West Lothian Council Scrutiny Report

Publication code: OPS-1111-093

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 (and formerly SWIA) decides how much scrutiny a council'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 West Lothian Council's social work services between October and November 2010. It did so by:

- Examining 80 case files[1], supported by local file readers
- Analysing around 700 of the documents provided by the council or sourced by SWIA
- Utilizing SWIA's performance inspection report (published March 2007) and follow-up report (published September 2008) to track progress made on recommendations
- Analysing key performance data
- Referring to the findings of HMIE inspection of services to protect children (published October 2010)
- 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:

- 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?

[1] Children & Families(30 case files); Community Care (50 case files)

- 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 which seek to remove obstacles in society that exclude people?
- Are there any areas which require urgent attention and improvement?

2. ISLA findings

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

- There were clear established governance arrangements
- There was effective management of staff
- There was evidence of good quality assessment and care management although the impact of this on outcomes for people who user services or their carers was variable
- There were effective risk assessment and management protocols but fewer risk management plans than there should have been in files we read
- There was rigorous and externally verified approach to self-evaluation
- There was evidence of established and effective partnership working
- There was sound approach to addressing inequality including a detailed equality action plan, an annual diversity week of events 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 one area the level of risk was uncertain:

- Social Policy's own self evaluation confirmed the view of inspectors that more needed to be done to identify and measure the impact of services on outcomes for people who used services and their carers.

There were no areas of significant concern.

3. Timing of scrutiny

The amount of scrutiny the Care Inspectorate (and formerly SWIA) carries out in a council relates to both the assessed level of risk and the size of the local authority. These combined factors mean that the Care Inspectorate could have undertaken up to 17 scrutiny sessions in West Lothian. However, given the extent of the council's involvement in audit and supported self-evaluation activity, we carried out ten sessions to address areas of uncertainty plus an additional four sessions proposed by Social Policy, to highlight good practice. This included case file reading and meetings with carers, staff and managers, attending a meeting and visiting services (see appendix 1). We completed our scrutiny in June 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:

Governance and Financial Management

There was evidence of effective governance at corporate and Community Health and Care Partnership (CHCP) levels. The CHCP reported directly to the West Lothian Council Chief Executive and the Chief Executive of NHS Lothian. Service plans were in place, for example the social policy management plan and the CHCP work plan. There was evidence of a high degree of elected member and chief officer scrutiny, for example through policy and scrutiny development committees.

Corporate systems such as operation of the West Lothian Assessment Model (WLAM), the council's self evaluation model, incorporated a strong element of corporate challenge to the performance of social work services, notably on the need to improve outcome measurement.

The 2010 HMIE joint inspection of children's services found that the council was performing well and there were only two areas for further development. The shared risk assessment (2011) coordinated by Audit Scotland similarly had no specific concerns about the performance of Social Policy and did not identify any particular areas for scrutiny in regard to social work and social care services. The reports of the Care Commission, produced reports of registered services managed by the council in 2009/10 awarded positive grades[2] to most of them .The minimum level of inspection was undertaken in these cases. Only in a few cases did registered services demonstrate a lower standard of performance.

Historically, the council had a good record on financial matters. There was evidence of good day-to-day financial control – there was a good range of effective financial reporting, budget holders were identified for all areas of spend, and the reports which were produced were easy to understand. A financial contingency strategy, covering the period to 2014/15, had been developed by the council. This strategy document was based on reasonable financial assumptions and clearly identified the efficiencies required by the council.

Management and Support of Staff

West Lothian was very good at staff development, across community care, children and families and criminal justice, linking vision, national and local policy and strategy to staff training and support needs. Examples of joint training and development opportunities included GIRFEC[3] – basic level joint investigative interview training and risk assessment and risk management.

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[2] The vast majority of these are scored at 5 (very good) or 6 (excellent) – source: Audit Scotland Strategic Risk Assessment 2011

[3] *Getting it Right for Every Child* - a national programme that aims to improve outcomes for all children and young people in Scotland.

