

North Ayrshire Council Scrutiny Report

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On 1 April 2011 the new scrutiny body, the Care Inspectorate took over the work of the Social Work Inspection Agency (SWIA). This report is the result of scrutiny and assessment work carried out by SWIA and completed by the Care Inspectorate.

1. Introduction

The Care Inspectorate decides how much scrutiny a local authority's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service levels. SWIA carried out an initial assessment of North Ayrshire Council's social work services during October and November 2010. We did so by:

- Scrutiny of 76 case records supported by seven local file readers and an additional 20 case records read as part of supported self-evaluation of services for high risk offenders, again with local file readers;
- Analysis of 176 documents provided by the council or sourced by SWIA;
- Reference to SWIA's performance inspection report (2007) and follow-up report (2009) to track progress made on recommendations;
- Analysis of key performance data;
- Reference to the findings of HMIE inspection of services to protect children (2007 and 2010);
- Reference to information from the Care Commission on the quality of registered care services provided within the authority;
- Participation in the best value audit of the council in 2010, with a focus on service commissioning; and
- Participation in shared risk assessment activity led by Audit Scotland which included all relevant scrutiny bodies.

The ISLA focuses on answering nine risk questions:

- Is there evidence of effective governance including financial management?
- Is there effective management and support of staff?
- Is there evidence of positive outcomes for people who use services and carers across the care groups?
- Is there evidence of good quality assessment and care management?

- Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
- Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
- Is there effective partnership working?
- Do policies, procedures and practices comply with equality and human rights legislation and are there services that seek to remove obstacles in society that exclude people?
- Are there any areas that require urgent attention and improvement?

2. Initial Scrutiny Level Assessment findings

Based on the evidence available at October 2010, three areas presented no significant concerns:

- There were no significant concerns regarding the effective management and support of staff. There were a number of strengths including workload management systems and supervision arrangements.
- There were no significant concerns regarding compliance with equality and human rights legislation. The council was meeting its statutory duties and work on equality had been a long standing strength. It was providing access to services to a diverse range of communities.
- No areas of unsatisfactory/weak performance were identified that required urgent attention and improvement.

In a further five areas the level of risk was uncertain:

- Clearer links were required between strategic and financial planning. There was also a pressing need to adopt a more strategic approach to planning and commissioning. The council was engaged in an ambitious change agenda at the same time as having to find efficiencies and savings.
- There was mixed performance in outcome indicators for people using services with some areas of improvement. Personalisation needed a higher profile.
- The quality of assessments was inconsistent. There were concerns about thresholds for access to services for children. Waiting times and work allocation was an issue in children's services.
- The council had participated in a pilot PSIF¹ self-evaluation of social services and this had identified a number of strengths and areas for improvement. Performance management had been highlighted as needing to be more systematic and efficient, and improvement work needed to gain pace.
- Partnership working was variable in its effectiveness and had been impeded by, for example, delays in establishing revised community health partnership arrangements.

¹ Public Sector Improvement Framework

In the remaining area there were significant concerns:

- There were significant concerns about assessing and managing risk. Clear frameworks were required and the service needed to be more consistent in assessing and managing risks to children and adults. The use of chronologies was inconsistent across care groups and the quality of these needed to be improved.

SWIA summarised its findings in a report that it sent to the local authority in February 2011. The service responded promptly to a number of the issues identified in the report and had actioned a number of work streams, including work on chronologies, auditing risk assessment and risk management tools and reviewing thresholds for children's services. These are covered more fully in the report.

3. Timing of scrutiny

The amount of scrutiny the Care Inspectorate carries out in a local authority relates to both the assessed level of risk and the size of the local authority. These combined factors mean that the Care Inspectorate could have undertaken up to 30 scrutiny sessions in North Ayrshire. However, our risk assessment resulted in us agreeing 17 scrutiny sessions, which together with a firm commitment from the service to future work with the Care Inspectorate on supported self-evaluation and its positive response in initiating early work on risks, were sufficient to cover the issues identified. Our scrutiny included meetings with people who use services, staff, managers, and partner agencies (see appendix 1). We undertook initial sessions during March to look at how the local authority was managing and assessing risk and completed our scrutiny in June 2011.

