

Shetland Islands Council Scrutiny Report

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1. Purpose of report

This report sets out the reasons for the Social Work Inspection Agency's targeted and proportionate scrutiny of the Shetland Islands Council social work service, and the findings from the scrutiny we undertook from 16 to 18 August 2010. We also make recommendations for improvement arising from our inspection activity.

In addition, our findings are fed into the local area network (LAN)¹ shared risk assessment, forming part of the Assurance and Improvement Plan (AIP) for the Council.

2. 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. This established a baseline from which improvement could be measured. SWIA has since developed its work to take account of the need to undertake more targeted and proportionate inspection. We have also published a self-evaluation guide and a suite

¹ Local area networks – co-ordinated by Audit Scotland, including representatives from Audit Scotland, Care Commission, HMIE, Scottish Housing Regulator and SWIA.

of companion guides on specific topics to assist councils in developing their approach to self-evaluating social work services².

3. Initial Scrutiny Level Assessment

SWIA carried out an initial scrutiny level assessment (ISLA) on Shetland Council social work services (hereinafter referred to as social work services) in February 2010. SWIA determines the amount of social work scrutiny required in a council's social work services by using an initial assessment of risk (the ISLA). This considers risk at the strategic and service levels, as well as the risk to individuals. Our analysis of risk is based on nine questions (see Appendix 1) which are used to analyse information and data gathered on the council. The risk-based questions are derived from SWIA's Performance Improvement Model, which is attached at Appendix 2. As part of this process we consider how social work services are identifying and actively managing risk.

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

- Scrutinised 100 case records. This included the involvement of four staff from the council who were part of the file reading team.
- Analysed over 100 documents provided by the council.
- Reviewed reports from other scrutiny and improvement bodies.
- Consulted the Care Commission, HMIE, Audit Scotland, the Mental Welfare Commission for Scotland documents and relevant Scottish Government policy interests.
- Analysed published national performance statistics.

4. Initial risk assessment findings

SWIA's overall initial assessment carried out between October 2009 and February 2010 indicated social work services to be exhibiting moderate risk, with adequate performance and moderate activity on improvement work.

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

² Visit www.swia.gov.uk

We assessed three areas as indicating no significant concern. These were providing positive outcomes for people who use services across the care groups, the quality of assessment and care management, and risk assessment and risk management. Our findings from our file reading were positive, particularly in relation to risk assessment, multi-agency working and user involvement.

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, partnership working, the management and support of staff, and equality policy and practice compliance.

We found in one area an indication of significant risk. This was in respect of self-evaluation where we saw little evidence of systematic self-evaluation resulting in improvement planning and delivery.

5. Context

Shetland has had much publicised corporate problems in relation to governance and financial management, and the appointment of the former chief executive was investigated by the Accounts Commission for Scotland. The chief executive stepped down in February 2010, and in the months leading to our scrutiny visit, the executive director of education and social care was acting as chief executive for Shetland Islands Council. No additional management support was available to social work services during that time. A report on the findings and recommendations of the Accounts Commission in response to a report by the Controller of Audit was published on the first day of our scrutiny visit in August 2010. This attracted a great deal of local and national interest.

6. Scrutiny of Self Evaluation

Reasons for Scrutiny

From our initial scrutiny level assessment, it was not clear what kind of performance information was collected by social work services, and how it was used to evaluate and improve performance. We saw little evidence of systematic self evaluation. The AIP identified gaps in and areas of uncertainty about the use of performance information at a corporate level, although it noted that “at the weekly leadership meetings between heads of service and the executive team, performance

management is a standing item on the agenda”. The AIP also stated that “The council’s self evaluation process is not yet well developed”. We also noted that quality assurance processes were not in place.

Scrutiny findings

We met with senior managers from social work services and the organisational development section of corporate services. There was a corporate service planning and reporting framework and corporate performance was checked against service plans with senior managers meeting three times a year. Executive directors, heads of service, and the Chief Social Work Officer (CSWO), would normally attend these meetings. There was a standard council performance management framework. However, senior managers said there was mixed involvement in scrutiny of social work services by elected members.

