authority welfare guardianship orders	
2017 - 2018	94
2018 - 2019	98
2019 - 2020	93
2020 - 2021	94

6

% of reports submitted to the Children's Reporter within timescales
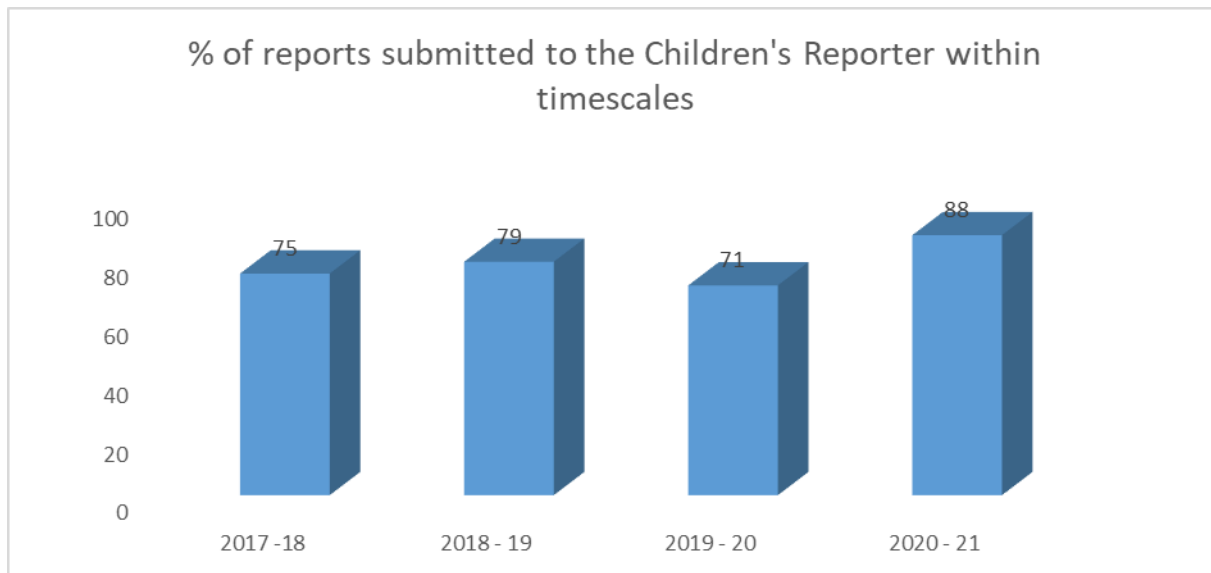
Table – percentage of reports submitted to the Children's Reporter within timescales	
2017 - 2018	75
2018 - 2019	79
2019 - 2020	71
2020 - 2021	88

% children seen within 15 days of a CSO
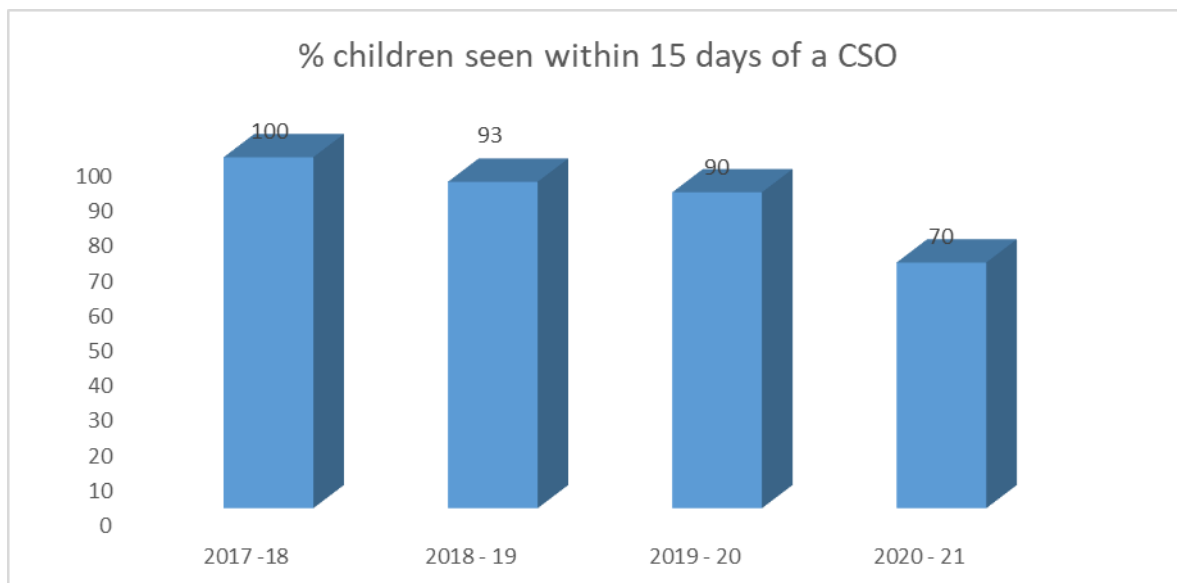
Table – percentage of children seen within 15 days of a CSO	
2017 - 2018	100
2018 - 2019	93
2019 - 2020	90
2020 - 2021	70

