

ANGUS COUNCIL SCRUTINY REPORT

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On 1st April 2011 the Social Work Inspection Agency merged with the Care Commission and the section of HMIE responsible for inspecting Services to Protect Children to form a new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS). The following report has emerged from assessment and scrutiny activity carried out by SWIA and completed by SCSWIS.

1. Introduction

The Social Work Inspection Agency (SWIA) undertook performance inspections of all of Scotland's local authority social work services between 2005 and 2009. SWIA published an overview report in 2010, which summarised the key issues and messages arising for social work services across Scotland. The initial performance inspections established a baseline from which improvement could be measured. SWIA developed its work to take account of the need to apply more targeted and proportionate inspection. It also published a self-evaluation guide and a suite of companion guides on specific topics to assist councils in developing their approach to self-evaluating social work services¹.

There are assigned link senior inspectors to each local authority. It is the link inspector's role to build up knowledge of the local authority and to facilitate local authority social work in its work to improve the services that it delivers to vulnerable people.

2. Purpose of report

SWIA completed an initial scrutiny level assessment (ISLA) in Angus Council Social Work and Health service in 2009. Angus was one of the first authorities to undergo this risk assessment. Findings from the ISLA contributed to Shared Risk Assessment and were included in the Assurance and Improvement Plan (AIP) for Angus Council for 2010/11. The local area network (LAN) who produces the Assurance and

¹ Visit www.scswis.gov.uk

Improvement Plan (AIP) assessed Angus Council as low risk in both 2010 and 2011².

SWIA determined the amount of social work scrutiny required in the council's social work service by using an assessment of risk (the ISLA). This considers risk at the strategic and service levels, as well as the risk to individuals. To assess the risk extent for social work services we scrutinise case records, analyse documents provided by the council review reports from other scrutiny and improvement bodies and analyse published national performance data.

This report sets out the reasons for the SWIA's targeted and proportionate scrutiny of the Angus Social Work and Health service. We undertook some scrutiny in July 2010 and again January 2011 and this report therefore covers the scrutiny undertaken to date. We also make recommendations for improvement arising from our scrutiny activity.

3. Initial scrutiny level assessment

SWIA undertook an initial scrutiny level assessment (ISLA) on the Angus Council social work services between June 2009 and October 2009. SWIA determined the amount of scrutiny required in a council's social work services by carrying out an initial assessment of risk. This considers risk at strategic and service levels, as well as risk to individuals. Our analysis of risk is based on nine questions that are used to analyse information and data gathered on the council. The questions relate to SWIA's Performance Improvement Model. As part of this process we consider how social work services are identifying and actively managing risk.

To assess the possible risks for social work services in Angus we scrutinised and analysed a range of information and data, including the following:

- Published national key performance and statistical data.
- Read 100 case records across all care groups³. This exercise included input from six local social work file readers, co-opted onto the file reading team.⁴
- 150 documents provided by the council or sourced by SWIA relating to the ISLA questions.
- SWIA's performance inspection report (2006).
- HMIE's report on the joint inspection of child protection (2008) and (2011).
- Audit Scotland Best Value Pathfinder (2010).
- Information provided by the Mental Welfare Commission (MWC) and the Care Commission.
- NHS QIS report on Learning disability 'Tackling Indifference' (2009).
- Information drawn from SWIA's participation in the Angus local area network (LAN).

4. Initial risk assessment findings

² www.audit-scotland.gov.uk

³ 30 children and family cases; 50 community care cases; and 20 criminal justice cases. 50 cases of people with a learning disability were also read at the same time as part of a multi-agency inspection.

⁴ This included criminal justice case files. The data gained from these files was subsequently used as part of the high-risk offenders supported self-evaluation exercise.

SWIA's overall initial assessment carried out in October 2009 was that the Angus Council social work services demonstrated:

- Low risk with good performance and good improvement work.

Our risk assessment was based on three categories:

- areas of significant risk;
- areas of uncertainty; and
- areas where there were no significant risks indicated.