4. Areas excluded from scrutiny

Our scrutiny is targeted, proportionate and focused on identified risks, and does not constitute a full assessment of all social work services. Based on the ISLA we did not scrutinise the following areas of practice:

Effective management and support of staff

Our initial assessment in October showed that the service plan gave staff support a high profile and workforce management was a central plank of the service's change agenda. Three main strands were absence management, "right sizing" the workforce and staff development. A focus on sickness absence had led to the comparatively high levels of sickness within social work services being reduced and steady improvements being made.

The service had clear and comprehensive guidelines for supervision and almost all annual personal development reviews were submitted on time. The local authority was in the process of rolling out a competency-based performance appraisal system. There were workload management systems in place, although these were not consistent across children and adult services.

There was a wide range of learning and development opportunities for staff and there was good involvement of front line staff in these opportunities. A coaching

programme for senior managers and transition management training had been set up to support staff and managers to prepare for organisational change. A number of developments to support staff working in reception services had been put in place, such as a monthly good practice award recognising individual strengths.

In common with other local authorities, the service needed to reduce costs and reduce staff numbers over the coming years in order to achieve required savings. Qualified social workers had been excluded from the opportunity to apply for the authority's early severance scheme and key social work services posts were excluded from a moratorium on filling vacancies.

In 2009, the social work service commissioned a consultant to undertake a high level review of how well positioned it was to deliver on key council objectives, including efficiency savings. The consequent report recommended reducing the number of middle managers and this has been actioned by the service through organisational restructuring. The impact of the restructuring is dealt with below under governance.

Equality and human rights

Our initial assessment also concluded that the service was complying with equality legislation and was providing services that promoted social inclusion.

Work on equality has been a long standing strength of North Ayrshire Council. A single equality scheme was developed in 2008 which consolidated former race, disability and gender equality schemes. The use of equality impact assessments had been promoted throughout the council as a means of assessing the impact of service changes on people using services.

SWIA's performance inspection (2007) identified good practice examples in equality work such as the community development team supporting Chinese citizens to start up a local newsletter, a survey of travelling people and a wider needs assessment of North Ayrshire's black and minority ethnic population. These initiatives had been built upon since. The Money Matters service has continued to be active in successfully supporting people to maximise their income and achieve improved financial inclusion.

5. Scrutiny findings

Governance and financial management

Reasons for scrutiny

North Ayrshire Council had redesigned its corporate and service planning systems to streamline service plans and improve alignment with the single outcome agreement. The social services and health service plan for 2010/11 was brief and clear but was not set within a longer term contextual strategy. There was an absence of financial planning information and, although this was in keeping with corporate guidance, it was difficult to see the linkages between service and financial planning processes.

In common with other local authorities the service faced the challenge of making savings and efficiencies while delivering quality social work services. The Audit Scotland Best Value 2 report (2011) identified that the lack of an over-arching

financial strategy for the council would make it difficult to assess the overall impact of reduced funding.

There was ongoing political oversight of the authority's ambitious change agenda, which was being led by the chief executive. This had been enhanced by the establishment of a cross party *change sounding board* for the lifespan of the administration.

Scrutiny findings

The service had been initially tasked with delivering 20% savings and efficiencies over three years, 2011-14. This had recently been re-set at 12.5% over this period and considerable work was underway on identifying and modifying planned savings. The senior management team had agreed to prioritise the protection of the children and families budget in identifying revised efficiencies and savings.

Work on financial planning had been prioritised by the service. There was evidence of some progress being made in linking longer term service and financial planning, especially in the redesign of home care, the change programme for reshaping older people's services more generally and family placement services. For the latter, detailed planning had led to the council approving additional investment of £1.638 million for the directly provided fostering service. However, this level of detailed work was not yet comprehensive and there was scope to continue to improve the linkages between longer-term service and financial planning across the service.

The service had undergone a very recent restructuring exercise, which had removed two tiers of middle management. The grade of team leader had been deleted and replaced by a team manager grade. This was intended to streamline accountability, and to create a more coherent and lean management structure. There were mixed views amongst staff and managers we spoke to about the impact of this on service delivery. Many said they had found the process challenging and some identified the loss of experienced middle managers as creating uncertainties for them in oversight and support, at least in the short term.

