

East Dunbartonshire Council Scrutiny Report

Publication Code: OPS-1111-099

November 2011

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.

We carried out an initial assessment of East Dunbartonshire Council's social work services between October and November 2010. We did so by:

- Scrutinising 95 case records. This included the involvement of staff from the local authority who were part of the file reading team
- Analysing over 200 documents provided by the local authority
- Reviewing the HMIE report on the joint inspection of child protection services of February 2010
- Reviewing reports from the former Care Commission and other scrutiny and improvement bodies
- Consulting Audit Scotland, the Mental Welfare Commission for Scotland documents and relevant Scottish Government policy interests
- Analysing published national performance statistics
- Participating in the Local Area Network shared risk assessment activity, led by Audit Scotland. This activity 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. Summary of ISLA Findings

We categorise our initial risk assessment under 3 levels. Our overall initial assessment indicated social work services in East Dunbartonshire to be level 2, which is described as “exhibiting moderate risk, with adequate performance and moderate activity on improvement work”.

We found no areas of significant risk in East Dunbartonshire

Our risk assessment was based on three categories: areas of significant risk, areas of uncertainty and areas where no significant risks were indicated.

Based on the evidence available, social work services attained positive findings in 5 of the nine areas and were assessed as low risk in these areas. These were:

- providing positive outcomes for people who use services across the care groups
- the quality of assessment and care management
- self evaluation
- equality and human rights
- areas of urgent improvement.

We identified four areas of uncertainty because we had insufficient evidence or information to be able to conclude on the risk level. These areas were:

- governance and financial management
- management and support of staff

- risk assessment and risk management
- partnership working.

We summarised our findings in a report that we sent to the local authority.

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 we could have undertaken up to 30 scrutiny sessions in East Dunbartonshire. We carried out this scrutiny activity from the 3 to 6 May 2011.

However, given the extent of the local authority's involvement in self evaluation, we carried out 20 sessions. This included meetings with people who use services, carers, staff, managers and partner agencies.

4. Scope of Scrutiny

Our scrutiny is targeted and proportionate and does not constitute a full assessment of all social work services. Although this process differs from our previous inspection processes in that it is risk focused, we saw improvements in a number of areas since our last inspection and therefore did not inspect these.

Based on the positive findings in the ISLA, we did not scrutinise the following areas:

Providing positive outcomes for people who use services across the care groups

East Dunbartonshire was improving its approach to measuring and delivering good outcomes, had put in place improvement actions to take this forward, and had a comprehensive approach to user consultation and engagement. They were making progress in embedding outcome objectives in strategic planning and performance management. The contribution of social work to the achievement of national outcomes and single outcome agreements was clearly set out.

East Dunbartonshire had developed performance improvement frameworks which included a range of outcome indicators using a combination of nationally reported statistics and local management information. They were regularly surveying staff, people who use services and carers and using this information to improve outcomes. The 2010 survey of service users identified that people who used community care services felt safer, more independent and enjoyed a better quality of life.

The number of recipients of direct payments exceeded the national average, and self directed support had a high profile within social work. There had also been an increase in the number of people receiving assistive technology.

The quality of assessment and care management

Assessment and care management processes were of a good standard in children's services and they continued to make good progress in this regard. Although better in children's services than in community care, managers were taking action to improve the

position in community care and were putting monitoring processes in place. Evidence from our file reading showed that the quality of assessments was mainly good or better in child care and criminal justice but more mixed in community care.

In community care, time interval standards had been established and waiting times for assessment compared well with both previous performance and national averages. Arrangements for the review of waiting lists and the urgent allocation of high priority cases were robust and management and staff had taken effective action to clear the backlog in the waiting list for services for children affected by a disability. In children's services, the quality of assessments had continued to improve and the introduction of the Integrated Assessment Framework (IAF) built on existing strengths. East Dunbartonshire had demonstrated both commitment and productivity in addressing efficient assessment processes and practices

Self evaluation

The volume of self evaluation actions taken by East Dunbartonshire social work services was considerable. They had in place a three year self evaluation cycle with substantial reporting and follow through procedures. There was evidence of improvements in outcomes and key processes as a result of this activity. Complaints handling had also improved, with more complaints being resolved at an early stage. Overall, social work had demonstrated the commitment and capacity to continue to make progress on performance management.