The next layer of performance management took place within each department with heads of service and their managers meeting regularly. The organisational development section of corporate services would only be involved if invited to these meetings to discuss for example single status issues in regard to out of hour’s payments.

Within social work services, monthly performance management reports were discussed at children and families and community care management meetings. These reports identified trends and performance in relation to targets. They were submitted to the organisational development section within the council. The head of the community care service told us that they were using the council performance management framework, which had local targets, and which went to the council and health board on a six monthly basis. A quarterly report on child protection was presented to the CPC Quality Assurance sub committee. Quality and standards were checked through individual case reviews.

There was not a council wide approach to quality assurance. The CSWO had been given the task of developing a quality assurance framework covering all aspects of the social work function but at the time of the scrutiny had not completed this task. Social work services should complete a quality assurance framework as soon as possible.

The new single shared assessment process “With You For You” had a written three-monthly audit reporting process to the “With You For You” management group.

One area of social work services which had been externally validated was the community care service. Investors in People (IIP) evaluation awarded the Shetland Community Care Service Bronze status in March 2010. This evaluation recognised areas of strength in strategic and service planning processes, inter-agency collaboration, and the commitment to continuous improvement. Improvement actions were suggested in relation to a review of management training, quality control, and appraisal

Managers were collecting, collating and reporting performance information but we were unclear how this was used to improve services. The council was considering introducing the Public Service Improvement Framework (PSIF) at the time of our visit. Social work services need to consider what framework they will use to evaluate and improve performance

Recommendation 1

Social work services should develop a clear framework for self evaluation and the processes to support this.

7. Scrutiny of Governance and Financial Management

Reasons for Scrutiny

Shetland Islands Council has had well-documented difficulties reported by the Accounts Commission. Our concern centred around the governance of social work services, rather than financial management, as our findings were that social work services were operating within their budgets. We were uncertain about senior management arrangements for social work, particularly in which forum important decisions were made about issues such as performance management and quality assurance.

Scrutiny Findings

The executive director of education and social care had been acting as the chief executive for Shetland for the six months prior to our scrutiny

visit. During this period, the two heads of service were expected to cover as necessary.

The regular departmental senior management meeting for education and social care, chaired by the executive director, which included all the managers in the department had not met while the executive director was acting chief executive. She met managers individually, but this too was curtailed while she was acting as chief executive.

Senior managers in social work met in a professional group and we read minutes of the meetings of this group. The remit of this group appeared ill-defined and attendance patchy. The executive director saw this as the forum for discussion of social work issues she had plans for this group and its leadership, and saw issues such as performance management, quality assurance and professional development being part of its remit.

The combination in recent months of few departmental meetings and individual meetings of the executive director with managers coupled with the continuing lack of clarity about the role and remit of the professional group had led to some important strategic work such as self evaluation, quality assurance and workforce planning being delayed.

The AIP for Shetland stated that “As a matter of high priority the council should seek to improve relationships between councillors and officers”. The Accounts Commission report by the Controller of Audit stated that the programme for improvements “should ensure that there is the basis for effective working relationships among councillors and between councillors and officers”. All senior managers acknowledged that this was an important element of the council’s response to the findings of the Accounts Commission.

Social work services had had to find savings from their budgets but had managed to do so and at the time of the scrutiny visit they were operating within budget. We saw evidence from reports for the community care and children and families management meetings that budget issues were regularly discussed.

Because of the recent difficulties outlined above, we had a few continuing concerns about the governance of social work services in relation to the development of robust quality assurance and self evaluation processes.

Recommendation 2

Social work services should review and re-affirm as necessary the agenda, workplan and leadership of the professional group

8. Scrutiny of Management and support of staff

Reasons for Scrutiny

Progress in this area had been slow, particularly in the development of a workforce strategy. Some single status issues had still to be resolved. Performance appraisal was not yet imbedded in social work services.

The Accounts Commission report stated that “the council should ensure that robust and transparent procedures are established and followed for the creation and filling of all posts, and the performance management and appraisal of all staff”.

Scrutiny findings

The Shared Risk Assessment Assurance and Improvement Plan for Shetland identified that there was no agreed workforce strategy in place for the council. However, despite this we noted that social work services had recently had a workforce development strategy approved by council.

