



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 13 December 2018  
**BY:** Interim Chief Officer  
**SUBJECT:** Change to the Voting and Non-Voting Membership of the  
Integration Joint Board

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## 1 PURPOSE

- 1.1 To note a change to the voting and non-voting membership of the East Lothian Integration Joint Board (IJB).

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note that Councillor Neil Gilbert has replaced Councillor Stuart Currie as one of the four voting members appointed by East Lothian Council.
- 2.2 The IJB is asked to note that Dr Gourab Choudhury has replaced Dr Andrew Flapan as a non-voting member appointed by NHS Lothian.

## 3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ('the Order') sets out the arrangements for the membership of all Integration Joint Boards. The Order states that councils must appoint councillors as voting members.
- 3.2 Councillor Stuart Currie indicated at the IJB meeting on 25 October 2018 that he had decided to stand down from his role as a voting member of the Board. At its meeting on 30 October 2018, East Lothian Council agreed the appointment of Councillor Neil Gilbert as a replacement for Councillor Currie.
- 3.3 The appointment of Dr Gourab Choudhury as a replacement for Dr Andrew Flapan has been approved by NHS Lothian.

#### **4 ENGAGEMENT**

- 4.1 The appointment of voting members is a matter for East Lothian Council or NHS Lothian and is regulated by legislation and the East Lothian Integration Scheme.

#### **5 POLICY IMPLICATIONS**

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

#### **6 INTEGRATED IMPACT ASSESSMENT**

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

#### **7 DIRECTIONS**

- 7.1 The subject of this report does not relate to any Direction issued by the IJB.

#### **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – None.  
8.2 Personnel – None.  
8.3 Other – None.

#### **9 BACKGROUND PAPERS**

- 9.1 None.

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<b>DATE</b>	3 December 2018



## MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 OCTOBER 2018  
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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### **Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Akhtar  
Councillor S Currie  
Ms F Ireland  
Councillor S Kempson  
Councillor F O'Donnell  
Prof. M Whyte

### **Non-voting Members Present:**

Mr D Binnie  
Ms F Duncan  
Ms P Dutton  
Ms C Flanagan  
Ms E Johnston  
Mr T Miller  
Ms A MacDonald  
Ms J Trench

### **Officers from NHS Lothian/East Lothian Council:**

Mr P Currie  
Ms R Laskowski

### **Visitors Present:**

Ms A Buchanan, NHS Lothian  
Ms V Houston, NHS Lothian

### **Clerk:**

Ms F Currie

### **Apologies:**

Mr A Joyce  
Dr R Fairclough  
Dr A Flapan  
Ms M McNeill  
Ms J Tait

### **Declarations of Interest:**

None

## **1. PRESENTATION ON THE 'DISCHARGE TO ASSESS' SERVICE**

Victoria Houston (Specialist Physiotherapist) and Ali Buchanan (Team Lead Occupational Therapist) gave a presentation to members on the Discharge to Assess service. This service links to ongoing Directions D11b Occupied Bed Days and D11c Delayed Discharges.

Ms Houston and Ms Buchanan outlined the background and purpose of the service, how it was funded and its target patient group. They reported on the number of patients that had been successfully supported home and the overall impact on Occupied Bed Days (OBD) and readmissions. They also set out the key reasons why they felt the service had been so successful and proposals to expand to a 7 day service and develop in-reach at the Western General Hospital.

The Chair thanked Ms Houston and Ms Buchanan for their presentation and said that it was refreshing to hear a 'real' story of integration.

Alison MacDonald advised members that the service had arisen out a desire to try something different. She said that the team had evaluated their work and made changes as necessary and that the service would continue to evolve in the future.

Ms Houston and Ms Buchanan responded to questions from members on the age range of patients, the level of resource required to achieve the desired level of impact, the process of referrals, their work with other services and their estimate of the savings made on OBD.

## **2. MEMBERSHIP OF THE INTEGRATION JOINT BOARD**

The Chair advised members that this report had been withdrawn.

## **3. MINUTES OF THE EAST Lothian INTEGRATION JOINT BOARD MEETING OF 27 SEPTEMBER 2018 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 27 September 2018 were approved subject to one amendment:

- Page 5, paragraph 4: Elaine Johnston requested that the sentence be amended to read "...she said had provided a good start to a better understanding of..."

## **4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 27 SEPTEMBER**

There were no matters arising.

## **5. CHAIR'S REPORT**

The Chair reported on the recent meeting of the CoSLA Health & Social Care Board, now chaired by Councillor Stuart Currie, at which a joint statement was signed reaffirming the Board's commitment to integration. He also reported on a presentation given by Enable Scotland which invited the Board to commit to a pledge to work towards a more equal society for people with disabilities.

The Chair advised members that the Chairs and Co-Chairs of the new Change Boards had met earlier in the day to discuss and agree their roles. Further information would be shared with IJB members but a good understanding had been reached on the work already taking place and how this could be formalised through the work of the Change Boards.

The Chair reported on his recent meetings, including one with Teresa Fyffe, Director of the Royal College of Nursing. He also recommended that members take the opportunity to read the publications recently circulated by e-mail, including the LIST and Housing & Ageing reports.

Lastly, he reminded members of the IJB Network meeting which would take place on 26 October. He said that a presentation was to be given by Paul Gray on the integration review to be published in January 2019. In addition, Ms MacDonald had shared a couple of reports prepared locally on the use of digital technology.

## **6. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)**

Fiona Ireland advised members that there had been no meetings of the Committee since 27 September.

## **7. HOSPITAL DELAYED DISCHARGES**

The Interim Chief Officer had submitted a report updating the IJB on performance for delayed discharges in East Lothian and asking the IJB to agree further actions to maintain progress.

Ms MacDonald presented the report which she said included statistics on Occupied Bed Days and details of work ongoing to further reduce delayed discharges. She advised that the majority of patients were waiting for packages of care or nursing home places and while the current trajectory continued to be positive, winter would increase the pressure on services. She acknowledged that the teams doing the day-to-day work faced constant challenges but that recently they had been able to discharge several patients with particularly complex needs.

In response to questions from members, Ms MacDonald stated that East Lothian performed quite well against the rest of the Lothian IJBs but that it was hard to pinpoint which of the interventions had the greatest impact on the figures. She said that by using a collective model with some core services working differently, e.g. Discharge to Assess, it had been possible to change things that did not work and to try new approaches. She advised that the teams were building good relationships with social care providers and new systems meant that they could see what services were available and could adjust them to maximise care services across the county.

Fiona Duncan added that there may be very vulnerable people in the community who, for safety reasons, needed packages of care more than those patients in hospital. However regular weekly discussions allowed the teams to discuss current cases and prioritise care as necessary.

Responding to further questions, Ms MacDonald confirmed that information was available on the costs associated with delayed discharges and that these would be looked at as part of future financial planning. Claire Flanagan added that the new budget model being proposed by NHS Lothian would make these costs more real for IJBs moving forward.

In reply to a question on the capacity of care services across the county, Ms MacDonald indicated that a collaborative approach and services such as Hospital to Home were beginning to make a difference to capacity and as the number of clients increased it would become more viable for providers to recruit to their services.

Ms Ireland commented that although good progress was being made services were operating at capacity to deliver current outcomes. She said that there needed to be an increase in capacity if services were to be capable of reacting to sudden changes and this was something that the IJB should focus on in the coming year.

## **Decision**

The IJB agreed to:

- (i) Note the improving trend on performance and recent actions; and
- (ii) Discuss the issues involved in performance on hospital delayed discharge.

## **8. REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES**

The Interim Chief Officer had submitted a report providing the IJB with an update and identifying key next steps following the consultation and engagement process on the reprovion of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

The Chair advised members that there would be a subsequent paper on this issue at the December IJB which would include definitive options.

Ms MacDonald presented the report setting out the reasons for the delay in bringing forward options, providing an update on the consultation and engagement process and outlining the next steps. She said that there had been a good level of engagement from communities and a good response to social media posts and surveys. There was general agreement to the need to create more homely environments but also to retain local services. Some anxiety had been expressed on how to deliver a service to those with more complex needs and there had been significant strength of feeling about the location of services.

Ms MacDonald explained that one of the next steps would be to look at what could be made available on different sites - broad indications had suggested a total of 200 units – and the individual business cases would explore this in detail. She confirmed that further engagement would take place as the process moved forwards and that capital and revenue budgets would also form part of the discussions. Funding decisions would have to be considered by NHS Lothian, East Lothian Council and the IJB. She advised that the staff would continue to be very involved in the process and a Workforce Development Plan would be prepared to support staff through future changes.

She informed members that two representatives from each area would be invited to the IJB's next development session in November to feedback local views and engage in an open dialogue with IJB members. Staff representatives would also be invited.

The Chair reminded members that the focus of today's report was the outcome of the consultation and engagement process and to note the next steps and outline timetable.

Replying to questions from Councillor Fiona O'Donnell, Ms MacDonald gave an assurance that no services would be withdrawn until new arrangements were in place

and she said that although the report focused on specific areas this did not preclude discussions about providing facilities elsewhere in the county. She also confirmed that the Health & Social Care Partnership were invited to comment on all planning applications for care home developments. The Chair advised that there had been no decision to sell the Belhaven site and that discussions would focus on the level of service that could be supported there in the future.

In response to questions from David Binnie, the Chair said that he had raised with the Cabinet Secretary issues around the capital planning processes and the need to ensure synergy between priorities at local and national levels. Ms MacDonald confirmed that the roles and needs of carers would form part of the discussions and there would continue to be support for a respite service going forward.

Councillor Susan Kempson said she was pleased to see that progress had been made and she welcomed the outline and timetable for future work.

Councillor Currie stated that the CoSLA Health & Social Care Board would shortly appoint a carers representative, ensuring that they had access to those who make the decisions. In the meantime, he said that it would be a huge task to achieve the right mix of care in a local setting and to convince people that what was being proposed was the best way forward. He voiced particular concerns about the identification of suitable new land for social care, citing Eskgreen as an example of an existing site with limited potential for redevelopment, and he also asked about the implications for surviving partners or those who were homeowners when one partner required extra care housing. He said that these and other unresolved issues needed to be addressed before a decision was made on the shape of future services.

Councillor O'Donnell agreed with the need to provide certainty over the issue of land. However, she noted that the option for a partner to remain with the person needing care was not currently available to those whose partner had to be admitted to a care or nursing home.

Ms MacDonald said that it was too early to offer certainty on these issues and any decisions would form part of the individual business cases.

Councillor Currie argued that the questions needed to be answered in advance of decisions being made. He added that decision-making processes should be aligned to avoid any decision on an outline business case pre-empting the Council's consideration of whether or not to close one of its existing facilities.

Councillor Shamin Akhtar welcomed the report and Ms MacDonald's assurance that no service would be withdrawn until a replacement was in place. She also asked about workforce issues, such as recruitment and retention, and services for end of life care.

Ms MacDonald outlined some of the proposals for addressing workforce issues including providing development opportunities for exiting staff and targeting younger people entering employment. She also confirmed that discussions had taken place around how to replicate existing services for end of life care.

## **Decision**

The IJB agreed to:

- (i) Note the outputs from the consultation and engagement process;
- (ii) Note the proposed model of care principles and the strategic direction to re-provide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing.

This model was highlighted in the paper and presentation to the IJB in February 2018, '*Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes*';

- (iii) Note the briefing paper which outlines the proposed next steps and outline timetable. The briefing paper provides a summary of the engagement and consultation feedback to date. This was circulated in September to those stakeholders involved;
- (iv) Note the change in timescales for developing this proposal. A final version of the paper will be presented to the IJB in December taking note of feedback/views and input from the information development session/Chief Executives/Chief Officers/IJB members in November.

## **9. ROYAL EDINBURGH HOSPITAL CAMPUS DEVELOPMENT: PHASE 2**

The Interim Chief Officer had submitted a report seeking the support if the IJB for the revised inpatient capacity and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) reprovision thereby allowing the Outline Business Case (OBC) to progress.

A paper covering these issues was first brought to the IJB in April 2018. This report presented the proposed requirements and costs following further clinical consideration and review of all of the information available.

Rona Laskowski presented the report advising members that a range of discussions had taken place to provide robust assurance of what collectively was being developed and of the medical needs of the local area. She explained that the original assessment had indicated that East Lothian did not require long-term complex rehabilitation beds. However, discussion and debate in the intervening months about what the rehabilitation service should look like, and a broader definition of rehabilitation, had revised the assessment of East Lothian's requirements.

Ms Laskowski stated that the proposed changes were to reduce the low secure beds from 2 to 1 and increase the long-term rehabilitation beds from 1 to 2. The model for reprovisioning had indicated that there would be a small financial benefit as a result of this change.

Ms Flanagan added that the project was still in the early stages and as the design moved forward the financial model would be reviewed and further information would be provided as part of the Outline Business Case.

Ms Laskowski responded to a question from Councillor Kempson by outlining the proposals for patients with learning disability support needs and indicating that discussions were at an early stage.

### **Decision**

The IJB agreed:

- (i) To confirm the proposed East Lothian mental health in-patient requirements in Phase 2 of the REH campus development;
- (ii) In principle to a bed risk share model with other IJBs in order to progress the business case and ensure Midlothian patients have continued access to specialist services; and
- (iii) That the financial model, first presented to the IJB in April 2018, will be revisited as part of the work towards the new IJB NRAC financial

allocation model and that the final financial model for the OBC should be presented to the IJB.

## **10. CLINICAL AND CARE GOVERNANCE COMMITTEE**

The Interim Chief Officer had submitted a report providing an update on the establishment of the Clinical and Care Governance Committee and asking the IJB to approve the required changes to its Standing Orders to take account of the new Committee.

Ms MacDonald presented the report reminding members of the report submitted to the IJB's August meeting and of their agreement to the establishment of the clinical and care governance framework and committee. She advised that the Chair and Co-Chair would be appointed from the voting members of the IJB and that the proposed changes to the Standing Orders would allow for the necessary flexibility in the membership of the Committee.

The Chair thanked officers for their work on this issue. He considered this to be a very positive development that placed the East Lothian IJB ahead of many others in respect of clinical and care governance.

In response to a question from Penny Dutton, Ms MacDonald confirmed that a workshop had taken place last week and that staff had provided very useful feedback. A wider engagement exercise was planned for the New Year.

### **Decision**

The IJB agreed to:

- (i) Note that discussion is underway with regards to nominating a Chair and Co-Chair of the Committee and a report proposing formal nominations will be brought to the IJB in the near future; and
- (ii) The proposed changes to the IJB's Standing Orders, including the addition of the Committee's terms of reference to the Scheme of Administration.