Because of the evidence, we considered seven areas presented no significant concerns:

- There were robust budgetary procedures and governance was generally good.
- There were clear systems in place to support and develop staff and these worked well. This was supported by positive staff feedback and celebrated by council excellence awards.
- Regular user satisfaction surveys presented a positive picture and the Single Outcome Agreement has set clear targets for improving outcomes.
- There was a largely positive picture of care management and assessment.
- This was also true for the risk management of vulnerable children and adults. Issues that had arisen in this area in mental health have been subject to improvement action by the council and with its partners in Tayside, Angus have taken a pro-active approach to review its practice.
- There was support for people using services to engage with Angus Social Work and Health.

We did not identify any systemic and urgent risk during the course of the ISLA. There were no areas that needed urgent attention due to unsatisfactory or weak performance.

In the remaining two areas the level of risk was assessed as uncertain and further scrutiny was required where we had insufficient evidence or information to conclude a low level of risk.

- The development of performance management information was at an early stage and we were unclear about the use of it in service review and redesign and how it fed into effective partnership working.
- Angus Social Work and Health had some self evaluation processes in place but these appeared to be in an early stage of development and required to be more robust.

The areas of uncertainty outlined above, formed the focus for our scrutiny, which we carried out during July 2010 and January 2011. Scrutiny sessions were targeted at the areas of risk we had identified.

Angus Social Work and Health was one of the first councils to undergo the ISLA process and it was also a pathfinder council for Shared Risk Assessment carried out by the local area network. Consequently the timetabling of its scrutiny differs from other councils and is timetabled over a longer period.

Our scrutiny was undertaken on a targeted basis and did not constitute a full assessment of all social work services.

5. Scrutiny

5.1 Scrutiny of effective self evaluation, including improvement planning and delivery

Reason for scrutiny

Service redesign and the pace at which this took place was an issue raised in the original performance inspection in 2006 with the service consulting on the redesign of learning disability services. At the time of the ISLA in 2009 a report on the redesign of the learning disability service had recently gone to committee and some of the service improvements had recently been implemented.

The service also had plans to modernise older people's service working in partnership. The pace of change appeared to be continuing at a measured pace and the improvements to service users were not yet evidenced.

Angus Council had recently begun to use an EFQM⁵ approach (Angus Improvement Model – AIM) to help all departments to self evaluate the services which they were delivering. Use of the Social Work Inspection Agency's Performance Improvement Model⁶ was also being undertaken by teams in Angus Social Work and Health including the joint service teams. We saw some evidence of these but it still needed further development. This was an area which we felt might benefit from some external challenge.

Angus Social Work and Health was developing its performance management system but it was unclear how this fed into service improvement and service redesign.

Scrutiny findings

In July 2010 and January 2011 we undertook scrutiny of this area of risk.

Angus was developing their use of performance information. They had reviewed the information that they gathered and how that fed into their understanding of performance locally and also how it informed that national picture. This work was also being undertaken corporately after the Best Value 2 Pathfinder report found that this was an area for improvement.

In 2010/11 Social Work and Health reported on new local performance indicators. These were also shared with elected members. Senior managers had tried to ensure that the need for accurate data was understood at team level and that performance was regularly shared with staff at all levels. Managers said that staff understood the links to standards and to outcomes for service users. Recently this was also the subject of articles in the staff newsletter. Managers said that this was to help

⁵ European Foundation for Quality Management

⁶ Guide to Supported Self Evaluation SWIA 2009

communicate with staff about performance and improvement. The data had also been used in staff learning and development.

We saw some examples of reports that were available to managers. These often focussed on processes and finances. The reports did not include aggregated data on outcomes. Social work and health had begun to look at this area although this was still early in its development. However they had been working with Talking Points⁷ to measure outcomes in older people's services; the drug and alcohol teams had also been working on developing outcomes measures for individuals jointly with health and the third sector; and children's services were working with Viewpoint to ensure that the child's voice was included in their care. This initial work was still to be developed into data that will provide regular feedback for managers and their staff, as well as other stakeholders.

