GLASGOW CITY COUNCIL
SCRUTINY REPORT

April 2011

On 1 April 2011 the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) 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 SCSWIS.

1. Introduction

SCSWIS 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 Glasgow City Council's social work services between October and November 2010. It did so by:

- Examining 60 case files[1], supported by local file readers. This was supplemented by scrutiny of more than 100 files read as part of the service's supported self-evaluation of services for older people, 100+ files read as part of their supported self-evaluation of mental health services, and 80+ files read as part of their supported self-evaluation of services for high risk offenders. Three to four SWIA inspectors took part in each of these supported self-evaluation exercises.
- Analysing around 300 of the documents provided by the local authority or sourced by SWIA.
- Analysing SWIA's performance inspection report (published June 2007) and follow-up report (published March 2009) to track progress made on recommendations.
- Analysing key performance data.
- Analysing the findings of HMIE's joint inspection of services to protect children (published March 2009) and Audit Scotland's report (published April 2009).
- Participating in shared risk assessment activity led by Audit Scotland. This activity included all relevant scrutiny bodies.

The ISLA focuses on answering nine risk questions:

[1] Children & Families(30 case files); Learning Disability (10 case files); Physical Disability/Sensory Impairment (10 case files); Addictions (10 case files)

- 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. ISLA findings

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

- There was a rigorous approach to self-evaluation.
- There was a sound equality action plan and a number of services to meet the needs of marginalised groups.
- There were no suspected or actual areas of unsatisfactory/weak performance that required urgent attention and improvement.

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

- Governance arrangements had recently undergone a major change and the impact of this was not yet apparent. Strategic commissioning did not offer an overview of the service as a whole.
- The impact of a significant loss of staff had yet to be determined.
- Increasing numbers of older people were experiencing delays in being discharged from hospital. Many proxy measures for children remained lower than the national average.
- The service had developed action plans to address areas of weakness in assessment and care management but the impact of these was not yet evident.
- The service was in the process of rebuilding partnership arrangements with NHS Greater Glasgow and Clyde (NHSGGC) and renegotiating its relationship with many providers. The impact of these processes was not yet evident.

In the remaining area there were significant concerns:

- While the local authority had developed sound risk assessment and risk management procedures, staff were not consistently applying these.

SWIA summarised its findings in a report that it sent to the local authority in December 2010. In response to this report the service - although not required to do so at that stage – responded promptly by developing an action plan to address some of the issues that had emerged. It set timescales and identified lead officers to take forward a number of actions including:

- improvements to its commissioning strategy,
- development of an outcome-focus, and
- a more robust first line management supervision and scrutiny of practice.

3. Timing of scrutiny

The amount of scrutiny SCSWIS (and formerly SWIA) 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 SWIA could have undertaken up to 40 scrutiny sessions in Glasgow. However, given the extent of the local authority's involvement in audit and supported self-evaluation activity, we carried out 24 sessions. This included meetings with people who used services, carers, staff, managers, and partner agencies (see appendix 1). We timed some of this activity to take place in conjunction with HMIE, which in February 2011, began a joint inspection of services to protect children. We completed our scrutiny in March 2011.

4. Scope of scrutiny

Our scrutiny is targeted and proportionate 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:

Self-evaluation
We concluded in our initial assessment that the service had taken a rigorous approach to self-evaluation. It had an active audit unit led by a centre-based head of audit and staffed by managers from operational teams seconded to the unit on a part time basis. Among the audits carried out by the team were thematic audits (such as one focusing on the quality of assessment and care management) and audits of the quality of interface between different services or care groups (for example of that between children and families services and services for adults with mental health problems). The unit produced good quality reports that it published on the service's intranet. A professional governance board led by the service's senior mangers oversaw this work. These processes had led to some improvements. For example, an audit of carers' assessments had led to a carers' self-assessment pilot.

The service had not been able to ensure that the five CHCPs consistently implemented improvement action plans following audits nor had it embedded the practice of routine scrutiny of case files by first line managers. However, we concluded that both these issues fell more appropriately within the parameters of some of our other risk questions.