## **11. FINANCIAL POSITION 2018/19**

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, considering the projected year end out-turn, describing the continuing work on the IJB's review of shifting the balance of care and updating on the dialogue with the Partners to balance the financial position in-year.

Ms Flanagan presented the report outlining the current budgetary position and the forecast out-turn based on the Quarter 1 figures. She indicated that the partners were working on the Quarter 2 position, which would be finalised in November, and that this would be reported to the IJB in due course. In the meantime, work was ongoing on recovery actions for the last six months of this financial year and on shifting the balance of care. She also confirmed that she had formally written to NHS Lothian to start dialogue on shifting resources in the IJB's portfolio and that the Quarter 2 figures would form the basis for that discussion.

Ms Flanagan referred to the presentation circulated to members at the last IJB meeting which outlined the proposals for NHS Lothian to move towards a new budget-setting model. She explained that an update was to be presented at the forthcoming Finance &

Resources Committee meeting in November setting out a timescale for the change. She would report further details at the IJB's December meeting.

Responding to questions from Councillor O'Donnell, Ms Flanagan advised that a meeting would take place on 1 November to review the adult wellbeing budget in detail and gain a better understanding of the core pressures. Ms MacDonald acknowledged that care packages for younger people and those with complex needs remained a challenge and that the review team was looking at whether changes could be made.

Councillor Currie queried the likely success of any proposed recovery plans for the current financial year and whether the IJB could be confident that the funding offered by the partners in 2019/20 would be adequate to deliver its objectives. Ms Flanagan advised that a meeting would take place the following day and a revised recovery plan would be submitted. She said it was important to gather as much information as possible on the reasons for any over- or underspends and this would inform the discussions with partners on how to balance the current year budgets and plan for future years.

Ms MacDonald added that work was underway on the revised recovery plan but it was as yet unclear whether this would allow services to make the necessary savings in the current year. She said that discussions around the adequacy of budgets for next year would continue over the next six months.

The Chair also acknowledged Councillor Currie's point and said that the decision on whether budgets were adequate would rest with the IJB.

Councillor O'Donnell asked if there was any guidance available on what was meant by 'adequate'. She said that funding simply to fulfill statutory requirements would not be good enough.

The Chair said that this would be raised at the IJB Network meeting. Ms Flanagan confirmed that budgets should be adequate and fair and she would follow this up with Chief Finance Officers Network.

Councillor Currie commented that if the IJB set Directions and then received less funding than expected, it would have to decide which services could no longer be delivered and inform the partners.

## **Decision**

The IJB agreed:

- (i) Note the current financial position;
- (ii) Note the work towards a break-even position in 2018/19; and
- (iii) Support the initiated dialogue with partners to balance the IJB financial position in year 2018/19.

The Chair advised members that this was Councillor Currie's last meeting. He thanked him for his very valuable contribution to the IJB and hoped that in his new role as chair of the CoSLA Health & Social Care Board he would continue to be a strong supporter of the IJB.

Councillor Currie thanked officers past and present for answering his many questions and noted that it had been significant learning experience to understand the breadth of work involved in integration. He expressed the view that East Lothian had a real chance of delivering positive local outcomes.

DRAFT

Signed

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Mr Peter Murray  
Chair of the East Lothian Integration Joint Board





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 13 December 2018

**BY:** Interim Chief Officer

**SUBJECT:** Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes

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## 1 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with the outputs and recommendations following the consultation and engagement process on the Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the outputs from the consultation and engagement process.
- 2.2 The IJB is asked to approve the model of care principles and the strategic direction to reprovide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing.
- 2.3 The IJB is asked to agree that that the Council and NHS Board are asked to support this direction and respond as the owners of facilities and holders of capital budgets. The IJB is asked to approve the establishment of a Project Board supported by three project teams to reprovide these services for Dunbar, North Berwick, and Musselburgh which will report to the newly established Strategic Change Board (*previously* Strategic Planning Programme Board).
- 2.4 To support this work the IJB is asked to request that NHS Lothian and East Lothian Council provide dedicated Project Resource, to draw up a single Initial Agreement as the next stage of the planning process.
- 2.5 To note the governance timeline identified in the attached paper.

### 3 BACKGROUND

- 3.1 A report was presented to the IJB in February 2018 (“*Reprovision of Belhaven and Edington Community hospitals and Eskgreen and Abbey Care Homes*”). The board requested an updated report be brought back following the consultation and engagement period March to June 2018.outlining a strategic direction for the reprovision of Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.
- 3.2 This report was the product of the East Lothian IJB Directions section 12d objective for the “***Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey care homes.***”
- 3.3 Appendix 1 provides an updated briefing paper and next steps.
- 3.4 The following conclusions have been reached.
- 3.5 Extra Care Housing offers a modern, homely, flexible, future focused solution to both the reprovision of existing facilities. Extra Care will help to provide, as well as current care home and community support services, a contribution to meeting the needs of the growing population in support of the IJB Strategic Plan.
- 3.6 There is anxiety about how higher levels of need can be met in this setting particularly in relation to end of life care and local respite availability, the details of the service model and design will be developed to take account of these areas, allowing for higher levels of staffing, support equipment and clinical care in an agreed number of units in each facility.
- 3.7 The issue of sites and their capacity is a critical one and whilst the original paper to the IJB proposed facilities of 60 to 70 units, this may not be possible in all locations.
- 3.8 A space assessment is being undertaken to provide some early indications of potential numbers of ECH units across current sites. There is potential to provide up to around 200 ECH units on current sites, but with limitations on some sites. The Abbey Care Home site would not be developable due to historic and archaeological constraints and Edington would be limited due to site size. However, a new site if identified in North Berwick could provide approximately 60. The Belhaven site could accommodate at least 60 units. The Wireworks site could accommodate at least 60 units. The Eskgreen site could accommodate around 20 units. As stated in the East Lothian Local Housing Strategy 2018-23<sup>1</sup> any requirement for accommodation arising as a result of hospital re-provision will be over and above the requirements set out in the LHS 2018-2023.
- 3.9 The IJB should continue to specify the list of services agreed in February 2018 for inclusion in the reprovision. How these services will be delivered should be developed through the Project Board.

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<sup>1</sup> June 2018.

- 3.10 The consultation and engagement work was only the start of these projects and communities and groups will have the opportunity to help co-produce the models (this is adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.”
- 3.11 Delivery will require dedicated project resource (see 6.1).
- 3.12 It should be noted that capital planning processes are not the same in NHS Lothian and East Lothian Council but both organisations will be asked to approve certain stages. The first stage is a “Strategic Assessment” required by NHS Lothian and this is attached at Appendix 2. This will form part of the papers to the NHS Board and to East Lothian Council.
- 3.13 The next stage is the development of an “Initial Agreement” required by NHS Lothian. The Initial Agreement moves into a greater level of detail on site options, procurement options, service models and costs. This will be presented to East Lothian Council as a progress update. It is recommended that the Initial Agreement should cover all the reprovions in order to ensure that each can then proceed as a separate business case.
- 3.14 The Initial Agreement will also address the issue of prioritisation of the projects, consider site options and issues raised about sustainability of the workforce.

#### **4 POLICY IMPLICATIONS**

- 4.1 Policy direction at a national and local level is to Shift the Balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting. This reprovion and proposals for the Community Hospitals and Care Homes support this national policy.
- 4.2 This reprovion responds to the East Lothian Strategic Plan (2016-2019) which has identified the key aim to shift resources from institutional care and acute care in to communities, to enable delivery of improved outcomes for the people of East Lothian.
- 4.3 Further, it contributes toward the Scottish Governments 2020 vision for everyone to live longer healthier lives at home or in a homely setting and the Single Outcome agreement (SOA) in further shifting the balance of care.
- 4.4 It helps to support and respond to the changing demographic in East Lothian.
- 4.4.1 In 2012, there were 100,850 people living in East Lothian, and this is projected to grow by 23% between now and 2037. This is one of the highest increases in any local authority area in Scotland.

- 4.4.2 For Older People across East Lothian aged 65+ the population is expected to increase<sup>2</sup> by 37% to 2026 and 72% to 2037. The greatest increase occurs for the 85+ age band which sees an increase<sup>3</sup> of 68% to 2026 and 162% to 2037.
- 4.5 The current facilities all have physical challenges. All require significant upgrades, to meet the expectation for modern care standards. This will become more challenging in light of the new care standards. Patient Quality Indicators highlight lack of building compliance and Care inspection reports have identified environmental issues.
- 4.6 The strategic emphasis for East Lothian is in responding to increases in the number of older people in east Lothian is by:
- Shifting the balance of care from bed based to community based provision
  - Provide care closer to home
  - Support more independent living
  - Raising standards of service, including facilities fit for modern care

## 5 INTEGRATED IMPACT ASSESSMENT

- 5.1 As this is a strategic vision for services there has not been an integrated impact assessment. This would be undertaken as part of any future business case process.

## 6 RESOURCE IMPLICATIONS

### 6.1 Financial –

**Capital and Revenue** - the current capital and revenue budgets for the four facilities will be considered to be part of the assets available when planning for reprovision of the facilities. NHS Lothian Strategic Planning Group have agreed in principle that the capital receipts for Belhaven and Edington hospitals will be included for future development of this work.

Revenue functions of all 4 facilities will require to be clarified by NHS Lothian and East Lothian Council as part of the developing business cases.

**Project management resource** - An immediate resource implication is to support and fund the appointment of a full time Project Manager to lead and oversee the development of 3 Project Teams, provide project support to the Herdmanflat development, support and manage the functions of a Project Board and develop the Initial Agreement (required

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<sup>2</sup> From a 2012 baseline

<sup>3</sup> From a 2012 baseline

for NHS Capital planning requirements). This post will report to the Chief Officer, East Lothian IJB for all projects. The approximate costs of this post are for a band 8a (mid-point) £44,000 (plus requisite set up costs). It is proposed that this cost for one year will be split 50:50 between NHS Lothian and East Lothian Council. Ongoing project resource will be identified as part of the initial agreement.

**Commitment and sign-off for funding** - If a project management resource is supported then during the next 12 months project management work will be undertaken to develop an Initial Agreement. If an Initial agreement is supported, this would progress to developing business cases for each of the 3 areas.

It is clear that for each and every business case – and in the particular case of funding – they will only proceed through the business case stage if they achieve Affordability, Value for Money and are supported by NHS Lothian, East Lothian Council and the Integrated Joint Board.

6.2 **Workforce issues** - will be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments.

## 7 BACKGROUND PAPERS

7.1 **Attached** – Reprovision of Belhaven and Edington Community hospitals and Abbey and Eskgreen Care Homes (February 2018).

7.2 **Attached** - Briefing update paper on consultation and engagement.

<b>AUTHOR'S NAME</b>	Alison MacDonald
<b>DESIGNATION</b>	Interim Chief Officer
<b>CONTACT INFO</b>	01620 827765
<b>DATE</b>	13 December 2018.



# Reprovision of Abbey and Eskgreen Care Homes and Belhaven and Edington Community Hospitals

East Lothian Integration Joint Board – December 2018

## **Briefing paper on consultation and engagement**

### **1. Background**

The IJB in February 2018 gave approval to consult and engage on the strategic direction for the reprovision of the hospitals and care homes. The work in this stage has focused upon the consultation and engagement events from March to June 2018. An update was provided to the IJB in October 2018 and an open session was held as part of the IJB Development session in November 2018 with representatives attending from the three local areas.

### **2. Feedback**

Consultation has involved meetings with the public, community councils, and area partnerships, elected members, staff, and relatives. Meetings, online surveys, pop up events, suggestion boxes, briefings.

*Appendix 1* provides the latest matrix of meetings and workshops to date “Growing Older – Engagement meetings and events”.

The different ways in which feedback has been provided has been:

- Meetings – both planned and as requested.
- Street events – planned and undertaken by Jane Ogden-Smith.
- Workshop events – planned and led by Chief Officer/Chair of IJB/Project Manager.
- Survey Monkey - feedback from Jane – with identified key points and key themes. *Appendix 2* – Survey Monkey analysis (102 respondents)

### **3. What are the key themes that emerged from this work?**

From the meetings, street events, workshops events, survey monkey and website pages the following themes are emerging at this stage. This will be further developed as part of the co-production and consultation work of each business case.

**General Themes:**

- General acceptance of the need to change and issues around the fabric of the buildings shared by staff professional opinion and many members of the public.
- Acceptance that message on change is about the buildings and services and not about the care being received. The care being received across all 4 services was highlighted as very positive by many of those taking part in the engagement and consultation meetings.
- Great deal of interest and local attachment to the services.
- Strong feelings about keeping services in communities.
- For some a lot of excitement about the potential of Extra Care Housing (ECH) for both residents and staff.
- Emerging and improving understanding as to what ECH model is and how it can be developed locally.
- Some excitement about the greater potential for ELC and NHS to work together.
- Some concern about the level of care that could be provided in ECH e.g. reprovision from hospital.
- Staff concerns about their jobs – although after staff meetings there was less concern and especially on long term nature of this planning.
- Real anxiety about sites and where services might be located. Most people are very aware of the lack of land – and its cost.
- Desire to understand the links between these proposals and the Local Development Plan and the Local Housing Strategy.

