



**Argyll & Bute Council**

**Annual Report**

**Chief Social Work Officer**

**2013/14**

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## Foreword

Welcome to the annual Chief Social Work Officer report (CSWO) for the year 2013/143. The report is designed to give an overview of social work activity undertaken by the authority including the statutory, governance and leadership functions of the role of the CSWO.

Key principles that drive the Social Work service include:

- involving service users/ carers and the wider public in the development of quality care services
- ensuring safe and effective services; appropriate staff support and training.
- striving for continuous improvement with effective policies and processes in place
- ensuring accountability and management of risk

These principles will provide the core of the report and provides evidence to the Council that the Social Work service in Argyll & Bute continues to develop as required to meet the expectations of the community it serves.

This is a time of considerable change across all council services including social work. There are significant budget challenges to be met and services will continue to have to reshape and modernise as they strive to meet the expectations of service users at a time of restricted budgets. This will inevitably involve change at all levels within the social work service and service leaders know the importance of fully involving and engaging our staff in these processes if we are to achieve the positive outcomes we require.

As part of this reshaping and modernisation both children and families and adult care services have continued to implement the decisions of service reviews and continue to respond to the expectations around new models of care and prepare for forthcoming legislation (covering areas such as the Integration of Health and Social Care, Self-Directed Support and the implementation of a new Children's (Scotland) Act). There are also key partnership activities such as the development of the Integrated Children's Services Plan and the development of joint commissioning plans with the NHS and community partners.

There is currently a national review underway of Criminal Justice has a significant impact on the Criminal Justice partnership. By 2016/17 responsibility for local strategic planning and delivery of community justice will transfer from Scotland's eight Community Justice Authorities (CJAs) to Community Planning Partnerships and the service is preparing for these changes

To assist in these processes the social work service has recognised the fundamental importance of ensuring a continued strong connection and consistency of approach between strategic developments and front line operational requirements. Communication is a key element of this and there is now a well-established framework of engagement between the two Heads of Service, managers and front line staff through team meetings, blogs and regular visits to locality offices. This framework complements systems in place to gain the views of service users and these arrangements

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are extremely helpful in ensuring that the experiences of those at the front line help to inform future policy and service developments.

The Integrated Children's Services Inspection reported on last year highlights a significant shift to joint inspection within the framework of Community Planning and will be duplicated in Adult care where the inspection will focus on partnership working and the delivery of services across the NHS, Police and Social Work in partnership with the Independent and Voluntary sectors. The initial Inspection, date yet unknown, will primarily focus on older person's services and will take place during either 2015 or 2016.

This annual report is structured along the lines of the main service responsibilities across Adult Care Children & Families and Criminal Justice. The report however is a collaborative venture between staff in all parts of the social work service and it is seen as important that social work retains a composite professional identity if services to family members of all ages are to be delivered in a consistent and seamless manner.

James Robb, Chief Social Work Officer

Argyll & Bute Council

September 2014

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## Understanding Our Community & Economy

Covering a land area of 690,899 hectares Argyll and Bute is the second largest local authority by area in Scotland after Highland (Census 2001). Argyll and Bute has the third sparsest population (averaging just 13 persons per sqkm) of Scotland's 32 local authorities (Census 2001, 2011) and has more inhabited islands than any other Scottish local authority .

There are 23 inhabited islands in Argyll and Bute (Census 2001). These are: Bute; Coll; Colonsay; Danna; Easdale; Elean da Mheinn; Erraid; Gigha; Gometra; Inchtavannach; Innischonon; Iona; Islay; Jura; Kerrera; Lismore; Luing; Mull; Oronsay; Seil; Shuna (Luing); Tiree; Ulva (Census 2001).

Services are directed through four main areas:

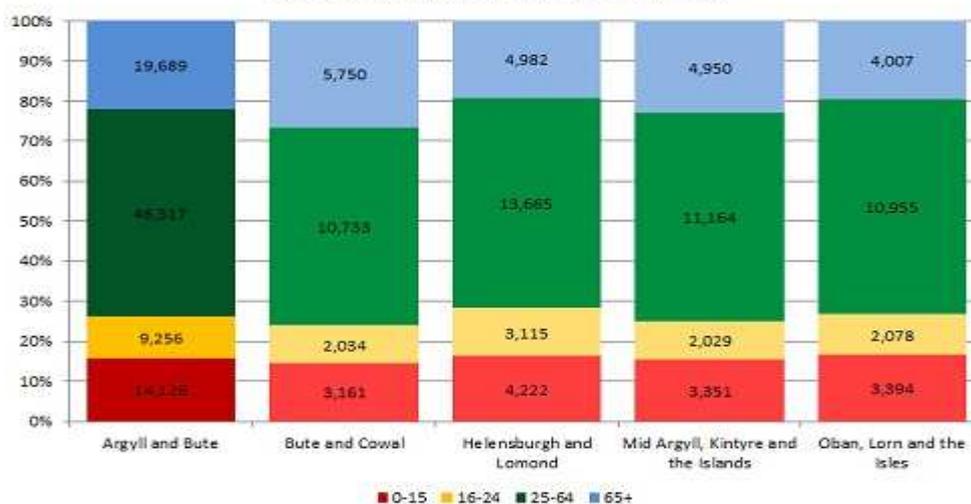
- Helensburgh and Lomond
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and the Isles
- Bute and Cowal

### Population

The largest settlement in Argyll and Bute is Helensburgh, with a population of 13,660 (GROS' 2008-based Settlement Estimates). (This figure is for the Helensburgh locality. When combined with Rhu, the population for the 'Settlement of Helensburgh' is 15,430.) 52% of Argyll and Bute's population live in areas classified by the Scottish Government as 'rural' (Scottish Government Urban-Rural Classification 2009-2010; 2010-based SAPEs). 45% of Argyll and Bute's population live in areas classified as 'remote rural'; 7% live in areas classified as 'accessible rural'.

Almost 80% of Argyll and Bute's population live within 1 km of the coast. Approximately 97% of Argyll and Bute's population live between 0 and 10km of the coast (Scottish Coastal Forum (2002)).

**Population profiles of the four Administrative Areas**  
(Source: NRS 2011-based SAPEs)



## Economy:

Argyll and Bute's economy is predominantly service-based. Over 85% of employee jobs in the area are provided within the service sector. 14.9% of employee jobs in Argyll and Bute are in tourism-related activities (Office for National Statistics (ONS) Annual Business Inquiry employee analysis, 2008 data (NOMIS, May 2012)). Argyll and Bute has relatively high levels of employment in agriculture and fishing, and low levels of employment in manufacturing and finance.

Unemployment rates in Argyll and Bute are below the national average although, because of the high levels of seasonal employment in the area, rates vary according to time of year. Gross Value Added (GVA) figures show that Argyll and Bute's economy is performing less strongly than the Scottish average.

## Future Population Projections

Projected demographic trends for Argyll & Bute note a gradual and sustained reduction in the number of children and young people aged 0-16, against an increasing population of older people from 2014 to 2037.

Age Groups	2014	2020	2030	2037
<b>0-16</b>	14,518	13,691	12,926	12,243
<b>75+</b>	9,227	10,797	13,896	15,248

Data Source- NRS 2012-Principal Population Projection for Argyll & Bute

From this projected analysis it is evident that a key area of concern is that the combination of a widening population of older people in their retirement, coupled with a reducing young population. Effectively creates a situation in which those in working age will find themselves contributing more to support the demands of the widening older population.

National analysis of the economically inactive( retired) in Argyll & Bute notes that from October 2012 to March 2014 there has been a steady increase in the percentage of retired people from 23.5 % to 26.8%, against the Scottish average of 16.3% in March 2014 and a Great Britain wide average of 15.0% in March 14

Count Period	Argyll & Bute	A&B %	Scotland %	GB%
Oct 12-Sep13	2800	<b>23.5</b>	16.8	15.4
Jan 13- Dec 13	2600	<b>24.7</b>	16.0	15.1
Apr 13- Mar 14	2900	<b>26.8</b>	16.3	15.0

Data source: NOMIS Economically Inactive Data Set –Retired, Argyll & Bute

Recruitment difficulties into the social care and health sectors already has an impact on service provision and will continue to be challenge in future years. A wider challenge for Argyll & Bute will be the need for greater scrutiny and understanding of the positive role that older people will have within this evolving demographic social structure. Positive change for older people in terms of healthy lifestyles and taking lead roles in the wider community is an essential element of sustaining the changing population.

## **Statutory Functions**

### **Context**

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work" .

While not exclusive to social work, promotion of personalised solutions has always been important; engaging with people who use support or services, carers, families and communities being the hallmark of effective social work practice. Personalisation is a key means of ensuring that people have the support or services that meet their needs and priorities and address their personal circumstances. The promotion of Citizen Leadership supports this as does a focus on outcomes rather than process or procedure.