The council had produced a detailed guide to workforce planning (2009). This meant staff were able to develop the knowledge and skills required to work in different and innovative ways. This would be the focus of future training and development activities. There was also a section on workforce development in the Chief Social Work Officer's annual report, 2009/10.

There were separate workload management approaches across community care and children and families. For adult services this linked supervision, appraisal and training. Positive SWIA file reading results and available results on waiting times for assessment and access to services indicated that workload management systems were effective.

Case file reading produced evidence with regard to supervision and scrutiny of casework. While this offered room for improvement, evidence showed Social Policy performed relatively well in most areas.

While there was no communication strategy run by Social Policy, the 2009 West Lothian Council Employee Survey results indicated that almost all staff knew what was expected of them at work. The West Lothian Improvement Strategy 2008-11, was an impressive model of continuous improvement which included staff support and development as a central component.

Overall, improvement through performance management was well embedded, using good systems, which identified staff management and staff performance as central to continuous service improvement.

Assessment and Care Management

We read good information for the public, reflective of positive partnership working and integrated practice. For example, the '*Yellow Book'* set out clear eligibility criteria for services, including criteria for early intervention or preventative work and personalised budgets. West Lothian's documentation showed a forward-looking, multi-disciplinary approach to assessment and care management that sought to improve and to meet local and national standards through use of self-evaluation processes. Policies, procedures and guidance, were of a high quality, and were underpinned by good multi-disciplinary training. There was a very sound approach to assessment and care management.

Assessment and care management procedures had explicit, clear and accessible guidelines and procedures. There was optimism among staff that the 2009 review of the single shared assessment (SSA) had the potential to enhance integrated working and consistent practice.

Our file reading results on assessment and case management were generally positive. For example, the timing of assessments was compatible with need in most of cases and almost all assessments were rated from excellent to good. Care plans were in place, up to date, and completely met needs in almost all files. Almost all assessments were carried out without unreasonable delay. In almost all of files we read services were meeting needs completely or mostly.

A number of performance reports indicated that West Lothian had a good information about who was waiting for a service. Waiting times were monitored and reviewed,

supported by detailed management information. For example Covalent reporting showed that the number of weeks an adult could wait for an assessment had fallen from 1.94 in October 2009 to 1.13 weeks in March 2010. Over the same period older people's waiting times increased from 1.32 to 2.29 weeks but this was still within the council's own target.

Staff told us that the highest priority referrals had assessments the same day. It was positive that the council was diligent and proactive about monitoring waiting times.

In 2009-10, 66% of reports to the children's reporter in West Lothian were submitted within the target timescale, which was higher than the Scottish average of 46%.

The care and support plan formats lent themselves to exploring personalised options and associated staff training on direct payments was available. Managers told us that this was rolled out throughout adult services and not just confined to a single team.

The overall conclusion was that West Lothian's approach to assessment and care management was strong and underpinned by good monitoring arrangements.

Risk Assessment and Risk Management

SWIA case file reading produced generally positive results with regard to risk assessment and management. For example, of the 45 cases with an element of public protection 87% (39) contained a risk assessment, 92% (36) of which were carried out at the appropriate time and 82% (32) of which were of a quality of 'good' or better. In only one case was the assessment of risk less than adequate. This represents a strong performance.

Of the 23 cases where file readers felt that a risk management plan should be in place, 61% (14) had an up-to-date plan, 35% (8) did not and one case had no plan at all. Seventy-nine percent of the plans were evaluated as good or better but 21% (3) were adequate or weak. These figures indicated room for improvement in the compilation and quality of risk management plans, but the wider question, of whether all concerns had been dealt with adequately regardless of whether a plan had been compiled or not, produced a positive answer in 88% (36 of 41 responses) of cases.

In 100% (27 responses) of files with an element of personal protection only, all concerns had been adequately addressed.