Number of Chld Protection Investigations
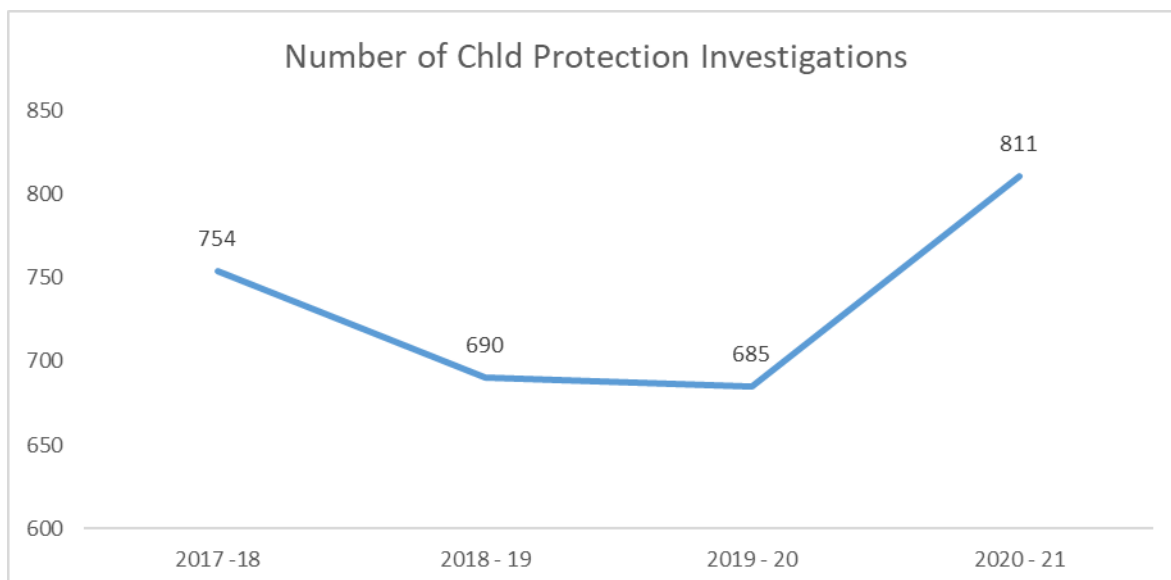
Table –Number of Child Protection Investigations)	
2017 - 2018	754
2018 - 2019	690
2019 - 2020	685
2020 - 2021	811