- Wanting to understand the tenancy/ownership models better and anxiety about potential negative impact on individuals.
- Concern about potential for isolation of residents

From the engagement and consultation work themes have emerged both across the county and more specifically in each area. Some high level themes emerging from across the feedback were:

High level theme	Commentary
Different models of care	Thoughts around the type and design of service that could be built as an extra care model. Some suggestions around Dutch Buurtzorg model, The principles of this model are being piloted as part of the facility visited at Varis Court in Forres, Moray. A similar facility used by a relative’s parent in New Zealand (Berwick Royal Oak) was highlighted as a model.
Design and detail of new extra care housing facility	Positive discussion about what type of services and facilities could be in an extra care facility took place but especially during the work shop sessions. This varied depending upon the services currently within each care home or hospital, for example: <ul style="list-style-type: none"> <li>• Wish to retain existing services</li> <li>• Step up and step down care</li> <li>• Palliative care and end of life</li> <li>• Nursing and residential care</li> <li>• 24 hour nursing care</li> <li>• Minor Injuries unit (North Berwick)</li> <li>• Intergenerational facilities</li> <li>• Community involvement and social hub</li> <li>• Garden areas</li> <li>• Inclusion within the community and central to towns</li> <li>• Ability for family to stay for care and support (over and above a partner permanently sharing with a couple)</li> </ul>

	<ul style="list-style-type: none"> <li>• Manage potential to reduce social isolation<sup>1</sup> and developing model around building stronger communities.</li> </ul>
Tenure and security of tenancy	<p>Concerns raised in relation to security of tenancy and financial issues. Also in relation to moving from current council house tenancy as a couple. These are managed in other areas by ensuring that any couple moving in to extra care housing would remain. If for example the client either dies or moved on to other care – the partner would remain in the home as a house for life.</p> <p>Housing allocation panels with input from health and social care and third party provider (if facility owned and managed by third party) would manage the balance of need across the extra care facility.</p> <p>Concern as to private provision for extra care housing and the ability for some flats to be purchased and how this may restrict access to this type of housing. Different commissioning models and funding approaches are in place across the country and would need to be further explored in business case options.</p>
Site	<p>This was raised very frequently across all sites. Questions around what current sites were available, would they be large enough for new facilities and cost to buy land. Assessment of land opportunities would be undertaken within the business case process.</p>
Co-production	<p>The message at engagement and consultation events was clear that the consultation and engagement work was only the start of these projects. Communities and groups would have the opportunity to help co-produce the models (adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.</p>
Carers	<p>Consultation with carers and carer organisations will inform and shape future service design and provision.</p> <p>The engagement and consultation events over recent months have been vital in gathering the thoughts and views of a range of organisations and individual carers who have attended the meetings/sessions. It has been reiterated that this is the start</p>

<sup>1</sup> Scottish Government A Connected Scotland: Tackling social isolation and loneliness and building stronger communities

	<p>of co-production and there will be involvement in the more local business cases to help further develop these models.</p> <p>The East Lothian Carers Strategy 2018 – 2021 Consultation draft will also be key in supporting carers to be able to help with the ongoing co-production of this work.</p>
Allocation of ECH housing and places	<p>There are different commissioning models across the country but most have an ‘allocation/housing panel’. How ECH places would be allocated was a concern raised and to ensure there was no ‘house blocking’ or individuals being priced out of ability to have an ECH. Panels in other ECH models manage this process through a panel to ensure these concerns are not realised.</p>
Transition from current services in to new services and what happens to remaining assets	<p>This was mentioned early on during the consultation and engagement sessions as there was an initial view that this work would be taking place sooner rather than later. Once meetings and groups were informed that this is a 3-5 year plus set of plans then there was less emphasis of this. However, there was clear emphasis that when it does take place then there should be huge importance around getting transition right.</p>
Staff – development of new roles/planning transition/recruitment & retention (including housing for staff)	<p>Staffing issues – frequently raised throughout engagement and consultation sessions. Centred on the focus to ensure staff are protected and that they move with any of the services. When we spoke to staff they were more assured that this development will be 3-5 years plus and that the new facilities were likely to require additional staff. Developing their role in to providing care in an ECH facility would require positive recruitment with attractive jobs, positive career opportunities and career pathways. Housing for staff was raised (primarily in North Berwick – given current house prices) and some very positive suggestions on models and thinking to support staff were highlighted.</p>
Sheltered housing	<p>A lot of discussion initially around the differences between extra care housing and sheltered housing. Many people liked the sheltered housing model and we need to link in to the outcome of the East Lothian Council review.</p>
Access to packages of care	<p>This issue was raised frequently and IJB staff had also highlighted this. People supported the need to have speedier packages of care in place in peoples own home to support independence.</p>
Minor Injuries at North Berwick	<p>Respondents in North Berwick wished MIU to remain in any new development.</p>

Affordability/value for money/costs of services	This was raised, however people at the various events and meetings were informed - and they accepted – that this stage of work was about developing a model for the reprovision of these services. But there was concern as to how any new facilities could be funded and how land and a site could be purchased if required.
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There are further specific themes from each of the 3 local areas. These should be taken into account as part of the next phase in developing a business case. Themes emerging locally are:

**North Berwick – key messages**

1. Full support on the standard of care being provided by the staff in both Edington hospital and Abbey Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.
2. Ensure all current services are reprovided in any new service provision. This includes the Minor Injuries Unit, Palliative care, community beds, respite provision, North Berwick Health Centre and Abbey Care Home.
3. Broad support on the need to reprovide these services in a new purpose built facility. There are still some views on the potential to reprovide any new facility within the current Edington facility (e.g. following refurbishment). Some discussion on the ability to access adjacent land (The Lodge grounds) to the current site.
4. Minor Injuries Unit – MIU to be retained in any future model.
5. Support to reprovide North Berwick Health Centre in or adjacent to any new facility. Some discussion on a two site option if one site not able to be identified in North Berwick but provision should still be in North Berwick.
6. Concern on the ability to recruit new (and more) staff to any new facility. Some positive ideas from events on potential ways to support staff with accommodation (e.g. key worker housing model and/or linked to affordable homes).
7. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would ‘like this model of service for themselves’ at some point in the future. Also

concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a “hospital ward” facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

8. Concerns around ‘house blocking’ in any new facility and concerns about the input of shared ownership and private purchase models. Anxieties about private provider model of ECH.

#### **Dunbar – key messages**

1. Full support on the standard of care being provided by the staff in Belhaven hospital. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.
2. Some dissatisfaction with the outcome of the review of ward 2 at Belhaven despite significant public involvement and transparency.
3. Dunbar workshop highlighted on ‘localism’ and wanting to keep current services local.
4. Wish to retain current services including beds accessed by GP’s, respite, palliative and 24 hour nursing care.
5. Support on the need to reprovide Belhaven in a new facility. Some views that adjacent land on current Belhaven site could be used for new build. Also some views that new facility could be based nearer centre of Dunbar closer to better transport links, other views that current site should be used.
6. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would ‘like this model of service for themselves’ at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a “hospital ward” facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

#### **Musselburgh –key messages**

1. Full support on the standard of care being provided by the staff in Eskgreen Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on re-provision of facilities.
2. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.
3. Concerns highlighted with existing council tenancy arrangements for individuals/couples moving in to an extra care housing facility and the security of that tenancy. (Noted that in other ECH models this is managed through ECH assessment panel).
4. Concerns raised around whether Wireworks site is large enough for such a facility. In doing so suggestions raised about a potential 2 site option – wireworks and Eskgreen (with either refurbishment and/or new build on current Eskgreen site).
5. Some feelings of having "lost out" repeatedly, desire to keep Eskgreen too, feelings that biggest town is under served.

#### 4. Next Steps - Outline timetable

Month	Action	Comments
September	Circulation of <a href="#">Growing Older</a> newsletter	Circulated via Communication and Engagement team to those who participated in the Engagement and Consultation.
October	Provide update paper - For Information only - to Integration Joint Board <b>25<sup>th</sup> October 2018</b>	Provided update on the themes and reflections from across Dunbar, Musselburgh and North Berwick areas. Noted the circulation to stakeholders in September via Newsletter. Update well received and supported informal development session in November 2018.
November	Informal development session of the Integration Joint Board <b>22<sup>nd</sup> November 2018</b>	Used a 90 minute slot of the November IJB Development meeting to invite guests from each area to represent interest groups and discuss themes. Feedback received from development session and incorporated in to paper for the IJB 13 <sup>th</sup> December 2018.
December	Integration Joint Board	Final paper to the IJB taking note of feedback/views and input from the information

	<b>13<sup>th</sup> December 2018</b>	development session/Chief Executives/Chief Officer/IJB members in November and any further feedback from all stakeholder groups involved.
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## **Appendix 1 - Growing older - Engagement meetings and events**

Between December 2017 and February 2018 – two meetings each of Dunbar/Belhaven, Musselburgh and North Berwick Health and Social Care Forums

- 29<sup>th</sup> March – Meeting with Local Area Partnership and Community Council reps to discuss engagement
- 11<sup>th</sup> April – Meet North Berwick community council and FoE reps to discuss engagement
- 17<sup>th</sup> April – Meet Stuart Baxter, Musselburgh Area Partnership Manager to discuss engagement
- 19<sup>th</sup> April – GP Cluster Business Meeting engagement
- 1<sup>st</sup> May – North Berwick Health and Wellbeing Association/Community Council/LAP engagement
- 1<sup>st</sup> – 31<sup>st</sup> May – Radio ad promoting engagement
- 2<sup>nd</sup> May – David Small and Peter Murray – interview on ECFM about engagement
- 2<sup>nd</sup> May – Councillor Briefing
- 4<sup>th</sup> May – Belhaven Staff Meetings

- 4<sup>th</sup> May – Musselburgh High Street Pop-Up Engagement
- 8<sup>th</sup> May – Councillor Briefing
- 9<sup>th</sup> May – Abbey Staff Meeting
- 9<sup>th</sup> May – North Berwick Community Council Public Meeting, St Andrew Blackadder Church
- 10<sup>th</sup> May – Ad in Courier
- 11<sup>th</sup> May – Abbey Relatives meeting
- 15<sup>th</sup> May - M'burgh & Inveresk CC - Pre-meet, Esk Room 1, Brunton Hall
- 17<sup>th</sup> May - Staff Meeting, Edington
- 21<sup>st</sup> May - North Berwick Workshop, Hope Rooms
- 22<sup>nd</sup> May - M'burgh Open Forum, Esk Rooms 1 & 2, Brunton Hall
- 23<sup>rd</sup> May - Abbey Staff Meeting
- 23<sup>rd</sup> May - Dunbar Open Forum, Bleaching-field Centre, Dunbar
- 28<sup>th</sup> May - Dovecot Court visit
- 6<sup>th</sup> June - Edington Staff Meeting
- 8<sup>th</sup> June - Eskgreen Relatives
- 8<sup>th</sup> June - North Berwick Communities Day
- 9<sup>th</sup> June – Musselburgh Gala
- Social media, media releases and displays.

## **Appendix 2 - Survey Monkey feedback**



Data\_All\_180417.pdf



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 13 December 2018  
**BY:** Chief Finance Officer  
**SUBJECT:** Financial Position 2018/19

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9

## 1 PURPOSE

- 1.1 This report further updates the IJB on its current financial position in 2018/19, reports the projected year end outturn from the quarter two financial reviews and updates on the dialogue with our Partners to balance the financial position in year.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the current financial position;
  - ii. Note the Quarter two financial reviews of 2018/19; and
  - iii. Support the continued dialogue with partners to balance the IJB financial position in year 2018/19.

## 3 BACKGROUND

- 3.1 At its meeting in October 2018, the IJB received an update on its Quarter one forecast for 2018/19. This highlighted a projected underspend within the health budget of the IJB and an overspend within the social care budget of the IJB which is not expected to improve.

### **Year to date financial position as at September 2018 and Quarter two financial reviews**

- 3.2 The IJB financial position as at the end of September 2018 is £500k overspent.

## East Lothian IJB Financial Performance – September 2018

	Year to Date Outturn		Q2 Forecast Outturn
	£k		£k
Social Care	-762		-1,300
Health			
Core	442		1,051
Hosted	54		314
Set Aside	-235		-399
	<b>-500</b>		<b>-334</b>

- 3.3 There continues to be an underspend on the health budget of the IJB and an overspend in the social care budget of the IJB as shown in table above. The Quarter two forecast position is also included above and highlights an overall projected overspend for the IJB. It's worth noting the NHS Lothian quarter two financial review was presented to their Finance & Resources Committee on 21 November 2018 and East Lothian Council's will be presented to full Council on 11 December 2018.
- 3.4 Finance Papers to be IJB in both September and October shared that there are clear risks around the GP prescribing budget wherein the current position is underspent which is a considerable improvement on the opening financial plan assumptions. Previous experience regarding this budget has suggested that the GP prescribing position can move significantly in a relatively short period of time.
- 3.5 There are pressures within the Set Aside budget, General Medicine and Junior Doctors; this is Junior Doctors use of bank and agency within A&E/Acute Medicine supporting activity pressures and unfunded locum and clinical fellow medical posts to support services out of hours. Similarly General Medicine bank and agency spend on nursing projected cost pressures.
- 3.6 The previously reported financial pressures within mental health services with REAS have started to improve, activity pressures meant demand was over their inpatient bed numbers and work has been undertaken to support this change which is helping assist an improved position.
- 3.7 The social care position having reported as unlikely to improve still suggests the Council delegated functions will not operate within approved budgets. The main pressure areas being commissioned care costs in Care Homes, Care at Home and Community Support, with increasing demand pressures from clients with Physical and Learning Disabilities.

- 3.8 The paper in October also reminded the IJB the provisions within the Integration Scheme regarding projected overspends. To summarise:-
- The partners prepare a recovery plan – that not being considered to be successful
  - The IJB prepares a recovery plan – that not be considered to be successful
  - In the event that there is an underspend in one ‘arm’ of the IJB’s budget and an overspend in the other, the IJB may move resources from one ‘arm’ to the other. That requires the support of the underspent partner. That not being considered to be successful
  - That additional resources are made available by the partner(s).

### **Financial Recovery Actions**

- 3.9 The above position and financial projections highlights the need to put in place financial recovery actions and as a result the Partnership has developed financial recovery actions for this financial year. The Quarter two reviews along with these actions should allow an improved Social Care position to support bringing the overall financial position for the IJB in 2018/19 back into balance.

### **2018/19 Financial Position**

- 3.9 East Lothian Council has already indicated that there are unlikely to be any additional resources available in the current financial year above those currently allocated to the IJB. That said, it is equally clear that there is a financial pressure in the IJB’s 2018/19 budgets and that the IJB now needs to address this.
- 3.10 The Chief Officer and Chief Finance Officer have continued dialogue with partners NHS Lothian regarding balancing the IJBs financial position in 2018/19. The reported underspend in the health services delegated to the IJB and the potential for this resource to be made available to the IJB to underpin its overall financial position.
- 3.11 Moving forward to 2019/20 the IJB and its delegated functions will have significant underlying financial pressures. The environment of both partners East Lothian Council and NHS Lothian face financial challenges and therefore the IJB and we await the Scottish Government 2019/20 budget announcement on 12 December 2018. There has been early informal dialogue with partners and East Lothian Council are looking with intent to convert the budget delegation process, whereby a budget offer will be made to the IJB which in turn allows the IJB to set and agree the financial recovery actions for the financial year ahead.

#### **4 ENGAGEMENT**

- 4.1 The IJB holds its meetings in public and makes its papers and report available on the internet.

#### **5 POLICY IMPLICATIONS**

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

#### **6 INTEGRATED IMPACT ASSESSMENT**

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

#### **7 RESOURCE IMPLICATIONS**

- 7.1 Financial – discussed above.  
7.2 Personnel – none.  
7.3 Other – none.

#### **8 BACKGROUND PAPERS**

- 8.1 IJB's financial strategy and out-line financial plan – February 2018 IJB meeting.  
8.2 Financial Update – October 2018 IJB meeting.