The overall picture, therefore was of good quality assessments, reviews and care planning both in the procedures we read and particularly in SWIA file reading results. Information sharing between services was good as was the quality of risk assessment and management plans. There was some room for improvement in increasing need for risk management plans to be undertaken and for more case files to be audited by managers but good outcomes were apparent across the range of cases in terms if risk reduction and risk management. (from ISLA)

There were strong adult and child protection partnerships in West Lothian Council which was well represented on strategic working groups implementing the Adult

Support and Protection Act (Scotland), 2007. High level partnership working (replicated at each organisational level) across all age groups was exemplified by the work of the council with Edinburgh, Lothian and Borders Executive Group (ELBEG). Joint adult and joint child protection procedures were produced and signed off by this strategic group. The Adult Protection Procedures were reviewed in 2010. Like the child protection procedures, these were of a high standard and included clear lines of reporting, and the review of critical incidents.

The first biennial report of the adult protection committee (2010) provided a comprehensive account of activity and developments, including examples of good practice and issues of challenge, for example the initial high rate of referrals (particularly from police) and the resource intensive and complex nature of the work. The report was a thorough evaluation of the first two years of activity since the Act was passed. Two of the main objectives highlighted in the report were to enhance service user and carer involvement in adult protection committee activities and to improve community engagement.

In addition, there were separate risk assessment procedures and tools for child and adult protection, as well as for MAPPA[4] and for individual service groups. For example youth justice services and care homes for older people had their own guidance. Collectively these were impressive.

Recommendation 1

Social Policy should ensure that staff fully implement the service's robust protocols and make sure that, where needed, there are up-to-date risk assessments and risk management plans.

Self evaluation

Working in tandem with Quality Scotland and Investors in People Scotland, West Lothian Council developed the Public Services Improvement Framework (PSIF), which has been successfully implemented across their 49 services. The deployment of this framework had contributed to many of the organisation's improvements and successes, including having won Local Government Chronicle Council of the Year 2006, the Scottish Awards for Business Excellence 2005-06 and the achievement of an excellent Best Value Audit in 2005.

Despite the many positives in terms of self evaluation and improvement activity in Social Policy there was insufficient evidence that West Lothian had fully implemented some original SWIA performance inspection recommendations.[5]

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[4] Multi Agency Public Protection Arrangements (MAPPA) is the framework which joins up the agencies who manage offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm.

[5] For example in producing written commissioning strategies for all the main care groups and the need for a more strategic approach to succession planning and the development of the workforce.

The comprehensive programme of self evaluation included corporate, team and service self evaluations. An example of the latter was 14 customer service excellence reports, which had a detailed, scored evaluation and linked to the 'corporate culture' of the organisation.

Each of these service evaluations was externally verified by 'Customer Service Excellence UK'. Several of Social Policy's services had either attained or were in the process of attaining the government standard. Services which had met the standard set priorities for service improvement and included housing with care and sheltered housing; children and families fieldwork services and the information team. Each award was predicated on comprehensive self evaluation.

West Lothian Council's positive approach to self-evaluation has been subject to other recent external verification. In 2009, the council achieved five star level (gold) in the EFQM (European Foundation for Quality Management) Recognised for Excellence scheme. This achievement was awarded to organisations that can demonstrate high-performance and a commitment to providing excellent services. This was followed in 2010 by the council's receipt of the Quality Scotland Award for Business Excellence, a rigorous and prestigious business award.

Separate performance indicators had been derived through self evaluation of adult and child protection processes. These made clear links to adult and child protection frameworks. These included

- the number of adult protection referrals received in a month ;
- the number of adult protection case conference reviews held in a month; and
- The percentage of children on the child protection register in the year who had been previously on the register

Close monitoring took place of the number of referrals in child protection and comparisons were made with previous years. For example results showed re-registration of children had gone from 5.15% in 2008, risen sharply to 10.8% in 2009 and increased slightly to 11% in 2010. Social Policy had set a target of 10%, which was kept under review.

Social Policy used 'Covalent' to gauge progress against targets. This approach was rigorous and systematic. The reports clearly identified strengths, areas of good practice and weaker performing objectives. Internal WLAM panels made specific and challenging improvement targets, with set timescales. A monthly review panel was established in April 2009 to scrutinise the performance of service units that were not performing well against the WLAM.

Overall, Social Policy maintained an excellent approach to self evaluation.

Partnership Working

There was evidence of very good partnership working between Social Policy and partner agencies.