Equality and human rights

This was an area of strength for the local authority as a whole. The 2010 Assurance and Improvement Plan had found the local authority to be committed to promoting equality and putting sound arrangements in place to foster an equal level of commitment across all services. Social work showed a strong commitment to providing accessible information, particularly in relation to people with learning disabilities and consulting with young people and carers. There were good examples of equality impact work in relation to policies and plans such as the Joint Health Improvement Plan 2009-11.

Areas requiring urgent attention and improvement

We found no areas which required urgent attention and improvement.

5. Scrutiny Findings

5.1. Governance and Financial Management

Reasons for scrutiny

The main concern in this area was about medium and long term financial planning, particularly in relation to demographic changes. We also had concerns about the impact of the implementation of the local authority's Strategic Operating Model (SOM), introduced in 2009, which aimed to align financial planning and the efficient delivery of service priorities, on social work and commissioning practice.

Scrutiny findings

The implementation of the SOM had significantly altered service priorities. The SOM was set up to ensure continued improvement of service delivery across the local authority. Service planning was considered corporately and not on an individual service basis, to ensure that the impact of changes in one area was considered against other service areas. Business and improvement plans (including the social work business and improvement plan) included consideration of financial resources. These were three year plans.

Savings proposals came from all services and were completed on a standard template. The returns were assessed against the Single Outcome Agreement (SOA) and the Corporate Development Plan. Social work savings were presented to the all party Budget Stakeholder Monitoring Group, and each saving was graded in terms of ease of delivery and impact on service delivery.

There were clear links between service plans (such as the social work business plan and improvement plan) and medium term financial strategy. For instance, a plan to introduce home care re-ablement was being developed to manage future demographic changes and to focus on longer term financial savings. At the time of the inspection, 70% of home care was provided by the local authority and 30% was contracted out.

Service reviews were undertaken to consider services, policy requirements and manage demand. These reviews considered alternative forms of service delivery, and operational, financial and legal consequences. A key consideration in reviewing methods of service delivery was quality.

Social work services were taking forward a review of day care services. Capital funding had been secured for a respite care service for children with disabilities. Money had been earmarked for the cost of secure care, which had proved a budget pressure in recent years.

Four percent year on year savings for the next three years were notified to social work as planning assumptions. Assumptions were noted in savings proposals and budget submissions.

Contract management considered use of resources and there was a focus on requiring suppliers to provide best value. Providers were being asked for 4% savings per year over the next three years. A core group of well established suppliers helped the local authority negotiate these contract reductions.

There were bi-monthly meetings between senior social work managers and a cross party panel of elected members where performance information was scrutinised. Managers acknowledged the need to improve the quality of this data. There were also regular meetings between the head of social work and senior managers and the convenors of the social work committee.

The development of the bid to the Change Fund for reshaping older people's services had taken forward aspects of joint governance in agreeing the resource that would be included in the bid. Work with the Joint Improvement Team (JIT) using the Integrated Resource Framework (IRF) was identifying how resources were applied and considering how these might be reallocated. Elected members were supportive of this process and were

engaged in the reshaping agenda through involvement with COSLA's health and well-being committee.

A number of officers were participating with Clyde Valley shared services developments to consider potential partnerships to maximise the use of resources among authorities.

Summary

We concluded that East Dunbartonshire social work services had made progress in this key area and were investing considerable time and effort in planning future delivery of services, taking account of demographic pressures and the need to make savings. They were working with partners within East Dunbartonshire and across the Clyde Valley to achieve best value. Continued caution will be necessary in the present financial climate and the link inspector will continue to monitor the impact of the savings on the delivery of social work services. However, we no longer saw this as an area of uncertainty.

5.2. Management and Support of Staff

Reasons for Scrutiny

The leadership of change and communication with staff, the centralisation of previously dispersed teams, and the impact of some of the changes initiated by the SOM, including the length of time the exercise had taken, the resultant reduction in staff numbers, and the centralisation of training, all raised concerns about staff morale.