There was a training strategy, and staff spoke positively about good access to training opportunities such as lone working and criminal justice. They were supported to attend courses on the mainland. Staff spoke very positively about the frequency and quality of supervision. While there was a corporate appraisal system, this was still not embedded fully in social work services, and one senior manager acknowledged it needed to be “resuscitated”. We considered that social work services needed to take action to put an appraisal system in place across the service.

Senior managers had recognised the need to reduce the absence rate in social work services. A Promoting Attendance report was regularly presented to the Audit and Scrutiny Committee. The latest report indicated that while absence levels were improving they were still above the national average and further improvement was required. Measures such as return to work interviews and occupational health support had been put in place. There was no corporate system for absence management for administrative staff, each manager having his/her own

system. This meant that, for instance, if someone had three part-time jobs, which is not uncommon in Shetland, absence would be recorded and managed separately.

The process of filling vacancies had been slow, but an on-line recruitment model had been developed and the time taken to fill vacancies had improved. Staff spoke of having to cover for posts until new staff had been recruited. There was difficulty in recruiting for senior manager posts in social work. Front line staff expressed concern that recruitment in general was affected adversely as other similar authorities offered better pay conditions.

There were significant pressures on the out of hour's service. All qualified social workers were on a rota, and there were problems about out of hour's payments because of the single status position in Shetland. There were other problems such as staff finishing a crisis call in the early hours of the morning and having to be in the office at the usual time.

There were problems too in management cover for out of hours. Six of the nine managers were social work qualified and able to provide management cover. One of these had left shortly before our visit, leaving five managers to cover out of hours. Managers we spoke to thought this situation was not sustainable. There was an agreement that the vacant post would be filled by someone with a social work qualification.

While senior managers assured us that the safety of people who use the service was not at issue, they thought that the confidence, morale and health of staff was. Senior managers were analysing out of hour's data in an effort to resolve some of the out of hour's problems. A senior manager was preparing a report on this issue to go to committee with a view to improving the position.

Those social workers who were also MHOs were on two rotas, though they were allocated less time on the generic rota. They were not paid for the MHO rota but were on a discretionary list. Front line staff agreed that being on rotas had a major impact on their lifestyle and many thought that it impacted on recruitment

Recommendation 3

Managers should continue their analysis of out of hour's problems, and develop clear proposals to resolve them, with clear timescales for implementation.

9. Scrutiny of Partnership Working

Reasons for Scrutiny

From our initial assessment, we found some evidence of effective partnership working in the ISLA process, particularly in criminal justice, but there were uncertainties about progress in performance reporting across partners, and the stage of development of joint funding, management and single shared assessment in community care.

Scrutiny findings

Both the chief executive of the NHS board and executive director of social care agreed that they had a good working relationship. The chief executive of the NHS board indicated she was retiring at the end of 2010. The council's difficulties recently had had an impact on partnership working. In the opinion of senior officials in both organisations, performance reporting across health and council planning partners still needed to improve.

The Joint Future Agreement was now a Community Health and Care Agreement, and as part of this agreement there was a joint finance team.

The head of community care was a joint post, funded by the council. The post holder was lead officer for the Community Health Care Partnership (CHCP). She reported to social work and health managers, and had budgets delegated from the Services Committee of the council and through primary care from health. These budgets were aligned. There were a number of joint posts, most funded wholly by NHS or the council. The independent advocacy service was jointly commissioned.

The head of community care also worked with two HR systems. However, both the chief executive of Shetland NHS and the executive director of education and social care saw the situation developing positively, and were planning for the budgetary and HR systems to become more integrated.

In children's services, the Integrated Children's Improvement Group was also the GIRFEC Implementation Board. Two extra staff was appointed to aid implementation. The executive director of education and social care told us that they were still looking at ways to integrate children's services into the CHCP.

We found partnership working to be consistently good in criminal justice services. The MAPPA process was working well.

Our file reading found results for Shetland were consistently good in multi agency working. Effective collaboration among services contributed to positive outcomes for people who use services. However, it was still unclear at the time of our scrutiny how often nursing staff were involved in the new Single Shared Assessment process. The link inspector will continue to monitor this.