### **The Role of the Registered Social Worker in statutory interventions**

Local authorities have a statutory responsibility to promote social welfare and partnership working is key to providing high quality and effective support and services. In protecting and promoting the welfare and wellbeing of children, adults at risk and communities, statutory powers may be exercised to address very serious, complex issues. This requires balancing competing needs, risks and rights. In these circumstances, given the far-reaching significance of the decisions being made, it is important that accountability for the exercise of these functions should rest with a registered social worker.

Some tasks required in respect of statutory interventions may be undertaken by others than a registered social worker. However, final decisions/making recommendations for statutory intervention drawing on information held by others and work done by them as appropriate, lies with the accountable registered social worker. All social service workers must be able to explain and account for their practice and to have their thinking challenged appropriately . Registered social workers are accountable for their own competence and performance and that of those they line manage. Where they don't have line management responsibility for others who may be involved, accountability for competence and performance remains with the individual and their employer. However, the registered social worker does have responsibility for helping ensure everyone plays their part in discharging their role in respect of the statutory intervention.

### **Care and Protection**

Careful and complex decisions as to when and how there may be intervention in the lives of individuals and families may have far-reaching consequences for those concerned and fundamentally affect the future course of their lives. A number of agencies and professionals will contribute to the process. However, it is important for the assurance of all involved, that accountability for these important decisions and the subsequent exercise of statutory functions lies with a suitably qualified and trained professional - a registered social worker.

## **Statutes:**

Adult Care Services provide statutory functions subject to the following legislation:

1. Social Work (Scotland) Act 1968
2. National Health Service and Community Care Act 1990
3. Adults with Incapacity (Scotland) Act 2000
4. Adult Support and Protection (Scotland) Act 2007
5. Mental Health (Care & Treatment) (Scotland) Act 2003

Children & Families directly provide or commission support, protection and care for vulnerable children, young people and their families.

Children & Families provide statutory functions subject to the following legislation:

1. Children Scotland Act 1995
2. Children and Young Person (Scotland) Act 2014
3. Social Work (Scotland) Act 1968
4. Regulation of Care (Scotland) Act 2001
5. Protection of Children (Scotland) Act 2003
6. Public Bodies (Joint Working) (Scotland) Act 2014
7. Children and Young Person (Scotland) act 1937

The implications of the Children and Young People's (Scotland) Act 2014 for Children and Families are the enshrining of the Getting it Right for Every Child (GIRFEC) approach in law, the introduction of new children's rights and children's service planning, increasing the provision of support to those in care and care leavers.

Criminal Justice Services provide statutory functions subject to the following legislation:

1. Social Work (Scotland) Act 1968, S.27 provides legislative basis for criminal justice social work – advice to Courts and support of offenders etc.
2. Criminal Procedure (Scotland) Act 1995, lays out basis for the work we do and how we go about doing it – Court reports, sentencing options, through care etc.
3. Criminal Justice and Licensing (Scotland) Act 2010 introduced Community Payback Orders through amending and inserting new sections into the above act.

4. Management of Offenders (Scotland) Act 2005, introduced MAPPA for the management of high risk offenders

In addition there is key sex offender legislation:

- The Sex Offenders Act (1997) introduced registration for sex offenders
- Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 introduced new definitions in respect of offences against children, addressed grooming behaviour and brought in Risk of Sexual Harm Orders (RSHO) designed to be preventative rather than reactive.
- Sexual offences (Scotland) Act 2009 introduced new definitions for sexual offences against adults, including sex trafficking, date rape, consent etc.

# **Adult Care Services**

## Introduction

### Management Structure:

The management of Adult Care services consists of distinct management responsibilities for key areas of the service, as presented in the supplementary information (Page 43) with third tier service managers in place for:

Older people: Service Manager's remit being the re-design and development of services combined with a remit for improvement and inspection for the care homes, day and home care services.

Learning Disability: Service Manager's remit being the re-design and development of services combined with a remit for improvement and inspection for day services.

Operational Services: Service Manager who has overall responsibility for assessment and care management and the direct management of the local Area Managers.

Adult Care directly provides or commissions support, protection and care for vulnerable adults and adult with a range of disabilities whether it is associated with mental health, learning disability, sensory impairment or old age.

### Service Expenditure:

For the year 2013/14, the revenue expenditure for Adult care Services was £42,289,037. The most significant costs during the year were;

Home care:	£10,006,365
Council care homes for older people:	£3,911,491
Commissioning care homes for older people:	£7,411,019
Supported living for learning disability:	£5,912,797
Commissioning care homes for learning disability:	£1,967,600
Assessment and care management:	£3,063,573

### **Adult Care -Key achievements:**

- Balance of Care for Older People: Performance continues to improve with on average 76% of service users cared for in the community against 24% in care homes /NHS continuing care beds. This was against a stated target of 80/20 in favour of care at home. ( July 2014 data)
- Sustaining a high level of performance in Delayed Discharge at a time when the number and dependency levels of those service users coming through the system continues to increase while recruitment into home care and key NHS community posts becomes increasingly problematic.

- Waiting list for Free personal Care at Home remains very low. This is at a time when the majority of council services were externalised (January 2013) and recruitment across the sector remains problematic.
- Number of Direct Payments continues to be relatively high though below target. Performance continues to be within the top quartile across Scotland.
- Number of Enhanced Telecare packages in use continues to rise while assisting service users to remain at home in safety with appropriate supervision.
- Implementation of “Talking Points” system which provides service users and carers a robust opportunity to comment on the personal outcomes achieved via the service provided. This will be added to the updated Adult scorecard for 2015/16.
- Introduction of Home Care Commissioning and Monitoring Staff who will have the responsibility for cost effective home care procurement and provides new capacity for spot visits to assist in determining the quality of care provided by home care services
- The development of Extra Care Housing in Helensburgh & Lochgilphead during 2013-14, supplementing the services developed on Mull and Jura, provides modern flats designed to assist with the care of older people ranging from low to high dependency. The purpose built facilities combined with community home care, nursing and Telecare services will provide a direct alternative to care home placements and positively impact on the Balance of Care favouring care at home.

## **Older People's Services:**

### **Reshaping Care for Older People**

Across RCOP we have developed an asset based approach to develop clearer understanding of the range of activity and resources available in each locality and how this best informs future investment opportunities. It provides the potential to gauge how communities can contribute to increase and maintain independence, promote health and well-being and increase social contacts out with the formality of social care.

Staff across community resilience work stream link and work with other work streams –for example Living It Up and Falls Prevention where this improves capacity and scope and impact of preventative measures

The role and participation of carers and the third sector as equal partners was a strong influence in the production of the Joint Strategic Plan for Older People. The model for this will be brought into our approach in the development of Joint Strategic Plans for all Integrated Services.

We work closely with all Carers Centres and some services are jointly delivered for instance we commission the Carers Centres to undertake carers assessment through the funding of carers assessment workers – Since June 2014 150 carers assessments carried out through carers centres ( all ages ). More recently we have funded Carers Centres to allow them to deliver on outcomes following assessment through the allocation of a flexible respite budget.

Our adopted Model of Care has at its heart a drive for people to be supported un their own communities and in line with their preferences for as long as possible. We see as fundamental to this , the redesigning of care systems, ongoing investment in community based model as and a shift away from institutional care alongside the design of and evaluation individualised care arrangements with service users .

### **Model of Care**

The agreed model of care agreed by the Health & Social Care Partnership is as follows:

#### Care at Home:

Preferred model of service user choice where safe and financially sustainable

#### Extra Care Housing/Sheltered Housing:

Where the design of service users homes are unsuitable for the safe provision of care service users are increasingly offered the option of alternative housing to the option of a care home placement

#### Care Homes:

Care homes are increasingly provided for high dependency service users where specialist dementia care and end of life care are the focus of the service.