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	<a href="mailto:claire.flanagan@nhslothian.scot.nhs.uk">claire.flanagan@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	4 December 2018



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 13 December 2018  
**BY:** Chief Social Work Officer  
**SUBJECT:** Chief Social Work Officer Annual Report 2017/18

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10

## **1 PURPOSE**

- 1.1 To provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2017/18 on the statutory work undertaken on the Council's behalf. The report also provides an overview of regulation and inspection, and significant social policy themes current over the past year.
- 1.2 The services commented on in the CSWO Annual Report are managed within the Health and Social Care Partnership. Whilst not all services are delegated to the IJB (i.e. Children's Services), the IJB needs to be aware of the differing pressures, issues and outcomes within all service areas as these rarely operate in isolation.
- 1.3 This report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to note the contents of this report.

## **3 BACKGROUND**

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in Section 3 of the Social Work (Scotland) Act, 1968 for each local authority to appoint a Director of Social Work.

- 3.2 This report is prepared in line with the national guidance - The Role of the Chief Social Work Officer - published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work service within East Lothian.
- 3.3 The CSWO Advisor to the Scottish Government, in consultation with CSWOs, the Care Inspectorate, Social Work Scotland and the Scottish Government, created this template for the annual CSWO report. This template is designed to create parameters around the information provided. It does not ask for new information to be produced but is designed to draw out key information in a more focussed way and to create a more analytical and reflective report.

## **4 ENGAGEMENT**

- 4.1 The Chief Social Work Officer Annual Report comments on the different engagement strategies and events within services. This Annual Report is a public document.

## **5 POLICY IMPLICATIONS**

- 5.1 This report covers all statutory requirements including child protection, adult protection, criminal justice (including MAPPA), and violence against women and girls. Commentary and analysis on the Health and Social Care Partnership is also included.
- 5.2 During 2017/18, social work services have continued to receive high numbers of referrals across all departments. Further, presenting needs are becoming more complex. These pressures need to be addressed within the confines of austerity measures and efficiency targets.
- 5.3 Our task is to learn how to manage our demand better, within safe and sustainable services. We also need to demonstrate that we are being effective and achieving outcomes.
- 5.4 A transformation programme is assisting the HSCP to become more efficient and effective in terms of smarter ways of working. We are now needing to identify how we can reduce barriers within the different professional roles and services so that we can deliver effective services on a partnership basis.

## **6 INTEGRATED IMPACT ASSESSMENT**

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

## **7 DIRECTIONS**

- 7.1 As stated in the Purposes section, this report is to encourage debate and discussion around the IJB's Directions and the impact these are having on tackling the issues and challenges identified within the CSWO Annual Report.

## **8 RESOURCE IMPLICATIONS**

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

## **9 BACKGROUND PAPERS**

- 9.1 Annual Report 2017/18 (attached).

<b>AUTHOR'S NAME</b>	Fiona Duncan
<b>DESIGNATION</b>	Chief Social Work Officer
<b>CONTACT INFO</b>	(01620) 827897
<b>DATE</b>	4 December 2018





**EAST LOTHIAN COUNCIL**

**CHIEF SOCIAL WORK OFFICER**

**ANNUAL REPORT**

**2017/18**



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### **Appendix**

#### **1. Care Homes: Inspection Outcomes**

## **SUMMARY OF PERFORMANCE**

### **KEY CHALLENGES, DEVELOPMENTS AND IMPROVEMENTS**

### **DURING 2017/18**

1. The Chief Social Work Officer Annual Report 2017/18 provides an overview and summary of social work and social care delivery, achievements and challenges within East Lothian. Whilst I have to report on the statutory functions, particularly child, adult and public protection, I will be able to do so in the context of the Health and Social Care Partnership. This will allow me scope to look at services being provided to the most vulnerable people in the county through East Lothian Council services and those delegated to the Integrated Joint Board.
2. Significant advances have been made since the formation of East Lothian's Integrated Joint Board (inaugural meeting in July 2015), and the Health and Social Care Partnership which became operational in October 2016. Our challenge for 2017/18, was to demonstrate improved and more efficient ways of working through better planning and delivery of services. Ultimately, better outcomes for clients were to be achieved through smarter and more effective and efficient partnership working.
3. Throughout this period, the council has continued to operate within a very challenging financial climate and within that, significant and ongoing budgetary pressures across adult and children's social work services. This has highlighted the need for a programme of transformational change in order to achieve identified efficiencies and ensure we have sustainable and safe services that will allow us to meet our statutory duties towards vulnerable people.
4. During 2016/17 the care at home service for all adult client groups, was remodelled and new contracts procured. We implemented the new framework during 2017/18, with many clients transitioning over to new providers. This has been a significant and successful achievement for all staff working in adult social work due to the need to re-assess all clients, within an agreed timescale. This work has now been completed.
5. During the year, key financial and decision making processes have been reviewed and refined to improve quality of practice, efficiency and strengthen budget control measures. For example, in order to address the longstanding challenge of increasing and maximising capacity within the care at home provision across the county, we introduced the collaborative allocations process. Partner agencies (eg. care brokers, independent and voluntary sector care at home providers, the NHS, ELC home care service,) meet regularly to agree priority care packages and how to deliver services more efficiently making best use of time and travel and the care available across our different localities. Since the introduction of this process, there has been a 50% reduction in undelivered support each week.

6. The Night-Time Support Project made significant strides in 2017/18. All clients who received night-time support (eg. sleepovers – shared/single; waking nights; etc) were reviewed. Over the past year, we have been able to reduce costs through better use of technology and more efficient use of shared staffing arrangements.
7. The health and social care partnership has continued to perform strongly in moving people out of hospital in a timely manner, avoiding delayed discharge and improving the balance of care. A key priority for 2018/19 will be to negotiate an appropriate resource transfer in recognition of this performance that will allow us to further develop our community resources.
8. During 2017/18 we have worked alongside colleagues in housing and the 3rd sector to equip a dementia friendly "Wellbeing Hub" based at Wellwynd Sheltered Housing, Tranent. On display is a range of Community Alarm /Telecare and Occupational Therapy equipment. The plan is to have new mainstream SMART technology on site, to demonstrate how it may be used to help provide support at home. The focus of the Hub will be to support and promote changing models of service delivery including Technology Enabled Care, Self- Management, Rehabilitation and Early Intervention with East Lothian Citizens and staff.
9. Demand for supports and services for young people and adults with complex needs continues to rise, contributing to significant budget pressures. Staff across adult and children's services are working to improve the transitions pathways and forecast future need and use this to inform our specialist housing and support services. We have embarked upon a programme to develop new models of community support for adults with complex needs and mental health problems. By developing new models, our aim is to ensure that services assist clients to achieve their outcomes and potential and we have a service that can meet current and future demand.
10. The Shared Lives Scheme enables adults with learning disabilities to live with a family or individual in the community (whether for day support, respite, or a more permanent basis). The governance structure is currently being reviewed and developed. Ultimately, this review will help build capacity through the development of short breaks and respite capacity as well as the recruitment of new carers. Our aim is to develop the transitions pathway for transferring Foster Carers to Shared Lives. With this, will be the development of a Shared Lives Champions Network. The success of the Children's Champions Board has been the driver for this model.
11. The National Mental Health Strategy (2017-2027) has provided a framework for a number of consultation events held throughout 2017 to develop an East Lothian mental health strategy and implementation plan. The themes identified in the national strategy provide the structure for our local work – Prevention and Early Intervention; Access to treatment and joined-up accessible services; the physical wellbeing of people with mental health problems; and rights, information use and planning.
12. In 2015, Council took the decision to place the children's wellbeing service within the operational management of the Health and Social Care Partnership, but

chose to retain strategic, statutory, and financial and governance powers over children's services. A decision is now required about the position of children's services and there is a need to establish whether the strategic and operational effectiveness can be maximised with it remaining in the Council or becoming a delegated function within the IJB. This work is underway and will report with recommendations in October 2018.

13. Referrals to children's wellbeing, numbers of children needing to become looked after, both at home and away from home increased throughout 2017/18. There is a need to examine the current and forecasted future demand for services and consider the effectiveness of GIRFEC and partnership approaches to early intervention and prevention in universal services as the key driver for reducing reliance on social work as a targeted service.
14. The East Lothian Local Outcome Improvement Plan for Community Justice was accepted by Community Justice Scotland in April 2017. This plan acknowledges the disproportionate number of people in the criminal justice system in East Lothian affected by poverty, mental health issues, and substance misuse problems. The plan focuses on improving outcomes for clients with these issues. We will report to Community Justice Scotland later in 2018 via the first Community Justice Annual Report, which will detail our plan's progress.
15. The IJB will soon produce its Annual Report for 2017/18. The Directions for 2018/19 have been agreed and sent to the Council and NHS Lothian. Within these Directions, the Strategic Change Board has been established and will now provide accountability and drive transformational change. Priority Project Boards include: the IJB Strategic Plan 2019-22; Primary Care; Adults with Complex Needs; Mental Health and Addictions; Shifting the Balance of Care; and Re-Provision Programmes. Through these, the IJB has a crucial role in ensuring that all workstreams and services are making progress on agreed outcomes, and that the partnership is making the most efficient and effective use of resources.
16. Alcohol use and the subsequent issues that can arise from problematic use, is an increasing concern issue within East Lothian. Treatment services reporting 189 new service users with support needs related to alcohol during this financial year. It is estimated that there are some 1800 children living with a parent who has some form of problematic alcohol use.
17. In 2016, there were 11 deaths recorded as drug related deaths within East Lothian. In 2017, this was recorded as 20. Agencies met to complete Drug Related Death Reviews (DRDs) with the findings of these detailed in NHS Lothian DRD reports. In response to findings, Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) developed and produced a leaflet in relation to the drug 'Xanax' as this had featured in deaths during the first six months of the year. Further, a Naloxone Programme was rolled out to family members of drug users as well as staff who have contact with clients. This medication can be given to individuals who are having an opiate overdose, thus saving their life.
18. The Scottish Historical Child Abuse Inquiry was set up on 1st October 2015 to look at the abuse of children in care. Towards the end of 2017, East Lothian received legal notification that compensation claims were to be pursued for individuals who had allegedly suffered abuse whilst in care within the county –

many of whom will have been placed in the area by other authorities. These claims date back to the 1970's and 80's. Significant work has been undertaken as a result, including confirmation/clarity regarding insurance company details; client file location; etc. These matters are continuing.

19. Poverty continues to be a key driver of inequality for some of East Lothian citizens. East Lothian was identified by the Government to be a pilot site for the introduction of Universal Credit Full Digital Service (UCFS) by the Department of Work and Pensions on 23rd March 2016. Since the introduction of UCFS, there has been a significant rise in rent arrears; debt owed by tenants claiming Universal Credit; and a continuing rise in referrals being made to East Lothian Foodbank. Staff working in the Rent Income service have raised concerns about the vulnerabilities that clients are presenting with, particularly mental health issues, addictions, literacy and financial difficulties.
20. To improve the economic status within East Lothian, the Local Development Plan seeks to grow East Lothian's economy by encouraging employment generating development in town centres and on existing and proposed employment and business sites. Delivery of such development is key to securing sustainable and inclusive economic growth and job creation. The Plan takes a practical and flexible approach to support a wide range of appropriate economic development uses in sustainable locations, whilst safeguarding existing business uses.

## **PARTNERSHIP WORKING – GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS**

21. The Chief Social Work Officer (CSWO) role within East Lothian remains embedded in the Group Service Manager post for Adult Statutory Services. The CSWO reports directly to the Chief Executive of East Lothian Council and to the Director of the Health and Social Care Partnership (HSCP).
22. Following the implementation of the Integration Joint Board (IJB) in 2016/17, it was agreed that in East Lothian, Adult Social Work Services (including the Criminal Justice Service) would be delegated functions of the IJB. Children's Services are not a delegated function although are managed through the Health and Social Care Partnership (HSCP).
23. In 2015, Children's Services were placed within the operational management of the Health and Social Care Partnership, but the Council chose to retain strategic, statutory, financial and governance powers over children's social work service. The future positioning of the service is currently being considered with a recommendation expected later in 2018. The CSWO is a member of the Children's Strategic Partnership and the Looked After Children Corporate Parenting Group. These formal meetings provide strategic direction and accountability.
24. The CSWO will have a crucial role in ensuring that safe and effective practice continues to be embedded and monitored within the agreed Children's Services structure due to the different professional governing bodies as well as different agencies and teams.
25. East Lothian and Midlothian Councils have joint Public Protection arrangements including a joint public protection committee structure. The CSWO sits on the overarching body which is the Critical Services Oversight Group (CSOG). This group's membership consists of senior officers including Chief Executives from both Local Authorities; both CSWOs; Chief Officers from the IJB; and Senior Police, Fire Service, Health and Heads of Children and Adult Services.
26. Reporting to CSOG, and overseeing all sub-groups, is the East Lothian and Midlothian Public Protection Committee (EMPPC). This group provides scrutiny and monitoring of all improvement plans and performance indicators of:
  - Adult Support and Protection
  - Child Protection
  - Offender Management
  - Violence Against Women and Girls

