

Annual report

Local authority chief social work officer for

North Lanarkshire

2014/2015

1. Introduction

Welcome to the annual Chief Social Work Officer's Report for 2014/15. I am grateful to my predecessor, Mary Fegan, for completing the previous year's report after she actually retired (to no one's surprise!). Since assuming the post in December 2013, it has been a relentless period of change which shows little sign of abating in the foreseeable future. Mary was one of a number of key departures over the last year or two, as long serving senior staff retired or moved on to promoted posts. I am delighted that Alison Gordon and Bobby Miller have assumed head of service responsibilities, including the delegated day to day operational responsibilities of the Chief Social Work Officer (CSWO) for children, families and justice (in Alison's case) and within integrated adult services for Bobby.

There has never been a more challenging time for social work and indeed local government as a whole. We are in a perfect storm of increasing need, falling resources, the impact of welfare reform of our communities, and new legislative responsibilities – all at a time of organisational change associated with policies such as the integration of health and social care.

Some areas of service in particular are under severe pressure. Home support referrals rose 7% in a year; equipment and adaptations rose 16%. Both make a vital contribution to facilitate hospital discharge but are not resourced to meet those levels of need. Adult protection referrals are showing a pattern of doubling every two years and statutory Adults with Incapacity work has increased 62% in two years.

I do not underestimate the difficulties that lie ahead but believe we can navigate these challenges successfully by: maintaining high professional standards; maximising the opportunities that partnerships bring; using technology wisely; and promoting our ethos of maximising the potential and capacity of our citizens, regardless of age, disability or circumstance. Whilst we cannot be all things to all people, and nor should we try, the unique and grossly under-valued contribution of social work has never been more necessary.

This report shows that, despite the scale of all before us, the service continued to perform well across a wide range of activity, as evidenced by very positive external scrutiny findings, and despite having one of the lowest levels of funding pro rata of any Scottish social work service. That is a huge compliment to our staff.

Our first full inspection of children's services was particularly positive, given the extent of change in our own service and that of partner agencies. It was also particularly gratifying to secure both the Investors in People (IIP) Gold Award and the IIP Health & Wellbeing Award. Only the top 2% of organisations assessed have achieved the Gold award and it is rarer still for a local authority service as large as ours. Other recognition included a Herald Society award for our health psychology work; and corporate awards in justice services for our veterans' mentoring and community bridges projects.

Integration in one area of function inevitably creates new organisational boundaries and so requires us to risk manage potential dis-integration in others. Families do not live in neatly ordered categories. Addiction features heavily in child protection work, for example. It seems incoherent to protect the funding of one partner and reduce it for the other, as is the case with integration, notwithstanding some growth monies that have been allocated to the NHS for partnership use.

But integration also affords opportunities to build on our well founded locality arrangements and combine our knowledge, skills and resources to maximum effect. There is a shared determination to do just that. Our partnership with housing has had many positive benefits and we take that experience into the integration arrangements with commitment and optimism.

Scotland urgently needs a debate about the future of its public services and to value and fund social work more highly. This report makes a small contribution to explaining why.

2. Local authority overview

North Lanarkshire is the fourth largest local authority in Scotland with a population of 337,950. It has a total land area of 47,222 hectares and a population density of 7.2 people per hectare. More than two thirds of the population live in the six main settlements, the remaining third living in smaller towns, villages and rural areas.

The age structure of the population differs slightly from the national picture. There are more people in the under 16 age group (16%) and fewer in the pensionable age group (18%). The shorter life expectancy of men in the area is illustrated by the fact that only 15% of the male population are aged over 65 while 21% of females are in this age group. However, the gap between male and female life expectancy is narrowing.

The area also faces a demographic challenge, with a projected increase in those aged 75 and over. In the 20 year period from 2014 to 2034, the number of males aged 75 and over is expected to double and the number of females aged over 75 is expected to rise by 71%. (NRS¹ 2012 based population projections).

North Lanarkshire is one of the most deprived council areas in Scotland and the economic recession has had a major impact. The unemployment claimant count (Jobseeker's Allowance) rose from a pre-recession figure of 4,926 to a peak of 12,714 in February 2012, before falling back to 6,523 in April 2015, the best it has been in over six years. In November 2014, 18.1% of the working age population were in receipt of key Out of Work benefits², compared to 14.3% in Scotland and 12.5% in Great Britain.

The 2012 SIMD³ for North Lanarkshire showed that 33,625 people of working age were employment deprived and 54,875 individuals and their dependents were income deprived.

Fewer people in North Lanarkshire have formal educational qualifications than nationally and the gross weekly and hourly rates of pay are lower than the Scottish figures⁴. However, the skill levels are on an upward trend with more individuals achieving qualifications. In particular, there has been a significant increase in those achieving an NVQ4 plus and above qualification with the number rising by 31% from 47,700 in 2004 to 62,500 in 2013.

¹ National Records of Scotland

² Includes JSA, ESA, IB, lone parents and other income related benefits

³ Scottish Index of Multiple Deprivation – employment deprived JSA, IB,ESA, SDA

⁴ NOMIS

In the 2011 census, 22% of the population described their health as fairly bad, bad or very bad compared to a national average of 17%. Around 12% have a disability or health condition which limits their daily activities a lot, compared to 10% nationally.

Drug, alcohol dependency and suicide, particularly amongst men aged 35-50, are a concern. Alcohol related deaths are higher for both men and women than nationally, however, drug related deaths sit around the national average.

10% of the total population describe themselves as unpaid carers in the 2011 census, slightly higher than the national average of 9%.

3. Partnership structures and governance arrangements

The changes referred to in my introduction mean that the chief social worker role within North Lanarkshire now sits with the executive director of housing and social work, with the day-to-day operational responsibilities of the role permanently delegated to the two heads of service.

This has a number of advantages, including strengthening the capacity to effectively deliver the breadth of CSWO responsibilities within a large local authority, built-in cover arrangements and enhanced accessibility to professional advice for both staff and elected members, whilst also maximising influence through locating the role within the corporate management team and reporting directly to the chief executive of the council.

North Lanarkshire Council is a Labour led administration, with 70 elected members (41 SLP, 23 SNP, 5 Independent, 1 other) representing the 20 council wards. The committee structure is such that the majority of business relevant to the CSWO role is conducted through the housing and social work committee through the convenor of housing and social work, as well as strong links with other key members and groups including relevant audit, scrutiny and member officer working groups. The council is currently planning for a further cycle of savings for the period 2016/18 and, as part of this process, the CSWO will also have the opportunity to engage directly with the council's budget core group, ensuring not only that advice is available on specific proposals but that members are briefed on the wider context including demand and legislative pressures.

The CSWO is a member of the Shadow Integration Board set up under the Public Bodies (Joint Working) (Scotland) Act 2014, which will be formally established as the Joint Integration Board on approval of North Lanarkshire's Integration Scheme. The board has eight voting members, four of whom are elected council members and four NHS Lanarkshire board members (including three non-executive directors) as well as third sector, independent sector, service user, and carer representation. Children and families social work and criminal justice social work have not currently been included in North Lanarkshire's Integration Scheme and therefore lie outside of the new Health and Social Care Partnership.