Our file reading also found evidence that service users views were actively sought at the planning stage in their care. A small group of carers we met expressed concern about the leadership on carers issues from the council and the funding available to carers. However, senior managers told us that carers funding was discussed with a link group and new funding allocations agreed with them. Specific funding for carers was mainly allocated through the third sector

Partnership working in Shetland was generally good, particularly in criminal justice. Partnership working in community care was continuing to develop, with further integration still to be achieved in the areas of governance, Human Resources and budgets.

10. Other scrutiny findings

We had limited information about equalities when completing the ISLA. From our scrutiny we saw that comprehensive disability and race equality schemes were in place. The head of children's services provided regular monitoring reports to the Service Committee on corporate parenting. Our file reading found that all dealings with individuals had adequately addressed all potential barriers. Ethnicity was recorded in three quarters of the files we read.

We saw no significant risks in the areas of outcomes, assessment and care management, and risk assessment. Across community care,

children and families and criminal justice services, Shetland performed well in delivering good outcomes for people who used services.

Our file reading provided strong evidence that assessment and care management was of a good quality across care groups. Shetland had introduced a new single shared assessment process, "With You For You", designed to put the customer at the heart of the process, move the focus to outcomes and make better use of social workers' time by allowing them to focus on people with more complex needs. The system was in its early stages at the time of our visit, and there were some teething problems. There had been some difficulty in taking some staff along with the development of the project. Front line staff told us that a care plan, which had been part of the previous SSA, was no longer part of the new document, which they thought had weakened the document. Also, updating the report was more difficult than before, and there were some important IT difficulties including data protection and information sharing experienced by social workers filling in the new template electronically. Senior managers were taking steps to resolve these issues. The link inspector will continue to monitor this.

Our file reading results on the assessment and management of risk were positive. Shetland performed well in having up-to date risk assessments, good quality risk assessments and management plans and in dealing with concerns regarding possible abuse.

11. Recommendations for Improvement

Recommendation 1

Social work services should develop a clear framework for self evaluation and the processes to support this.

Recommendation 2

Social work services should review and re-affirm as necessary the agenda, workplan and leadership of the professional group

Recommendation 3

Managers should continue their analysis of out of hour's problems, and develop clear proposals to resolve them, with clear timescales for implementation.

12. Conclusion

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

Social work services in Shetland had been working in a difficult atmosphere for the reasons described earlier in this report. Senior managers were keen to assure us that they had tried to avoid extra pressure on front line staff. We saw some evidence of the effect on senior managers, exacerbated by the extra workload arising from the out of hours services. The single status problems had had a further negative effect on some staff. Given the above, social work services continued to provide a good service to the people of Shetland.

We found the concerns raised in the initial scrutiny level assessment were largely being addressed. Important progress had been made since February 2010, including the workforce plan being agreed by committee and the introduction of the new single shared assessment process, but further improvement is needed in self evaluation, quality assurance, and in particular the out of hours service.

13. Next steps

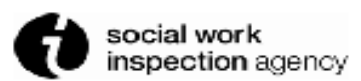
The link inspector will maintain regular contact with the social work service. We will monitor the performance of the service, including progress made with the recommendations for improvement. The link inspector will continue to offer support for self-evaluation and improvement activity. Information 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.