The service had been pro-active in requesting support from SWIA to carry out self-evaluation. In the first half of 2010, it completed a comprehensive self-evaluation of its day services for older people that extended into a further examination of

assessment and care management. A similar in-depth self-evaluation of mental health commissioned services was underway, due to conclude in March 2011.

Along with all other local authorities in Scotland, the service had also carried out a self-evaluation of its services for high-risk offenders (completed November 2010). Its approach to this, as to its other self-evaluation exercises, was marked by honesty and integrity.

The new senior management team had begun, with SWIA support, to self-evaluate the quality of its leadership. The social work management team was also to be the first of the local authority's management teams to undergo an EFQM[2] assessment of leadership. Thereafter social work managers planned to carry out a high level scan of the service to determine priorities for self-evaluation for the second half of 2011.

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

The local authority had published an integrated equality scheme for 2010-2011 and each service had developed an equality action plan to support the scheme. The plan included a section on recruitment and there were targets to increase the number of people from black and minority ethnic backgrounds and people with a disability in the workforce. There was evidence of involvement of people using services in recruitment. The action plan also included a section on training and development of staff. There was a programme of equality impact assessments for 2010-2011.

SWIA's performance inspection (2007) had commented positively on a number of steps the social work service had taken to meet the needs of, and to empower, marginalised groups. This included detailed reports on the demographics of each CHCP, support groups for asylum seekers and refugees and the work of the homelessness partnership.

A more recent example was the service's invitation to 'employment champions' (individuals with learning disabilities) to make a presentation at a partnership event organised by the service's supported employment service.

5. Scrutiny findings

Governance and financial management
Reason for scrutiny
The ISLA concluded that financial management of the social work service was sound. Financial plans were SMART[3] and contained high-level financial data. Finance matters were a standing item at leadership team meetings. Budget monitoring reports were clear and succinct and outturns were close to budget. In common with other local authorities, the services faced the challenge of making significant financial savings. Over the period 2011-13, the service needed to save

[2] European Foundation for Quality Management
[3] Specific, measurable, achievable, realistic, time-bound.

£31 million in addition to savings to be achieved through its workforce planning initiative.

The ISLA report also commented favourably on the service's commissioning strategy for 2009-2011. This clearly documented the service's needs and made good links with service plans. However, there was a lack of financial information and the strategy was largely focused on external purchasing rather than strategic commissioning of services across directly provided and purchased services. The strategy was informed by Care Commission information but there was no evidence that this was married with intelligence from care management and assessment.

The service's governance arrangements had undergone a major change following the move, as of 1 November 2010, from an integrated model of delivery based around five community health and care partnerships (CHCPs). With a limited number of exceptions, joint reporting arrangements had ceased to exist. Social work services now reported to council through the same means as other council services.

NHSGGC was in the process of establishing a single community health partnership (CHP) for the city under the management of a CHP director. Both NHSGGC and the social work service had structured their new arrangements into three co-terminous localities. Social work services had appointed a new senior management team. This team was in the process of finalising next tier management arrangements.

Scrutiny findings
The service had a small number of posts to fill in order to complete management arrangements in the three localities. Alongside these structural changes, the service was also establishing or re-establishing a number of citywide staff forums to try to improve consistency of delivery across the city. The impact of these new arrangements remained to be seen. Many of the staff we met remained confused over the relative status of decisions taken at locality and citywide level and were unclear whether citywide action plans would be able to accommodate potentially different priorities of the three localities.

Following dissolution of the CHCPs, the service had also restructured its commissioning teams, bringing them together into teams for adult and children's services. In its action plan the service set out an intention to build on this and revise, by December 2011, the current strategy to include financial information and a 10-year vision for the commissioning of services. The action plan did not identify how the service would improve its use of intelligence from care management and assessment on the quality of services. Although commissioning staff did receive feedback from care managers they did not systematically seek or analyse this.

Recommendation for improvement

Social work services should make sure that intelligence from assessment and care management informs the commissioning of services.