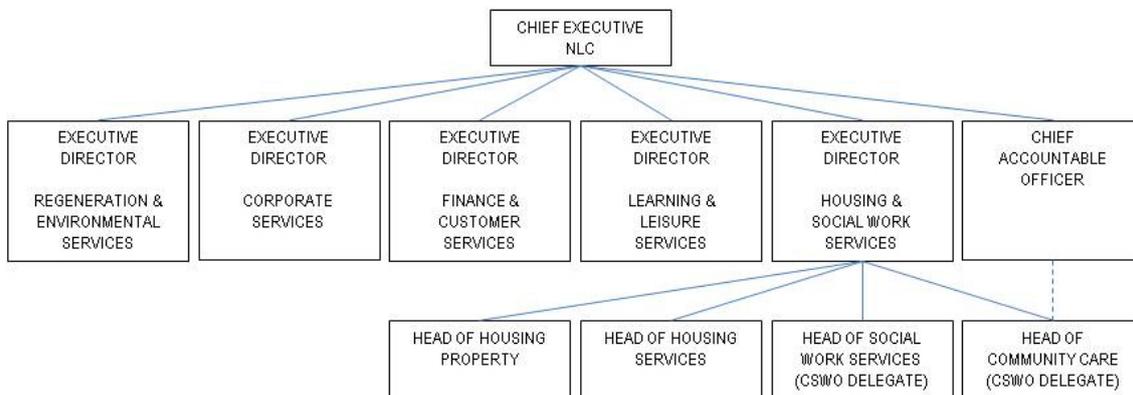
This will present a challenge to maintaining the coherent and holistic approach to social work service delivery in localities, which has been a long recognised strength in North Lanarkshire's management and organisational arrangements. We aim to maintain this through the creation of six integrated health and social worker manager posts with

operational responsibility for both integrated and non-integrated functions at locality level. Whilst this will necessitate more complex and challenging matrix management and governance arrangements, our aim is to ensure that local capacity to respond to needs is not inhibited by replacing one set of organisational boundaries with another.

In order to support the Shadow Integration Board to fully understand the role and responsibilities of the chief social worker role, a report on implications for integration was presented to the board to brief members in March 2015.

Detailed work will continue to develop the partnership’s Strategic Plan and governance structure. In the meantime, the long established care group partnership boards and locality arrangements will continue. A strong feature of the current structure has been the active involvement of the voluntary sector, service users, carers and the wider community at all levels of the partnership and this will continue into the new arrangements.

The table below illustrates North Lanarkshire Council’s corporate management team and the span of responsibility undertaken by the executive director/chief social work officer:



The overarching framework for partnership working in North Lanarkshire is provided by the North Lanarkshire Partnership (NLP) which brings together the major public and voluntary sector agencies in the area and has a responsibility for progressing the development and implementation of the Community Plan (Single Outcome Agreement) in North Lanarkshire. The partnership is structured to provide direction, make decisions and consider thematic strategies and cross-cutting issues that affect the partnership as a whole.

The Community Plan 2013/18 identifies the five key themes of: health and wellbeing; lifelong learning; regeneration; community safety; and developing the partnership, with additional cross-cutting themes of children and young people, adult protection and welfare reform.

The NLP Board is chaired by the leader of the council and whilst the CSWO does not participate in meetings on a standing basis there is the opportunity and expectation of attendance for discussion of relevant issues and reports.

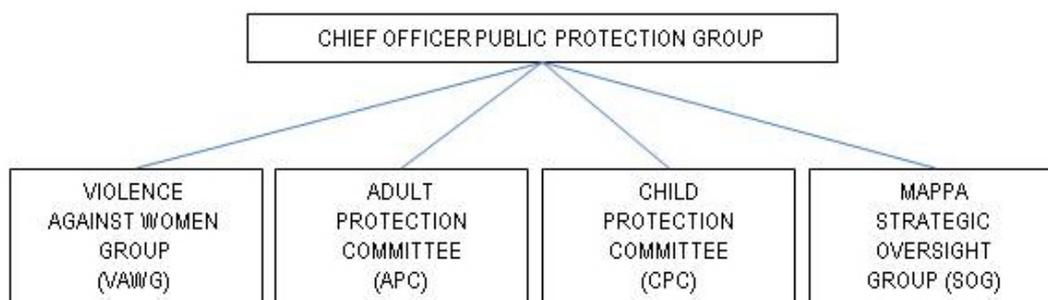
Both the CSWO and head of social work services are members of the North Lanarkshire Children’s Services Partnership (CSP) which provides multiagency governance and strategic direction for children’s services and reports to the NLP Board bi-annually. The head of social work services is also chair of the multiagency ‘Improving Children’s Services Group’ which

drives children's services planning and has responsibility for producing, implementing and monitoring the children's services improvement plan. Supporting structures have recently been revised to better support the implementation of the Children and Young People (Scotland) Act 2014.

The pan-Lanarkshire Community Justice Authority continues to have oversight of the performance of community justice social work and partners but, with the introduction of the Community Justice (Scotland) Bill, early planning is taking place for the transition to new community justice arrangements and a Community Justice Steering Group chaired by the head of social work services will be established to progress this.

A number of other relevant strategic partnerships continue to operate on a pan-Lanarkshire basis, albeit with local delivery plans, and strong linkages have been maintained in relevant areas, in order to influence and support planning. For example, the head of community care attends the Alcohol and Drug Partnership (ADP) and chairs the Lanarkshire Data Sharing Partnership.

The CSWO provides support to the chief executive of the council in his role as chair of the Chief Officer's Public Protection Group to which the Adult Protection Committee (APC), Child Protection Committee (CPC), MAPPA Strategic Oversight Group (SOG) and Violence Against Women Group (VAWG) report on a quarterly basis. The head of community care and head of social work services are members of the APC and CPC respectively both of which have independent chairs, with the head of social work services also being a member and vice-chair of the SOG, as shown in this chart:



Over the past year the Chief Officer's Public Protection Group (COPPG) has reflected on its effectiveness in scrutinising performance in public protection, particularly in view of the criticisms of COPPGs contained in the Brock Report. A strength of public protection arrangements and indeed wider partnership arrangements in North Lanarkshire remains the strong interface between adult and children's services, for example, ADP and housing service involvement in the Children's Services Partnership, Joint Adult and Child Protection Committee development activity and regular meetings of all four public protection chairs and lead officers to address cross-cutting issues. As touched on earlier, retaining this coherence is vital to the efficiency and effectiveness of the social work services and will be a key leadership challenge as changes in governance and partnership are rolled out over the coming year.

4. Social services delivery landscape

Commissioning and partnership activity

Social work services has a lead partnership role in commissioning services for people who require support. We recognise that positive outcomes can only be achieved through close working with NHS Lanarkshire and other partner agencies. To make a positive difference, our services need to be innovative and build on the capacity of the people and communities we work with. To be effective, our services need to be accessible, high quality, responsive and engage people as active participants.

Our underlying approach is founded upon principles of personalisation; recognising the uniqueness of the individual and their circumstances, building supports around the individual. Supports, such as those found in family networks and communities, can be as important as formal services and individuals enjoying good physical health and mental wellbeing are less likely to develop reliance on services.

Our commissioning strategy is based on our commitment to positive outcomes for the people we support and plays an important role in achieving our strategic goals, for instance, supporting a higher proportion of older people to live in their own homes. It makes clear our expectations, commitments and aspirations to potential and actual providers. Commissioning of services is influenced by factors such as cost, quality, expertise required and the availability of specialist providers.

The service works in close partnership with health, carers and service user representatives, the independent and third sectors and other relevant stakeholders in setting out policies and strategies and agreeing funding commitments in line with key plans. Published plans such as the Joint Priorities for Community Care 2014/18 and Strategy for Carers 2013/18 are examples of collaborative approaches to planning by social work and its key partners.

