

## Education and Children's Services, Health and Social Care Scrutiny Committee



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

Tuesday, 16th November, 2021 - 10.00 a.m.

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### AGENDA

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|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. | <b>APOLOGIES FOR ABSENCE</b>                                                                                                                                                                                                  |           |
| 2. | <b>DECLARATIONS OF INTEREST</b> – 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. | <b>MINUTE</b> – Minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 14th September, 2021.                                                                            | 3 – 6     |
| 4. | <b>EMPLOYABILITY ACTIVITY IN FIFE: NO ONE LEFT BEHIND PROGRAMME AND NEXT STEPS</b> – Report by the Head of Business and Employability.                                                                                        | 7 – 27    |
| 5. | <b>SOCIAL CARE WORKFORCE: ANALYSIS, CURRENT PRESSURES AND MITIGATING ACTIONS</b> – Report by the Chief Officer, Fife Health and Social Care Partnership.                                                                      | 28 – 87   |
| 6. | <b>NATIONAL CARE SERVICE - CONSULTATION RESULTS</b> – Report by the Head of Strategic Planning, Performance and Commissioning.                                                                                                | 88 – 102  |
| 7. | <b>EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE FORWARD WORK PROGRAMME</b>                                                                                                                                       | 103 – 104 |

<p>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.</p>
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9th November, 2021

If/

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**THE FIFE COUNCIL - EDUCATION AND CHILDRENS SERVICES, HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE- REMOTE MEETING**

14th September, 2021

10.00 a.m. – 12.50 p.m.

**PRESENT:** Councillors Tony Miklinski (Convener), Ian Cameron, Altany Craik, Kathleen Leslie, Carol Lindsay, Karen Marjoram, Lea Mclelland, David Ross, Jonny Tepp and Ann Verner. William Imlay, Religious Representative.

**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); Rona Weir, Education Manager, Education, Adam Brown, Depute Principal Psychologist - Strategic, Education; Lynn Gillies, Service Manager (Operations Glenrothes/Family Support), Children and Families and Criminal Justice Services; Kimberley Hankin, Team Manager, Children and Families and Criminal Justice Services; Mark Smith, Service Manager (Fife Wide), Children and Families and Criminal Justice Services; Tracy Hogg, Business Partner, Finance; Neil Finnie, Quality Improvement Officer (Additional Support for Learning), Education; Lesley Robb, Lead Officer (Committee Services) and Wendy MacGregor, Committee Officer, Legal and Democratic Services.

**APOLOGIES FOR ABSENCE:** Councillors Colin Davidson and Andy Heer. George Haggarty, religious representative.

**51. DECLARATIONS OF INTEREST**

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

**52. MINUTE**

The Committee considered the minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 25th May, 2021.

**Decision**

The Committee agreed to approve the minute.

**53./**

**53. REPORT ON PROGRESS ON THE WORK OF THE MULTI-AGENCY STRATEGIC OVERSIGHT GROUP - FOCUS ON (NEURODEVELOPMENTAL PATHWAY) INITIALLY FOR AUTISM - PROGRESS REPORT**

The Committee considered a report by the Head of Education and Children's Services providing an update for members on the progress made since the Scrutiny Committee meeting on 9th February, 2021 on the establishment of a Multi-Agency Strategic Oversight Group Focus (Neurodevelopmental pathway) Initially for Autism, including developing actions to address issues.

The report also outlined proposals for Three 'Test for Change' pilots. The first pilot proposed by Health and Social Care with Scottish Autism and One Stop Shop (OSS), the second pilot proposed by the NHS and the third proposed by Education with support of the NHS. Members were updated on progress made to date in relation to the action plan developed, covering the 6 main priority areas agreed as a focus for one year, being:-

- Consolidate current position across Partners
- Neurodevelopmental Pathways
- Communication
- Improving Outcomes for Autistic People
- Transitions
- Other Gaps Identified

**Decision**

The Committee acknowledged:-

- (1) the progress made to date in establishing the Multi-Agency Strategic Oversight Group Focus (Neurodevelopmental pathway) Initially for Autism and the development of the action plan covering the six main priority areas which would be focused on for one year; and
- (2) concerns from members that 75% of young people with autism who had left school, were not in work. The Committee requested that consideration be given to include information for scrutiny in a report to be submitted to the Committee meeting on 3rd February, 2022, on support offered in the work place for employees with autism and the impact to society and on individuals in regard to unemployment.

**54. CARE EXPERIENCED YOUNG PEOPLE - MENTAL HEALTH SUPPORTS**

The Committee considered a report by the Executive Director, Education and Children's Services expressing the views of care experienced young people who were supported by the Young People's team and their experience of accessing mental health support. The report detailed information on local and national drivers around supporting care experienced young people and referred to collective statutory corporate parenting responsibilities.

**Decision/**

**Decision**

The Committee:-

- (1) acknowledged the views of care experienced young people, supported by the Young People's team, and their experience of accessing mental health support; and
- (2) noted the improvement activity in mental health support services for young people and acknowledged the resource, structure and system challenges which limited opportunity for some young people to access support.

**55. OUR MINDS MATTER : FIFE CAMHS PARTNERSHIP**

The Committee considered a report by the Executive Director - Education and Children's Services providing an overview of the work of Fife Child and Adolescent Mental Health Services (CAMHS) within the Our Minds Matter and Community Mental Health and Wellbeing Frameworks.

**Decision**

The Committee considered the content of the report and noted:-

- (1) the significant increase of referrals to the CAHMS Service during the Covid-19 pandemic, with the majority of referrals generated from General Practitioner (GP) surgeries;
- (2) 65% of referrals would be better supported by other Services;
- (3) during the transition from child (CAMHS) to adult mental health services, service users would often disengage and not receive the required level of support;
- (4) due to high demand for mental health services, children and young people who did not present with significant risk have had to wait longer than the Scottish Government Referral to Treatment Target (RTT) of 18 weeks; and
- (5) agreed that a report providing an update on the work of the Our Minds Matter; Fife CAMHS Partnership be submitted to the Scrutiny Committee meeting in September, 2022.

The meeting adjourned at 11.25 a.m.

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The meeting reconvened at 11.30 a.m.

**56. 2020-21 REVENUE BUDGET PROVISIONAL OUT-TURN REPORT FOR SOCIAL CARE SERVICES**

The Committee considered a report by the Director of Health and Social Care and the Executive Director of Finance and Corporate Services highlighting the provisional out-turn position for the 2020-21 Revenue Budget for Social Care as at 31st March, 2021.

**Decision/**

**Decision**

The Committee considered and noted the out-turn position for the 2020-21 Revenue Budget for Social Care as at 31st March, 2021.

**57. 2020-21 CAPITAL MONITORING PROJECTED OUTTURN**

The Committee considered a joint report by the Director of Health and Social Care and the Executive Director of Finance and Corporate Services updating members on the Capital Investment Plan and the provisional out-turn as at 31st March, 2021 for the 2020-21 financial year for areas within the scope of the Education and Children's Services, Health and Social Care Scrutiny Committee.

**Decision**

The Committee noted the performance and activity across the 2020-21 Financial Monitoring period as at 31st March, 2021.

**58. 2021-22 REVENUE BUDGET PROJECTED OUT-TURN REPORT FOR SOCIAL CARE SERVICES**

The Committee considered a joint report by the Director of Health and Social Care and the Executive Director, Finance and Corporate Services highlighting the projected out-turn position for the 2021-22 Revenue Budget for Fife Council Social Care Services for Adults and Older People as at 30th June, 2021.

**Decision**

The Committee noted the projected out-turn position for the 2021-22 Revenue Budget for Fife Council Social Care Services for Adults and Older People as at 30th June, 2021.

**59. 2021-22 CAPITAL MONITORING PROJECTED OUTTURN**

The Committee considered a joint report by the Director of Health and Social Care and the Executive Director, Finance and Corporate Services updating members on the Capital Investment Plan and the provisional out-turn as at 30th June, 2021 for the 2021-22 financial year for areas within the scope of the Education and Children's Services, Health and Social Care Scrutiny Committee.

**Decision**

The Committee noted the performance and activity across the 2021-22 Financial Monitoring period as at 30th June, 2021.

*Councillor Ann Verner left the meeting during consideration of the above item.*

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

The Committee noted the Education and Children's Services, Health and Social Care Scrutiny Committee Forward Work Programme.

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16<sup>th</sup> November, 2021

Agenda Item No. 4

## Employability Activity in Fife: No One Left Behind Progress and Next Steps

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**Report by:** Gordon Mole, Head of Business and Employability

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**Wards Affected:** All Fife

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### Purpose

This report presents an update from the Opportunities Fife Partnership on employability activity in Fife delivered through Employability Pathway activity, No One Left Behind and Fife Council's internal delivery.

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### Recommendation(s)

Committee is asked to:

1. Note and comment on the employability pathway activity being delivered throughout Fife, across the different funding strands.
2. Recognise the direction of travel regarding employability delivery in line with emerging national frameworks.
3. Note and comment upon the roll out of Employment Recruitment Incentives in line with the Fife Job Contract single portal approach, exploring the inclusion of additional jobs and apprenticeships within the Fife Council jobs market and those of partner organisations such as the NHS and Third Sector.

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### Resource Implications

Allocations awarded by the OFP was noted by the Economy, Tourism, Strategic Planning & Transportation sub-committee in March 2021 as the final year of a three-year period of activity (2019-2022). Allocation was awarded as part of a partnership agreement with each delivery partner and is used, with additional match brought by the delivery partners as leverage for European Funding. These partners were selected after a competitive Challenge Fund process, carried out in October 2018, to deliver services between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2022.

The full Scottish Government No One Left Behind allocation for each local authority area was confirmed in June 2021. All funding allocated by Scottish Government is given as a total commitment over the life of the No One Left Behind programme. These funding allocations are reviewed and agreed on an annual basis and may be subject to change. The allocation offer of £3.5m for Young Person's Guarantee and £1.7m for Parental

Employability Support Fund were received in August and September 2021 respectively. The allocation is substantial, but will have to be spent prior to March 2022, with the roll-over only applicable for allocation linked to Employer Recruitment Incentives, that have been committed over a period of time to support a young person in employment. For example, to support a young person over a 25-week period, even if the young person only entered employment in March 2021, the funding could be carried over and used for the duration of the agreement with the Employer.

## **Legal & Risk Implications**

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There are no legal implications associated with this report. All awards are recommended for support subject to compliance with Fife Council's Monitoring and Evaluation Framework which requires that they are reviewed on an annual basis as part of the Council's ongoing commitment to ensuring organisations are meeting the terms of their Service Level Agreement. The terms and conditions of funding for the Parental Employability Support Fund, Young Person's Guarantee and No One Left Behind have been agreed in 2020/2021 with Legal Services and Finance, and are not anticipated to change for future years delivery.

## **Impact Assessment**

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No impact assessment is required for this report as it relates to programme performance. The No One Left Behind Fife delivery model has been developed using a Human Rights Based approach to ensure that delivery is inclusive of all groups with protected characteristics and those at greater disadvantage in the labour market. The challenge fund framework was developed in line with the Scottish Approach to Service Design and in line with Scottish Government strategy on Halving the Disability Employment Gap, Reducing the Gender Pay gap, Reducing the Race Pay Gap, and Tackling Child Poverty.

The Fairer Scotland Duty, which came into force on 1 April 2018, requires the Council to consider how it can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Both the Plan for Fife and Fife's Economic Strategy align with this Duty in their commitment to working towards achieving inclusive growth and economic growth, which is shared by all. The grants provided by Fife Council, as detailed in this report, provide specific support to reduce inequalities and support inclusive growth in Fife.

## **Consultation**

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The Head of Finance and Head of Legal & Democratic Services have been consulted in the development of this report.

The Opportunities Fife Partnership, as the local employability partnership provide the strategic direction for this activity and monitor the progress and performance of the delivery partners for both Employability Pathway and NOLB.

Service Monitoring Officers have been involved in the preparation of this report.

## **1.0 Introduction**

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- 1.1 This report sets out the approach that the Opportunities Fife Partnership has taken to deliver employability services starting with our current European Programme and



expanding that to include new No One Left Behind activity. The report will provide information on the governance of these activities, the commissioning principles, our progress to date and next steps for refreshing the commissioning framework.

- 1.2 The economic landscape in Fife, as nationally, remains uncertain. With the end of the national Coronavirus Job Retention scheme (furlough) in September 2021, the full effect of redundancies across key sectors remains an unknown variable. At the same time, as sectors begin to rebound with the easing of COVID-19 restrictions, skills shortages are emerging in sectors including manufacturing, hospitality, social care and transport and logistics. Labour shortages in sectors which had traditionally drawn on European labour are also being identified.
- 1.3 Whilst jobs growth is welcomed, there remains a need for supporting those furthest from the labour market into employment and skills through the employability pathway. Fife Council and its partners also need to balance the sectoral needs of companies in Fife in terms of immediate skills shortages with ongoing support for the future world of work. To address this, programmes will focus on in-work support, reskilling and retraining, as well as providing skills for immediately available positions.
- 1.4 Fife's key sectors have a relatively high level of seasonal opportunities, for example in hospitality, retail and logistics. These roles provide routes into employment and training, and working with employers Fife's delivery bodies will continue to look at translating skills developed in seasonal roles to support permanent, high quality employment.
- 1.5 The Opportunities Fife Partnership (OFP) is Fife's Local Employability Partnership, currently chaired by Gordon MacDougall, Head of Region for North East Scotland at Skills Development Scotland. The OFP is a strategic decision making body that reports to the Community Planning Partnership. It has responsibility for delivering on key aspects of the Plan 4 Fife, specifically with regard to Inclusive Growth and Jobs, but also linked to Opportunities for All.
- 1.6 The OFP's mission is to influence and drive innovative approaches to skills and employability services that reflect the current and future needs of individuals and employers.
- 1.7 The OFP structure comprises of full Partnership Board, an Executive Group and is supported by four delivery groups with responsibility for supporting:
  - Adult Employment (chaired by Department of Work and Pensions)
  - Youth Employment (chaired by Fife College)
  - those with Health and Disability Issues (chaired by Fife Voluntary Action)
  - Employer Engagement (chaired by Fife Council)
- 1.8 The OFP has had responsibility for the delivery of Fife's Employability Pathway programme. This programme is in its final phase and will be concluding in March 2022. Activity delivered through the Opportunities Fife Partnership's (OFP) Employability Pathway is funded through a combination of OFP allocation, delivery partner match funding and allocation drawn down through European Structural and Investment Funds. The value of this employability pathway activity is £2.9m for 2021/22; which is the final year of a programme totalling £8.4m between April 2019 and March 2022.

- 1.9 Activity on the Employability Pathway was commissioned through a Challenge Fund, with a commitment to support the increased capacity of third sector organisations and promote partnership working. Activity on the pathway supports those with complex, multiple barriers to employment, and has a geographical focus on those living in Mid-Fife. The priorities for the OFP revised in 2018 were heavily focused on those living in employment deprived communities, those with health and disability issues, particularly those whose mental health was a barrier to employment, youth employment and we were beginning to look at in-work poverty as an issue.
- 1.10 Even during the pandemic, working under restrictions these delivery partners continued to offer support, skills training and access to those employment opportunities that were available, in line with the Leading Economic Recovery Action Plan, agreed by Policy & Co-ordination Committee. Delivery partners have done excellent work to ensure vulnerable clients were engaged, linked into additional support services and continued to provide an extremely high level of engagement. Appendix One provides a snapshot of the performance of the Employability Pathway from April 2015 – March 2022.
- 1.11 European Funding will come to an end in March 2022 and as a replacement the UK Government has outlined a plan to implement a UK Shared Prosperity Fund (UKSPF). Full details of the UKSPF are awaited at the time of this report. Should it be possible, the OFP intend to use this fund as match for delivery of employability activities going forward. The Department for Work & Pensions (DWP) will be the responsible department for UKSPF as it relates to employability spend. Having the strategic oversight of employability allows the partnership to develop activity that will compliment No One Left Behind, reduce duplication, promote partnership working and target innovative programmes at those that are most in need.
- 1.12 Employment recruitment incentives represent a significant opportunity to support our priority clients and employers. They provide a vehicle to implement large scale investment in jobs and apprenticeships that support the broader economic recovery plans in Fife. We have successfully developed a single portal approach for all job funding programmes that now provides a high-quality service with significant scope to scale-up the approach to include further activity within the private, public and third sector employers. Including, priority sectors, recovering sectors and those clients with priority characteristics who without support would not achieve positive destinations. This approach can build upon the successful implementation of the Fife Job Contract, Kickstart, Developing the Young Workforce and Workforce Youth Investment models with sustainability of outcomes central to the approach.

## **2.0 No One Left Behind**

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### **2.1 Policy Context**

- 2.1.1 No One Left Behind outlines a new approach to funding and delivery of employability services. It signals a shift from a top-down programme approach, where target groups and provision are set out at a national level, to one where local areas have the flexibility to use funding in line with the needs of their local community.
- 2.1.2 On 5th December 2018, the Scottish Government (SG) and the Convention of Scottish Local Authorities (COSLA) signed a Partnership Working Agreement for Employability. This aims to drive co-operation, integration and alignment between national and local

employability services in Scotland, establishing a joint commitment to deliver the objectives of No One Left Behind. The Partnership Working Agreement places both Local and National Government as being jointly accountable for delivering this system change.

2.1.3 Reflecting the multiple sectors involved in delivering employability services, the development and delivery of No One Left Behind requires a partnership approach. The workstreams and products being developed to support local partnerships in delivering No One Left Behind, including the framework, are being developed collaboratively involving public, private and third sector partners.

2.1.4 The No One Left Behind commitments, including a requirement to align and streamline data collected across services, are set out in the following publications:

- [No One Left Behind: next steps for employability support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/no-one-left-behind-next-steps-for-employability-support/pages/2-introduction.aspx)
- [No One Left Behind: review of employability services - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/no-one-left-behind-review-of-employability-services/pages/2-introduction.aspx)

2.1.5 These commitments are designed to support services and local partnerships to create a framework based on the following principles:

- Dignity and respect, fairness and equality and continuous improvement
- Provides flexible, and person-centred support
- Is straightforward for people to navigate
- Integrated and aligned with other services
- Provides pathways into sustainable and fair work
- Driven by evidence including data and experience of others
- Support more people to move into the right job, at the right time.

## **2.2 Governance:**

2.2.1 Initially a No One Left Behind Fife Working Group, formed of representatives of strategic organisations drawn from the Opportunities Fife Partnership, including DWP, Skills Development Scotland, Fife Council, Fife College, Fife Voluntary Action and NHS Fife, worked together to develop a framework of support for those with barriers to accessing and sustaining employment.

2.2.2 Once activity was commissioned this group was reconfigured into an Oversight and Scrutiny Group, with responsibility for overseeing the commissioned activity and ensuring that delivery partners are working together to meet the projects aims. No One Left Behind as a programme is moving away from just traditional outcomes linked to jobs and skills progressions, but placing more focus on charting the clients' individual journey and how they are progressing against their own goals.

2.2.3 Projects are co-ordinated through the Opportunities Fife Partnership team, who are responsible for the monitoring and management of the programme. A No One Left Behind Co-ordinator has been appointed to support co-ordination and delivery of the programme and came into post in May 2021. Fife Voluntary Action, through their existing service level agreement provide support to the delivery organisations as well as strategic advice to the programme. Fife Centre for Equalities provides specialist expertise on equalities monitoring and engagement. The monitoring and performance management is fed back to the Oversight and Scrutiny Group and reported to the Opportunities Fife Partnership, as part of the wider monitoring and reporting of employability activity in Fife.

- 2.2.4 Nationally, the No One Left Behind programme is managed by the Improvement Service, with input from local authorities via SLAED. Fife Council has provided input into the delivery process nationally through this route. Each local authority is able to design NOLB provision according to local need.

## 2.3 Challenge Fund Framework:

- 2.3.1 A commissioning framework for NOLB was produced in October 2020, based on the principles already implemented through the European Programme, and linked heavily to the Scottish Approach to Service Design. The framework was based on the findings of 16 collaborative conversations, with 120 individuals and over 124 responses to an online survey.
- 2.3.2 This process included the voices of frontline staff, those who have used and are currently using employability services, including people with disabilities, community organisations, drug and alcohol dependency service users, those with experience of the criminal justice system, members of Fife's LGBTQ+ community, and those drawn from each of the seven local area committee areas. This was supplemented in the design of the NOLB Challenge Fund by available data on these equalities factors, and alignment with the Plan 4 Fife.
- 2.3.3 The Scottish Government's No One Left Behind Delivery Plan was launched in December 2020 and set out the key principles for delivery of No One Left Behind provision. These strongly accord with the principles and approach defined through the development of the No One Left Behind Fife challenge framework, as set out below. Fife Voluntary Action represented No One Left Behind Fife (NOLB Fife) on the Scottish Government's Service Design working group in the development of the design principles for the national delivery plan. These are as follows;

**Equal and fair:** people accessing the service will be treated as equals, they will feel respected, trusted and listened to.

**Strengths-based:** provision will focus on helping people to identify and grow their own strengths rather than solving problems for them. This also means giving people responsibility and allowing them to make mistakes and take risks.

**Non-judgemental:** people will feel able to open-up without risk of judgment, staff will bring humility and an open mind to understand peoples' individual situation and challenges

**Discreet:** services will be provided in a way that respects people's need for privacy and the vulnerability associated with accessing support services

**Collaborative:** services will work together to ensure people get the support they need when they need it. This includes warm handovers or working alongside one another, with clearly identified progression options and support pathways.

**Time unlimited and progressive:** services will balance consistency and dependability with energy, momentum and challenge at a pace that works for the individual and which maintains momentum towards improved employability

**Continuously improving:** services will actively gather feedback from people who use their services, reflect on delivery and demonstrate a willingness to adapt and learn.