The restructuring had also led to the establishment of a new planning and commissioning team with increased capacity. This was a positive development. Work on procurement and contracting had been prioritised to ensure that contracts were properly in place. This much needed work had progressed well but had meant that little had yet been done on strategic planning and this required attention. Work had begun on the development of an overarching commissioning strategy for the service with a plan to complete this by the end of 2011. This will underpin care group strategies. A further priority for the team was to establish a clear process and procedure for procurement. Training for frontline staff involved in service commissioning and procurement for individuals was also planned.

There were joint commissioning strategies for older people, and children and young people's services in place. The older people's commissioning strategy had taken a considerable time to develop, but had provided a useful platform for developing the joint application to the change fund to reshape older people's services. The change fund submission had been commended by the Joint Improvement Service. With the advent of the new planning and commissioning team, work was being undertaken to develop a tendering process for children's residential services ensuring that

outcomes were being met for individual children and young people. This was being informed by national work.

The respective roles of the planning and commissioning team and operational managers for care group specific strategic planning needed to be monitored to prevent differing approaches developing and continuing gaps in strategic planning. Senior managers acknowledged that strategic planning was not well developed and that although operational managers were expected to lead on this for their care group responsibility, this was often hampered by substantial operational remits, which tended to take precedence. There was a major agenda for service development in community care services especially, and it will be vital that work on strategic planning and commissioning is prioritised in order to deliver on improvements needed.

Recommendation for improvement

Social work services should implement a comprehensive and coherent approach to longer-term strategic planning that is effectively connected to financial planning and strategic commissioning.

Early work had been undertaken through the Strategic Alliance, a pan Ayrshire Group between the three Ayrshire local authorities and NHS Ayrshire and Arran, to identify priorities and opportunities to take forward a shared services agenda. Senior managers saw this as a means of augmenting local planning and commissioning, potentially delivering added value and enabling developments that would not be possible for North Ayrshire to deliver on its own. For example, work was underway to consider the development of a shared specialist resource for people with complex needs who have learning disabilities and a number of other service developments identified in the partnership section of this report. The Strategic Alliance was chaired by the corporate director.

A practice and performance unit had also been established to co-ordinate audit and self evaluation, as well as external reviews and action planning from external inspections. The social work governance board had recently been set up with a clear remit agreed.

Outcomes for people using services and carers

Reason for scrutiny

Latest national performance data showed a mixed performance in proxy outcome measures for adults and children.

Numbers of people getting a direct payment were low. This had changed little over time indicating that more focus was needed on self-directed options and on developing personalised approaches. The management restructure had introduced a new management post specifically to promote and lead on personalisation.

Scrutiny findings

Outcomes focused practice was still developing. There were variations amongst staff in their understanding of outcome focused practice. Some children and families

staff provided good examples of how they were defining outcomes in work with young people. They were using SHANARRI² as the framework for this. However, staff needed further support and practice examples to assist them in adopting this approach. In learning disability services, staff had begun using the Joint Improvement Team's (JIT) guidance on outcomes based assessments and the children with disabilities team was using person centred planning. In addition, more general work had been undertaken on the community care outcomes framework. At a strategic level the single outcome agreement identified high level outcomes.

Senior managers commented that evidencing outcomes and what had worked well needed to be improved across the service. In general, there is still work to be done before there is an embedded and shared understanding about how outcomes are agreed with people who use services. There was not yet a systematic means of measuring and aggregating outcomes. This had been an issue at the time of SWIA's performance inspection in 2007 and although satisfactory progress was reported in the follow-up inspection in 2009, work on this appeared to have lost momentum. The planned implementation of an advanced version of CareFirst in autumn 2011 had the potential to assist in facilitating outcomes recording.

Recommendation for improvement

The service should strengthen and accelerate work in implementing a systematic approach to identifying, recording and aggregating outcomes for people who use services.