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Management and support of staff
Reasons for scrutiny

The ISLA found that there were good training and development opportunities for staff, that a robust absence management policy was beginning to impact positively on performance and that local practitioner forums, although at an early stage, were well-planned. However, our file reading exercise indicated considerable room for improvement in line managers' oversight of the quality of work. The service's performance information also showed that, although the percentage of staff with a personal development plan had improved, it fell well below the service's target.

In common with most other local authorities, the service needed to lose a number of staff over the coming years in order to achieve required savings. The service had taken early steps to address this and, over the next three years, would be losing 676 staff as a result of its voluntary severance scheme. It had also downgraded some posts.

The council had excluded frontline social workers and occupational therapists from the scheme in order to protect the services they delivered. The service was also aiming to shift the balance of the workforce and create a larger pool of qualified social workers. The service had supported 100 para-professional staff onto professional social work training courses. These staff were due to return to the service in the near and medium term future as qualified social workers.

All social work services had undergone reforms in the past year and there were plans for further changes over the next three years. The service had only recently set out an intention to establish a service reform implementation group to oversee workforce re-design and service reform. It had yet to draw together the service's various reform plans together into a comprehensive analysis of the opportunities and threats presented by the reduction in staff and loss of experience.

The move away from a CHCP model had also meant that some staff and managers had experienced major upheaval. The service had yet to determine how it would review how well it had managed these changes.

The local authority had begun a programme of communicating with staff about the future direction of the service through a series of events for middle managers. Senior managers said that they would next be further developing its current programme for communicating with the wider group of staff.

Scrutiny findings
Following SWIA's performance inspection of the city's services in 2007 the service had taken steps to improve its communication with staff. However, it had not taken enough additional steps during 2010-2011 when a number of major changes had taken place simultaneously - the separation from NHSGCC, loss of a substantial number of staff, and significant service reforms. For example, the service had not followed up the events it had held with middle managers. Many staff we met were evidently struggling to make sense of the speed and extent of the changes that had happened. The service's action plan did not address this issue. There was a pressing need to do so.

Recommendation for improvement

Social work services should develop more effective means of involving and communicating with staff about the future direction of services.

There was a need to improve support provided to staff by first line managers and monitoring by managers of the quality of work. While many staff we met described their first line managers as accessible and approachable, most (with the exception of those working in residential childcare) said that formal supervision was irregular and often very brief. Few were able to identify any instances when a manager had audited their work. Staff considered that this reflected increasing responsibilities placed on first line manages and a widening span of control, a view supported by many of the first line managers we met. Senior managers challenged the perception that the span of control had extended unreasonably. This is a fundamental practice issue that managers need to address. Findings from SWIA's performance inspection programme[4] emphasise the key role that good supervision and routine scrutiny of practice play in improving the quality of that practice.

Recommendation for improvement

Senior managers in social work services should investigate why all first line managers are not consistently carrying out supervision and scrutiny. They should take action to address issues identified.

The service had stated that it would be establishing a service reform implementation group to oversee workforce re-design and service reform. However, it had not produced a comprehensive analysis of the impact on the overall workforce of the changes it was making. Senior managers stated that each of the various reform plans (for example the older people's residential plan) included an analysis of workforce issues related to the service affected. They were confident that they were able, through discussions at leadership meetings, to consider these various plans and have an overarching picture of the social work workforce. We were not convinced that this approach would afford them a sufficiently coherent picture of the links between the different workforces and of the impact of changes in one part of the service on another.

Staff we met pointed to situations where they considered that the impact on the workforce of service reforms had not been fully risk-assessed. These included instances when care homes had struggled to make sure that they had enough properly trained staff on duty, when services had not had enough capacity to release staff and managers for required training, and when older residents in care homes had been confused by changes in staffing. Such risks are a reflection of a service in transition and can never be fully eradicated. However, they can be minimised.

Recommendation for improvement

The service should continue to develop its workforce planning to make sure that it can identify and build on strengths and identify and address areas of risk arising from its service reform agenda.

[4] Improving Social Work in Scotland, SWIA, 2010

The service had taken steps to improve its personal development plans, tying the format more closely to the continuous learning framework. It was about to implement this new format.