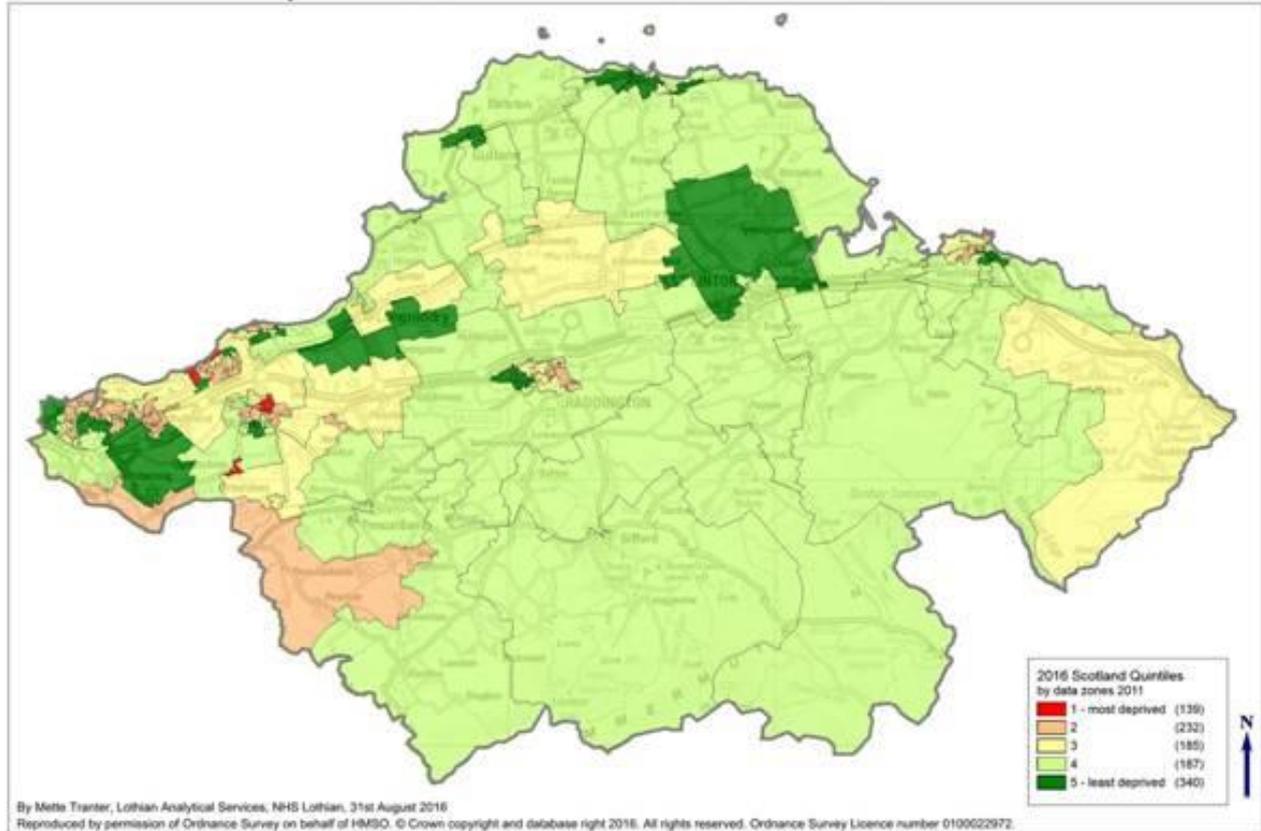
27. The CSWO sits on the Committee and CSOG and as such, is able to oversee all areas of Public Protection and inform and advise strategic direction of these services. There are 3 sub-groups that report to the EMPPC. These include:
- The Performance and Quality Review Group
  - The Offender Management Group
  - The Learning and Practice Development Group
28. The Performance Framework is reported on quarterly with all framework indicators reviewed annually. This is to ensure that what is being reported on is appropriate and necessary. Further, as the Public Protection Office and scrutiny arrangements within East and Midlothian have matured and developed we have become more confident in challenging ourselves and our practice. Our future focus is on being better able to demonstrate that our work is making people safer and making a difference in people's lives.
29. Action plans arising from Initial Case Reviews and Large Scale Investigations are reported to the Public Protection Committee and the Critical Services Oversight Group. This enables strategic scrutiny to take place with emphasis on implementing any actions as well as ensuring that any learning is cascaded to teams and services. Learning includes highlighting good practice.
30. East Lothian's care at home framework was remodelled during 2016/17. With this, 15 providers were placed on the framework. During 2017/18, we have been able to monitor service delivery – ranging from provider performance to quality of the service. This is closely monitored by performance and quality officers with incentives available to providers to encourage them to drive up quality standards. The Procurement Board analyses these performance measures. The CSWO is a member of the Board, and as such, has an informed overview of quality issues within the care at home service.
31. Commissioning social care services is much more than organising and buying services. It is also about how councils and the NHS work together to plan services that will meet future demand and make efficient use of their combined resources as well as procure services with the third and private sector. As a partnership, we have a statutory duty to keep the supported person's plan under review, and to ensure that their eligibility needs continue to be met.
32. The Care at Home Review Project has been established to examine the client review process and work began on this during 2017/18. We are aiming to not only streamline the review system, we are ultimately wanting to ensure that it aligns itself with up-to-date assessed packages of care so that it is not creating dependency or unnecessary budget expenditure, as well as being tied in with quality assurance and best value principles.
33. The Community Justice Local Outcomes and Improvement Plan was produced in 2017 with all partners contributing to this. This plan received positive feedback from Community Justice Scotland particularly as East Lothian made a decision to include youth justice and early intervention/prevention as an outcome rather than simply focussing on adults. This plan was subject to public consultation prior to its implementation.

34. Within East Lothian, the CSWO chairs the Reducing Reoffending Group which is the working group for the Community Justice Improvement Plan. This is then reported to the newly established East Lothian Partnership so that scrutiny and monitoring of the plan is carried out on a strategic basis. The Partnership are currently examining progress made with this plan and this will be reported to Community Justice Scotland in September 2018 by way of the first Annual Report.
35. The CSWO chairs bi-monthly meeting with all managers in the HSCP, including both social work and health managers. This is a formal meeting where managers' report on their services, including any audit and scrutiny work being undertaken. The next area of work for this group is, whilst working with the Head of Adults and Children's Services, to introduce a systematic framework for self-evaluation and quality assurance for child and adult services that is carried out by workers and managers across services and teams. Re-enforcing quality standards is a core task for the CSWO. By involving workers at all levels in the audit process, understanding and ownership of work standards is encouraged.
36. A shared culture and professional identify of health and social work now needs to be developed. Whilst we have started to bring services together, we are still bound by separate organisational arrangements. This will be key to us reaching our potential as a partnership.
37. The Health and Care Standards, added to the Duty of Candour (when there is an unexpected or unintended incident resulting in harm or death, this will be reviewed so the person or family can be advised why it happened, and an apology given) report requirements, have now been introduced. We will now have to embed these within practice, respond to as and when appropriate, and provide an annual report (for the Duty of Candour). Again, these will be reporting to the Care Governance Group as we will need to review each incident and examine our practice. Having shared standards is welcomed as these will help to inform practice in all services thus improving consistency and understanding of what we need to achieve.

## SOCIAL SERVICES DELIVERY LANDSCAPE

38. East Lothian has a population of 104,840 (2017) which is expected to grow by 23.3% between 2012 and 2037. The number of people aged over 65 is forecast to grow by 72.2% during this period, whilst the number of 0-15 year olds is projected to increase by 27.5%.
39. These demographic changes bring opportunities and challenges due to the differing needs and strengths within the towns and villages. However, by working with our partners, as well as helping to build resilience within the community, we are actively trying to improve service growth within the county.
40. East Lothian Partnership includes a variety of organisations from across public, private, third and community sectors. The East Lothian Plan 2017-27 is the strategic plan for the county with the priority focus being:
  - Reducing inequalities
  - Tackling poverty
  - Early intervention and prevention
41. As detailed in last year's report, the greatest concentration of deprivation within East Lothian is in the towns in the west of the county (i.e. Prestonpans, Musselburgh, Tranent and Wallyford).
42. The IJB strategic plan focuses on delivery of the nine National Health and Wellbeing outcomes set out in the 2014 Act. Further, it seeks to address health inequalities across the county, where people living in the poorest neighbourhoods can, on average, expect to die four years earlier than people living in the richest neighbourhoods and spend more of their lives with ill health (see following map).

### Map of SIMD 2016 Scotland Quintiles for East Lothian



43. Over 90% of care at home provision is delivered by independent providers. With this, we have to continually monitor the service provider's quality of care as well as assess whether they are delivering services as expected. In the current market, there is high staff turnover within these organisations which does impact on the level of care provided as well as consistency of care. We work with these providers and offer training and support to help them improve quality standards. Due to current market conditions, there is a concern that should a provider stop trading, there would be major challenges in securing replacement care.
44. Through our current commissioning of services, some concerns have been raised in relation to providers having recruitment and retention issues, as well as a shortage of adequately trained staff to provide care for current identified complex care needs. Forecasting from children's services has clearly indicated that clients with more complex care needs will be transitioning into adult services in the immediate and longer term. The Integrated Joint Board have been made aware of this risk and further discussions regarding a comprehensive approach to commissioned services will be taken forward.
45. Care at Home currently supports over 1376 adult service users, with approximately 21000 care at home hours being provided each week. Like many authorities we are experiencing a shortage of care at home hours and presently have approximately 850 care hours unallocated. However, this is a significant improvement on last year where there were approximately 1500 hours of unmet need per week. This reduction has resulted from a combination of collaborative

allocations (providers working together) and reviewing cases on the waiting list to assess if care is still required.

46. East Lothian has 17 care homes in total. Three are Council-run homes, with Belhaven Hospital/Care Home provided by being NHS Lothian. All other homes are provided by the independent sector.
47. In April 2018, there were 599 clients (aged over 65) being supported within Care Homes. This compares to 584 the previous year. Of these clients, 39% are self-funding – an increase of 3% in the previous year. Forty-nine service users (under 65) are currently supported in Care homes compared to 52 in April 2017.
48. Of note, length of care home placements are getting shorter. Of the 199 placements ended after September 2017, 61 (30%) were 6 months or less and 91 (46%) were less than 1 year. This is linked to clients moving into care homes at later stages in life with more significant physical and mental health problems. Unfortunately, this has resulted in the resident group within care homes becoming less stable, which can cause confusion for some clients. With regard to social work, this activity means there has been an increase in the need for social work assessments due to high turnover.
49. East Lothian has no residential resource for adults (not including care homes for older people). As a result, approx. £3.8m per year is spent on external placements. Adults with Learning Disabilities, complex needs and/or autism make up the majority of those living outwith their home areas. It should be acknowledged that external resources may be appropriate for a client's needs. However, we need to ensure that the mix and capacity of resources within the county is appropriately matched to assessed need.
50. Through forecasting, we are actively examining the resources that will be required in the coming years, whether it be specialist services, appropriately trained staff, or suitable accommodation. This information will then help inform strategic planning. We will be working closely with our partners and the community in relation to this as we need to utilise all resources, learn to manage our demand as best we can, and build resilience within the community.
51. The lack of foster carers and placements within the county is a significant challenge. Whilst it is appropriate for some children to be moved outwith the area, for the majority, the decision is due to not having a placement available. This is often detrimental to the child and their family, and as a result, is one of our main priorities within East Lothian – hence the additional investment of £300k.
52. Significant concern was raised when the Scottish Government announced that drug and alcohol services were to receive a 25% reduction in budgets. However, they have since advised that there will be an additional £20m available for distribution throughout Scotland. This is welcomed as recent data indicates that within East Lothian, drug deaths have increased 100% in this last year. Again, the demographics of the county challenge us with ensuring that services are available to all those who require it, regardless of where they live.
53. We are currently designing a Recovery Hub to be based in Musselburgh. Initially this will provide mental health and substance misuse services as a matter of

priority. However, discussions are continuing to take place in relation to the Hub becoming a 'one stop shop' including housing, criminal justice, and general advice and support. Whilst not fully inclusive of all relevant services, this initial focus will be on people whose lives are more chaotic and less stable and often are the most difficult to engage with.

54. With regard mental health, we are feeling the impact of the Royal Edinburgh Hospital Campus redevelopment as there is currently a reduction in acute admission beds. Alongside this, the Intensive Home Treatment Team (IHTT) within NHS Lothian, has begun a redesign process – working towards a joint mental health service model. As this team offers a service for individuals who are experiencing mental health crisis or risk, it is vital that the redesign improves access and service delivery as they are some of the most vulnerable people in our communities.

## RESOURCES

55. During 2017/18, Social Work Services received a total budget of £66.066 million. £14.169 million for Children's Services and £51.897 million for Adults and Older People Services (including Criminal Justice Services).
56. At the end of the financial year, there was an overspend of £1.769 million against the budget - £667,000 in Children's and £1.101 million in Adults and Older People. However, the Adult and Older People position was offset by a number of one-off benefits totalling £876,000 which related to the release of a care provision. There was an additional funding of £325,000 from the NHS relating to the delivery of IJB delegated functions.
57. Taking this into account, the actual reported overspend was £892,000.
58. The summary of efficiencies within the H&SCP in 2017/18, equates to:
- a) Efficiencies achieved (**£166,000 in total**)
    - Increased Service Charges - £25,000
    - Efficient Workforce management - £100,000
    - Children's Services buy smart reviews - £37,000
    - Increase in the number of student placements - £4,000
  - b) Efficiencies not achieved (**£80,000 in total**)
    - Integration of Health & Social Care - £60,000
    - Adults buy smart reviews - £20,000
59. The Children and Adult Services budget for 2017-18 was balanced on the requirement to deliver an ambitious efficiency programme, in part relating to unachieved efficiencies from 2016-17. Further plans will be required to ensure that future spending commitments can be delivered within available budget during 2018/19.
60. The main pressures in the Children's budget were due to demands for external residential places; external fostering and care at home services. Within Adults and Older People services, main pressures arose from demand for care services for the over 65's and complex care needs for adults with learning and physical disabilities.
61. Due to financial pressures alongside increasing demand, we introduced a governance, audit and compliance framework to support evidence based decision making as well as increasing staff's understanding and involvement of budget and control measures.

62. Through delegated authority within Adult and Older People Services, we devolved authority to authorise assessment and support planning to senior practitioners, service managers, and group service managers. Each stage has an agreed limit to authorise to, with the higher cost packages being authorised by a more senior manager. This will be monitored during 2018/19 to ascertain if we have met basic outcomes – improved customer experience by being more efficient in decision making; more consistency with eligibility framework; evidence based decision making; and greater transparency within our decision making.
63. Criminal Justice Services funding, which is ring-fenced, received no uplift from the Scottish Government within their budget. Consequently, the service has had to adapt to service need by altering its staff mix as and when team members leave. This has enabled greater flexibility to be achieved within the service whilst making full use of the available budget.
64. The Community Justice local outcome improvement plan gives all statutory partners the platform to work more effectively together to address needs of offenders. Better outcomes could be achieved through using current resources better rather than relying on additional funding. Poverty, health issues, unemployment and general instability in lifestyle, are core issues that continue to emerge from data gathered.
65. During 2017/18, efficiencies have been achieved through service redesign, vacancy control measures and transformational working. Working smarter and more efficiently have been at the heart of this so that the impact on front line staff has been kept to a minimum. However, there has also been investment during this period which has helped target specific projects and pressure areas.
66. As we look to the future, we are looking to develop and invest in new models of care. Within older adults, considerable investment has been received from the Scottish Government to reduce people going into hospital as well as improve delayed discharge. In East Lothian, developments have included the Hospital at Home Service and the Care Home Team.
67. Due to budget pressures alongside more complex need and demand, we will have to ensure that resource transfer is used as efficiently as possible with risk assessments (to client, service delivery, etc) being carried out. Further, we will need to be clear as to what is achievable, and what is not. Expectations will need to become more realistic.
68. The CSWO is involved in budget discussions and decision making in relation to social work services. Clarity is also provided on statutory services and functions, risks and challenges associated with the different services, and the impact efficiencies can or will have on staff delivering services.