In-house services

Frontline services are delivered mainly through a locality based team model in and around North Lanarkshire's six main townships. New referrals and specific short term work are dealt with through our 'Access' service which provides a rapid response for individuals and agencies from a single point of contact. Authority-wide services such as fostering and adoption, restorative justice, justice throughcare and the integrated equipment and adaptations service are managed centrally with clear links to the six locality social work teams.

Support services for adults with disabilities and integrated day services for older adults operate in each of our localities. Two former care homes provide hubs for intermediate care with a further two care homes in transition towards that model of care.

The social work emergency service (SWES), community alarm service and out of hours home support services are co-located with community nursing services and operate under a linked management structure.

Five small scale, locality based, children's houses are provided for looked after and accommodated children and young people.

Independent sector

Social work funds approximately £100m worth of contracted services provided by the independent sector, representing around 50% of the total social work budget. Main areas of purchased services are 29 care homes for older people, 6 care at home services, 18 supported living services and a small number of fostering services.

Independent sector care homes provide 1,423 places within the authority, of which at any time around 1,240 are purchased for older people by North Lanarkshire Council, and about 100 places are unused. This is generally sufficient capacity to meet current demand. The geographic spread is satisfactory in five of the six localities, the exception being the Cumbernauld area, where capacity issues are more significant, though the locality adjoins three neighbouring local authorities.

Services at home have now developed sufficiently to ensure that older adults entering care move to nursing care, as the population formerly accommodated in residential care are now supported at home. The vast majority of all younger adults e.g. those with learning disabilities, long term conditions, mental health problems, etc, are also supported to live at home through deployment of individual budgets under self directed support (SDS) arrangements.

Home support is an area of rapidly rising pressure as needs increase and expectations surrounding delayed discharge exceed available resources. Over 70% of home support referrals come from hospitals. Approximately 77% of home support is purposefully provided in-house. Around 23% is delivered by contracted providers (about 8,000 hours a week). As demand has increased – by 10% in 2014/15 and a similar increase in the year to date – the sustainability of such arrangements requires to be revisited, in the context of providers operating close to capacity, in-house costs and the aforementioned levels of assessed need.

Ultimately only a comprehensive redesign of the patient journey within the NHS and related integrated arrangements will provide a pathway to sustainability. In the meantime, the local authority will require to make difficult decisions in the run up to integrated budgets, about its capacity to meet assessed need and the thresholds it applies in this respect.

In children's (and justice) services there is much less reliance on externally commissioned providers, with a very strong balance of care underpinned by internal fostering and small scale in-house residential care, complemented by robust and intensive alternatives that are also provided in-house. This enables the service to support low numbers of looked after and accommodated children and young people with one of the lowest pro rata budgets in Scotland.

Integration and Joint Commissioning Strategy

Working with NHS Lanarkshire, voluntary sector representatives including Voluntary Action North Lanarkshire and Voice of Experience, together with Scottish Care representing the independent sector, we have previously developed our joint commissioning strategy for older people 2013/18.

2015/16 sees the shadow year towards the integration of social work's community care services with community based health services. A chief officer has been appointed to lead this agenda. Activity has been modelled in one locality team in advance of the shadow year to test and extend the benefits that a fully integrated approach can bring to local communities when financial and service resources are pooled for the benefit of its citizens. Locality modelling evaluations have been positive and illustrated that service integration can significantly contribute to improved outcomes for people with complex needs.

The formal requirement to develop a Strategic Plan in 2015/16 has overtaken the planned renewal of other joint commissioning plans, as this will be set out in that document.

5. Finance

Figures provided by the chief social work adviser to the Scottish Government demonstrate North Lanarkshire to be the third lowest spending social work service in Scotland. This should be caveated to a very limited extent - the most recent published figures relate to 2012/13, though the council is likely to be ranked only slightly higher when updated figures are applied.

Funding for children's services is particularly low and is less than half the Scottish average. Only Aberdeenshire and East Renfrewshire (neither of which have similar levels of deprivation or need) spent less per head of population.

In some ways the service is a victim of its own success. By successfully integrating individual assessment and planning, commissioning, decentralised finance and resource management, supported by a strong learning and organisational development function, the service has consistently achieved amongst the very best performance levels in Scotland for some of the lowest funding. This has been regularly evidenced by the findings of external inspections and key strategic indicators such as the balance of care for older people, adults with disabilities, and children and young people. These outcomes have been achieved by investment in intensive alternatives to formal care and a wide range of preventive initiatives.

Where many other councils have frequently overspent on social work services - despite higher proportionate budget provision - this council has never yet done so. However 2015/16 will undoubtedly prove the most difficult challenge to sustain that position as increased need and declining resources collide with new legislative responsibilities and the impact of welfare reform on the poorest citizens in our communities. The council has taken many steps to mitigate the worst excesses of welfare reform and the combined approach adopted by the service and its partners generated £29.2m in income by maximising entitlement across North Lanarkshire. But as a result of changes implemented to date, over 9,000 people have been

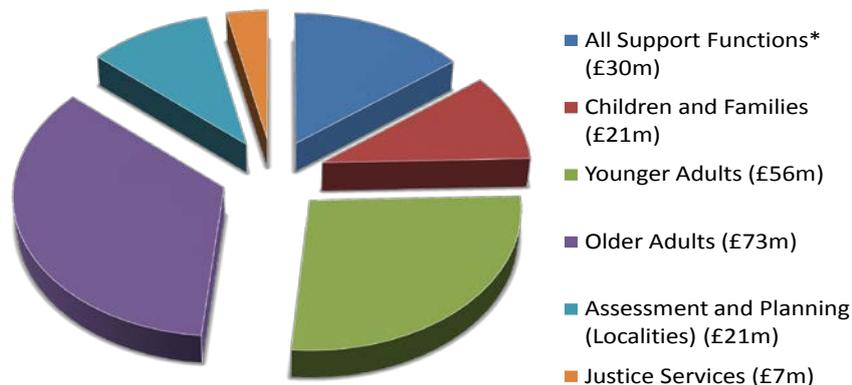
affected by the under occupancy rule ('bedroom tax') and rent arrears have doubled, a position that is under further pressure following the introduction of universal credit.

The council recognises this context and has worked to protect social work services from the worst of budget cuts. In the last three years (2013/14 to 2015/16), the council required to make £62m savings, £20m of which were in social work. But at the same time £10m of funding was made available to meet new need, associated with factors such as demographic change.

In the five year period to 2015/16, the social work service has shed 353 posts. Every effort has been taken to protect frontline services and cuts have not impacted on numbers of social workers or occupational therapists, for example. The sizeable staffing reduction relates largely to services that have been decommissioned (e.g. residential care for older people as more people are supported in their own homes) and management.

The gross social work budget for North Lanarkshire in 2014/15 was £208m, broken down as follows.

Social Work (Gross) Budget 2014/15



*Includes HR, Finance, Admin, Learning and Organisational Development etc.

Total £208m

On 1 April 2016 around two-thirds of this budget will transfer to the pooled integration budget. This includes the three largest areas of spend – home support, self directed support and care home placements, which collectively totalled £104m in 2014/15. These are also three areas of major cost pressure.

At the time of writing, the council is preparing its budget strategy and modelling the scale of savings required for future years in the context of reductions in the local government grant and a range of cost pressures. The impact on future social work budgets (both inside and outside the integration arrangements) will not be known in February 2016. However the

predicted future local government settlement, combined with other significant cost pressures, means that it is difficult to avoid the conclusion that there will require to be further far-reaching cuts.

