

Due to Scottish Government Guidance relating to Covid-19, the meeting will be held remotely

Tuesday, 30th March, 2021 - 10.00 a.m.

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**AGENDA**

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1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST** – In terms of Section 5 of the Code of Conduct, members of the Committee are asked to declare any interest in particular items on the agenda and the nature of the interest(s) at this stage.
3. **MINUTE** – Minute of the Education and Children's Services, Health and Social Care Scrutiny Committee meeting of 9<sup>th</sup> February, 2021. 3 – 7
4. **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20** – Report by the Chief Social Work Officer. 8 – 44
5. **CHALLENGES OF PROVIDING CARE AT HOME IN FIFE** – Report by the Divisional General Manager (Interim), Health and Social Care. 45 – 52
6. **EDUCATION AND CHILDREN'S SERVICES HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE FORWARD WORK PROGRAMME** 53 – 54

**Members are reminded that should they have queries on the detail of a report they should, where possible, contact the report authors in advance of the meeting to seek clarification.**

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23rd March, 2021

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**THE FIFE COUNCIL - EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE – REMOTE MEETING**

9th February, 2021

10.00 a.m. – 2.30 p.m.

**PRESENT:** Councillors Tony Miklinski (Convener), Ian Cameron, Bill Connor, Altany Craik, Colin Davidson, Andy Heer, Zoe Hisbent, Kathleen Leslie, Carol Lindsay, Karen Marjoram, Lea McLelland, David Ross, Jonny Tepp and Sharon Green-Wilson (substituting for Ann Verner). Religious representatives George Haggarty and William Imlay.

**ATTENDING:** Fiona McKay, Divisional General Manager (Interim), Health and Social Care; Maria Lloyd, Head of Education and Children's Services (Secondary Schools and Specialist Support), Shelagh McLean, Head of Education and Children's Services (Early Years and Directorate Support), Suzanne McGuinness, Service Manager - Improving Outcomes, Adult Services, Elaine Law, Service Manager - Adults East, Adult Services, Deborah Davidson, Education Manager (GIRFEC), Gary Peattie, Team Manager - Childcare Services, Vivienne Sutherland, Principal Psychologist, Adam Brown, Depute Principal Psychologist and Alan Chalmers, Headteacher Supporting Learners' Service (West Area), Education Service; Tracy Hogg, Business Partner, Finance; Morag Ferguson, Head of Legal and Democratic Services, Helena Couperwhite, Manager - Committee Services and Wendy MacGregor, Committee Officer, Legal and Democratic Services.

**ALSO IN ATTENDANCE:** Councillors Helen Law, Fay Sinclair and Craig Walker (for para. 36).

**32. DECLARATIONS OF INTEREST**

No declarations of interest were made in terms of Standing Order 7.1.

**33. MINUTE**

The Committee considered the minute of the Education and Children's Services, Health and Social Care Scrutiny Committee of 4th November, 2020.

**Decision**

The Committee agreed to approve the minute.

**34./**

**34. PRESENTATION - CURRENT POSITION ON THROUGH LIFE SUPPORT STRATEGY FOR THOSE WITH AUTISTIC SPECTRUM DISORDER IN FIFE**

The Committee welcomed presentations on Autistic Spectrum Disorder from Charlene Tait, Deputy Chief Executive, Scottish Autism, Katy MacGregor, Disability Co-ordinator, Fife Council and Karen Brown, Carer, providing/

an in-depth view into aspects of living with Autism, caring for someone with Autism and the services and support mechanisms in place in Fife.

The presenters discussed their personal experience, challenges and provided suggestions on how to improve services and quality of life for those people living with Autistic Spectrum Disorder in Fife.

Following detailed discussion, members asked a number of questions, which were subsequently answered by the presenters.

**Decision**

The Committee thanked Charlene Tait, Katy MacGregor and Karen Brown for their attendance at the meeting and for their valued contribution to the discussion.

**35. CURRENT POSITION ON THROUGH LIFE SUPPORT STRATEGY FOR THOSE WITH AUTISTIC SPECTRUM DISORDER IN FIFE**

The Committee considered a report by the Head of Education and Children's Services providing the current position on the progress of the implementation of the Autism Strategy in Fife 2014 to 2024, to support people of all ages and abilities. The report outlined (1) the background to the Strategy, outlining the progress made since the implementation of the Strategy in 2014, (2) the gaps identified by authors of the report and (3) the proposed next steps required to continue to progress meeting the needs of the group and to introduce the new approach for neurodevelopmental pathways.

**Decision**

The Committee:-

- (1) considered the content of the report and agreed to advise the Manager, Committee Services, Legal and Democratic Services, on any areas identified for future reports or Elected Member briefings which would be added to the Forward Work Programme for the Committee;
- (2) agreed to delegate to the Head of Education and Children's Services (Secondary Schools and Specialist Support) the proposed next steps in the report, which focused on establishing a Strategic oversight multi-agency group to progress priority areas;
- (3) agreed to delegate to the Head of Education and Children's Services (Secondary Schools and Specialist Support) to submit a further report for its consideration in August 2021, providing an update on the progress made on the next steps and agreed priorities for March, 2022; and
- (4)/

## 2021 ECHSC 18

- (4) agreed that Lead Officers from the Education and Children's Services, Health and Social Care Scrutiny Committee communicate with Conveners of Education and Children's Services Sub-Committee and Integration Joint Board to provide updates on progress and developments as they become available.

*The Committee meeting adjourned at 12.10 p.m. and reconvened at 12.25 p.m.*

*Councillors Sinclair and Walker joined the meeting prior to consideration of the following item.*

### **36. CALL IN - DECISION TAKEN ON CHILDCARE SERVICES AND PLAY PRACTICE DEVELOPMENT**

The Committee considered a call-in requisition of the undernoted decision of the Education and Children's Services Sub-Committee held on 3rd November, 2020 in relation to a report by the Executive Director, Education and Children's Services on Childcare Services and Play Practice Development. At the meeting on 3rd November, 2020, the Education and Children's Services Committee:-

- (1) noted the range of services operating before the COVID-19 closure of schools, early learning and childcare services;
- (2) noted the benefits of the proposals for change; and
- (3) agreed that Childcare Services progress the proposed next steps.

Councillor Sinclair, Convener of the Education and Children's Services Sub-Committee presented the case to the Scrutiny Committee, in support of the decision of the Sub-Committee. Councillor Sinclair believed there had been sufficient consultation and engagement with the affected communities and that the members of the Sub-Committee had the opportunity to consider all relevant information prior to making their decision.

Councillor Law, representing Councillor David Ross - the originator of the call-in requisition - expanded on the reasons for the call-in and presented the case to the Scrutiny Committee requesting that the Education and Children's Services Sub-Committee revisit their decision of 3rd November, 2020.

A range of questions were asked and responded to, in relation to creche and nursery provision, breakfast clubs, food provision and budget allocation. There followed a full debate by members of the Committee to consider the issues raised.

#### **Motion/**

Councillor Ross, seconded by Councillor Craik, moved as follows:-

'To/

## 2021 ECHSC 19

'To defer implementation of the new approach to Childcare Services and Play Practice and request further reports to the Education and Children's Services Sub-Committee detailing:

- (1) the impact of these proposals on children and families and on disadvantaged communities;
- (2) options for maintaining or expanding these services to better meet needs and where possible increase income;
- (3) a full business plan for the future provision of childcare and play practice development.

In terms of Standing Order 12(5)(b), request the matter is referred to Council for final determination.'

### **Amendment**

Councillor Marjoram, seconded by Councillor McLelland, moved to uphold the original decision of the Sub-Committee of 3rd November, 2020.

### **Roll Call Vote**

**For the Motion** - 7 votes

Councillors Cameron, Craik, Davidson, Heer, Miklinski, Ross and Tepp.

**For the Amendent** - 6 votes

Councillors Connor, Hisbent, Lindsay, Marjoram, McLelland and Green-Wilson.

Having received a majority of votes, the motion was carried.

### **Decision**

The Committee agreed that the matter be referred to the next meeting of Fife Council on 25<sup>th</sup> February, 2021 for final determination.

## **37. HEALTH AND SOCIAL CARE CAPITAL MONITORING**

The Committee considered a joint report by the Executive Director, Finance and Corporate Services and the Director of Health and Social Care providing an update on the Capital Investment Plan and advising on the projected out-turn for the 2020-21 financial year for areas in scope of the Education and Children's Services, Health and Social Care Scrutiny Committee.

### **Decision**

The Committee acknowledged the performance and activity to date, across the 2020-21 Financial Monitoring as detailed in the report.

*Mr. George Haggarty left the meeting during consideration of the above item.*

## **38./**

**38. HEALTH AND SOCIAL CARE REVENUE MONITORING**

The Committee considered a joint report by the Executive Director, Finance and Corporate Services and Director of Health and Social Care highlighting the 2020-21 projected out-turn for Fife Council Social Care Services for Adults and Older People.

**Decision/**

The Committee considered and noted the contents of the report.

**39. EDUCATION AND CHILDREN'S SERVICES HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE FORWARD WORK PROGRAMME**

**Decision**

The Committee agreed that members contact the Manager, Committee Services, Legal and Democratic Services with suggested reports to be included on the Forward Work Programme, which would be updated accordingly.

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30<sup>th</sup> March, 2021

Agenda Item No. 4

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## Chief Social Work Officer Annual Report 2019/20

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Report by: Kathy Henwood, Chief Social Work Officer

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Wards Affected: All

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### Purpose

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The Education and Children's Services Committee agreed that an annual report on the role of the Chief Social Work Officer would be provided to Members.

### Recommendation(s)

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It is recommended that the Committee:-

- (1) consider and scrutinise the content of the report;
- (2) determine if any further scrutiny or action is required.

### Resource Implications

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There is no resource implication arising from this report.

### Legal & Risk Implications

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None arising from this report.

### Impact Assessment

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There is no requirement for an impact assessment as the report is for noting only.

### Consultation

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Nil



## 1.0 Introduction

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- 1.1 An annual report by the Chief Social Work Officer (CSWO) has been presented annually to a committee of the Council from 2009. The current report follows a standard template issued by the Scottish Government for the purpose of ensuring comparison of these reports across Scotland. The report is designed to provide an overview of social work services within Fife and reflects the formal statutory responsibilities held by the role undertaken by the Chief Social Work Officer.

## 2.0 Background

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- 2.1 All Scottish local authorities are required to appoint a professionally qualified Chief Social Work Officer (CSWO). The function of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers in the authority's provision of social work services. The post should assist authorities in understanding social work service delivery and the role that social work plays in contributing to the achievement of local and national outcomes.
- 2.2 The CSWO is also responsible for providing professional governance for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sector.
- 2.3 In addition, there are a number of specific duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made by the CSWO or by a professionally qualified delegate.
- 2.4 From 2014 the duties of the Chief Social Work Officer has been held by the Head of Service post responsible for Children & Families and Criminal Justice social work services.

## 3.0 Conclusions

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- 3.1 The attached report is submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer and provides members with an overview of key aspects of social work provision in Fife.
- 3.2. Members will note the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership

### List of Appendices

1. The 2019/20 Chief Social Work Officer Report

#### Report Contact

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# Chief Social Work Officer Annual Report 2019/20

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## 1. Introduction

This reporting year has been my first full year in Fife as CSWO. It has been an extraordinary year, culminating in the start of the pandemic towards the latter few months. Whilst that presented extraordinary challenge, for this report, I would like to focus on the achievements that have been undoubtedly made over 2019/2020.

This report sets out some of them. Whilst faced with significant financial pressures, staff have worked tirelessly in their commitment to deliver high quality supports to the people of Fife, often the most vulnerable, through a period of ongoing service redesign and structural change. A focus on self-evaluation and continuous improvement through these challenging times has often been the stabilising feature and orientated practice and thinking back to core social work values.

Professional relationships have emerged, across organisational structures and service boundaries, reflecting the commitment to partnership working and collective leadership. This hasn't been without challenge or open curiosity, as we would expect and indeed promote, but is further evidence of strong professional social work values and professional respect.

Working across Fife Council and the Health and Social Care Partnership, through integrated systems affords its own lens into practice and culture. Where time hasn't been available to fully immerse into the workings of each structure and process, people have come to the fore and for that I am grateful. I think this is a reflection of the shared ambition across Fife to offer the services and supports that do make a difference and continue to be relevant and meaningful in people's lives. I think this report offers testament to this, whilst striving for further improvement.

It is the shared ambition that I see as the underpinning of the achievements made throughout this year and I look forward to capturing this essence as we move through to 20/21.

## 2. CSWO Summary of Performance – Key Challenges, Developments and Improvements (Priorities and Challenges in 2019/20 and Areas for Further Improvement

### Children and Families Service

#### Priorities and Challenges in 19/20

April 2019, the start of this reporting period, saw the publication of the Care Inspectorate report of Fife's Children's Services Partnership. This report has informed much of the improvement work undertaken throughout 2019-2020.

Following consideration of the material gathered during their contact with partners and service users in Fife, the inspectors evaluated provision as detailed below:

- Improvements in the safety, wellbeing and life chances of vulnerable children and young people (1.1) - **Good**
- Impact on children and young people (2.1) – **Good**
- Impact on families (2.2) - **Good**
- Leadership and direction (9)- **Good**

Overall the language in the report was positive in relation to practice across all services but particular emphasis was given to:

- the strengths around relationship-based practice which was seen to significantly benefit the experiences of both children and their families.
- good collaborative working, keeping children at the centre of decision making
- visible improvement relating to attainment and positive destinations
- the support for children leaving care
- an evident culture of self-evaluation across the partnership.

#### Strengths Detailed

1. Robust and effective pre-birth planning processes enabled the early identification, management and response to child protection and wellbeing concerns. This was ensuring vulnerable pregnant women were getting the right help and support at an early stage.
2. A wide range of flexible and responsive therapeutic services was effectively supporting children and young people in need of care and protection to get timely help and support to recover from abuse and trauma.
3. Effective, trusting relationships and nurturing care by staff and carers was positively impacting on the quality, stability and continuity of care and support for children and young people in care placements, including those young people in continuing care.
4. Strong partnership working and a culture of learning was helping to drive forward identified improvements. This was supported by effective leadership and a well-performing child protection committee.
5. The work of partners to help educational attainment and positive post school destinations of looked after children.

The inspection report also helpfully helped us prioritise areas for improvement.