## Care at Home

Statistically Argyll & Bute social work services have continued to support more people to live at home with a year on year increase in the number of people aged 65+ directly receiving homecare, from 830 in 2011/12 to 1070 in 2013/14 (increase of 28.9% over two years) and the number of paid hours provided increased from 622,727 hours to 708,967 hours of service during the same period (increase of 13.8%). Alongside this there has also been an increase over the last three year period relating to those receiving personal care, receiving a service during the evening and overnight and those receiving a service at the weekend. (Refer to Appendix 1)

This is a continuation of the improvement journey the service has made over a number of years in providing service users with the choice of living in their own home or sheltered accommodation at a time when the availability of staff to work what are increasingly unsocial hours has become problematic

## Reducing Institutional Care

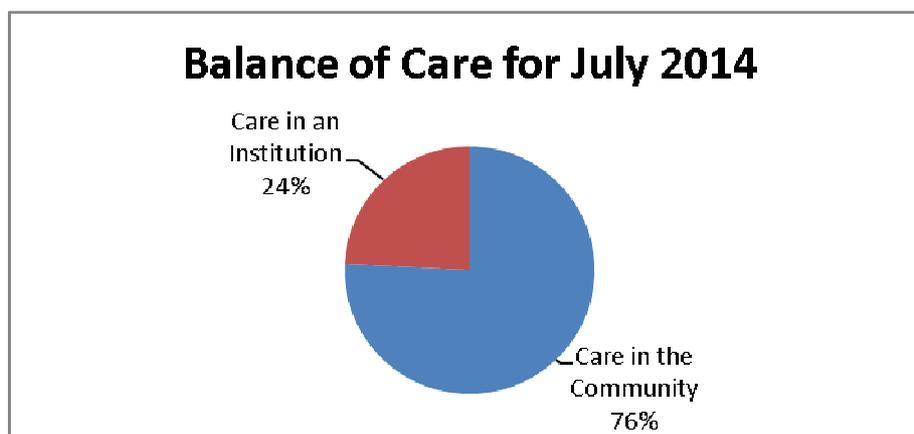
In conjunction with supporting more people to live at home, social work services have also focussed on reducing the number of people across the age groups, admitted to care homes. Over the last three years the overall number of admissions has dropped from a total of 613 in 2011/12 to 550 in 2013/14. (Refer to Appendix 2)

## Balance of Care for Older People

Balance of Care continues to demonstrate that the focus for social work service remains centrally on supporting people to remain at home for longer and work to reduce admissions to care homes locally. (76% supported in the community against 24% supported in an institution- (Table 1 below)

In order to achieve this current balance of care a number of key workforce developments have been instrumental in supporting the joint delivery of services, these include the establishment of joint Extended Community Care Team in all localities, overnight homecare services and the increased use of Telecare and Telehealth services.

Table 1: Balance of Care for July 2014



## **Getting People Home from Hospital**

Argyll & Bute social work service continue to work with to ensure that the national Delayed Discharge target of 4 weeks is achieved. Argyll & Bute's individual performance against neighbouring local authorities in relation to getting people out of hospital within the four weeks ensures that health and social care services across the partnership are working to achieve better outcomes for people admitted to hospital. (Refer to Appendix 3)

In preparation for the reduction of the target to 2 week delay in April 2015, Argyll & Bute have already set the 2 week target across operational teams and is monitoring and driving increased performance through the use of robust local discharge data.

## **Learning Disability:**

### **Day Services:**

Day services have been re-designed with the focus being on the provision of person centred, flexible outreach services that complement the traditional resource centre facilities. The new statutory duties in relation to self-directed support (SDS) require a radical reshaping of services to meet individual service user's requirements.

The resource centre service continues to be used to a lesser degree with greater emphasis on proving support to access existing community facilities. As a consequence alternative uses for parts of the building are being explored with other services within the Council, the NHS and Voluntary sector.

### **National Strategy for Learning Disability:**

On 13th June 2013, the Scottish Government and CoSLA jointly launched "The Keys to Life", the new national 10 year strategy for people with learning disabilities. The Keys to Life contains 52 recommendations covering a wide range of issues affecting people with learning disabilities. The full report is available at <http://www.scotland.gov.uk/Publications/2013/06/1123>.

The new strategy builds on "The Same As You", but importantly has a more explicit focus on improving health outcomes for people with learning disabilities, this will have significant impact for our integrated Learning Disability Service and we will be working closely with NHS Highland in implementing the joint improvement plans to meet recommendations.

## **Mental Health**

Social Work and NHS Community Mental Health staff have moved to a position of co-location during the last two years and this has assisted greatly in the day to day management and provision of services. The long term management of the co-located teams will be part of the integration framework to be developed across health and social care services during the next 18 months.

The re-design of Mental Health Service as with other client s groups, continues to focus on the development of community based services in partnership with the NHS. This is reflected by the plans for the re-design of the Argyll & Bute Hospital site which will conclude with a significant number of bed reductions and resource being transferred to community services across Health and Social care.

### **Substance Misuse: Development of the Alcohol and Drugs Partnership (ADP)**

The ADP in Argyll & Bute had for a long period failed to work cohesively as a partnership across the statutory and third sector agencies in bringing together a concise and strategic vision for the future of services in Argyll & Bute. However, key areas of work have been progressed during the last year with the completion of the needs analysis, agreement of the alcohol and drugs strategy and outcomes framework. This baseline work has resulted in the production of a strategic service delivery plan for implementation during 2013/14 with the agreement of all partners.

Work has commenced on the development of a commissioning plan and all partners are working towards the commissioning of a range of contracted services during 2014/15. This will undoubtedly be a time of change for all parties involved both in terms of challenging historical practice and priorities in order to create a service fit for the future.

### **User and Carer Empowerment across Adult Care Services:**

Across, “Reshaping Care for Older People”, we have developed an asset based approach to develop a clearer understanding of the range of activity and resources available in each locality and how this best informs future investment opportunities. It provides the potential to gauge how communities can contribute to increase and maintain independence and health and well-being, increase social contacts using time-banking and other initiatives.

Time-bank, support is provided to older people in seven communities using community resilience staff in seven localities, giving a total of 27 ongoing and live initiatives. By definition, co-production places people at the centre of services from design, development and through to delivery. These are the shared principles with “Timebank”; people are regarded as an asset, as are communities. Staff across community resilience work stream link and work with other work streams , for example, Living It Up and Falls Prevention where this provides greater impact and improved levels of prevention.

The role and participation of carers and the third sector as equal partners was a strong influence in the production of the Joint Strategic Plan for Older People. The model for this will be brought into our approach in the development of Joint Strategic Plans for all Integrated Services during 2014/15.

We work closely with all Carers Centres and some services are jointly delivered, for instance, we commission the Carers Centres to undertake carer’s assessments through the funding of carers assessment workers. More recently we have funded Carers Centres to allow them to deliver on outcomes following assessment through the allocation of a flexible respite budget.

Our adopted Model of Care has at its heart a drive for people to have choice and be supported in their own communities for as long as possible. We see as fundamental to this, the redesigning of

care systems, ongoing investment in community based model as and a shift away from institutional care alongside the design and evaluation of individualised care arrangements with service users.

## **Adult Protection: Adult Support and Protection (Scotland) Act 2007**

The Act provides the framework for the Adult Protection agenda and came into force in October 2008. During 2006/07 a new set of inter-agency procedures were drafted and approved by the Council, NHS Highland and Strathclyde Police for operational use. This resulted in an extensive programme of training across the agencies noted and the voluntary sector in Argyll.

Changes to the procedures and data collection mean that better information is now available about the outcome of referrals and how many adults are considered at risk of harm etc. This will see us well placed to provide the information likely to be required by the Scottish Government from April 2014.

Following increases in the number of adult protection referrals coming to the social work teams in previous years, it is noted that over the last year the numbers have remained reasonably constant. However, with changes to the Police Scotland procedures, vulnerable person's referrals are now also submitted where there are concerns about an adult but it is not believed that they meet the criteria for being considered an adult at risk of harm. These referrals appear to be increasing in volume.

Updated data collection methods have resulted in much clearer information being available about those referrals that lead to an adult protection investigation. This has demonstrated the value of referrals from a wide variety of agencies, and in particular the high degree of engagement with our provider services. Detailed reporting and analysis of all aspects of adult protection work is now a key area for discussion at the Adult Protection Committee, with specific measures identified as part of the APC Improvement Plan and associated scorecard.

In order to develop a realistic understanding of all aspects of adult support and protection, self-evaluation continues to be a key feature of work undertaken by all those involved in this work. A multi-agency case file audit has been undertaken each year since 2012, and this year involved interviews with staff and the adult who was the subject of the adult protection investigation in order to gain 360 degree feedback. A report with feedback for each agency will highlight areas for improvement as well as strengths in performance. In parallel with this audit an internal social work evaluation took place, looking at 10% of those cases where it was decided that the adult was not at risk in order to examine consistency and appropriateness of decision making. Again, learning was disseminated following the collation of the results of this exercise.

Training on adult support and protection continues to be provided free to staff from any agency across Argyll and Bute, including the largest islands. An annual training programme was developed to run throughout 2014 and was publicised via the Argyll and Bute council website. Take up of places has been good from all grades of staff within social work and the NHS, with many staff reporting the benefit of a multi-agency group and the different perspectives that contribute to the overall learning.

During the last year the Adult Protection Committee undertook its own self-evaluation, examining its performance in various areas, and feeding the results back to staff at the annual self-evaluation day. It also revisited its Terms of Reference to ensure that the membership and structures are appropriate and responsive to the needs to local implementation of the Adult Support and Protection Act.