In reaching such difficult judgements about where to reduce expenditure, there is a tension between the desire to continue investment in preventive approaches to prevent or delay people entering the service at, or near to, crisis and the need to protect services provided to people with the highest levels of needs. I firmly believe the success of the service over the last nineteen years has been predicated on striking that balance but that the council's capacity to resource it in future will be severely tested, with the risk of poorer individual outcomes.

Key cost pressures relate to:

- Home support, which has seen a 7% increase in-year. Over 70% of referrals for which come from acute hospital to manage discharge.
- Demand for equipment and adaptations has risen 8% a year since 2008/09 but increased by 16% in 2014/15.
- Self directed support - now the default response in line with legislative requirements - is showing an emerging trend for people with eligible needs arising from long term neurological and conditions who may previously have had limited support funded by local authorities.
- New legislative responsibilities in the Children's Act relating to continuing care, throughcare and kinship care will have a cumulative financial impact that is unlikely to fully met by funding allocated for this purpose.

A wide range of approaches have been adopted to mitigate the impact of budget reductions, manage increasing demand and improve outcomes for our citizens, some of which feature in this report. They include peer support, online self-assessment and advice e.g. simple equipment, better joined-up approaches with universal services, reducing homelessness through intensive support and tenancy sustainment, creating dementia friendly communities, supported employment, reinventing sheltered housing, working with active community businesses, third sector organisations and so on. When combined with intensive support services to prevent or minimise admission to care settings, we have sustained higher proportions of children and young people, adults with disabilities and older people in their own homes than most other Scottish authorities. The challenge will be to maintain that performance in the financial and policy context described in this report.

6. Service quality and performance

The service is committed to continuous improvement. This is reinforced by strong leadership and involvement of key stakeholders including staff, service users, carers, independent providers and partner agencies. Robust mechanisms to measure progress, identify areas for improvements and deal with challenges have been established. These include:

- Setting relevant targets for each care group with progress on these reported to the social work management team.
- Publication of a quarterly performance scorecard.

- Continuous improvement plans in each locality team.
- Joint Partnership Boards for all key service areas which report to the Health and Care Partnership on performance, agreed and relevant operational and strategic issues (revised structures are being devised under the integration scheme).
- Use of the children's services partnership improvement tool to monitor progress on the Children's Services Plan.
- Performance reporting requirements to the community justice authority, with our community planning structure overseeing these arrangements in future years.
- Reporting requirements to relevant committees of the council in relation to various corporate and social work plans.

At a locality team level, there are clear expectations of senior social worker and team leaders regarding overseeing and improving the quality of case recordings, including care management, clear, measurable outcomes and progress towards these. To support that approach, audits of case files across all care groups take place on an ongoing basis to measure and report on quality of assessment and planning and progress towards agreed outcomes. As a result, staff understanding and use of chronologies has been identified as a priority area and is being actively addressed through staff development activity.

Our contracting framework is well established for all independent and third sector service provision being delivered on behalf of the council. The framework ensures that the terms and conditions of funding and services to be delivered are clearly specified and accountable. The framework covers the commissioning, procurement, contracting, compliance and reviewing of all services provided on behalf of the council. Ongoing feedback on provider performance is routinely provided to the social work management team and locality social work teams and annually through the council committee reporting structures.

Our contract compliance approach is proportionate and is informed by submission of notifications and returns, feedback from frontline social work staff, service users and carers and inspection reports. Inspection grade patterns are tracked for all services. A report highlighting inspection grade trends in commissioned and in-house services is collated and submitted to the social work management team on a quarterly basis. Links with the Care Inspectorate are well established. Regular, formal meetings and informal exchanges take place with providers to share information and concerns regarding the performance of registered services including results of Care Inspectorate reports.

The service contributes directly and indirectly to the council's community plan and through this to agreed national outcomes. In particular, social work takes a lead role or is a key contributor in the themes of health and wellbeing, children and young people, adult protection, welfare reform and community safety.

The housing and social work service plan – 2014/15 highlighted a number of key targets and goals for the year and measure our progress. Key actions included:

- Reducing the need for admissions to acute mental health settings.
- Training staff in psychological approaches to improve outcomes.
- Improving end of life care by involving service users and carers in planning.
- Rolling out dementia cafes to all localities.
- Identifying and providing early supports to with people with long term conditions.

- Improving services to female offenders.
- Develop the use of community payback orders to change offending behaviour.
- Improving outcomes for young people with special needs leaving school.
- Reducing the number of young people coming into custody or secure settings.

In all of these and in other target areas the service was able to report clear progress.

Evidence of innovative service developments can be found across all services:

- Peer support services are now well embedded across the council area to support the mental health and wellbeing of our citizens.
- Through the carers' strategy, work is being undertaken with employers and with school students to develop their understanding of the care role and identify carers.
- Electronic scheduling has been rolled out across home support services to improve efficiency and responsiveness.
- Our reablement approach has resulted in improved outcomes for individuals in terms of independence and reduced reliance on services.
- Our support to children, young people and their families was rated as very good in six of the nine areas of evaluation and good in the remaining three areas in the most recent inspection by the Care Inspectorate and Education Scotland.
- Development of assessment and planning processes is ongoing and specific progress is being made in embedding an outcomes focussed care management approach.

In addition to demographic and financial pressures, the service plan noted a number of significant challenges in the coming years, including:

- The integration of health and social care services.
- Successfully embedding the revised arrangements for justice services.
- Further development of self directed services, in particular in our work with children and older people.
- Embedding relevant legislation, currently including that regarding children and families and carers.
- Continued progress of workforce registration with SSSC.

These broad areas represent some of the significant challenges in the coming year. All are being actively progressed. Overall, the most significant challenge facing the service can be summarised as that of service demand exceeding available resources. A major component of our response to this is to ensure that the public, service users and carers have improved access to information and supports, including those provided by agencies other than social work. Significant strides have been made in building community capacity for that purpose. This, alongside innovative web based developments including that of developing online screening and self assessment tools will significantly modernise and inform service direction in coming years and provide individuals with choices not available in previous models of service delivery. It is our intention that these initiatives will expand into many other areas of social work service activity to both achieve efficiencies and improved outcomes.

Finally, adult protection related activity continues to present the service with many significant challenges. North Lanarkshire has seen a 47% increase in referrals between 2013/14 and 2014/15. Indications are that the level of demand will continue. Governmental resources

originally allocated to this area of legislative responsibility are now inadequate and the council itself is in no position to supplement them.

Below is a sample of performance from 2014/15.