## **SERVICE QUALITY AND PERFORMANCE (including statutory functions)**

### **CSWO and Service Standards**

69. One of the core tasks of the CSWO is to provide professional oversight and leadership in relation to social work and social care services being delivered, and by the workforce that is delivering them. In summary, the CSWO must ensure governance so that standards and performance are achieved, with staff operating within the standards and the codes of practice as set out by the Scottish Social Service Council (SSSC).
70. The Care Inspectorate has a duty to inspect all registered care services as well as social work and social care services. Through inspections, service improvements are highlighted alongside best practice examples. These inspections bring accountability and provide the general public confidence in services being delivered.
71. Inspection findings and recommendations are reported in several places within East Lothian. These include:
- The IJB
  - The CGG
  - The Public Performance and Review Committee
  - Critical Service Oversight Group
  - East and Midlothian Public Protection Committee
  - Council Management Team
  - Health and Social Care Partnership
72. Any inspection recommendations are integrated into Service Plans so they are actively addressed and then monitored.

### **Care Inspectorate Inspections**

73. The Care Inspectorate carried out a number of announced and unannounced inspections throughout East Lothian's social work and social care services throughout 2017/18. These included:

a) Children's Services

Lothian Villa Care Home Service had an unannounced inspection on 9<sup>th</sup> May 2017. Grades were exceptional with 6's being awarded for quality of care and support; and quality of staffing.

Since September 2010, Lothian Villa have consistently scored 5s and 6s in Inspections. To maintain these standards, the level of commitment and professionalism by all staff has been quite remarkable and is recognised nationally as an exceptional resource.

b) Adult Services

EL Domiciliary Care Service (housing support) was inspected on 17<sup>th</sup> November 2017. Grades of 4's were awarded for Quality of Care and Support; Staffing; and Management and Leadership.

The Adult Placement Service was subject to an unannounced inspection on 29<sup>th</sup> March 2018. Grades of 5's were awarded for Quality of Care and Support; and Management and Leadership.

c) Care Homes for Older People

A total of 19 inspections were carried out with the majority being in the private sector. Whilst the majority demonstrated high levels of quality and care, low grades were given to 5 private homes. 2 of these resulted in Large Scale Investigations being commenced whilst the others were subject to close monitoring and scrutiny. The full list is attached as Appendix 1.

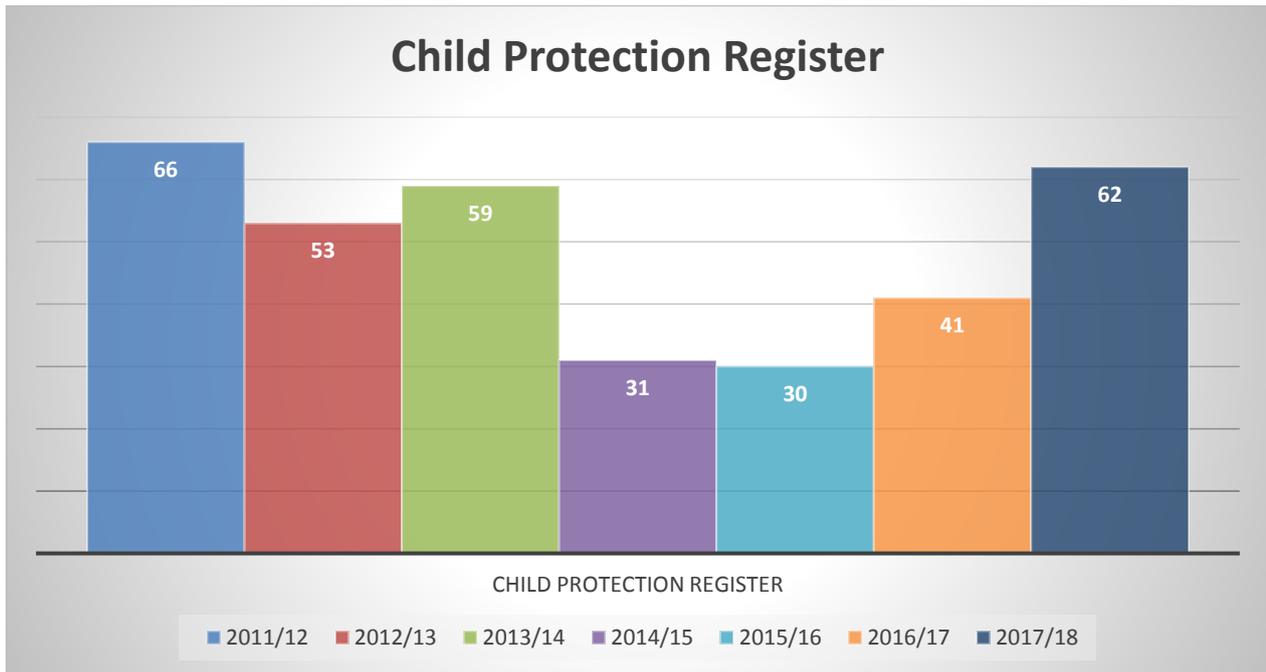
74. It is noticeable that during the past year, our Care Review Team has had to spend increasing amounts of time with private providers ensuring that action plans are implemented. We are becoming increasingly concerned that some providers are reacting to poor grades rather than striving to maintain high quality care and standards within their care homes.

## **Statutory Functions and Services**

### **Children and Families Services**

#### **Protection and Family Support Service**

75. At 31<sup>st</sup> March 2018, Children's Services had 881 allocated cases which meant that one East Lothian child in every 26 (aged 0-18) were involved with the service. There were 2,865 referrals during 2017/18, equating to 55 per week. The majority of referrals were received from the Police, with the towns of Musselburgh and Tranent being the largest sources. These statistics remain consistent with last year's figures.
76. During the year, the number of looked after children increased slightly from 222 to 227, a rise of 2.3%. This relatively stable out-turn positively reflects the support and early intervention approach the service has worked hard to develop.



77. The number of children on the Child Protection Register rose from 41 in April 2017, to 62 at the end of the financial year, a 51% increase. The rate per 1,000 of 3.3 is above the national rate of 3.0. Historically, East Lothian figures have always been under this rate.
78. There was a significant number of sibling groups on the Register which contributed to the above average rate. This included families moving into the area with children whose names were already on the Register. The other feature is the significant percentage of babies and unborn children - over a third were below the age of 12 months. Of those children on the Register, 34% had domestic abuse as a registration category – whereas last year, the major category was substance misuse. We are examining this in more detail to help inform the type of intervention work that is required to ensure that children (and partners) are safe.
79. Of note is the fact we are training staff in the ‘Safe and Together’ model of working (focus on domestic abuse) where we work with all members of the family unit including the perpetrator of the violence. Staff in Children’s Services and Criminal Justice have trained together on this. During 2018/19, our aim is to co-work cases and review the impact and expected positive outcomes that this type of working will bring.
80. Based on the evidence of the last 6 or 7 years, it is reasonable to assume that numbers on the Child Protection Register in East Lothian will begin to fall during the next six months. However, teams have to not only be aware of number spikes, the service has to be flexible and adaptable to these varying demand pressures. At the core of this is the ability to assess risk(s) that are being presented and vary contact/input accordingly.

81. Any increase in numbers results in an increase in workload and time management. This includes increases to: client contact, case conferences, effective and frequent communication with professionals, etc. Supervision plays a key role during these pressure times to enable a comprehensive review of cases as well as worker reflection on their practice.

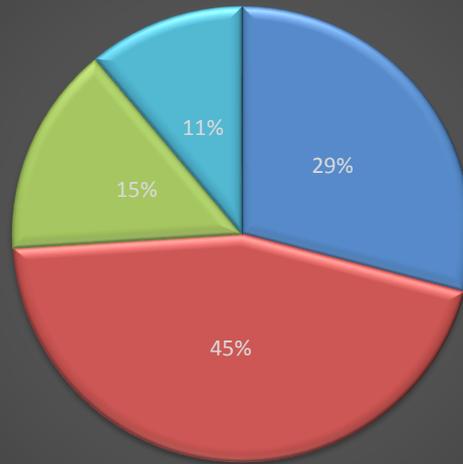
### Looked After Children and Young People

82. The East Lothian looked after population of children and young people at the end of 2017/18 comprised 227 as follows:

	<b>March 2018</b>	<b>March 2017</b>	<b>Rate per 1000* (2018)</b>	<b>Scotland Rate per 1000* (2018)</b>
Home Supervision	66	65	3.1	3.8
Foster Care	102	91	4.8	5.6
Formal Kin Care	34	46	1.6	4.0
Residential Care	25	20	1.2	1.5
<b>(Secure Accommodation = 2)</b>				
<b>TOTAL</b>	<b>227</b>	<b>222</b>	<b>10.7</b>	<b>15.1</b>

83. 71% of looked after children are accommodated away from home, placing pressures on our capacity for local placement of children within East Lothian. Further, a significant number of children are placed in external foster care as well as external residential care. Not only is this detrimental to the young person and their family, but is also an expensive resource as well as being time consuming for workers and family members (due to distance).
84. Due to these pressures, East Lothian Council agreed to invest £300,000 in the fostering service in the new financial year. This will enable us to change our fee structure so that we can compete with other local authorities. Our goal is to add 18 new carers by April 2020. This is our biggest challenge and we need all agencies, partners, elected members and the HSCP and ELC workforce to acknowledge the role they play in driving this forward.
85. Minimising placement moves for looked after and accommodated children (LAAC) is a key indicator for the service, being closely linked to positive outcomes and general wellbeing. The average number of placement moves for all children looked after away from home has fallen from 2.1 to 1.7 at the end of March 2018.

## Looked After Children and Young People



■ Home Supervision (66) 
 ■ Foster Care (102) 
 ■ Formal Kin Care (34) 
 ■ Residential Care (25) 
 ■

86. The local residential service provides 12 placements in two locations within the Care Home Service (Lothian Villa). Some young people remain in placement after their 18th birthday; some who are currently in long term care who may choose to stay on; and some will return to their family with aftercare support provided by the residential service. This is a valuable resource and one that East Lothian is very proud of.
87. The residential service has a satellite flat based in Musselburgh with this being used as flexibly as possible. This is often to prevent external placement being required.
88. Increasing demands are contained within the duties and obligations placed on the Council by the Children's and Young People's Act. Particular reference relates to now being responsible for those who were a LAAC, up to the age of 26 years. This is putting increasing demand on the Throughcare and Aftercare Team to provide commensurate support to these young people.
89. The shortage of suitable accommodation within East Lothian for young people in receipt of After Care continues to challenge the Authority. Children Services are actively engaged with housing services in trying to increase the stock of social housing to meet this high demand. Placing a young person in Bed and Breakfast; travel lodges or low budget hotels – even when there is no alternative available – is unacceptable. We are currently looking at a 'Step Forward Scheme' which involves recruiting for Supported Lodging Hosts to ease transition from care to independence. However, whilst it is important that suitable and appropriate accommodation is available, support services also need to be accessible. Our partners play a key role with regard to this.
90. There were 71 East Lothian young people who were receiving an After Care service at the end of March 2018. Of these, 49% have a known destination, with these being recorded as positive destinations such as education, training or employment. The national average is 47%.

91. The number of children and young people in Formal Kinship Care has fallen to 34 which is less than half the national rate per 1,000. However, we have 79 children and young people with Informal Kin Carers which is a significant number who are being supported outwith the statutory care framework.
92. Informal Kinship care includes non-looked after children, who live in an informal kinship care arrangement. These children may be subject to Section 11 of the Children (Scotland) Act 1995 or may be living in a completely private arrangement with extended family. Many may not have an allocated worker but will be an open case within the service.
93. Olivebank Child and Family Centre provides a service to 44 vulnerable children aged 4 months to 4 years, with children receiving a 2 or 3 day service. Over the past year, the young mother and toddler service has been developed. Parents are integral to this service and are actively involved in family learning.
94. East Lothian is working with the following colleagues in the Third Sector to provide early intervention services to concerning children, young people and their families: Aberlour Childcare Trust, Action for Children, Children 1st, Cyrenians Conflict Resolution Services, East Lothian Special Needs Playscheme, Home-Start East Lothian, With YOU Horizons Young People Services and WHO Cares? Scotland.

### Fostering and Adoption

95. There has been a sustained recruitment drive to attempt to increase the number of Local Authority Foster Carers in East Lothian. However, the successful recruitment of new foster carers merely replaces those who have retired or reduced their capacity to offer care placements. Available placements for older children and sibling placements are rare and consequently, the Council has been forced to look to external placements in greater numbers than at any other time. East Lothian has 102 children and young people in foster care and approximately 11% are with external providers. Ideally, we want to use external resources when assessed as appropriate, rather than being the only option.
96. A noticeable trend has not only seen a rise in referrals for Foster Placements, but further, fewer children returning to their families once they are accommodated. Whilst this may be as a result of appropriate decision making, we need to ensure that all options have been exhausted.
97. Work progresses to benchmark and review the package of Foster Carer remuneration and support to enable growth in the Council's local foster care capacity. However, competition with neighbouring local authorities who are actively recruiting carers from East Lothian, added to market pressures, impact on our ability to recruit new carers.

## Corporate Parenting

98. East Lothian has a strong commitment to Corporate Parenting and 'Getting it Right' for all care experienced children and young people. The planning and delivery group has been in existence since 2008, with the Champions Board coming on stream in 2015. The latter provides a very strong commitment to listening to care experienced young people and using their knowledge and experiences to inform and improve outcomes for young people in East Lothian.
99. The East Lothian Corporate Parenting Plan 2017-2020 makes promises and commitments to all care experienced children and young people. The 3 main priorities include:
- Better outcomes in relation to education
  - Better housing options for when they leave care
  - More care placements that will keep sibling groups together
100. In relation to the above, we need to improve attainment outcomes for looked after children in East Lothian. The Scottish Government investment fund that will be forthcoming this year and next is welcome. We are currently examining how best to use this money so that maximum benefit is achieved. As mentioned previously, we are investing in foster carers and placements so aim to keep sibling groups together.
101. Within East Lothian, the strategic children's partnership is critical in enabling the shift and re-alignment of resources to meet identified priority needs as well as developing integrated approaches to delivering services. Due to current and forecasted future demand for services, we need to consider the effectiveness of GIRFEC and partnership approaches to early intervention and prevention in universal services.
102. Whilst there has been a number of events promoting the role of Corporate Parents, there remains a need to raise awareness of the role and duties this entails to all staff working across the Council, the HSCP and elected members. There are opportunities to improve the experiences and outcomes for looked after children and young people and care leavers through joined up working as part of the "One Council" approach. We currently have two champions from the current administration although we would like to add to this.
103. The Champions Board works in collaboration with a wide range of partners including the Council, Health, Police, Who Cares? (Scotland), colleges, universities, and the third sector. Through the board, care experienced young people themselves can influence improvements in the services and support available to them. Two short films covering education and housing priority have been produced in conjunction with Queen Margaret University, and these films are used to raise awareness of corporate parenting and highlight how additional support could be given to young people.
104. When discussing the role of Corporate Parents, the Champions Board stated:
- 'We're not just talking about social work, schools & health, we need support with housing, employment, leisure and lots of other things that most young*

*people get support with from their parents - we're asking our corporate parents to step up & help us in the same way.'*

- 105. Forty care experienced young people have benefited from personal budgets of around £500 to help them achieve their aspirations.
- 106. A crucial area for East Lothian relates to school exclusions. Whilst 2017/18 figures are not yet published, we are aware that last year, there were 34.2 pupils per 1,000 pupils excluded from East Lothian schools compared to 26.8 pupils per 1,000 pupils excluded as a national average. Excluding children from school has a marked effect on them with a direct correlation between school exclusion and instances of youth offending. Reducing school exclusions is detailed in improvement plans for education, children services, and community justice. The Champions Board have helped inform this.