### **Priority Areas for Improvement**

1. Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for example because of parental substance misuse, mental ill-health or domestic abuse.
2. Partners should achieve greater consistency in the quality and practice standards of assessments, child's plans and chronologies and strengthen quality assurance and management oversight.
3. Partners should continue to ensure that capacity is released to improve the time taken to undertake health needs assessment in preschool children when they become looked after.
4. Partners should progress plans to undertake a health needs assessment with all care leavers and advise them how to seek support relating to any emotional or wellbeing needs that are identified.
5. Partners should continue to use data and analysis of the Home2Fife strategy and ensure this is effectively linked to a commissioning framework.

An Improvement Plan was developed across the Children's Services Partnership and this has progressed positively and significantly throughout the last year through collaborative engagement with key services.

Whilst recognising the strengths we are keen to further develop all areas to achieve improvements in practice and outcomes; moving us from good to excellent.

### **Children and Families Social Work Strategy**

2019/20 saw the ongoing development of phase 2 of the Children and Family Social Work Strategy which was further informed by the Care Inspectorate Improvement plan and the developing work from the Independent Care Review.

Phase 1 had been a five-year plan (Home2Fife 2014-2015) which laid out key priorities for the service, including a shift towards a more preventative approach to supporting families in need along with a focus on high quality care and protection planning for children. This included new partnership approaches such as the Child Wellbeing Pathway which helped provide a clearer framework for services across the GIRFEC continuum to come together to support families.

The strategy was ambitious in its aim to reduce the profile of care in Fife, by actively supporting children and young people to live within their own families and communities; increasing the numbers of kinship and blended care arrangements for children and young people who could not live safely at home; reducing the numbers of children being Looked After by the local authority and outwith Fife, wherever safe to do so, in line with a rights agenda and best interest decisions.

Throughout 2019/2020 the strategy delivered the beginnings of a fundamental shift in both the profile of care and changes to practice and culture, orientated more around family and keeping connected. These changes were complemented by reductions in the

numbers of children on Fife's Child Protection Register and reductions in numbers of children subject to Child Protection Orders. Taken together, these are indicative of an increased preventative capacity that has helped families get assistance at an earlier stage. However, this data is subject to ongoing scrutiny and analysis and will be sense checked involving the voices of families who have lived experience. Work with Franklin Covey was undertaken towards the end of the reporting year, with a specific focus on capturing the voice of families and colleagues working through the child protection process.

Whilst continuing commitment to the strategy, which emerged in 2020 as 'Belonging to Fife', the impact of coronavirus towards the end of the reporting year was unprecedented and affected progress, as collective focus was orientated around supporting the most vulnerable families during lockdown and recovery.

## **Criminal Justice Service**

### **Priorities and Challenges**

2019/2020 presented a number of challenges relating to the Criminal Justice Service,

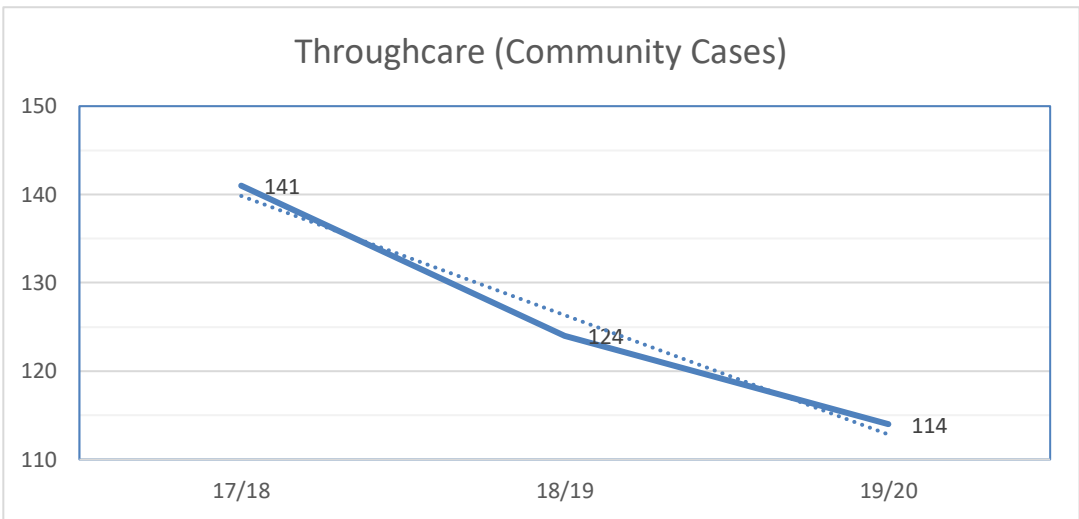
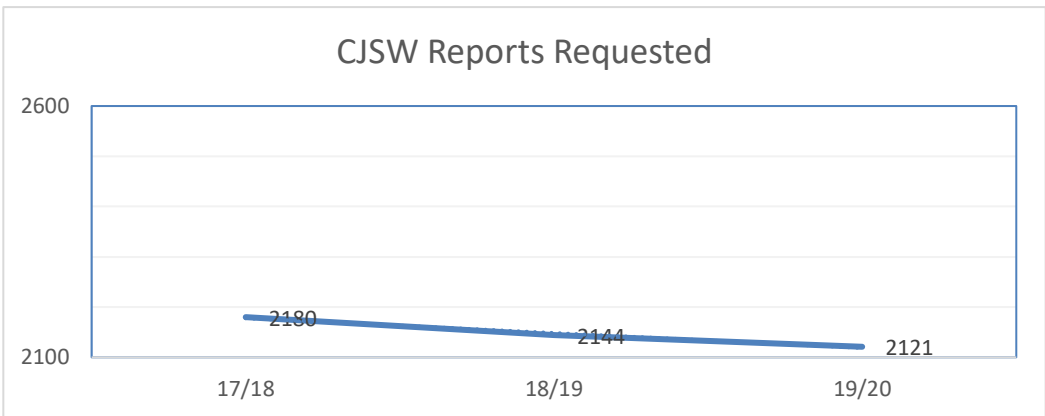
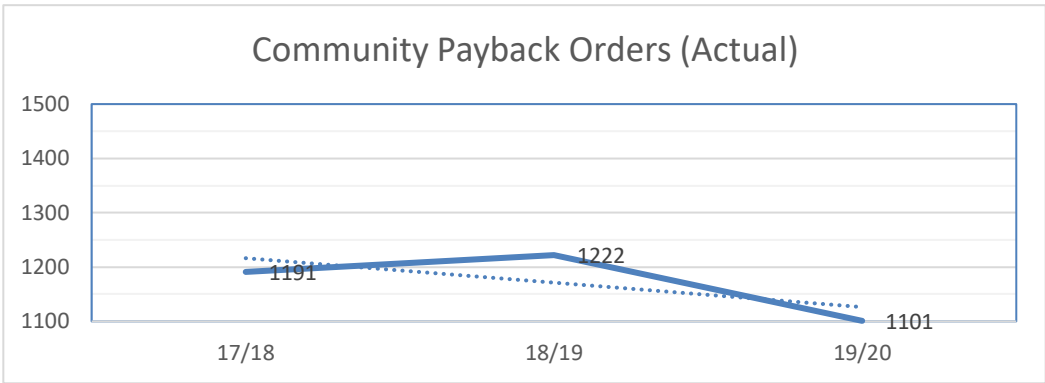
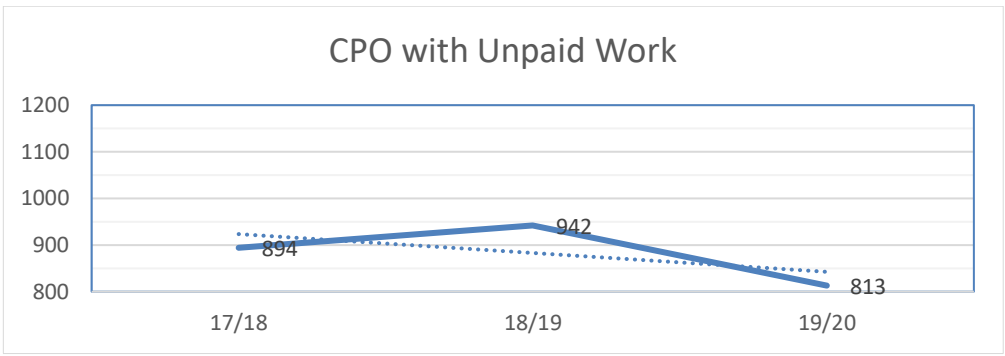
This started with a change of management at Senior Manager level, with the retirement of a longstanding manager. Whilst recognising the inevitable impact such a change can have, it also afforded opportunity to develop areas for staff and service user inclusion in service design and development. This has led to the beginnings of an ambitious service improvement plan which seeks ongoing engagement and contribution, which to date is being positively reported.

Further to this, a review of Fife-wide practice was undertaken to address identified inconsistencies in service delivery that had evolved across area teams. Service wide practitioner led Practice and Performance Groups were established to promote best practice, a what works agenda and afford Fife wide governance and quality assurance measures.

The practitioner led groups were formed to involve front line staff directly in the decision making process when considering areas relating to social work practice. These groups will proceed to influence decision making and policy implementation. There is ambition to extend the scope of this concept beyond front-line workers, to include a service-user group to influence practice in the longer term.

As part of the wider improvement activity, the service has undertaken specific reviews. The Throughcare service presented some challenge around operational structure, management span of control, direct reports and workload demands in the Team. Changes required to ensure continued and consistent service-delivery were implemented in early 2020 and will be subject to ongoing scrutiny and review.

The national lockdown in response to the Coronavirus outbreak in March 2020 came at the very end of the reporting year but had an immediate and dramatic impact upon the criminal justice system. It is felt that the immediate response by the Service was positive, prioritising risk management and welfare provision along with an emphasis on keeping connected whilst working to ensure immediate and continued staff safety. There is however the need to stay alert to the ever-changing environment, maintaining staff morale along with their safety and that of service-users.





## **Fife Health and Social Care Partnership**

### **Priorities and Challenges 2019/20**

The Health and Social Care Strategic Plan 2019 – 22 sets out the priorities for and establishes the framework in which resources will be used. The Fife Health and Social Care Partnership delivers a range of community-based health and social care services relating to all adults, as well as children's community services such as Health Visiting.

The Health and Social Care Partnership Board is responsible for planning and ensuring the delivery of a wide range of health and social care services and is accountable for delivering the National Health and Wellbeing Outcomes. An integrated Performance Management Framework is used to prepare a list of targets, measures and arrangements which relate to functions of the Health and Social Care Partnership. The Partnership Board is also responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Fife and Fife Council.

The Board receives detailed work plans and reports from the Partnership outlining progress for the year against the delivery of the Strategic Plan and uses performance reports to help inform future strategic planning.

The Strategic Plan is driven by law and national and local policy and aims to meet the needs of people now and in the future.

The Strategic Plan Priorities are as follows:

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife
2. Promoting mental health and wellbeing
3. Working with communities, partners and our workforce to effectively transform, integrate and improve our services
4. Living well with long term conditions
5. Managing resources effectively while delivering quality outcomes

Reporting on the Strategic Plan takes into account non-delegated targets and measures when these are affected by the performance and funding of integration functions. The Performance Framework focusses on dealing with the correct issue at the correct level of detail and this includes consideration of core operational plans and objectives, as well as national strategic targets, local targets, and improvement goals.

### 3. Governance and Accountability

#### Fife Council Political Structure

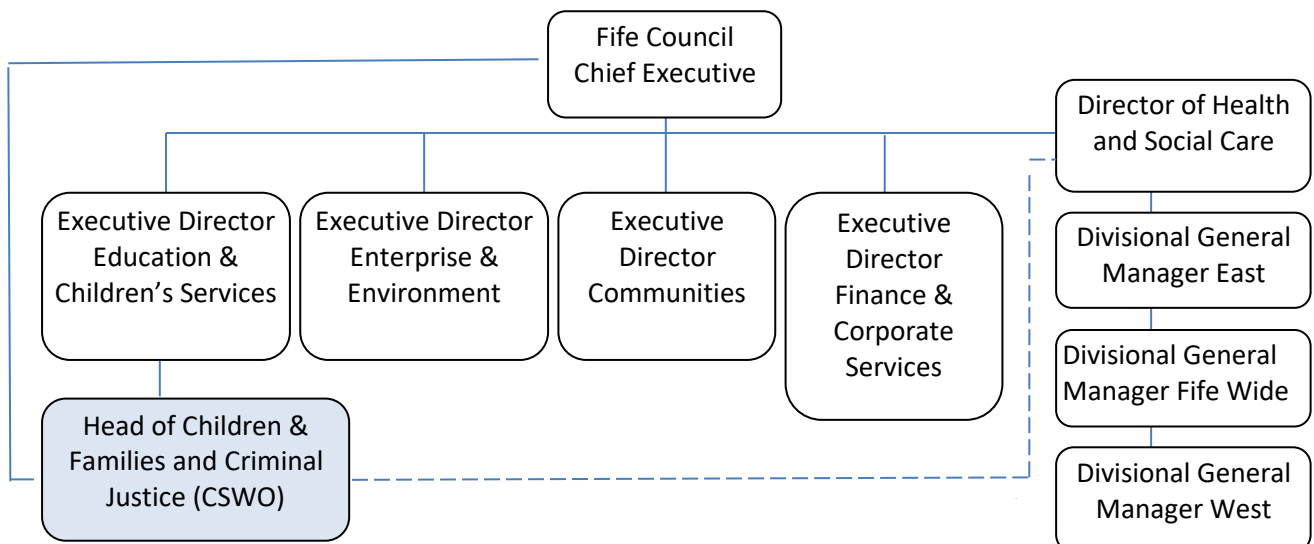
There are 22 electoral wards in Fife and each ward has three or four councillors who have been elected by the people of that ward to represent them. In total, there are 75 councillors.

They are responsible for setting policy for the Council and may sit on various committees where they can vote on a range of matters from local planning to decisions on welfare or education.

Breakdown by political groups	
Scottish National Party	30
Labour	23
Conservative	14
Liberal Democrats	7
Independent	1
<b>Total</b>	<b>75</b>

#### Fife Social Work Governance Arrangements (Structural)

In Fife, the Chief Social Work Officer (CSWO) is the Head of Children and Families, and Criminal Justice. The post sits within the Education and Children's Services Directorate and reports through the Executive Director to the Council Management Team and



Elected Members.