Outcomes for people who use services and carers

Reasons for scrutiny

Excluding the three island authorities, Glasgow spent most per capita on older people – with high use of care homes and above average provision of home care. This level of spend did not reflect the age profile of the city's population[5] (although it was influenced to an extent by the high incidence of ill-health among the city's population). The service had been moving towards the national average spend in recent years.

Despite the high spend on older people the city also had high numbers of emergency admissions and bed day rates and there were increasing numbers of older people whose discharge from hospital was being delayed (it is important to note that these are measures of partnership working and not within the exclusive control of the local authority).

The local authority had the highest proportion of looked after children nationally. Although the balance of care was better than the Scottish average, the majority of proxy outcome indicators for looked after children were poorer than the Scotland mean. For example, the last published data indicated that the percentage of exclusions from school was higher and a lower percentage of care leavers had a pathway plan and pathway co-ordinator. The local authority also provided lower numbers of respite weeks for children.

In 2008 the Council had begun piloting self-directed support in one part of the city following research on the experience of English local authorities of implementing this approach. It planned to roll out the approach to all adults with learning disabilities by March 2011, to all adults with physical disabilities and children with disabilities by summer 2011 and to adults with mental health problems by March 2012. The ambitious timescales to deliver this positive initiative were accelerated by financial pressures. The ISLA found little evidence on the extent of engagement with people who use services, carers, providers and staff about this step change in service delivery.

The service was still largely using proxy outcome measures, although the move to a personalised approach would allow it to move closer towards identifying and capturing real outcome data.

Scrutiny findings

In its action plan the service set out how it would improve its measurement of outcomes. This was linked not only to the implementation of a personalised

[5] The population of those of pensionable age is due to decrease by 10.9% by 2018 and by 0.9% by 2028. The equivalent Scotland figures are increases of 5.6% and 19.3% respectively. The population of those aged 75+ is due to decrease by 1.1% by 2018 and increase by 11.5% by 2028. The equivalent national figures are increases of 23.2% and 64.5% respectively.

approach but also to the imminent introduction of a more sophisticated IT system that would allow it to capture outcome information.

The service and its partners had not yet established a sustainable solution to the problem of delays in discharging older people from hospital. Although there were still tensions in the relationship with NHSGCC (discussed later in the report) the service and its partners had jointly made application for 'Change Fund' monies[6]. This provided an opportunity for partners to work constructively together. It was too soon to determine whether they would do so and jointly improve services for older people.

In learning disability services, implementation of a personalised approach (self-directed support) was progressing. Around 1800 people who used services were in the process of having their care packages reviewed. Senior managers were confident that they had clearly communicated to all concerned that the process was driven by the imperative in the current austerity climate of making cost savings, by the need to re-direct resources more fairly to those who most needed them, and by a desire to deliver better outcomes. However, almost all carers, staff, providers and partner agencies we met were discontent - to varying degrees - with the level and nature of communication with the service. They were also concerned about the process, the speed of change and the reductions in many care packages. Many of those involved perceived the local authority's motive as primarily or solely that of saving money rather than that of improving services. These perceptions suggest a need to re-engage with those affected by, or involved in, delivering the approach and to spell out unambiguously the need to make savings, to achieve greater equity and to use whatever budget is available in a manner that maximises service user and carer choice and control. Without a greater level of ownership of these aims the approach is at risk of faltering.

Recommendation for improvement

As the service progresses with its roll-out of self-directed support it should review its strategy for communicating with key people and organisations affected by, or involved in, the initiative. It should take action to address issues identified.

Scrutiny provided a more encouraging picture of exclusion figures for looked after children than had been evident during the ISLA. Recent data from the local authority's education services indicated that the rates of exclusions for looked after children were not only falling but were doing so at the same rate as the general population of children.

Quality of assessment and care management

Reasons for scrutiny

The ISLA identified that all children whose names were on the child protection register, all children looked after away from home and almost all children looked after at home had an allocated worker. However, there were high numbers of unallocated initial assessment reports and performance in submitting reports to the Scottish

[6] Money earmarked by the Scottish Government e for community-based health and social care services for older people.

