

SCOTTISH BORDERS COUNCIL AUDIT AND SCRUTINY COMMITTEE

MINUTE of Meeting of the AUDIT AND SCRUTINY COMMITTEE held via Microsoft Teams on Tuesday 30 November 2021 at 10:00am.

Present:- Councillors S Bell (Chairman), H. Anderson, J. Greenwell, N. Richards, H. Scott, S. Scott, E. Thornton-Nicol.
Apologies:- Councillor J. Fullarton.
Also Present - Councillor W. McAteer.
In Attendance:- Chief Officer – Integrated Joint Board, Chief Officer – Adult Social Work and Social Care, Service Manager (Home care), Clerk to the Council.

1. PETITION – RE-OPEN TEVIOT DAY SERVICE

1.1 The Chairman welcomed everyone to the meeting, in particular the Principal Petitioner, Mr Sean Elliot (on behalf of his mother, Mrs Madge Elliot), supported by Mrs Shirley Brown. The meeting was held via Microsoft Teams and livestreamed and the Chairman gave details of the protocols for the meeting.

1.2 Petitions Procedure

There had been circulated copies of an extract from the Audit and Scrutiny Committee Petitions procedure. The Chairman outlined the process and in particular the procedure which would be followed during the meeting and the options available to members of the Committee once they had considered all the information before them.

1.3 Re-open Teviot Day Service

There had been circulated copies of a petition entitled “Re-Open Teviot Day Service”, which had received well over 1,000 signatures. There had also been circulated copies of a briefing note by the Director Social Work & Practice in response to the petition. In the statement within the petition, it was explained that Teviot Day Service(TDS) provided an essential resource for mainly older people, many with dementia related illnesses, enabling them to socialise with peers, engage in activities and generally improve their quality of life. It also provided essential respite for unpaid carers, enabling them to have time to themselves and confidence that their loved ones were being cared for by professionally trained Day Service staff. In March 2019, Scottish Borders Council had announced a plan to decommission day services throughout the Borders based on a localised, small pilot in Eyemouth. Following a campaign by TDS Support Group, the then Chief Officer Health & Social Care Integration publicly stated in February 2020 that there was no suitable alternative to TDS in Hawick, a pre-requisite to the Council’s authority to decommission a day service and that TDS would remain open. Like everything else, Covid had resulted in TDS being suspended, but the Council reneged on its commitment and was refusing to re-open TDS. Council senior officers had used Covid to deliberately engineer a situation where Social Workers and Health Workers could not refer people to TDS because it was not open, thereby artificially suppressing the demand. The Council was ignoring the needs of our older people and their unpaid carers, as well as ignoring the advice of their own Social Workers NHS Community Health Workers, and Third Sector Organisations such as Borders Carers Centre. The petitioners demanded that the Council re-opened Teviot Day Service without further delay.

1.4 The Chairman invited Mr Elliot, Lead Petitioner, to present the petition on behalf of his mother. In support of the petition statement, Mr Elliot advised that the petition had been lodged on behalf of the most vulnerable group, many of whom suffered from dementia

with a medium to high care need which covered medication and assistance. These people were not able to make decisions on their own but did not require residential care as they were able to live in their own homes with unpaid carers. There was a need to consider the carers who bore the burden and the Council had a statutory duty to provide support for respite for them. While there had been general re-opening of services, TDS remained closed, with no plans to re-open but not suitable alternative in place. The RVS (Royal Voluntary Service) provision in Hawick was for a social centre, not a day centre and only operated 2 days per week rather than the 5 days the previous day centre had been open. This social centre did not meet the needs of those clients with medium to high needs as staff there could not provide personal care. Mr Elliot read out a letter from a family member about a particular individual's care needs which were not currently being met through the RVS social centre and queried the lack of respite for carers. While fully supporting the use of Self Directed Support, these particular people did not have the ability to make choices so the group was marginalised and isolated. Until a suitable alternative was in place, then TDS had to re-open without further delay.