### Unaccompanied Asylum Seeking Young People

- 107. East Lothian have had 2 spontaneous presentations of an unaccompanied asylum seeking young person – one from Vietnam and one from Iran. We have worked closely with the City of Edinburgh due to their level of experience of working with these young people due to the higher numbers presenting in the city. Further joint work was undertaken with Edinburgh when completing the Age Assessment.
- 108. Whilst numbers in East Lothian have been small, our limited accommodation options have created problems for finding suitable housing for these young people. Further, it created unexpected challenges in relation to mixing with some of our vulnerable young people who we have a statutory duty to work with.

## **Adult Services**

### **Adult Support and Protection**

- 109. East and Midlothian Public Protection Committee meets on a quarterly basis and reviews all performance framework indicators. Areas also monitored include Sexual Exploitation, Female Genital Mutilation, Human Trafficking, and Gender Based Violence.

#### Adult Protection Indicators

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Total number of ASP referrals	493	633	791
Total number of Duties to Inquires	226	343	449
Total number of investigations	69	151	112

110. During 2017/18, East Lothian received 791 adult support and referrals – an increase of 158 in one year. The vast majority of these referrals were from the Police.
111. In relation to investigations, operational systems were reviewed in the final quarter of the year as there were concerns that some investigations were being progressed when it was not necessary. This review informed a more robust and proportionate response to adults who were known or believed to be at risk of harm. Staff briefings have taken place to refresh workers about the procedures they need to follow.
112. Large Scale Investigations were carried out during the year in relation to two private care homes who received low inspection grades. Whilst the providers were willing to work with us – and work alongside the care home review team – it is concerning that standards could decline so quickly. Poor management and leadership has been present in both of these as well as issue with regard clients' care plans.
113. In addition to the above LSIs, there were four multi agency strategy meetings which took place. These meetings are called when concerns have been raised about a Care Home and all information is discussed to agree whether the Home should progress to a LSI or not. Whilst the majority did not progress to LSI, it is evident that there have been a number of issues, in a number of Homes. This is something we are monitoring and discuss with our Care Inspectorate strategic link inspector and relationship manager for regulated services at our quarterly meetings.
114. ASP achievements during 2017/18:
- Preparing for, and training staff, in the use of E-IRD: an electronically shared recording system which triggers an initial referral discussion. This will be implemented at the end of April 2018.
  - The Scottish Appropriate Adult Network and subgroup are helping to develop training standards across Scotland to accommodate legislative changes coming in in September 2018
  - Monthly council officer meetings are now established to support staff, monitor workload and share good practice stories
  - Practitioner Pack developed for staff to assist with their role, function and evidence based decision making
  - Audits now in place to monitor activity and assess decision making
115. **Case Example:** the following example demonstrates the complexities that are often involved in ASP cases:

*Client A had a history of alcohol abuse and chaotic living. Home was sparsely decorated and frequently used as a drinking den for the local community. He was reported missing by his half-brother in December 2017. It transpired that his brother had moved into their one bedroom property and together they submitted a joint tenancy application to move to a 2 bedroom property. The brothers had been estranged for many years with the other brother living in Edinburgh.*

*When found, Client A refused to go home and was taken to a local hospital where it was discovered that he had fractured ribs and a black eye. At this stage, it was unclear what had happened to the adult but he continued to refuse to go home and did not want anyone to communicate with his brother. Unfortunately, his brother appeared at the local hospital resulting in the police being called due to his level of aggression.*

*Following this incident, an Adult Protection case conference was arranged in order to piece together the chain of events as well as develop a protection plan to support Client A. He attended the APCC and whilst he refused to disclose the actions of his brother he did admit to the group that his brother had threatened to kill him. Known associates of his brother were considered to be dangerous so this threat was taken seriously.*

*Client A was considered to be an adult at risk of harm and we therefore placed him in a place of safety where he remained until we secured an alternative tenancy for him in a new area. Housing cancelled the joint application and the locks on his existing property were changed thus stopping his brother from entering. Because of the evidence available, we successfully secured a banning order against Client A's brother due to his history of violence.*

## **Mental Health**

### **Mental Health Care and Treatment (Scotland) Act**

116. The annual statistical report from the Mental Welfare Commission on statutory interventions has not yet been issued for 2017-18. However, the report issued in October 2017 by the Mental Welfare Commission on activity in 2016-17, noted 5422 new episodes of compulsory treatment across Scotland during the year. This was an increase of 8.2% on the previous year. This is the highest number of new compulsory episodes since the 2003 Act was implemented.
117. In 2017, the Commission publicised concerns regarding the number of emergency detentions under the Mental Health (Care and Treatment) Act. These had risen considerably in certain areas of Scotland – with an increase of 35.9% over a ten year period. This suggests a lack of earlier planned and less restrictive interventions.
118. Positively, this increase was not reflected in East Lothian. Our rates of short-term detention certificates and compulsory treatment orders are below and around the Scottish average.

Table 3.4.1 STDCs and CTOs by local authority 2016-17 – number and rate per 100k population

	<b>STDC</b>		<b>CTO</b>	
	<b>Number</b>	<b>Rate per 100k</b>	<b>Number</b>	<b>Rate per 100k</b>
<b>East Lothian</b>	63	60.5	22	21
<b>Scotland</b>	4371	80.9	1203	22.3

## Adults with Incapacity Act

119. The most recent Mental Welfare Commission report shows that the number of existing guardianship orders has risen across Scotland by 12.5% since 2015/16. In East Lothian, there are currently 48 local authority guardianships and 144 supervised private guardianships. This compares with 49 and 109 respectively in 2015/16 – an overall increase of 21.5%.
120. In the most recent Commission reporting period our activity was below the Scottish average reflecting staffing pressures on service. This has been addressed in the past year by the transfer of social work hours into the Mental Health Officers team thus ensuring that regulatory requirements regarding reviews of private guardianships can be completed.

### **Guardianship Orders Granted by LA 2016-17**

	Population 16yrs +				Rate per 100k 16+ population		
	Total Numbers	LA	Private	ALL	LA	Private	ALL
<b>East Lothian</b>	85,101	8	24	32	9	28	38
<b>Scotland</b>	448,783	707	2146	2852	16	48	64

121. The primary causes of incapacity for local authority orders were dementia (50%) and learning disability (25%). In private orders, the causes were learning disability (67%) and dementia (29%). Sheriffs have been guided in recent years not to grant orders indefinitely as was often previous practice in order to protect the rights of adults and ensure orders are still least restrictive option. Within East Lothian, no indefinite private orders were granted with all orders being for three years or less. Whilst this brings additional work to the team, this practice carries the least restrictive option, and one that as CSWO, I would concur with.
122. Work has been undertaken to increase the Mental Health Officer (MHO) capacity within East Lothian. In the last four years, five social workers (selected from within the Council) have undertaken this training – with one scheduled to qualify in summer 2018. This is a major commitment for the service especially when backfill cannot be secured for the social workers due to budget constraints. However, in the same period three MHOs have left the Council or been promoted elsewhere in the service. At this moment in time, East Lothian's MHO capacity is under resourced.
123. The Mental Welfare Commission has noted pressures on MHO numbers nationally, mainly through demands of the Adults with Incapacity Act. We will be undertaking a review of the MHO service in 2018/19 to ensure it is fit to meet continuing statutory requirements.

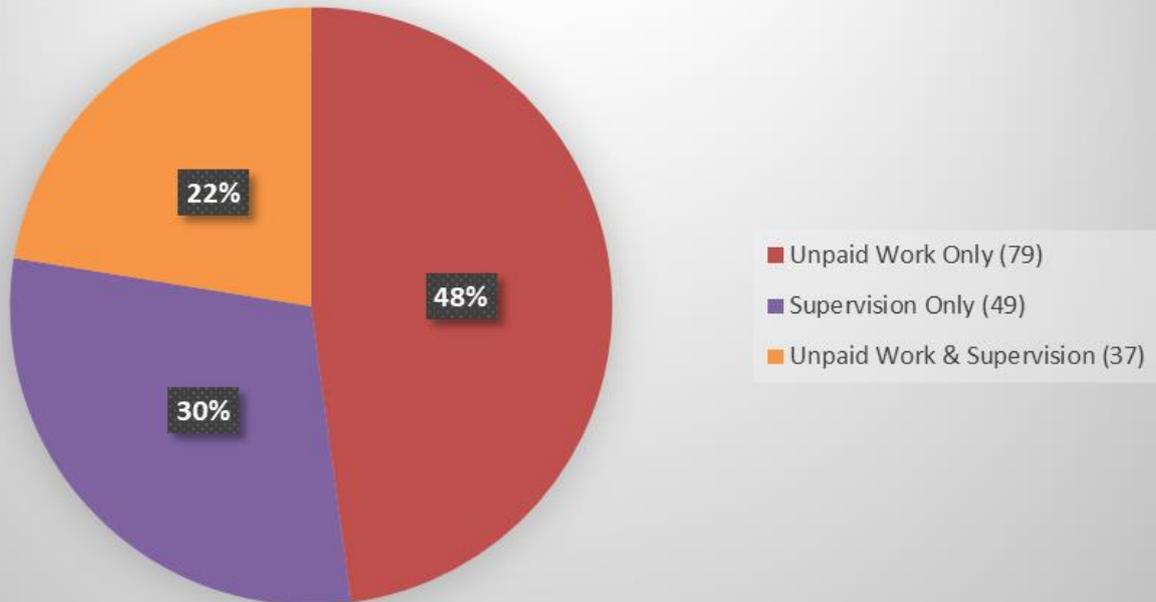
## **Criminal Justice Service**

124. East Lothian's Criminal Justice Service has adapted to changing pressures throughout the year. Due to the impact of welfare reforms, particularly Universal Credit, clients have presented with more welfare type issues, often in a distressed state. Consequently, the staffing mix was adapted enabling an additional Social Work assistant to be recruited to address the accommodation and welfare issues that were emerging. Along with this, requests for food bank referrals increased throughout the year.
125. During 2017/18, there was a reduction in the number of Court report requests and new Community Payback Orders (CPOs) made in Court. This is illustrated in the table below:



126. If the Court is considering a community sentence, they will normally request a report. Therefore, the reduction in report requests detailed in the above table, would negatively impact on new CPO numbers. However, an audit of reports written, recommendations made within the report, and subsequent court disposal, was undertaken, to ascertain if there was an issue with the social workers assessment. This concluded that there was no disparity between the two. Consequently, the service is currently liaising with other local authorities to see if this is a national issue.
127. During the past year, 3 members of the criminal justice team have been put through national training to enable them to carry out risk assessments and supervision of clients who have sex offences and/or domestic abuse offences.

## Community Payback Orders - 2017/18



128. Unpaid work remains the most common community sentence disposal made by the Courts, with the number of unpaid work hours completed totalling 11,462. Types of work and placements included the allocation and maintenance of six allotment plots; landscaping - projects varied from general landscaping of gardens, through to larger and ongoing projects such as coastal paths and public parks; building work such as erecting wooden raised beds; internal and external painting projects such as village halls; as well as a variety of personal placements in charitable organisations.
129. Managing high risk offenders remains a priority for the CJS. Throughcare, whether it be voluntary, in custody, or on licence in the community is a core task for workers within the team. On the 31<sup>st</sup> December 2017, there were 79 clients in total subject to throughcare supervision.
130. Multi Agency Public Protection Arrangements (MAPPAs) continue to work well within East Lothian with multi agency supervision and monitoring of offenders who have committed sexual offences taking place. However, the past year has seen an increase in vigilante type unrest within the community. Consequently, we are working closely with our Police colleagues in relation to this and have held briefing sessions for elected members. During the coming year, we will be examining our communication strategy to ascertain how best to engage with the community in relation to this issue.
131. During 2017/18, achievements within the CJS have included:
- Establishing a second Social Work Assistant role
  - Implementing the East Lothian Offender Employment Programme with our partner -Access to Industry
  - Developing the women's group 'Connect' including recruiting staff from other services and agencies to help facilitate this group (1 day per week)

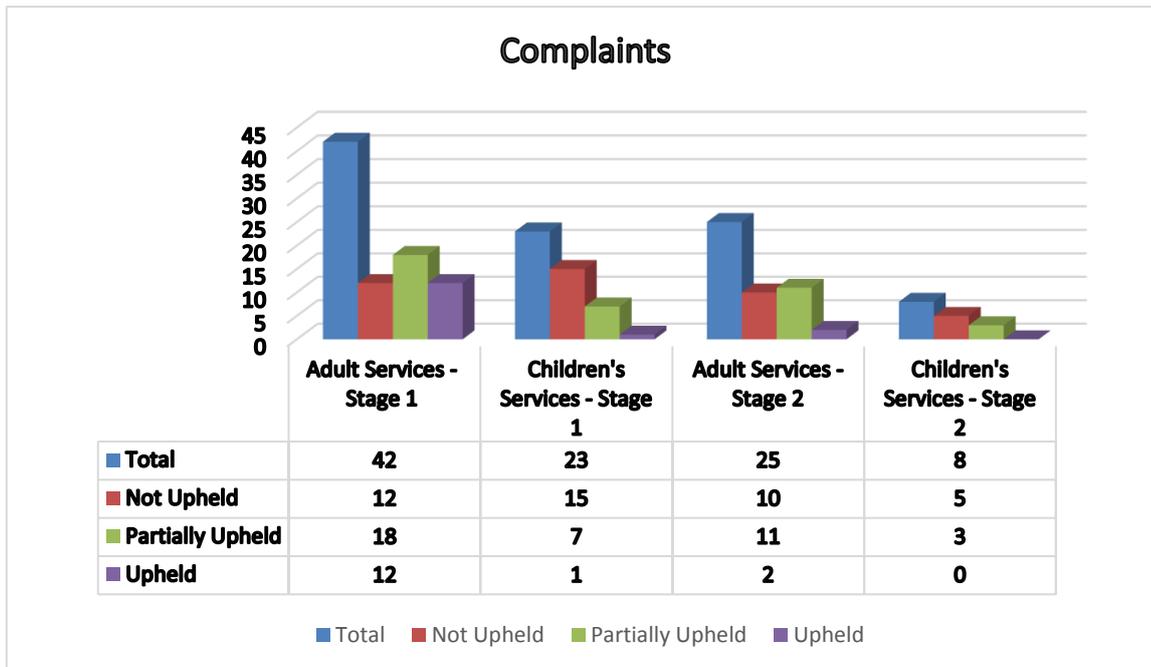
132. Working in partnership with the Team Leader in the Family Placement Team in Children's Services, the Community Payback Work team identified appropriate locations to place advertising for fostering throughout the Musselburgh area as part of a recruitment drive. This was the first time this had been undertaken and feedback from clients was very positive as they felt they were doing something worthwhile for the community, the Council, and for children requiring help.