### **Advocacy and Adult Support and Protection**

In accordance with the legislation, social work staff are expected to offer independent advocacy to all adults who are the subject of an adult protection investigation. In addition to their involvement in supporting the adult to enable their voice and views to be heard as part of this process, the advocacy service has also been commissioned to assist the department in gaining the adult's feedback after the Adult Protection activity has ended. A short questionnaire was devised by social work and advocacy staff and includes questions about how the adult was communicated with as part of the process, as well as whether they feel safer as a result of the actions taken. The advocate who supported the adult through the investigation returns to them three months later to complete the questionnaire and gain any overall feedback they wish to provide. This enables social work staff to understand the impact of their work on the adult and their situation and how the adult has viewed their intervention.

### **Adult Protection Care Homes Project**

Background:

The issue of harm in care homes was identified as one of the 5 national priorities for adult protection by the Scottish Government in 2013. After some initial scoping work, they invited proposals from council areas to undertake short life projects to assist with this topic. In December 2013 Argyll and Bute submitted a project plan which was successful in attracting a small amount of funding (£203) to assist with this work.

### **Specific pieces of work that continue include:**

#### **Care Home Resident Review Process Update:**

Building on the work done following the concerns at Ashgrove Care Home, the review process was updated once more. There had been some complaints from homes about the length of the review forms and the new process. This now involves the District Nurses in providing a health focus for residents being reviewed by social work staff, but it had drawn some criticism for the way that it had been inconsistently applied across the areas.

The paperwork and process for these reviews was refreshed with a three month trial established in Helensburgh and MAKI. The trial has now formally ended and social work staff, the District Nurses and care homes managers have been sent short questionnaires to complete covering all aspects of the process. A meeting between the staff involved in the trial is being set up to discuss their experiences.

Following the feedback gathered, any amendments required will be made to the forms and/or the process and it will be rolled out across the other areas, with briefings for all staff involved.

#### **Multi-agency quality assurance group:**

An initiative started as part of the work described above is the development of a pro-active process to quality assure the care homes of the area.

New care homes feedback forms have been developed and publicised to enable staff from any agency to provide feedback on a home they visit. They encourage staff to highlight concerns (based on the early indicators work published by the University of Hull) or any specific areas of good practice that they have observed.

Any of these forms received, plus information gathered from a wide variety of agencies including the Care Inspectorate, Commissioning staff, operational social work staff, District Nurses and Fire and Rescue are shared in a multi-agency meeting and the homes under discussion are risk rated. The intention is then to provide support to any home where concerns are apparent that the quality of care is slipping.

#### **Commissioning of Services:**

The Procurement and Commissioning Team (PCT) provide support to the social work service in realising savings via procurement exercises by carrying out full tenders or working with partner providers to reduce cost pressures by redesigning services. In doing so the PCT provide a framework for commissioning efficiently from external providers or confirm that existing in house services are cost effective thus assisting in developing the case for services to be retained in-house( e.g. Learning Disability Day services were subject to this process 2011/12 which evidenced that they were being provided in a cost effective manner).

In going forward, joint commissioning plans are being progressed with partner agencies. Specifically the Joint Older Personal Commissioning Plan has been drafted and will be subject to public consultation during 2014 and the Joint Commissioning Plan for Adult care Services will be completed in advance of April 2015.

#### **Service User Feedback –Quality Assurance Questionnaires**

As part of the Procurement and Commissioning Team's ongoing monitoring, of all registered Adult Care services, questionnaires were completed with service users and/or their families across the range of service groups. The exercise was designed to gauge levels of satisfaction and to ascertain what was going well and what could be improved.

#### **Feedback**

The questionnaires were completed by service users supported by Monitoring Officers or by guardians/family members. A total of 273 were completed, sampled from Mental Health/Learning Disability Supported Living and Day Services. Care Homes and Day Care for Older People were also included. Care at Home services were excluded, due to the robust monitoring in place, carried out by Homecare Procurement Officers.

- More than 90% of the service users across the services felt they were involved in making decisions about the services they received.
- Within both internal and external day care and care homes 96% of service users felt that staff were sensitive to their needs.
- 100% of service users with Mental Health needs felt they were involved in making choices about their service.
- 98% of people with a Learning Disability feel they are supported to do things they enjoy and are important to them.

### **Better Outcomes for Adult Services**

In line with the main driver of supporting people to remain at home for longer and to ensure that preventative and upstream services, deliver on outcomes for people. It is evident from the financial information noted in Appendix 4 that continued reduction in institutionalised care has given greater financial flexibility for a year on year increase in direct homecare service provision. Financially, this direction of travel works to ensure that Argyll & Bute is better placed to respond to the key challenges relating to continuing to improved outcomes for service users within the self-directed support arena.

In relation to the external funding of increased levels of homecare support (Refer to Appendix 4), Argyll and Bute continue to work in collaboration with both private and third sector care providers to ensure that they challenges of providing care in remote and geographically diverse environments.

# Children & Families & Criminal Justice

## Introduction

The management arrangements for the Children and Families/Criminal Justice service have been reviewed with the new framework being put in place during 2014/15 as outlined within on (page supplementary information (page 44)at The section of the report considers the main areas of activity within each of the service areas.

### Children and Families

Children and Families directly provide or commission support, protection and care for vulnerable children, young people and their families. The Children and Families service portfolio covers four key areas:

- Early Years
- Children and Families Resources
- Children and Families Operations
- Criminal Justice

### Service Expenditure:

In 2013/14, the revenue expenditure for Children and Families was £9.9m. The most significant costs during 2012-13 were as follows:

- Assessment and care management: £2.8m
- Family Placement (includes fostering and adoption): £1.6m
- LA Care Homes: £1.5m
- External Residential Placements: £1.1m
- Children with a Disability: £615k

In 2013 a refreshed vision has been 'partners working together to achieve the best for children, young people and their families'. Improvement in processes has resulted in better responses to child protection concerns and the development of a screening group for domestic violence referrals. Services are improving how they assess, plan and support vulnerable children, young people and their families.

### Children & Families- Key Achievements:

- Children & Families have undertaken a service review to reconfigure staffing across all areas and introduce more frontline staff. The staff group have helped to develop a new model which will be delivered in October 2014.
- To support the new model of service delivery a training plan has been delivered focussing on assessment and care planning. Programme for development has been established for para-professionals, Social Workers and residential staff. A leadership programme through Argyll & Bute's Managers course and additional mentoring is supporting the development of all managers.
- There have been a number of successes across Children & Families, for example the development of effective screening processes has helped support improved outcomes

across Children & Families. The introduction of the Screening Group has resulted in a significant reduction in report requests from SCRA.

- Getting It Right For Every Child (GIRFEC) is now fully embedded in Argyll and Bute with Health, Education and Social Work staff assuming the roles of named person and lead professional as required. 3,500 staff have been trained in the GIRFEC practice model over the last 2 years. Training and support to ensure the continued success of GIRFEC is available. GIRFEC Champions have been introduced across all partner agencies.
- Child protection registrations has steadily reduced with the number of children placed on the Child Protection Register remaining low. Improvement in immediate response to child protection has been improved by multi-agency screening taking place in all child protection referrals. While the embedding of GIRFEC practice model ensures that all children subject to child protection investigation have an assessment, plan and meeting to support their needs
- All children and young people involved in child protection or who are looked after are offered advocacy service through Children 1st and Who Cares Scotland. The number of young people who are looked after remains static at around 220. The service for looked after children is monitored through the Corporate Parenting Board and Argyll & Bute's Children. The Corporate Parenting Board has achieved a number of initiatives, particularly for Looked After and Accommodated Children (LAAC), these include:
  - Purchased laptops/iPads
  - Tracking educational achievement
  - Driving lessons for ex-care leavers
  - Opportunities for work experience.
- The 3 residential units have achieved grading across all quality indicators of 'very good' or 'excellent', demonstrating the high quality residential care available within Argyll and Bute.
- The number of looked after and accommodated young people placed in external placement out with Argyll and Bute continues to reduce
- The number of Foster Carers in Argyll and Bute remains high and they continue to provide good quality care to our most vulnerable children and young people. The Care Inspectorate graded the service as 'good' across all quality indicators. The numbers have shown a small increase in the number of children placed with Foster Carers.

## **Balance of Care for Children & Families**

The balance for care for children and young people who are looked after in either a community or institutional setting notes 92% supported to live in a homely community setting and 8% living in an institutional setting

Further analysis notes a reduction in numbers of children in external institutional placements for the period March 2013-July 2014. Children supported in a homely setting, notes a slight reduction in children placed in family placements and kinship care against a relatively flat performance across the number of children placed with foster carers and not in kinship care. (Refer to Appendix 5)

## **Service User Feedback**

Children and Families have created support fora for looked after children and care leavers. All aspects of service delivery is discussed within these fora. In addition, consultation events with foster

carers and young people take place bi-annually. Advocacy services are provided by Children 1st for all children and young people whose names are on the Child Protection Register. Who Cares? Scotland provide advocacy services to all looked after and accommodated children and young people. Our young people engage in national events with the assistance and support of Who Cares? Scotland. 3,500 children and young people were consulted in the development of Argyll & Bute's Integrated Children's Services Plan.