Scrutiny Findings

Managers and staff were clear that the implementation of the SOM process had had some adverse effects on staff morale. The process sought to centralise overlapping functions. Overall it had slowed down change in service delivery particularly in filling posts. In children and families services there had been a protracted period in filling vacancies. Older peoples' services had benefited from an additional post. We were concerned to note that some staff were still awaiting the outcome of appeals in relation to single status after three years.

At a meeting of criminal justice staff, staff told us they felt that the SOM process of reviewing their service management structure had left them feeling isolated and overlooked by senior management. They told us that there was no regular supervision, though they had access to informal discussion with the service manager if needed but there was no formal discussion of staff development. They reported that morale nonetheless was good but that this was due to their own commitment and experience. We raised these issues with the senior manager responsible. We have now learned that steps are being taken to respond to the issue of low morale in criminal justice by meeting with staff and joint training with children services staff. Other concerns raised by criminal justice staff are addressed in the section on risk management.

The SOM had also impacted on the development and delivery of learning and development for staff as the training function had been centralised and staff were not clear how this would work for them. There was not a dedicated training team, but staff with a training function reported that some of the work they had been undertaking, such as self evaluation of the impact of training on staff and outcomes for people who use services had been put on hold because of the implementation of these changes.

Adult and child protection training continued to be delivered and developed by designated staff within social work services, but budget allocation for this important work was not clear.

Staff expressed concern that few external training resources were available, and children and families staff reported limited access to British Association for Adoption and Fostering (BAAF) courses on adoption and fostering. We saw updated training plans for children and families and community care which indicated that external resources were being utilised and that key priorities for training had been identified.

Managers were creative in using funding from other sources to maximise training opportunities, using their membership of the Clyde Valley learning and development group to share resources, and by, for instance, engaging with other partners such as Scottish Training on Drugs and Alcohol (STRADA) for substance misuse training and Mental Health suicide prevention (ASSIST) training.

There was a social work group chaired by the head of children and families services which addressed the training needs of social work, and the Chief Social Work Officer (CSWO) was confident that the training and support needs of social work staff would be delivered. It was too early in the process for us to evaluate the impact of this change.

RECOMMENDATION 1

Senior managers should ensure that staff training continues to meet the needs of the service.

Staff and managers in children and families acknowledged that the co-location of teams had improved communication across the service and between services, and that the process of moving to the new location had been well managed. The main disadvantage identified was that it was difficult for people who use services to get to the office. This however, would affect very few people as visits to offices were not the primary contact for people who used services.

The response from community care staff about co-location was more mixed. Mental health staff identified that lack of space and the policy of “hot desking” had led to a lack of privacy which had impacted on their ability to respond sensitively and quickly to people in distress. Managers we spoke to were of the view that communication had improved and that other difficulties could be overcome.

The implementation of the staff appraisal process was at an early stage, and although the model was in place, it was not yet tested. Social work services were to start with managers’ appraisals. A corporate staff appraisal system is being introduced in 2011, linked to staff work objectives. Front line staff suggested that the link between their personal development plans and training was not as strong at present as it had been under the previous system.

Staff in children and families and community care told us that supervision was regular, and of good quality, and that team leaders were accessible in terms of offering day to day informal supervision and consultation.

As with other local authorities in Scotland, there had been changes to eligibility criteria. This had led to some people being excluded from services or having services reduced, particularly in adult services. The senior management team were aware that front line managers and staff were required to help people understand the implications of the new policy. This particularly affected those who were no longer entitled to support, or were having support reduced under the revised eligibility criteria. Access to other community based support was being considered at the point of assessment or review. It was acknowledged that this process put considerable pressure on all staff.

East Dunbartonshire had set themselves an ambitious target of reducing absence rates from a high of 9% to 3-4%. While they had not achieved this target, the most recent absence rate had fallen to 6.5%.