- 1.5 The Chairman thanked Mr Elliot for clearly expressing his concerns and the issues these raised, and then invited members of the Committee to ask questions. With regard to the allegations of non-adherence by the Council to its statutory obligations, the Chairman advised that it would not be appropriate to impute motivation without evidence and this should be discarded. It was important that all got a full and fair chance to express their opinions and discussion needed to centre on the facts. Mr Elliot confirmed his support for Self Directed Support but the group of people to which he referred were not able to do so and this meant the burden of looking after them fell on relatives or other unpaid carers. The only offer which had been made for his mother was to attend the RVS social centre but due to some health issues she had not been in a position to take up that offer. A number of people were in the situation where they needed personal care during the day but that was not provided at the social centre and someone else who had wished to arrange for a carer to attend had been turned down. There were 5 or 6 people in this same situation and it was acknowledged that there was a shortage of care workers at the moment. Mr Elliot confirmed that previously TDS had provided respite from 9am to 3:30pm each day an individual attended which provided benefit and relief for carers. From March 2020 to earlier this year it had been difficult for everyone and Mr Elliot's mother had continued to receive her package of care which included regular phone calls from the Borders Carers Centre and SB Cares.
- 1.6 Mr Brian Paris, Chief Officer – Adult Social Work and Social Care, presented the briefing note which gave details of the background to the Day Service transformation “Re-imaging Day Services”, the national context including Self-Directed Support, the consultation process and the current provision. The briefing note also gave a commentary on the various concerns raised in the petition. Also circulated with the briefing note were 3 appendices, namely, the report to the Executive Committee from 4 June 2019 which sought approval to decommission individual day services only when suitable alternatives that met assessed needs had been identified; case studies from the Local Area Co-ordination team from older adults and adults with a physical disability; and a summary of communication with on the service in Teviot including with the Teviot support group. Mr Paris commented that there were many layers to the petition, some of which were personal, some about the decommissioning process for TDS and some about larger issues facing older people, carers and those with dementia. Mr Paris explained that he had spent 20 years improving service, working very closely with older people's organisations and families/carers in redesigning services and all actions he had taken had been carried out with integrity and honesty. At the time the decommissioning of TDS started, Covid struck with its compulsory lockdowns which led to the shutting down of all building based services. Action was immediately taken to engage with partners and stakeholders to put out information on what could and could not take place. Work was ongoing to find solutions for the people in Hawick and across the region for those in the moderate to advanced stage of dementia both now and in the future. The Borders Carers Centre and Third Sector organisations were involved in this. The Council contract with

RVS was for the provision of social centres, and care had to be taken that this remained a sustainable service that did not cause more stress on high needs clients. The need to comply with Covid guidelines was referenced, along with taking account of the resources available to meet everyone's needs: clients and carers. The decommissioning of day centres as part of the transformation of day services was in line with the national agenda and personalisation of services. Prior to Covid, there was strong evidence that attendance at day centres had declined and the Council looked to Local Area Co-ordination (LAC) to ensure communities were able to support people with all needs. However, it was recognised that the type of engagement which would usually be carried out by the Council had been hindered over the last 18 months. The world in that time had changed and the level of need was now higher.

- 1.7 In response to Members' questions, Mr Paris explained that the current workforce across the Health & Social Care partnership was not sufficient to meet the demand. In terms of Social Work assessments, these were fluid rather than fixed and depended on changes in an individual's needs. It was crucial to have conversations with families and these would have been carried out as best as possible in the circumstances. It was possible to tailor services for a more personal situation and SDS gave a great deal more flexibility about how services were arranged to give an individual more choice. There would be a small number of people whose needs/situations were so complex e.g. where they lived, their family situation, etc. that it would not be possible to arrange something other than a very specialised service which would be suitable for some but preclude others. Individual conversations would be needed in this event. The engagement process for planning future provision of service had started but was restricted due to the public health agenda for Covid. If a building based service was being considered, the whole age and need spectrum would be taken into account although one service would not fit all needs. Everyone was in agreement that we wanted to do our best for people with dementia but dementia had different impacts on people and that had to be taken into consideration. The best way to assess an individual was to see them in their home environment, not in a day centre, and the focus would be on what was important to that individual and what they wanted to do, rather than whether they wanted to attend a day centre. Dependent on resources available in that particular community, options could be considered. While the availability of respite care was currently restricted, Social Work teams spoke to families, the Carers Working Group, and Borders Carers Centre to try to understand the pressures carers faced and look for solutions to help them. With regard to SDS, there were 4 options – direct payment to an individual where they had direct control and they arranged their own care support; an individual directed available support and that would be arranged by the Council and the individual did not have to worry about organising support; the Council Social Work service made arrangements; and lastly, a combination of the other 3 methodologies. The difference between a Day Centre and Social Centre was that Day Services had to be registered with the Care Commission and staff were registered to undertake personal care support in that setting, while Social Centres were run by volunteers, not registered, and did not offer personal care. The RVS centre in Hawick was a social centre. People with dementia could attend such a social centre dependent on their needs, and as the illness progressed may get to the stage where such attendance was not possible. The Council was not in a position to say it could open a building based service as there was not the workforce to do so and it would mean having to stop some other care service to be able to do this. While there may be a desire for a buildings based service - which was not the same as a need for one - that did not mean there was not a need. Mr Paris confirmed that he was happy to look at successful solutions from elsewhere e.g. that being rolled out in East Lothian which could include short term solutions and pathways for when the disease progressed. It was possible for someone to attend a social centre along with their carer by using their SDS or for people to agree to have a shared carer. The quality and standards of training given to volunteers in the RVS centres was monitored through the contract with regular meetings. RVS provided dementia services nationally and had access to good training.