**Hopeful:** provision will hold the hope for everyone who comes through the door, (and those who don't), and support people to recognise, voice and progress their individual hopes. Knowing that the right work is out there for them, and we are all on a journey

- 2.3.4 The voice of the lived experience group was instrumental and innovative in developing the new provision in Fife. By involving people who use employability services, frontline staff and employers in the service planning, design and delivery was crucial to developing services which are inclusive, responsive and relevant. This included targeted efforts to engage with people affected under the Equalities Act (Scotland) 2010. This is in line with the Scottish Human Rights PANEL principles of: Participation, Accountability, Non-Discrimination, Engagement and Legality.
- 2.3.5 The No One Left Behind commissioning process and provision was subject to a research/evaluation process by the National Institute for Health Research, which has identified an interest in the health and wellbeing outcomes of programme design. NIHR has co-produced its reporting with Fife Council and Fife Voluntary Action to evaluate a citizen-informed design of employment support in Fife. The first phase of this activity has concluded and evaluated the commissioning process. The findings will be used to inform the refresh of the commissioning process for 2022/2023. The second phase will evaluate NOLB provision and is expected to commence in November 2021 and conclude by February 2022.
- 2.3.6 NOLB funding is currently allocated through the Challenge Framework on an annual basis, which is in line with Scottish Government funding requirements. By not having the funding allocated to local authorities on a three- or four-year basis, this does not give the local authority partnerships the scope to develop longer term interventions or provide a continuity of employability services for the clients. This cannot be resolved until there is clarity on the Scottish Government funding allocation for NOLB, which will involve the decentralisation of the Employability Fund and Community Jobs Scotland allocation.
- 2.3.7 The NOLB Fife Oversight and Scrutiny Group met on 7<sup>th</sup> September 2021 to discuss possible options regarding the commissioning of NOLB activity for 2022/23 and beyond. The decision was made that the Commissioning Framework needed to be updated with regards to the policy drivers and statistics regarding key target groups. There would also be an added focus on partnership working with delivery partners. There would be flexibility within the commissioning process to trial activity that would be short-term and is responsive to identified need. It was agreed by the Oversight and Scrutiny Group that awards should be based on a 1 year, with a possible one or two year funding clause, which would enable a continuity of delivery, should the budget be available and that delivery partners be performing to an acceptable standard. If the Scottish Government provides Fife Council with a proposed allocation over a longer term, three- or five-year period, the intention would be to commission longer term interventions, but without budget certainty the option of continuing activity that was performing well would be a suitable compromise and in line with the ambitions of the Plan 4 Fife (Inclusive Growth & Jobs).
- 2.3.8 A revised and updated Commissioning Framework will be published in November after consultation and approval from the OFP and the NOLB Oversight and Scrutiny Group. Applications will be requested before Christmas and a scoring team will evaluate bids in January. Recommendations will be made to OFP in February and a paper brought to Policy and Co-ordination Committee on Thursday 3 March 2022.

## 3.0 Performance

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### 3.1 Challenge Fund Activity

3.1.1 Delivery of the No One Left Behind programme commenced on 30 April 2021. Six projects were commissioned comprising of:

- one project for adult delivery,
- two youth projects,
- two projects to support vulnerable and disadvantaged families and
- one specialist provision for health and disabilities, as set out in Appendix Two to this report.

The total value of these projects is £1.9m. The projects are supported by a NOLB Fife Infrastructure programme including ongoing staff training and development, marketing, equalities monitoring and evaluation.

3.1.2 Adult Provision is delivered by Fife ETC and is called Spring Forward, which provides employment support for people aged 25 years and older. This is a partnership approach involving BRAG enterprises, Kingdom Works, Citizens Advice and Rights Fife (CARF), Clued Up, Fife Voluntary Action (FVA) and Frontline Fife. Their registration target for 21/22 is 280 and at the time of the report (24 September) they have achieved 77 registrations, which is 29%. The project has a personal outcomes target of 140 and presently they have achieved 34 which equates to 24% and 60 employment outcomes of which have achieved 6 so far which is 10% Of these six, all have secured full time employment.

3.1.3 In relation to youth provision, two programmes were commissioned that target the 16-18 year old age group and 19-24 year olds as distinct provision delivered by Fife Council's Employability Services and third sector delivery partners respectively.

- The Council's provision, Employability Access and Support for Young People (EASYP) is an employability pathway for young people transitioning from Education (aged 16-18) or disengaged from Education facing difficulties engaging with mainstream programmes such as Foundation & Modern Apprenticeships, Fairstart, Further Education or open labour market. EASYP is a partnership involving Fife Council Education, Employability and Communities & Neighbourhood services. This partnership is strengthened through People and Place Leadership Teams in each of the 7 localities with enhanced reach provided through collaborations Children & Families, Criminal Justice and Care Experienced Young People's Teams, Housing, HSCP partners, DWP, SDS, Fife College and third sector specialist provision. EASYP are currently working with 83 young people, with a registration target of 300, this is 28% so far.
- BRAG Enterprises run the 'Brighter Futures' programme in partnership with Clued Up and APEX which focusses on longer term unemployed young people with low attainment levels, a lack of skills, potential drug or alcohol misuse issues, engagement with social work or community justice. The nature of this proposal was more linked to the 19-24 bracket with activity focussed on community engagement and outreach work to identify and engage with these young people with these characteristics. Their registration target for 21/22 is 340 and so-far they

have registered 97 young people (29%). The project has a personal outcomes target of 170 and presently they have achieved 43 which equates to 25%. The project has 51 employment outcomes and they have achieved 10 which is 20%. Out of the ten, eight have secured full time employment. One person has secured part-time employment and one person has registered as self-employed.

#### 3.1.4 Specialist provision has three projects delivering activity:

- Fife Employment Access Trust (Out to Work) are delivering a service for clients whose mental health is a barrier to them accessing employment. This activity will support 68 individuals this year and after an initial set up phase have registered their first client.

The other two aspects of specialist provision are both family support services:

- BRAG Enterprises running the Square Start Programme which will support 44 families from the South West, Dunfermline and North East areas. Currently 23 families are engaged in the project. The project has achieved 8 out of 22 personal outcomes which is 36% and includes accreditation where the children taking part in activities and working towards an accredited SQA award such as the High 5 Award, Dynamic Youth Award or Bronze level Youth Achievement Award.
- Fife Gingerbread (Making it Work in Fife) are running the final piece of delivery, supporting 83 families in the “mid-Fife” area which includes Cowdenbeath, Kirkcaldy, Glenrothes and Levenmouth. At this time 28 families are engaged, against a target of 83, which at present is 34%. Within this project Fife Gingerbread have managed to attract 19 volunteers and their target is 30 which equates to 63%. Twelve families have engaged with CARF and their target was 30. As such they are at 40% towards this outcome. Three family members have managed to secure part-time employment which equates to 25% of the target of 12 employment outcomes.

#### 3.1.5 Although delivery of this activity is at an early stage, clients are already seeing positive progress through engagement with the programme. One example of this is a Making it Work in Fife client, VL.

#### 3.1.6 VL was referred through Fife Council’s Social Work team to Fife Gingerbread, who identified that the client was an ideal fit for the project and the new early engagement support funded by NOLB Fife. The client is a lone parent who would not be referred through conventional routeways for employability support. VL suffers from anxiety and struggles to engage with services. Therefore, she is unlikely to have engaged in mainstream support and is an example of a family who could easily be ‘left behind’ within a Employability Pathway.

#### 3.1.7 Fife Gingerbread’s Volunteer Coordinator persevered with VL through email, telephone and texting and eventually VL agreed to a visit. This led to further conversations and engagement, and resulted in VL agreeing to a meeting in a café in Leven to meet a

potential buddy. The purpose of a buddy is to help lone parents overcome isolation, connect with their communities and build confidence

3.1.8 During the first buddy meeting, the client felt nervous and uncomfortable as the approach was somewhat outside of her comfort zone. She has attended a few meetings at the café but it depends on her anxiety at that point in time. This sporadic engagement is something that has been anticipated with many of the lone parent families we'll be supporting. During the pandemic a 'blended' model of support has been developed including virtual buddying. Therefore, regular telephone buddying was then looked at and was decided that it was the best way forward at this time. The buddy is continuing to build relationships alongside the Volunteer Co-ordinator and they are working together to encourage next steps, such as getting out for walks together. The Co-ordinator notes that this approach is all about relationships, trust and time, working towards key goals on the journey to employment.

## 3.2 Fife Council Directly Delivered Activity:

### 3.2.1 Phase 1 No One Left Behind

NOLB phase 1 activity commenced in 2019/20 and consisted of two delivery strands.

- 16+ aged client group provision, which previously had been activity agreements providing support to young people who did not have a positive destination upon leaving school.
- An employment recruitment incentive run through the Fife Job Contract (FJC) to create additional jobs and apprentices.

The phase one 16+ activity was affected by the Covid-19 pandemic and as a result 80 clients were carried forward to the new commissioned activity, due a lack of onward opportunities during the pandemic.

3.2.2 NOLB Phase one activity met all the targets expected and the impact that COVID-19 had on performance was reported to Scottish Government. Although progression opportunities were more limited due to furlough and the nature of restrictions on full time education, job outcomes were encouraging despite the challenges faced.

The following table provides a summary of the outcomes from phase 1 activity:

NOLB Phase 1		Registrations	Employment	Additional Outcomes**	MAs*
2019/20	16+	295	19	115	
	FJC	75	75	38	13
2020/21	16+	52	4	28	
	FJC	52	52	2	16
	<b>Totals</b>	<b>474</b>	<b>150</b>	<b>183</b>	<b>29</b>

\* Modern Apprenticeships

\*\* Includes progression to FE and training

## 3.3 Employment Recruitment Incentives (Fife Job Contract)

3.3.1 Fife Council has simplified the multiple funded employment incentives under one overarching Programme. The Fife Job Contract is the single portal approach for all employers to access all age funding to create additional jobs and apprenticeships. Employers can apply for the funding available through NOLB, YPG and DWP Kickstart Gateway. Through this approach we can provide employers with the most appropriate



funding for them whilst “hiding the wiring” and providing additional signposting to other business support available. Support includes action planning, access to training, support with advertising jobs and assistance to claim the funding. We priorities employers from key and recovering sectors providing help for those clients who without support would not achieve a positive destination. Employers can access this service through contacting [fjc@fife.gov.uk](mailto:fjc@fife.gov.uk)

3.3.2 The table below provides a summary of FJC outcomes:

<b>Fife Job Contract Programme End of Q2 21/22</b>				
<b>Funding</b>	<b>Jobs to Date 21/22</b>	<b>Total Planned 21/22</b>	<b>% Against Target</b>	<b>Comment</b>
Kickstart (DWP)	214	280	214%	Originally 100
YPG (SG)	34 of which (23MA)	180	18%	Significant uplift expected Q3+4 based on jobs in approval process.
NOLB (SG)	12 of which (2MA)	60	20%	Target to be met and to include uplift in adult places.

3.3.3 Summary of Ongoing FJC Priorities:

- Continue to roll out the FJC Model within the wider partnership of third sector and public sector stakeholders. Maximising the jobs and apprenticeships in Fife for young people and adults.
- Continue to priorities those clients with barriers who without support would not achieve a positive destination.
- Implement sustainability interventions to support clients with the Kickstart scheme to retain/sustain employment.
- Implement sectoral academy responses to support sectors such as hospitality, tourism and transportation.
- Deliver motivational programmes aimed at those individuals who require additional support to make the first step towards employment.
- Implementation of Intermediate Labour Market approaches where priority clients can access training and support whilst earning a wage working on locally identified community priorities such as environmental works and amenity improvements.

## 4.0 Conclusions

- 4.1 There is a wide range of activity being delivered in Fife through the Opportunities Fife Partnership linked to both ESIF and No One Left Behind funding. Governance and oversight of this activity is key from a partnership point of view to ensure that projects compliment each other and allocation can be maximised and targeted at those groups (both social and geographic) that need it most.
- 4.2 Fife’s process for engagement with stakeholders and especially the third sector and the voice of lived experience to co-develop and co-design a commissioning framework has been recognised as innovative and has been used as an exemplar by the Improvement Service.
- 4.3 The OFP is committed to this approach as the partners feel it is the best way to promote community engagement and give the widest range of support for the most vulnerable.

The approach would be greatly enhanced by longer term budget certainty for NOLB. This would facilitate the commissioning of longer-term interventions and promote consistency of service for more complex clients.

- 4.4 Fife has benefitted from significant investment through the European Programme and lack of clarity around UK Shared Prosperity Fund as a replacement to ESIF will result in uncertainty from delivery partners, and an increased emphasis on NOLB activity to support greater numbers, once the European Programme finishes in 2022.
- 4.5 Significant lessons have been learned through the effective implementation of employment recruitment services through our single portal approach. The opportunity exists to scale-up this approach in partnership with internal Council Services, partner public sector bodies and the Third Sector.

## **List of Appendices**

Appendix One: OFP Performance Highlights April 2015 – March 2022.

Appendix Two: Summary of NOLB Fife's Commissioned Project Delivery.

Appendix Three: Summary of Fife Council Employability Services Activities linked to No One Left Behind

## **Background Papers**

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

None

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## Appendix One:

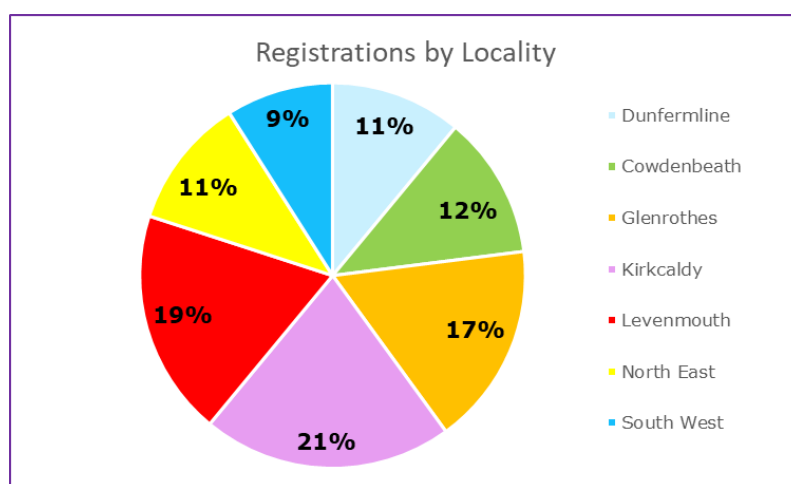
### Opportunities Fife Partnership – Employability Pathway Performance Highlights April 2015 – March 2022

**Table 1:** Registrations and Jobs, per year, across two phases of the Pathway. (2021-22 includes figures from April – 30 September)

	Phase 1					Phase 2				Project Total
Activity	2015-16	2016-17	2017-18	2018-19	Total	2019-20	2020-21	2021-22	Total	
Registrations	3351	2569	1844	1917	9681	2484	1834	593	4911	14,592
Jobs	909	1101	772	863	3645	671	513	248	1432	5,077
	27%	43%	42%	45%	38%	27%	29%	42%	29%	35%

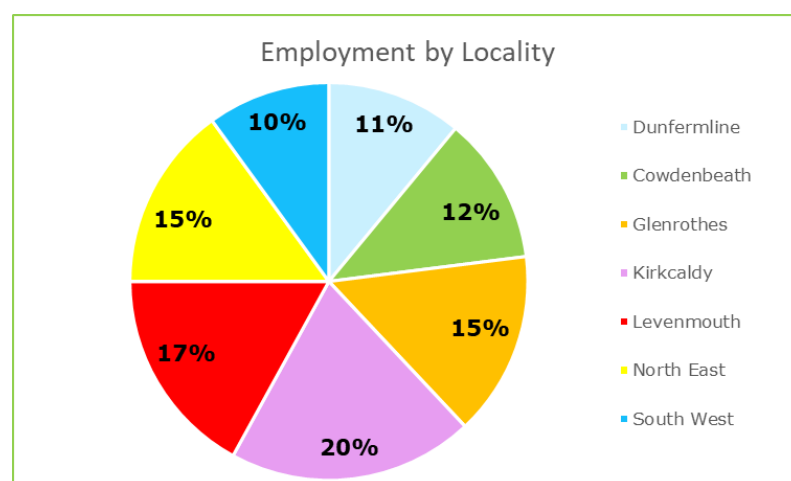
#### Chart 1:

Registrations by locality:  
69% of registrations are coming from Mid-Fife



#### Chart 2:

Employment by locality:  
64% of jobs are coming from people living in Mid-Fife.



## **Appendix Two:**

### **Summary of NOLB Fife Project Delivery**

#### ***Adult Provision:***

Project Name: **Spring Forward**

Delivery Organisation: Fife-ETC (consortium bid)

Summary: A Fife wide employability project supporting adults 25 and over into good sustainable jobs which will improve their life and in turn improve the employability and life chances of their children and generations to come. Incorporating 7 delivery partners operating together as one unit we support in all stages of the programme from engagement through to in work support.

Including but not limited to:

- Key workers
- 1-2-1 support
- Courses
- Barrier resolution
- Accredited training
- Peer mentoring
- Work placements
- Volunteering
- Job brokerage & In Work Support

Funding allocated: £248,000

#### ***Youth Provision:***

Project Name: **Brighter Futures**

Delivery Organisation: Brag Enterprises

Brag's youth service will have a particular focus on the Adverse Childhood Experiences (ACEs) group of young people. Brag will provide end to end key worker support across the full 5 stage pathway including a unique job brokerage offer. Accessible to all with options of delivering out with normal working hours, ensuring that our service is available to young people at a time that suits their needs. Key workers will facilitate a programme of activities for at each stage of the pathway, using a person-centred, strengths-based approach, whilst providing support and continuity throughout their journey. Our partners Clued-up and Apex Scotland both bring added value to the project, providing specialisms and focused support to young people who have experienced ACEs.

Funding allocated: £375,391

Note: This project will deliver outcomes for 19-24 year olds, representing 35% of youth programme provision.

Project Name: **Employability Access & Support for Young People (EASYP)**

Delivery Organisation: Fife Council

A strength-based employability pathway for young people transitioning from Education and up to 18 years of age, facing difficulties engaging with mainstream programmes such as Foundation & Modern Apprenticeships, Fairstart, Further Education or open labour market. Diagnostic assessment and action planning will identify individual circumstances, strengths, disadvantages /barriers, training & skills needs and work aspirations to inform a tailored multi-option offer such as employability & digital skills training, personal & motivational development, sectoral academies, accredited training leading to paid work through our engagement with employers with 121 support provided end to end.

Our extensive employer network and access to financial incentives offers access to tailored and open labour market vacancies that young people will be supported to secure and sustain.

Funding allocated: £624,409

Note: This project will deliver outcomes for 16-18 year olds, representing 65% of youth programme provision.

***Specialist Provision:***

Project Name: **Out to Work**

Delivery Organisation: Fife Employment Access Trust (FEAT)

A personal development, self-management and early employability programme for young people and adults experiencing severe mental health issues leading into focused jobsearch and in-work support through the IPS Model. The initial engagement programme has two separate strands, one outdoor-based provision "Grow your Mind" and one indoor/online provision "Employ your Mind". Additional provision of training to other frontline service staff.

Funding allocated: £79,468

Project Name: **Families – Square Start**

Delivery Organisation: Brag Enterprises

A fully inclusive service for families including lone parents across Fife. Concentrating on the makeup of the family and ensuring all are supported to provide increased aspirations and outcomes. Working with a blend of 1-2-1 and group work all designed to:

- Break down barriers either perceived or actual
- Digitally include families
- Reduce social isolation
- Improve mental wellbeing
- Increase confidence in children
- Increase confidence in adults parenting

Funding allocated: £130,754

Note: This provision will be for the three areas of Dunfermline, South & West Fife and North East Fife

Project Name: **Making it Work for Fife**

Delivery Organisation: Fife Gingerbread

Making it Work for Fife will enhance the current provision being delivered for lone parents.

Fife Gingerbread and Citizens Advice & Rights Fife will expand our current resource to include dedicated project staff and volunteers to deliver early engagement (reducing

barriers to registering with mainstream provision) and in work support (engaging working families to sustain and better their employment).

This will build upon our experience of supporting lone parents in Fife and our established partnership approach. Lone Parents are a particularly vulnerable family group – more likely to be isolated, more likely to be surviving poverty and more likely to be stuck in low paid work. This proposal will provide targeted support to in and out of work lone parents.

Funding allocated: £242,429

Note: This provision will be for the four Mid Fife areas of Cowdenbeath, Glenrothes, Kirkcaldy and Levenmouth.

## Appendix Three:

### Summary of Fife Council Employability Services Activities linked to No One Left Behind

#### Young Person's Guarantee

There are multiple strands of activity outlined to support job creation and support for young people with NOLB characteristics to supplement and build upon existing activity.

This includes:

**Kickstart Sustainability Funding:** The UK Government's Kickstart Scheme, launched in October 2020 to give unemployed young people aged 16-24 and on Universal Credit, a paid placement for up to 6 months to build their skills and experience in the workplace to improve their chances of finding long-term work and kickstart the careers of those who could otherwise be left behind as a result of the pandemic. This scheme is administered by the Department for Work & Pensions (DWP).

Fife Council's Business & Employability Service are an approved Kickstart (KS) Gateway provider. The Employability team supports Fife Council directorates and external employers to access KS funding from DWP for young peoples' Kickstart placements at a rate of NMW for 25 hours for 26 weeks and offer an end-to-end key worker service for every young person who applies for a KS placement whether they are successful or not in gaining a job. The Council adds value to the Kickstart approach in Fife through an investment of our staff, their employability expertise and knowledge of internal supplementary funding to maximise the outcomes achieved in creating long term outcomes for young people who are successful in securing a KS placement. Our KS offer is further enhanced by its administration through the highly successful Fife Job Contract portal, thus ensuring that employers who are not given approval for KS funding, may access FJC funding or other sources of funding that can support job creation for people of all ages. The Employability team has supported the creation of 210 KS jobs and are providing end to end support for 97 young people in work and 32 young people who are still seeking a suitable KS or open employment placement.

We embed sustainment planning from the outset through the review process. Successful sustainment occurs when the young person transitions to a permanent paid job on the employer's establishment, college, university or further education, an MA or a permanent job with another employer. We aim to provide additional funding through the YPG to the employer where the following conditions are met:

- Transitioning the young person to a Modern Apprenticeship (MA)
- Young person may source paid with an alternate employer already funded via FJC
- Young person finds a potential job within an emerging or challenged business sector
- Young person has faced additional challenges during the placement and requires more time to show their potential
- Employer is prepared to offer a substantive paid job for the K employee and take on an additional young person for six months
- Employer is prepared to offer training or work placements or work opportunities that would benefit other individuals on an employability pathway

To build on the success of our Kickstart offer and long established high performing FJC offer, we plan to utilise further available YPG funding for the creation of Employer Recruitment Incentives that are wholly subsidised, temporary and supernumerary to the establishment, do not displace or substitute existing jobs, are for at least six months (if not an MA or Traineeship) with sustainability potential – e.g. provision of in-house accredited and non-accredited training, embedded wrap around support, sustainability action planning. Priority funding will be also be given to job creation that brings additional community value; meets workforce investment commitments for health, social care, early learning and childcare; provides opportunity within green/net zero jobs, environmental, Town Centre Developments, renewables, energy efficiency, capital and infrastructure or digital investments.