Summary

We concluded that the time taken to implement the SOM had had a negative impact on the morale of staff, slowing down the filling of vacancies in some areas, and causing concern among some staff about training. Staff appraisal was still in the early stages of implementation. Criminal justice staff expressed concern about morale, which was beginning to be addressed. The co-location of staff in community care had helped improve communication. Supervision of staff was regular and of good quality, and absence rates were being reduced. Because all of the actions identified above had not been completed, this remains an area of uncertainty.

5.3 Risk Assessment and Management

Reasons for Scrutiny

Our ISLA identified that risk assessment and risk management planning revealed scope for targeted improvement actions, in particular in community care. We wished to assess how risk assessment tools were being used in community care. We wished to assess the auditing of risk assessment and management processes and how the learning from this auditing was implemented. The difficulty in recruiting a sufficient number of mental health officers (MHOs) also posed a risk.

Scrutiny Findings

East Dunbartonshire's risk assessment framework had been revised since our ISLA file reading, and had taken account of our concerns and incorporated adult protection guidance.

The Community Care Improvement Group (CCIG) had a particular focus on risk assessment and planning, and were making good progress in workstreams which included screening, assessment, risk continuum, chronologies, case file recording and case file auditing to implement improvements.

They had completed a revision of their Risk Assessment and Management Procedures (RAMP) to incorporate adult protection procedures. Team leaders we spoke to told us that developments in adult protection had created an increased focus on risk assessment. Risk assessments were beginning to address positive risk taking and improvements in recording this were being planned. All adult protection referrals were screened by a team manager. In older peoples' services, the team manager reviewed all risk assessments

and any consequent risk management plans. Arrangements were, therefore, not consistent across community care.

Staff in addictions and mental health used their own SSA formats – joint tools used throughout the health board area – but when significant risk was identified, the same format risk assessment tool was used by all teams. The challenge for managers was to ensure that staff properly completed all of the risk assessment and risk management tools

At the time of our scrutiny the CCIG workstreams had identified actions to be taken to quality assess case files in community care by team and fieldwork managers, and a process of regularly auditing case files using the Care Inspectorate file reading template. This was at an early stage of development. Support from the Care Inspectorate in carrying out community care service file audits was offered. This is an issue that the link inspector will take forward.

We were provided with a training plan by the CCIG, which identified training in aspects of risk assessment and risk management and adult protection for 2011 and 2012.

Our file reading identified a problem in the use of chronologies, particularly in community care, where there was no chronology in a significant minority of cases where it would have been appropriate for there to have been one. There was a training event for staff on the use of chronologies during the week of our fieldwork, and a plan to improve the use of chronologies. The link inspector will monitor this work.

In children's services, good progress had been achieved in relation to risk assessment, risk analysis and risk management. This had been achieved through the introduction of improved approaches, primarily the use of risk assessment tools. All staff we met reported they had received training in risk assessment and management, and that team leaders signed off all risk assessments. This is useful for improving the quality of risk assessments and risk management plans. Team leaders in children's services should regularly sample case records.

Criminal Justice staff we met reported that they had not had formal supervision for over a year, though they had received guidance and support from managers and peers. They thought that the reason for this situation was that senior posts in criminal justice had been re-graded, and one of them then had been regraded to a former level. This had caused confusion about management arrangements.

Staff also reported that only offenders who were subject of Multi Agency Public Protection Arrangements (MAPPA) were being reviewed. There were clearly risks associated with this. As indicated in the section on staff, we reported the above to the senior manager responsible for criminal justice services who said she would address the matter urgently. We have now seen evidence that an improvement plan has been agreed, and a supervision plan has been put in place outlining monthly supervision dates for the rest of 2011. The situation in relation to case reviews of offenders not subject to MAPPA was still unclear.

RECOMMENDATION 2

Social work services should clarify and resolve the situation concerning the review of cases in criminal justice.

The action plan from the High Risk Offender (HRO) work identified improvements needed in the quality and management oversight of HRO case management, the quality of case records, the reviewing of risk management plans to reflect multi-agency responsibilities, and the skills and competence of staff. The link inspector will follow these actions up.