1.8 Mr Paris then answered questions from Mr Elliot, explaining that the decommissioning process for the day service had started prior to Covid but then had to close. The previous Chief Officer of the Health & Social Care Partnership had intimated that the day service would remain open while an alternative was found but the reality was that TDS had had to close due to Covid guidance and the number of people who would have been attending had either found alternatives or their circumstances had changed, which meant only two people out of the original cohort were left. The whole value of a day service was to get that social connection and with only one or two people attending that made re-opening impractical as it would not fulfil those needs and was not sustainable. The day service was being decommissioned so was not open for new clients. Mr Paris acknowledged that there would be a number of people who had a high level of needs but these would not necessarily be wholly met by attendance at a day centre. It was recognised that there were needs within the community, and conversations would be ongoing to find a way to meet these needs. With regard to the consultation process, this would have included the Borders Carers Centre, with NDTi involved to transition from a building based service to a community based service and that community would have included unpaid carers. A social work assessment was a way of engaging with an individual and/or their family on how that person was living, what was important to them, and what they needed. An eligibility criteria was applied and the Council then looked at the type of support needed to maintain as high a quality of life as possible for that individual. This assessment included a range of criteria, including environment so if that individual would benefit from having social interaction so they did not feel isolated, a suitable service would be found which would allow them to interact with others. A risk assessment would also be carried out to ensure that the individual was safe in whatever activity they undertook. If a particular service was not available at the time of an assessment then it would not have been included. Mr Paris confirmed that the RVS social centre in Hawick was open 2 days per week, whereas the day centre had been open 5 days per week. The Council was currently in dialogue with RVS to see what enhanced service could be provided for those suffering from dementia although this would require a variation in the contract. Explicit service provision was not detailed in the contract, but the outcomes and benefits were included and the actual service to be provided was then the subject of discussion between partner organisations. Mr Paris further confirmed that he had responded to all communication sent to him from the TDS support group. The services being provided in Hawick, including the social centre, were not the same as before but were currently constrained due to Covid. The role of volunteers in the provision of service was invaluable and they needed to be trained to work in any setting safely.

Note: Councillor H. Scott left the meeting at this point.

1.9 The Chairman thanked both Mr Elliot and Mr Paris for their contributions to the meeting, acknowledging that the topic was both challenging and complex. Members then considered their next steps. While expressing sympathy, Councillor S. Scott proposed that no further action be taken as work was underway to find alternatives to the TDS in Hawick. His proposal received no seconder and therefore fell. Councillor Anderson commented that this was a very complicated issue and was not sure it was best dealt with through the petitions process as it was a combination of individual cases and the redesign of care services. Something needed to be done for the 2 individuals concerned who had previously attended TDS. Councillor Anderson therefore proposed that the matter of the 2 individuals be referred to the Director of Social Work and Practice to undertake an immediate evaluation of care packages, including addressing any respite care needs for the 2 individuals and also that those people attending social centres were made aware they could bring personal support with them. This was seconded by Councillor Thornton-Nicol. Councillor Greenwell commented that much of the service redesign was to do with commissioning services which would come under the purview of the Health & Social Care Integrated Joint Board which should be asked to look at this and come up with alternatives. Councillor Bell was in agreement and proposed that the matter also be referred to the Integrated Joint Board to ask them to examine the scope of buildings

based services that the Borders may require in future, including the alternatives of day centres and social centres. Councillor Greenwell seconded the proposal.

**DECISION
AGREED:-**

- (a) to refer the petition to the Director, Social Work & Practice, and request that he:
 - (i) undertook an immediate evaluation of the care packages for the two individuals impacted by the current closure of the Teviot Day Service, including addressing any respite care needs; and**
 - (ii) ensured that those attending social centres were made aware that they could arrange to bring support with them to provide any personal care needs.****

- # (b) to refer the petition to the Health and Social Care Integrated Joint Board and ask the Board to examine the scope of buildings-based services that the Borders may require in the future, including the alternatives of day centres and social centres.**

The meeting concluded at 12:55 pm