Children's Reporters Administration (SCRA) on time was below the national average and the service's own target of 55%.

Within adult's services there were eligibility criteria in place for accessing a range of services which the service could helpfully have brought together into a single document. The introduction of an occupational therapy mobile working pilot had improved waiting times.

A significant number of adults receiving a social work service did not, however, have a named worker and/or had not had an up-to-date review of their care package. The evidence submitted indicated that the service had processes to ensure that managers in both adults and children's services were able to track and monitor unallocated work.

There was evidence that, through its audit unit, the service took a systematic and rigorous approach to analysing the quality of practice. These processes had led to some improvements in service delivery. However, they have not been able to ensure that the five CHCPs consistently implemented policies, procedures and the action plans that had emerged from audits. It remained to be determined whether the service's new structure and revised governance arrangements would enable it to achieve this.

File reading exercises for the ISLA and for self-evaluation highlighted strengths about the quality of assessment and care management but also a number of areas that needed to be addressed:

- A greater proportion of assessments needed to be up-to-date and of good quality.
- More care plans needed to fully address the individual's needs, be outcome-focused and be subject to regular review.
- For some children (particularly those in kinship care) longer term planning needed to be improved. Contact with some children after their supervision orders had terminated needed to be better.
- Care plans for some adults needed to be comprehensive, bringing together a number of the plans they had for the various services they received.
- Most case files for people using mental health services contained a specialist assessment and outcome-focused plans. Contact was regular and there was evidence of good multi-agency working. However, the specialist assessment form needed to be reviewed and the care programme approach (CPA) was often used as a proxy for care planning despite social work services often not being a primary focus in the CPA arrangements.

Scrutiny findings

Although evidence submitted for the ISLA had indicated that managers in adults' services were able to track and monitor unallocated work, we found that there was a lack of a clear definition of work that was 'unassigned'. As a result the service did not have robust information about the status of individuals who did not have a named worker. SWIA first highlighted this problem in its initial inspection of Glasgow's services in 2007. In its action plan the service highlighted work underway to tackle the issue, including developing a performance management framework, comprehensive eligibility criteria and a consistent citywide approach to allocation.

Information from staff and managers indicated that there were a number of adults who did not have named workers or up-to-date reviews of their care packages. This raised question marks about the service's capacity to provide enough care managers to support the implementation of the self-directed support approach by regularly reviewing the impact of new care packages (a pressure that will increase with the roll out of the approach to other care groups).

Many of the service users, carers, staff and providers we met were concerned about the role of care managers in assessing adults with learning disabilities for self-directed support budgets. Providers, although committed to implementing the approach, were sometimes unclear about decision-making processes and were on occasion unable to respond to issues raised by carers or people using services.

Senior managers described the process of assessment for self-directed support as consisting of:

- A self-assessment of needs completed by the service user and carer, assisted by the service provider.
- Consideration of previous community care assessments where they existed. Managers told us that, if there was no up-to-date previous assessment, they would expect staff to complete one.
- Development of an outcome-focused care plan by the care manager, in partnership with the service user and carer.
- Consideration and approval of the care plan at a resource allocation group.
- Managers also stated that staff could access a review panel (a 'risk enablement' panel) at any stage in the process.

Many staff we spoke to were not clear about all these processes and as a result had a number of concerns. They were anxious that decisions about individual budgets might sometimes be made on the basis of the self-assessment alone which, in their view, would not capture the complexity of many people's needs. They also told us that they did not know the formula used by the resource group to determine what level of budget an individual would receive. A number were unclear that they could ask the risk enablement panel to review the amount awarded to an individual if they considered it insufficient to meet this person's needs.

Recommendation for improvement

The service should make sure that the processes for assessing individuals for self-directed support budgets are clear. These processes need to be applied consistently in order to capture a comprehensive picture of individual needs.

