

AGENDA ITEM No. 10
NORTH LANARKSHIRE COUNCIL
REPORT

TO: Social Work Committee	Subject: Issues for the 1999-2002 Social Work Service Plan
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 6th October 1998	
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REF: JD/KS	

1 PURPOSE OF REPORT

- 1.1 The purpose of the report is to highlight for members issues which require to be addressed in the Social Work Services Plan for 1999 - 2002.

2 SUMMARY OF ISSUES

- 2.1 Issues which the 1999 - 2002 Service Plan requires to address are:
- [a] New Government policies introducing the best value regime, in particular a stronger focus on service users and public expectations of Social Work services;
 - [b] Links between the Service Plan and the departmental Best Value Plan, which places stronger emphasis on performance measurement, using comparative data wherever possible, in line with the requirements of continuous improvement and bench marking services;
 - [c] Resource constraints which have to be managed in a context of increasing demand for certain social work services, related to demographic changes, new legislative burdens and poor social and economic circumstances in the Council's area.
- 2.2 In addition, the Department has been requested to address a number of issues by the Policy and Resources (Performance and Review) Subcommittee, namely:
- [a] Including a clear statement of Departmental priorities;
 - [b] Providing a description of the Department's overall activity;
 - [c] Identification of targets for monitoring and evaluation purposes;
 - [d] Financial information should be submitted in accordance with the Service Plan guidelines;
 - [e] Financial proposals should be prioritised and detailed schedules included for each proposal.

3 DEMOGRAPHIC PRESSURES AND THE EFFECT OF LEGISLATION

- 3.1 There is an increased pressure on social work services associated with growing numbers of frail older people and people with dementia. This is manifested in pressure on home care services which require to be responsive to people who require more intensive levels of care at home, as well as increased pressure on budgets for placements in residential homes and nursing homes.
- 3.2 Improvements in public health and medical advances in the treatment of congenital impairments have resulted in more people with a learning disability surviving into adulthood. A further consequence is that the life expectancy of adults with a learning disability has gradually increased. This is seen in the survival of infants, children and young people with complex health and social care needs, and increased life expectancy of those with complex needs. This has major cost implications for social work services, for example the very high cost of respite care for children and young people with the most complex needs, whose families would be unable to continue to care for them without regular periods of respite.
- 3.3 Changes in health care have seen reductions in long stay hospital provision; shorter periods of acute hospital care including the introduction of day surgery, changes in the availability of rehabilitation and the discontinuation of convalescence; and government policies which have changed the boundaries between health and social care. New government guidance requires the Council to agree timescales for assessment and placement of people who would otherwise take up acute hospital beds.
- 3.4 Bed closures and earlier discharges from hospital mean that people with higher needs move back into the community, becoming the responsibility of Social Work. Resources are transferred from Health Boards to provide care in the community for people being discharged from hospital long stay wards; however, there is an increased burden on social work services to prevent admission to hospital and to provide care in the community for people being discharged earlier from acute services.
- 3.5 Major new legislation has significantly increased the responsibilities and statutory duties of local authorities - including the NHS and Community Care Act 1990 which has involved the progressive shift of responsibilities for funding from the Department of Social Security (DSS) to the Council within a cash limited budget; the Children (Scotland) Act 1995; and the Carers (Recognition & Services) Act 1995. In addition, legislative changes within the criminal justice field will impose new burdens on local authorities without this being fully reflected in the specific funding made available to the Council for criminal justice services.
- 3.6 When funding for new responsibilities is discounted, Grant Aided Expenditure (GAE) for Social Work nationally is seen to have fallen in real terms by 11% between 1992/3 and 1998/9, creating a situation where Councils have been faced with significant increases in need and demand at a time of substantially diminished mainline budgets.