## **Planning for Change**

Children & Families has undertaken transformational change over the last 2 years. All grading from inspections in residential units, fostering & adoption services and joint children's services have seen improvement.

The Foster & Adoption Service has undergone a period of modernisation. It is leading the way in using the Social Work information system to improve the Foster service monitoring and reporting. Argyll and Bute continue to provide high quality foster carers and over the last year fostering has seen the number of placement requests reduce slightly increase while the number of foster carers has also increased.

Permanence planning is a priority for the service. CELCIS has provided support to develop a new tool kit and training all staff. A Permanence Advisor has been introduced across Social Work to support staff to raise standards and achieve permanence within appropriate timescales.

Ensuring consistency with assessment and care planning has been a challenge. The Universal Child's Assessment (UCA) has been developed and has replaced all other assessment and plans for children. The pilot is currently being evaluated prior to the UCA being rolled out across Argyll and Bute. All staff have been provided training for the completion of the UCA.

In relation to creating real outcomes for children and young people, the number of children placed out with the authority has remained low this year against an overall increase in the number of children placed within a family setting. Key areas in the future will focus on the development of more family placements and direct support to kinship carers ensuring services work to find lifelong placements for children through permanency. The development of post adoption support is taking place across 2014/15. The Children & Young People's Bill will have a significant impact on services for ex-care leavers and kinship carer's service will need to be redesigned to meet the expected increase in demand

## **Criminal Justice**

Argyll and Bute Criminal Justice Services are delivered within a formal partnership arrangement with East and West Dunbartonshire Councils. In 2013/14, Argyll and Bute Criminal Justice Service developed multi-agency guidance and procedures for the risk management of violent offenders that was rolled out across the Partnership area. New Environmental Risk Assessment procedures were enhanced by local operational agreements between Criminal Justice, Police and Housing colleagues. High Risk Offender Strategic and Operational Groups in Argyll and Bute are functioning well with the operational group providing a forum to resolve local practical issues and share matters with partners. Multi-Agency Public Protection Arrangements (MAPPA) have been revised nationally and the Partnership has responded well to the enhanced procedures including the greater structured reviews of MAPPA Level 1 offenders. (Table 2 below notes the gross expenditure of the current service)

**Table 2: GROSS EXPENDITURE BY CATEGORY: 2013/14**

Employee Expenses	<b>716,756</b>
Premises Related Expenditure	<b>29,721</b>
Supplies & Services	<b>29,681</b>
Third Party Payments	<b>3,667</b>
Transport Related Expenditure	<b>48,708</b>
<b>Total Expenditure</b>	<b>828,534</b>

Community Payback Order requirements for unpaid work prove an effective means for offenders to repay society for their misdeeds which also contributes to the process of rehabilitation and reintegration. Unpaid work requirements are increasing in hours and often form part of a supervision package. Unpaid work activity in Argyll and Bute has attracted positive press coverage in the Helensburgh and Lomond area and individual acknowledgements of 'work well done' in other areas. In 2013/14, 16,154 hours of unpaid work were ordered in Argyll and Bute. Using a minimum wage calculation averaging £6 per hour this equates to approximately £96,924 of labour put back into the community.

During 2013/14, Criminal Justice Managers worked closely with their Youth Justice colleagues to support the development of a Whole Systems Approach for young offenders. Workload has varied and the increased use of alternatives to prosecution for low tariff offences has reduced the number of report requests, but as a result of this, proportionately more cases that are prosecuted require complex risk assessments and more time to complete. Within this context there is a reduction in supervision requirements for low tariff offenders or those that do not have complex needs. In turn there is an and an increased workload associated with risk management of released prisoners and more hours of unpaid work ordered either as an alternative to custody or to offenders without

complex needs that do not require supervisory support. (Table 3 notes the changing levels of activity, comparing 2012/13 to 2013/14)

**Table 3: New activity Across Service Area Comparison 2012/13 to 2013/14**

<b>Areas of service</b>	<b>New activity 2012/13</b>	<b>New activity 2013/14</b>
Criminal Justice Social Work Report	555	373
Parole or release of prisoners reports	34	55
Court orders involving community supervision	103	82
Court orders involving unpaid work	125	126
Total number of Unpaid Work hours ordered	12,222	16,154
Statutory supervision of released and current prisoners	12	23

The removal of Rothesay Court business to Greenock Sheriff Court has been concluded with, to date, little impact upon Criminal Justice services following local agreements reached between the Rothesay Criminal Justice Team and counterparts in Inverclyde in respect of Court duty and support of offenders and their families appearing from the Isle of Bute.

The Scottish Government has announced its preference for a local delivery model for the redesign of Community Justice Services with a national body providing strategic oversight. A second phase of consultation is underway to define relationships and refine detail to a locally delivered service within the context of the Community Planning Partnerships. The Criminal Justice Partnership and associated Councils support the local delivery model and will be working towards supporting the redesign along these lines over the next two years.

## **Generic Social Work Issues**

### **Independent Living Fund (ILF)**

Further to the Department of Work and Pensions (DWP) Consultation conclusion in 2012 it was decided the current Independent Living Fund (ILF) will completely close on 31st March 2015. (It has been closed to new applicants since 2010). The DWP will then transfer responsibility of the awardees to Local Authorities and are now preparing for that.

The ILF closure on 31st March 2015 is likely to have considerable impact in Argyll and Bute on the 96 people with disability in receipt of an award and also on the Council. Currently this group of adults are in receipt of about £1.6m per annum from this fund (Adults including; Older People, Physical Disability, Mental Health issues and Learning Disability).

The decisions made by Scottish Government and the DWP in regard to this will have significant implications for Social Work in regard to managing support, expectations and finance for the future. Planning and management arrangements have been put in place within Social Work to deal with the closure of ILF, currently the focus is on reviewing and planning the transfer arrangements of ILF and on reviewing current recipients; especially in terms of finance, care management, equity of service provision and resources, administration and building individual relationships with the Council. Plans will become more refined when the fuller decision making process by Scottish Government and its implications are made manifest in during 2014/15.

### **Integration Health & Social Care**

Argyll and Bute Council and NHS Highland agree the model of partnership as Body Corporate at Council and Board meetings in March and April 2014.

#### **Shadow Integration Board:**

A Shadow Integration Board is now in place and meeting every 2 months to oversee the work of the Programme Board. A chair and Vice Chair have been appointed.

#### **Programme Board:**

A Programme Board has been set up and is populated by senior managers from the Council and NHS Highland which includes the Chief Executives of the Council and NHS Highland, the Leader of the Council and Chairman of NHS Highland Board. The Programme Board have been meeting regularly to oversee the work of a joint project team charged with taking forward the preparatory work to deliver the new health and social care partnership.

A project team are currently working on 11 work streams covering specific areas which include HR, Finance, Performance, Quality, Operations, OD, Property, Commissioning, IT, Communication and Support Services.

## **Scope of Integration**

The scope of services to be included within the new partnership has also been agreed by the Council and NHS Highland in June 2014. All Adult Care services and Children and Families Social Work Services including Criminal Justice are in scope as well as all current services of the Argyll and Bute CHP. The agreed scope goes well beyond the minimum requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

## **Appointment of Chief Officer:**

The recruitment a Chief Officer for the new partnership will be concluded by mid-October 2014. This new post will be pivotal in the drive to set up our new Health and Social Care partnership.

## **What Next?**

The partnership are now progressing the arrangements required to complete all the statutory steps to secure agreement from the Scottish Government to set up a Joint Integration Board by the spring of 2015.

## **Workforce Planning & Development**

Social Work Training Board supports the development of Social work workforce. Most of social care workers are registered with the Scottish Social Service Council. Staff are required to undertake professional development to ensure their continued registration.

Leadership - Managers are being nominated via their Heads of Service to undertake the Argyll and Bute Manager Programme.

- Self-Directed Support - training in being rolled out to employees, dates highlighted below
- Basic Awareness – training complete with a mop up session in August
- Process and Mechanics of Applying SDS – 22 September 2014
- SDS Option 1 – 26, 27 and 28 August 2014
- SDS option 2 and 3 – 6 and 27 October 2014
- SDS Outcome Focused – 17 November 2014

Registration with SSSC - employees are responsible for registering with the SSSC once their register is open, if they can only register with conditions we ensure they are provide with the correct SVQ to enable full registration. The SVQ Centre has received excellent verification reports from the SQA.

#### Total SVQ Awards

01/04/2011 – 31/03/2012	93
01/04/2012 – 31/03/2013	9
01/04/2013 – 31/03/2014	27
01/04/2014 – 01/09/2014	20

Practice Learning: we currently have 2 employees just about the start stage 3 of the Social Work Degree, interviews to be held on 13 August 2014 to select 2 employees to commence stage 2 of the Degree.