We had previously expressed concerns about the low numbers of MHOs deployed by social work services in East Dunbartonshire. Senior managers acknowledged this problem and assured us they were “vigorously” pursuing the improvement of MHO cover. At the time of our scrutiny visit, only five out of the ten staff qualified as MHOs were working as MHOs, and East Dunbartonshire were using their Change Fund bid to increase MHOs by two posts. Also, two MHOs were due to qualify in the autumn of 2011, and this will ameliorate the MHO shortage. In the meantime, social work services were using MHOs from an agency to cover, which all agreed was not the best solution. We had no evidence that the delivery of MHO services had been adversely affected.

People who used services and carers we spoke to did not identify any issues about risks. However, one mother of a disabled child raised concerns about the lack of response to a request for services. After our scrutiny visit additional supports were put in place and the service user indicated that she was now happy with the level of service. Foster carers identified concerns around not being given enough information on children being placed with them, and lack of joint working.

Summary

We concluded that progress had been made in improving risk assessment and management. In community care, the CCIG had a particular focus on risk, and the risk assessment framework had been revised. Action had been identified to audit case files and develop the use of chronologies, but this was in the early stages of implementation. In childcare, good progress was being made in this area. Senior managers were making efforts to increase MHO capacity. The situation of reviews of cases in criminal justice needed to be resolved. This therefore remained an area of uncertainty.

5.4. Partnership Working

Reasons for Scrutiny

Discussions had been taking place for some years between social work and the East Dunbartonshire Community Health Partnership about creating a community health and care partnership. At the ISLA stage, no agreement had been reached. Joint planning groups in community care were found to perform with varying degrees of effectiveness. These had been replaced by new groups but it was unclear at the ISLA stage if these had delivered improvements. Operational partnership working in community care was also identified as an area for improvement.

Scrutiny Findings

The Assurance and Improvement Plan (AIP) identified that East Dunbartonshire Council was strengthening its leadership of the community planning partnership. It was clear that East Dunbartonshire still had some way to go in developing a robust strategic partnership with health. The Head of Social Work thought that his recent absence had had a negative effect on the pace of the development of strategic partnerships. There had been a recent re-emergence of consideration of a Community Health Care Partnership.

At the time of our scrutiny, revised partnership governance arrangements were being considered by the East Dunbartonshire Community Planning Themed Partnership – Community Care and Health. A report in April 2011 reflected the “widespread agreement of all participants over the need to consolidate partnership structures and ensure that chief officers work together more closely to deliver strategic priorities, manage performance and ensure clear accountabilities for outcome delivery.” The report proposed the establishment of an Executive Group of chief officers to bring sharper focus to outcome delivery and ensure effective implementation of the Single Outcome Agreement (SOA).

Progress had been made in relation to the reshaping of older people’s care through the change fund bid and transformation plan. The bid was approved by the Joint Improvement Team (JIT) on behalf of the Scottish Government, and a Programme Board of partners established to develop and implement proposals outlined in the plan.

The JIT had recognised the positive commitment to the engagement of the third and independent sector, but identified the need to develop performance measures, a joint commissioning strategy, and the necessity to commit some change fund money to strengthen local capacity and resources.

These processes were at an early stage of development, but partners had come together to agree a challenging agenda. The targets for reshaping care for older people had been set jointly by health and social work, with shared electronic recording. However, while re-ablement, health based community rehabilitation and single point of access proposals designed to support discharge from and prevent admission to hospital were relatively well advanced, they had been progressed with limited cross agency involvement. We thought that an opportunity had been missed to improve joint working. Further work on this was needed if partners were to deliver integrated service improvements.

Joint commissioning for older people had slowed, in part because of the absence of the appointed officer, but a replacement had been appointed to undertake this important piece of strategic work, which was now being actively progressed. Commissioning for other care groups now needed to be progressed.

RECOMMENDATION 3

Social work managers should ensure that commissioning continues to progress for all community care groups

The learning disability, mental health and addiction teams were all co-located. Team managers and staff agreed that this had improved communication across the service and between services.