4 SOCIAL AND ECONOMIC NEEDS IN NORTH LANARKSHIRE

- 4.1 There is a higher than average demand for social work services in North Lanarkshire arising from the areas particular social and economic circumstances. These include:
- [a] **High levels of unemployment.** Total unemployment in North Lanarkshire in August 1997 was 11,479, representing 9.3% of the workforce This was the fifth highest of all Scottish authorities, with a Scottish average of 6.6%.

- [b] **Large numbers of people living in poverty or on low incomes**, particularly families with children, young adults and very elderly people. Three out of ten households in North Lanarkshire were receiving Income Support in 1996. The largest single group receiving Income Support were pensioners (10,200), then unemployed people (9,400), disabled people (6,800) and lone parents (5,800). In 1996/7 around 45,500 people were receiving Council Tax Benefit in North Lanarkshire (40% of all households) compared to the Scottish average of 29%.
- [c] **High mortality and morbidity rates of the Council's resident population.** In 1995, the mortality rate in North Lanarkshire of 12.9 per 1000 (3,625 deaths) was considerably higher than the Scottish average (11.8 per 1000). This was the third highest rate of all Scottish authorities. The two main causes of death in North Lanarkshire are from coronary heart disease (28%) and cancer (24%). North Lanarkshire has the highest rate of deaths from coronary heart disease of all Scottish authorities.
- [d] **Limiting long term illness.** The last Census reported that 16% of the North Lanarkshire population (51,000 people) have a long term limiting illness compared to 13% of the Scottish population. This was second worst of all Scottish authorities. North Lanarkshire has the highest percentage of older people with a limiting long term illness of all Scottish authorities. Nine percent of the population received severe disability benefits in 1996, substantially higher than the Scottish average of 6%.
- [e] **Population changes.** Between 1991 and 2007 it is estimated that the older population (aged over 65 years) will increase by 17%. The numbers of people aged over 85 years is projected to grow by nearly two thirds (62%) over the same period. The proportion of older people (aged over 65 years) within the total population is expected to grow from 12.6% in 1991 to 15% in 2007. Almost 12,000 older people in North Lanarkshire (29% of all older people) were estimated to be 'vulnerable' at the time of the last Census. The figure is likely to have increased substantially since the Census was carried out in 1991.
- 4.2 The indicators of social need described in the preceding paragraph are known to be associated with high levels of family stress and breakdown, mental illness, addiction and offending behaviour; high rates of illness and poor health of the population impacts significantly on the need for demand for community care services of all kinds. At the same time, the Council will be less able than more affluent areas to generate a significant proportion of the cost of services through charging, because of the high numbers of people dependent on benefit.
- 4.3 A distinctive feature of North Lanarkshire is the extent to which unemployment, poverty and deprivation are spread throughout the population in its towns and outlying communities. This is in contrast with other Council areas where deprivation is more highly concentrated. The Social Work Service Plan must therefore be responsive to high levels of need dispersed throughout most of its area.

5 RESOURCES

- 5.1 High levels of need in North Lanarkshire are to some extent reflected in the revised Scottish Office (98/99) indicators for Social Work services for children and older people. The extent of need is not fully recognised in that the calculations are based in part on existing levels of services, thereby disadvantaging areas with historically low levels of social work provision. This is evidenced by North Lanarkshire receiving only 6.21% of the revised share of Grant Aided Expenditure formula for social work services whilst it has 6.36% of the population. A strong argument can be made for higher grant support for additional Social Work services when deprivation, poverty and ill-health are taken into account.

- 5.2 The effect of damping of the revised indicators over a four year period has been to substantially worsen the Council's position. In the current year it received 5.99% of GAE for Social Work services - a loss of £2.3 million to better funded authorities, principally the City of Glasgow. The Scottish Office intention is that the effect of the revised needs indicators will continue to be damped over the coming three years.
- 5.3 The actual budgetary position for social work is that in 1989/90 the budget was £3.8 million below the revised GAE needs calculation.
- 5.4 In relative terms, the Council's expenditure on Social Work services is significantly below spending by other local authorities. On average across Scotland spending on Social Work is more than 5% above Grant Aided Expenditure. North Lanarkshire spends substantially below. Expressed in per capita terms, the Council spends £190 per head on Social Work services compared with a Scottish average of £216 per head. Given the needs profile of the area, expenditure on Social Work services might be expected to be above the average.