The integrated children's plan contained a SMART[6] action plan with wide-ranging objectives. Most of the objectives in the plan did not mention social policy explicitly. Managers we met assured us that a partnership approach is prevalent, Social Policy is a key partner and the objectives in this plan are to be delivered through integrated work.

Good integrated working in children's services was evident - for example, where a child had developed more complex needs and a number of agencies were involved. Similarly there were examples of appropriate support where an agency had concerns about risk, but the threshold for child protection procedures had not been reached. In these circumstances a GIRFEC-inspired integrated assessment meeting was arranged to coordinate all the agencies' assessments and build on or develop any existing child's plan.

The 2010, HMIE-led joint inspection of services to protect children and young people said that "Joint strategic planning is focused clearly on the difference services can make to the lives of children and families and ensuring that families get the help they need when they need it". The multi-agency team for looked after children demonstrated good integrated working on operational and strategic levels.

Partnerships in adult services were exemplified by the work of the Community Health and Care Partnership (CHCP) which was established in 2005. The role of the West Lothian CHCP is to increase wellbeing and reduce health inequalities across all communities in West Lothian and specifically to deliver outcomes and targets as outlined in the CHCP Sub-Committee Work Plan, Single Outcome Agreement and HEAT targets, whilst continuing to deliver core Social Policy and community Health services.

The CHCP manages a substantial range of NHS and Council services including: community care, personal care, residential care, continuing care, mental health, general practitioner, dental, pharmacist, district nursing, health visiting, five of the allied health professions, community-based children's services, learning disabilities, physical disabilities, Tobacco, Alcohol and Drug Partnership (TADP) and criminal justice. The CHCP also works closely with voluntary organisations to provide a wide range of community services.

The CHCP was evaluated as successful by independent reviewers in 2007 (using criteria such as improvements in balance of care indicators).

A specific example of partnership working included the physical disability forum. Membership comprised third sector as well as statutory agencies. Carers of West Lothian were also represented. There was also a formal compact between West Lothian and voluntary sector agencies clarifying the purpose of partnerships, roles and responsibilities.

The original role and membership of the CHCP sub-committee has been modified to more accurately reflect the equal partnership between NHS Lothian and West Lothian Council and also to incorporate the functions of the former community planning group, the Health and Wellbeing forum. The CHCP sub-committee is one of

[6] Specific, Measurable, Achievable. Realistic and Time-bound

three thematic forums that report to the West Lothian Community Planning Partnership and covers the health and wellbeing theme.

The work of the CHCP is governed by the Partnership Board, which was created to reflect the equal involvement of NHS Lothian and West Lothian Council, and is made up of 4 NHS appointees and 4 elected members from the Council. The purpose of the CHCP Board is to provide governance oversight to the activities of the CHCP to ensure the remit of the CHCP is being effectively discharged. The Board has recently piloted a unique process to ensure all relevant new policies and service changes considered by the CHCP Board and sub-committee have gone through equality impact assessment.

The community planning partnership featured community safety as a priority. It represented the interests of (among others) adults at risk and an approach to tackling hate crime, domestic abuse and bogus callers. There were clear links to statutory services including MAPPA, and adult and child protection. Key partners, including the police were represented.

The ISLA file reading results revealed that only two out of 77 files read were adjudged not to have involved relevant partner agencies in the West Lothian sample.

On a less positive note, whilst efforts had been made to take a more strategic approach to commissioning (an area warranting a recommendation in the original inspection and follow up), including joint commissioning, this was still at a relatively early stage. For example we did not consider that the older people's plan was a fully developed commissioning strategy. Social Policy had produced service statements for older people, dementia and mental health which could form the basis of commissioning strategies; and written evidence provided on advocacy (adults and children) suggested that Social Policy needed to take a more strategic approach to commissioning advocacy services.

We also noted the outcomes commissioning approach in substance misuse services which could be rolled out more widely and improve the development of an outcomes framework (see below).

Managers we met told us they were aware of the need to further develop commissioning strategies. Using the SWIA commissioning tool, they had begun work on an overarching commissioning strategy for Social Policy. They said that they would now start to work up commissioning plans for the different care groups.