### **Employer Recruitment Incentive**

Employer Recruitment Incentive for current youth provision funded under the NOLB Fife framework. This is focussed on a client driven approach to boost sustainable outcomes for young people furthest removed from the labour market who are most at risk of being left behind at a time when disadvantaged youths are disproportionately affected in an adverse economic climate caused by COVID challenges. This incentive will be used to “tailor” job creation that allows disadvantaged young people to gain a foothold in the labour market, boosting the young person’s chances of securing promotion to a permanent vacancy within the employer’s establishment or to increase their prospects whilst already in work of finding a sustainable job as the wider economy recovers. Key workers involved in the youth provisions will provide end to end employability support and depending on the clients in-work support needs, engage with prospective employers to negotiate flexibility, accommodations and adjustments to create jobs that help the young person enter employment and sustain the job.

ERIs are targeted at Anchor institutions with particular emphases on; creating Modern Apprenticeship Opportunities, Traineeships and entry level roles for recovering and emerging sectors and sustainable paid placement creation to develop diverse workforces that are more resilient and can respond more effectively to future crisis situations.

From the outset, the employer will be expected to link with an employability officer to support the recruitment and selection of candidates who are most at risk of not gaining a foothold in work without support, where this is possible. To this end, a wrap-around support package will be on offer to increase employer’s capacity to recruit, train and sustain a diverse workforce through flexibility in work practices and creating and sustaining a mentally healthy workforce. We will engage with these employers and where required support the design of Academies that offer real work experience in these sectors and routeways to work for candidates who complete relevant training and certification.

ERIs targeted to provide jobs for young people with disabilities and health conditions. These young people will be engaged and supported through the provision of the Scottish Government Supported Employment Framework and through Fife Council’s Specialist Supported Employment Service. This will provide diagnostic assessment and holistic action planning; direct engagement with anchor institutions and employers to negotiate accommodations and reasonable adjustments to tailor supernumerary paid jobs for young people; prepare young people to train and upskill on paid placement with the aim of



progressing towards existing vacancies, wrap around support for the young person and the employer to promote sustainment in the job and an Employer capacity building package that provides training and support in the Recruitment, Selection and Retention of People with disabilities and health conditions, Creating and Sustaining a Mentally Healthy workplace, Equality and Diversity in the workplace.

In addition to the ERIs outlined we also plan to utilise available funding directly for the benefit of the young person as set out below:

Young people living in poverty are at a greater risk of poor academic achievement, school drop-out, abuse, neglect, behavioural and socioemotional problems and physical health issues. People living in poverty are more susceptible to health problems because of poor nutrition, strain and stress of family situation, relationship issues, substance misuse, debt, housing issues leading to chronic disease and poor mental health. Poverty has a negative impact on young peoples' views of themselves, their aspirations, future direction, confidence, self-esteem and ability to plan for a positive future. Our Young Person's Employability Funding provides funding that can be invested in:

- 121 Motivational and personal development supports to challenge self-limiting beliefs and support young people on the path to positive planning for their future plus mentor support to engage with DWP and employability provision
- Transformational funding for the young person such as appropriate clothing, digital resources, personal funding for hairdresser/personal products
- Discretionary funding to pay for proof of ID- e.g., birth certificate, Citizens' card, travel/food vouchers
- Funding of Academies that meet client's skills gaps and employer's recruitment needs

Funding is also available to increase job creation for adults within Public and Third sectors that will supplement FJC funding already available across all sectors and for all ages. To support this offer we have engaged with Fife Council and NHS workforce directorates initially (with 3rd sector engagement pending) to discuss our approach and have gained their commitment in principle to create opportunities for adults by building on the lessons learned and good practice already in existence and continuously improved within our FJC and Kickstart offer.

The investment will support those aged 25+ experiencing LTU (defined as 12 months out of work) who would, without significant investment, struggle to secure employment.

Our intention is to provide a case management approach whereby every participant is provided with wrap around support to encourage sustainment and progression to substantive opportunities. We will supplement available funding with additional funding streams to pay for certified training, additional hours etc. This would be negotiated on an individual basis.

For all the ERIs outlined, we will promote Fife's Job Creation opportunities, available funding and how to access funding to relevant stakeholders such as Employers, Employability Organisations, Key Workers, Clients and Opportunities Fife partners.

## **Supported Employment Services and support for disabled young people**

Fife Council's Supported Employment Service is one of Scotland's largest local authorities and locally based provision of specialist employability support for disabled people and the main provision of pan disability employment support operating in Fife.

They are core and externally funded for an all-age provision. All programmes adopt recognised supported employment practice for people with disabilities or disadvantages in the labour market as advocated by the Scottish Government and COSLA approved Supported Employment Framework and in line with the person centred and strength-based practice highlighted within Fife's NOLB commissioning framework.

## **Supported Employment Services and support for disabled young people**

Fife Council's Supported Employment Services are also involved in the delivery of the following programmes:

### **Core funding:**

- End to end key worker support through application of a five stage employability pathway for young disabled people age 19-24 (excludes support for young people with mental health issues). This plugs external funding gaps of ESIF and NOLB funding streams.
- Autism profiling for people of all ages- to support people with ASD to develop coping strategies and mechanisms that help them understand their social challenges/idiosyncrasies and increases entry to and sustainment within employment.
- *Prescription to Work and Retention Support*: in-work support for people struggling to sustain their jobs because of disability or ill health, early intervention for people currently off sick from work, a social prescribing model in partnership with GP surgeries in some localities that aims to reduce repeat visits to surgeries and engages individuals in meaningful planning and employability support that improves their mental wellbeing
- *Supported Employment Training*: work-based activities and development of transferrable employability skills with the aim of helping progress people to work readiness and build action plans that help individuals progress effectively into employment
- *Accessible Fife*: pre-work/apprenticeship academy for young disabled people that links available funding to meet their work aspirations and negotiates accommodated apprenticeships and opportunities with suitable employers
- *Employer Engagement and Capacity building*: FCSES have a lead role in engaging with employers and supporting them to improve their capacity to employ and retain disabled people. This is achieved through delivery of Disability and Disability Specific Awareness Training, lead in design and promotion of Just Ask Listen Talk, a toolkit for employers to support the creation and sustainment of mentally healthy workplaces, Recruitment, Selection and Retention of Disabled People guidance and Individual Risk Assessment for Accommodations and Adjustments in the Workplace.

## External funding:

- *Special Schools Project*: working alongside all special schools in Fife to design and deliver a tailored employability programme for senior phase students predominantly with learning disabilities, and developing employer connections to encourage the offer of work experience and potentially, paid employment for young people leaving education as an alternative to college Adult Learning Programmes
- *Better Engaged/Works Better*: End to end key worker employability support for young people age 16-24 who experience mental health issues.
- *EASYP: Employability Access and Support for Young People*. FCSES are the lead partner in supporting young people with disabilities and health conditions age 16-18 as outlined in section 3.1.3 and through the application of the supported employment methodology for young people who experience multiple barriers to work.
- *Positive Pathways for Adults*: Supported Employment adult provision for adults with disabilities, health conditions and mild to moderate mental health issues.
- *Positive Pathways for Parents*: End to end employability support for parents of children of all ages- including grandparents supporting adult children with childcare or care, that also offers remote short employability course to develop digital and transferrable work skills.

## Performance Summary for current year:

	Target Registration	Registrations	Positive outcome	Employability Outcome/ Training, certification, course	Voluntary experience/ work experience	Paid work	Completed
<b>SES (16-24)</b>	100	169	315	14	3	41	
<b>EASYP</b>	100	24	48	23	1	1	
<b>Special Schools</b>	5 schools 40 students	5 schools 23	30	23	0	0	
<b>Positive Pathways</b>	225	82	155	23	8	12	
<b>Positive Pathways parents</b>	40	50	44	40	1	4	
<b>Works Better</b>	45	18	29	18	1	3	
<b>Autism profiles</b>		33					30
<b>SET</b>	24	13					10
<b>Retentions</b>		14	28			14	

16th November, 2021

Agenda Item No. 5

## Social Care Workforce : Analysis, Current Pressures and Mitigating Actions

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Report by : Nicky Connor, Chief Officer, Fife Health and Social Care Partnership

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Wards Affected: All

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### Purpose

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This report updates Committee on work within Fife Health and Social Care Partnership to understand the range of complex factors impacting on the social care workforce, analysis of pressures and the identification of opportunities to address issues and mitigate risk working with our partner agencies.

### Recommendation(s)

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Committee is asked to:

- (1) Examine the content of the report and identify any areas for further scrutiny.
- (2) Consider the range of factors impacting upon workforce capacity across adult social care.
- (3) Further consider verbal updates presented at the committee meeting.

### Resource Implications

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There are resource implications associated with the improvement actions outlined in this report.

### Legal & Risk Implications

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There are a range of risks associated with the current report, including reputational damage from the delay with the provision of care services, and the associated risk to both service users and carers as a direct result of lack of capacity across adult social care services to meet identified need.

### Impact Assessment

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An impact assessment has not been carried out.

# 1.0 Background

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- 1.1 Social care provision encapsulates a wide range of services, delivered from a number of providers including partners within 3<sup>rd</sup> sector, independent providers and services provided directly by Fife Council.

Services range from residential and nursing care homes, care at home/ home care, supported accommodation, community-based services, and day provision, to both adults and older adults, across Fife. The term also includes the workforce employed as personal assistants, supporting individuals who have opted for Direct Payments/ individual budgets, which allows people to employ their own workforce to support their direct needs following a social work assessment.

The majority of social care providers deliver services registered with and regulated by the Care Inspectorate. At 31 August 2021 there were 209 registered care services in Fife, with an associated workforce of 5,931. This includes services provided directly by Fife Council.

All social care services were subject to a range of measures with the onset of the pandemic in March 2020, with some services such as day provision/ community-based support being deemed non-essential, and therefore suspended as part of the national measures to mitigate the impact of the disease, and to provide a measure of infection control. Where this has been the case, the workforce has been redeployed to support other essential services throughout the past 18 months, for example: working in PPE distribution hubs, manning the vaccination centres, covering vacancies within our internal care homes.

Many social care services were deemed to be essential services, such as care homes, which, with the support of a range of measures including PPE, support from infection control teams etc. continued to provide care.

Other services, such as care at home, were deemed to be essential, but, informed by risk assessments, restricted care provision to those individual service users within the community who were deemed to be the most vulnerable and required ongoing services.

Throughout the pandemic all social care services have been subject to national guidance, informing practice and service arrangements including workforce and service user safety measures, social distancing rules and infection prevention and control, all of which has affected service and workforce capacity.

The cumulative impact of this elongated service reduction on unpaid / family carers is widely recognised and, over the past months, from July 2021 onwards, those social care services that were suspended or reduced have been encouraged to re-mobilise.

As continues to be widely reported nationally, the social care workforce has weathered this unprecedented pressure, however a range of issues, discussed below, continue to impact.

Care homes across Fife are subject to the National Care Home Contract which is agreed nationally and sets the weekly rate payable to providers when a person is deemed as requiring support from the Local authority.

Care at home contract arrangements is agreed locally and are subject to a yearly review which determines the hourly rate for both urban and rural areas.

## 2.0 Issues and Options

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- 2.1.1 The social care workforce, along with colleagues in NHS services, have been at the forefront of the pandemic response for the entirety of the past 18 months providing essential services through frightening and emotional times, to our most vulnerable services users.
- 2.1.2 Many services were subject to temporary suspension as a direct national instruction and implementation of restrictions to mitigate against the impact of COVID 19. Services across the social care sector are now reporting a significant shortfall in staff. It is widely reported that exhaustion, burn out and competing demands has resulted in a loss of workforce. Combined with rising levels of demand for services, understood to be a result of reduced access to services over the past 18 months, and associated reduced resilience experienced by unpaid carers, this is presenting services with unprecedented demand
- 2.1.3 The social care workforce across Fife encapsulates some 5,931 employees.
- 2.1.4 Driven by the pandemic, a number of changes have been implemented which had and continue to have a direct impact on the sector detailed below:
- 2.1.5 **Increased Regulation**

Throughout the pandemic, robust measures to assure safety of systems and service provision have been implemented. This has been particularly evident in the care home sector.

Nationally, Chief Nurses were made responsible for the clinical care of residents in all care homes. Along with colleagues in Public Health, teams were established to provide advice and clinical governance to assure that practice in care homes was compliant with practice guidelines to manage infection prevention and control (IPC).

The implications of these measures has, throughout the pandemic, and ongoing, meant that care homes are subject to instruction including being closed to admission for periods of time, as a direct result of COVID outbreaks.

In Fife, over the past 18 months of the pandemic there have been 148 instances, encompassing 64 individual care homes, where care homes have been temporarily closed as a result of IPC measures covering a period of between 1 and 43 days, with the average period of closure being 8.7 days.

**Table 1**

No's of Care Homes Temporarily Closed	Period of Time Closed
73	1- 4 days
31	5 - 9 days
14	10 – 14 days
30	15 days +

A significant range of support and assurance mechanisms have been put in place to support care homes, both in terms of the care of residents and the support to the management teams.

This has included:

Directors Assurance Group  
Care Home Assurance Group  
Daily Care Home Hub.

The above processes have involved Care Inspectorate, management teams, Infection Prevention and Control colleagues, Care Home Liaison Nursing teams and Social Work to assist with the management of COVID outbreaks, ensure appropriate IPC practice is in place, support to care homes to manage workforce issues including the impact of self-isolation requirements on staff teams etc.

However, an unintended consequence of the level of regulation and assurance has impacted upon staff, in terms of their tasks and daily routine within the homes, high expectations of compliance with testing regimes, and requirements for periods of self-isolation. Individual exit interviews have indicated that staff members have felt an increased level of responsibility and accountability, without any associated recognition or remuneration.

This, associated with having to manage vulnerable groups of residents to cope with social isolation, and, in the earlier stages of pandemic, increased rates of deaths of their residents has had a detrimental impact on the workforce, with reported drop in staff morale, high levels of anxiety and increasing levels of absence.

Absence rates within Fife Council care homes are currently at 26% and this has been the average for the past 6 months.

Absence rates within care at home/ visiting support services are averaging 11%.

Work is underway to extend assurance practices beyond care homes, to encompass all care at home services. This will include both services required for individuals on discharge from hospital plus those requiring support to remain in their communities.

A national Terms of Reference is in development, with an expectation, once operationalised, that a weekly return will be submitted to Scottish Government, via Fife Council Chief Executive, reporting on:

- Waiting times for allocation of packages of care
- Number of hours of care required/ week
- Number of hours of care delivered/ week
- Levels of unmet need and associated risk
- Support to multi-disciplinary teams
- Reporting on learning to inform national issues and service development

Recognising the feedback from exit interviews with care home staff, reported above, there are lessons to be considered in reaching a balance between providing assurance and reporting on service delivery and service pressures, whilst also supporting the workforce.

#### **2.1.6 Workforce Retention**

From exit interviews with staff leaving the employment of Fife Council, and feedback from our partner providers there are a range of factors at play which are impacting on the availability of the workforce, including:

- Service Providers are reporting staff are choosing to leave the care sector
- Staff are moving employer to achieve better terms and conditions, e.g., moving from 3<sup>rd</sup> sector and independent providers to secure employment with Fife Council and/ or NHS Fife
- Staff are choosing to retire earlier than previously planned.

People Exiting the workforce for other reasons:

Exit interviews have also highlighted that people are choosing to leave social care as a career, in favour of other industries and opportunities. Reasons given include:

- High level of scrutiny from regulatory body
- Poor pay for the level of job responsibility
- Low staffing levels
- Moved to work in retail as there is less responsibility

Exit interviews continue to be offered, but are voluntary, therefore there is no comprehensive report of actual numbers of staff leaving for the above reasons.

#### Staff Moving to Achieve Better Terms and Conditions

Recent recruitment to inhouse care at home provision has inflated the service by some 40 new members of staff. However, we are receiving anecdotal information that our external providers are losing staff, attracted by improved terms and conditions offered by the Council. On analysis of the recent recruitment to care are home only 10% came from the independent sector with many coming from non-caring roles.

A similar risk is associated with national measures reported by Scottish Government intended investment of 1,000 non-registered positions nationally, and the potential that this will see a migration of staff from external and internal social care to the NHS.

#### Higher than expected levels of retiral

“An Integrated Health and Social Care Workforce Plan for Scotland” published by Scottish Government in December 2019, reported on the high level of retirement expected within the social care workforce within the coming decade.

From a range of exit interviews undertaken across our internal services in Fife, information suggests that there are many instances where people have taken the decision to retire earlier than previously planned. For example, of 18 people who resigned from community support services over the past 6 months, 7 individuals, representing 38% of the total leavers were retirees.

In addition to increasing rates of people leaving the workforce, there continues to be a challenge with recruitment. Reasons why social care is struggling to attract appropriate and/or sufficient applicants is not fully understood yet, however some factors include the sheer number of vacancies available across the health and social care sector, perceived levels of ongoing risk of COVID in professions requiring intimate, plus, for many entry level positions, low levels of remuneration in comparison with other opportunities.



The recent announcement of £300m investment into adult social care by the Scottish Government includes an uplift to the minimum hourly rate for social care staff offering direct care, from £9.50 to £10.02 per hour. Recognition of the rate and terms and conditions of inhouse provision does identify that although the hourly rate is comparable the enhanced weekend working and unsocial hours paid in local authorities is not replicated within external provision.

Analysis and potential utilisation of the available finance for both Fife HSCP internal and commissioned services is underway to effect maximum support to both the current and future workforce, for example, recognition and remuneration for unsocial hours.

The Government published the Winter Preparedness report for Social Care in October 2021 (attached at appendix one) in this report they identified the pressures in the system as experienced in Fife and across the country, Page 5 of the report highlights the pressures in staffing and the need for a whole system approach as a one system – competing pressures.

Members of the committee will receive a verbal update and presentation on the funding arrangements as we work through the investment from Government.

## 2.1.7 Vacancies and Recruitment

Vacancy levels remain high across the social care sector. Below is an overview of staff resource within internal services over the past 6 months.

**Table 2**

<b>Service Area</b>	<b>No's of Staff who have left service</b>	<b>No's of vacant posts</b>	<b>Posts successfully Recruited</b>	<b>Comments</b>
Accommodation and Support Services	27	111	21	Recruitment required 3 separate campaigns.
Care Homes	28	34	13	A further 14 posts are in recruitment
Care at Home	41	41	87	Recruitment robust over last quarter and continuing.
Community Support Services	18	0	0	Service redesign on progress which has delayed recruitment.

Recent recruitment has been enhanced by increased support from HR Recruitment applying an advertising campaign approach – this has meant advertisement is enhanced via social media platforms and a local radio advertisement is in development.

Internal homecare services have recently recruited 30 members of staff, to inflate the pool of relief staff to provide a flexible workforce reducing the impact of staff absence.

### 2.1.8 Demographic of the workforce

The publication “An Integrated Health and Social Care Workforce Plan for Scotland” Scottish Government, December 2019 reported that 84% of the adult social care workforce is female.

It is understood that the flexibility offered by many roles within adult social care was attractive to this demographic as it enable employees to factor in other roles, such as child care, supporting elderly relatives etc. Factors such as the impact of social isolation on school attendance, plus the limitation of support services such as day care provision for older adults is thought to have brought further pressures to this demographic, and therefore compromised the ability of the workforce to undertake the same level of working hours as they may have fulfilled pre- pandemic.

### 2.1.9 Induction, Training and Workforce Development

The vast majority of training and workforce development across health and social care had been on a gradual trajectory gravitating towards digital platforms. The impact of the pandemic was for this shift to be embraced at pace. However, much of the training required for health and social care, particularly those roles that are delivering direct care, continues to require a face-to-face environment, for example: moving and handling techniques and management of violence and aggression. The ability to deliver these remains challenging due to the small number of venues available with suitable equipment (currently 2), and the reduced numbers allowed to be trained at any one time due to restrictions.

The speed at which providers are working to onboard new recruits is also placing induction processes under pressure, with agencies seeking to have new staff members operational and providing care at the earliest opportunity.

#### Working with our Partners

Fife HSCP and Scottish Care are seeking funding to support the recruitment of a temporary, two-year post that will support our capacity to focus on improving Fife's capacity to work with our Third and Independent Sector partners, which will in turn strengthen the delivery of our Integrated Workforce Plan 2022/25. This post will improve our ability to connect the statutory agencies and the independent sector with the range of services that will support workforce planning and development, e.g. Colleges & Universities, Skills Development Scotland and Fife Council Employability Workforce Youth Investment, to ensure full access to all available opportunities for career development in Health & Social Care – Foundation and Modern Apprenticeships and student placements, maximising access to all available opportunities and building sustainable career pathways that span all partners.

This shared function across Sectors will provide sharp focus to immediate challenges impacting workforce fragility and work to reduce unintended competing priorities surrounding recruitment and retention. Engaging directly with the Sectors and across Provider Organisations will enable the gathering of real time intelligence to work with the dynamic nature of workforce interests and allow for risks to be mitigated. There is potential to seek a match funded bid to the Scottish Government and enhance the capacity within Scottish Care resources locally within Fife.

### 2.1.10 Unmet Need/ Service Pressure

Local data is currently reporting, as of end September 2021, between 101 and 110 individuals are experiencing a delay in their discharge from hospital.

The proportions are:

- People waiting for a package of care 33%
- People waiting for a nursing home placement 24 %
- People awaiting the appointment of a Welfare Guardian 19%
- People waiting on rehousing / recommissioning/ complex care 24%

Approximately 80 requests for social care support are received monthly from living in the community.

The consequence of an increase in hospital admissions with higher complexity and acuity has impacted on the demand for packages of care.

In addition to the demand for Care at Home services from hospital discharges, there are currently 277 service users within Fife who are awaiting a new home care service. Of these 277 service users awaiting a new package of care 219 (79%) have other social work involvement. There are also 38 people waiting in ICASS services and 42 in interim care home beds, awaiting a package of care which will enable them to return home.

External providers in both 3<sup>rd</sup> and independent sector are experiencing the same range of workforce issues as discussed above. Fife HSCP is experiencing an increase in situations, week on week, where providers are requesting a return of packages of care to the HSCP as a direct consequence of workforce shortfalls.

Work is underway to capture the totality of this additional pressure.

### 2.1.11 Collaboration with Independent Sector

There is a close working partnership between the H&SCP and Scottish Care. This relationship has strengthened during the Pandemic period and considerable levels of participation and engagement has been undertaken. Fife has a vibrant and diverse Independent Sector providing a wide range of services including; residential and nursing care for adults over and under the ages of 65, day care provision both within residential and stand-alone settings and care at home and housing support services. There is a high volume of provision that accounts for some 85% of all Care Home support and around 50% of all Care at Home.

The national reporting of the challenges facing social services is as much or arguably more acute within this Sector. The size and scale of Organisational structures vary greatly in their abilities to flex (or not) to workforce pressures and importantly in their capacity to maintain safe and effective levels of operational continuity.