The CSWO is responsible for monitoring social work service activity across the Council and within the Fife Health and Social Care Partnership to ensure that agreed targets are being met and that professional standards are maintained. Operational management responsibility for social work service delivery rests with relevant management arrangements in Children and Families, Adult, and Older People's Services and a reporting system is in place in relation to those social work services where the CSWO has no operational management responsibility.

These reporting arrangements cover:

- Statutory decision-making including adoption, secure accommodation, and guardianship
- Performance outcomes and trend information
- Critical incident reports including significant case reviews
- Direct reporting by the CSWO to the Council and the Chief Executive

The CSWO also has a role to play in specific advisory bodies such as the Chief Officer Public Safety Group and in advising the Council in relation to matters affecting social work services arising from Community Planning and other Partnership bodies.

The CSWO also has access as required to the Council’s Chief Executive and Elected Members.

### Fife Children’s Services and Criminal Justice Service: Strategic Governance and Accountability

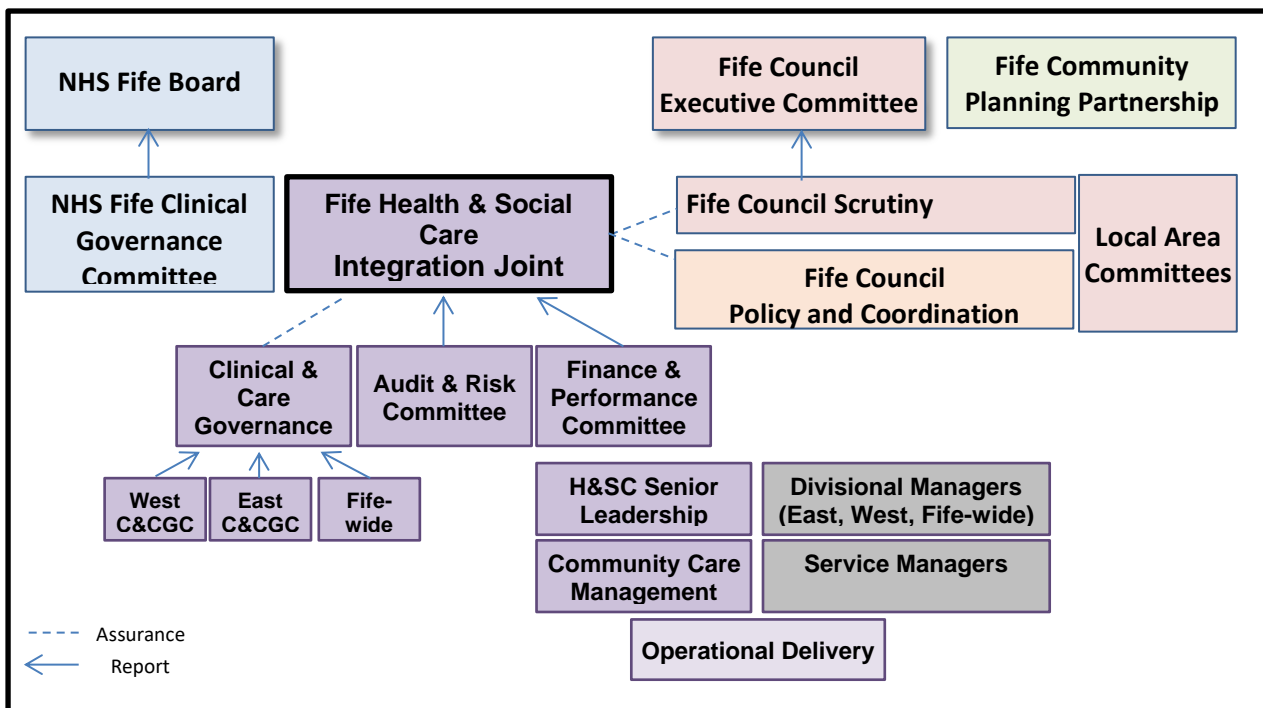
The partnership between services for Children in Fife is well established at both a strategic level and across local areas. The responsibility for the Children’s Services Plan (2017-2020) is held by the Fife Partnership, represented by the Children in Fife Group. This partnership supports close collaborative working between Fife Council, the voluntary sector, Police Scotland, Scottish Children’s Reporter Administration, NHS Fife, and Health and Social Care with a common purpose.

The Children in Fife Group reports to the Fife Partnership Group.

The Children's Services Plan is nested within The Plan 4 Fife. It makes a significant contribution towards the Priority Theme of Opportunities for All, through work to improve child development, educational attainment and positive destinations from school. However, it also supports other priority themes (e.g. contributing to the Priority Theme of Inclusive Growth and Jobs, through support for the delivery of Foundation Apprenticeships, widening STEM learning opportunities, etc).

Strategic planning and accountability for Criminal Justice services is undertaken separately.

### Fife Social Work Governance Arrangements: Health and Social Care Decision Making Structure



These arrangements help ensure effective management of performance throughout Partnership social work services in Fife. This allows focus on particular areas of activity

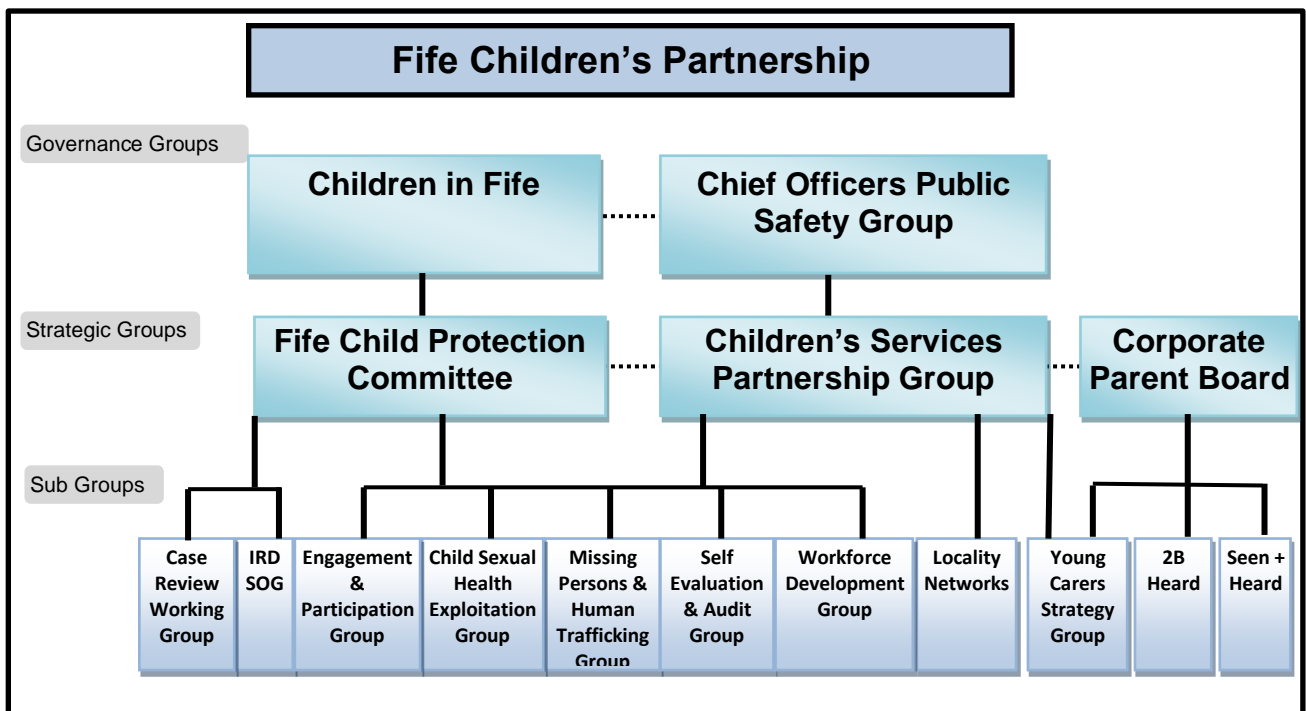
to assist in identifying where additional development is required. From this information, it is clear that there are a number of areas of strong performance as well as areas that require additional support. A particular focus in the coming period will be to ensure a level of consistency in relation to the quality of assessment and care planning across all service user groups, allied to ensuring that those in need of services get the assistance they require at the earliest possible stage.

### Engagement with Individuals, Carers and Communities

For Education and Children’s Services, there is a well-established engagement process for Looked After Children supported by the activity of the Corporate Parenting Board which includes young people as core members. This activity includes crucial contributions from both the 2BHeard forums for care experienced young people and the Seen+Heard initiative run by the Children’s Parliament which promotes the rights of younger looked after children.

In addition, there is a range of feedback processes such as surveys and questionnaires for families who are receiving services from Children and Families Social Work. Criminal Justice have similar feedback processes for partners in the Criminal Justice system, including Sheriffs, along with recipients of Community Payback activity. Feedback on the effectiveness of services from people who have offended is also gathered.

Increasing the voice of those with lived experience of services is a central tenet going forward.



### Role of CSWO

#### Financial Responsibilities of the CSWO

As a Head of Service for Education and Children’s Services Directorate, the CSWO has direct operational responsibilities for the financial management within the Children and Families, and Criminal Justice Social Work Services. The role also has oversight of the

standards involved in the delivery of social work within Adult and Older People's Services, and any budgetary implications that may arise from this.

The CSWO is responsible for monitoring all social work service activity including Children and Families, Criminal Justice Services and Adults and Older People Services. The CSWO, through their statutory function, must be assured that agreed performance targets are being met and that professional standards are maintained. Operational management responsibility for social work service delivery rests with relevant management arrangements in Children and Families, Criminal Justice, Adults, and Older People's Services.

## 4. Service Quality and Performance

### Children and Families Service – Overview of how the C&F Service is performing and delivering statutory functions and key risks to delivery

Strategic Aims: The Children and Family Social Work Service has one overall strategic aim which is to promote Belonging to Fife, ensuring that children and young people are supported to live safely within their own families/communities and to be ambitious for their success.

There are key strands of work which support and enhance this overall strategy:

- Increase in the provision of the types of care options with an emphasis on increasing kinship, care at home and in-house foster/adoptive/supported lodgings care.
- Achieving a significant shift in the profile of care in Fife, away from high cost residential care (HCRP) and purchased care and towards support at home or with friends/relatives. Sustained scrutiny around planning for children in care.
- Ensuring that the services supporting looked after children and young people are better aligned, providing a coherent scaffolding around our care experienced children. Asking services to be both agile and responsive, family focused and community facing.
- Effective intervention at additional level to prevent escalation to formal statutory involvement through assessment and provision of section 22 (voluntary support) and partnership working with the third sector and other statutory partners to provide additional support.
- Ensuring that services supporting all children, (but in the first instance for those most in need) are better aligned and sufficiently focused on preventing the need for alternative formal care, wherever safe to do so.

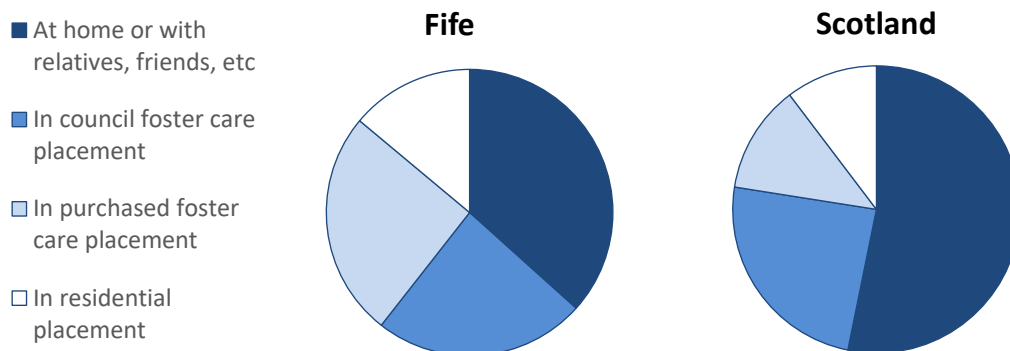
These objectives are not only informed by the review and analysis of service delivery in Fife, they reflect ethical practice and mirror the recommendations of the 2019 independent care review. This 'root and branch' review concluded that Scotland's care system must be able to support children and young people at home with their families where it is safe to do so or ensure family connections are maintained. Key components of the review confirmed the importance of help and support including family support being readily available, responsive and flexible. A significant message is that children do better at home but if this cannot be achieved then children and young people must be supported to remain connected to their sisters and brothers, family and community to maintain their identity and sense of self within the environment they have grown up in. Children's safety must remain central to practice but within this consideration must be given to how this is

managed within existing family networks, giving due weight to the risks inherent in being away from family and all that is familiar.

Whilst the overall size of the Looked After population in Fife has remained at or below the Scottish average, which was the success of phases 1 and 2 of the strategy (Home2Fife), it remains the case that the profile of children and young people in care in Fife has remained significantly skewed towards purchased foster and residential care, with proportionately fewer looked after children being cared for at home or with friends, relatives, etc (see figures below).



The dash line shows the pre-strategy trend, with a sustained increase in demand for purchased placements. The solid line shows the aim of the original strategy.



**Figure 2.** Comparison of the profile of care for Looked After Children in Fife, with that in Scotland (based on the most recent published national data on Looked After Children, the Children Looked After Statistics 2017-18).

Phase 3 of the Children and Families Strategy ‘rebadged’ in 2019 as ‘Belonging to Fife’ has continued to build on the positive progress made over the preceding years.

This focussed on improving outcomes and reducing service overspend through:

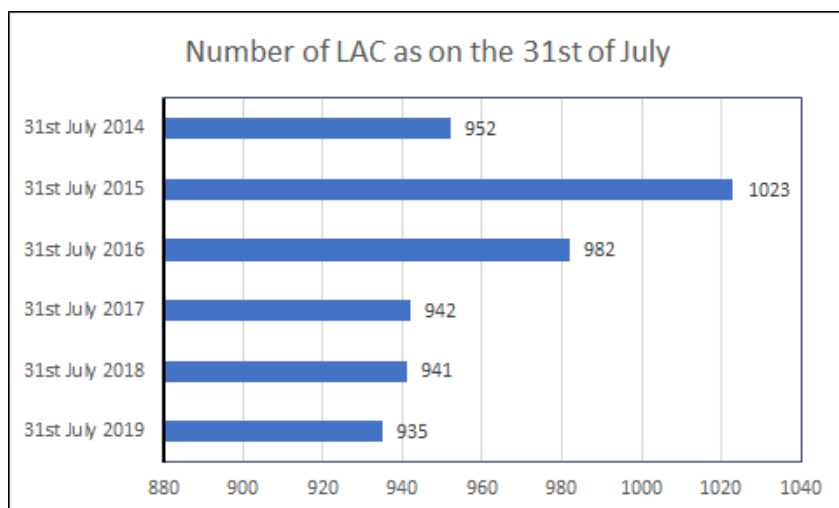
- shifting the balance of care (reducing purchased residential and foster care)
- reducing unit care costs
- service redesign and
- 3<sup>rd</sup> sector re-commissioning.