SERVICE PERFORMANCE EXTRACTS 2014/15

Children and families

Children looked after and accommodated - proportion looked after in a community setting:

	NLC 2014/15	NLC 2013/14	Scotland 2013/14
Community	94.5%	95.2%	90.6%
Residential	5.5%	4.8%	9.4%

Numbers of looked after and accommodated children and young people by setting:

Placement type	As at 31 March 2014	As at 31 March 2015
Children's Carer	110	118
Children's House	27	31
Disability Residential School	4	4
Health Resource	1	1
Independent Children's Carer	31	34
Independent Residential	3	3
Prospective Adopters	23	11
Residential School	4	5
Secure Unit	2	3
Total	205	210

Numbers of looked after and looked after and accommodated children (including kinship care):

	As at 31 March 2014	As at 31 March 2015
Looked after at home	243	271
Looked after and accommodated	205	210
Kinship placements	235	225

Child protection:

	NLC 2014/15	NLC 2013/14
Number of referrals	936	862
Number of investigations	378	363
Number of case conferences	249	243
Number of new registrations	166	174

Numbers on Child Protection Registration at year end:

NLC 2014/15	NLC 2013/14
97	82

Proportion of social background reports submitted within 20 days:

	NLC 2014/15	NLC 2013/14
Total	85.4% (807)	77.7% (765)

Justice services

Proportion of criminal justice social work reports (CJSWR) submitted by the due date:

	NLC 2014/15	NLC 2013/14
Total	99.6% (2561)	99.7% (2783)

Community payback orders (CPO) - proportion of new orders per 1,000 population (aged 16 plus):

	NLC 2014/15	NLC 2013/14	Scotland 2013/14
Total	7.0 (1,918)	8.1 (2,220)	4.2

Registered Sex Offenders managed in the community:

	As at 31 March 2015	As at 31 March 2014
Managed in the community	286	245
On statutory supervision	111	87

Adult services

Percentage of those aged 65 plus in receipt of home support receiving personal care:

	NLC 2014/15	NLC 2013/14	Scotland 2013/14
Total	99.1%	98.5%	94.8%

Reablement - number of people completing the reablement process:

	NLC 2014/15	NLC 2013/14
Total	1,163	899

The number of people completing reablement process has risen by 29.4% since 2013/14. This resulted in 5,140 support hours being available for reallocation.

Care home placements (age 65 plus) per 1,000 population (aged 65 plus):

	NLC 2014/15	NLC 2013/14	Scotland 2013/14
Total	24.2 (1,285)	26.1 (1,345)	32.8

Integrated equipment and adaptations service - deliveries achieved within seven working days:

	NLC 2014/15	NLC 2013/14
Total	80%	82%

48,700 items of equipment were delivered - an increase of 16% on previous year. 17,900 items were collected for refurbishment and recycling.

Number of people with self directed support:

	NLC 2014/15	NLC 2013/14
Total	909	881

Adult support and protection (ASP):

	NLC 2014/15	NLC 2013/14
Number of referrals	2,904	1,973
Number investigations	625	440
Number of case conferences	100	111

ASP figures illustrate a continuing pattern of year on year increase. 2014/15 figures illustrate a 47% increase. A pattern of referrals doubling every two years is being observed. There is no national data collection on adult support and protection.

Domestic abuse:

	NLC 2014/15	NLC 2013/14
Number of referrals	7,688	6,604
Number allocated	5,668	5,176

7. Statutory functions

One function of the chief social work officer role is to take the final decision on behalf of the local authority with respect to a range of matters including adoption, secure care, guardianship and other statutory decisions. The CSWO also holds wider responsibilities with respect to practice standards and the statutory functions of the services, in particular to those delivered through the registered social worker workforce relating to matters of public protection or restriction of individual liberty. Such decisions require judgements about rights, needs and risks both in respect of individuals and the wider community.

The delivery of these functions is supported by governance, performance and workforce development arrangements described elsewhere in this report including the strong

multiagency public protection arrangements in which the CSWO and heads of service play a key role.

The following tables and commentary provide information on key functions. Information on adult and child protection, looked after children and offenders subject to statutory supervision is contained in Section 6 of the report.

Adults with Incapacity

The Adults with Incapacity (Scotland) Act 2000 places specific duties on the CSWO in respect of the guardianship of adults with incapacity. The continued growth in this area of activity, particularly in respect to the supervision of private guardianships continues to place significant additional demands on the social worker resource.

Guardianship Orders	Financial	Welfare	Both	Total 31/03/15
Local Authority	10	105	26	141
Private	31	164	294	489
				630

Comparative Totals	31/03/14	464
	31/03/13	388
	31/03/12	305
	31/03/11	246

Mental Health Officer Activity

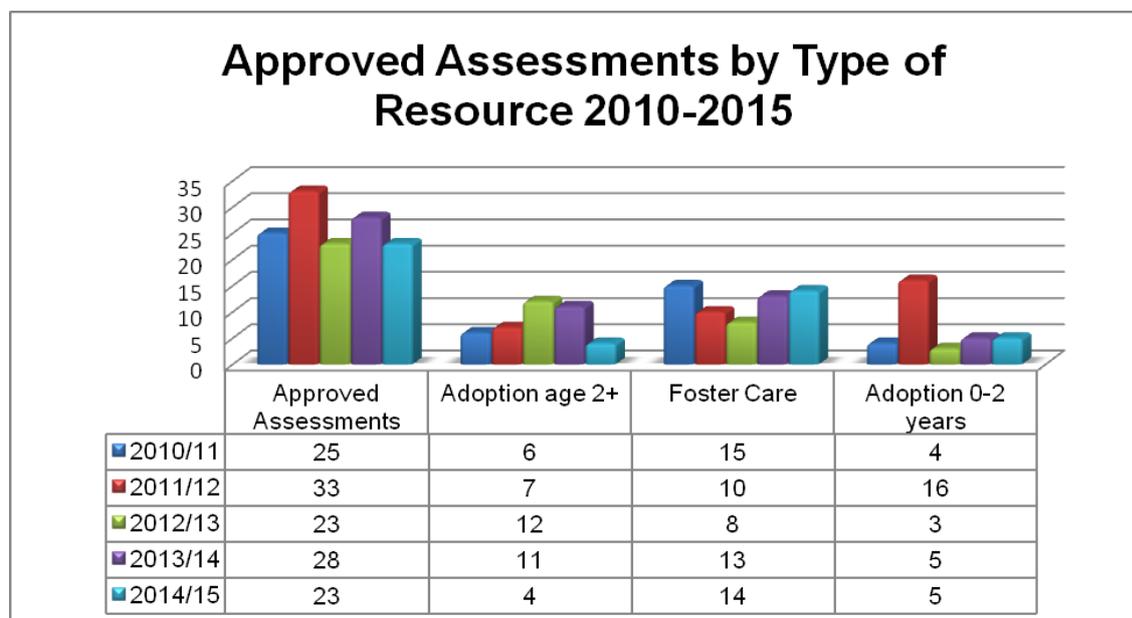
Mental health officers respond to referrals to assess the need for compulsory detention in hospital or in the community under the Mental Health (Care and Treatment) Scotland Act 2003. Activity in this area has remained relatively stable over the past year with the exception of an increase with respect to short term detentions.