Placements: Learning Network West provide us with students to place. This is proving more difficult each year. We also offer 10/20 day observational placements through the University of the West of Scotland. And in addition, we hold an annual Awards Ceremony where people who are undertaking any lengthy training are present with their certificate to highlight their achievement.

Mental Health Officer Training: The Council consistently puts through a minimum of two qualified Social Workers per annum onto the Mental Health Officer course which is an essential element of then Council continuing to meet its statutory obligations.

#### Recruitment:

Recruitment of social care staff across the locality and Scotland is an issue. The corporate Procurement and Commissioning Team (PCT) is supporting the ongoing work with employability team, Skills Development Scotland, local schools and colleges to promote the social care sector and encourage young people to join the social care workforce. In addition we are working with the Department for Work and Pensions (DWP) and independent providers to agree sector level agreements in order that sector based work academies can be developed within each locality.

Across Argyll and Bute we have developed an initiative with the Stirling-based Institute for Research and Innovation in Social Services (IRISS) with both our internal care at home services and our externally purchased arrangements. One aim of this initiative is to explore how we can develop a more coherent approach to recruitment and retention issues in Argyll and Bute with a particular focus on remote and rural localities for those employed in home care, day and residential services.

We are examining a number of areas which will hopefully improve our ability to respond more effectively including intelligent commissioning and rural subsidies. This is being done in partnership with providers who are currently looking at joint recruitment, training and staff sharing ideas. In addition we are working with Argyll College who have recently developed a qualification in Social Care. This work is being done alongside our independent partners who will offer placements targeted at young people and people who have not been active in the employment market for some time.

## Self -Directed Support

Within the training programme rolled out this year in relation to the implementation of self-directed support, there has been an emphasis on asset based approaches and co-produced outcomes focused assessments and support plans which has supported the required shift in culture from care and services to support and choice. The shift in culture being pursued by the organisation fully supports the values and principles as laid out in Sec 1 & 2 of the Social Care (Self-directed Support) Scotland Act 2013 - those principles being

- Involvement
- Collaboration
- Informed Choice
- Participation & Dignity

There are a number of challenges ahead for us in ensuring we embed personalisation into every day practice and service delivery.

- We need to continue to focus on raising the awareness of established social care users and the wider community about asset based and outcomes focused approaches.
- We need to ensure our workforce is fully aware of the values and principles that underpin the asset based and outcomes focused approach.
- We need to continue to spend time working with our communities, explaining the benefits of SDS and helping people to think creatively about what services would have the most positive impact on their lives. Without this, people may be less willing to think about alternative approaches to care because they may view alternatives simply as cost-saving measures.

Asset based and outcome focussed approaches are not about cost cutting, they are about getting the best outcomes for the individual. Those outcomes no longer need to be met by traditional methods of service delivery, it is imperative that choice and control is transferred to the individual to enable them to direct the way they want their support delivered.

- We need to move away from allocating people to existing services, and work together with people to help them choose what support they want and would best meet their needs.

People may choose new and different types of support that staff have not considered before

– this presents a challenge to us all, but this challenge should be met by us all.

During the implementation phase of SDS we have seen our processes change, assessments change and the way we allocate resources has changed. As part of the implementation of these new processes we have actively asked for feedback from practitioners about their and their clients views on the new processes. These views will continue to influence the systems we develop.

## **Key Challenges for Year Ahead**

### **Service Wide**

- On-going developments around the modernisation of our models of care across health and social care which need to be service user centred and evidence “real outcomes” rather than general outputs. Moving away from measuring processes to measuring service user experiences.
- The general financial restraints that will impact on public sector services that will require further efficiencies to be made in how we provide services at a time of growing demand.
- The integration of Health and Social Care services.

### **Adult Care**

- Whilst we have been active in re-designing older people’s services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued public expectation for improvement in services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Council and those providers we commission from. The Council is one of four pilot areas working with the Institute for Research & Innovation in Social Services (IRISS) during 2014-15 which will be working alongside care providers in addressing issues of staff recruitment and retention while the Council works with local schools and colleges in promoting employment in social care.
- The re-provision of the Council care Homes, whether it is in-house or in partnership with independent providers and/or Housing Associations will require ongoing engagement with the political membership of the Council and the local communities as we develop alternative models of care within the Re-Shaping Care for Older People framework.
- Self-Directed Support, which was implemented on 1st April 2014, will present major challenges to how we provide and commission services for all social work clients. The emphasis is the empowerment of service users to have much greater control of the design of their service and who provides it.
- Whilst we have been successful managing Delayed Discharges, the review of national targets of national targets from 4 weeks to 2 weeks by April 2014, the reduction in unplanned admissions accompanied by the recruitment issues in Home Care has set significant challenges for us in how we manage the totality of the system.
- Adult Protection work continues to grow and increasingly creates capacity issues in our ability to respond to the high number of initial referrals from the Police the vast majority of which do not meet the 3 point criteria for Adult Protection. In addition, the public

understanding of issues continues to lag behind that of Child Protection both in terms of the seriousness of the matter and in how to report incidents appropriately.

- A model of Joint inspection of services across Adult Care, NHS, Police by the Care Inspectorate is now in place. As a partnership we have are developing a multi-agency framework of self-evaluation and improvement which will provide the foundation for our future inspection.
- Development and implementation of Strategy for Autism across health and social care services: There are many challenges to be faced as the various health and social care partners work alongside service users and carers in order to provide to provide the range of outcome focussed services required in a framework that is consistent with choice, empowerment and flexibility of service provision.

## **Child Care**

Key challenges include:

- Implementation and embedding for new service delivery model
- Recruiting and retaining staff in rural locations
- Improving self-evaluation and quality assurance through development of independent chairs for all child protection.
- Improving consistency of assessment across Argyll and Bute
- Improving consistency of Care Planning, including permanence planning, developing and embedding SDS.

## **Criminal Justice**

Key challenges include:

- The design of criminal justice service in the future nationally and locally.
- The development and implementation of MAPPA guidance.
- High Risk offenders being included in MAPPA guidance and the potential impact on staff's capacity to cover the new framework.
- Developing and delivering unpaid work service across Argyll and Bute

- The recruitment and retention of staff.

## **Conclusion**

The period of 2013/14 has seen the social work service continue to be subject to change and review in order to meet the challenges of service improvement and re-design, demographic change, joint inspection, changes in statute and organisational change presented by the integration agenda.

During this period the service has continued to develop its approach to meeting the needs of the community within Argyll and Bute with notable achievements being the continued increase in family based placements for looked after children and the maintenance of low numbers of patients affected by delayed discharge and continued promotion of care at home where safe and sustainable.

These of achievement have been underpinned by our approach to service improvement which brings together the key aspects of this: outcome performance; staff and service user feedback, and auditing finance and management information to create a comprehensive approach to improvement.

There are further challenges ahead which will require an on-going commitment to review and re-design that will result in a fundamental reconsideration of how we deliver services in all aspects of our business. Work is already well underway in many of these areas with significant review activity having taken across the range of services including elderly services and learning disability in adult care and in children affected by disability, early years and children with emotional and mental health needs within children's services. This activity is a core part of the council's modernisation programme and social work is well placed to help the council continue to develop in the years ahead.

James Robb

Chief Social Work Officer

September 2014

# Appendices

## Appendix 1:

### Providing Care at Home

Homecare SPI Data	2011/12		2012/13		2013/14	
Number of people aged 65+ receiving homecare	830		933		1,070	
<b>Total volume of service Total No homecare hours per 1000 population aged 65+</b>	<b>8,584</b>	<b>443.6</b>	<b>9,329</b>	<b>473.8</b>	<b>10,650</b>	<b>540.9</b>
No and % in receipt of : Personal care	819	98.7	921	98.7	1,064	99.1
No and % in receipt of: A service during evening/overnight	438	52.8	467	50.1	553	51.5
No and % in receipt of : A service at weekends	748	90.1	850	91.1	967	90.0

Data Source:

Audit Scotland SPI Return - Homecare Section9

#### HOME CARE - ACTUAL EXPENDITURE PER YEAR (£)

Sector	2011-12	2012-13	2013-14
Internal Homecare	3,126,785	2,883,949	2,612,166
External Homecare	6,085,629	6,937,934	8,620,008
<b>Total</b>	<b>9,212,414</b>	<b>9,821,883</b>	<b>11,232,175</b>

#### HOME CARE - PAID HOURS OF SERVICE PER YEAR

Sector	2011-12	2012-13	2013-14
Internal Homecare	168,564	141,232	124,677
External Homecare	454,163	518,235	584,290
<b>Total</b>	<b>622,727</b>	<b>659,467</b>	<b>708,967</b>