The success of Belonging to Fife (B2F) has exceeded our original ambition and expectations in relation to re connecting children and young people back into family and/or community. This has reduced purchased residential care for the financial year 2019 – 2020, and whilst not within this reporting period it is important to note that this success has both been sustained and further improved.

Overall numbers of children and young Looked After in Fife continue to reduce as more effective early intervention strategies develop and the range of internal resources increase.

The data below shows changes in the balance of care since 2015.

The number of children looked after in Fife continues to reduce with 935 children reported to be looked after as at the 31<sup>st</sup> July 2019. There have been further reductions through to April 2020.



The breakdown in terms of care arrangements and changes over 2019/2020 is set out below

There has been a shift in the reliance on High Cost Residential Placements (HCRP) outwith Fife and purchased foster care, supported by an increase in internal residential provision, blended care options and family-based care.

Month	Purchased Residential	Internal Residential
March 2019	133 children are in HCRP with 44% (n 59) out with the geography of Fife	16
March 2020	84 children are in HCRP with 38% (n 32) out with the geography of Fife	17

Whilst there was an aim to reduce the number of purchased foster care arrangements, the majority of young people within this type of care were supported by permanence plans and the service is clear that the needs of individual children must remain at the

centre of planning. However alternative care placements continue to be subject to robust and monthly scrutiny to ensure care planning remains dynamic and responsive to emerging need.

Foster Care Data	Internal	Purchased	Total
March 2019	243	241	484
March 2020	217	226	443

There has been a significant increase in newly looked after children being supported to live with kinship carers and this reflects the principles central to both the Children and Family Strategy and those of the Independent Care Review.

Family Based Care	March 2019	March 2020
Paid Kinship	156	191
Unpaid Kinship	24	35
Non-LAC Kinship	311	351
Family Carers	107	117
Total kinship care	598	694

Whilst we are on the right side of the trend, in terms of our profile of care, i.e. more children and young people being supported with family as opposed to foster or residential care, what is clear, is that factors influencing the number of families coming to the attention of formal services is complex, with poverty being a significant contributory factor. Therefore, we should always anticipate spikes in need, vulnerability and risk, and hold capacity to be agile and respond in different ways.

In response to this, the service continues to develop the Belonging to Fife agenda and develop targeted resources to offer enhanced support for those children who are often described as being at the 'edge of care', currently around 2000 children and young people. The development of the Short Term Emergency Placement Planning service (STEPP) and the work of the Belonging to Fife team have supported the service's aims to offer wrap around care at the time of crisis to families, working within and outwith office hours.

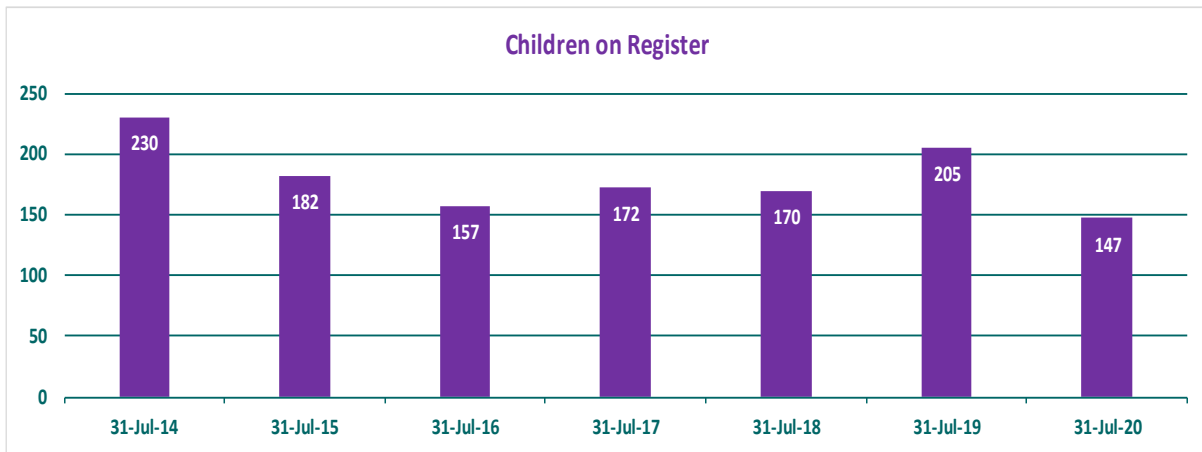
There has also been focus, on enabling our care leavers to build towards independence, ensuring they are supported through a range of potential next steps from care; such as continuing care, supported lodgings or a supported tenancy. In partnership with the Housing service we have secured a 'training' flat which has been used by 9 young people as a step towards independent living and this work will be significantly enhanced by the work of the House Project, a partnership with Life Changes Trust to support young people into their own tenancies (detailed in section 4).

	March 2019	March 2020
Supported Lodgings Placements	22	35
Continuing Care	37	41

## **Child Protection**

The number of registrations during 2019/20 was 292 which is an 8.2% decrease on the previous year's total of 318. During the 7-year period noted in the chart below, 2014 peaked at 230 whilst 2020 has recorded the lowest total of 147.





As stated earlier, this data is subject to ongoing scrutiny and sense checking involving those families with experience of services.

### Next steps

The service's ambition is to be significantly better than the Scottish average by 2023 in terms of securing better outcomes for children and young people, through improved service delivery, quality and cost.

We have an ambitious aim to come in on budget by 2020/21 and to sustain this position. This will allow us to invest in children and families in more meaningful and measurable ways, improving the experience of families who have need of more targeted supports.

We aim to develop our residential resource within Fife, to offer short term residential care, with the opening of a newly built care resource which will expand the current offer on internal resources and allow us to re-provision an existing home to support care leavers.

We still have a disproportionately high number of children and young people in purchased foster care. These children and young people are living in the right place for them at this time. However, we are keeping the wider system and pathways in and out of care actively under review.

Service re design is being progressed to better meet the changing need of children young people and their families; shifting to a whole system place-based model that works more closely with families in the communities that they live.

This includes a review of our commissioned services from the third sector, to ensure targeted supports are wrapped around families and reflect strategic priorities and local need.

We plan to build on the professional role of social work and further promote relational based practice, ensuring workers have the time and resource to invest in families and communities to make the difference required.

### Risks

The findings of the Independent Care Review mirror many aspects of the Children and Family Strategy. Whilst this service notes this as a strength we are acutely aware that the over association of the 'promise' with the social work service, presents a key risk in relation to ownership across the children' services partnership.

In Fife there is a strong partnership and collaborative working has progressed well over the last 5 years in line with the strategy of Home to or Belonging to Fife. We intend to build on this and take forward required change at pace, in line with wider Council reform and to secure better outcomes for children, young people and their families.

The global pandemic which is currently affecting all aspects of service delivery led to a national lockdown at the end of this current reporting period and the impact of that and associated risks are yet to be fully understood. However, we are aware of the following predictions and remain alert to be agile and responsive to emerging need:

- Increase in families experiencing poverty and the impact of that
- Increase in incidents of domestic abuse and potential risk to and abuse of children

## **Criminal Justice Service - Overview of how CJS is performing and delivering statutory functions and key risks to delivery**

### **Overview of how services are performing**

The reporting year 19/20 has seen services change. Firstly, in respect of the six area-based Community Payback Order (CPO) teams, who are now working to an agreed set of objectives which reduces the possibility of area specific services moving out of kilter with service-wide agreements and processes. Overall the figures would suggest that workloads are very similar to the preceding year and that quality continues to remain high. There are measures in place to audit ongoing work in all areas of the Service and within the multi-agency arenas of MAPPA and other areas of risk management. Improvement should focus on bedding in front-line worker involvement in developing areas of practice and performance, but realistically the onset of the pandemic is likely to result in significant changes to service delivery at least in the short term.

### **Ability to deliver statutory functions and Key risks to delivery**

Risks to delivery, as previously mentioned, were mainly focussed upon inconsistencies across the large geographical area of Fife. Changes have been implemented to ensure consistency in service delivery and a renewed focus on a management 'Team'. This appears to have resulted in positive change and collective ownership of practice and continuous improvement. The introduction of practitioner led groups has also had a positive impact upon morale, inclusion and a sense of belonging. Statutory functions are not and have not been affected. However, with the onset of the pandemic in March, focus and priorities are likely to change considerably.

## **Health and Social Care – overview of how HSC social work service is performing and delivering statutory functions and key risks to delivery**

### **Key achievements during 2019-20:**

**Locality Planning** – Locality Planning Core Groups were implemented across the seven areas. The Locality Plans and priority actions were refreshed based on wider stakeholder group discussions.

**Connecting People with Local Support** – The Wells bring together those who know all about health and social care in your local community such as Local Area Coordinators, Housing Officers, Social Work, Social Security Benefits and a range of other community,

health and social care staff. They are established across Fife as places where you can go to be listened to, have a conversation about what's important to you regarding your health and wellbeing and be directed to support that best meets your needs. The number of Wells has increased by 5 during 2019-20 to 12 across Fife.

**Multi-Disciplinary Response Team to reduce unnecessary Hospital Admissions of older people** - Closer Working between General Practice (GP Cluster Lead) and Social Work (SW Older Peoples Team Manager) in the Kirkcaldy locality is beginning to reduce unnecessary hospital admissions by allowing the teams to provide a more integrated and immediate response focussed on continuity and consistency of care.

**Supporting Adults with Autism** - From January 2019 to December 2019 the One Stop Shop provided a range of support to people affected by autism in Fife including:

- 352 Post Diagnostic Meetings, (1:1 session);
- 4 sessions, (supporting 23 individuals) of Understanding My ASD Diagnosis Group, (for people aged 17+ years);
- 3 sessions, (supporting 17 individuals), of Understanding My Loved Ones A.S.D Group, (for people aged 17+ years);
- 4 Siblings Workshop Groups, (supporting 18 siblings);
- 34 Autism Profiling Sessions with 15 individuals;
- 4 sessions of 14+ years Transition Support Sessions, (supporting 4 individuals);
- 10 Introductions to Autism sessions with 89 attendees; and
- 2 Information sessions with 22 attendees.

**Keys to Life Action Plan – Further improve the experience of acute hospital admission for a person with a learning disability** - Recommendation 24 of The Keys to Life Framework states that NHS Boards and local authorities across Scotland should work in partnership to ensure that people with learning disabilities receive the appropriate levels of support in general hospitals. This should include appropriately funded support from familiar carers as well as support from specialist learning disability acute care liaison nurses. To meet the above recommendations in Fife, an Acute Liaison Nurse has been in post since 2004. Currently there are two nurses. A system is in place that identifies people who have a learning disability and are frequent attendees as well as the reasons for the frequent attendance at Accident and Emergency. A standardised “hospital passport” has been developed and its use is being encouraged.

**Carers** - Through Fife Carers Centre we have significantly increased the number of carers support workers with five new staff members based across Fife. These locality support workers will help to connect carers with statutory and third sector partnership within their own locality making access to information, advice and support easier and more convenient to carers. This investment means there is at least one carer support worker dedicated to work in each locality in Fife. Once fully mobilised each support worker will be able to work with up to 200 new carers each year offering a wide range of support including specifically Adult Carer Support Plans. Additionally, these locality workers will support the statutory service in their locality, such as local GPs, to understand who carers are and what support is available for them. This means GPs will be able to make a direct referral for support to a named person. This should help us to improve our performance in relation to carers feeling their needs/personal outcomes are being met. This is a response to the annual carers experience survey which cited that only 34% of the 77 respondents said their Adult Carer Support Plan meets their needs, with a further 36% being unsure. This is a significant improvement from the 2018/19

results from 9% positive response but suggests much more work is required to meet carers expectations and needs.

We also commissioned Fife Young Carers to provide two additional Young Carers Resource Workers who will link young carers to the services and supports available to enable them to live well as a young carer. Similar to the supports provided through Fife Carers Centre, Fife Young Carers resources will now link to schools in their locality and support a significantly increased number of young carers once the service has been fully established.

During Carers week in June 2019 we launched the Carers Income Maximisation support delivered through a partnership with Citizen's Advice and Rights Fife. They provide one-to-one support specifically for carers. In the first six months after launching the service 116 new carer clients received support including help to access various benefits, tax and debt advice, and support regarding their housing situation. CARF helped carers, and the persons they care for, to secure over £302,000 of additional benefits during this period.

Also, during Carers Week, we launched our partnership with Carers Scotland which provides unpaid carers in Fife with free access to the Carers Scotland digital resource. This helpful online tool provides anytime access for any carer to a wide selection of up-to-date information and advice, as well as learning tools.

All of these services are available on a universal basis, open to any unpaid carers in Fife.

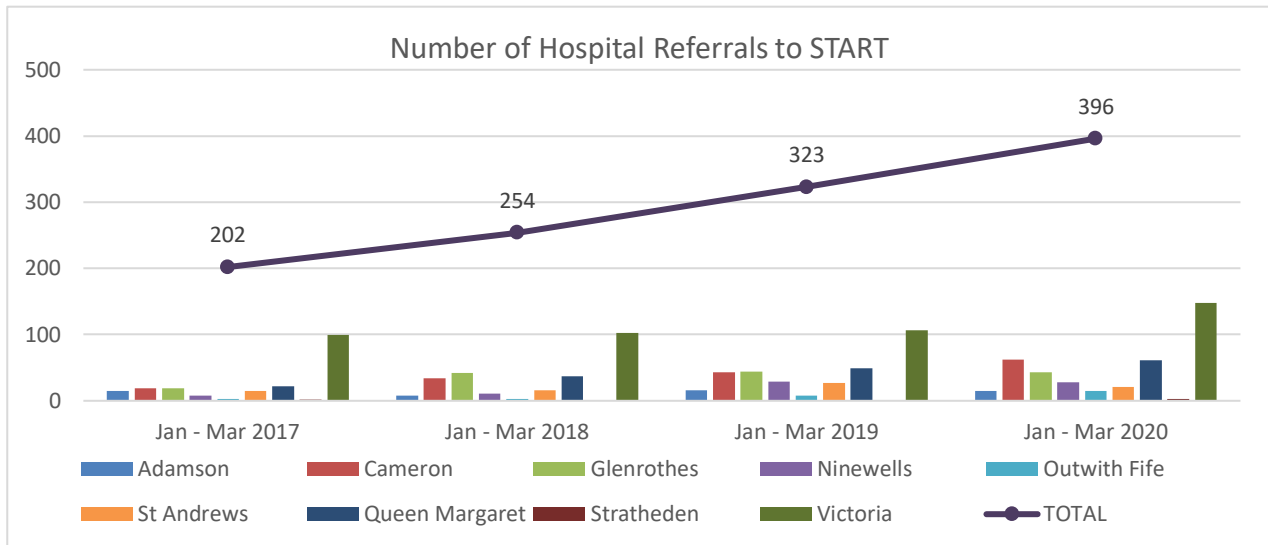
**Mental Health Strategy** – The Fife Mental Health Strategy 'Let's really raise the bar 2020 – 2024' was approved in February 2020. The Strategy reinforces Fife's commitment to embrace an ethos of recovery; focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equity of access to support across Fife's localities, tailored to meet local needs, which will be co-ordinated with the person at the centre. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life whether they have ongoing or recurring mental health symptoms.