6 MANAGEMENT OF BUDGETS

- 6.1 The Department is increasingly challenged in the task of meeting the Council's statutory responsibilities to provide essential social work services within a context of financial constraints and high levels of need. Pressures are evident in a number of key areas.
- [a] **Residential Care and Nursing Home Budgets** - This is the subject of a separate report to the Social Work Committee. The Department funds 944 nursing home and residential care places for older people as well as directly providing 388 in its own establishments. Assessed need shows that by the end of the financial year there are likely to be 80-100 people who require this form of care for whom no funding is available. This number may be expected to treble over the lifetime of the forthcoming Service Plan.
- [b] **Budgets For Equipment And Adaptations**- These are constantly under severe pressure, with waiting lists growing. This is after the impact of one off measures approved by the Committee in the last financial year to attempt to clear waiting lists. However, the Department each year is experiencing significant sustained growth in demand for assistance, resulting in substantial waiting lists for assessment and for service after assessment. The current budgetary provision is inadequate to meet the demand. Currently, the prioritisation criteria approved by the Committee are applied stringently. This continues to be an area of high concern to local members and dissatisfaction to the public.
- [c] **Pressure On Home Care Services** - There is continued pressure on the Department's home care budgets, with a marked increase in the numbers requiring personal care such as help with washing, dressing and eating in their own homes. At the same time, there continues to be significant demand for the more traditional forms of help with shopping and housework. Home care budgets are stretched and having to be balanced through rationing the hours of service provided, and prioritisation on the basis of assessed needs.

- [d] **Prevention Of Admission To Hospital** - Lanarkshire and Greater Glasgow Health Boards through resource transfer, meet the cost of community care services for people with mental illness or learning disability who have been living in NHS continuing care hospitals and have been assessed as requiring discharge to community services. At the same time, there are a small but significant number of individuals who have never been in hospital, but whose illness or disability is such that they require intensive packages of support to care for them adequately in the community. These people require Social Work funding from North Lanarkshire Council and a number have been inappropriately admitted to acute hospital beds, and cannot be discharged until suitable provision is made for them.
- [e] **Learning Disability Services** - There are at present 463 day centre and 213 residential places for people with a learning disability. The Department also has to meet the costs of around 40 day centre places in East Dunbartonshire. There is a marked increase in demand for services from individuals leaving education, those requiring appropriate forms of accommodation with support and carers providing support to family members.
- [f] **Shortage of Respite** - the Department is unable to meet current demands for community based and residential respite, particularly for those with more complex needs, including children, and is having to restrict the level of services offered. In these circumstances access for parents and children is often restricted.
- [g] **Child Care Services** - The 1995 Children (Scotland) Act 1995 proposed a shift in service provision from residential to community provision with a corresponding shift in compulsory to voluntary intervention practice in the lives of children and families. Early intervention prevents the development of more serious problems and leads to a lower level of subsequent support services. There is a high demand for these support services such as respite, home care, young person's support teams and parent's support groups. A reduction in these services would lead to greater pressures on residential services with more young people accommodated. This would contrast with the aims of the Children (Scotland) Act 1995, and good practice guidelines. Additionally, the increased role for residential services would lead to long term cost increases and reduce the quality of service in this form of provision.

- 6.2 Management action is being taken throughout the year to ensure that resources are used as efficiently as possible and targeted toward those with the highest priority in terms of assessed needs.

7 RECOMMENDATION

- 7.1 Members are invited to note the contents of the report, which will provide the context for the 1999-2002 Service Plan.



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3rd August 1998

For further information on this report please contact Jim Dickie, Director of Social Work