Recommendation 2

Social Policy should develop comprehensive commissioning strategies, for all care groups, in active consultation with its strategic partners.

Equality and human rights

West Lothian Council was winner of UK Diversity Achievement of the Year award in 2009. The award recognised the efforts to promote diversity and inclusion in a wide range of council activities throughout the year. This was exemplified by its annual diversity week, which comprised a series of events designed to raise awareness of

equality; this included issues like sectarianism and violence towards women. The council was also a member of the Stonewall Diversity Champions Programme and was named Top Scottish Local Authority in that charity's 2009 Workplace Equality Index.

Other examples included the diversity leadership programme. The top 140 senior managers across all council services attended the programme which was intended to increase organisational knowledge on equality and diversity. This was undertaken through groupwork using case studies.

The West Lothian Race Equality Community Forum was launched during 2009 and was designed to directly involve volunteer representatives in decisions about council services.

The council had prepared an integrated single equality scheme and action plan in 2009 - a year before it was required to do so. The scheme was wide ranging and focused on meeting equality objectives.

We read examples of equality impact assessments (EQIA), such as those for the *Having Your Say Forum – Looked After Young People;* the Social Work Addictions Team (SWAT) and the *Dial a Ride* Scheme. These were of good quality. The Council had undertaken 146 EQIA's, with 42 produced between 2009/2010. These listed actions to be taken to address inequality, for example in involving black and disabled people in decision making about services.

Overall, the council, including Social Policy had an excellent approach to tackling inequality.

Scrutiny findings

Outcomes for people who use services and carers

Reason for scrutiny

West Lothian had given us examples of strong performance. In terms of innovative practice, these included children's champions and the introduction of carers' accounts as part of the older person's flexible respite scheme. These were currently only available to people with dementia but Social Policy were considering extending them. There remained a number of challenges which were recognised by West Lothian Council and its partners.

For example, over the period 2008 to 2033

- The number of 65-74 year olds will increase by 48% in Scotland and by 80% in West Lothian;

- The number of 75+ year olds will increase by 84% in Scotland and by 151% in West Lothian; and

- The projected rise in the population of people aged 85+ in West Lothian is projected to reach nearly 300[7]%.

Managers told us that West Lothian Council and its partners believed that increasing the capacity of older people to remain independent was key both to affording them a better quality of life and to stopping care costs becoming unaffordable. They said that they intended to deliver better outcomes for older people partly through providing a universal re-ablement service based on principles of personalisation. There would also be an out of hours crisis service that would seek to prevent admission into care or hospital.

With its CHCP partners Social Policy had produced data on the outputs they had achieved through their current resources. This included information on national and local performance indicators such as on emergency hospital admissions (lower in West Lothian than the Scottish average for people aged 65 or over)[8]. Other data was linked to health and well being such as recorded prevalence of chronic health conditions in local older people. Managers said that these measures would form the baseline of a joint performance measurement in a transformation plan aimed at achieving this vision.

There were also 15 outcome measures in order to gauge the impact of service delivery on older people such as 'people feel valued and safe' and 'enhanced independence, participation and well being'.

The transformation plan was still in draft form whilst this report was being written. As such it is too early to say how effective this approach has been.

In West Lothian performance in children's services against national performance targets was mainly better than the national average.

For example, in 2009/10

- Of the 33 care leavers in West Lothian, 100% had a pathway plan and 88% had a pathway coordinator. The figures for Scotland were 51% and 69% respectively. This was a strong performance.

- More children who were looked after in West Lothian achieved qualifications than for the Scottish average[9]; and

- Twenty-six percent of care leavers who were eligible for aftercare services were in employment, education or training. This was higher than Scotland's figure of 20%. This was encouraging.

Performance in adult services was more variable. For example in 2009/10

- Delayed discharges of people aged 65 and over were equal to 3.1 per 10,000 population aged 65+, compared to the Scotland rate of 8.4 per 10,000

[7] Source : General Register Office for Scotland - Population - Population Projections

[8] Bed Day Rates per 100,000 population of all emergency admissions for patients aged 65+'

[9] Comparative tariff scores of 86 against 67

population[10]. As such most older people in West Lothian did not have to remain in hospital longer than they needed to. This was a strong performance.