The service acknowledged that the overall quality of assessments in adult services also needed to improve. In its action plan the service stated that it would be reinforcing the role of managers in scrutinising the quality of practice. It was too soon to determine what impact this would have. It also remained to be seen whether the new structure of the service would enable it to achieve more consistency of practice across the city.

In children's services (in conjunction with the HMIE) we identified that:

- the quality of assessments was improving but was still variable,
- there were delays in submitting initial assessment reports to SCRA that could have led to delays in meeting the needs of some children,
- care planning needed to be improved. In some instances this was having an impact on long term planning for some children,
- contact with looked after children was not always as frequent as it should have been,
- a number of children in kinship care were not having their needs and risks reviewed regularly, and
- many staff told us that they felt overwhelmed by the increasing demand for social work services.

Effectiveness of risk assessment and risk management

Reasons for scrutiny

The ISLA indicated that the service had relevant up-to-date procedures in place. Adult Support and Protection procedures were thorough, detailed, and linked to mental health and Adults with Incapacity legislation. Following on from HMIE's 2008 inspection of services to protect children the service had also developed potentially helpful procedures and processes to improve child protection practice. Both adults and children's services had introduced the posts of assistant service managers who had responsibility for chairing child/adult protection case conferences and for monitoring performance in child/adult protection.

Notwithstanding the procedures and processes that the service had introduced, file reading exercises indicated that there remained concerns about assessing and managing risk:

- A number of files that should have contained a risk assessment did not. Some risk assessments were not of a good enough standard.
- Risk management plans had not always been prepared when appropriate. Where there were plans these were mostly of good or better quality.
- In some case files issues regarding protection did not appear to have been dealt with according to procedures.

Scrutiny findings

Many staff were confused about what risk assessment format to use and when they should carry out a risk assessment. In partnership with practitioners, the service had developed a generic risk assessment framework that signposted to staff to relevant tools. It was about to implement this.

Assistant service managers (ASMs) in children's services were playing an important role in acting as independent chairs of case conferences and assuring the quality of work. There was some concern among ASMs that the imminent departure of a number of first line managers under the voluntary severance scheme might weaken this new role.

The role of the assistant service managers in adult services was markedly less developed. These managers still operated in different ways in different parts of the

city, were uncertain about their capacity to challenge staff on practice issues, and some still had care management responsibilities. The service had recently formed a citywide group that aimed to deal with these issues.

Recommendation for improvement

The service should consolidate the role of assistant service manager.

As in other local authorities, the service was receiving a high volume of adult support and protection (ASP) referrals from the police, many of which were probably inappropriate. Many of these referrals related to individuals with drug or alcohol problems. Given the extent of such problems in the city, the volume of referrals was having a serious impact on the workload of those staff who had to respond. Local ASP multi-disciplinary groups had not met since the move away from CHCPs. Re-instating these needed to be a priority.

Recommendation for improvement

The service needs to re-establish strong strategic and operational partnership arrangements in order to reduce the risks and meet the needs of adults who may be at risk.

Partnership working

Reasons for scrutiny

Following the dissolution of the CHCPs the service was beginning to build a new relationship with NHSGGC. A joint board was being established and there was work underway to agree governance arrangements for some integrated services. The new relationship faced an immediate challenge in finding a solution to the problem of increasing numbers of older people whose discharge from hospital was being delayed. It was too soon to determine how well the organisations would work jointly with each other.

There was a lack of evidence about the impact of joint working with education services and of progress in implementing the GIRFEC[7] approach.

Partnership working with housing appeared more positive and there were examples of good practice, for example around arrangements with registered social landlords in relation to child and adult protection.

There were a number of provider forums in place and systems for either the local authority or providers to raise issues. Meetings with providers were regular but there was no evidence on the extent of engagement with them on the issues surrounding the restructuring of the service or the implementation of a personalised approach.

There were a number of forums and representative bodies for people who used services and carers though no evidence about how well the local authority or NHSGGC had engaged with them about current and planned changes.