Annual MHO Referrals 01.04.14 – 31.03.15

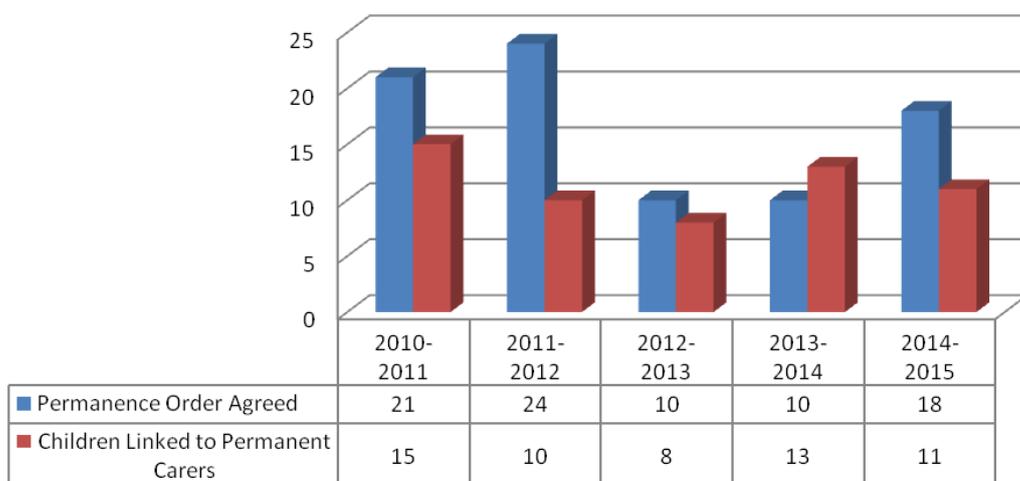
Total Emergency Detentions Received	103
Total Short Term Detentions Received	220
Total Compulsory Treatment Orders	40
Total Forensic Reports	6
Total Detentions Not Granted	27
No Consent	22
Forensic	6

Adoption and family placement

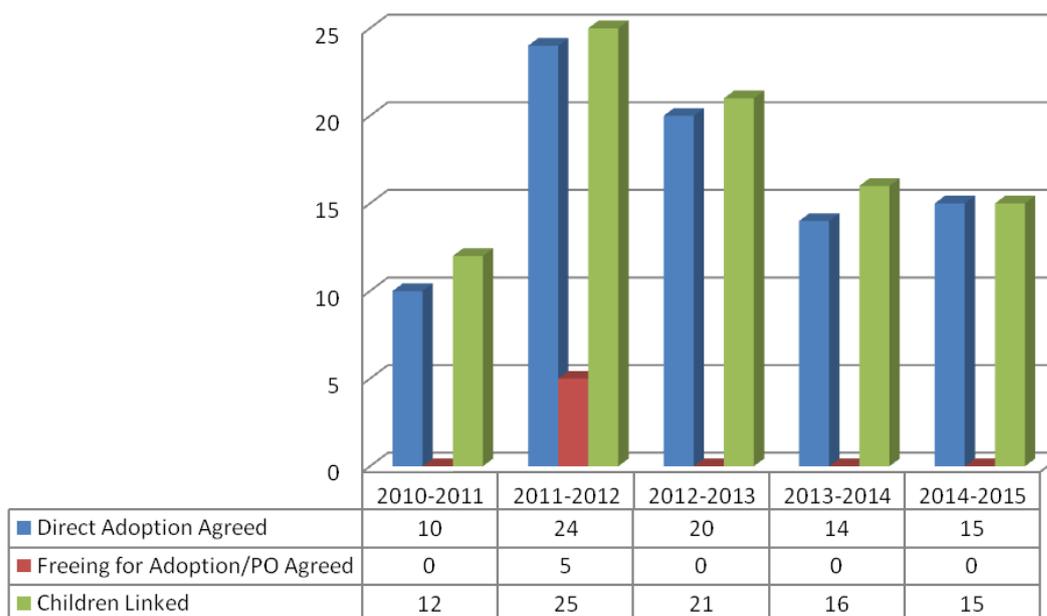
CSWO responsibilities as the agency decision maker in relation to adoption and family placement are exercised through the head of social work services. The tables below provide information on activity in this area:



Permanent Foster Plans Approved Through Panel 2010-2015



Type of Adoption Route 2010-2015



As illustrated above, numbers of approved resources (adopters and foster carers) fell slightly this year and more significantly with respect to those offering an adoption resource for children over two years old. In view of this, a decision was made to refresh our recruitment campaign and towards the end of the year we launched our new campaign 'Everyday Heroes Wanted', the initial response to which has been positive and encouraging. The new campaign has a particular focus on recruiting adopters who can offer a resource to children over two and sibling groups.

Secure accommodation and emergency transfers

The service's use of secure accommodation remains relatively low with only three young people being placed in secure accommodation over the year, one through the court and two through the CSWO/children's hearing decisions.

CSWO authorisation for emergency transfer of children subject to statutory supervision (via Section 143 (2) of the Children's Hearing (Scotland) Act 2011) was given in a small number of cases. The breakdown of kinship arrangements was a feature in some instances and support and planning for children and young people in kinship will be an area of focus in our continuous improvement activity over the coming year.

Significant case reviews

The CSWO has a responsibility to ensure that significant case reviews are undertaken into all critical incidents either resulting in or which may have resulted in death or serious harm. This responsibility is shared with Adult and Child Protection Committee chairs and the chairs and the chair of the MAPPA (Multiagency Public Protection Arrangements) Strategic Oversight Group.

During this year one significant case review (SCR) has been commissioned with respect to a situation where two children suffered serious harm. A decision to commission a SCR has also been made by the Adult Protection Committee. Information on the outcome of these reviews will be included in my next annual report.

8. Improvement approaches

Responsibility for the monitoring, reviewing, commissioning and contracting of independent sector services lies with our planning and quality assurance team. A well established contracting, monitoring and review framework is in place and covers around 100 services including care homes, care at home, supported living, fostering, addiction services, advocacy services, and respite care services across all care groups.

Monitoring and reviewing involves self evaluation by the providers and information provided by them to the service, as well as analysis by locality teams of performance. Overall, this approach confirms that most contracted services are contract compliant.

Services are regulated and inspected by the Care Inspectorate. There are over 100 independent sector services that fall into this category, the majority of which achieve grades of 4 (good) or above from the Care Inspectorate. Overall, there is a generally improving trend in grades for purchased services in care homes and home support.

The exceptions to this in 2014/15 were three care homes for older adults and two home support services. The three care homes were subject to formal action and had embargoes placed on new admissions for periods between three and six months. The two home support service providers were also subject to formal action and temporarily suspended referrals due to recruitment and service demand difficulties.

In addition to these processes, major providers, such as supported living and home support providers, meet with relevant managers on a regular basis to discuss service trends, developments and practice improvements.

2014/15 saw an increase in formal complaints from 149 to 175 (0.5% of all referrals). Within this, prominent service areas of complaint were SDS assessment, home support reliability, difficulties in accessing out of hours services, child access disputes and staff attitudes. Over 95% of all complaints were resolved at the first stage of the complaints handling process. 41 (23%) were upheld; 36 (21%) were partially upheld; and 98 (56%) were not upheld.

Service improvements linked to complaints include:

- Introduction of electronic scheduling across home support services.
- Improved public and website information on SDS.
- Reissuing of guidance of improved service standards relating to communication.

Social work has 34 registered directly provided services in home support, care homes, children's houses, locality support services, integrated day services and adoption and fostering services. All registered services – with two exceptions - have been assessed by the Care Inspectorate as operating at good, very good and in a small number of instances in children houses and integrated day services, as excellent across specific themes. The two exceptions relate to grades of 3 (adequate) for one residential care home for older people and one locality home support service. Action plans to improve both are in place and improvements expected.

In 2014/15 work was initiated on a 'making life easier' (MLE) project to assist people to find solutions to difficulties they were experiencing through better access to information, signposting to alternative solutions or non-service based options and, if required, speedy access to services. In addition, this project has led to the development of a 'life curve' model which allows people to map their ageing journey and allows social work to better consider the timing of support given and subsequently to either divert from service or to provide service. It is envisaged that in future years the development of this technology will transform screening and assessment activity and assist in the targeting of social work resources to those who most need these, when services are required.

9. User and carer empowerment

User and carer empowerment is evident at an individual, community and strategic level. Our redesigned services promote individual and community capacity, self directed support as well as prevention and early intervention approaches.