## **Violence Against Women and Girls**

133. The Violence Against Women and Girls (VAWG) Services Review concluded in July 2017 with the following improvements agreed:
- posts within the service made permanent
  - a streamlined contract for housing and support services for women and children affected by domestic abuse was awarded to Women's Aid
134. Following consultation with services during 2017, it was agreed that we would strive to embed the Safe and Together model within practice in relation to domestic abuse. In doing so, we would work with the child, the non-offending parent, and the perpetrator. In January 2018, intensive training was provided for practitioners and supervisors with children's services and criminal justice services coming together for this. The next stage is to embed this model into existing assessment frameworks.
135. The above is a major commitment by services and the public protection office to work together using a different, but well researched model to help achieve better outcomes for all affected by through domestic abuse.
136. The East Lothian Sexual Abuse Service, funded by East Lothian Council and NHS Lothian, operates 25 hours per week with support taking place across a variety of locations in the county. The service is currently operating at full capacity. We are actively pursuing funding streams to try and secure additional funding with a view to increasing capacity.

## **Complaints and Compliments**

137. On 1<sup>st</sup> April 2017, the Social Work Complaints Handling Procedure changed with the introduction of a standard approach to handling complaints across local authorities and closely resembles the complaints process within the NHS. This is now a 2-stage complaints procedure working closely with the Scottish Public Services Ombudsman (SPSO).



(Please note, Adult Stage 2 total: one case cancelled and one not concluded)

138. The change in procedure has had an impact on numbers. Adults saw a slight increase in Stage 1 complaints (increase of 5 in total). Although reason for the complaint varied, time waiting for care packages and charging letters were the two main categories for complaint.
139. Within Children's Services, there was a significant rise from 8 in 2016/17 of stage 1 complaints, to 23 this year. This figure also includes repeat complainers. The two most frequent category of complaint related to parental access to the child; and dissatisfaction with the worker.
140. With regard Stage 2 Complaints, adults remain steady with a slight increase of 4 from last year. Children's however saw a significant drop from 22 to 8. It would appear that for Children's Services, complaints have been dealt with satisfactorily at an earlier stage – something we want to see happen more.
141. We take complaints seriously and strive to ensure that any action or learning from a complaint is used to better service delivery. However, there is no doubt that the complaints process is time consuming particularly with such tight time frames. Internally, we intend to review the complaints findings from this year to identify any learning opportunities for social work services.
142. Across services, there were 48 compliments recorded. However, formal recording of compliments remain under reported by staff. We are actively looking at ways of promoting good practice. Recently, Children's Services introduced a Bravo notice board which has been positively received by staff:

... I am very grateful for all your help even though I don't show it. I really am.

Not only have you been a guiding light through dark times for the children but also, for myself too.

Thanks to you and your team we were kept safe, our lives changed for the better and we're in a safe and secure place.

I wanted to take the opportunity to share the positive feedback I received from Share the Carers who received a service from yourselves recently. The Telecare worker was described as friendly and professional, having knowledge of the children who receive Share the Care, was helpful and beneficial. There seemed to be a mutual understanding of the challenges in the need to minimising risk.

Well done and thank you very much

And sometimes comments from clients can help to remind us what is important. A resident within one of our care homes stated:

It is nice to get together with other residents. The scones and pancakes are lovely. We have a blether.



I like the therapy ponies. It is great to get a cuddle – they are so soft and lovely to stroke. It makes me feel nice. I even kissed one on the nose.

143. Complaints and compliments are now reported to the Clinical and Care Governance group for scrutiny and monitoring. Anonymised complaints and compliments are shared at staff briefings.

## WORKFORCE

144. There is a variety of professions and skills mix that work across the services. During the past year, we have been examining roles and tasks and assessing whether things can be done better. As CSWO, ensuring staff are registered with the SSSC and have access to training and support to enable them to do their job are simple but basic priorities.
145. We are developing team and service profiles within ELC to help inform managers as to the make-up of workers within their team, and what this may mean for service delivery, supervision, succession planning, etc. Within services, teams can have very different profiles which will bring different needs. For example, at the start of 2017, there was a shortage of Council Officers (these are trained staff who investigate whether or not an adult is at risk of harm or not). Having had a high turnover of staff, all newly appointed social workers within the Adult Social Work team, had limited experience and could not initially undertake council officer duties. One year on, this is no longer an issue. In another team, all bar one worker is nearing retirement. Succession planning is a priority for this team.
146. East Lothian Council has been developing a new Workforce Plan (2018 -2022), with it now approved and implemented. This plan will build on the achievements of the previous plan whilst taking account of the challenges and new opportunities faced by the Council.
147. The Workforce Plan forms a key part of the Council's organisational, service and resource planning activities (including the Financial Strategy) to support the delivery of the Council vision and strategic objectives. This Plan will support the achievement of the ongoing transformation programme that is central to delivering the changes required. The CSWO has a clear governance role within this in ensuring that appropriate training is given to those who require it for specific roles and registration requirements.
148. Within core training, the Public Protection Office has established a learning and development plan for public protection work. In 2017/18, over 65 courses were delivered to some 1452 participants. These courses range from basic awareness training through to in-depth knowledge required for specific posts (ie Council Officer training).
149. A significant piece of work that is currently being undertaken relates to SVQ Level 3 requirements for Care Home staff. A Learning and Development Plan has been prepared and submitted to SSSC to update them on progress made within East Lothian. An extension had to be requested on this however, as the plan had not progressed as quickly as had been expected.

150. A plethora of training has taken place through the year, ranging from staff training for Self Directed Support – Option 2; through to more intensive training such as the Mental Health Officer Award. What is key within this is to ensure that there is a range of training for staff at different stages of their development and professional need.
  
151. As CSWO, the need to have a skilled and appropriately registered workforce is essential. Supervision needs to be effective with clear agreed outcomes within the process; Performance Review and Development helps staff to develop their skills and their knowledge thus improving service delivery; whilst encouraging student placements and practice teachers. Investing in the workforce's development is critical to future success and this is core to the workforce plans that have/are being developed by ELC and the HSCP.

## CHALLENGES FOR 2018/19

152. As we move into 2018/19, there are a number of legislative changes, government policies and regulation requirements that we will need to continue to implement and/or respond to. Key areas that we will need to progress include:
- The Carers (Scotland) Act 2016 and the full implementation of this. To date, we have worked closely with our partners through a working group and a strategic group to ensure that the implementation plan was developed. For 2018/19, we have to ensure that this plan is delivered; data is collected in a meaningful way and informs strategy; and ultimately, ensuring an improved customer experience for carer assessment and support plans with streamlined processes making access to Self-Directed Support (SDS) options as simple as possible.
  - The full cost of the Carer's Act is not yet known. However, we expect there to be a financial gap between allocated Scottish Government funding and actual cost within the authority/HSCP.
  - SDS priorities for 2018, includes the Care Inspectorate Thematic Inspection within East Lothian, beginning in July.
  - Assessing the impact of the new Health and Social Care Standards (introduced in April 2018) and highlighting positive impacts this is having on clients and their outcomes. Ensuring that these standards are being adhered to by all services within the HSCP.
  - The implementation of the Duty of Candour legislation and formal reporting of this
  - Alcohol pricing and potential client impact. Those who are most likely to be affected by the increase in price, are often working with social work or health services. We need to ensure that we can respond to any change in behaviour or potential crisis that is being presented.
  - Scottish Government Throughcare Review. This is a long-waiting for review within Criminal Justice Services and focusses on the people whose behaviour poses the highest risk within our society. Once published, the potential impact on service delivery can be reviewed.
  - Presumption against short sentences being extended requires to be monitored. We also need to ensure that community disposal options are robust and meaningful to ensure the judiciary are confident about using community sentences rather than giving longer prison sentences.

153. Internally to East Lothian, key work streams include reviews of transport; and adult community services (adult resource centres). The new housing strategy needs to be aligned with forecasting future service demand including identified resources; and we need to build our capacity to care for our children with regard foster carers and placements within the county.
154. A self-evaluation exercise is underway in Children's Services to inform decision making by East Lothian Council regarding the current alignment of the service within the Health and Social Care Partnership.
155. The above list whilst not exhaustive, demonstrates the enormity of the task that is in front of us as well as the complexities involved. Further, discussion regarding future resource transfer from NHS Lothian in relation to services currently not under the remit of the IJB, will be taken forward (eg the Specialist Positive Behaviour Team for learning disabilities). Through informed planning and effective leadership, we remain confident that we can provide a path for transformational service delivery.

**Fiona Duncan**  
**Chief Social Work Officer**  
**August 2018**

# APPENDIX

Care Homes for Older People				Care Inspectorate Quality Grades				
Name of Establishment	Provider	Care Type	Rooms	Date of CI report	Care & Support	Environment	Staffing	Management & Leadership
<b>Private Nursing Homes</b>								
Astley House	Astley House Nursing Home Ltd	Nursing	36	12/09/2017	5	N/A	5	N/A
				29/08/2016	5	5	N/A	N/A
				31/08/2015	5	5	5	5
				28/08/2014	5	5	5	5
				27/11/2013	5	5	5	5
				24/01/2013	4	4	N/A	N/A
Belhaven Nursing Home	NHS Lothian/East Lothian Council	Nursing	23	26/02/2018	2	2	3	2
				06/05/2016	3	4	4	3
				04/06/2015	3	3	4	3
				15/12/2014	3	3	3	3
				14/03/2014	3	4	4	3
				11/03/2013	4	N/A	5	4
Drummohr	HC-One	Nursing	23	30/05/2017	2	3	3	2
				16/11/2016	3	3	4	4
				04/08/2015	3	3	3	3
				17/12/2014	4	3	4	4
				19/08/2014	3	4	3	3
Fidra Nursing Home	Randolph Hill Care Homes Ltd	Nursing	60	10/01/2018	4	4	4	4
				19/07/2017	1	2	2	1
				20/12/2016	2	3	2	2
				29/03/2016	3	4	4	3
				07/10/2014	4	4	4	4
				22/01/2014	4	4	4	4

Lammermuir House	Tamaris (RAM) Limited	Nursing	48	29/01/2018	5	N/A	5	5
				16/01/2017	4	N/A	N/A	4
				30/06/2016	3	3	3	3
				06/01/2016	3	3	3	3
				09/03/2015	3	3	3	3
				06/08/2014	2	2	2	3
Muirfield Nursing Home	Randolph Hill Care Homes Ltd	Nursing	38	08/03/2018	3	4	3	3
				14/12/2016	3	3	3	3
				08/10/2016	3	3	3	3
				08/10/2015	3	3	3	3
				13/03/2015	3	3	3	3
				14/07/2014	3	3	3	3
Tranent Nursing Home	HC-One Limited	Nursing	60	04/09/2017	4	4	5	5
				10/11/2016	3	4	3	4
				18/05/2016	1	1	1	2
				21/08/2015	3	3	3	3
				15/01/2015	3	4	3	4
				13/06/2014	3	3	3	3
Tyneholm Stables	Embrace (Sanctuary Group)	Nursing	45	19/09/2017	2	2	2	3
				25/01/2017	4	4	3	3
				16/05/2016	4	4	3	3
				20/08/2015	4	4	4	4
				13/11/2014	4	4	4	4
Adamwood	Rollandene Ltd	Nursing	13	31/01/2018	5	4	N/A	N/A
				01/02/2017	5	4	5	5
				22/04/2015	4	4	3	3
				13/11/2014	4	4	3	3
				18/11/2013	5	4	4	4
Hilton Lodge	The Stewart Partnership	Nursing	20	14/12/2017	6	6	N/A	N/A
				14/10/2016	6	6	6	6
				25/02/2016	6	6	6	6
				27/01/2015	6	6	6	6
				05/02/2014	6	5	6	6
Leuchie House (Respite Only)	Board of Trustees	Nursing	23	17/08/2017	3	2	2	3
				01/11/2016	5	N/A	4	N/A
				02/09/2015	5	5	5	5
				23/09/2014	5	5	5	5

Private Residential Homes								
Carberry	Carberry House Care Home, a partnership	Residential	25	15/02/2018	4	3	4	3
				16/02/2017	5	4	N/A	N/A
				09/02/2017	5	4	N/A	N/A
				09/08/2016	4	3	5	5
				17/09/2015	5	5	5	5
				19/09/2014	5	5	5	5
Florabank Residential Home	Florabank Home Limited	Residential	22	31/08/2017	5	5	5	5
				02/06/2016	5	4	5	N/A
				08/06/2015	5	4	4	5
				12/06/2014	5	5	5	5
				20/11/2013	5	4	5	5
				28/11/2012	5	4	5	4
St Anne's Care Home	Sisters of Charity of St Paul The Apostle	Residential	37	11/07/2017	3	4	3	3
				07/12/2016	4	N/A	4	N/A
				08/02/2016	4	4	4	4
				10/02/2015	4	5	5	4
				25/02/2014	4	4	4	4

ELC Residential Homes								
The Abbey	ELC	Residential	30	17/01/2018	5	N/A	4	N/A
				06/03/2017	5	4	N/A	N/A
				22/10/2015	5	4	N/A	N/A
				24/09/2014	5	4	5	5
				25/03/2014	5	4	5	5
				22/02/2013	5	4	5	5
Crookston	ELC	Residential	40	28/09/2017	5	5	N/A	N/A
				15/08/2016	5	N/A	5	N/A
				13/07/2015	5	5	5	5
Eskgreen	ELC	Residential	30	24/04/2017	4	4	4	3
				13/07/2016	4	3	3	3
				17/09/2015	4	3	3	3
				22/07/2015	4	3	3	3
				19/08/2014	5	5	5	5
<b>Last Date Updated</b>	<b>31/05/2018</b>							