**Anti-Stigma Campaign** – Throughout the year the HSCP has worked to raise awareness and tackle stigma in relation to mental health. This was the third year that the HSCP has promoted the Walk A Mile campaign which aims to promote and encourage open discussions around mental health challenges as an everyday conversation and reinforce that mental health affects everyone. Partnership activities included the opening of the new SAM's Café in partnership with SAMH and the Linton Lane Centre and the annual SAMH Football Tournament. The cafe is open to everyone 16 and over with no appointment necessary and provides an opportunity to talk in an informal setting with people who have experienced mental health issues, and offers help in looking for solutions or additional support.

**Suicide Prevention** – Several activities have taken place throughout the year to promote suicide prevention, identify key priorities and share good practice with partners. The HSCP held a Fife-wide suicide prevention event in September 2019 and widely promoted National Suicide Prevention week in the same month. Training capacity and approach was refined to best meet the needs of the workforce. A Fife Suicide Prevention Network to support practitioners was established along with the 'Every Life Matters in Fife: A Local Suicide Prevention Action Plan'

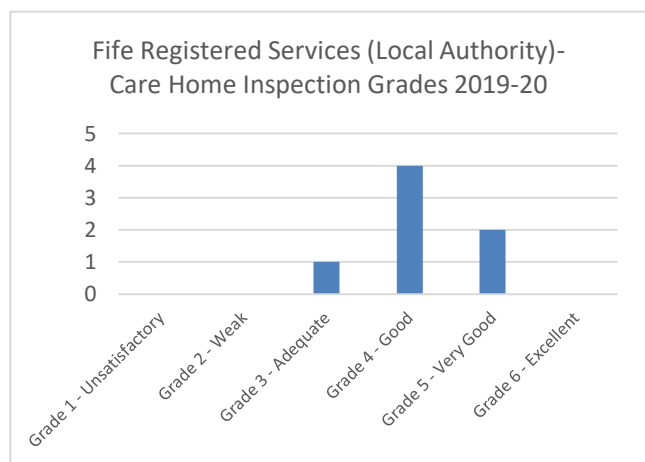
**Short Term Assessment and Reablement Team (START)** – START is provided by the Health & Social Care Partnership’s Care at Home Service. This reactive Care at Home service is designed to support a person’s discharge from hospital and significantly improves discharge planning for people with assessed needs. Residents of Fife with care needs, who wish to return home, are referred to the service from any hospital and these referrals continue to rise. The service also takes referrals for people in crisis at home and other models of care to deliver the right care, at the right time, in the right place. Between January and March 2020 there were 321 Community (non-hospital) referrals to the team.

In 2019-20 the Service continued to grow with the number of people receiving a START service increasing from 1115 to 1259.



**Care Homes Replacement Programme** – Planning permission granted for the Methil Care Village in December 2019. Due to delays resulting from the Covid-19 pandemic it is anticipated that construction will now commence in Autumn 2020. The design team continue to work on the design of future care facilities in Cupar and Anstruther which will commence once Methil is completed.

**Care Homes** - Fife H&SCP operates 8 Older People’s Care Homes ranging from small residential, respite and day care services through to large 60 bed Care Homes. All Homes are registered with the Care inspectorate and are inspected each year, providing assurance that they continue to provide high quality care and support to Fife’s older people. A summary of their grades is shown in the chart on the right. Since the outbreak of COVID-19, these care homes have been required to operate within different parameters and have also had to align practice to regular guidance from Public Health in respect of PPE, Infection Control and who can visit the care home.



**Short Breaks Service** - The team provide information to supported individuals and their families/carers to assist them to access creative and innovative short break provisions,

using their individual short break budget and their chosen option through self-directed support. The team are a valuable source of information for supported individuals and their carers, liaising regularly with local and national short break providers to gather information about short break resources ranging from accessible buildings and caravans, travel agencies specialising in supported breaks and accessible activity opportunities for individuals with additional needs. A marketplace event took place in November 2019 which was well attended by individuals and their carers, brought together 27 organisations ranging from traditional building-based respite resources to accessible adventure holidays as well as local information and advice organisations.

### **Ability to deliver statutory functions and Key risks to delivery**

The Adult and Older People's Social Work teams have remained able to deliver statutory functions throughout the ongoing Covid-19 pandemic through the timeous commissioning of care services for those in need, Adults with Incapacity and Adult Support and Protection. Care and Assessment teams have not required to enact the COVID legislation in relation to assessment work and have been able to progress supports to those in need.

Most social workers are working from home or attending the office infrequently or as required. The use of technology has greatly increased and allowed 'virtual' team meetings as well as using the laptops for virtual case conferences too. Whilst this has been embraced by most teams, there are sometimes limitations to this as it is dependent on WiFi and server strength.

## 5. Resources

### Children and Families Service

#### House Project

Fife has been successful in securing funding from the Life Changes Trust to develop a House Project. House Project in Fife is a Local House Project (LHP). All LHP's are members of the National House Project who help young people leaving care to create their own home and live independently. House Projects are co-designed with young people. They work together to develop relationships and learn skills that enable them to live successful adult lives. They have a choice in where they live and are involved in getting their property ready to become their home. House Projects are represented by young people at the Care Leavers National Movement (CLNM) to ensure that a young person's voice is at the heart of all decision making.

House Projects are made up of cohorts of 10 young people (approximately) and 3 members of staff. For projects to operate effectively and to their full potential they require a base that is always accessible to staff and young people during the week, and at weekends by arrangement.

Eight young people made successful applications to be part of the House Project Fife and they started the programme in August 2020. The young people will be given an empty property (secured tenancy) which they will be able to furnish and decorate independently whilst supported and guided by the house project staff. This project in partnership with Housing Services is aimed at ensuring we provide the right support and interventions with our care leavers so that they experience success in early adulthood.

#### Residential

Our service continues to increase internal resources to meet the needs of children and young people who require residential care in Fife. The service had 4 residential houses that met the needs of young people in residential care and traditionally cared for 18 young people. As we better understand the needs of our care population we have developed more specialist provision in Fife.

In January 2020 we opened a new residential child care provision for children under the age of 12. The Under 12's home is staffed by a small but skilled residential care team. This team is led by a Residential Childcare Manager. The team offers a high level of nurturing care and at the core of practice are relationships with the child and their family. The focus of the care team's work is person centred planning and engaging the child in a programme of direct work. As well as direct work with the child, work with families is a core to the function of the team. This provision allowed for 3 children to return to Fife having been placed at a considerable distance from Fife. The team is supported by a specialist education provision and therapeutic services from Springfield Project

In May 2020 we enhanced our provision by the opening of STEPP (Short term emergency placement planning) in a purpose-built residential child care home. This offers care to children, young people and their families at the point of crisis. This home allows care to be offered in Fife whereas in the past this would result in care being provided out of Fife. Throughout the potential 28-day care placement weekly multi-agency assessment/planning meetings will take place to consider the young person and their family's changing needs and capacity to meet these needs. Risks are always carefully monitored and assessed with a clear focus on future risks and how these can be mitigated and reduced through solution focussed support planning. A clear emphasis is on managing and responding to risks within family-based care with community supports.

We are currently working towards re-provisioning a residential child care home to provide care for young care leavers. Braefoot will offer 5 beds from February 2021 after completion of improvement works. This home will offer short to medium term care for between 3 and 6 months to enable young people to prepare for a transition to their own tenancy, a supported lodgings placement or alternative independent accommodation. The provision is staffed by senior residential care workers supporting young people to adjust from leaving care but better preparing them for greater levels of independence.

The programme of residential improvements is enabling Fife to meet the varied needs of children and young people who require residential care at a point in time in their life. These developments have allowed us to move from offering 18 residential care options to potentially offering 31 care options, all located in Fife, by February 2021.

Alongside this, we have entered into partnership with Barnardo's and housing, to build 15 gap homes across Fife. This will afford bespoke homes to young people leaving care. This is a relatively recent position, delayed by covid so will be reported on in the coming year.

## **Fostering**

The fostering service has had its most successful year, having recruited over 30 new fostering households. The fostering service now supports over 200 fostering families in Fife and this continues to grow. The recruitment strategy has expanded to include television, radio, online mediums and traditional advertising such as poster campaigns. Successful recruitment has enabled Fife to recruit carers for short breaks, interim and permanent care options as well as emergency carers to support crisis at the height of the pandemic.

Fife's commitment to ensuring that children and young people experience enduring placements with minimal care disruption is core of the fostering practice. Our carers continue to report that the support, communication and assistance is commendable, and it has been a key reason that foster carers give for transferring to Fife from other Local Authorities and Agencies. We continue to include Active Schools, Leisure Trust, Parks and Countryside and Therapeutic Services in our programmes of support for fostering households.

## **Kinship Care**

Fife has continued to invest in Kinship Services and in the last year has appointed a further 3 social workers and 1 senior social worker to the team. The team has been able to provide a range of assessments and interventions such as family finding for children identified as on the edge of care or subject to a care breakdown as well as hosting family group meetings and ensuring there is a range of training and support to kinship carers. The team now facilitate kinship support groups over the geography of Fife on a weekly basis and hosts annual events. A recent addition to the service has been education support workers.

Fife has a strong commitment to empowering families and ensuring that children and young people are cared for within their families and in their communities, getting the right support at the right time. Fife provides financial support to 699 Kinship arrangements through the payment of Kinship Allowance and Support for family carers Allowance. This is an increase of 110 kinship payments from the previous year. The Kinship Team support around 250 carers through direct work and support groups at any time.

## **Supported Lodgings**

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K Henwood CSWO Fife

2019/2020



This has been an extremely successful year for the Supported Lodgings service. Recruitment activity has been very consistent, and the service currently has a total of 55 approved carers available to offer placements with assessments ongoing of prospective carers. The staff team, consisting of 1 Social Worker and 2 Social Work Assistants work hard to support our carers to maintain positive, stable care arrangements for young people who are preparing for independence. Covid-19 has caused understandable uncertainty; however, the team have worked hard to minimise the impact on care arrangements to ensure positive transitions for young people returning to Fife from a range of care options.

The continued growth of the Supported Lodgings service has put it in a strong position to respond flexibly to needs of the wider service. The service has been an integral part of the Belonging to Fife strategy, offering positive destinations to young people moving on from residential care. The service has trebled in the last year allowing the service to offer care options to mother and babies, care leavers, trafficked young people as well as responding to the current humanitarian crisis by offering homes to unaccompanied asylum seeking children. This service continues to grow and allow family-based care to be an option for young people with the most complex of needs at a key stage in their lives.

### **Therapeutic Services for Looked After Children**

Fife continues to offer a specialist therapeutic service to looked after and accommodated children and young people placed within internal foster care and residential settings. The service is multi-disciplinary and offers specialist advice, training and consultation to foster carers, adoptive parents, residential child care staff as well as social workers. The service offers a range of specialist assessments as well as therapeutic interventions. This service continued during the pandemic and became a vital life line to carers, practitioners and young people. The service supports 125 children and young people as well as the professional network around them.

## **4.1 Financial pressures**

### **Children and Family Social Work Service**

The Children and Family service was under significant financial pressure throughout 2018/19 and this continued into the following year. The service had a significant overspend associated primarily with:

- High cost residential placements
- Purchased foster placements

Significant efforts have been made to address these issues as detailed within this report and whilst there was a reported overspend in March 2020 of £10.16m the ongoing commitment to the Belonging to Fife strategy is anticipated to fully address this deficit and come in on budget by 20/21.

### **Criminal Justice Service**

Financial pressures became evident at the beginning of the fiscal year 19/2020. Projections on overspend were forecast around £750,000 without intervention. These financial pressures were a result of overstaffing and/or failure to recognise the exceptionally limited turnover of staff in Criminal Justice Services in Fife, from which to release savings. The additional staffing hours were legacy hours which emerged from supporting a range of flexible working arrangements, requiring more staff across the

working day. Significant work was undertaken to address the staffing issue by reconciling 'missing' hours and deleting positions not required, ensuring workloads were not adversely affected.

Matters were addressed without recourse to staff redundancy by reconciling posts, deleting vacant posts and robust vacancy management where appropriate. At year end £500,000 had been reduced from the initial projected overspend but it is acknowledged that ongoing work will be required during the fiscal year 2020/21 to prevent a return to the previous projections.

### **Health and Social Care**

The IJB commenced 2019/20 with a challenging financial position, having underlying overspends from prior years and requiring to meet new inflationary and funding pressures. The IJB approved budget was set predicated on implementing an approved saving plan to deliver £8.837m of savings, with a remaining budget gap of £6.553m.

Key pressures within the 2019/20 accounts impacting on out-turn have been:

- The significant increased demand for our services associated with an increasing population, an increasing ageing population and increased complexity of care needs. Adult packages commissioned increased by 15 during the financial year and the average cost of each package increased by £2,185 (5.46%).
- Inability to recruit staff to the Partnership which created a need to recruit higher cost locum and agency staff to cover services.

The main areas of overspend within the Delegated and Managed Services are Hospitals and Long-term care £2.358m, Adult Placements £2.780m and Social Care Other £8.774m. These are partially negated by underspends on Children Services £0.467m, Adult Supported Living £1.018m and Community Health Care £5.400m.