To improve outcomes for older people, the service had developed plans to reshape the care of older people. This included redesign of its home care services that was in the process of moving to a 50/50 split between directly provided and externally purchased services. This would take 18 months to complete. Further redesign and modernisation had been approved by the council's Executive. This included developing models of long term support to increase capacity for intensive support across seven days a week and in the evenings, expanding telecare, enhancing rehabilitation and re-ablement and developing housing and support options. The council's Executive had approved the development of an older people's housing strategy in March 2011 and substantial work had been undertaken on planning the modernisation of local sheltered housing by the time of our scrutiny.

As referred to in the governance section above, additional investment had been made in the council's directly provided fostering service to improve outcomes for children accommodated by the authority. This had enabled significant increases in the recruitment of carers, and led to a reduction in the local authority's dependence on the independent sector. Crucially, it had also provided local and good quality alternatives to residential care for a number of children aged less than 12 years. For example, since implementing the new service in February 2010, six young people had been transferred from residential units to foster care placements, including young people who were formerly in out of area placements. The fostering service had been graded as very good by the former Care Commission in January 2011.

The local authority, working in partnership with the police, had recently begun to implement an early and effective intervention model for young people who offend in

² Safe, healthy, achieving, nurtured, active, respected, responsible and included.

order to improve outcomes for them. This evidence-based model has been adopted elsewhere in Scotland and is based on responding to young people who offend in a proportionate, appropriate and timely manner. Senior managers anticipated that re-offending rates would be significantly reduced through successful implementation of the model.

The corporate director had prioritised implementation of personalisation within the service. A change programme, focused on personalisation closely aligned to implementing self-directed support, was being planned at the time of our scrutiny.

The council's Executive had agreed to the development of a personalisation strategy for council services in June 2011 to be completed by November 2011. Planning had begun on developing the strategy, which included four main work streams involving a range of activities such as, wide consultation on and promotion of the approach, developing procedures and protocols, developing the local social care market and exploring information and communication technology to support new business and practice processes. This work will be underpinned by an analysis of future demands and capacity within the service to respond to these, as well as the development of finance and commissioning practice. A steering group was being set up and a number of sub groups established to take the work streams forward.

A local personalisation pilot was also planned that would test a new resource allocation system (RAS). This would be a simple tool to allocate available resources. The basic approach would be to set a budget based on people's needs and let them decide how to use it. This pilot will engage with people who are keen to participate and will be across care groups. Findings from the pilot will be reported next year. In addition to mechanisms to assess and control the strategic risks inherent in this change programme, the service will evaluate risk to individuals participating in the pilot project, especially those who lack capacity.

Plans we saw for savings and efficiencies had identified personalisation as delivering some savings. This will need to be openly and carefully communicated to carers, staff, partners, providers and people who use services alongside the positive messages of self-directed support offering more choice and control over decisions about the way services and supports are provided. A communication strategy was being developed for this work. Agreeing how people's needs are to be assessed will also be of vital importance.

Quality of assessment and care management

Reason for scrutiny

The quality of assessments was inconsistent. While almost all the case files we read contained an assessment and most had an up to date care plan, there had been unreasonable delay in the implementation of some care/supervision plans. More positively, the ISLA identified there was good collaboration with partner agencies. This was supported by HMIE's 2010 inspection of services to protect children, particularly for multi agency working in domestic abuse and substance misuse.

Children in need and children affected by disability were two areas where we identified deficiencies in the level of and quality of the support being provided. There were also issues of "drift" in planning for children placed with kinship carers. Some

looked after children in long term kinship care placements did not have an allocated social worker.

Scrutiny findings

Staff and managers told us that assessments were quality assured through sampling and regular audit across the service. Workers took three case files for discussion to each supervision session. The child protection co-ordinator audited all child protection assessments and feedback was provided individually but there was no aggregation of learning from this process. There were systems in place to check that reports were completed within prescribed timescales. There was management information available through team leaders and other managers to ensure staff had an understanding of how they were performing.

Our file reading results showed that 71% of the children's and adult's case records we read were scrutinised regularly by first line managers and 21% were occasionally reviewed by senior managers. Of the high risk offenders case files we read, 35% of these were scrutinised regularly by first line managers. There were plans to augment this by regular audit through the newly formed practice and performance unit. However, we were concerned about existing arrangements for quality assurance as these were not sufficiently effective in identifying or addressing key practice issues.