However, in 2009/2010

- The number of people receiving direct payments remained lower than Scotland as a whole and lower than West Lothian's own target[11].in 2010, West Lothian were supporting an average of 1265 people aged 65+ in home care. This was equal to 55.6 per 1,000 population aged 65+ which was lower than the Scotland rate of 61.8 per 1,000 population aged 65+.

- West Lothian were supporting an average 55.6 per 1,000 population aged 65+ in home care which was lower than the Scotland rate of 61.8 per 1,000 population aged 65+; and

- West Lothian provided 36.9 respite weeks per 1,000 population aged 65+ lower than the Scottish average of 121.7 respite weeks per 1,000 population.

Because of Social Policy's rigorous approach to self-evaluation (for example through Covalent reporting) it knew many of its strengths and challenges. Targets for improvement had been set. In addition there were action plans produced for continuous improvement in all of the care groups.

There was evidence of a corporate commitment to outcomes – for example the West Lothian Outcome Planning Model, *'Planning Well'* had been developed by the CHCP to deliver a 'life stages 'approach to outcomes (see below).

Scrutiny findings

The council had found it hard to significantly increase the number of direct payments in part, they said, because they believed that people were reluctant to exchange good directly provided services for them. The Lothian Centre for Inclusive Living (LCIL), was a local independent user-led support organisation which had been commissioned by the council to provide advice about self directed support / direct payments to people in West Lothian.

Social Policy's own 2009 audit of SSA said that the audit "indicated learning and development needs relating to the outcomes and personalisation agendas". And the 'Yellow Book' acknowledged that while anyone meeting eligibility criteria could choose direct payments, choices were still fairly limited:

'The intention is to develop options for the delivery of wider self-directed support in future and this will include consideration of possible resource allocation / individual budget models.'

[10] As at October 2010 .Managers told us that ' figures do not reflect the West Lothian position where the norm month on month is to return a zero delayed discharge performance'.

[11] In 2010, 79 clients in West Lothian received direct payments which was an increase from 68 in 2009 (64 in 2008). This was equal to 4.6 per 10,000 population which was less than the Scottish average of 7.1 clients per 10,000 population.

It was also clear from information the council sent us, that disabled people were most likely to hold these budgets. Furthermore the council acknowledged that there might be some double-counting in the table below.

	Number of clients
Physically disabled people	22
People with a learning disability	21
People with mental health problems	6
People with dementia	0
Other vulnerable groups	17
People with problems arising from infirmity due to age	13
Carers	0
People receiving palliative care	0
People who misuse substances	0
TOTAL	79

Table 2: Number of Self-directed Support (Direct Payment) clients by client group, 2009-10

Overall, the council should continue its work to extend access to personalised supports or individual budgets.

Recommendation 3

Social Policy should widen its approach to personalisation so that more people who use services and their carers can benefit.

Social Policy invited us to visit three newly built residential or day services that had a clear outcome focus - individual choice, participation and inclusion.

The vision for 'Pathways', a newly-built resource centre for people with a learning disability presented aspirations of inclusion through the participation of the wider local community in centre-based activities and services.

The centre had only been open a few months and was not yet fully up and running. Therefore this inclusive vision was not yet realised. It was too soon to say whether challenges such as a lack of flexibility imposed by a reliance on council-provided transport had been overcome.

The Strathbrock bungalow will provide planned residential short breaks for children and young people with learning disabilities, physical disabilities and complex needs. This local resource aims to provide early help to children and prevent the need for more extensive provision in the future. Families had identified their need for breaks from caring and value a resource for their children within their own community.

Staff we met said Social Policy had a strong commitment to providing good, personalised outcomes for individuals. However, although the service had set

some quantitative outcomes it was not always aggregating these to help it gauge the quality of its services and key processes and inform its commissioning decisions. Staff were using the review process to identify and measure outcomes on an individual basis but managers acknowledged that the service needed to be more systematic in measuring outcomes.