A joint workforce survey was undertaken in Fife between the Fife HSCP and Scottish Care to identify the current pressures upon workforce recruitment, resources and

retention within the Independent Care Sector. This generated a high return with 80% of Organisations responding. The responses generated are added as appendix 3 & 4.

The survey first issued in Fife formed the basis of a National Survey led by Scottish Care that targeted Independent and Third Sector Organisations, including Care Homes. The findings of the national survey almost mirrored the experiences identified within Fife, with some local variations, although none of which provided any solution focused opportunities to act on.

Ongoing work between the Fife H&SCP has led to exploring the opportunities of joint workforce planning, organizational development and implementing a Test of Change in response to the findings of the local survey. This work is proceeding at pace and has been considered by the Senior Leadership Team with Reporting processes currently underway.

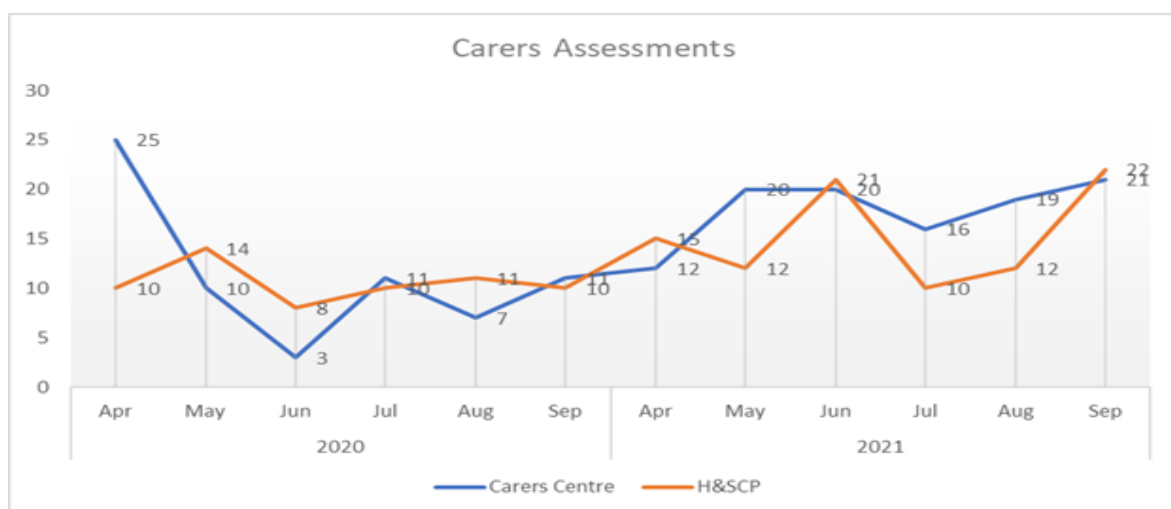
## 2.2 Support for Unpaid Carers.

Fife HSCP offers carers the opportunity to receive an assessment of their own needs as carers, with, where appropriate, additional aspects of support, provided via a range of means, including SDS awards, and/or through a range of services.

As may be expected, levels of requests for carers assessments have increased over the course of this past year.

**Table 3**

Carers Assessments	2020						2021					
	Apr	May	Jun	Jul	Aug	Sep	Apr	May	Jun	Jul	Aug	Sep
Carers Centre	25	10	3	11	7	11	12	20	20	16	19	21
H&SCP	10	14	8	10	11	10	15	12	21	10	12	22



**Table 4**

A report on the partnerships support to carers was recently presented to the Integration Joint Board (appendix two) which gives full details of the commitment to support carers in Fife. (appendix two)

Throughout Fife, unpaid carers, family carers and young carers have access to a wide range of support; financial, advisory and/or support through a range of services and providers:

### **2.3 Risk to Service Users and Carers**

Fife Adult Social Work service has statutory duties under the Adult Support and Protection (Scotland) Act 2007 to monitor, assess, report, and deliver mitigating action to support adults at risk of harm. These responsibilities continue to be prioritised and delivered throughout Fife.

In addition to these formal duties, as a direct response to the circumstances described in this report, where individuals and/or families are experiencing a delay in the delivery of social care, Adult Social Work teams across Fife continue to be the point of contact. Regular contact is maintained with individuals and their families to ensure a robust understanding of the individual circumstances, and, where necessary, escalation of the case to ensure allocation of care is prioritised based on risk and vulnerability.

Contact with the social work teams has increased as a result of the current situation, and workforce deployment within social work, including an inflation to the Social Work Contact Centre staff establishment has been agreed in order to ensure timely and appropriate advice, guidance and, as necessary, escalation, is offered.

### **2.4 Financial**

Scottish Government nationally, through sustainability revenue streams plus the recently announced £300m for adult social care, plus decisions locally within the Health and Social Care Partnership to invest in social care services, will facilitate a programme of recruitment and increased capacity to the sector.

This will support an increase to the hourly rate paid to our partner providers, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector.

Further funding has also been identified to support interim care home placements, which will facilitate hospital discharge whilst an individual either waits for a vacancy in their preferred care home or awaits allocation of a package of care to enable them to return home.

The HSCP has also been actively engaged with Care & Support Providers through Scottish Care Forums, meeting on a regular basis, listening to experiences, sharing opportunities, and targeting solution approaches.

Recently a Test of Change has been supported by the Health and Social Care Partnership which will see investment to meet the principles of fair work whereby identifying a financial resource that will be targeted directly at front line carers, especially around weekend working. A range of measurements will be undertaken to identify not only the ability to stabilise and strengthen workforce numbers, but to realise any reduction in delayed discharge from hospital, community waiting times and an overall growth in capacity to meet the demand for services.

Provider organisations strongly welcome this approach and will be supportive of feeding back data to support the analysis of its impact, including staff experiences around motivation, value and worth. The test of change is still being developed, in

conjunction with provider organisation, with a view for the financial resources to be made available from 1 November 2021.

## 3.0 Conclusions

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### 3.1 Adult social care in Fife is experiencing unprecedented pressure as a direct result of the COVID 19 pandemic.

There are a range of issues impacting on the availability of workforce, with associated pressures on the capacity of services to respond in a timely manner to identified need, and delivery of agreed social care.

Services are currently balancing a shortfall in workforce through inflated absence rates and higher than average levels of vacancies. Difficulties in recruitment, in part thought to be exacerbated by the large number of competing agencies are elongating the recruitment period and impacting on the success of recruitment campaigns.

In addition to the above, levels of unmet need are adding to service pressures, such as levels of hospital discharge, and are the cause of the potential for increased risk to members of the public, and their carers, who are experiencing lengthy delays in the allocation of care packages to meet assessed need.

There are a range of initiatives underway to inflate the workforce, both nationally and locally. However, there is ongoing risk to aspects of the sector from the migration of workforce to providers offering improved terms and conditions.

Recent announcements of significant investment to social care will assist with the remobilisation of services, and facilitate increased capacity of direct service provision, however there will be a lead in time before the benefits of this inflated workforce is realised in the actual increase in available care.

Ongoing analysis and monitoring of the situation is required, with associated agility in recruitment measures, and investment in the wellbeing of the workforce to support retention.

### List of Appendices

- Appendix 1, Adult Social Care Winter Preparedness Plan 2021-22
- Appendix 2, Supporting Unpaid Carers in Fife – Statement of Intent
- Appendix 3, Part 1 – Fife HSCP – Recruitment & Retention
- Appendix 4, Part 2 – Fife HSCP – Recruitment & Retention

### Background Papers

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# Adult Social Care Winter Preparedness Plan 2021-22



October 2021

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Context



Supporting the  
social care  
workforce and  
unpaid carers



Maintaining high  
quality integrated  
health and social care  
services across care  
settings



Protecting those who use  
social care support from  
the direct impact of  
COVID-19 and other  
winter viruses



Working in  
partnership across  
health and social care  
organisations



# Introduction

This Winter Preparedness Plan sets out the measures that will be applied across the adult social care sector to meet the challenges of the winter ahead. It aims to provide information and assurance to all those involved in and affected by the provision of adult social care, including: those who access support and care and their family and friends; the social care workforce and unpaid carers; and care providers and sector leaders across Scotland.

It is a companion document to the [Health and Social Care Winter Overview](#), which sets out the key challenges and response measures that will be implemented within the NHS and care this winter. Both Plans recognise the interdependencies across health and social care and that successful implementation can only be achieved through an integrated and collaborative approach to service delivery. The Plan should also complement and support contingency plans devised at local level and by individual providers.

To ensure that the Plan benefits the diverse range of people that use and provide adult social care services, it is centred around

**four key principles:**

- Supporting the needs and wellbeing of the social care workforce and unpaid carers
  - Maintaining high quality integrated health and social care services throughout the autumn/winter period
- Protecting those who use social care support from the direct impact of COVID-19 and wider winter viruses
  - Working in partnership across health and social care to deliver this Plan

Within these categories, the Plan provides specific guidance on a range of **critical issues**:

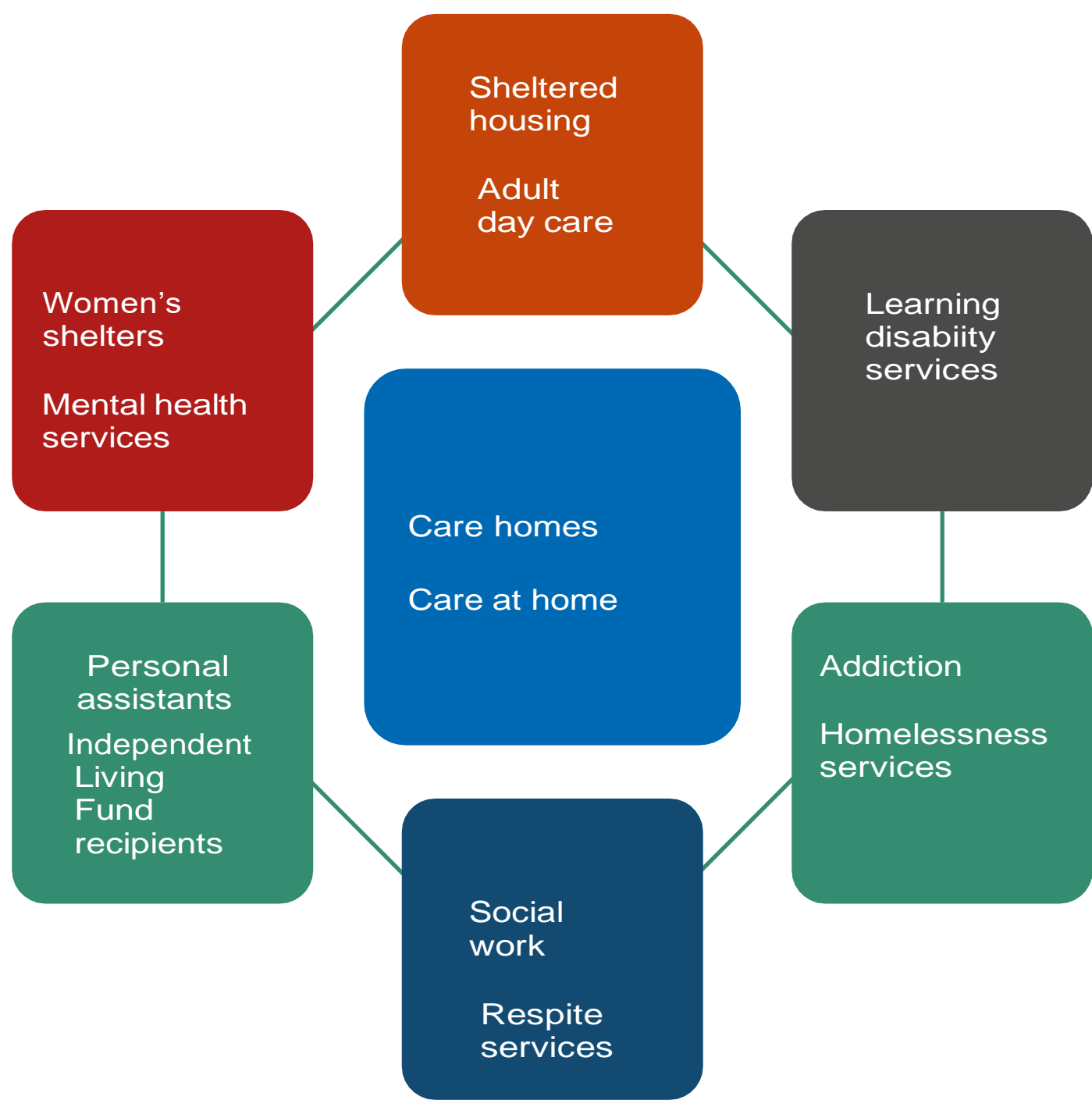
Supporting the social care workforce & unpaid carers	Maintaining high quality integrated services	COVID-19 & wider winter virus protection	Delivery through working in partnership
Mental Health & Wellbeing	Care at Home, Home First & Hospital Discharge	Infection Prevention & Control	Monitoring & Review
Recruitment & Retention	Day & Respite Services	COVID-19 Vaccination	Assurance & Support
Staffing Deficits	Primary & Community Health Care	Seasonal Flu Vaccine	Multi-Disciplinary Teams
Registered Nurses in Care Homes	Anticipatory Care Plans	Testing	Turas Care Management
Fair Work	Oral, Eye and Audiology Health	Those at Highest Risk from COVID-19	Technology & Digital Support
Unpaid Carers	Community Pathway	Visiting in adult care homes	
PPE	End of Life		
	Mental Health Transition & Recovery		

The Plan provides high level information on the measures to be taken in each of these areas and also provides links to more detailed policy and strategy documents where appropriate.

We are grateful to the wide range of organisations across the social care sector for their assistance in drafting this plan, including those represented on the Pandemic Response Adult Social Care Group: Local Government, the NHS, Health and Social Care Partnerships, Regulators, the Third Sector, Independent Sector, Unpaid Carers, Trade Unions and professional bodies.

# Context

Adult social care plays an important role in supporting people to remain more independent, be active citizens, participate and contribute to our society and improve their mental and physical wellbeing. It provides high-quality care for people over 18 who need help with day-to-day living. It is important that people have choice and control when accessing adult social care support, which can be provided in many settings, including at home, in care homes or in the wider community. We recognise that many people who require social care also have health care needs. Therefore ensuring safe, effective person-centred care through an integrated and co-ordinated health and social care approach will be critical over winter.



The population receiving social care and support is diverse, with wide ranging needs and circumstances:

- Around 245,000 (1 in 20) people receive social care and support in Scotland.
- Around 60,000 people in Scotland are receiving home care at any one point.
- The majority (77%) of people requiring social care services or support are aged 65 and over.
- People residing in a care home tend to be older, with around 90% of residents aged 65 and over and 1 in 2 aged 85 plus.
- However, not all people receiving social care are older. Younger adults with physical and learning disabilities or mental health conditions also receive vital support.
- Poorer health and wider inequalities within any social care cohort will heighten the risk from COVID-19.

Adult social care is planned, commissioned and delivered by a wide range of partners. This includes organisations in the public, independent and third sectors. Ultimately the people most critical to the delivery of safe, high quality adult social care services this winter and beyond will be those in the front line workforce and unpaid carers.

- There were 209,690 people employed in the social services sector in December 2020. There are many more people supporting delivery through our multidisciplinary health and social care teams.
- It is also important we recognise the invaluable role of unpaid carers. It was estimated that there were 700,000 to 800,000 unpaid carers in Scotland before the pandemic. Polling last year suggests that number could have grown to over a million.

# Supporting the social care workforce and unpaid carers

We recognise the pressures currently being experienced across the social care system, in particular with regards to attracting, recruiting and retaining staff. In care at home, the combination of workforce shortages and increasing needs means that we need more people in the sector. We are supporting a national recruitment campaign, and working to establish minimum terms and conditions for existing staff. We are also accelerating placements for people in training, and looking across the public sector to see if vacancies can be filled by staff with appropriate training and supervision.

In our care homes we continue to support services with increased access to infection, prevention and control support and training. We are working with the sector on the recruitment, retention and training of staff in our care homes as well as enhancing community and district nursing support. It is fundamental that we support this part of the system as it is the cornerstone of support to our acute sector. We are also looking at the role of technology, prevention, and multi-disciplinary approaches to develop innovative ways to increase the support to people.

## One system-shared workforce – competing pressures



The **wellbeing** of the health and social care workforce is of critical importance to ensuring the delivery of high quality services across the sector. This year, we are providing an increased budget of £12 million – an increase of £7 million on last year – to provide ongoing support for the wellbeing of health and social care staff across Scotland. This includes targeted support to the primary and community care and social care workforce of £2 million. We will continue to support and evolve local wellbeing support for the workforce while also maintaining and improving nationally-led initiatives, including developing a work stream on the wellbeing of those working in social care/social work as part of the new National Wellbeing Programme to be implemented from autumn 2021. We will continue the 24/7 National Wellbeing Helpline, the National Wellbeing Hub, Coaching for Wellbeing and Workforce Specialist Service as well as developing further practical support measures and additional resources for Boards. The National Wellbeing Hub, has already been used more than 115,000 times by health and social care staff since it was launched in May 2020. This includes a dedicated page for unpaid carers, developed with carer representatives and promoted via local carer support organisations.

The Workforce Specialist Service, launched in February 2021, also provides tailored, confidential **mental health support** to regulated staff across the NHS and social care workforces. It is the most expansive of its kind anywhere in the UK. Over 200 staff have already received bespoke mental health care and we will continue to invest in and grow the service in line with what staff tell us they need. We are also taking forward specific targeted work to support the recovery and wellbeing of care home managers in light of a commission from the Clinical and Professional Advisory Group for Adult Social Care (CPAG).

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

We have extended and will continue to raise awareness of the Disclosure Scotland Priority COVID Staff process to support the prompt recruitment and appointment of additional resource. We have extended our agreement with MyJobScotland, in partnership with COSLA, which enables third sector and independent social care providers to advertise jobs on the MyJobScotland website free of charge. This will be in place until the end of March 2022, and provides a single place for social care job adverts to better support people to access opportunities in the sector. We are currently working at pace with Scottish Social Services Council and other key partners to:

- develop a national induction programme for new entrants to Adult Social Care, to support entry to both care home and care at home roles;
- promote career opportunities and deliver policies on upskilling and developing the workforce to retain and attract new people to the sector and ensure the sustainability of services over winter and beyond;
- develop leadership and management resources on managing risks and communication which can be undertaken online and will be tailored to specific live issues.

We will run a national marketing campaign to attract more people to the sector. This will take a different approach to previous campaigns, with a focus on social media, a younger target audience and working with schools and colleges. This links to the medium term work being undertaken with the SSSC on career pathways and learning and development, referenced above.

To identify and address risks of **staffing deficits**, local level workforce plans and staff rosters should be reviewed frequently by Health and Social Care Partnerships as part of professional oversight and offer advice and/or mutual aid where required. In circumstances where mutual aid is required, it will be facilitated in a timely fashion to support safe care where necessary and provide support and sick pay to staff where it is required. Mutual aid across geographical boundaries should also be effected where necessary. Further measures to address staffing deficits within the social care workforce are discussed on p9.

The principles of ensuring **Fair Work** for the adult social care workforce remain a top priority for Scottish Government. The recent recommendations from the report developed by the Fair Work in Social Care Group – which focused on improvements to the Real



Living Wage Policy, developing minimum standards for terms and conditions and minimum standards for effective voice – is now being progressed in partnership with key stakeholders, and we will continue to engage with key sector stakeholders to ensure the experience of the workforce shapes policy and practice.

The **Social Care Staff Support Fund** has also been extended to the end of March 2022 to continue to ensure that social care workers who are ill with COVID-19, or self-isolating in line with public health guidance, receive their normal income for that period.

**Unpaid carers** have faced significant additional pressures over the course of the pandemic, not only as a result of COVID-19 and the associated restrictions but also the impacts on services and support for them and those they care for. Wider work to

strengthen health and social care support should also help reduce pressure on carers. We are also putting an additional £400,000 into the Time to Live Fund to provide micro-grants to give unpaid carers a break. Local delivery will be supported by funding and working with partners including the Carer Centre Manager Network and Scottish Young Carer Services Alliance. This will help local services to share practice and resources, and ensure that local carers' services can access tools to support staff to build resilience over the winter months. We are providing £1.4m to deliver the ScotSpirit Holiday Voucher Scheme which will help low income families, unpaid carers and disadvantaged young people to enjoy a break over the winter. We will also continue to raise awareness of the Equal Partners in Care (EPiC) learning resource. This is an e-resource primarily for workforce to help staff identify and have better conversations and interactions with unpaid carers.

There are real pressures with the availability of **registered nurses in care homes** which existed pre-pandemic but which have worsened with the pandemic. The current situation in care homes with registered nurses needs to be considered alongside the supply, capacity and access to district nursing teams or care home liaison teams. We will set up a task group comprising members of CPAG and other stakeholders to scope short term actions now and over the winter period. This will include consideration around increasing community nursing and Allied Health Professional capacity, including Advanced Practitioners, to support care homes and people living with complexity in the community over the winter period. This should be linked to Health and Social Care Partnerships (HSCPs) and NHS Board resilience planning for winter.

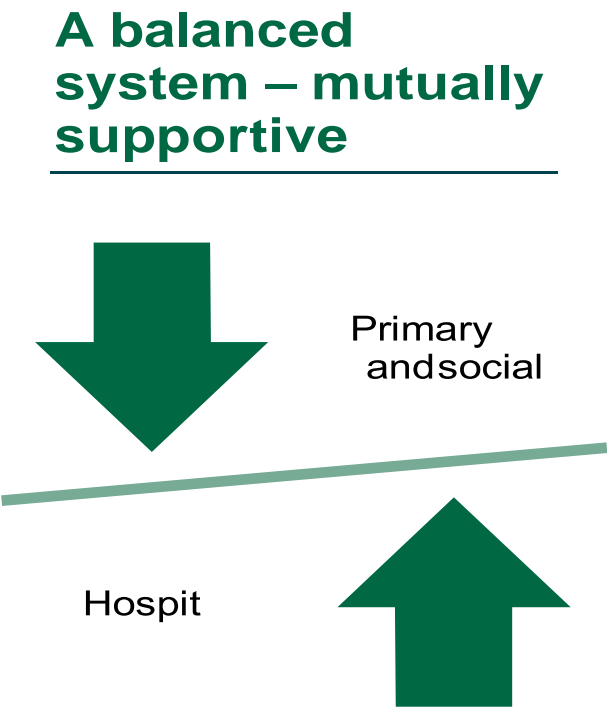
Following a review of the existing **PPE support** arrangements, it has been confirmed that the PPE Hubs and PPE Support Centre, which provide free PPE to providers across the sector where supply routes fail, and to unpaid carers who are unable to access PPE through their normal routes, will continue to operate until end March 2022. For care providers, payments for PPE over and above usual amounts as a result of the pandemic have also been extended to end March 2022 as part of the Financial Support for Adult Social Care Providers. These arrangements will continue to be monitored by the Adult Social Care PPE Steering Group, which consists of a range of stakeholders from the adult social care sector, NSS and the Scottish Government.