% people starting their placement within 7 days of a CPO upaid work
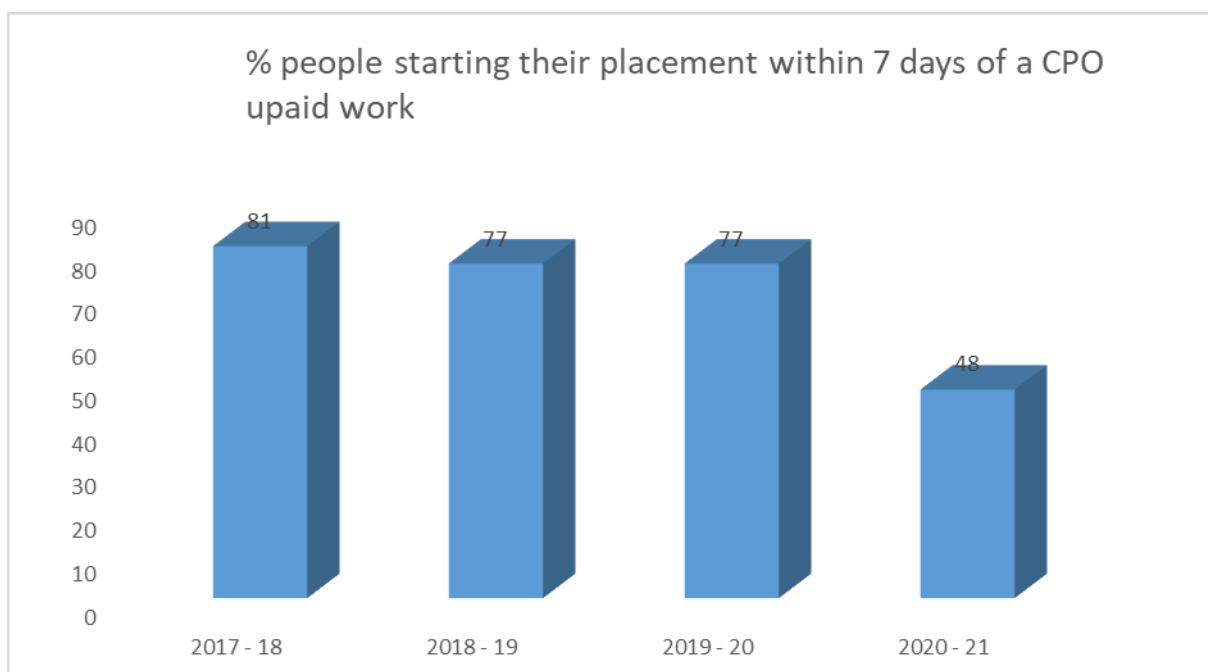
Table – percentage of people starting their placement within 7 days of a CPO unpaid work	
2017 - 2018	81
2018 - 2019	77
2019 - 2020	77
2020 - 2021	48

8

% of offenders on CPO unpaid work requirement seen within 5 working days
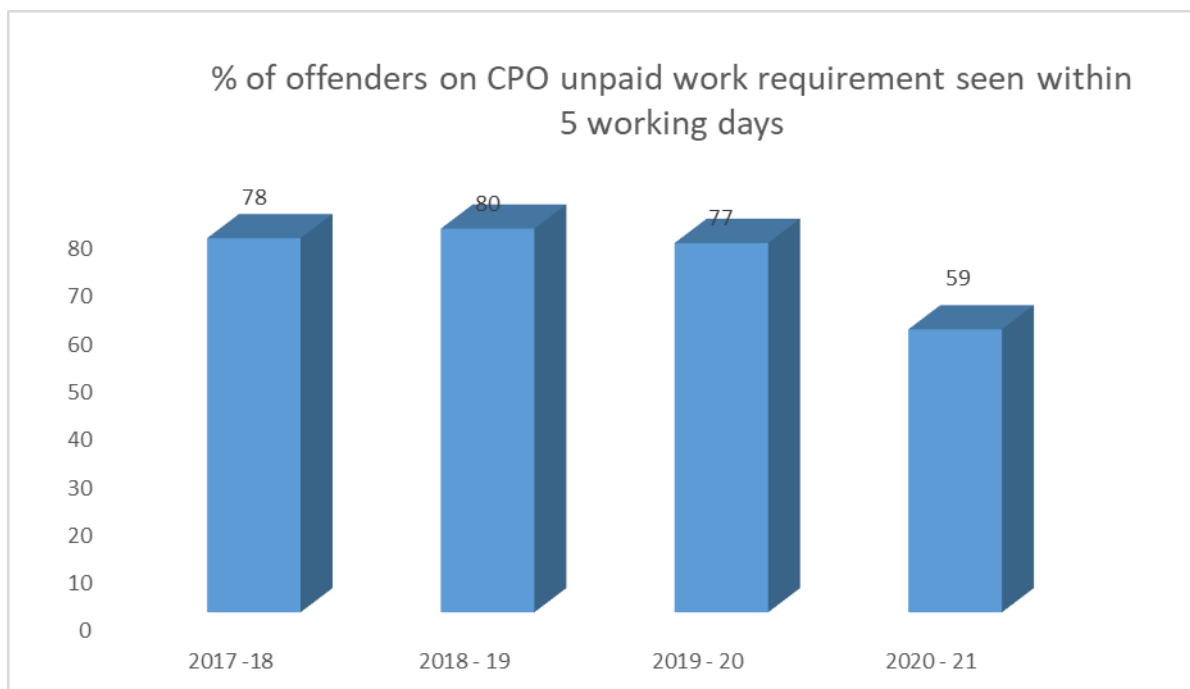
Table – percentage of offenders on CPO unpaid work requirements seen within 5 working days	
2017 - 2018	78
2018 - 2019	80
2019 - 2020	77
2020 - 2021	59