At an individual level, our assessment and planning processes are outcome focused as are our review and staff supervision arrangements. They promote personalisation and support the active participation of service users and carers at all stages. The processes guide person-centred conversations to get to know service users and carers, identifying strengths, experiences and natural supports. Expressed outcomes and how these might be achieved are identified and regularly reviewed.

Individual review and programme evaluation is increasingly aggregated and reported, enabling service user and carer views and feedback to reach a wider audience of staff, partners and strategic forums.

Our structures include service user and carer representation in a number of ways, ensuring service users and carers are represented, can influence improvement and can feed back on their experiences. In strategic forums such as the Health and Care Partnership, service users and carers are represented at all levels. We contract third sector organisations and community groups to support representation, involvement and engagement with care groups and there are service user and carer forums in a wide range of settings.

Self evaluation and inspection prompts us to draw together the information we gather and feedback we receive to evidence outcomes for services users and carers.

Assessment, planning and review

A core component of GIRFEC is the child's plan. It is designed to be more accessible to children, young people and families and empowers all participants to contribute fully to the process. It centres on the child, gathering all relevant information and helps all involved to understand the strengths and pressures in their lives and what might help. Its application is monitored by the Improving Children's Services Group through quarterly reports.

In children's services there is a wider range of engagement tools that encourage children and young people to express and record their own views. Examples include What I think, Viewpoint for looked after children and child protection, wellbeing web packs and Talking Mats. It is intended that staff have a range of tools to use across a range of ages, settings and circumstances. These have been increasingly used and the Improving Children's Services Group are working to aggregate the information gathered to continue to evidence how we are improving the lives of children and young people.

The Social Care (Self Directed Support) (Scotland) Act 2013 came into force on 1 April 2014 introducing a range of options for people on how their social care is delivered. Self directed support has increased control, choice and opportunities for service users and their carers. As at 31 March 2015, 909 people in North Lanarkshire had an individual budget in place, of whom 157 exercise it in the form of a direct payment. A second demonstration project for children and young people has developed a workbook. This ensures service users and their carers are leading the processes and outcomes from the onset.

Our justice services encourage service users to feedback on their experiences and the women's justice service, who engage women released from prison services, with community payback orders or as a diversion from prosecution, have introduced questionnaires at the start, review stage and completion of their involvement, to express their expectations and outcomes and provide support in achieving these.

The carers' journey was introduced in 2013/14. It is an opportunity for carers to have their caring role acknowledged, share their views about their needs and identify outcomes that will support them in their role. Like other developments across assessment and planning, the carers' journey engages carers, builds relationships and is outcome focused. It was introduced alongside training for staff and by March 2015 over 500 staff had participated in this. Uptake has been monitored and over 700 have been completed. Changes in recording

will be implemented in 2015 to achieve an accurate record and work will begin on reviewing the outcomes identified.

Training for outcomes focused assessment, planning and review was delivered to home support managers during 2014/15 and will conclude in 2015/16. There has been an ongoing programme of intensive training with health psychologists and home support managers in the use of the 'Understanding Me' tool. This engagement tool is asset based and specifically designed for home support. It guides staff through person-centred conversations with service users that lead to outcome focused support plans. We are aiming for this approach to be applied to every service user review during 2015/16.

Representation and involvement

Representation of service users and carers has influenced both practice and our strategic direction.

We continue to support North Lanarkshire Disability Forum, North Lanarkshire Carers Together, Lanarkshire Links and Voice of Experience Forum, representing people with disabilities and mental health issues, older people and carers. Collectively, these groups form Partnership for Change, which promotes and supports effective service user and carer involvement in the partnership structures, including now the Shadow Integrated Board and Strategic Planning Group.

Voluntary Action North Lanarkshire (VANL), as the third sector interface, has been increasingly involved at a strategic level to represent this sector, and community voices. They have had a key role in developing the voluntary and community sector involvement in community capacity and carers support work that is part of Reshaping Care for Older People. This work has extended community capacity building initiatives to every corner of North Lanarkshire, supporting thousands of citizens to live independent and active lives in their own communities. Full and comprehensive reports evidencing this are produced by VANL on a quarterly basis.

During 2014/15, VANL were engaged in the Children's Services Partnership and the Improving Children's Services Group. They have worked to increase representation at a locality level and develop links with partners.

As partners in the Carers Strategy Implementation Group, we work with NHS, carer organisations and carer representatives to develop our Carers Strategy, ensure implementation and manage the funding to support carers.

The Carers (Scotland) Act will be introduced in 2017, presenting both opportunities and challenges. The Bill proposes to increase the statutory rights of carers and place additional duties with local authorities. We will actively engage with our partners and carer representatives to respond to consultation and plan implementation in preparation for the Act coming into force.

Across services, service users and carers are involved in forums where views can be aired, relevant issues discussed and developments influenced.

There is a home support user and carer forum in each locality.

In fostering and adoption, the carers' centre provides a focal point for carer involvement. Carers support groups provide a forum to discuss general issues and an opportunity for carers to get involved in training, recruitment and carers-led activities. Feedback is sought from carers regularly to improve and develop services and supports. In 2015, we will launch a mentoring scheme providing opportunities for peer support.

In our women's justice service there is a service user focus group every six months. SACRO provide an independent chair to facilitate this group, which has influenced service design and continues to provide a forum for feedback and continuous improvement. There are examples of working groups involving both staff and service users which have enabled service users to influence unpaid work placements.

Individual and community capacity

Within our communities some people find it difficult to speak up and have their voice heard. Independent advocacy supports people to have their voices heard, and their rights and interests protected. Collective advocacy enables a peer group of people, as well as a wider community with shared interests, to represent their views, preferences and experiences. We continue to contract with third sector organisations to provide independent advocacy to all care groups. Referrals to advocacy services increased by 14% across all care groups in 2014/15. Opportunities to participate in collective advocacy are available to children and young people affected by disability, adults affected by mental ill health or learning disabilities, and older adults who reside within care homes.

In communities, we have reduced barriers and increased accessibility of services and supports where possible such as fast track clinics and making life easier. Locality planning, locality link workers and locality support teams, as part of our approach to prevention and early intervention, not only support people to engage in their communities they also identify work and activity to build capacity in our communities.

In the field of mental health, considerable progress has been made in the development of self management resources promoting recovery and individual control and choice. The SAMH peer support service has grown and developed significantly, over 60% of the total referrals are self referrals, evidencing that people are taking on responsibility for their own recovery. The work around responding to distress is also progressing, prompting innovative developments around out of hours services involving our third sector partners, in particular the Lanarkshire Association for Mental Health (LAMH). They will be providing a support service to the out of hours psychiatric liaison service. North Lanarkshire's social prescribing programme 'Well Connected' promotes best practice in mental health using community service assets as well as providing a successful community based programme 'Stress Control'.

The examples outlined above are not exhaustive and provide a summary of our key developments that empower service users and carers. Empowerment is associated with outcomes, assets, independence, choice, involvement, opportunity, self care, expression, personalisation, self direction, individual and community capacity, engagement and representation. All of these are fundamental to the work that we do, the approach of our staff and the relationships with our partners.

10. Workforce planning and development

The service continues to maintain a strong focus on developing our workforce and promoting leadership at all levels within the service as key to achieving improved outcomes for people who use our services, and to ensuring staff have the skills and competencies required to operate effectively in the context of significant legislative and organisational change,

In the face of resource pressures, the housing and social work service has continued to sustain our dedicated learning and development centre, used also for multiagency learning, whilst continuing to develop other forms of individual and team learning including e-learning. Over 15,000 learning and development days have been delivered during the year.