*Links to training, funding and guidance for social care workforce and unpaid carers*

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| <ul style="list-style-type: none"><li>• <a href="#">Staff wellbeing during a Pandemic and Beyond</a></li><li>• <a href="#">Psychological mental health &amp; wellbeing support</a></li><li>• <a href="#">Going home check list</a></li><li>• <a href="#">Questions to support staff during the day</a></li><li>• <a href="#">Guidance for support workers</a></li><li>• <a href="#">Unpaid Carers</a></li><li>• <a href="#">Protecting yourself and workplace environment</a></li><li>• <a href="#">PPE</a></li><li>• <a href="#">Coronavirus (COVID-19): clinical guidance for the management of clients accessing care at home, housing support and supported housing – gov.scot (www.gov.scot)</a></li></ul> | <ul style="list-style-type: none"><li>• <a href="#">Delegation</a></li><li>• <a href="#">Mental health improvement, and prevention of self-harm and suicide   Turas   Learn (nhs.scot)</a></li><li>• <a href="https://wellbeinghub.scot/">https://wellbeinghub.scot/</a></li><li>• <a href="https://learn.sssc.uk.com/careers/">https://learn.sssc.uk.com/careers/</a></li><li>• <a href="https://caretocare.scot/">https://caretocare.scot/</a></li><li>• <a href="https://www.myjobscotland.gov.uk/social-care">https://www.myjobscotland.gov.uk/social-care</a></li><li>• <a href="https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/">https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/</a></li></ul> |
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# Maintaining high quality integrated health and social care services across care settings

Maintaining good physical and mental health and wellbeing through the provision of high quality care services and a strong and well-functioning integrated system will ensure that people can be supported where clinically possible.



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

This funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Funding of £40 million for 2021/22, has also been provided to **enable patients currently in hospital to move into care homes and other community settings**, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control.

Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

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

We will also build on the **Home First** approach through the launch of an improvement programme (in collaboration with the Centre for Sustainable Delivery). The Discharge without Delay Programme will engage teams across the whole patient journey, aiming to ensure all delay is prevented where possible and placing a strong focus on discharge to assess.

This approach will ensure local teams engage patients and their unpaid carers from the point of admission in the planning and preparation of safe and timely discharge, ensuring that strengths can be properly identified, goals discussed and expectations properly managed. We will use a '**Planned Date of Discharge**' approach and link with the wider multi-disciplinary team across seven days. We will put systems and processes in place to protect time for planning and joint decision making and to ensure we do not inadvertently cause or contribute to delay. This will also allow us to improve our understanding of where pressures and blockages are in the system. We will promote discharge to assess for the ongoing assessment of care needs in a more homely setting, ensuring in-patient stays are only as long as is clinically and functionally essential. Funding of £40 Million has been allocated to make provision for moving patients currently in hospital into care homes on an interim basis.

An additional £2.6 million has been shared between ten health boards so they can continue to develop **Hospital at Home** services to avoid admissions to hospital and we will work with Health Improvement Scotland (HIS) colleagues to monitor the progress of this work.

**Day and Respite Services** continue to have an important role in supporting adults with additional support needs and their families. Guidance remains that these services can re-open, and decisions regarding the re-opening of services should be made at a local level. These services provide a number of essential functions such as enabling those who attend to reconnect with friends and networks. In doing so they provide vital support to allow unpaid carers to continue in their role.

For **primary and community health care** support, a National Healthcare Framework for Adults and Older People Living in Care Homes Working Group has been established, which will focus on: Prevention; Anticipation and Supported Self-Management; Early Intervention; Urgent and Emergency Care; and Palliative and End of Life Care. A priority for the winter will be to ensure that there are good communication channels between care homes and primary care and the Working Group is developing an engagement strategy which will be used to share information to enable good healthcare for people living in care homes. As HSCPs develop the breadth of professionals working within their extended MDTs (e.g. District nurses, Care Home Liaison Nurses, AHPs and advanced practitioners), it is important that care homes understand who to contact and how to access both planned and urgent healthcare.

Keeping **Anticipatory Care Plans** up to date with details of what matters most to the resident within the care home, and if possible with information on how the person within the care home would like to be cared for if there was a sudden serious deterioration in their health (e.g. following an infection not responding to oral antibiotics) remains important in ensuring that the right care is provided. There should be a clear mechanism for sharing this information through the *Key Information Summary*.

The **oral health** sector continues to remobilise, despite dentistry not yet being back to business as usual. The sector is currently delivering around 50% of pre-pandemic activity due to the risks associated with aerosol generating procedures and associated infection prevention and control requirements. Recently announced Scottish Government funding to provide drills which do not create the fine aerosols and also to support more sophisticated ventilation systems in practices, in addition to revised IPC guidelines for dentistry, will provide further capacity in the system. During winter 2021/22, dentists will continue to optimise provision of a full suite of GDS services within the capacity available, providing urgent and essential care according to clinical

priority. The Caring for Smiles Health Improvement Programme will consolidate its pre-pandemic support and Boards will continue to methodically re-engage with all their Care Homes to identify the backlog of care.



The community **eye care** sector has fully remobilised. Activity has returned to pre-pandemic levels and is available to all patients who require care. Practitioners who provide care in care homes and to patients in their own home are fully up to date with current protocols for isolation, the use of PPE and how to react to a COVID-19 outbreak within a care home, and will deliver services accordingly.

**Audiology** services are currently at around 80% of pre-covid levels of activity and that is set to increase following the recent changes to IPC guidance. A postal repair service will remain in place with turnaround times of 7 days, typically. Our plans to improve services will include training for care home staff and support from the third sector.

We continue to work closely with Boards around **community pathways**, including local Covid hub and assessment centre pathways. They have adapted to support local population needs and circumstances, and as we continue to respond to different phases in the pandemic, we have developed a number of supports including:

- a remote monitoring pathway to support people to self-manage Covid symptoms at home, helping to detect early signs of deterioration;
- support for GP practices to enable them to manage people with respiratory symptoms, including practice guidance around infection prevention and control measures;
- a national respiratory guidance document, which is currently out for consultation.

Scotland is already widely recognised for providing high-quality palliative and **end of life care**. The new Palliative and End of Life Care strategy recently announced in the Programme for Government will build upon and improve our services for palliative and end of life care by taking a whole system, public health approach. To support the development of the strategy, a new national clinical lead for palliative care will be appointed and engagement with key stakeholders and partners will continue throughout autumn/winter 2021-22.

The COVID-19 pandemic has had a significant effect on those in receipt of care, in addition to the social care workforce and unpaid carers. Our **Mental Health Transition and Recovery Plan** sets out our response to the mental health effects of the COVID-19 pandemic, containing over 100 actions which will continue into autumn/winter 2021-22, including:

- Working with local authorities to maintain community mental health and wellbeing services, with over 200 new services and supports having been established to date.
- Continuing to support the roll-out of Computerised Cognitive Behavioural Therapy – 16 CBT treatments are now available to all territorial Health Boards.
- Rolling out our Distress Brief Intervention (DBI) programme on a national basis (via its NHS24 pathway), with over 3,200 people having already benefited from support.
- Continuing to support the Clear Your Head campaign across radio, digital and TV, offering tips for people to look after their mental wellbeing.
- Supporting the expansion of the NHS 24 Mental Health Hub to be available to the public 24 hours a day, 7

days a week. Further measures to address wellbeing concerns within the social care workforce are discussed at pp 7-8.

*Links to training, funding and guidance in relation to maintaining high quality integrated services*

- [Keeping a record of care – 1](#)
- [Keeping a record of care – 2](#)
- [COVID-19: Advice for people at highest risk](#)
- [COVID-19 Highest Risk List Survey Report July 2021](#)
- [Practice in the community setting](#)
- [Mouth care](#)
- [Palliative and end of Life Care](#)
- [Mental Health & Wellbeing](#)
- [Death and Bereavement](#)
- <https://learn.sssc.uk.com/coronavirus/hospitaldischarge/index.html>
- <https://www.careinspectorate.com/images/documents/6292/Supporting%20better%20oral%20care%20in%20care%20homes%202021%20-%20final.pdf>

# Protecting those who use social care support from the direct impact of COVID-19 and other winter viruses

**Infection Prevention and Control** continues to be of paramount importance as we come to terms with the impact of the pandemic and apply lessons learned. It is also important to consider other infections that have outbreak potential within care homes.

Respiratory infections such as influenza and RSV, and gastro intestinal infections such as Norovirus and C.diff, will all become more prevalent as physical distancing restrictions are eased.

In order to mitigate against these risks there will be continued support at NHS board level for IPC in care homes. The launch of a new national [IPC manual for care homes in May 2021](#) and implementation supported by a series of webinars delivered with partners:

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), the Care Inspectorate, Health Care Improvement Scotland (HIS) and Health Facilities Scotland over the summer months should support the consistent application of standard infection control precautions (SICPs). The Care Inspectorate will be inspecting against the manual and this will provide assurance at national level.

Providers and visiting health and social care professionals should continue to follow the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum. Providers will be informed of any changes and updates to guidance.

The IPC sub group of the Clinical and Professional Advisory Group for adult social care continues to monitor progress against the [Outbreaks in care homes: root cause analysis review and action plan](#) that was produced last winter. As part of this, tools for local assurance of IPC are being developed with national agencies and sector partners represented on this group.

The *'Kind to Remind'* campaign developed as part of the COVID behavioural insights work will be adapted to be more health and social care specific to support best practice in relation to staff behaviours that might contribute to the spread of infection. The pandemic has highlighted a number of variations in the process for reporting of outbreaks and reporting systems across Scotland. CPAG has supported a proposal for a task and finish group to develop a standardised outbreak reporting process to be included in the national IPC manual for care homes and used across Scotland. IPC advice has also been updated for Care at Home, housing support and supported housing.

The primary objective of the **COVID-19 booster** programme is to maintain protection against severe COVID-19 disease, specifically hospitalisation and deaths, over winter 2021/22, and is aimed at maintaining protection in those most vulnerable, and to protect the NHS. The booster programme will run alongside our biggest ever flu vaccination programme. The booster dose can be offered any time at least 6 months after the second primary dose.

NHS Scotland are offering a booster dose to those most at risk first. For residents and staff in care homes for older people, local health boards are making arrangements with care homes to give flu and COVID-19 booster vaccines at the same time. Staff and residents will be vaccinated in the care home setting. If you are a member of staff working in a care home for older adults, you will likely be offered both vaccinations on site. You are able to book an appointment online if you were unable to be vaccinated onsite. Frontline Health and Social Care Workers are eligible for the COVID-19 booster, and a wider group of Health and Social Care Workers are eligible for flu vaccination. These can be booked via the [NHS Inform portal](#). Employers in all parts of the health and social care system will be supported to communicate with their staff groups around eligibility and encourage uptake.

For **flu-only vaccinations**, in previous years, employers circulated the offer of local clinics in their work locations and offered workplace-based peer to peer vaccination programmes. While this type of workplace clinic will continue to be offered by some Health Boards this year, social care staff delivering direct care and support will also be able to use the online self-registration portal to register and self-declare that they meet the criteria for vaccination and book a time and venue closer to home or work that suits their individual needs. The NHS helpline will also be available for those who prefer to speak to someone by phone, and NHS Health Boards have flexibility to put in place a model of delivery which suits local planning and delivery.

Unpaid carers aged 16+ are also eligible for the COVID-19 booster vaccine. All unpaid carers and young carers are eligible for the free flu vaccine. Young carers in primary and secondary schools will be offered the flu vaccine as part of the schools programme. Those aged 70 or over will be contacted by their local NHS health board with details about their appointment. Information about how to arrange your flu vaccination for all other eligible individuals will be available soon. We want to ensure that all unpaid and young carers know they are eligible for the free flu vaccine. Some carers will be contacted directly to encourage them to book and there will also be a public marketing campaign to raise awareness and encourage people to come forward.

**Testing to Protect** against COVID-19 for those most vulnerable to severe harm, through routine asymptomatic testing, remains a priority. Routine weekly PCR testing and twice weekly LFD testing continues to be available for all care home staff in Scotland. Testing has now expanded to include residents entering or returning to a care home, all professionals entering a care home, and family visitors. Social care testing has also been extended to include care at home, sheltered housing, and a large number of community based services through a blend of LFD and PCR testing. Social care testing will continue to operate until at least the end of December 2021.

We continue to provide information, advice and support to enable and empower **people at highest risk from COVID-19** to make decisions about managing their own risks and circumstances and responding to population advice, as well as recovering and

re-connecting with daily life and activities. Local authorities continue to provide local advice and support where needed. The Scottish Government is continuing to fund the National Assistance Helpline (NAH) until the end of 2021, which connects people, especially those at highest risk, to their local authority to provide local advice and support where needed. This includes access to food and medicine, as well as practical and emotional support. We continue to liaise with Regional Resilience Partnerships on demand and capacity for local support for those at highest risk from COVID-19. Last year, we gave those on the highest risk

(shielding) list an opportunity to receive a free, 4 month supply of Vitamin D over the winter months. We have not asked people on the highest risk list to stay indoors this year, whereby they may have had less exposure to the sun. Our policy remains that everyone should consider taking a daily 10 microgram supplement of vitamin D to protect bone and muscle health, particularly during the autumn and winter months. Further action to raise awareness of current vitamin D advice, particularly amongst at-risk groups, is being considered and kept under regular review.

Across Scotland care home staff have worked incredibly hard to implement the principles of Open with Care **visiting** guidance, to support people who live in care homes to connect with their loved ones within and outwith the home. We will build on this progress and work with partners, including the Care Inspectorate and local oversight teams, to ensure that care homes continue to be supported to normalise visiting opportunities for people. Recognising the success of the vaccination programme, and with the range of other protective measures in place, a named visitor can visit during controlled outbreaks unless there are exceptional circumstances. The principle of allowing limited visiting in a managed COVID-19 outbreak situation takes account of the fact that social contact (with a family member, friend or representative) is essential to a resident's health, wellbeing and quality of life.

Throughout the pandemic, our overriding priority in care homes has been to safeguard and protect staff and residents from infection – but at times, that meant that residents were cut off from their loved ones, causing anguish for many. As outlined within the Fairer, Greener Scotland: Programme for Government 2021-22 published on 7 September, we will strengthen residents' rights in adult residential settings and bring in 'Anne's Law' – giving nominated relatives or friends the same access rights to care homes as staff while following stringent infection control procedures.

Our efforts to protect people from the virus and the **rights** of those we are seeking to protect are equally important and individual rights, wishes and preferences should be foremost in decision making. Access to advocacy services is available to help individuals express views, including support to communicate their decisions, wishes and concerns. A wide range of legislation is in place to protect, support and provide care to vulnerable adults, including the Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000. Both Acts are underpinned by the principles of actions or decisions being of benefit to the individual, and furthermore be the least restrictive option. In addition, both Acts highlight the importance of taking into account the views of those with a close interest in the welfare of the individual, such as families, guardians and those with Power of Attorney. To increase awareness of the duties of an attorney we will be updating the Codes of Practice for Continuing and Welfare Attorneys. Support is delivered and assessed consistent with the rights-based Health and Care standards.

*Links to training, funding and guidance for protecting those who use social care support*

- [Infection prevention & control](#)
- [Preventing infection in care](#)
- [Scottish Infection Prevention & Control Education Pathway – Foundation](#)
- [Testing](#)
- [Coronavirus \(COVID-19\): social care testing – gov.scot\(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): getting tested in Scotland – gov.scot\(www.gov.scot\)](#)
- [Presentation of infections in the older person](#)
- [Open with Care – supporting meaningful contact in care homes: guidance – gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): named visitor during outbreaks –letter and guidance for care home sector – gov.scot \(www.gov.scot\)](#)
- [Covid-19 advice note v14 28 Aug 2020.pdf \(mwcscot.org.uk\)](#)
- [Covid-19 vaccine](#)
- [Vaccination Programme](#)
- [Seasonal Flu vaccine](#)
- [Vaccinations for health and social care workers | NHS inform](#)



# Working in partnership across health and social care organisations and unpaid carers

The strategic priorities set out in this Plan will be **reviewed and monitored** on a regular basis. Stakeholders from across the adult social care sector will continue to review, monitor and support implementation of the Plan through the Pandemic

Response Adult Social Care Group (PRASCG). A System Response Group (SRG) has also been established, comprised of strategic leaders from across the Health and Social Care system, to provide strategic oversight of pressures across the system and to consider collective response and action at a national level.

The Social Care GOLD group continues to meets twice weekly to assess system pressures and address emerging issues. It is chaired by Scottish Government and has representation from across local government, IJBs, and wider delivery partners.

The Clinical and Professional Advisory Group for Adult Social Care (CPAG) will continue to provide clinical and professional advice and guidance to support the social care sector during the pandemic. Our response to COVID-19 has benefited from dynamic and collaborative expert professional advice across social care. As we emerge from the pandemic, in addition to continuing to provide COVID support, CPAG's role will expand to provide a multidisciplinary perspective and voice in a range of social care reforms including the establishment of a National Care Service.



**Multi-disciplinary teams (MDTs)** within health and social care will continue to play a critical role in keeping people well and independent and delivering the right care at home or in the community to prevent unnecessary hospital admission through accessing a range of health, social care and other community services. MDTs are made up of a range of professionals from across healthcare services, social work and social care. The aim of the healthcare framework for care homes is to enable a more nationally consistent approach to MDT working, recognising differences in local context.

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

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

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

**Assurance and support** to care homes to ensure the safety and wellbeing of residents will remain a high priority as the pandemic continues. The Care Inspectorate will continue to work collaboratively with services, member organisations and national stakeholders to support and drive quality improvement through:

- timely correspondence from the Care Inspectorate chief executive to care homes highlighting the key themes and trends from inspections and good practice noted;
- timely information presented to CPAG;
- the development of a series of COVID-19 winter webinars to support the care sector; and
- strategic development work with stakeholders such as Scottish Care.

The Scottish Government will continue to support the Care Inspectorate's assurance and improvement activity during the winter months, including examining further ways to share good practice and information within the care sector. We will also continue to assess the progress with the recommendations made in the root cause analysis report and continue to learn through reflecting on progress and importantly hearing from those in the sector.

The **Turas Care Management – Safety Huddle Tool** was developed as part of the response to the COVID-19 pandemic. The tool has made available, for the first time, a standardised data set on each adult care home in Scotland. One year on since the launch of the huddle tool, with response rates remaining high, we recognise the ongoing commitment of providers and local partnerships to the tool. The huddle tool continues to provide – in one place – key data and information to allow for early warning, escalation and timely intervention. The need for consistent and timely data has not gone away, and for that reason, making sure the huddle tool is being proactively used by all local partners to record, analyse and act upon information must continue to be a priority. The tool will be an important resource throughout the autumn/winter period for providers and as part of the enhanced clinical and professional oversight arrangements that remain in place. The Scottish Government will continue to provide support and training on the use of the tool as well as working with the sector to develop it further, and work with wider stakeholders to reduce the burden of data capture as much as possible.

A refreshed **Digital Health and Care Strategy** will set out the strategic approach to support digital in social care. As part of winterplanning we will also:

- Continue to provide connectivity support and data packages for devices for a further year and we will extend the digital training and leadership package available to residents and professionals.
- Continue to roll out Near Me video consulting into our care homes and wider social care, facilitating Near Me social work reviews, duty social work and out of hours early adopters as appropriate.
- Support telecare providers with new guidance to support contingency planning for telecare services over the winter period. This will include supporting proactive telecare, remote working where appropriate and contingency when adverse weather or the pandemic are disrupting installation and responder services.
- Work with Alzheimer Scotland to increase uptake of the Purple Alert app for people with dementia if they are missing. We will also consider further innovative approaches to lifestyle monitoring that will support enhanced wellbeing from home.
- Continue to implement the Care Home Assessment Tool (CHAT) to support assessment and decision making.

*Links to training, funding and guidance for working in partnership*

- [A resource for team leaders in health and care settings.](#)
- <https://www.gov.scot/collections/adults-with-incapacity-forms-and-guidance/>
- [Delivering social care in a changing climate \(climatexchange.org.uk\)](#)
- [Dementia, mobility, respiratory & breathlessness, mental health and communication](#)
- <https://lms.learn.sssc.uk.com/>
- <https://www.badges.sssc.uk.com/>
- <https://learn.sssc.uk.com/cyber/s>





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# Supporting Unpaid Carers in Fife – Statement of Intent

## Introduction

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The Integrated Joint Board of Fife Health & Social Care Partnership is pleased to publish this statement of intent supporting unpaid carers.

Carers play a pivotal role in our society and through their generous energy and never-ending efforts Fife's civic society remains strong and healthy. We are indebted to the 35,000+ unpaid carers in Fife whose numbers are increasing every year, plus the many unpaid carers who may not identify with such a role.

We are delighted to confirm that it is our intention to at least maintain the current levels of financial and resources investment to support unpaid carers and, as and when additional funding for unpaid carers support becomes available, we commit to ensuring 100% of that new money is used to enhance and expand the current support opportunities that are available across the kingdom.

This statement contributes to our overall view and approach to supporting unpaid carers. It marks our commitment to them in a similar way as expressed in the Scottish Government and COSLA joint statement of intent on the Independent Review of Adult Social Care which specifically said agreement had been reached to deliver to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

During the process of developing this statement we had due regard to the consultation about the National Care Service. Within this context, our intent is to ensure our focus is on prevention of crisis for carers who do not meet the local eligibility criteria for bespoke support. It is our intent to continue to support all carers through a wide range of universally available services, free at the point of access, and where possible increase the scale and scope of our investment to ensure all carers avoid reach breaking point.

Finally, this statement of intent will form the basis of the vision for the next edition of our Carers Strategy for Fife which is due to be developed in 2021/22 for the next three-year period.

## Investing in Carer Support

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Since the introduction of the Carers (Scotland) Act 2018 Fife Health & Social Care Partnership has made significant improvements in support for unpaid carers. During this time, we have received £Xm in new monies from Scottish Government to invest in new services and expand existing support for unpaid carers. During this time, we have spent £Xm of which £Xm was investment in new supports for unpaid carers.

Examples of how we have invested in building capacity to support unpaid carers since the commencement of the Act in 2018 are noted in appendix A.