[7] The 'Getting it right for every child' integrated approach to providing services for children

Findings from scrutiny
Since dissolution of the CHCPs the director of social work and CHP director had been meeting on a regular basis to try to deal with the many challenges the services faced in building sound partnership working. Their counterparts in the three localities were also meeting on a monthly basis.

The partner agencies were in the process of redefining arrangements for almost all formerly joint services[8], and were acknowledging the need to redefine joint planning arrangements. Both organisations recognised that the latter had, paradoxically, been neglected while the CHCP model was in place. A joint partnership board had very recently been established. This was chaired by the executive member for social care and included three other elected members who chaired their local area co-ordination committees and carried lead roles for local community planning. The board had still to establish how representatives would report to other governance arrangements within the local authority or NHS. It was too soon to determine what the board could achieve.

Notwithstanding the efforts to retain what had worked well with the CHCP model, it was evident that the corporate relationships between the local authority and NHSGCC had not improved markedly since the dissolution of the CHCPs. The local authority and NHSGGC had not yet been able to build a level of trust in each other. This was evident in tensions over resource transfer, over strategies to reduce the number of delayed discharges from hospital, and over the escalation of some issues beyond established decision-making forums (an issue highlighted by HMIE in relation to the operation of the child protection committee).

At an operational level, some staff and managers were confident that sound working relationships with health staff had not been affected by the structural changes. Others pointed to signs of a return to silos or duplication of work. Some commented that the changes had, in reality, had little impact as care management (for most care groups) had never been fully integrated.

In children's services some elements of partnership working needed to be strengthened. There was not enough ownership by universal services of the GIRFEC principles, for example, little evidence that staff in other agencies were taking on the role of lead professional or investing in the integrated assessment framework. Social work staff we met were of the view that there were a number of referrals for a social work services that universal services could have dealt with.

The partnership with many providers in respect of implementation of self-directed approach was strained. Despite regular briefings and meetings, almost all of those involved had a number of anxieties about the pace and extent of change. The local authority had recently acknowledged the extent of these concerns by arranging a scrutiny session to consider the initial implementation of the personalisation approach.

[8] Addictions services have continued as a partnership arrangement, with the two social work and health senior managers reporting to the host organisation.

Recommendation for improvement

Social work services and their partner agencies should act quickly to strengthen partnership arrangements at a strategic and operational level in order to improve outcomes for people using services.

5. Summary of recommendations for improvement

- Social work services should make sure that intelligence from assessment and care management informs the commissioning of services.

- Social work services should develop more effective means of involving and communicating with staff about the future direction of services.

- Senior managers in social work services should investigate why all first line managers are not consistently carrying out supervision and scrutiny. They should take action to address issues identified.

- The service should continue to develop its workforce planning to make sure that it can identify and build on strengths and identify and address areas of risk arising from its service reform agenda.

- As the service progresses with its roll-out of self-directed support it should review its strategy for communicating with key people and organisations affected by, or involved in, the initiative. It should take action to address issues identified.

- The service should make sure that the processes for assessing individuals for self-directed support budgets are clear. These processes need to be applied consistently in order to capture a comprehensive picture of individual needs.

- The service should consolidate the role of assistant service manager.

- The service needs to re-establish strong strategic and operational partnership arrangements in order to reduce the risks and meet the needs of adults who may be at risk.

- Social work services and their partner agencies should act quickly to strengthen partnership arrangements at a strategic and operational level in order to improve outcomes for people using services.

6. Next steps

We will ask the local authority to take note of the recommendations in this report and to augment the action plan it developed after the initial assessment. 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 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.

Irene Scullion
Senior Inspector
Social Care and Social Work Improvement Scotland

Appendix 1

Number and type of scrutiny sessions

Scrutiny Activity	Number of sessions undertaken
Focus groups with people who use services[9]	2
Focus groups with carers	2
Meetings with front line staff, first line managers & middle managers	10
Meetings jointly with HMIE with frontline staff, first line managers and middle managers	4
Meetings with senior social work managers	4
Meetings with partner agencies	2

[9] SWIA supported the service to carry out self-evaluation of services for older people and services for people with mental health problems. Both these exercises included meetings with people who used these services and carers.