In addition local managers told us that they audited a small number of files on a regular basis using the SWIA file reading template to assess the quality of local files. In Children's services this meant that 100 files were audited annually. Managers told us that they followed this up with telephone calls to people using services to confirm their views. Managers were also using compliments and complaints as well as customer questionnaires to add to their understanding of the services that they provided. Feedback also came from the local advocacy services and the local practitioner forums. All of this added to their understanding of how well their services were delivering and what may need to be redesigned.

There were some early signs of positive change and managers told us about the refocusing of a local service commissioned from the Salvation Army to provide support. However it was still early days and clear evidence of this work impacting on the way that services were delivered and improved was still limited.

There were still issues about the quality of much of the information that was being reported on to managers with a wider use of outcome reporting still needing to be developed. Work was still needed to ensure that information from both partner agencies and voluntary sector partner's data was included and used effectively in service evaluation and review. We did not see clear evidence of this information being brought together and analysed to inform future practice and service design.

We spoke to both people using mental health services and their carers about services and their involvement in evaluating and improving both their personal support but also feeding their views into wider service development. People using mental health services in Angus were very positive about their experiences. Almost all of the people we spoke to said that they felt listened to about the care that they themselves received. Many of them were members of a local group called Augment and through this they said that they were consulted about the quality of services and could contribute to service development. They said that they could see changes being made as a result of this such as better multi-disciplinary teamwork and changes to the way systems worked within the hospital ward where some inpatient experience had.

The carers that we spoke to said that although they sometimes felt that the professionals providing services to the people that they cared for could listen more to

⁷ Talking points is a tool which supports staff to conduct outcome focussed conversations with people using services and their carers and to encourage this outcome focus in assessment, care management and review.

what they had to say as carers and they did not feel involved in the commissioning or design of services. Nevertheless they said that it was an improving picture from their point of view.

We saw evidence of the mental health team self evaluation in local team reviews. These were undertaken by a multi-disciplinary staff group who delivered services in a number of settings and included some information from people using services, some performance information and recognition that there were areas for improvement. We were told that staff evaluated their performance every six months. There were obvious strengths with this approach since it involved all staff in evidencing the performance of the service and in reviewing it.

Managers were enthusiastic and working together to meet both health and social work needs. They showed good leadership and worked well together demonstrating a clear vision for the service.

The written evidence we reviewed in October 2010 was dated from July 2009 and April 2010. The evidence contained within it was still often anecdotal and did not reflect a range of performance data to strengthen the evaluation of the service nor to clearly support the way forward. The evidence and analysis we read had not developed much since our initial ISLA and was therefore still in need of further improvement. Managers said that they now had an agreed set of outcomes which were recovery focussed. The social work staff that we spoke to said that they had not seen the agreed outcomes. Managers told us that the team evaluations were shared across the 3 community mental health teams and that they fed into a Mental Health Action plan.

RECOMMENDATION 1

Services should evidence their use of the full range of data to help them review the services that they provide. They needed to have current, accurate data from a number of sources including people using services, carers, staff and other stakeholders with clear areas identified for improvement that linked to the data gathered and vision for the service.

RECOMMENDATION 2

The self evaluation process needed to be more systematic and able to evidence the links between data and improvement actions as well as the progress made with previous actions

This continues to be an area for improvement. Angus Social Work and Health has been developing its self evaluation processes in a considered way. As performance information from both health and social work systems becomes more robust and sophisticated, the useful work begun here could support a good and clear evaluation of the service for service users, staff and the wider community, allowing for considered planning across agencies.

5.2 Scrutiny of Effective Partnership working

Reasons for scrutiny

Angus Council felt partnership working was an area of strength for them and indeed in some areas such as older people's services SWIA had previously reported positively on this.⁸ Angus Social Work and Health reported as having good working relationships with education and NHS Tayside. However outcomes in these areas did not always reflect this and developments had been slow in some areas and in others such as older people and learning disability services effective planning with partners would be vital to care of vulnerable groups as the service modernised. Evidence that we saw in the ISLA did not clearly show the positive impacts of these partnerships on services and outcomes. In trying to undertake this work in a targeted and proportionate way it was agreed that the focus of this scrutiny would be the integrated mental health team. This was the more developed of the integrated teams at the time of the ISLA and it was hoped would be able to demonstrate the impact of effective partnership working.