Number of items through the joint store (Equipu)

Year	Value
2016 - 17	2498
2017 -18	2220
2018 - 19	2531
2019 - 20	2450

Carers supported by Welfare Rights Officers (and amount of benefits awarded)

Year	Value
2016 - 17	1010
2017 -18	962
2018 - 19	1057
2019 - 20	1080
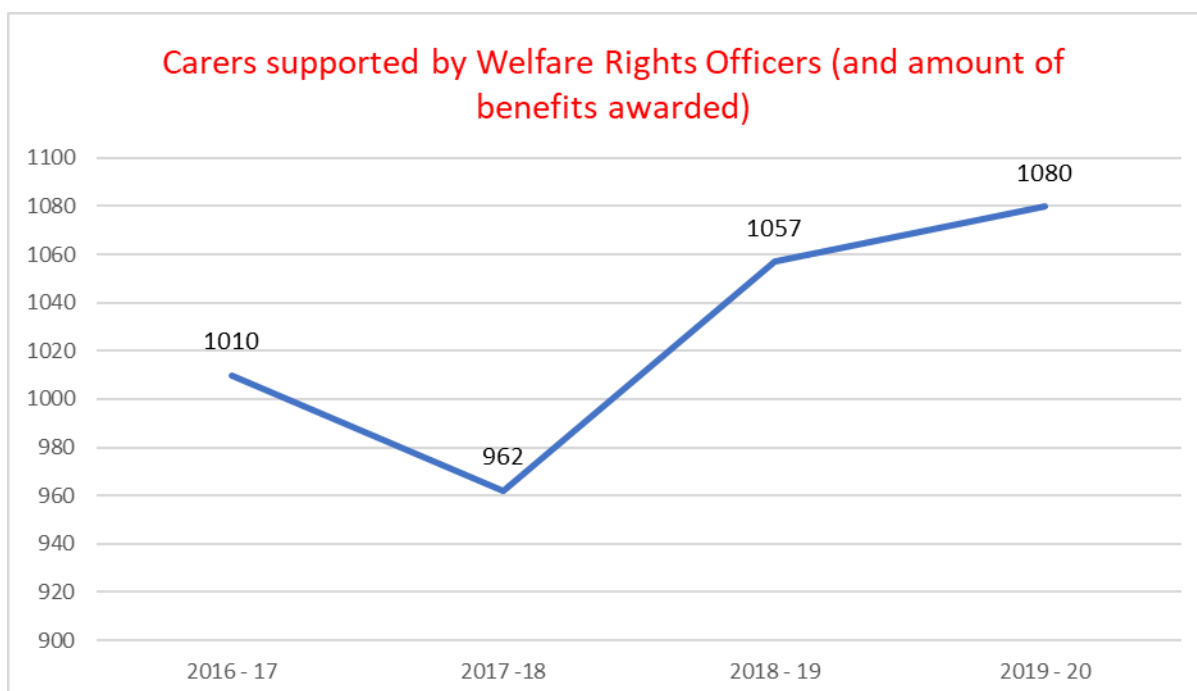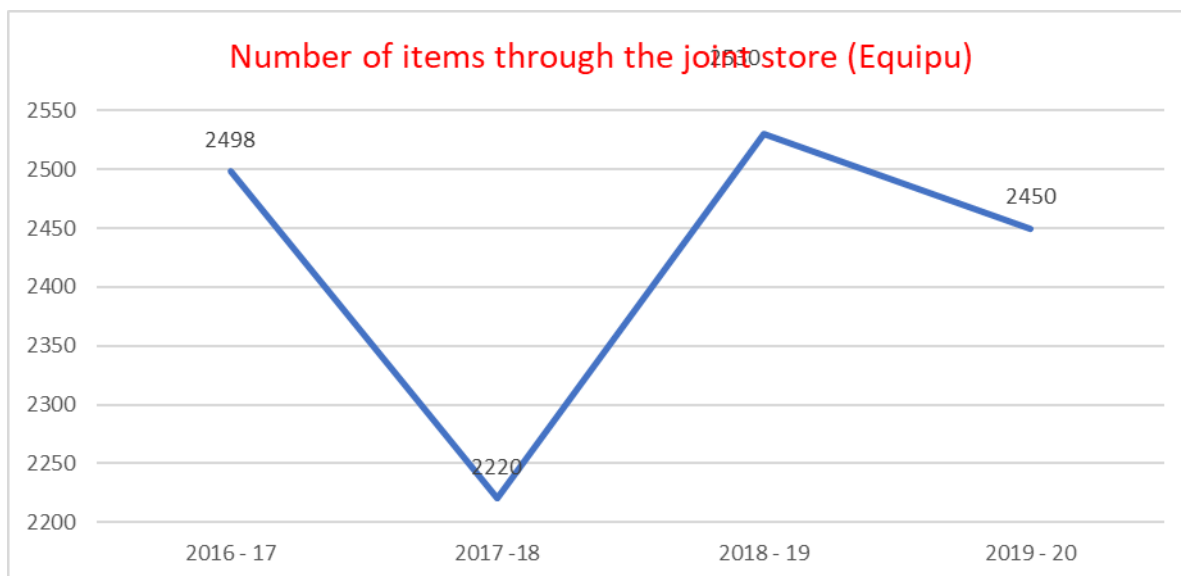
In total for 19-20, the outcomes for carers, supported by dedicated Welfare Rights officers were:

Weekly benefits: £106,837

Backdated benefits: £920,109

Annual benefits: £6,475,633

10

Appendix 2 – Care Inspectorate Gradings for Registered Services

	Care Service	Latest Inspections	Care & Support Planned Care/Support	Setting Envir	Staffing Staff	Leadership Man/Lead	People's Wellbeing
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	McClymont House	09/01/2020	5	NA	NA	NA	5
5	McKillop Gardens	28/01/2020	5	NA	NA	NA	5
6	Meldrum Gardens	01/11/2019	4	5	3	5	4
7	Canderavon NC	16/02/2016	4	5	5	5	
8	Harry Heaney Centre	10/05/2019	5	NA	5	NA	
9	Jenny McLachlan Centre	19/01/2017	6	NA	5	NA	
10	Jimmy Swinburne RC	15/05/2018	5	NA	4	NA	
11	Lesmahagow NC	07/02/2017	5	NA	5	NA	
12	McClymont RC	05/08/2019	5	NA	5	NA	
13	Meldrum House	05/06/2017	5	NA	5	NA	
14	Newberry Rooney	22/11/2016	5	NA	NA	4	
15	Nisbet Centre	18/06/2019	5	NA	5	NA	
16	Parkhall	03/08/2018	5	NA	5	NA	
17	Saltire	22/05/2018	5	NA	5	NA	
18	St Andrews	24/07/2019	4	NA	NA	NA	5
19	Whitehill	24/07/2018	5	NA	5	NA	
20	Clydesdale/Larkhall Homecare	26/10/2018	5	NA	4	NA	
21	East Kilbride Homecare	24/01/2020	4	NA	5	5	
22	Hamilton / Blantyre Homecare	17/06/2021	3	NA	NA	NA	3
23	Rutherglen Homecare	24/11/2020	3	NA	4	4	4
24	Carluke Lifestyles	19/05/2017	5	NA	NA	5	
25	Eastfield Lifestyles	15/11/2017	5	NA	NA	4	
26	Fairhill Lifestyles	22/01/2019	5	NA	5	NA	
27	Lanark Lifestyles (HSC)	12/08/2015	6	6	6	6	
28	East Kilbride Lifestlyes (MO)	13/12/2016	5	NA	5	NA	
29	Stonehouse/Larkhall	26/05/2017	5	NA	NA	5	
30	Care & Support South	20/05/2019	4	NA	NA	4	
31	Bardykes Road	02/05/2019	5	5	NA	NA	
32	Hillhouse Road	03/07/2019	5	NA	NA	NA	5
33	Hunters Crescent	17/05/2019	5	5	NA	NA	
34	Langlea Avenue	26/07/2018	5	NA	5	NA	
35	Rosslyn Avenue	23/07/2018	4	NA	4	4	
36	Station Road	12/02/2020	5	NA	NA	NA	5
37	Supported Carers	22/01/2019	5	NA	NA	5	
38	Fostering Services	12/02/2018	5	NA	NA	4	
39	Adoption Services	12/02/2018	5	NA	NA	5	
	Grades guide:						
	1 Unsatisfactory	**2 Weak**	**3 Adequate**	**4 Good**	**5 Very Good**	**6 Excellent**	

11