Recommendation for improvement

The service should thoroughly review and improve existing quality assurance processes, especially arrangements for scrutiny of case files. Managers should ensure that learning from revised processes is routinely used to identify and address practice issues.

Staff and managers told us that demand varied significantly across the localities with the Irvine team being identified as the busiest. Referrals came through reception services, which carried out initial assessments and transferred work onto teams. These assessments were used to initially prioritise work. Recording from reception service was thought by some staff to not always be of good enough quality and the amount of information provided varied. They also acknowledged that there was a high volume of demand being managed through reception services. We thought that managers should monitor adherence to transfer protocols between reception services and locality teams to ensure that there is consistent good quality information transferred.

Children and families' staff, team leaders and managers confirmed that all children whose names were on the child protection register, and looked after children in residential and foster care placements had an allocated social worker. However, not all children who were looked after at home or those in kinship care placements had allocated social workers.

Staff told us that the young people in kinship placements who did not have an allocated social worker had been assessed as being more settled and requiring less work, but that these arrangements were being reviewed. Two new posts for kinship care had been agreed and it was anticipated that this would provide additional capacity for assessing carers, individual and group support and training. In addition,

there was an active push by the service to ensure that young people were moved through kinship to more secure placements, such as with a residence order with their family.

Recommendation for improvement

The service should ensure that every child subject to compulsory measures has an allocated, named social worker.

The waiting list for assessments for children affected by disabilities had been reduced from over 80 to just over 20 children and work was continuing to reduce this further. The impact of the loss of a number of key services, including a befriending service, play schemes and respite services for children affected by disabilities was causing concern to parents, although staff had undertaken work to link families to mainstream community services.

There were high numbers of children who were subject to voluntary arrangements and who were not allocated to a worker. There was little evidence that responses from universal services, through implementation of GIRFEC³ principles, were offering alternative options for these children.

There were some delays in moving a small number of people with learning disabilities out of hospital and into sustainable community placements. Managers told us that the people affected had very high needs and had experienced previous community placement breakdowns. Active work was being undertaken to agree viable and long-term options for each of the people whose discharge had been delayed and funding for this had been identified. We thought it would be useful to progress this work on a partnership basis with the local NHS.

Although waiting lists and waiting times for assessment and services were being reviewed this was somewhat piecemeal and consideration of these needed to become more strategic and co-ordinated, with clear priorities and targets established. Monitoring arrangements were in place for children and families but further work was needed in community care.

Recommendation for improvement

Senior managers should improve systems for reporting and monitoring waiting lists and waiting times for assessments, and for services. They should establish clear priorities.

There were workload management systems in place and although workloads could be overwhelming at times, staff felt they had good support from their managers, although some expertise had recently been lost. They thought that workload management systems generally worked well.

Children and families staff told us there were too many reporting requirements and formats in place. Work with partner agencies on implementing the Integrated Assessment Framework (IAF) had been slow. Staff complained that they were completing time consuming full reports for services that should be simpler to obtain. There was also little evidence of staff in other agencies taking on the role of lead

³ Getting it right for every child

professional. Staff did not consider there was effective targeting of resources and there remained a disproportionate effort from the social work service compared to other agencies. We concluded that the implementation of GIRFEC needed to gather pace, following the former lead leaving the service some 18 months ago. This post had been recently filled and staff anticipated a resurgence of activity but regretted that much effort had been lost in the intervening period.

In common with many other parts of Scotland, implementation of single shared assessment (SSA) had not progressed well on a joint basis. SSA forms were only ever completed by social work and housing staff, and they could not be electronically shared. A successful conclusion to national work on e-care was awaited. Staff and team managers told us that there were older people waiting for specialist assessments and for some services but that those with higher needs were prioritised.

Assessing and managing risk

Reasons for scrutiny

There were a number of risk assessment tools being utilised in different parts of the service but these were not underpinned by comprehensive guidance. Our case file audit highlighted that the use of chronologies and the quality of these needed to be improved.

Our file reading identified concerns that children who did not meet the threshold for child protection were not receiving a service from a qualified social worker early enough and vulnerable families were having services reduced or withdrawn.