The main area of overspend £13.912m relates to the significant financial pressure in Social Care and relates directly to three main factors:

- The agreed budget deficit of £6.553m which consists of various legacy overspends from previous financial years.
- The overspend in relation to Hospitals relates to the additional cost of complex care patients, along with the use of bank and agency nursing to provide safe staffing levels in line with current workforce tool numbers. There is a significant shortage of Medical staffing due to recruitment difficulties within Mental Health and Older People services. This has resulted in high level usage of Medical Locum cover at significant cost.
- Adult packages have increased due to new packages of care in adult services responding to increased demand.

Underspends on children services and community healthcare represented the continuing difficulties in recruiting to vacancies in health visiting, school nursing posts and community nursing.

### **Financial Outlook**

Whilst the situation resulting from Covid-19 needed immediate in-year action, work will continue in relation to financial planning beyond the current financial year. A review of the budget model and all underlying assumptions will be carried out in light of the current situation to ensure relevance and to ensure known risks are considered. The intention is that a budget report will be produced which will outline an assessment of the future

financial position and outline the options for managing the HSCP resources going forward.

An assessment of the budget gap will be challenging and uncertain due to the continually changing nature of the situation being managed. It may be the case that some of the costs now being incurred could continue beyond this financial year and possibly even into the longer term. There will undoubtedly be an adverse impact on the level of funding made available to HSCPs due to the economic impact of Covid-19. As the recovery phases evolve it will become clearer what some of these impacts are likely to be.

As the HSCP moves through each of the phases of recovery, it will need to consider all options to reconfigure services and potentially use different operating models to provide services in a more cost-effective way and to ensure best value.

It is clear that without taking immediate action the financial consequences will be significant and as a result, direct and swift action needs to be taken.

The immediate actions are set out below.

The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them, in order to mitigate the new financial pressures that they face. Similar to the exercise carried out last year, the HSCP will review all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising from Covid-19. It is imperative that every effort is made to control costs within the overall budget.

As a result of the continued closure of facilities and Services, costs in some areas will naturally be avoided and will result in underspends in some areas. These underspends must be used to mitigate against the increased costs identified. The scale of the financial challenge across the HSCP is one that must be managed collectively across all divisions.

It is proposed that allocation of the additional resources received from the Scottish Government are used to fund some of the significant pressures. Where this cannot be contained within the overall financial resources, authority must be sought through the Chief Officer and the Chief Finance Officer.

A financial strategy will be developed that addresses the various new and additional pressures that will face the Health and Social Care Partnership over both next financial year 2020/21, and into future years.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the wider financial environment, which continues to be challenging;
- Covid-19 impact on the economy
- the impact of demographic changes leading to increased demand and increased complexity of demand for services alongside reducing resources;
- difficulties in recruitment leading to use of higher cost locums and agency;
- the cost pressures relating to primary care prescribing;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

It is therefore crucial that the IJB focus on early intervention and prevention and changing the balance of care if we are to work within the available financial resources.

During 2020/21 an action plan to improve the 6 key features within the Ministerial Strategic Group self-assessment tool will be developed further and progressed. As part of this, the review of the acute set-aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

## 6. Workforce

Fife remains one of the lowest staff social work services pro rata nationally and whilst our recruitment and retention rates are successful the authority pays the lowest rates in Scotland for newly qualified workers. In a competitive market this can at times hinder recruitment and we work hard to retain staff, through a supportive supervision framework.

Support for staff is provided in their day-to-day practice through informal support and formal supervision. In addition, development networks such as the 'Newly Qualified Group', 'Senior Practitioner Groups', 'Social Worker Group and the Social Work Assistant Group' offer staff the opportunity for reflection and development. Supervision is offered every 4-6 weeks from either a team manager or supervising senior practitioner. However, newly qualified social workers receive more regular supervision which is enhanced by monthly group supervision. The supervision and induction policies were refreshed during 2018/19 and results received from survey data confirm that 90% of staff are supervised within service standards and feel supported in their workplace

### Children and Families

Children and Family Social Work service currently has 28 teams which cover the broad range of work which requires to be undertaken to fulfil our statutory duties with an overall aim of improving outcomes for children and supporting them to enjoy a safe childhood within their family and local community

- 13 Front Line Children and Family teams which manage all looked after children, children on the Child Protection Register, and offer section 22 support (voluntary) to children and their families. These teams are all located within specific area offices to offer a locally responsive service.
- 3 Family Support Service Teams which service the locality needs of East, West and Central Fife. Although management of the 3 area based FSS teams remains the responsibility of one Service Manager there is an alignment with C&F teams in each of the localities. These teams undertake joint work with local social work teams and they have a focus on supporting families with additional needs and vulnerabilities.
- 1 Children Affected by Disability Team which offers a Fife Wide Service for children and families who are affected by disability and who may benefit from additional support through Self Directed Support.
- 1 Child Protection Team which works jointly with Police Scotland undertaking investigative Child Protection work. This team includes the management of the Domestic Abuse Unit.
- 1 Young People's Team which supports care experienced young people, youth justice and young people who exhibit significant sexually harmful behaviour.
- 1 Multi-Systemic Therapy team which supports children and their families identified at the 'edge of care'.

- 1 Contact team which responds to new Fife wide business and crisis, around 500 new referrals every month. This team includes the out of hours service which responds to concerns both within Children and Families but also manages the out of hours response to adults and older people and the MHO out of hours response team. It also includes the Emergency Support Team, and the social work contact centre.
- 1 Review Service which reviews partnership planning for Looked After Children, through statutory requirements, alongside reviewing the protection plans of those whose names are placed on the Child Protection Register.
- 2 Fostering Teams. These teams both recruit and support foster carers who look after Fife children who cannot remain safely at home or in kinship care.
- 1 Adoption Team (includes Permanence Mentoring Service).
- 1 Residential Team who manage the residential estate in Fife. There are currently 7 registered children's homes which can accommodate up to 26 children and young people, with one home offering respite for children affected by disability. An 8<sup>th</sup> home (4 beds) is due to open in November 2020 which will be specifically designed to support care leavers develop greater independence whilst still receiving a high level of support.
- 1 Kinship Team (currently includes B2F coordinator and 4 staff, supported lodgings staff, Lead for corporate parenting and 2 SWA for Corporate Parenting). This team both assesses new kinship carers and offers support to carers in the form of groups and face to face visits.
- 1 Therapeutic team – Springfield.
- The Lead officer for the Child Protection Committee, Corporate Parenting Board and the Fife Violence Against Women Partnership Coordinator, are also managed within the service.

The service continues to recruit staff and has a good reputation for staff retention. However, analysis during 2019 indicated that we had a significant percentage of newly qualified staff or staff with less than 2 years' experience. As a consequence, we have developed ongoing training in relation to assessment and planning but also refreshed our supervision policy to ensure staff are supported through effective, reflective supervision and management.

### Experience data

Calculations have been made based on experience of working within Children and Family Statutory social work.

For managers data the calculation is based on years as a manager not as a qualified social worker.

	Less than 1 year	1-3 years	4-5 years	6-9 years	10-15 years	16 plus years
<b>Team Manager</b>	23%	43%	19%	5%	0%	10%
<b>Senior Practitioner</b>	0%	0%	25%	25%	32%	18%
<b>Social Worker</b>	20%	32%	33%	10%	1%	4%
<b>SWA</b>	12%	26%	29%	5%	21%	7%

### Analysis of Experience

The data evidences that there is a lack of experience across the service at all levels. Almost one of four Team Managers have been in post for less than a year and require substantial levels of support.

Two out of three managers have less than 4 years' experience at a management level.

The senior practitioner cohort is significantly stronger but the data in this section relates to overall social work experience and not at a SP level given the differing roles that the service currently has in place.

We have one in five Social Workers with less than a year's experience and half of the staff have been working for less than 3 years.

We work closely with our colleagues in the workforce development sector to ensure training and support is offered to promote best practice and encourage staff to remain in Fife.

This is supported by a range of practice supports:

- A monthly Newly Qualified Social Work group
- Quarterly Senior Practitioner groups to reflect on practice
- Quarterly Team Manager's group meetings
- Twice yearly SWA forums to explore practice issues

## **Fife Council Workforce Development Activity for Children's Services**

### **April 2019 – March 2020**

The Workforce Development Activity for Children's Services involved a range of resource provision, training events, and organisational development activity. This provision spanned:

- Children & Family social workers - Operational Teams, Family Placement and Resource/Community-based teams.
- Residential Childcare Services
- Foster Carers. Adopters, Kinship Carers, Supported Lodging Carers, Fostering and Permanence Panel Members.

It also involved some joint working with Education colleagues – for example, facilitating Newly Qualified Social Workers (NQSW) and Probationary Teacher forums and training provision for foster carers with Education colleagues.

The development programme for NQSW has also been adapted to promote productive learning and connections. With the advent of the Covid 19 restrictions in late March 2020, Workforce Development plans and provision were adapted according to the learning needs of the workforce and associated care providers, to ensure they could provide the best support possible to children and their families during this time of significant and unprecedented change.

Traditionally, a mix of both online and face to face training has been offered to all groups.

With the advent of Covid restrictions, this changed, with online provision being expanded to initially provide a 'holding mechanism' to meet specific learning needs.

Latterly, online provision has been embedded in a more substantial way with a view to continuing with such provision for a prolonged period of time.

The aim of enhanced on-line provision was to provide succinct, easily accessible information and learning links that would be helpful for established workers and carers, as well as newly deployed staff, who were transitioning in the lockdown - to provide safe and effective support to children and their families both at home and in residential care.

1. Children's services groups were reminded of existing e-learning provision that was available:
  - Fife Council 'self-directed' e-learning packages (through Learning Nexus Platform) (which covered mandatory training)
  - A commissioned 'self-directed' e-learning resource which provides specific developmental support for foster carers but also has courses suitable for other groups (optional training)
2. A resource pack was developed for foster carers and residential childcare workers to act as a 'holding mechanism' for the face to face training that had been cancelled. This included links to useful reading, videos, and signposting to other resources and website links. (Some of the resource information /links provided in that resource have since been integrated into certain e-learning packages)
3. An induction pack for 'emergency foster carers' was developed to meet a specific need relating to emergency carer provision (Covid contingency planning)
4. A new induction document was created for Newly Qualified Social Workers (NQSW) and 'new to Fife' SW, so that in the absence of the usual 'face to face' contact they would have through the office, they could be signposted to certain resources and understand how to ensure they accessed support where needed.
5. The usual 'face to face' NQSW forums that took place monthly were increased to fortnightly, taking place online through MS Teams (This is the platform currently used in Fife Council for meetings and webinars)

## **Criminal Justice**

### **Structure**

Six area-based Community Payback Order Teams based in:

- Dunfermline
- Cowdenbeath
- Kirkcaldy (2)
- Levenmouth
- Glenrothes
- Two Throughcare Teams covering: West Fife – Kirkcaldy, Cowdenbeath, Dunfermline, South West Fife.
- East Fife – Levenmouth, Glenrothes, North East Fife.

Two Women's Justice Teams covering:

- West Fife – Kirkcaldy, Cowdenbeath, Dunfermline, South West Fife.
- East Fife – Levenmouth, Glenrothes, North East Fife.

Drug Treatment and Testing Order Team:

- Fife-wide

Unpaid Work Service covering three area-based workshops in:

- Glenrothes
- Kirkcaldy
- Dunfermline

Groupwork Team incorporating Caledonian Programme:

- Fife-wide

MAPPA:

- Fife-wide

### **Workforce Planning - staffing and recruitment issues**

As noted in the Resources section, the previous staffing structure resulted in additional hours being built into the system that were neither sustainable nor enhanced the service offer. Actions taken have addressed this. However, there remains residue that will require ongoing robust budget management into 2020/21. On the wider scale recruitment is not an issue, we have a solid and growing reputation for staff support, development and inclusion, and no shortage of applicants for positions when they arise.

### **Workforce Development**

Staff are now included in groups relating to practice, performance and latterly a road to recovery group from the onset of the pandemic. These groups include staff from every level in the organisation and everyone is encouraged to participate in the groups and seek input from their respective teams. We currently have the largest cohort of practice educators anywhere across the wider social work service and continue to encourage staff to pursue this option should they so wish for their own personal and professional development. We also have staff pursuing post qualification certification in MHO work and Child Protection certification.

## **Health and Social Care**

### **Workforce Planning - staffing and recruitment issues**

The Health and Social Care Partnership has a detailed Workforce Strategy which sets out the workforce planning framework (2019-2022) and provides a range of analysis of the workforce in Fife covering not just Partnership staff but also the wider sector in Fife. Within this document Partner organisations have identified a variety of challenges associated with recruitment and retention. For example:

- **Demographics:** The current age demographic means that we need to increase the number of young people who choose health and social care as a career and acquire appropriate qualifications and registration across a wide range of service areas. The promotion of health and social care as a career to potential workers across the age spectrum is crucial; from school pupils (Foundation Apprentices) and school leavers (Modern Apprentices and Trainees) to older workers who want to change careers, as there is real competition from other local employers for this talent pool.
- **Geography:** The geography of Fife also creates difficulties around recruitment for health and social care in more rural, less populated areas, eg North East Fife. This means that at times we need to focus on certain areas to meet staffing requirements. This is particularly the case for example, in recruitment and retention of home carers.
- **Staffing Shortages** in psychiatry and general practice have been well publicised throughout NHS Scotland, and other examples where recruitment and retention



present significant challenges within the Partnership including mental health, district nursing and community hospitals.

- **Impact of other strategic plans:** Recent workforce commitments will present additional challenges in recruitment within health. The introduction of the GP Contract, alongside a commitment to increase the numbers of Nursing and Physiotherapy Advanced Practitioners and Pharmacists, expand the Mental Health Workforce and introduce Community Link Workers within GP practices, will require comprehensive recruitment and retention strategies to support this transformation.
- **Funding, pay and conditions:** Similar recruitment challenges exist within the private and Third Sector. Recent surveys highlight how recruitment and retention challenges in this sector have been caused by a range of factors including pay and conditions often set below the Public Sector, limited career pathways and opportunities, in addition to a high level of growth within the sector. Third sector organisations are under increasing pressure as a direct result of reducing levels of funding. This impacts on their ability to recruit and retain staff, dedicate more time to service delivery (year-to-year funding arrangements result in considerable time spent on seeking funding almost all year, every year) and maintain service levels when facing increased costs, increased levels of complexity and increased demand, including referrals from partners. The sector's ability to stem the flow through early intervention and prevention work is under pressure, and their ability to pick up those who slip through the net, when, for example public sector partners increase eligibility criteria due to funding pressures, is at a critical level. Partners need to work together to maximise use of resources, identify efficiencies across systems, transform services in joined-up ways and support each other to achieve the best investment of resources for the best outcomes for citizens.