There were plans to develop this as part of the 'life stages' approach whose overall aim was to plan and deliver more effective interventions to tackle social inequalities and build successful communities across West Lothian.

This was to be achieved in partnership with NHS Lothian and other key agencies by the development of local outcomes and outcome indicators for each 'life stage', from early years to old age. The identified outcome indicators for early years, based on the GIRFEC *'SHANARRI*[12]*'* outcomes included:

- reduction in the number of children born with drug withdrawal problems;
- reduction in the number of mothers smoking during pregnancy; and
- increase in the number of teenage mothers who engage with Sure Start.

Outcome measures for other life stages were to be developed. There were already proxy measures for people who used Telecare and Telehealth and clear outcome statements described for older people (above). It was not yet clear how the life stages programme would be evaluated.

Some of the carers of older people we met described how the deployment of Telecare in older people's homes helped them remain at home for longer, although others were not yet aware of the Telecare programme. Some carers had a carer assessment while others had not or were waiting for one. Outcomes for carers would be better identified if their needs have been determined through formal assessments.

Overall while there was an improving picture with regard to identifying and measuring outcomes, Social Policy had, through its excellent approach to self evaluation processes identified some uncertainties and areas for improvement.

Summary of recommendations for improvement

Recommendation 1

Social Policy should ensure that staff fully implement the service's robust protocols and make sure that, where needed, there are up-to-date risk assessments and risk management plans.

[12] safe, nurtured, healthy, achieving, active, included, respected and responsible.

Recommendation 2

Social Policy should develop comprehensive commissioning strategies, for all care groups, in active consultation with its strategic partners.

Recommendation 3

Social Policy should widen its approach to personalisation so that more people who use services and their carers can benefit.

Next steps

The Care Inspectorate will ask the local authority to take note of the recommendations in this report and to develop an action plan to address them. 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.

Steve Porter
Senior Inspector
Care Inspectorate

Appendix 1

Number and type of scrutiny sessions

Scrutiny Activity	Number of sessions undertaken
Focus groups with people who use services	0
Focus groups with carers	1
Meetings with front line staff, first line managers & middle managers	3
Meetings jointly with HMIE with frontline staff, first line managers and middle managers	0
Meetings with senior social work managers	0
Meetings with partner agencies	0
Additional Sessions	6[13]

[13] Four individual service visits, a presentation on 'Life Stages', and an observation of a CHCP meeting. SWIA file reading constituted 6 sessions counted as part of West Lothian's ISLA.

Examples of good practice **Appendix 2**

Co-production

Forrest Walk

Forrest Walk is a new, purpose-built registered care resource for people with physical and complex disability – the service has been designed to offer long term placements, short breaks from caring and some day support within a single environment in a way which delivers flexibility without compromising the ability to appropriately meet the support needs of different groups.

The project development process adopted a co-production approach throughout with the establishment of three consultation groups from the beginning of the planning stage – a) a service user forum b) a campaigning group run by and for disabled people and c) a parent and carer group with representatives from each group also participating in the tendering process for the delivery of care and support.

The service is being delivered in partnership by the council and a third sector organisation with an emphasis on personalised care focusing on individual outcomes and social inclusion.

Integration

Mental health outreach team and day service

The Mental Health Community Outreach Team and Day Service is a fully integrated joint council and NHS team, combining social workers and psychiatric nurses, supporting people with severe and enduring mental health problems in the community.
In addition to providing direct support to clients, the Community Outreach Team and Day Services assess clients' needs in relation to other service provision through Single Shared Assessment, providing access to:

- Tenancy Support
- Care at Home
- Respite
- Supported Accommodation

This truly integrated team has evidenced clear benefits to clients:

- Combined assessment for both health and social work services
- Allocation of most appropriate discipline as key worker depending on client's needs
- Integration of both medical and social model of mental illness
- Allows access to wide range of services – does not separate assessment from service provision Enables continuity of relationship with key worker
- Joint case files to ensure sharing of information
- One client, one care plan
- Integrated multidisciplinary review