Risk management plans were missing for six out of sixteen children and young people's whose case files we read and we judged that not all protection concerns had been adequately dealt with in six children and families case files. Of the community care files we read we judged that in 50% protection type risks had not been adequately dealt with where there were such risks. There were also concerns about the quality of risk assessments for adult protection.

Overall, our case file audit indicated a pressing need for the service to put supports in place to improve staff competence and confidence in assessing and managing risk. Improved arrangements for practice audit were also required.

Scrutiny findings

In response to the findings and initial assessments made in the ISLA, the newly formed social work governance board had initiated an audit of all current guidance on assessing and managing risk, together with an audit of all tools used across the service.

The service wished to benchmark with, and learn from other local authorities, which we thought was positive. A case file audit was planned for autumn. Some improvements had been made, for example, a generic risk assessment form had been introduced in older people services and a steering group had been set up in children and families. However, there was not yet an agreed and comprehensive

action plan in place to improve the quality of risk assessments and management plans.

Thresholds for children who did not meet child protection criteria and were not receiving a service from a qualified social worker varied across teams. Senior managers and the corporate director acknowledged that the thresholds were likely to be too high and, following the ISLA report, had commissioned an external consultant to undertake a detailed analysis of this matter and to propose improvement actions. This work was about to commence. The consultant will require to pay close attention to current practice in identifying and responding to risk levels and make clear recommendations about how thresholds can be adjusted to provide a consistent approach that ensures risks are more effectively identified and managed.

Children and families staff thought there were good supervision arrangements in place and advised that children, for whom there were high risks, were always discussed at formal meetings, with advice and guidance readily accessible. However, they felt that the energy that went into quality assurance was disproportionate to the improvements it had delivered. Similar to issues we identified in quality assurance processes for assessment and care management, especially in scrutiny of case files, there was a pressing need to review and improve existing processes as they had not been effective in identifying or addressing key practice issues. Senior managers acknowledged that the practice and performance team would have a key role to play in improving the assessment and management of risk.

The service had initiated work on chronologies through the establishment of a working group to review practice in developing and using chronologies, and to develop comprehensive, clear guidance. Staff we met were very positive about their engagement and involvement on this issue, which they recognised as key to improving assessing risk particularly, and assessments more generally. This work was almost complete, and practice and audit guidance on chronologies was due to be issued to staff shortly.

Managers confirmed that there was no single source for risk assessment and management policy in the local authority. It was generally the view that it would be helpful to have this for consistency and to support an evidence based approach. There was a high volume of guidance in children and families work, especially for child protection. This needed rationalisation and improved organisation as it was not currently supporting consistent and high quality risk management and assessment practice.

Practice in adult protection was developing but was at an earlier stage than child protection. The adult protection committee had recently appointed a new independent chair and staff were positive about this. There had been an audit of adult protection training needs. Child and adult protection along with the management of offenders had recently been brought together in the service restructuring under a public protection remit. This should offer opportunities for joint training, improved communication, and in harmonising appropriate aspects of practice and guidance across the service. It should also provide a locus to make clear the necessary differences in approach to each of these distinct areas of practice.

Recommendation for improvement

The service should improve the assessment and management of risk. This should include improvements to staff training and support, frameworks and guidance, and quality assurance and audit.

Self Evaluation and Improvement Planning/Delivery

Reason for scrutiny

North Ayrshire was one of three local authorities to participate in the pilot PSIF self-evaluation of social services, cross referenced to the SWIA performance improvement model (PIM). This provided evidence of a number of areas of good performance and resulted in a list of improvement actions. Some of these actions also related to issues which had led to recommendations in SWIA's performance inspection of 2007 and as highlighted elsewhere in this report we were concerned that these remained as areas for improvement some three years later.

There were inconsistencies in the presentation of performance data in quarterly business reports and some did not conform to SMART criteria. The corporate director had issued guidance to promote more consistent understanding and use of traffic light performance reporting by managers.

There was mixed evidence of good practice concerning involvement of people who use services. Some services had well established inclusive process that had been rated highly by the Care Commission. However, there was not consistency of practice.