In response the Health and Social Care Partnership will be required to co-ordinate workforce planning across partner organisations, ensuring the right workforce is in place across Fife, regardless of the employing partner.

Since the start of the Covid-19 pandemic, staff have adapted to meet the challenges of new ways of working. Initially, there were increased levels of staff absence through self-isolation and also through shielding. Staff testing has enabled the return to work of most staff members and has supported a trend over the weeks towards high levels of attendance.

Care Homes who have a large staffing cohort and a requirement to retain safe staffing levels, have continued their efforts to recruit throughout this period.

### **Workforce Development**

Fife Health and Social Care workforce are supported to deliver high standards of care through access to the learning and development that is key to their roles. The Workforce Development Team ensures all statutory registration targets continue to be met, mandatory training requirements are delivered, student placements are managed and the vast array of continuous professional development needs are provided for.

Since Covid-19, acting-up opportunities have been offered to staff within the Care Homes and there are staff acting up in senior positions across most of the care homes. This has been well-received by staff and enabled the smooth running of the care homes to continue at this time.

Staff across Social Work have taken opportunities to undertake training in personal care should the need arise to support care at home or care homes.

## 7. COVID

### Children and Family Social Work

#### Early indications of impact on workforce and services:

At the beginning and through the pandemic to date staffing levels and sickness rates have not risen above any other time, indeed there has been a reduction in overall sickness rates. The only service which has been impacted was our residential care staff but this was for short periods only and the ability to provide a service was never a concern. Staff across children and families remained committed and dedicated throughout lockdown and the initial stages of recovery in providing a service to the most vulnerable children and their families. Face to face visits continued throughout lockdown to those children identified as the most vulnerable or at risk and as lockdown eased more home visits or activities with children resumed. Partnership working flourished as all services worked together to meet basic needs such as help with food deliveries, links to vital services, advice, guidance and often companionship to those isolated within their communities. Families were supported with technology and funding for broadband to ensure virtual communication could take place when risk of infection escalated.

#### Key Priorities for Recovery:

Resuming face to face meetings such as case conferences, looked after reviews and children's hearings to enable full participation from all involved – virtual meetings have suited some children but not all.

Face to face meetings with all children

Permanence planning which has been impacted by the closure of courts.

Face to face staff supervision and team meetings

### Criminal Justice

#### Early indications of impact on workforce and services:

At the beginning and through the pandemic to date staffing levels and sickness rates have not risen above any other time. Staff remain committed to providing services and in the early stages provided help with food deliveries, links to vital services, advice, guidance and often companionship to those isolated within their communities. Work was not compromised although it changed to telephone/video contact, but in the circumstances service levels were generally maintained but delivered in a different format.

Impact was noted however in respect of Groupwork and Unpaid Work which required to cease immediately given the required adherence to physical distancing along with the closure of all Council buildings.

#### Key Priorities for Recovery:

Restarting Unpaid Work. Given the backlog of work to be completed and the likelihood of new orders coming in the backlog is likely to be substantial. It is highly likely that Government may need to address the backlog issue directly by some means.

Recommencing Groupwork. Groups have been suspended since lockdown due to physical distancing concerns. It is likely work will restart on a 1-1 or 2-1 basis in the short to medium term.

Staff safety. Self-evident but nonetheless vitally important in the circumstances.

## Health and Social Care

### Early indications of impact on workforce and services:

The Scottish Government mandated that care homes should receive Assurance Visits and devolved this task to Directors of Nursing within H&SCP areas to lead. In Fife, the Assurance Visits have been undertaken by Senior Nursing and Social Work staff. Of the H&SCP homes to have been visited, the reports have been excellent. Showing commitment to both safe infection control practice but also ensuring that the well-being of residents continue to be promoted during this challenging time.

Currently Managers in Care Homes and Older People's Care and Assessment Team Managers are meeting with Service Managers on a weekly basis. This support has been appreciated by staff in order to provide updates as well as support. Many teams are feeling tired and the toll on care home staff has been noted as a concern.

Support is being offered through regular care home management meetings with psychology and supports have been put in place including a staff 'Chill Out Zone' in each Care Home. This has been well-received by staff. As many Care Homes have been impacted by resident's dying, often very quickly when COVID-related, staff teams have found this difficult and sought support as needed. Care Homes affected by COVID are already planning remembrance services for resident's who have been lost and this will be important for teams in reflecting and looking forward too. On-going support from Psychology has been offered to work with teams moving forward.

As noted earlier, staffing levels in both Care Homes and Care and Assessment teams are now returning to levels prior to COVID, however on the basis of advice from psychology, it is possible that teams may experience an increase in sickness absence post-COVID and is therefore important that staff are supported to take annual leave and are offered support as required in dealing with any associated trauma.

Management have undertaken regular audits of PPE and infection control practice to ensure continued best practice in this critical area.

Day-care and respite services have been stopped, in order to maximise the number of beds available and to reduce the risk of infection. At this time, there are no plans to reinstate Day-care services as Management intend to review the current model in the context of COVID and moving forward. It is likely that respite services will be reinstated, however, at present, all respite services are being used to provide both emergency and long-term care. As the pressure for emergency placements lessens, this will also be reviewed with a view of offering respite when it is safe to do so and in line with guidance from Public Health.

STAR beds had also been put on hold during the pandemic but are now being offered again in line with supporting safe hospital discharge and again in line with public health guidance on admissions and discharge from care homes.

Older People's Care and Assessment Teams have also been impacted by COVID in terms of day to day functioning. This has mostly been reflected in the reduction in face to face work being undertaken in both the community and care home settings, with much work being carried out over the phone or using other technology. Teams have remained busy throughout undertaking assessment work, sourcing packages of care, responding to Adult Support and Protection matters and remaining in contact with service users.

Care and Assessment teams have also picked up significant levels of work through the Scottish Government-led Shielding process. This has required social workers to make contact with approximately 11,500 individuals across Fife to ensure that they are receiving any support required. This has been a huge task, carried out with great enthusiasm and resulting in some of Fife's most vulnerable people receiving support when they needed it.

Team Managers have also supported local Community Hubs, again ensuring that support is sourced for those who need it within local communities.

### **Key Priorities for Recovery**

Review of Daycare and Respite Services.

Review of Carers Investment Strategy to support unpaid carers in Fife.

Clear policy and procedures on home and office working.

### **Conclusion**

This reporting year has presented many successes and challenge. What is evident is the ambition across services to provide the right supports to people at the right time, working with individuals, families and communities to ensure service delivery is integrated and effective, securing best outcomes.

A repeated theme has been person centred planning, ensuring the voice of those with experience of services is central to future reform and co design, with an emphasis on prevention and early intervention. This continues to be work in progress and provides the context in which our collective strengths can be harnessed as we move through recovery and into 20/2021.

I thank everyone for their extraordinary commitment and what they have achieved through 2019/2020

Thank you

Kathy Henwood

CSWO

December 2020

30<sup>th</sup> March, 2021

Agenda Item No. 5

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## Challenges of providing Care at Home in Fife

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**Report by:** Fiona McKay, Divisional General Manager (Interim)

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**Wards Affected:** Fife wide

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### Purpose

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The following report provides an overview of the challenges within the care at home services across Fife within inhouse provision and external private and not for profit organisations, it also focussed on the work undertaken to try and mitigate the position.

### Recommendation(s)

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It is recommended that the Committee:-

- (1) note the contents of this report.
- (2) determines if any further action or scrutiny is required.

### Resource Implications

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No resource implications.

### Legal & Risk Implications

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No legal or risk implications

### Impact Assessment

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No direct impact assessment for this report, although risk assessments and processes in place to manage the service changes through covid.

### Consultation

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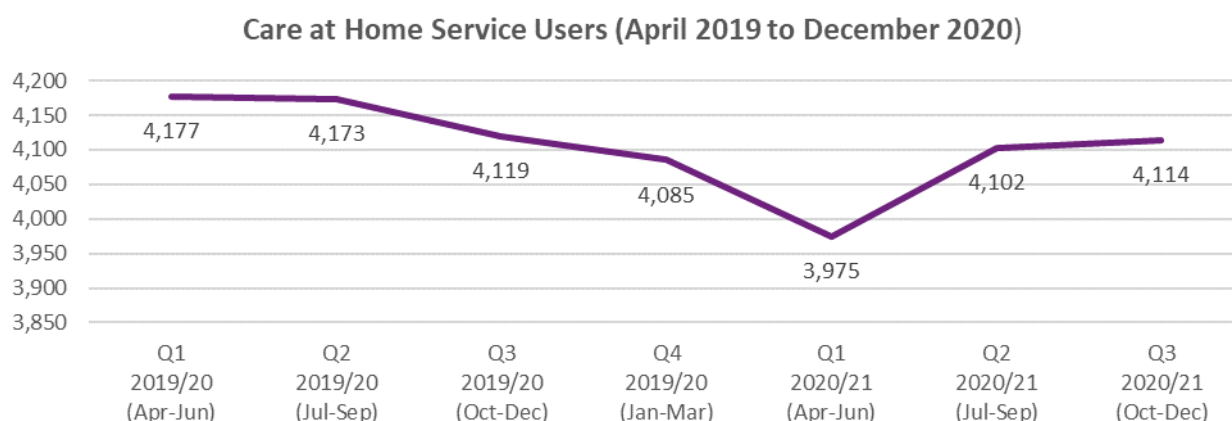
Not applicable.

# 1.0. Care at Home Services

## 1.1. Introduction

The Care at Home services are delivered within the Health and Social Care Partnership and commissioned externally from a range of private care providers. All care is regulated by the Care Inspectorate who inspect and review the care provided to individuals within Fife.

- 1.1.1. Care at home service, sometimes called home help or home support, is care provided in your own home to help people keep their independence. It may involve regular visits from a home care worker and such services allow people to remain at home in familiar surroundings and their own communities thus avoiding admission to longer term care home settings.
- 1.2. This report gives details of the Care at Home services from April 2019 until December 2020, the detail within the report highlights the number of people receiving services both from inhouse and external providers.
- 1.3. Graph 1 below provides the number of service users who received a Care at Home service during the reporting period.



**Graph 1:** Number of Care at Home service users between April 2019 and December 2020 (per quarter).

- 1.4. Table 1 given on the next page demonstrates the number of Care at Home hours delivered in the same reporting period. You will note from this details that private and voluntary provider in general provide higher level of care provision; this is due to providers mainly within the voluntary type providing 24/7 care at home.

External Service Care at Home Hours Delivered by Type							
Care at Home Service Type	Q1 2019/20 (Apr-Jun)	Q2 2019/20 (Jul-Sep)	Q3 2019/20 (Oct-Dec)	Q4 2019/20 (Jan-Mar)	Q1 2020/21 (Apr-Jun)	Q2 2020/21 (Jul-Sep)	Q3 2020/21 (Oct-Dec)
Private	256,513	257,728	250,898	232,532	237,710	251,314	257,276
Voluntary	454,442	461,945	461,327	456,317	451,232	455,830	449,665
<b>TOTAL</b>	<b>710,955</b>	<b>719,673</b>	<b>712,225</b>	<b>688,849</b>	<b>688,942</b>	<b>707,144</b>	<b>706,941</b>
<i>Internal</i>	117,951	121,715	126,534	127,433	117,159	127,252	135,027

**Table 1 :** Number of external service Care at Home hours by type delivered between April 2019 and December 2020 (per quarter).

## 2.0. Care at Home Referrals

- 2.1. There is pressure in the care at home system with on average 110 referrals per month for care at home services. The capacity to deliver this is stretched within particular rural areas e.g. West Fife Villages, Kincardine and North East Fife rural areas. The table below gives a snapshot of the number of people who have received an assessment for care at home services but are still waiting on a match with either our in-house provision or our external agencies.
- 2.2. Table 2 given below shows outstanding referrals at the matching unit in each locality. This is reviewed daily with a programme designed to support care at home providers to match their current services, with people waiting on a care package ranging from 20 in Dunfermline to 72 in North East Fife. Of these packages, some may be an increase in care or persons requiring care for the first time. On 28<sup>th</sup> February, people waiting on care for the first time was 189 based on an average 110 referrals a month.

Outstanding Referrals at Matching Unit by Locality							
HSCP Locality	02/08/20	13/09/20	11/10/20	22/11/20	22/12/20	24/01/21	28/02/21
City of Dunfermline	43	39	34	43	43	19	20
Cowdenbeath	32	15	20	16	22	23	34
Glenrothes	50	60	67	48	46	35	31
Kirkcaldy	43	74	62	42	55	49	45
Levenmouth	29	50	64	45	44	24	31
North East Fife	64	76	85	64	65	64	72
South West Fife	44	36	50	47	38	47	35
<b>TOTAL</b>	<b>305</b>	<b>350</b>	<b>382</b>	<b>305</b>	<b>313</b>	<b>261</b>	<b>268</b>

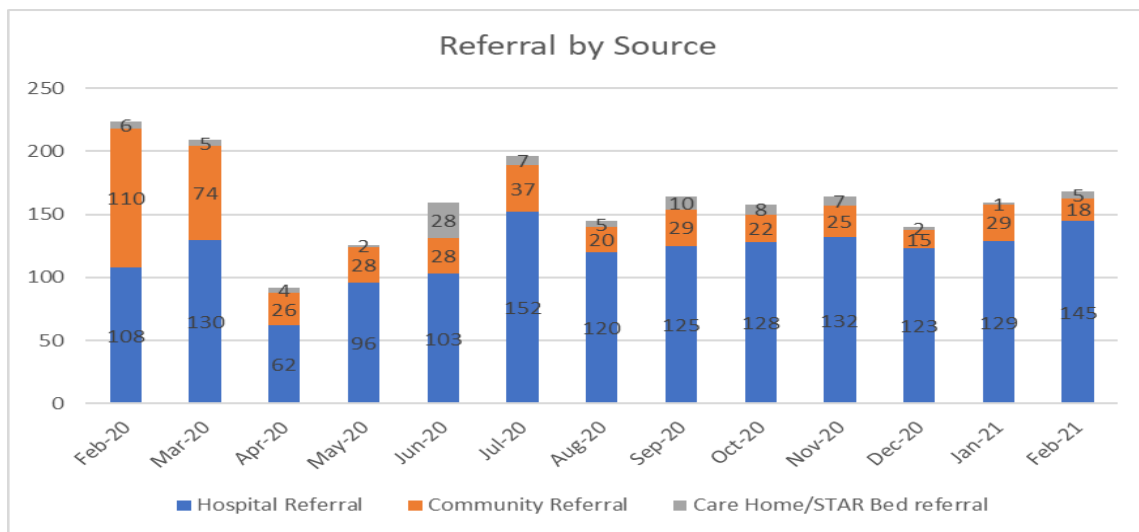
Table 2 : Outstanding referrals at the matching unit in each locality over time.