Joint management arrangements varied. The addictions team had identified the need to clarify roles and responsibilities between health and social work staff about case management and duty. A recently created social work post had helped to improve service delivery.

Staff had been engaged in developing shareable outcomes-based assessments, and staff in community care spoke of good working relationships with health colleagues. Relationships with the police had been very positive in relation to work with Adult Protection, as the police had appointed their own advisor.

In criminal justice there was good evidence of close partnership with the police, particularly in relation to MAPPA. Staff expressed concerns about relationships with NHS mental health services, but indicated that working with substance misuse services was improving in part because of the new children's worker.

In children and families services, multi-agency working was seen to be good, by front line staff, but, in common with other local authorities, the use of the Integrated Assessment Framework was invariably led by social workers, although there had been improvements in contributions from health and education.

A post to liaise with looked after children's teachers had improved communication with education. Social work staff having access to education department records for all schools was seen as being useful for finding core information about children.

Although communication with health staff was generally seen as very good, children's services staff reported problems in communication with mental health services about the condition of parents of children known to social work. A recent Significant Case Review for the Delivering for Children and Young People Themed Partnership (DCYPP) indicated the lack of clarity around roles and responsibility, particularly between health staff in adult mental health services and children and families social work as a concern. It also identified "a lack of focus of potential impact on children of significant parental mental health issues". It was thought that the process might be improved if social workers could make direct referrals to the NHS mental health team as at present only GP referrals were accepted. An action plan had been developed, but at the time of the scrutiny, efforts were still being made to improve the situation.

RECOMMENDATION 4

Social work services should work quickly with NHS mental health services to resolve concerns about communication in relation to people who are known to both services.

Work was ongoing to develop corporate parenting. We found that social work services were working hard to promote and progress corporate parenting, but a more comprehensive corporate approach would improve matters. There had been a number of corporate parenting events including seminars with elected members, but East Dunbartonshire still needed to improve its corporate parenting position. A policy document on corporate parenting was at the final draft stage at the time of our scrutiny visit.

RECOMMENDATION 5

Social work services should work with the local authority to continue to increase and advance the corporate ownership of corporate parenting and the pace at which it is being developed.

We concluded that while partnership working was generally good, and progress was being made in community care, particularly in relation to the reshaping of services for older people through the Change Fund, these developments were still at an early stage of implementation. The pace at which corporate parenting was being developed should be increased. Both children's services and criminal justice expressed concerns about communication with mental health services. This was, therefore, still an area of uncertainty.

6. Recommendations for improvement

In addition to the range of improvement work the social work service already had underway, we identified a number of areas for improvement from our scrutiny activity. We recommend that the social work service should carry out the following improvement activities:

RECOMMENDATION 1

Senior managers should ensure that staff training continues to meet the needs of the service.

RECOMMENDATION 2

Social work services should clarify and resolve the situation concerning the review of cases in criminal justice.

RECOMMENDATION 3

Social work managers should ensure that commissioning continues to progress for all community care groups

RECOMMENDATION 4

Social work services should work quickly with NHS mental health services to resolve concerns about communication in relation to people who are known to both services

RECOMMENDATION 5

Social work services should work with the local authority to continue to increase the pace at which corporate parenting is being developed.

7. Next steps

We will ask the local authority to draw up a SMART action plan, based on these recommendations.

As part of our commitment to actively promote and encourage self-evaluation through the role of the link inspector and the use of self-evaluation guides¹, there will be an option of supported self-evaluation available to East Dunbartonshire Council.

The link inspector will maintain regular contact with the social work service. 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 local authority's AIP, by the link inspector, as part of the shared risk assessment process.

August 2011

¹Guide to Supported Self-Evaluation, SWIA, January 2009 (*Add list of subsequent publications*).

Appendix 1: Scrutiny sessions list

Scrutiny Activity	Number of sessions undertaken
Focus groups with people who use services	1
Focus groups with Carers	2
Meetings with Front Line Staff, First Line Managers & Middle Managers	10
Meetings with Senior Social Work Managers and Partner Agencies	6
Observation of Meetings	1
Etc.	
Total	20