## Appendix 2:

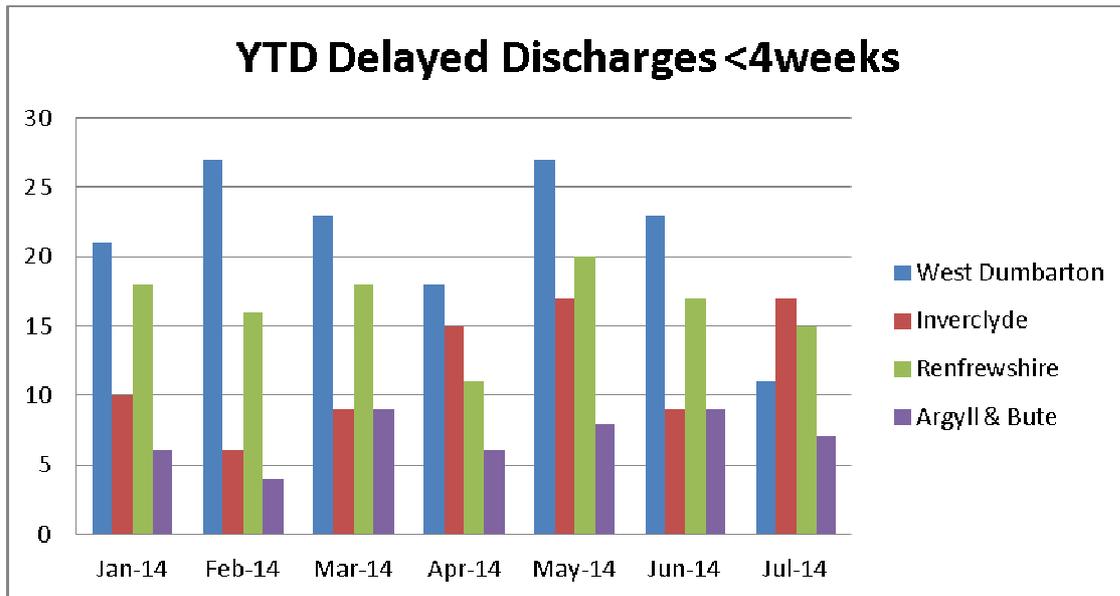
### Reducing Institutional Care

Care Homes	2011-12			2012-13			2013-14		
Number of Permanent / Long Stay Residents Supported in Care Homes	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Older People	0	545	545	0	510	510	0	503	503
Physical Disability	2	0	2	2	0	2	2	0	2
Learning Disability	31	7	38	29	3	32	29	3	32
Mental health	10	0	10	3	1	4	2	1	3
Other	18	0	18	15	0	15	10	0	10
<b>Total</b>	<b>61</b>	<b>552</b>	<b>613</b>	<b>49</b>	<b>514</b>	<b>563</b>	<b>43</b>	<b>507</b>	<b>550</b>

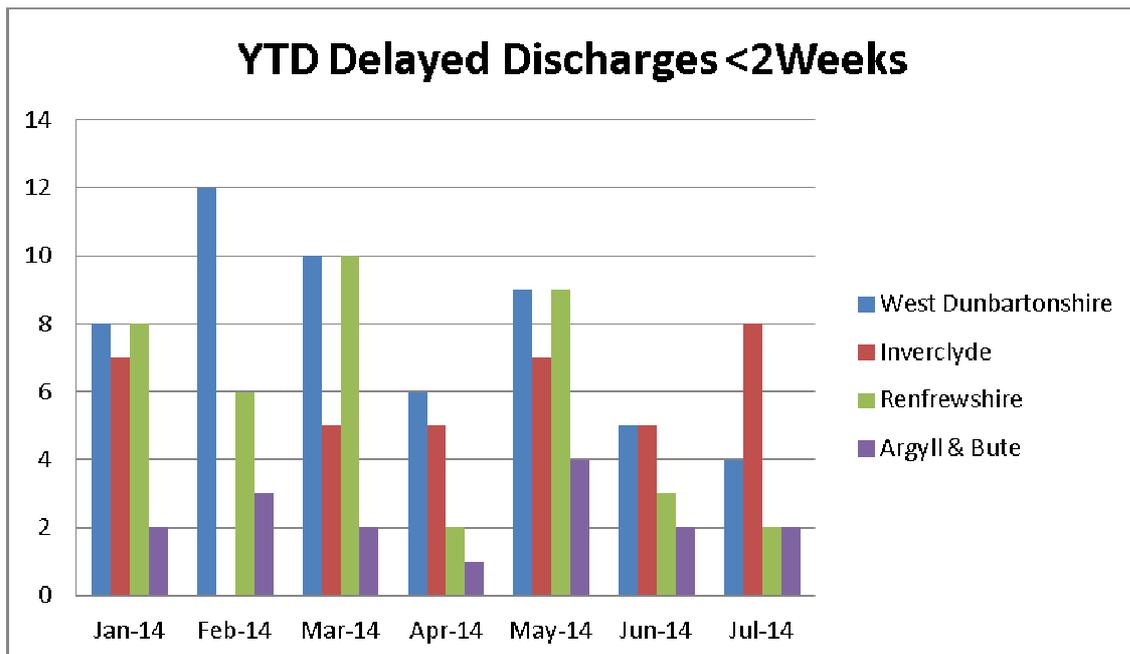
Data Source: Pyramid 2011/12-2013/14

**Appendix 3:**

**Getting People Home from Hospital**



Data Source –Edison – YTD Discharge Totals <4weeks (Argyll & Clyde)

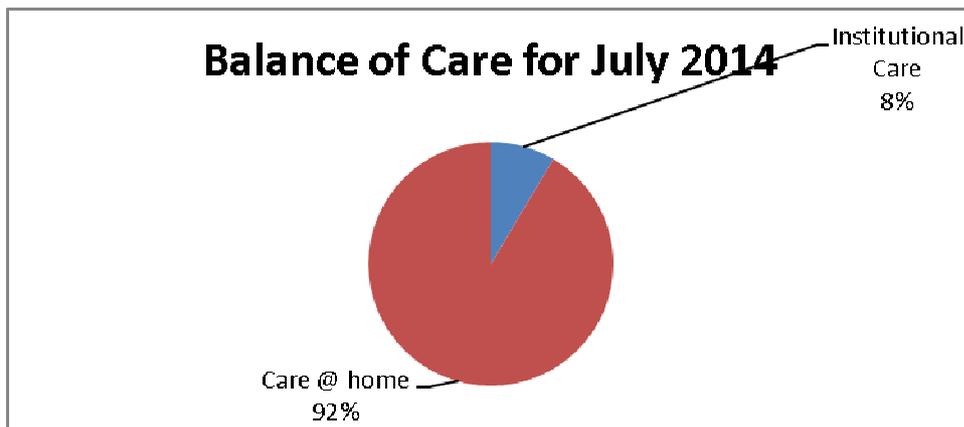


### Appendix 4:

#### COMMISSIONING OF CARE HOME BEDS - ACTUAL EXPENDITURE BY CLIENT GROUP PER YEAR

Client Group	2011-12	2012-13	2013-14
Older People	7,613,081	7,647,335	7,153,861
Physical Disability	103,113	104,133	104,451
Learning Disability	2,159,641	1,854,159	1,807,571
Mental Health	219,662	208,643	155,005
Addictions	15,677	40,409	19,642
<b>Grand Total</b>	<b>10,111,174</b>	<b>9,854,680</b>	<b>9,240,530</b>

### Appendix 5: Balance of Care for Children & Families



# Supplementary Information



## Role of CSWO

### General:

- CSWO reports to Executive Director, Community Services (Social Work, Housing, Education, and Community & Culture).
- CCSWO is a member of the Community Services Departmental Management Team as is all the other appropriate Heads of Service.
- CSWO meets with the Chief Executive of the Council quarterly. Executive Director and Head of Children & Families also attend the meeting.
- CSWO is a member of the Health & Care Strategic Partnership (as is the Executive Director and Head of Children & Families)
- CSWO has the option to participate in both the Adult Protection Committee and Child Protection Committee. Usual practice is for the appropriate Head of Service for Adult or Child Care to serve the committees with the CSWO attending both by exception.
- CSWO attends the partnership's Chief Officers Group for Public Protection which has the overview of all Public Protection issues covering Child Protection, Adult Protection and Criminal Justice.

### Finance:

CSWO participates in the budget planning for the Council as do all Heads of Service. There is no specific role for the CSWO in the process.

### Reports:

Other than the annual CSWO report to the Council there are no other specific reports to the Council by the CSWO with the exception of reports relating to death of children/adults that are provided to the Chief Executive. All other reports to the Chief Executive, Executive Director and Council are presented by the appropriate Social Work Head of Service and not delegated specifically to the CSWO. I consider this as appropriate given that the CSWO is not a Director of Social Work or Corporate Director of services including Social Work.