Risk Based Questions

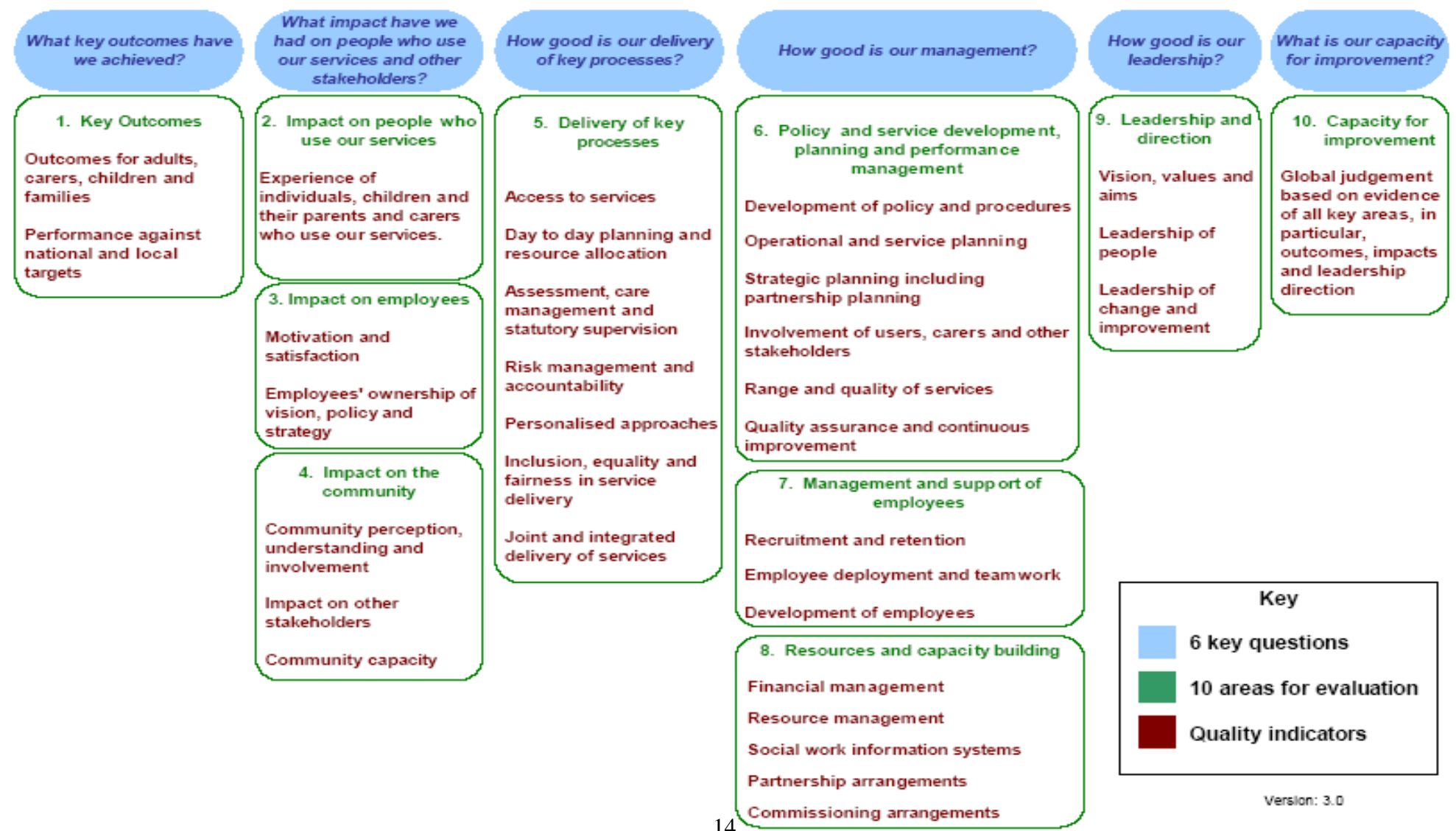
Appendix 1

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| 1. Is there evidence of effective governance including financial management? |
| 2. Is there effective management and support of staff? |
| 3. Is there evidence of positive outcomes for people who use services and carers across the care groups? |
| 4. Is there evidence of good quality assessment and care management? |
| 5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection? |
| 6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery? |
| 7. Is there effective partnership working? |
| 8. Do policies, procedures and practices comply with equality and human rights legislation and are there services which seek to remove obstacles in society that exclude people? |
| 9. Are there any areas which require urgent attention and improvement? |

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Performance Improvement Model (PIM)



Key

- 6 key questions
- 10 areas for evaluation
- Quality indicators

Version: 3.0

Scrutiny – Sessions List

Appendix 3

| Scrutiny Activity | Number of sessions undertaken |
|---|--------------------------------------|
| Case file audit and analysis | 6 |
| Focus groups with people who use services | 1 |
| Focus groups with carers | 1 |
| Meetings with front line staff, first line managers & middle managers | 5 |
| Meetings with senior social work managers and partner agencies | 6 |
| Observation of meetings | 0 |
| Total | 19 |