It is the intention of the Board of Fife Health & Social Care Partnership that 100% of new money will be used to invest in new or expanded support for unpaid carers, in line with the

policy expectation as noted by the former Cabinet Secretary for Health & Sport in her letter to Chief Officers of March 2021.

As well as an assessment of needs for support, our approach to commissioning focuses on helping all carers who need one to take a break from their caring role. The types and styles of breaks will vary, and our intent is to create and support a wide range of short breaks opportunities ranging from micro-breaks (regular 1 – 2 hours) to longer breaks, based on carer needs. This intent will particularly support the hybrid approach of a right to breaks from caring as proposed in the National Care Service consultation.

Finally, with regard to young carers, we recognise that most young carers continue in their caring role as they transition to become an adult. With this in mind it is our intent to create a single carers strategy for Fife which supports any and all carers regardless of their age. Many, if not most, of the support services we have so far commissioned are age-blind and available to any carer, young or adult. This intention underpins Scottish Government view that the provision of support for children is inextricably linked related to the provision of services for adults. The intent also supports the whole family view to accessing support for carers. Our intention is to mainstream the best support possible for young carers as they transition to adulthood, avoiding the potential of cliff-edge support being removed simply by virtue of becoming a day older at the age of 18. In so doing we will create a seamless human-rights based approach to support for unpaid carers (and therefore also for their families) as the carer gets older.

## Statement of support for the Carers Act Implementation Plan

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The Carers Strategy for Fife 2018 – 2021 was agreed by the Board in June 2018. In the introduction to that strategy our then Chair of the Board and Director of the Partnership, on behalf of the organisation, both signed up to welcome the Carers (Scotland) Act 2016. In that introduction they made a clear commitment to “...*make new investments to ensure the things that carers have said matter most to them are improved, such as the easy access to information, access to support and enabling carers to be more involved in care planning for the people they care for before they are discharged from hospital.*”

The strategy outlines our commitment to supporting carers and advanced a mission statement that says:

*“Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role”.*

Today we are pleased to reiterate our commitment of support to the principles outlined in the previous Carers Act Implementation Plan which we feel we have delivered on through strong leadership and robust action. As and when this implementation plan is refreshed, we will take the appropriate steps to ensure we maintain the expectations of the plan, as a minimum, and where possible exceed these expectations to provide carers in Fife with the best possible chances of thriving in their caring role with our help.

Further, we commit to continuing to take concrete action to ensure improvements for carers’ welfare, well-being and support include investment in support, raising awareness, and developing our workforce to meet the continuing aspirations and needs of carers in Fife.

## **Statement of ongoing support in the Carers Leads Network and Carers Centre Manager Network**

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Fife Health & Social Care Partnership values the work of the Carers Leads Network convened by officers of the Scottish Government. We confirm our intention to maintain positive links and to share practice and learning to ensure carers across Scotland can benefit from joint working.

Additionally, we pledged to encourage our partners in Fife's strong but independent voluntary sector to participate both locally and nationally in appropriate forums.

We have a strong commitment to ensuring carers voices are recognised with active engagement and participation at all levels of the decision-making process. The Board includes representatives who specifically represent carers viewpoints, and other members who are also unpaid carers.

In addition to Board representation, we have invested in locality planning groups each of which includes carer representation, and these members are supported to come together periodically to share their perspective and develop their own networks of local carers thereby strengthening their collective voices.

During 2021/22 we will undertake a project to evaluate the impact of our commissioned carer support in advance of developing the new Carers Strategy for Fife. Organisations from who we recommissioned support for carers will be asked to make a positive commitment to a new local carers organisational network where close partnership working will be strongly encouraged. We believe this will strengthen the overall approach to supporting carers and ensure collectively we take a wholistic view of carers' needs for support and provide best value for the public purse.

## **Review of Carers Strategy**

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The Carers Strategy for Fife is due to be refreshed in 2021/22. This timely review will provide us with the opportunity to ensure that we incorporate as appropriate the recommendations of the Independent Review of Adult Social Care. We have reflected on the questions and statements posed in the National Care Service consultation paper when preparing this Statement of Intent.

Since the independent review was published, we have taken the opportunity to conduct a desktop review of the recommendations which relate to carers support. We believe we are already in compliance with the recommendations but welcome the chance to review this more fully and formally when the carers' strategy review takes place.

Carer engagement will again play a significant part in the process of refreshing the strategy. It will also give us the opportunity to canvas carers' strength of support for the recommendations as regard to carers, that are included in the Independent Review of Adult Social Care. We commit to ensuring these recommendations are fully considered as part of the local carers' strategies' review process.

## Declaration of agreement

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In developing this statement of intent, it has been reviewed and endorsed by the local Carers Strategy Groups for both adult carers and young carers and has been shared with commissioned partner organisations to ensure they agree with the broad intentions.

The statement was presented to the partnership Board for their consideration and agreement after receiving endorsement from the senior leadership team.

Statement to be signed by:

- IJB Chair
- Director of HSCP
- Carers Rep.

## **Appendix A - Examples of new investments made by Fife Health & Social Care Partnership to support unpaid carers since the commencement of the Carers (Scotland) Act came into effect.**

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### **2018**

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- A new general advocacy support for unpaid carers through voluntary sector partners. This shared service supported both adult carers as well as young carers through a partnership between Fife Carers Centre and Fife Young Carers.
- Investment to confirm the continuation of the successful Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy as a mainstream service, provided in partnership with Fife Carers Centre.

### **2019**

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- The introduction of new locality support worker through Fife Carers Centre to deliver a more focused and easy-to-access general support service in each local in Fife.
- A new Income Maximisation Support specifically for unpaid carers introduced in 2019. This service is provided by Citizen's Advice & Rights Fife.
- Additional investment to expand the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme at Queen Margaret Hospital in Dunfermline, delivered through Fife Carers Centre.
- Introduction of a new befriending support service for young carers in a partnership between Fife Young Carers and LEAD Scotland.
- Commissioned Fife Voluntary Action to create and support a carers representative group to increase the voice and views from carers to aid policy and strategy development and provide the IJB member with their own constituency of views for improved participation.
- Purchased access to the Carers Scotland Digital Resource for carers in Fife.

### **2020**

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- Doubled the investment in general advocacy support for unpaid carers to include dedicated support for adult carers and separately for young carers.
- Matched the existing funding from dementia resources to double the specialist support available to carers of people living with dementia. Provided by Fife Carers Centre.
- Since 2020 we have matched the Scottish Government funding to support the Creative Breaks scheme which in Fife is administered through Fife Voluntary Action.
- Replacing expired funding from 2020 to help young carers access a short break from their caring role in the form of the Time for Me funding (similar to Creative Breaks) also administered through Fife Voluntary Action.
- Commissioned specialist support for carers affected by mental health either through caring for someone with mental ill-health or helping the carer to maintain their own mental health. Service delivered through a partnership with Fife Carers Centre and Support in Mind Scotland.

- Invested in a new support service for carers affected by sensory impairment either as a carer or as someone who themselves has sensory loss. Delivered through a specialist in sensory loss, DeafBlind Scotland.
- Creation of a Participation & Engagement Team to support greater involvement of carers, and others, in shaping policy and influencing strategy direction for the partnership including leading the engagement activities for the refresh of the carers strategies.
- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme across the community hospitals in Fife, including Stratheden Hospital, delivered through Fife Carers Centre.
- A further additional investment to double the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- In 2021 a specialist advocacy support service to help unpaid carers secure a Power of Attorney or Guardianship to give them greater control of their caring role. This service is delivered by Circle Advocacy.
- Provide funding to develop capacity building initiatives for voluntary sector partners in Fife and ensure all partners are linked. Support provided by Fife Carers Centre to other commissioned carer organisations.
- Match funding for Fife Carers Centre to provide a specialist support to carers of people with neurological conditions, matching external resources they had secured.

## 2021

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- Provision of a dedicated budget and workforce resources to support better access to Self-Directed Support options for unpaid carers who meet local eligibility criteria but whose needs for support cannot be met from universal support.
- Introduction of a Carers Community Chest where carers in each locality will request funding to develop new or enhance existing community led support for unpaid carers. Each locality will benefit from up to five projects in their locality with each awarded up to £10,000 each to deliver improved capacity to support unpaid carers.
- Fife Young Carers have been commissioned to double the scale of their service supporting unpaid young carers in schools through increased capacity in the school education team.
- Fife Young Carers will support young carers in the process of transitioning to adulthood as a carer through a commission to increase capacity.
- Fife Young Carers will deliver a new project to support young carers and their families through a family intervention support project. This will create opportunities to take a whole family holistic approach to support, future planning and crisis avoidance.

## Appendix 3 – Part 1 – Fife HSCP – Recruitment & Retention

### Fife, HSCP – Survey Monkey Results: Recruitment and Retention

#### Headline Data:

- 16 Response in total. The target audience was 20 Independent Care Providers

Those responding are indicated below in the client range that they provide support to and also if they provide for Care at Home and Housing Support.

The vast majority of Providers, over 80% provide direct care to Older People, with almost 1/3 of Providers being Registered with the Care Inspectorate to provide both Care at Home and Housing Support Services combined.

Care at Home – Older People	81.25%
	13
Care at Home – Learning Disabilities	25.00%
	4
Care at Home – Mental Health	25.00%
	4
Care at Home – Substance Misuse	6.25%
	1
Care at Home with Housing Support Combined	31.25%
	5

#### Locality Based Care

There is a wide spread of provision, with almost 50% of those responding Providing care outside of the Urban centres of Glenrothes, Kirkcaldy and Dunfermline. Glenrothes has the greatest availability of Care Providers with nearly 70% of Care at Providers responding working within this locality area.

ANSWER CHOICES	RESPONSES
North East Fife	43.75%
	7
Levenmouth	43.75%
	7
Cowdenbeath	43.75%
	7
Glenrothes	68.75%
	11
Kirkcaldy	56.25%
	9



ANSWER CHOICES	RESPONSES
Dunfermline	62.50% 10
South West Fife	43.75% 7

Do you find recruiting and retaining staff problematic?

**Some 94% of Providers responded stating that they had challenges in recruiting staff. The issue of retention is mixed in opinion and would benefit from further analysis.**

**100% of Providers – provided a comment on the impacts.**

**A range of these comments are reflected below:**

Very hard to attract and retain in the area

7/20/2021 5:30 PM

Retaining has not been an issue. Recruiting for more staff is the issue

7/20/2021 12:03 PM

Staff move for pennies a difference in hourly rate We cannot compete with the local authority on the terms and conditions they offer. We are in the process of losing a staff member to them as the terms and conditions of employment are better than we can offer

7/19/2021 12:09 PM

Recruiting and having them on board. Is hard to get genuine candidates as most of them come in to fulfil job centre requirements I think. As soon as you offer them the job they will never start. Retention is a problem as well, once they have started they leave making it difficult to cover the rotas

7/19/2021 10:25 AM

The number of people applying, and out of those who do apply, most dont reply to any communication.

7/15/2021 11:20 AM

Challenges to retain drivers due to mileage and long travel, especially if some clients take longer than planned on irregular basis.

7/14/2021 9:05 PM

getting people to attend interviews

7/14/2021 3:25 PM

People agreeing to attend interviews and on the day they are a no show. Requesting specifics i.e. driving essential and having people apply who can't drive. A lot of applications who are clearly ticking a box to keep the benefits agency happy

7/14/2021 2:57 PM

Wages, very competitive market

7/14/2021 2:14 PM

what we are able to pay, what the role now expects from workers

7/14/2021 2:12 PM

Lack of applicants, people not turning up for an interview despite them booking their own appointments

7/8/2021 11:22 AM

Recruitment: Lack of applications for advertised vacancies. Too much competition also therefore when people do apply they have so many choices that the slightest enhancement from one company to the next i.e. hourly rate, contract terms, mileage etc causes them to accept other offers. Retention: Stress, over worked due to us being overstretched and struggling to cover our hours, better terms as above from other companies then causes them to move elsewhere or more recently, even leave care sector.

7/7/2021 11:03 AM

Wants higher pay and most of them they are non drivers

7/6/2021 2:45 PM

Competition from other providers. Pay rates between each provider varies. Lack of interest in Fife area.

7/6/2021 9:42 AM

Terms and conditions, contracts, rates of pay and competitors

7/6/2021 9:23 AM

Very little interest in job ads . . . Young people apply who can't drive. Driving and use of own car is a barrier for many

7/6/2021 9:19 AM

**As highlighted below nearly, 94% of employers are finding the recruitment of frontline care staff to be the greatest challenge with almost 1 in 5 Employers having difficulty in recruiting to Managerial posts. 100% of those responding claimed that out of the workforce groups most difficult to retain that these were frontline care posts, but the impact of retention requires further examination.**

ANSWER CHOICES	RESPONSES
Care at Home Service Manager	6.25% 1
Care at Home Manager	18.75% 3
Care at Home Supervisor	12.50% 2
Care Coordinator/Administrator	6.25% 1
Care at Home, Care Staff	93.75% 15

How often do you recruit? (Please select)

**As demonstrated below, more than 60% of employers who responded are recruiting on a weekly basis and others as often as required with one employer responding to say that they have a continuous recruitment process.**

ANSWER CHOICES	RESPONSES
Weekly	62.50% 10
Monthly	6.25% 1
Quarterly	6.25% 1
Twice a year	6.25% 1
Once a year	0.00% 0
Other (please provide details)	18.75% 3
TOTAL	16

Where do you advertise for staff?: (Please tick all that are relevant)

**Over 60% of employers promote recruitment through word of mouth, 75% by the use of social media and the highest level of advertisement through the medium of Indeed Jobs, where 94% of those responding advertised posts. There were also 75% of employers responded by saying that they used their company website as a source of recruiting for staff. Some comments from Employers also indicated the use of S1 Radio, with only one respondent using the Job Centre.**

ANSWER CHOICES	RESPONSES
Word of mouth	62.50% 10
Social Media	75.00% 12
Indeed Jobs	93.75% 15
Total Jobs	18.75% 3
Company website	75.00% 12

What recruitment routes are working well?

**As demonstrated below in responses from employers, no recruitment routes are currently effective. Those responding highlighted that they are having some benefit from using Indeed, Social Media and Word of Mouth, but overall no reliable approach identified.**

none

7/20/2021 5:30 PM

NONE

7/20/2021 12:03 PM

We are paying quite a lot of money to boost posts through social media and indeed and neither is having much success. We have paid for a PR person to help to attract staff

7/19/2021 12:09 PM

By word of mouth and at times through indeed

7/19/2021 10:25 AM

none at this time

7/15/2021 11:20 AM

Total jobs seemed to be most reliable.

7/14/2021 9:05 PM

indeed

7/14/2021 3:25 PM

the majority come from Indeed

7/14/2021 2:57 PM

Having a recruitment business partner for the area within my organisation

7/14/2021 2:14 PM

none

7/14/2021 2:12 PM

Its not working well at the moment since a decision was taken to stop using My Job Scotland

7/8/2021 11:22 AM

Word of mouth seems to be our most popular. Indeed is a hot or a miss as is social media.

7/7/2021 11:03 AM

None

7/6/2021 2:45 PM

Social Media works well for us.

7/6/2021 9:42 AM

Social media/facebook

7/6/2021 9:23 AM

None

7/6/2021 9:19 AM

How do you interview staff, Open-Days, by Zoom/Teams, face to face, other?

**As indicated by the responses below, the vast majority of employers continue to use “face to face” interview methods. Two employers responded saying that they use open recruitment days and some held by zoom or by telephone**

Recruitment Days, Office

7/20/2021 5:30 PM

Preferably face to face but other options offered

7/20/2021 12:03 PM

Face to face

7/19/2021 12:09 PM

Zoom/Teams

7/19/2021 10:25 AM

Face to face if we ever get that far

7/15/2021 11:20 AM

face to face

7/14/2021 9:05 PM

face to face

7/14/2021 3:25 PM

Face to face

7/14/2021 2:57 PM

Zoom meetings and meet and greet with PWS

7/14/2021 2:14 PM

open days when able, meet people we support, one to one, face to face, video anything at all we will try

7/14/2021 2:12 PM

Teams only

7/8/2021 11:22 AM

Telephone and face to face interviews.

7/7/2021 11:03 AM

Face to face

7/6/2021 2:45 PM

Interviews can be done in any way the candidate would like, face to face, via google meet etc

7/6/2021 9:42 AM

Telephone, face to face

7/6/2021 9:23 AM

Face to face

7/6/2021 9:19 AM

To give us an idea of the number of applicants who do not attend for interview – can you let us know on average, how many of those invited to interview do not attend and the reason for non-attendance?

**As captured in the responses from employers noted below, the levels of non-attendance at interview is of critical concern. As low as 30-40% of employers reporting that those booked to attend interview do not show or provide reasons, with over 1/3 of responses reporting that some 80-90% of those booked to attend interview do not attend. For those who provide reasons for non-attendance a number of responses indicate that a better offer has been received prior to attendance, preferred working hours and not requiring weekend working or that child-care is a barrier to attendance.**

80%

7/20/2021 5:30 PM

We have been given no reasons

7/20/2021 12:03 PM

75%-80% do not attend for interview and we are very rarely informed that they are not attending as a result we cannot ascertain the reasons for non-attendance

7/19/2021 12:09 PM

8 out of 10. No reason, just no show

7/19/2021 10:25 AM

90% and most give no reason

7/15/2021 11:20 AM

2 out of 3 no show or continues to reschedule

7/14/2021 9:05 PM

60%

7/14/2021 3:25 PM

Last recruitment drive we invited 18 to interview and 5 attended, no reasons given for non attendance

7/14/2021 2:57 PM

3 - 4 per post

7/14/2021 2:14 PM

around 30% no idea non attendance reasons as they do not attend and do not engage with us

7/14/2021 2:12 PM

2 or 3 out of every 10 approx

7/8/2021 11:22 AM

Over half of interviews booked are either no shows or cancelled in advance. For the ones that do cancel mainly it is due to being offered another post, better hours, contract etc. A lot of failed interviews are no shows so no reason available other than assumptions that they are ticking boxes for benefits, applying for multiple jobs and accepted another offer.

7/7/2021 11:03 AM

About 3 to 4 reason: I'm not well, can't find child care , got another job, or most of them no communication all.

7/6/2021 2:45 PM

80% of applicants invited do not attend. No reasons given, do not answer the phone or able to contact them to find out reason.

7/6/2021 9:42 AM

50% of interviews do not show up and the reasons are: 1. Better offer from another employer 2. Another role not involving weekend work 3. Better offer and better contract 4. Competitors

7/6/2021 9:23 AM

Difficult to say

7/6/2021 9:19 AM

From the number invited to interview, approximately how many do you recruit?

**As captured in the responses from employers below, up to around 50% of applicants attending interview are successfully recruited. As the upper end, there are a small number of responses saying that 60-80% of all attending interview are successfully recruited to the lower end of successful recruiting indicating that 10-30% of attendees are successful.**

50%

7/20/2021 5:30 PM

3

7/20/2021 12:03 PM

50% approximately

7/19/2021 12:09 PM

At times zero. This varies at times 5 but none will start

7/19/2021 10:25 AM

0-1

7/15/2021 11:20 AM

4 out of 5

7/14/2021 9:05 PM

80%

7/14/2021 3:25 PM

3 out of 5

7/14/2021 2:57 PM

3

7/14/2021 2:14 PM

around 60%

7/14/2021 2:12 PM

all as we dont get enough

7/8/2021 11:22 AM

30%

7/7/2021 11:03 AM

one

7/6/2021 2:45 PM

from 10, we have had 2 roughly

7/6/2021 9:42 AM

1 in 3

7/6/2021 9:23 AM

Difficult to say

7/6/2021 9:19 AM

To help us understand how long staff remain with you – are you able to tell us in the past 12 months?

**The issue of retention of new starts over the past 12 months does not appear to have been an impact upon employers in the ways that the shortfall of recruitment needs were. One of the anecdotal responses from those taking part in the survey was their challenging starting point. Even before the Pandemic, local employers were reporting acute challenges with recruitment shortfall and demand on their services. The survey has not taken account of natural turnover, leading to retirement as a factor of retention interests and would require to be examined in context. As evidenced before, newly recruited staff have across almost all employers remained in post during most of the Pandemic period. It would further appear from the next survey responses that employers have responded to this giving consideration to those who had met and served the induction period within their responses to retained staff.**

#### ANSWER CHOICES

#### RESPONSES

% Of staff still employed after a month

93.33%

14

% Of staff still employed after 3 months

93.33%

14

% Of staff still employed after 6 months

93.33%

14

% Of staff still employed after a year

100.00%

15

Some Providers raised concerns of staff not continuing in employment post induction. To what extent does this impact upon your Organisation?



It was evidenced that 1/3 of employers responding identified that there was low impact of staff not being retained post induction with 2/3 of all employers to saying that this has some impact to considerable impact. As noted within the response comments, for a small number of employers this was not presenting a concern. However, further analysis of retention, post induction/probation would benefit from looking at almost half of those responding who indicated a concern of some 25-90% concern of employees not remaining in post.

ANSWER CHOICES	RESPONSES
Minimum occurrence	33.33% 5
To some extent	33.33% 5
Considerable extent	33.33% 5
TOTAL	15

20%

7/20/2021 5:30 PM

N/A

7/20/2021 12:03 PM

50%

7/19/2021 12:09 PM

90%

7/19/2021 10:25 AM

Especially last year; 50%

7/14/2021 9:05 PM

0

7/14/2021 2:57 PM

0

7/14/2021 2:14 PM

approx 70%

7/14/2021 2:12 PM

10

7/7/2021 11:03 AM

50

7/6/2021 9:42 AM

25-30%

7/6/2021 9:23 AM

What contracts do you offer frontline employees? (All as appropriate)

As evidenced with employers responses below there was a mixed picture of contracting arrangements in place. That said, there were some almost 2/3 of employers who were responding saying that they provided permanent, fixed hour contracts to employees. That said, there were over 1/3 of employers responding that zero-hour contracts were issued to employees. Almost 50% of employers responding evidenced that permanent contracts with no fixed hours featured in contracting and that flexible contracts with variable hours were also were a feature of 50% of respondents. To fully understand the implications of this on capacity, vacancies and availability of workforce, further analysis requires to take place. In part, the section that considers working hours and that of vacancy hours, starts to shine a light on the overall picture.

ANSWER CHOICES	RESPONSES
Permanent (Fixed hours)	62.50% 10
Temporary (Fixed hours)	6.25% 1
Permanent (no fixed hours)	43.75% 7
Temporary (variable hours)	6.25% 1
Zero Hour Contracts (no fixed hours)	37.50% 6
Flexible contracts (variable hours)	50.00% 8
Other (s)	6.25% 1

How many hours do your frontline workforce average per working week? (Please enter the % of staff working the number of hours worked per week)

The % figures below indicate the number of responses and not the % of those working the number of hours. It is imperative to consider the responses within the answer choices to identify the availability of workforce and their working hour commitment/availability. These are highlighted below.