We also undertook this work as a 'critical friend' of the integrated mental health team. We will provide a more detailed report for the team to consider as part of their evaluation of their work.

Scrutiny findings

We spoke with a range of staff from all levels from the mental health team. This is a multi-disciplinary team who offer treatment and support both inpatient and in the community. Managers that we spoke to offered a clear and shared vision for the service. They clearly worked well together and were able to look at the service with needs of differing parent agencies in mind. By a range of means such as consultations and links with Augment and Angus Advocacy, they had good links with the people who used their services. They talked about the changes that they had made to their systems. This positive view was shared by both people using services and their carers. They said that they generally received a good service and were unconcerned about which member of the team they were seen by. They were very positive of the support that they received which helped them in the community. Their only negative comment related to a health service issue. Some people they explained had experienced frequent changes of psychiatrist. This was acknowledged by the consultant psychiatrist and local managers who explained that there was a recruitment issue which they were working to resolve. Likewise Angus Advocacy was also very positive about the service and felt involved in working with those services in a very positive way. .

Staff were positive about their work. They felt that they worked well together and that this was to the benefit of the people using services and their carers. Social workers said that documents did not accommodate social work easily but this was being looked at by managers. Staff highlighted that the health and social work systems did not talk to each other and that this was a barrier. In addition some tasks such as welfare benefit checks and carer assessment were routinely given to social workers.

⁸The multi-agency inspection into services for older people in Tayside 2007

Managers need to consider whether social work skills are being fully used to their best advantage.

Generally we viewed partnership as strong and have re-evaluated this area now as low risk.

5.3 Wider scrutiny findings

Social work services were monitoring their performance against the Single Outcome Agreement (SOA). A range of performance information was also available on the Angus Performs part of the council website which evidenced a positive picture of the council's key indicators.

Angus' performance in terms of criminal justice is good. They perform much better than the Scottish average in a range of indicators. Their performance was also good during the supported self evaluation of high risk offenders. This was an exercise that Angus staff said that they found to be useful not only for this area of work but in developing their thinking about self evaluation in a wider context.

Their performance in community care is more mixed but these often reflect the areas of service that they had recognised required modernisation. Nevertheless these require improvement and will continue to be the subject of regular discussion by the link inspector. In the multi-disciplinary inspection of learning disability⁹ where the focus was on transition, employment, lifelong learning and leisure, Angus had evaluated well.

Angus was recently inspected by HMIE Services to Children who evaluated that the service was strong in communication with children and families; early identification of vulnerable children; helping families access services to support them; and a strong commitment to partnership working across all services.

The inspection of the regulated services had not raised any serious risks.

6. Recommendations

In addition to the range of improvement work social work services already had underway, we identified areas for improvement from our scrutiny activity.

Angus should continue to develop the use of data from its own systems and clearly evidence its use in its self evaluation and improvement activities. The information needs to be current and robust and focussed on outcomes for people using services. It should include information from all stakeholders. It should continue to develop its use of self evaluation and build in the good work it has already begun.

We will ask the council to draw up an action plan, based on our recommendations.

⁹ Thematic inspection of services for people with a learning disability in Angus, Dumfries and Galloway, East and West Lothian 2010

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As part of our commitment to actively promote and encourage self-evaluation on the part of councils (through the role of the link inspector and the use of SWIA self-evaluation guides¹⁰), there will be an option of supported self-evaluation available to the council.

7. Next steps

The link inspector will maintain regular contact with the social work services. We will monitor the performance of the service, including progress made with recommendations for improvement identified above. The link inspector will continue to offer support for self-evaluation and improvement activity. Information from the scrutiny report will be fed into the review of the council's AIP, by the link inspector, as part of the shared risk assessment process.

Linda Connolly
Senior Inspector
June 2011

¹⁰Guide to Supported Self-Evaluation, SWIA, January 2009.