We have also maintained our commitment to measure our learning and organisational development against the national standards of Investors in People (IIP). This year the service advanced further its recently silver status, to the highest level of 'Gold'. Only the top 2% of organisations assessed in the UK have achieved this standard, which requires the demonstration of excellence in developing and supporting staff. In addition following assessment in October 2014, the service was also awarded the Investors in People Good Practice Award in Health and Wellbeing. This is a framework designed to help organisations align health, wellbeing and performance. The service met all 50 evidence requirements and is the only service in a Scottish local authority to have achieved the award.

Leadership

In 2014/15, a number of initiatives and development programmes took place to strengthen leadership capacity across the social work workforce, a sample of which are outlined below:

16 staff from the service completed the initial five day course on Strategic Leadership in Local Authorities (provided in partnership with Glasgow Caledonian University), with seven successfully completing the graduate certificate.

85 staff participated in our in-house four day 'Management Pathway'.

A series of events took place across the service on 'Outcome Focussed Supervision', with focus groups led by locality social work managers and learning and organisational development addressing the implementation of tools for reflective practice and recording.

We have maintained our senior practitioner programme for social workers and occupational therapists, designed to develop and retain experienced frontline staff, increasing our numbers from 50 to 62 this year. A core part of this involves supporting opportunities for senior practitioners to contribute and lead on practice and service development at both local and service level, as well as their supporting other staff.

Our 'recognising best practice' and 'bright ideas' schemes continue to promote innovation and high practice standards.

Locality Continuous Improvement Groups continue to engage frontline staff and managers (including resources staff) in setting the agenda for, and implementing, improvement activity. In addition a number of local practitioner led groups continue to provide opportunities for mutual support and the sharing and development of practice.

In 2015, two cohorts of senior and service managers within social work will participate along with health colleagues in a 13 module 'Leading Integration' programme designed to support the new North Lanarkshire Health and Social Care Partnership achieve national and local outcomes.

Direct engagement with staff and first line managers, by the CSWO, heads of service and senior managers remains a key plank in our approach and is recognised as particularly important given the scope of the current change agenda. Social work roadshows for all staff held in September and October 2014 provided an opportunity to inform and engage with staff on changes impacting on the service and for staff to showcase their own work through short films. Our annual staff awards and recognising best practice scheme celebrate achievements and provide further opportunities for dialogue.

Continuous professional development and organisational development.

For newly qualified social workers, the service has developed a successful early professional development programme comprising six sessions covering the wide social work agenda and pursuing an action learning approach to support social workers in their journey from student to practitioner. There is direct CSWO/head of service input to this programme.

We continue to support all staff to achieve their continuous professional development through a variety of methods. The range of qualifications on offer supports individual development and furthers the priorities of the social work service. During the last year, 322 people achieved qualifications while others have begun courses, including:

- Certificate in Child Welfare and Protection, five staff undertook the certificate and two have progressed onto the diploma.
- Certificate and Diploma in Dementia Studies.
- Mental Health Officer Award.
- Practice Learning Award – six staff have commenced the programme this year.
- Programmes providing necessary qualifications for registration, such as SVQs at Levels 2, 3, & 4 and HNC in Social Care. Overall, 120 learning opportunities were offered for staff to undertake this range of qualifications. The main emphasis has been with home support, who are the next group of staff requiring registration.
- A new HNC Occupational Therapy Support qualification set up in conjunction with Glasgow College, Cambuslang Campus this year on an open learning basis for eight staff. A range of staff are undertaking this qualification with an emphasis on supporting reablement and self management.
- HNC Administration and Management qualifications, 16 staff are on this programme.

Our programme of learning and development is informed both by organisational priorities and the collation of individual learning needs identified through our PRD (performance review and development) process. Core training is offered at levels tailored to staff roles but includes public protection and assessment and planning. It is our expectation that social workers in all care groups should be competent in working with all aspects of public protection and therefore, for example, children and families and justice social workers are expected to undertake council officer training in adult protection. With respect to strengthening assessment and planning, previous case file audit analysis has informed an

additional focus this year on chronologies and outcome focussed supervision. Below are a few examples of the range of activity:

- Outcome focussed practice programme for children's house staff.
- Resilience course for foster carers.
- Best practice in Self Directed Support training delivered to 113 Locality Support Service staff.
- Medication training for home support staff to support partnership work aimed at improving management and administration for medication to service users.

A specific focus this year has been the involvement of frontline staff and managers in locality modelling work to support the Reshaping Care for Older People and wider integration agenda. Each locality completed focus groups, followed by action learning to establish locality response arrangements designed to focus and co-ordinate resources to prevent hospital admissions and support effective discharge.

Registration of the workforce

Progress in relation to the Scottish Social Services Council (SSSC) registerable groups now stands as follows:

- 91% of staff in older adult residential services have the requisite registerable qualification, as do:
- 90% of staff in residential children's services.

In the above groups where the register is closed, those who do not have the qualification may have joined the service or changed post recently and therefore have additional time to gain the required qualification.

- 71% of home support team leaders and managers have a registerable qualification. The percentage of qualified employees in this group has increased from 59% in the previous year.
- 51% of home support employees are qualified.

Workforce and succession planning

The service has a range of measures in place to support recruitment, retention and succession planning, recognising that this too is critical to our ability to deliver high quality services.

We recruit social workers, both externally and internally via our Trainee Social Worker Scheme which involves sponsorship through the Open University route. Six staff will complete the programme this year, with a further 16 expected to complete over the next two years. One area of challenge remains ensuring sufficient mental health officer (MHO) capacity to meet growing demands. Whilst we have a policy of supporting suitable candidates from any care group progress through MHO training and have an increased number of workers starting the award in the coming year, retirements and promotions have meant we have not succeeded in increasing the numbers of MHOs within the service.

We provided 56 social work degree placements this year with associated benefits to the organisation but were disappointed that only 18 out of 32 HNC placements offered were taken up, suggesting the need for further work with schools and colleges.

Innovative use of modern apprentices within our locality support services has been very successful in attracting young people into this area of work with 70% moving on to permanent posts within the service or with local provider organisations.

Our senior practitioner scheme has proven invaluable not only in supporting retention, but through the leadership and deputising opportunities it supports, providing a helpful stepping stone for practitioners who may wish to move on to management.

Succession planning for senior roles is supported both by our specific management and development arrangements. Over the past eighteen months four senior managers within the social work service have moved on to head of service roles (two internally and two externally). The CSWO arrangements as described earlier in the report also support succession planning.

A head of service led Workforce Planning Group provides a vehicle for co-ordination of this area of activity within the service, ensuring the deployment of staff resources reflects demands and also considering the impact of future service developments and service redesign on staffing needs. One area of attention has been the role mix within fieldwork teams and over the past year a number of support staff vacancies have been converted into seven new community care social worker posts, reflecting the increased requirements in this area arising from the growth in key areas of work such as adult protection. The need also to make workforce savings over this period has, however, placed restrictions on our progress in this area. Also over the past year, we have undertaken redesign activity within home support, creating new roles of 'home support co-ordinator' and 'senior home support worker' to support improved service delivery.

A workforce planning priority for the year ahead alongside the development of integration arrangements will be to look at how best to develop and deploy our staff resource to support a coherent approach at first point of contact and in relation to low level supports that reflect our aspirations for effective early intervention, signposting, use of community capacity, reablement etc.