More than 50% of those responding evidenced that their employees worked 35 hours+ per week with around 1/4 of respondents indicating that 70-100% of their employees worked 35 hours+ per week. Around 50% of those responding indicated that they had employees who worked approximately 40-80% of their working week between 20-35 hours.

It was evidenced that there were far fewer staff only available to work between 10-20 hours per week, at approximately 10-30% of employees on average, with a nominal number of staff employed to work less than 10 hours. The analysis of what this means in respect of employee number to capacity, demand and supply would benefit from further analysis

ANSWER CHOICES	RESPONSES
	86.67%
35 hours +	13
	80.00%
20-35 hours	12
	80.00%
10-20 hours	12
	60.00%
Less than 10 hours	9

### 35 Hours+ per week

0%

7/20/2021 5:30 PM

98%

7/20/2021 12:03 PM

13%

7/19/2021 12:09 PM

50%

7/19/2021 10:25 AM

2%

7/15/2021 11:20 AM

50%

7/14/2021 9:05 PM

40+%

7/14/2021 3:25 PM

3%

7/14/2021 2:14 PM

70%

7/14/2021 2:12 PM

51.51%

7/7/2021 11:03 AM

62.5%

7/6/2021 9:42 AM

30%

7/6/2021 9:23 AM

100%

7/6/2021 9:19 AM

### **20-35 hours per week**

40%

7/20/2021 5:30 PM

10%

7/19/2021 12:09 PM

40%

7/19/2021 10:25 AM

2%

7/15/2021 11:20 AM

30%

7/14/2021 9:05 PM

80%

7/14/2021 2:57 PM

22%

7/14/2021 2:14 PM

25%

7/14/2021 2:12 PM

we have moved to offer only 35hr contracts

7/8/2021 11:22 AM

41.94%

7/7/2021 11:03 AM

12.5%

7/6/2021 9:42 AM

50%

7/6/2021 9:23 AM

### **10-20 hours per week**

45%

7/20/2021 5:30 PM

2%

7/20/2021 12:03 PM

10%

7/19/2021 12:09 PM

9%

7/19/2021 10:25 AM

1%

7/15/2021 11:20 AM

20%

7/14/2021 9:05 PM

20%

7/14/2021 2:57 PM

10%

7/14/2021 2:14 PM

5%

7/14/2021 2:12 PM

3.23%

7/7/2021 11:03 AM

25%

7/6/2021 9:42 AM

15%

7/6/2021 9:23 AM

### **Less than 10 hours per week**

5%

7/20/2021 5:30 PM

Nil

7/20/2021 12:03 PM

11

7/19/2021 12:09 PM

1%

7/19/2021 10:25 AM

1

7/15/2021 11:20 AM

5

7/14/2021 2:14 PM

3.32

7/7/2021 11:03 AM

0

7/6/2021 9:42 AM

5%

7/6/2021 9:23 AM

What is your whole time equivalent of frontline workers and head count?

Employers responses below

Answer Responses	
Whole time equivalent	87.50% 14
Staff head count	93.75% 15

**There is greater analysis required to understand better the range of WTE staff to those identified in Head Count. For some, the indications are, that they are almost comparable in Head Count to the hours required of WTE, but difficult to identify in the Survey return. Work can be captured out of the Survey return directly with local providers.**

To what extent have sickness absence levels impacted on your ability to meet current delivery of care and support? (Please select)

Minimal impact	56.25% 9
Moderate impact	0.00% 0
Considerable impact	43.75% 7
TOTAL	16

**The response from employers was almost divided on this area with almost 60% of responses feeling there has been minimal impact to that of some near 40% having had significant impact upon service provision. Looking at some of the analysis and responses below, will give some wider appreciation.**

To what extent has COVID-19 (staff self-isolation) been a factor in staff sickness over the past 3 months? (Please select)

ANSWER CHOICES	RESPONSES
Minimal impact	56.25% 9
Moderate impact	25.00%

ANSWER CHOICES	RESPONSES
	4
Considerable impact	18.75% 3
TOTAL	16

**When considering Covid-19 impacts the responses from employers has remained constant with a slight decrease on the overall sickness absence of Covid-19 being identified as a contributable factor.**

To what extent has psychological well-being or trauma been a feature for reasons of sickness absence? (Please select)

ANSWER CHOICES	RESPONSES
Minimal impact	68.75% 11
Moderate impact	18.75% 3
Considerable impact	12.50% 2
TOTAL	16

**Nearly 70% of employers responding indicated that psychological well-being or trauma had had minimal impact upon their sickness absence reporting**

**Almost 20% had reported that it had had a moderate impact on sickness absence reporting and almost 10% of employer reporting that it had had considerable impact upon sickness absence reporting.**

**Work to identify the Organisations impacted to ensure support is offered will be actioned.**

Where sickness absence has been of moderate to considerable concern, what are any other main reasons given for absence? (Please tick)

ANSWER CHOICES	RESPONSES
Muscular/skeletal	31.25% 5

ANSWER CHOICES	RESPONSES
Cold/flu symptoms (non-covid)	25.00% 4
Occupational exhaustion, (covid related)	6.25% 1
Other reason (please list)	81.25% 13

**As captured in the responses above the common reasons given for reporting of sickness absence have been identified by employers. The moderate to considerable reasons were explained further by respondents in comments below. There are some covid themes identified relating to schools and child care, but low in evidence.**

Anxiety Depression Stress

7/20/2021 5:30 PM

Family deaths (Non covid) and car accident

7/20/2021 12:03 PM

The absence levels also increase when good weather is forecast

7/19/2021 12:09 PM

general sickness

7/19/2021 10:25 AM

Family reasons and personal circumstances.

7/14/2021 9:05 PM

dentist / car issues

7/14/2021 3:25 PM

N/A

7/14/2021 2:14 PM

mainly mental health now

7/14/2021 2:12 PM

sickness, operations

7/8/2021 11:22 AM

Bugs of all sorts Migraines Headaches

7/7/2021 11:03 AM

been wake all night with D&V, migraine , family emergency,

7/6/2021 2:45 PM

childcare complexities linked to covid e.g. school children being advised to isolate

7/6/2021 9:23 AM

Low absence for carers

7/6/2021 9:19 AM

Are your current sickness absence levels higher than your average, pre-pandemic and what is your current % levels of sickness absence, if known?



	Yes	No	Total responses	
% Levels of sickness absence pre-pandemic	25.00%	75.00%	16	1.75
	4	12		
% Levels of current sickness absence	23.08%	76.92%	13	1.77
	3	10		

**As indicated in the responses provided there is no evidential reasons identified in respect of Covid-19 having any direct impact upon the sickness absence reporting overall**

How many Care Hours do you currently have available in total vacancies?

**There were 15 responses provided. In terms of weekly vacancies across Care at Home Providers identified this was reported in the survey as a total of 3704 hours of vacancies. This has to also be seen in the context of contracts as mentioned earlier in the analysis and what this means in respect of advertising, recruiting and employing. This figure does not factor in any demand for services and those awaiting care packages.**

**If a calculation was to allow for identifying the WTE at an hourly week of 35 working hours, this would indicate there to be 106 WTE posts currently unfilled to provide for the continuum of care as reported in the Survey responses.**

200-300

7/20/2021 5:30 PM

we have a waiting list All dependent on how many care staff we could get.

7/20/2021 12:03 PM

180

7/19/2021 12:09 PM

400 per week

7/19/2021 10:25 AM

40

7/15/2021 11:20 AM

398

7/14/2021 9:05 PM

600

7/14/2021 3:25 PM

60

7/14/2021 2:57 PM

46

7/14/2021 2:14 PM

1200 per week

7/14/2021 2:12 PM

1120 hrs

7/8/2021 11:22 AM

200

7/7/2021 11:03 AM

80

7/6/2021 9:42 AM

200

7/6/2021 9:23 AM

**THE SURVEY IS CAPTURED IN 2 PARTS.**

**PART 1: QUESTION RESPONSES.**

**PART 2: STATEMENT RESPONSES**

## Appendix 4 – Fife HSCP – Part 2 – Recruitment & Retention

STATEMENTS	STRONGLY DISAGREE LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	STRONGLY AGREE	TOTAL	
I can offer permanent contracts with confidence to employees?	31.25% 5	6.25% 1	6.25% 1	0.00% 0	6.25% 1	0.00% 0	0.00% 0	6.25% 1	6.25% 1	37.50% 6	16	5.75
I can offer Full time working hours to all safely recruited staff who request it?	12.50% 2	6.25% 1	12.50% 2	0.00% 0	0.00% 0	6.25% 1	0.00% 0	12.50% 2	6.25% 1	43.75% 7	16	6.94
The terms and conditions that I can offer based upon the contract rate are competitive with other Sectors in my areas?	18.75% 3	0.00% 0	6.25% 1	12.50% 2	6.25% 1	6.25% 1	0.00% 0	12.50% 2	6.25% 1	31.25% 5	16	6.25
If terms and conditions could be increased for my current and new employees, I would be more confident in sustaining existing hours of care?	0.00% 0	12.50% 2	0.00% 0	0.00% 0	0.00% 0	12.50% 2	0.00% 0	6.25% 1	0.00% 0	68.75% 11	16	8.38

STATEMENTS	STRONGLY DISAGREE LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	STRONGLY AGREE	TOTAL	
If increased hourly rates could be commissioned and contracted, I would be committed to demonstrating that increased payments were passed on to frontline managers and workforce?	13.33% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6.67% 1	0.00% 0	80.00% 12	15	8.67
I can reimburse my employees for all of their working day, including travel time?	37.50% 6	18.75% 3	0.00% 0	6.25% 1	0.00% 0	6.25% 1	6.25% 1	6.25% 1	0.00% 0	18.75% 3	16	4.19
I can pay my staff for all of their travel costs at a rate higher than 25p per mile?	56.25% 9	6.25% 1	0.00% 0	0.00% 0	0.00% 0	6.25% 1	6.25% 1	0.00% 0	6.25% 1	18.75% 3	16	3.94
I feel confident that I will be able to continue to deliver the same level of care over the next 12 months if nothing was to change?	20.00% 3	13.33% 2	6.67% 1	13.33% 2	0.00% 0	0.00% 0	6.67% 1	0.00% 0	6.67% 1	33.33% 5	15	5.60

**There is a level of subjectivity contained within the responses, but important to see in the context of the related questions in Part 1.**

#### **Statement 1**

As evidenced within the contracting arrangements in survey responses, the ability to contract on permanent fixed hours of working has very much divided employers. There will be economies of size and scale that give rise to this, but important to note, there around 50% who are clearly unable to commit to this with any confidence. The extent of the reasons could be analysed further.

#### **Statement 2**

As evidenced in the statement responses, almost 30% of respondents do not have the ability or the confidence to contract staff who have been safely recruited to work full time hours. However, 70% of employers responded to say that they were confident and able to offer full time working hours, however not necessarily contracted as such.

#### **Statement 3**

From an employer's perspective and in the localities in which they operate, there is a belief that the contractual rates and their ability to set T&Cs from these, are overall more than comparable to the Sectors that operate in the localities where care is Provided. There is a mixed opinion however reported on this with just under 60% of respondents having agreed to very strongly agreeing that Contractual and T&C rates are favourable with just over 40% disagreeing to strongly disagreeing to this.

#### **Statement 4**

When asked if employers felt that a rise in contractual rates, leading to increased Terms & Conditions for current and new employees would lead to greater confidence in sustaining existing hours of care, some 87.5% of employers responded by agreeing to agreeing strongly that it would. Almost 70% of responding employers, strongly agreed this at the highest banding of this statement.

#### **Statement 5**

In context of statement 4, responding employers were asked if they would be committed to ensuring that they would evidence that increased contractual terms, relating to T&C's of employees would be evidenced. Over 85% of employers were strongly committed to this, with almost 15% of employers not agreeing to this statement. Further understanding of the reasons why 13.75% of employers would not commit to this would benefit from further discussion.

#### **Statement 6**

Employers were asked to consider if they were able to reimburse their employees for all of their working day, including travel time. Over 60% of responding employers felt unable to ensure that they were able to reimburse in full the payments to all employees. In response to this statement 55% of respondents strongly disagreed with this statement in the top two bandings of the statement, with 37.5% recording the highest level of

disagreement. At the other end of the spectrum, nearly 37% of employers felt able to reimburse their employees the full costs of their working day, including travel time, with nearly 20% of employers responding at the highest banding point of the statement to say that they agreed that they were able to.

### **Statement 7**

Employers were asked to respond if they agreed whether they were able to pay all of their staff mileage rates for travel above 25p per mile. Those responding, some 63% of employers strongly disagreed that they were able to, with 56.25% committing to the highest banding to disagree with this statement. There were some 37% of employers who responded who felt able to pay beyond this rate and at the highest banding point of agreement, 18.75% of employers strongly agreed they were able to pay.

### **Statement 8**

Responding employers were asked to consider how confident they would be to operate and deliver the same level of care over the next 12 months if nothing was to change. Overall there was a mixed view on levels of confidence with just under 50% of responding employers saying that they agreed that they were confident to deliver the same levels of care. Of those responding confidently to this statement 33.3% of those responded at the highest point of the banding.

For those responding that they disagreed to strongly disagreed that they were confident to deliver the same level of care if nothing was to change, over 50% of responding employers were not confident that they would be able to provide the same levels of care with confidence, with 20% of those recording the highest banding of strongly disagreeing.

This is the worst I have ever seen the sector

7/20/2021 5:30 PM

I feel strongly that the payment for care is much underlined Hairdressers, charge double the hourly rate than that of care staff. They do not have to constantly be learning, or cleaning up after someone who is incontinent or deal with someone who does not understand what is going on around them or what you are saying to them. Care staff have also to deal with family members who are grieving at the thought of losing their loved ones and so they act in a way as a councilor , or just an ear to listen to them. Many have to run to shops to pick up messages and this past year have had to deal with some bad attitude from some. However we as a team can talk about these issues and we all agree that people have changed due to this pandemic and buoy each other up.

7/20/2021 12:03 PM

The lack of payment of travel time is one factor that people leave. Travel time is huge in this business of care at home as staff travel to meet the clients in their homes. This needs to be looked. We pay 45pence per mile but we do not pay for the breaks between clients which makes it harder for staff to understand because we are also not paid but paid for the service hours provided

7/19/2021 10:25 AM

never known the sector to be this bad for recruitment and retention in over 27 years

7/14/2021 2:12 PM

From my perspective, I think the Council should commission out full block hours, that includes paying the providers for full runs, start to finish in whatever way that works for them. They do this in Glasgow and other parts of the country and it works well. Hourly rate needs to be increased in order for providers to offer a higher rate and more benefits to staff to recruit. I believe if nothing changes then this will still be the case in 12 months time. I am willing to contribute and assist in any way I can as a provider.

7/6/2021 9:42 AM

Off framework provider offering fixed 40 hour salaried/contracted positions at £10 ph is having an impact on our business and retention. Fife Council also recruiting staff from Constance Care is also causing issues.

7/6/2021 9:23 AM

It would be helpful if the council paid while service user is in hospital or out. We can't recommission the service so the staff have to lose out on wages. It's absolutely ridiculous the council should pay providers for a run and support smaller independent companies by offering their training free to carers

7/6/2021 9:19 AM

16<sup>th</sup> November, 2021

Agenda Item No. 6

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## National Care Service – Consultation Results

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Report by: Fiona McKay, Head of Strategic Planning, Performance and Commissioning

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Wards Affected: All

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### Purpose

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This report brings together the consultation event held as part of the National Care Service with the Education and Children's Services / Health and Social Care Scrutiny Committee on 1<sup>st</sup> October 2021.

### Recommendation(s)

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The committee are asked to scrutinise the formal return to the Government and highlight any further issues or requirements.

### Resource Implications

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None.

### Legal & Risk Implications

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None.

### Impact Assessment

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None.

### Consultation

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This consultation is part of a National Consultation in respect of the National Care Service.



## 1.0 Background

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- 1.1 The report attached is feedback from the dedicated consultation event held on 1<sup>st</sup> October 2021 which allowed all members of the committee to actively communicate their views on the consultation.

## 2.0 Issues and Options

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- 2.1 The feedback from this report needs to be considered as part of the Council response, the Committee are therefore asked to review the comments and ensure this is fed into Fife Council's response.

## 3.0 Conclusions

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- 3.1 The appendix attached gives full details of the conversation on the consultation.

### List of Appendices

1. NCS – Scrutiny Committee Feedback 01-10-2021
2. Policy and Resources report of 4<sup>th</sup> November 2021.

### Background Papers

### Report Contact

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## **A National Care Service for Scotland Consultation**

**Fife Council, Education, Health & Social Care Scrutiny  
Committee.**

**Feedback  
1<sup>st</sup> October 2021**

Feedback collected and reported by



on behalf of the Scottish Government



## Full Scope

### General Feedback

#### About the consultation

Concerns about how the SG is approaching this generally - the consultation document itself is very poor from an academic standpoint

The questions being asked of the consultation are not suitable questions – they are leading and don't get us to the right place – the consultation materials and structure is poor

More information and/or evidence is required before answering some questions

The consultation is too large and hard to understand and creates more questions than answers

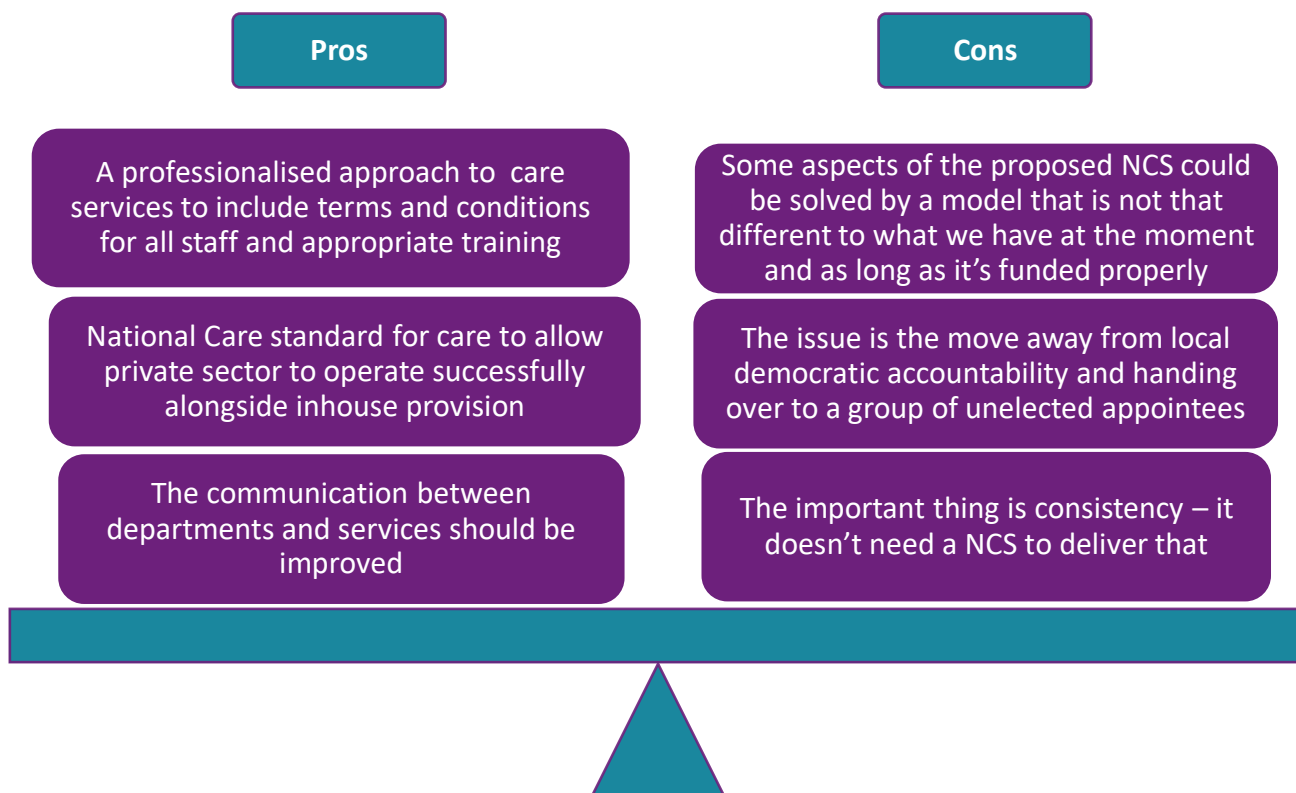
The paper should have offered different options of the different models that would satisfy the needs of the care service which would have aided in identifying the most effective; there is no evidence of this giving the suggestion it has not been properly evaluated

There are a lot of things in the consultation that suggest a NCS is seen as the answer but there are other ways of doing it

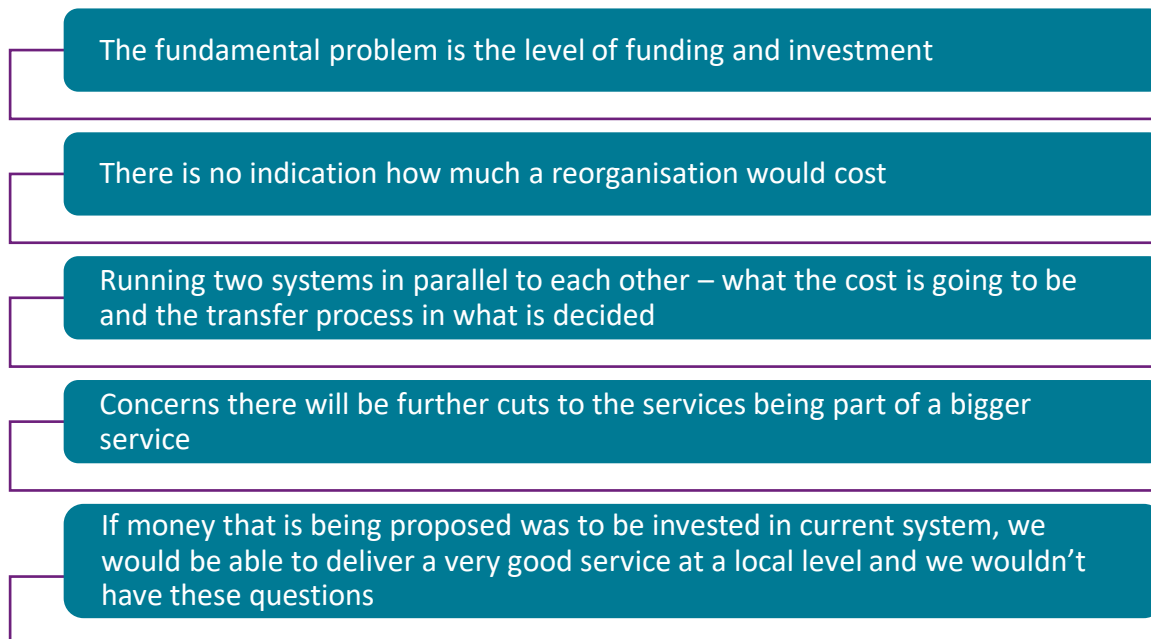
There's a lot of sweeping generalisations throughout the consultation and common language and understanding will not be the same; doesn't give a fair representation of what people really understand by the terms used, general cause for concern before we even start the process



## About the Proposed National Care Service



## Funding & Resources:





## Chapter 1 – Improving Care for People

- Services should be able to be transferred between LA/IJB areas
- The portability of care packages across boundaries is a relevant issue for a national approach

## Chapter 2 – Making Ministers Accountable for Care

- Local Authorities have a close connection with its constituents and a better understanding for the needs and requirements in their areas
  - without this it is detrimental for democratic accountability

## Chapter 3 – Scope of the NCS

- What was mentioned in Feely report is nowhere near what's needed for NCS

## Chapter 4 - Reformed Integration Joint Boards: Community Health & Social Care Boards

- We have the IJB and we are talking about expanding this to include a whole range of areas in this consultation and we need to make the point that this overreach is bad for local democracy - the expansion is too big

## Chapter 5 – Commissioning of Service

- Concerns about becoming just another provider of services to a commissioning body
  - There seems to be a general lack of thinking about what this actually means and its impacts
- Agreement with an approach to commissioning as a more collaborative approach
  - This doesn't necessarily mean or require a transfer to a NCS
  - How would this be delivered?
- There is a need for central commissioning in some way



## Chapter 6 – Regulation

- Concerns that it might be like marking your own homework - it needs to be clear about how that would work and be monitored
- We recognise the need for better commissioning and procurement
- Procurement;
  - Overall a complex situation and it needs working through; there is a need to look at the national approach and the care market and how that works and the NCS could play a role in that
  - They talk about how private procurement is bad and that we shouldn't have a for profit companies engaged in social care
  - We currently work in a mixed economy and we couldn't work without a mixed economy
  - Private sector has to be able to operate successfully.
  - Having everything delivered through public sector would be good but is unrealistic
  - We need to up the wages we need to up the way we procure so that people aren't trying to undercut one another to the cost of quality of service
  - SG could easily absent themselves from negotiations when it suits them

## Chapter 7 – Fair Work and Valuing the Workforce

- There is a serious concern and questions around if Fife Council employees will be part of the care service and how the work force would be managed overall
- We need to recognise staff and pay better
  - Improved professional development and attractive recruitment and retention
  - Raise standards across the board
- The presence of an agency when it comes to the work force is still required to an extent
- NCS may not necessarily be the solution for this

4th November, 2021.