Scrutiny findings

The establishment of the social work governance board provided a focus for the development and oversight of a structured programme of self-evaluation and improvement activity. The practice and performance team had been given a core remit to support such a programme and preparations for this were underway. The management restructuring had placed a welcome emphasis on audit and practice improvement.

The practice and performance team manager wanted to learn from other local authorities about their approach to structured audit and its role in identifying and implementing improvement actions. The team had a wide remit and priorities were still being established at the time of our scrutiny. It will be important to closely monitor the team's activity to ensure it does not become overwhelmed or that unnecessary tensions do not arise between the functions it carries. It will be vital that the team is clearly understood as a key support to a range of audit and practice improvement activities, which operational staff will need to also own and fully engage with, if the new approach is to succeed. Staff and managers we met were positive and optimistic about the new team combined with the practice improvement focus of the social work governance board.

Many staff we met had not had the opportunity to be involved in service improvement activity. Nonetheless, there were some positive examples, such as criminal justice staff involvement in the high risk offender supported self-evaluation, change work on

the independent living service and involvement in the work on chronologies. Staff were positive about such opportunities and expressed an interest in becoming more routinely involved in self-evaluation and improvement work. Managers confirmed that they intended more practitioner involvement in service improvements.

Similarly, work was needed to improve the systematic involvement of people who use services and carers especially in strategic planning and commissioning, and improvement and change programmes. It was planned that the roll out of a citizen leadership training that had been successfully piloted would effectively address this issue. This had involved staff, managers, people who use services and carers.

A review of performance management information was underway to revise and clarify key indicators and to streamline the overall structure of reporting. Operational objectives had been agreed for the senior management team which linked to the service plan and single outcome agreement. Work was planned to link this to team and individual performance.

Consistent use of CareFirst had been identified by managers as a priority issue and work to improve electronic recording of data was underway, although this would take some time to fully implement. This created issues for the reliability of data stored as it was often incomplete and poorly populated. Staff described the IT system as problematic in that it was not accessible to all staff, evaluation and performance management reports were not readily available and for some offices the system regularly froze and could not be accessed at all. The updating of CareFirst due in the autumn was widely regarded by staff as the means to resolving these issues.

A consultancy firm, iM power was working with the local authority on its corporate change programme. Work streams that had been agreed for social work services, included shifting the balance of care and personalisation. The consultants were regarded by the corporate director as bringing additional experience and skills in programme management, financial modelling and ICT modelling. The consultants will work alongside a team of North Ayrshire staff to develop knowledge and skills in these areas. The local authority had a programme fund to which the service could apply for extra resources in order to achieve the planned changes.

The service had been proactive in involving external support in evaluating work such as the commissioned work described above on thresholds and risk. It had also invited the Care Inspectorate to support self-evaluation work, beginning with participation in the planned case file audit to provide independent verification of findings.

Partnership Working

Reason for scrutiny

The single outcome agreement presented strong evidence of partnership working at a strategic level in identifying shared, key priorities amongst the community planning partners and good evidence of public consultation on these. North Ayrshire is the lead partner on the current integrated resource framework (IRF) pilot focused on developing an Ayrshire wide service for children and young people affected by disability and this work is ongoing.

Partnership working with the NHS had stalled around the establishment of new CHP arrangements while the virtual CHP structure which emerged had also created challenges. The partners had set themselves an ambitious agenda against a backdrop of increased economic austerity and a poor track record on productive partnership. However, there was evidence that efforts had been made to strengthen partnership arrangements resulting in sustained good progress in eliminating delays in discharge from hospital. Joint work on redesigning older people's services and agreeing a joint commissioning plan has been supported by the JIT since 2009 but progress had been slow in developing this.

Overall, there had been slow progress on co-locating staff and sharing resources. Joint working at a strategic level in children and families appeared more developed than community care. Multi-agency collaboration through the child protection committee and integrated children's services planning processes had been identified as a key strength of the service.