- 2.3. The impact on people waiting on services is a constant pressure within the system, while a person maybe waiting on a care at home service they will continue to be supported by a social work staff member to ensure that their safety is not compromised until a match can be found for them. Some examples of continued support would be referral to a voluntary sector organisation to support with befriending or day service support.

## 3.0. Specialist Teams

- 3.1. To try to alleviate the pressure on the system, the Health and Social Care Partnership has created specialist teams to both support the flow of people from our hospitals in Fife, but also to ensure people who require end of life service receive this as quickly as possible.
- 3.2. **START Service**
- 3.2.1. The START service is designed to support patients to return home from hospital as quickly and as safely as possible with a Care at Home service which is tailored to the service user's needs.
- 3.2.2. Evidence has shown that people leaving hospital initially require significant input, but once home and stabilised, this is often no longer required, and the package of care can be reduced.

- 3.2.3. An assessment will be completed by a professional from the START team (Assessment & Review Practitioner). The hospital Patient Flow Co-ordinator, Social Worker, Occupational Therapist or GP can make a request for the Start Service.
- 3.2.4. The START Service is Fife wide, working in partnership with External care providers. Not only is the service getting people home quickly from all Acute & Community Hospitals, the service is also getting the right support for people, adjusting care packages to suit individual needs as they move through the 6-week enablement period which is reviewed continually to ensure the package is meeting assessed needs. Once the package of care is established and it is identified that an ongoing package of care is required, this will be sourced through either in-house mainstream Care at Home or an external agency.
- 3.2.5. In addition to the work supporting Hospital Discharges, the START Team also undertake Moving and Handling Assessments for all Community Cases.
- 3.2.6. Graph 2 provided overleaf shows that demand from Hospitals over the year (February 2020 to February 2021) has been gradually increasing. In February 2021, START received 145 referrals from Hospital Sources, compared to 108 received in February 2020. This demonstrates an increase in demand of 34%.



Graph 2: Number of referrals received into START per month (February 2020 to February 2021).



3.2.7. Table 3 provided below shows the breakdown of hospital discharges provided by START by hospital for the period February 2020 to February 2021. Of the 1,157 total hospital discharges shown in Table 3, 584 were from Acute Hospitals, Ninewells and Victoria, with the remaining 573 from our Community Hospitals.

Hospital Discharges provided by START between February 2020 and February 2021													
Hospital Discharges	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Adamson	4	2	2	1	1	0	1	2	2	1	2	1	0
Cameron	17	19	27	15	16	15	9	10	8	6	12	13	10
Glenrothes	7	12	9	7	4	8	8	9	12	8	6	5	4
Ninewells	5	9	1	4	5	3	3	4	4	3	3	1	4
Other	2	0	3	7	3	4	2	1	2	2	3	3	4
QMH	11	17	9	8	14	11	7	13	11	15	18	17	16
Randolph	0	2	0	1	0	0	1	0	0	1	0	0	0
St Andrews	2	4	4	8	6	5	5	5	8	8	3	5	4
Stratheden	1	0	0	0	1	0	0	0	0	0	1	0	0
VHK	28	42	9	14	35	44	44	60	60	52	52	49	46
<b>TOTAL</b>	<b>77</b>	<b>107</b>	<b>64</b>	<b>65</b>	<b>85</b>	<b>90</b>	<b>80</b>	<b>104</b>	<b>107</b>	<b>96</b>	<b>100</b>	<b>94</b>	<b>88</b>

Table 3 : Hospital discharges provided by START per hospital (February 2020 to February 2021).

### 3.3. Care at Home End of Life Team

3.3.1. The Care at Home End of Life Team has been operational within Care at Home in partnership with Marie Curie since its inception in March 2019. To date the service has enabled 355 service users and their families to realise their wish to be at home to die.

3.3.2. The service operates Fife wide, with EOL care being provided 7 days per week, the service can provide care and support to around 10 to 12 people at any given time, dependent on the individuals need and their geographical location.

3.3.3. There is a need to mobilise the service quickly, to enable this the service developed a fast track referral process in order that Marie Curie, District Nurses and Hospital Discharge could access the service without delay. All new referrals are screened to ascertain the priority and gather further information. It is only by conducting this thorough process, that the service can be confident it is prioritising time and resources for those people who are most in need.

3.3.4. The average duration from referral received to the service starting is 1 or 2 days. Referrals received from community sources are assessed and the care input normally starts the same day the referral is received. The average duration of service received is 10 days, with the average level of service committed being 29.15 hours per person per week.

3.3.5. Initially, the care provision was outsourced and provided by an external care agency, however the provider notified the partnership of its intention to cease its involvement in EOL care provision with 4 weeks' notice from 29th January 2021.

3.3.6. After discussion, it was agreed that the service would be provided from in-house resources which would enable the service to better monitor and maintain standards. Bringing the EOL service in-house allowed a direct link to the in-house Care at Home

service to flex services as and when required without the need for additional “hand offs” and negotiation with an external agency.

- 3.3.7. The “new” EOL team became operational on the 1st February 2021, this has improved the service further by direct in-house coordination of rotas, workload, capacity and direct management and support for the ESW.
- 3.3.8. The service has been very successful in the two years it has operated, with a consistent flow of requests for EOL care being received. The service has experienced a steady growth in referrals, partly due to joint promotion of the service in conjunction with Marie Curie and the decision to open the referral route to all professionals involved in supporting people who require end of life care.
- 3.3.9. It is very positive that the profile of the service has increased, and the communication, mutual respect and relationships that have grown between the EOL Service, Marie Curie, Palliative Care Services and the Community Nursing Service has been a major success.

During this time, the service has won an outstanding team achievement award in recognition of the exceptional service it provides in mobilising rapid response to appropriate service requests from Health and other professionals involved in supporting people who are in the last stages of life, and who wish to remain at home or be discharged home from hospital to die.

## **4.0. Workforce**

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### **4.1. Workforce Strategy**

- 4.1.1. We know that within the in-house service, we have a large proportion of our workforce who are over 55. In order to plan for the future of the service we have considered and implemented several initiatives.

### **4.2. Kickstart**

- 4.2.1. This is a government led initiative in partnership with Fife Council and the DWP. Funding was successfully achieved in order to partake in this scheme.
- 4.2.2. The Care at Home service will look to recruit young people between 16-24 who are claiming Universal Credit. The young person will be offered a 6-month placement. The view of this scheme is that during their placement period, the service will train the young person in Care at Home delivery and any post within Care at Home that does become available within this 6-month placement they will be in a great place to apply.

### **4.3. Modern Apprentices**

- 4.3.1. Over the last 2 years the service has initiated a Modern Apprenticeship training programme aimed at offering young people between the ages of 16 and 24 opportunities to gain a broad knowledge and experience within the Care at Home service and the wider scope of the Health and Social Care partnership within Fife.

- 4.3.2. The service has provided four Modern Apprenticeship placements for young people over the 2 previous years in conjunction and partnership with both our internal Employee Development service and Skills Development Scotland.
- 4.3.3. The apprentices were provided with on the job training in all areas of the service which equipped them to develop their knowledge and skills whilst attaining a recognised qualification in Health and Social Care - the apprentices completed SVQ2 in year 1 of their placements, before embarking on SVQ 3 in year 2 of their training.
- 4.3.4. Our first four apprentices who completed their training and awards have gone on to secure employment within Fife Council at the end of their apprenticeship, indeed one of the apprentices who was particularly outstanding is now working as a temporary Home Care Coordinator within the Care at Home Service.
- 4.3.5. The service has a further four young people who have just completed their first year and SVQ 2 and are just about to commence on their SVQ 3.
- 4.3.6. Care at Home is committed to continuing its success in providing a Modern Apprentice scheme for young people to continue to offer opportunities to develop and grow a young workforce which will provide a career succession pathway, whilst also seeking to address the demographic challenges in the workforce.
- 4.3.7. This year, the service has decided to try an alternative model, by offering 4 Modern Apprentice positions as Social Work Assistants who will complete their SVQ 3 in year one with a follow up PDA management qualification which will immediately upon qualification allow them registration as a Supervisor of a Service with the SSSC.
- 4.3.8. This new approach is designed to grow future Home Care Coordinators by providing experience and skills in this role, whilst also supporting the service by bolstering the support on offer to existing Home Care Coordinators, and therefore improving the quality of the service for service users.
- 4.3.9. The standard and volume of applicants that applied for these vacancies which were advertised recently was outstanding, and interviews have been organised over the two days.

#### **4.4. Training**

- 4.4.1. The Care at Home in-house training team have had to look at ways of adapting the vital training needs of a workforce who continue to need support with mandatory training and training to assist them to maintain their registration with the SSSC. Since the start of the pandemic, they have successfully created a variety of ways to adapt to online working, bringing the frontline service along with them.
- 4.4.2. The in-house team have created and developed further eLearning packages. As we move forward this is now part of our remit with the team developing more of the in-house courses to deliver remotely. The service is purchasing a number of tablets to allow frontline worker who do not often have access to personal computers to borrow a care at home tablet to complete on-line training.
- 4.4.3. The team have created instructional videos of themselves carrying out various practical roles such as donning & doffing PPE, carrying PCR covid testing and have provided these as stand-alone videos that can be shared as a complete guide which

are stored on Microsoft Teams and Learning Nexus to be accessed by staff at any time.

- 4.4.4. The training team have also used filming for Moving & Handling techniques and have recorded themselves speaking over these and added in captions, text and music. Once a staff member has watched the training video it will be automatically added to Oracle and their online training record. The Moving and Handling training also must include a follow up face-to-face sessions to enable assessment of their competency skills and to put their learning into practice & provide tailored training & coaching as required.
- 4.4.5. The service has also further developed its standard training courses and delivered these online during the pandemic using Microsoft Teams, using interactive quizzes to aid participation and understanding. The team have developed and delivered PowerPoint presentations, they have recorded themselves speaking over these so staff can view these online when they have available time, we have included questionnaires to ensure an understanding of the training and information given which is again recorded in Oracle.
- 4.4.6. The in-house training team have also secured their own training channel on Microsoft Teams and are posting 'how to files' frequently which are updated as guidance changes. Periodically the team send out, a SWAY so that frontline workers are kept abreast of any new training videos and courses available.

## 5.0. Future Plans

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- 5.1. The Health and social care partnership recognised that caring for people in their own home is a priority and therefore investment is required to redesign our inhouse provision to extend the START service into all areas as we have seen the success from a hospital setting.
- 5.2. The Partnership are also in the process of re-commissioning via our contractual arrangements and we have an opportunity to work in partnership with Scottish Care and the private care providers to strengthen their services in Fife this will allow the service to have a

### List of Appendices

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- N/A

### Background Papers

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act, 1973:-

- All external data sources utilised in the compilation of this report have been reference accordingly throughout.

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<b>Education and Children's Services, Health and Social Care Scrutiny Committee of 25 May 2021</b>			
<b>Title</b>	<b>Service(s)</b>	<b>Contact(s)</b>	<b>Comments</b>
Children and Families Strategy	Education and Children's Services	Kathy Henwood	Report to include the finance associated with this, challenge, decision making process and the impact on Out of Fife placements. To include next steps. This report will include the impact and risks associated with "Belong to Fife" Strategy in terms of finance and any other risks can be discussed at committee.
Impact on Social Care for Adults and Older People - application of the eligibility criteria in Fife	Health and Social Care	Nicky Connor, Fiona Mckay	Examine all aspects of the policy. Detailed impact statement. Estimate of resources required to increase services/reduce risk. Find advocate/witness that represents customer/carer.
ECS, HSC Forward Work Programme	Finance and Corporate Services	Helena Couperwhite	

<b>Unallocated</b>			
<b>Title</b>	<b>Service(s)</b>	<b>Contact(s)</b>	<b>Comments</b>
Long term funding of Health & Social Care Partnership	Finance and Corporate Services, Health and Social Care	Tracy Hogg	Replaces Steven's report.
Health and Social Care Revenue Outturn Report	Finance and Corporate Services, Health and Social Care	Tracy Hogg	Expected - September 2021
Health and Social Care Capital Outturn Report	Finance and Corporate Services, Health and Social Care	Tracy Hogg	Expected - September 2021
Factual Briefing on Group Homes for Adults in Fife	Health and Social Care	Suzanne McGuinness	Factual briefing note to be circulated outwith Committee. Delayed by staff absence.

<b>Unallocated</b>			
<b>Title</b>	<b>Service(s)</b>	<b>Contact(s)</b>	<b>Comments</b>
What does Corporate Parenting look like in Fife?	Education and Children's Services	Michael Scanlin	Overview of corporate parenting and the responsibilities of Fife Council and what this looks like in Fife and what are the next steps. This will be presented to EC&S committee in March 2021 and referred onto Scrutiny with any additions. A briefing on Corporate Parenting for Elected members to be delivered by Who Cares -re their role re CP. Report required by December 2021.
Factual Briefing on Support for Carers	Health and Social Care	Suzanne McGuinness	Report requested at Committee meeting on 04.11.20.
Children's Services Inspection Update - Progress on actions		Christine Moir, Deborah Davidson	Convener will consider following meeting of E&CS Committee on 26 Jan. To report progress in 6 months - August 2021 as it is going back to E&CS committee in January 2022.
Multi-agency Strategic Oversight Group - Focus on (Neurodevelopmental pathway) initially for Autism - Progress Report		Maria Lloyd	Report due August 2021 - (from meeting 09.02.21 - minute reference 2021 ECHSC 16 Para. 35) update on progress made, next steps and agreed priorities for March, 2022.
Impact of Covid on Fife Care and Nursing Homes	Health and Social Care	Suzanne McGuinness	Requested at Committee meeting 04.11.20 March 21 - Delayed on Legal advice, pending conclusion of criminal enquiry.