Agenda Item No. 4

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## National Care Service Consultation

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**Report by:** Steve Grimmond, Chief Executive

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**Wards Affected:** Fife wide

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### Purpose

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The purpose of this report is to consider Fife Council's response to the National Care Service consultation being carried out by the Scottish Government.

### Recommendation(s)

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It is recommended that Committee note the main issues arising from the consultation and considers, comments upon and approves the response.

### Resource Implications

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The proposals, if implemented, could have significant resource implications but these are difficult to assess fully based on the information provided in the consultation.

### Legal & Risk Implications

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As above – further information is needed before we can properly assess implications.

### Impact Assessment

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None carried out as yet.

### Consultation

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Senior officers in the services most affected by the proposals have been involved in developing this response and have consulted with staff. The response takes account of feedback from Scrutiny Committee members who attended a workshop organised by Fife's Health & Social Care Partnership.

## 1.0 Background

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- 1.1 The consultation on a National Care Service for Scotland was published by the Scottish Government on 9<sup>th</sup> August 2021. This consultation sets out the Scottish Government's proposals to improve the way social care services are delivered in Scotland, following the recommendations of the Independent Review of Adult Social Care.
- 1.2 The delivery of social care support is currently the statutory responsibility of local government under the 1968 Social Work (Scotland) Act. In February 2021, the [Independent Review of Adult Social Care](#) report was published. It concluded that whilst there were strengths of Scotland's social care system, it needed revision and redesign to enable a step change in the outcomes for the people in receipt of care. The review provided a number of high-level areas of focus:
  - Ensuring that care is person-centred, human rights based, and is seen as an investment in society
  - Making Scottish Ministers responsible for the delivery of social care support, with the establishment of a National Care Service to deliver and oversee integration, improvement and best practices across health and social care services
  - Changing local Integration Joint Boards to be the delivery arm of the National Care Service, funded directly from the Scottish Government
  - The nurturing and strengthening of the workforce, and
  - Greater recognition and support for unpaid carers.
- 1.3 It is expected that a National Care Service will, at a minimum, cover adult social care services. However, the consultation asks that respondents consider the merits of extending the scope of a National Care Service to oversee all age groups and a wider range of needs including:
  - children and young people;
  - community justice;
  - alcohol and drug services; and
  - social work.
- 1.4 It proposes the reform of the current Integration Joint Boards to become Community Health and Social Care Boards (CHSCBs), which will be the local delivery body for the National Care Service (NCS).
- 1.5 The consultation document invites responses from individuals with experience of social care and support and from organisations. Proposals and questions are structured in sections as follows, each with a number of sub-themes:
  - Section 1 - Improving care for people
  - Section 2 - National Care Service
  - Section 3 - Scope of the National Care Service
  - Section 4 - Reformed Integration Joint Boards: Community Health and Social Care Boards
  - Section 5 - Commissioning of services
  - Section 6 - Regulation
  - Section 7 - Valuing people who work in social care
- 1.6 The Council's response follows a similar structure, additionally outlining some further considerations. It aims to address the elements of the consultation which are likely to have the most significant impact on our workforce and citizens.
- 1.7 At the end of the consultation process, the Scottish Government have stated that the feedback will be analysed and the conclusions will be used to shape and develop new legislation which will be introduced in the Scottish Parliament in summer 2022. The intention is to set up the National Care Service by the end of the current parliamentary term.



## 2.0 Issues and Options

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### 2.1 Improving care for people

- 2.1.1 Fife Council fully support the ambition and need to improve care for people. The consultation document accurately identifies a range of issues with the current system. However, these are largely a result of chronic under-investment. Pressure on budgets and staffing has meant that support for critical and substantial need has had to be prioritised, leaving very limited capacity to focus on lower tier preventative support.
- 2.1.2 This response is based on our understanding of the proposals as they are presented. However, the lack of information on modelling of volume / costs of demand for the options presented, the resource available and how the additional investment will be funded on a recurring basis makes it difficult to provide a properly informed response.
- 2.1.3 Fife Council support the aspiration of a rights-based, strengths-based and person-centred model of care. Significant investment will be needed to ensure manageable levels of caseload that allow for proper person-centred discussions, early support and regular review.
- 2.1.4 Individuals should be able to access clear and consistent information about potential entitlements from a range of sources. It will also be important that individuals/carers have access to consistently high-quality advocacy support where required, which could be through local community/voluntary organisations.
- 2.1.5 Where higher levels of support are needed, care and support should be co-ordinated by a lead professional. This should remain as the local authority social work services who, adequately resourced, are best placed to engage with the individual / carer and with relevant services and partners, to ensure appropriate support is in place.
- 2.1.6 A Getting it Right for Everyone national practice model could provide an underpinning practice model and consistency of language to deliver similar benefits as derived from the GIRFEC model in children's services.
- 2.1.7 In terms of a right to breaks from care, the offer would have to be tiered to reflect different circumstances, while ensuring ease of access and minimal bureaucracy to support preventative and early intervention.
- 2.1.8 We support the need for an integrated health and social care record to support improved data sharing and portability of records across different areas. This should build on the existing work of the Local Government Digital Office and would not require the structural change associated with transferring legal accountabilities from local government.
- 2.1.9 A great deal of data is already collected. We would support greater consistency in the collation and analysis of data and action to facilitate the appropriate flow of information, to support planning, policy development, performance monitoring and improvement. However, it is not clear that a NCS is needed to achieve this.
- 2.1.10 While the consultation does not pose a specific question on this, we note that the portability of care packages across boundaries is a relevant issue for a national approach; services should be able to be transferred between local authority / IJB areas.
- 2.1.11 It is not clear that a single centralised procedure would improve the responsiveness of complaints handling. The focus should be on addressing issues timeously at local level. This may be supported by increased investment in advocacy support.
- 2.1.12 We agree that the development of a Charter of rights and responsibilities could help promote understanding of rights and entitlements. We do not envisage there would be much additional benefit in having a commissioner to "champion" the rights of individuals / carers.

- 2.1.13 Regarding questions on charging for care, details of demand modelling, costs and proposed investment are needed before conclusions can be reached. Currently, charges for residential care effectively help supplement grant-based funding and are locally determined, reflecting decisions taken on levels of service and resourcing from income.
- 2.1.14 In our view, the scale of charges to invest further into social work / care services should remain a local decision for partnerships, reflecting local circumstances and priorities.
- 2.2 National Care Service / Scope**
- 2.2.1 Transferring accountability to Ministers and implementing structural change will not address the broad context within which social work and social care services operate. If the proposed entitlement-based model is developed and the associated investment in services is made, improvements can be delivered better, more quickly and more effectively within existing structures. This will enable critical linkages with other local government services, such as housing and education, to be maintained and further enhanced.
- 2.2.2 Local authorities have a close connection with local people and a better understanding for the needs and requirements in their areas. There is a risk that the proposed arrangements will be detrimental to democratic accountability.
- 2.2.3 We support the value in establishing a NCS with a focus on:
- standards / assurance / performance reporting and scrutiny
  - workforce planning / fair work / terms and conditions / training and development
  - ethical commissioning and procurement
  - complex and specialist care commissioning
  - improvement and innovation
  - development of the single health and social care record and system integrators
  - use of aggregate data for system level planning and policy development.
- Local authorities should retain responsibility for:
- Adult social work and social care services
  - Children and Families social work and social care services
  - Mental Health services
  - Community Justice services
  - Housing and homelessness services
  - Leisure and culture services
  - Alcohol and Drug Partnerships
  - Child and adult protection
  - Other public protection (including partnership working in relation to gender-based violence; MAPPA; MARAC; etc.)
- 2.2.4 In our view, there is no evidence that including children's services in a NCS and the disruption that structural reform would cause would be of benefit to children and young people. Separating the responsibilities for the delivery of key services for children and young people is likely to increase complexity and may weaken the support provided.
- 2.2.5 We have concerns that this would disrupt the ongoing progress to strengthen integrated children's services planning and the effective work already under way to improve outcomes for children and young people, and to implement the Promise by 2030.
- 2.2.6 The consultation document does not clearly demonstrate the benefits of justice social work's inclusion in a NCS or how this would lead to better outcomes.

- 2.2.7 The evidence shows that justice social work is currently working well. We have concerns about loss of consistency, experience, strategic leadership and expertise, and the potential weakening of relationships with partners. There is a risk that local responsiveness and local decision-making are diminished.
- 2.2.8 Supporting people with alcohol or drug issues and their families requires a multi-disciplinary approach that is constructed around the individual and their specific needs. Very often this involves services that sit within local authorities and the third sector.
- 2.2.9 The consultation document does not clearly demonstrate the case for transferring Alcohol and Drug Partnerships into a NCS. Moreover, the impact on the wider public protection agenda needs to be taken into account.
- 2.2.10 The consultation proposes bringing some elements of mental health service provision into the NCS and is seeking feedback on which should be considered. It is difficult on the basis of the information provided to give a full response. However, while we recognise that there are improvements to be made, we believe that these would be better dealt with through frameworks and relational approaches than through structural reform.
- 2.2.11 Regarding proposals to establish a National Social Work Agency (NSWA), greater clarity is needed on the relationship between its proposed role and those of the registration body (SSSC) and professional representative body, Social Work Scotland (SWS).
- 2.2.12 Within local government, a high standard of training and continuous professional development is already available to social work employees. There could, however, be benefits in a NSWA procuring this training. National publicity to highlight the value of social work and promote social work careers would be of assistance. A NSWA may also play a useful role in supporting the work on national standards and best practice.
- 2.2.13 We do not support the proposal for a NSWA to lead on setting terms and conditions and pay, or workforce planning. There should be no duplication with what employers currently do in relation to their workforce, including those areas where there are legal requirements of employers.
- 2.2.14 If social workers were to be governed by the NSWA, with the agency determining pay and grading, this may create a range of equality and equal pay issues for the remainder of the local government workforce, including social care. If this transpired, it could also have significant financial consequences.

## 2.3 **Community Health and Social Care Boards**

- 2.3.1 The proposals around the creation of CHSCBs leave a range of uncertainties in terms of intent. It is therefore difficult to evaluate the proposals as they stand. We have concerns however about the scale of the proposed expansion of remit and its impact on local democracy. We would support continued development of the IJB current construct.

## 2.4 **Commissioning**

- 2.4.1 We support the principle that commissioning should move towards a more collaborative approach which, in our view, is only possible at a local level. Moreover, current practices are a reflection of the existing financial context. With a different financial envelope that supports standardised terms and conditions and protections, procurement bodies will be able to rebalance tendering practices.

- 2.4.2 The proposals on local authority provision of services in relation to commissioning are ambiguous and contradictory – particularly as regards transfer / employment of staff. The consultation appears to suggest that CHSCBs will ‘commission’ work in the future and the assumption would be that local government will be required to ‘bid’ for work. Assuming this workforce will stay with their current employer, it must be recognised that the employer is assuming all of the employment risks but with limited or no ability to provide direction on what is needed locally. This is very different to the current arrangements with HSCPs where it very much operates as a partnership.
- 2.4.3 The consultation does not provide detail on the proposed balance between local and national commissioning and what ‘overseeing’ local commissioning would mean in practice. Too much focus towards national commissioning would reduce locally flexibility and could have a negative impact on local economies.

## **2.5 Regulation**

- 2.5.1 We support the core principles set out in the consultation document, though note there needs to be clarity about how this would work in practice and be monitored.
- 2.5.2 In terms of market oversight, it would be appropriate for this function to be exercised through collaboration with partners and stakeholders who can provide appropriate local knowledge and expertise, such as local authorities and Scotland Excel.
- 2.5.3 On questions of enhanced powers for regulating care workers and professional standards, it would be helpful to have greater clarity on what this proposed change is aiming to achieve. Codes of Practice already exist through SSSC. These could, as alternative, be strengthened, without creating new regulations.
- 2.5.4 We would agree that staff in social care roles in registered social care settings or through direct employment should be registered – this would include the inclusion of Personal Assistants and those in adult daycare settings.

## **2.6 Valuing people who work in social care**

- 2.6.1 Fife Council agree that there needs to be a revaluing of the social care workforce. Further exploration is needed into how this can be achieved within the current pay and grading structures of local government and whether national guidance / regulation is required in terms of pay and conditions in the private / third sector.
- 2.6.2 Fife Council firmly support the Fair Work commitment and we are broadly supportive of accreditation for Fair Work. However, for there to be a positive impact on terms and conditions, achievement of accreditation would have to be a requirement before providers are able to access contracts / work.
- 2.6.3 In terms of enabling social care workers to feel more valued in their role, pay is important, as are a range of other factors. Increasing pay would need to be supported with appropriate funding. Consequences for the rest of the local government workforce (and the workforce of other social care providers) of making changes to pay, terms and conditions would have to be considered. There should also be consideration of enabling a more flexible and self-managed workforce, and more flexible work patterns.
- 2.6.4 Local government is already strong in a number of the areas outlined. There would however be benefits from national support in the promotion of social care as a profession with opportunities for career progression supported by training and development.

- 2.6.5 A strategic approach to workforce planning – for example, to ensure a sufficient supply of qualified staff through access to university and college courses – would be a valuable role for a NCS. However, workforce planning within front line social care is very much influenced by local requirements and demands. Any new arrangements should not hamper the ability of local employers, who understand local issues, to work with local partners to find solutions.
- 2.6.6 We agree that consistency of care (and the required training to achieve this) is an area where a NCS could add value. It is not clear, however, how any standards set by the NCS would link to the SSSC standards, to avoid duplication and ensure added value. Clarity is also needed on the future roles of the SSSC and the Care Inspectorate.
- 2.6.7 Training and development should flow from workforce plans as well as from the professional standards. This means local needs may differ.
- 2.6.8 A co-ordinated approach to the procurement and provision of training for social care across Scotland may add value, as would the consistent provision and delivery of high-quality training. This would be a positive development and ensure standards across Scotland are similar, enhancing the profession and increasing employability.
- 2.7 Further Considerations**
- 2.7.1 We note that the consultation document lacks clarity in a number of key areas, making it difficult to provide an informed response.
- 2.7.2 The consultation does not provide any modelling around demand volumes for the various models of care which are presented as options, the potential costs and how these would be met. It offers no detail about the relationship with the local government grant settlement. There is no reference to the VAT status of the new structures – of particular significance given the proposed commissioning role for CHSCBs.
- 2.7.3 It is contradictory in terms of the employment status of local government social work and social care employees. Areas including application of TUPE, pension liabilities, the proposed process for harmonisation of terms and conditions, equal pay / value impacts on pay and grading models all require clarification.
- 2.7.4 In terms of the scope of the NCS, the rationale for the transfer of legal accountabilities is unclear. The consultation document does not properly consider the anticipated benefits or disbenefits from the proposed expansion of the NCS or how it would affect other public services such as housing and homelessness, education and early years, and others. There is no detailed consideration of the impact of the proposals on the integrated public protection agenda and governance.
- 2.7.5 There is a lack of information about contracting for support services currently provided by local authorities, proposed financial arrangements and how the potential gap in local authority funding would be filled.
- 2.7.6 There is similarly a lack of clarity around the proposed treatment of local authority assets used for the delivery of social work / care services by a NCS, capital accounting to reflect impacts and transfer / assignment of existing contractual obligations.
- 2.7.7 We also note the lack of reference to the Local Governance Review and absence of equalities, environmental and social impact assessments. There is no detailed consideration of the impact of the proposals on resilience arrangements.
- 2.7.8 The scale of the changes being proposed may bring significant disruption to the delivery of services for some of the most vulnerable in our communities. It would be helpful to know what consideration has been given and what support will be provided over this period of change to help manage the delivery of service to ensure limited impact and added value for our communities

## 3.0 Conclusions

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- 3.1 We recognise and support the need for improvement. We welcome the focus on a human-rights based approach and strengthened focus on prevention. We support provision which is tailored to the level of complexity and need and provides a 'No Wrong Door' approach to accessing care and support.
- 3.2 We support the consideration of establishing a NCS which can drive national standards, assurance and performance. However, we do not support, in the absence of a detailed consideration and assessment of options, the transfer of a wide range of Local Government responsibilities from Adult Social Work, through Children & Families and Community Justice as part of the NCS. Simply relocating functions alone seems unlikely to drive significant improvement and, further, it risks absorbing time, focus and resource which could be better invested.
- 3.3 Transferring accountability to Ministers and implementing structural change will not address the broad context within which social work and social care services operate. If the proposed entitlement-based model is developed and the associated investment in services is made, improvements can be delivered better, more quickly and more effectively within existing structures, retaining critical linkages with other local government services.
- 3.4 Given the areas of uncertainty, ambiguity and lack of clarity in relation to the consultation proposals, we would support further work being undertaken to develop detailed, considered and evidenced based options which should include: design, development and costing of new care models; and a detailed options appraisal of the various accountability and governance models, with impact assessments. This would then benefit from a further and full detailed consultation before embarking on a programme of legislative or structural reform.

### Background Papers

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

- A National Care Service for Scotland: consultation  
<https://www.gov.scot/publications/national-care-service-scotland-consultation/documents/>

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## Education and Childrens Services, Health and Social Care Scrutiny Committee

Forward Work Programme as of 10/11/2021 1/2

Education and Children's Services, Health and Social Care Scrutiny Committee of 8th February 2022			
Title	Service(s)	Contact(s)	Comments
Multi-agency Strategic Oversight Group - Focus on (Neurodevelopmental pathway) initially for Autism - Progress update Report	Education and Children's Services	Maria Lloyd	Last report at committee Sept 21 - progress update report due Feb 22. With clear notes of how this work will be continued in both E&CS and H&SC.
Children's Services Inspection Update - Progress on actions	Education and Children's Services	Christine Moir, Rona Weir	Report 6 month progress - Expected in September 2021. Short version with full report in Feb 2022. Agenda Planning meeting for 14.09.21 Committee - move report to Feb 22 to allow more for gathering information for inclusion in the report.

Unallocated			
Title	Service(s)	Contact(s)	Comments
What does Corporate Parenting look like in Fife?	Education and Children's Services	Michael Scanlin	Overview of corporate parenting board, responsibilities across Fife and the next steps.
Impact of Covid on Fife Care and Nursing Homes	Health and Social Care	Fiona Mckay	Requested at Committee meeting 04.11.20 March 21 - Delayed on Legal advice, pending conclusion of criminal enquiry.
Fife Council duty of Candour Annual Report 2019/20		Kathy Henwood	Report for noting, mainly covering health care, updated report available 2020/21?
Our Minds Matter - CAMHS Partnership		Rona Weir	Update report in one year, expected September 22. Officers

# Education and Childrens Services, Health and Social Care Scrutiny Committee

Forward Work Programme as of 10/11/2021 2/2

Unallocated			
Title	Service(s)	Contact(s)	Comments
			Rona Weir and Lee Cowie NHS - lee.cowie@NHS.scot
Chief Social Work Officer Annual Report 2020/21		Kathy Henwood	Annual report for scrutiny - last at committee 30.03.21
Annual Inspection Grades - FC Care Homes and Care Inspectorate Homes		Fiona Mckay	
2021-22 Revenue Budget Provisional Out-turn Report for Social Care Services		Ashleigh Allan, Lesley Burnie	2020/21 report submitted to committee 14.09.21
2021-22 Capital Monitoring Projected Outturn		Ashleigh Allan, Lesley Burnie	2020/21 report submitted to committee 14.09.21
2022-23 Revenue Budget Projected Out-turn Report for Social Care Services		Ashleigh Allan, Lesley Burnie	2021/22 report submitted to committee 14.09.21
2022-23 Capital Monitoring Projected Outturn		Ashleigh Allan, Lesley Burnie	2021/22 report submitted to committee 14.09.21
Children's Services Inspection Update		Shelagh McLean	