Scrutiny findings

Relationships with the local NHS had improved and positive progress had been made. Most notably, good joint work had been undertaken in developing the joint application for the change fund to support changes in the balance of care for older people, which would address key national objectives. The joint submission was commended by the Joint Improvement Team. Implementation was underway and progress had been made in the development of co-located hubs for older people's services. There was also a clear commitment to making suitable supported housing options central to future local services to prevent inappropriate admissions to hospital or other residential settings. The older people's housing strategy referred to above will provide the locus for this work.

Joint work on the development of a joint community equipment store was at an advanced stage. The Strategic Alliance had considered a report on commissioning a provider to project manage a joint equipment store on behalf of the partners. Work on the joint equipment store had been approved by North Ayrshire council's Executive and was linked to a wider review of the independent living service. The council's Executive had also agreed to explore the possibility of establishing a pan-Ayrshire sensory impairment service.

A pan-Ayrshire approach had also been taken to the re-provision of out of hour's social work services. In March 2011, the three local authorities had formally given the required 12 months notice to Glasgow City Council that they wished to withdraw from the current social work standby service arrangements. A joint working group was developing detailed options for a new joint, local service by March 2012. Work on these positive developments with the other Ayrshire local authorities and with the local NHS was gaining pace and although the joint services proposed were fairly modest, they clearly represented a welcome reinvigorated partnership approach to sharing services and resolving common problems.

Addiction services were shortly to become co-located and a revised budget allocation for these services had been agreed, based on a needs assessment that saw North Ayrshire getting more resources from the NHS. This represented a significant move away from a traditional three way split across each of the three council/CHP areas in Ayrshire that was normally adopted. The local CHP co-

ordinator believed that this approach to resource allocation, especially as results from the IRF pilot emerge, might be successfully extended to other areas of service but said there were currently no plans for local health and social work integrated teams.

Work was needed to re-establish joint work on the provision of integrated mental health services and in the modernisation of integrated learning disability services.

In children's services the re-establishment of a concerted effort across the partners to progress the GIRFEC agenda was needed. We were concerned that responsibility for this should not rest with a singleton post as this had previously led to work being delayed and effort wasted when the lead for the work on GIRFEC left post and this had remained unfilled until recently.

Good partnership working had been developed between the service and the police. A social worker was based within a local police station to coordinate the joint approach to effective and early intervention with young people who offend. Work had also begun on scoping a joint domestic abuse response team, to include a social worker and a police officer.

In addition, there were good links between criminal justice and youth justice services. This had enabled effective work with the procurator fiscal and the Scottish Children's Reporter Administration to implement the use of court notes for 16 and 17 year olds and the effective implementation of youth structured deferred sentences.

While challenges in partnership working clearly remained, there was evidence that effective partnership working had been prioritised and it had improved markedly in a relatively short space of time.

6. Summary of recommendations for improvement

- Social work services should implement a comprehensive and coherent approach to longer-term strategic planning that is effectively connected to financial planning and strategic commissioning.
- The service should strengthen and accelerate work in implementing a systematic approach to identifying, recording and aggregating outcomes for people who use services.
- The service should thoroughly review and improve existing quality assurance processes, especially arrangements for scrutiny of case files. Managers should ensure that learning from revised processes is routinely used to identify and address practice issues.
- The service should ensure that every child subject to compulsory measures has an allocated, named and qualified social worker.
- Senior managers should improve systems for reporting and monitoring waiting lists and waiting times for assessments, and for services. They should establish clear priorities.

- The service should improve the assessment and management of risk. This should include staff training and support, frameworks and guidance, and quality assurance and audit.

7. Next steps

We will ask the local authority to take note of the recommendations for improvement in this report and to provide an action plan to address these. The link inspector will maintain regular contact with the local authority to monitor the impact of new arrangements and new developments and to monitor progress in implementing the action plan. The link senior inspector will also continue to offer support for self-evaluation and self-evaluation activity.

Information from the scrutiny report will feed into the annual review of the local authority's assurance and improvement plan as part of the shared risk assessment process.

Christina Naismith
Senior Inspector
September 2011

Appendix 1

Number and type of scrutiny sessions

Scrutiny Activity	Number of sessions undertaken
Focus groups with people who use services	1
Meetings with Front Line Staff, First Line Managers & Middle Managers	11
Meetings with Senior Social Work Managers	4
Meetings with partner agencies	1