### Governance Framework:

The political and partnership governance associated with Social Work services is as follows:

Full Council: monthly

Community Services Committee: quarterly

Local Area Committees(x4): monthly. Attended by operational Area Manager with Service Managers/Head of Service attending as appropriate

Argyll & Bute's Children: Quarterly

Health & Care Strategic Partnership: bi monthly

Adult Protection Committee: quarterly

Child Protection Committee: quarterly

Chief Officer Group for Public Protection: quarterly

Argyll and Bute's Community Planning Partnership

## **The Argyll & Bute Market Place**

Commodity strategies for adult and children and families services have been drafted and approved by both heads of service which provides detailed information as to the nature and size of local social service provision, and details market data for the relevant services i.e. LD, MH services. This is the baseline for any future commissioning activity.

Recruitment of social care staff across the locality and Scotland is an issue. The Corporate Procurement and Commissioning Team ( PCT) is supporting the ongoing work with Council's Employability Team, Skills Development Scotland, local schools and colleges to promote the social care sector and encourage young people to join the social care workforce. In addition the PCT are working with the Department of Works and Pensions and independent providers to agree sector level agreements in order that sector based work academies can be developed within each locality.

Across Argyll and Bute we have developed an initiative with the Stirling-based Institute for Research and Innovation in Social Services (IRISS) with both our internal care at home services and our externally purchased arrangements. One aim of this initiative is to explore how we can develop a more coherent approach to recruitment and retention and efficient deployment of staff with a particular focus on remote and rural localities. We are examining a number of areas which will hopefully improve our ability to respond more effectively including intelligent commissioning and rural subsidies. This is being done in partnership with providers who are currently looking at joint recruitment, training and staff sharing

This will be further progressed during 2014/15 within the Reshaping Care for Older People Framework and likewise, it is proposed that a similar process is put in place in partnership with the independent care homes will be progressed during 2014/15.

### **Understanding the Homecare and Care Home Market**

In relation to understanding the local area service provision the tables below identify the four main service areas and current usage of homecare and care home provision for those aged 65+ and also as a per 1000 of the population. For each of the areas this analysis looks at the trend from 2011/12 to 2013/14 and looks to identify in real-terms the growth in relation to supporting the balance of care , away for institutional care towards supporting more people to live at home longer. In effect this local data allows the partnership to be able to identify areas of potential over provision against actual need and assist in making the case for the continued review of investment within the four main areas.

*Bute and Cowal - Carehome v's Homecare 65+ Client numbers and Rates per 1000 population*

Year	Population 65+	CH65+	65+ CH per 1000	HC 65+	65+ HC per 1000
2011/12	5750	194	34	239	42
2012/13	5750	178	31	276	48
2013/14	5750	181	31	358	62

*Helensburgh - Carehome v's Homecare 65+ Client numbers and Rates per 1000 population*

Year	Population 65+	CH65+	65+ CH per 1000	HC 65+	65+ HC per 1000
2011/12	4982	134	27	226	45
2012/13	4982	119	24	253	51
2013/14	4982	115	23	306	61

*MAKI- Carehome v Homecare 65+ Client numbers and Rates per 1000 population*

Year	Population 65+	CH65+	65+ CH per 1000	HC 65+	65+ HC per 1000
2011/12	4950	114	23	182	37
2012/13	4950	113	23	186	38
2013/14	4950	101	20	224	45

*OLI- Carehome v Homecare 65+ Client numbers and Rates per 1000 population*

Year	Population 65+	CH65+	65+ CH per 1000	HC 65+	65+ HC per 1000
2011/12	4007	108	27	185	46
2012/13	4007	101	25	222	55
2013/14	4007	108	27	242	60

## **Market Testing**

In order to understand local market dynamics and drivers, a number of key market research papers were commissioned to explore local opportunities and to identify market gaps and the potential impact of commissioning decisions across services.

## **Nursing & Residential Care- Market Test Findings**

**Key Findings:**

**Stakeholders:**

- Key stakeholders for this commodity are the providers, service users and the Procurement and Commissioning Team.
- The stakeholders will have varying levels of engagement in the process, from those whose buy in and support is crucial (those that will own and manage the contract) to those that require an understanding (those that will use the contract on an operational level).

#### **Market research:**

- There was little interest from providers in taking over the Council's care home provision under the current model of care when the market was tested during 2011
- Indication is that the current independent care home provision is evolving to become more specialist, for example, dementia specific
- Providers (care homes and homecare) showed interest and/or action towards becoming providers of extra care housing
- Local Authority spending cuts have severely impacted on operator's income, however, as increasing need for the service is expected to continue, expenditure is expected to increase as economic conditions improve. Growth is therefore expected to continue albeit at a slower rate than in the last 20 years – Key Note predict growth of 15.8% between 2012 and 2016
- The market testing in relation to home care services resulted in a significant level of externalisation of directly provided services during January 2012
- The market test during 2012 indicated that there was not cost benefit to the council in externalising day services for older people
- The market test during 2012 indicated there was no cost benefit to the council in externalising day services for service users with a learning disability

#### **Trends & Development**

Market Test in 2013, demonstrated a trend towards more specialist provision, e.g. dementia care and an increased interest in Extra Care Housing/Retirement Village models. New Extra Care Housing facilities have been built in Helensburgh, Lochgilphead and Mull over the last two years

#### **Impact**

Design of services should be reviewed continually in order to ensure that changing needs are met – for example in relation to extra care housing and specialised residential services. The council must also ensure that contingency planning is prioritised and reviewed in order to mitigate the risk of care home closures – particularly in the most rural areas of Argyll and Bute.

## Children & Families Services: Market Test Findings

### Stakeholders:

- Stakeholders include providers, service users, customer department staff, customer department and procurement and commissioning Team.
- Representation included from Customer Dept., Procurement, Commissioning and Legal.
- All of the above are considered to have a high impact on the success of the commodity but with various levels of engagement in the process, varying from those in the customer department that require an understanding but do not take a leading role in operations, to those that own and manage the contract.

### Market Research

- Insufficient supply for competition in preschool services (in Argyll and Bute, internal provision is greater than external)
- Limited competition for CABD contracts
- Insufficient competition for specialist services.

### Trends & Development

#### Services to Children affected by Disability:

- In respect of services to children with disabilities, there is both evidence to suggest a decline and an increase in demand. In Argyll and Bute, the population of young people is expected to decrease by 8.7% by the year 2035 – suggesting a lesser demand for children’s service on the whole. However, technological and medical advances have led to improved survival rates for children with life limiting and disabling conditions. Therefore, there continues to be an increase in demand for services to support children with disabilities.
- The introduction of Self Directed Support may have an impact on the uptake of services with some providers and potentially lead to instability in the market for small local providers. Families should be given options.
- **Impact:** Due to the nature of the market and lack of competition in most areas of Argyll and Bute, uptake of SDS is not anticipated on a large scale. Where it is a genuine possibility, contracts must facilitate it and internal processes must be in place. It is hoped the transition can be managed with limited disruption.

#### Specialist Services:

There is little comprehensive data on the provision of these services from which trends can be drawn; however, the Council is clear in the knowledge of its own challenges in commissioning them. Consideration needs to be given to posting a PIN notice (Prior Information Notice on Public Contracts Scotland) to verify the level of supplier interest and

take action thereafter based on the findings. If there is little interest from the market, consideration should be given to the development of services in the area.

## **Children's Residential Care: Market Test Findings**

### **Stakeholders:**

- Stakeholders include – providers, service users, customer department staff, customer department senior staff and Procurement and Commissioning Team.

### **Current Contracts:**

- Services provided include, Care Homes (children's homes), School Care Accommodation (Residential Schools) and Respite Services. School Care Accommodation Services should not be confused with the school hostels in Argyll and Bute which provide a homely living environment. While Foster Care/Kinship may be mentioned within this strategy, their nature precludes the procurement process and is therefore not covered in detail. Secure Care also falls under the umbrella of residential care, the Council utilise the national contract for Secure Care placements and therefore it will not be covered in this strategy.
- There is complete contract coverage for these services. Procurement and Commissioning issue the general terms and conditions to providers, while the departments are responsible for Individual placement agreements.
- Spend on Children 's Residential Services in 2012/13 was approximately £2.1m

### **Market Research:**

#### Headlines:

- Lack of provision and competition for specialised placements
- Higher than inflation price increases
- Generally low level of competition
- No local provision for School Care Accommodation
- Argyll and Bute have a high level of foster carers with most children placed with Argyll and Bute foster carers. However, services are not in the right places geographically to allow to children and young people to remain in their own communities, despite this the number of children and young people placed out with Argyll and Bute remains low.
- Demand information not widely shared by local authorities. Information on national foster and adoptive carers requires to be shared more by local authorities.

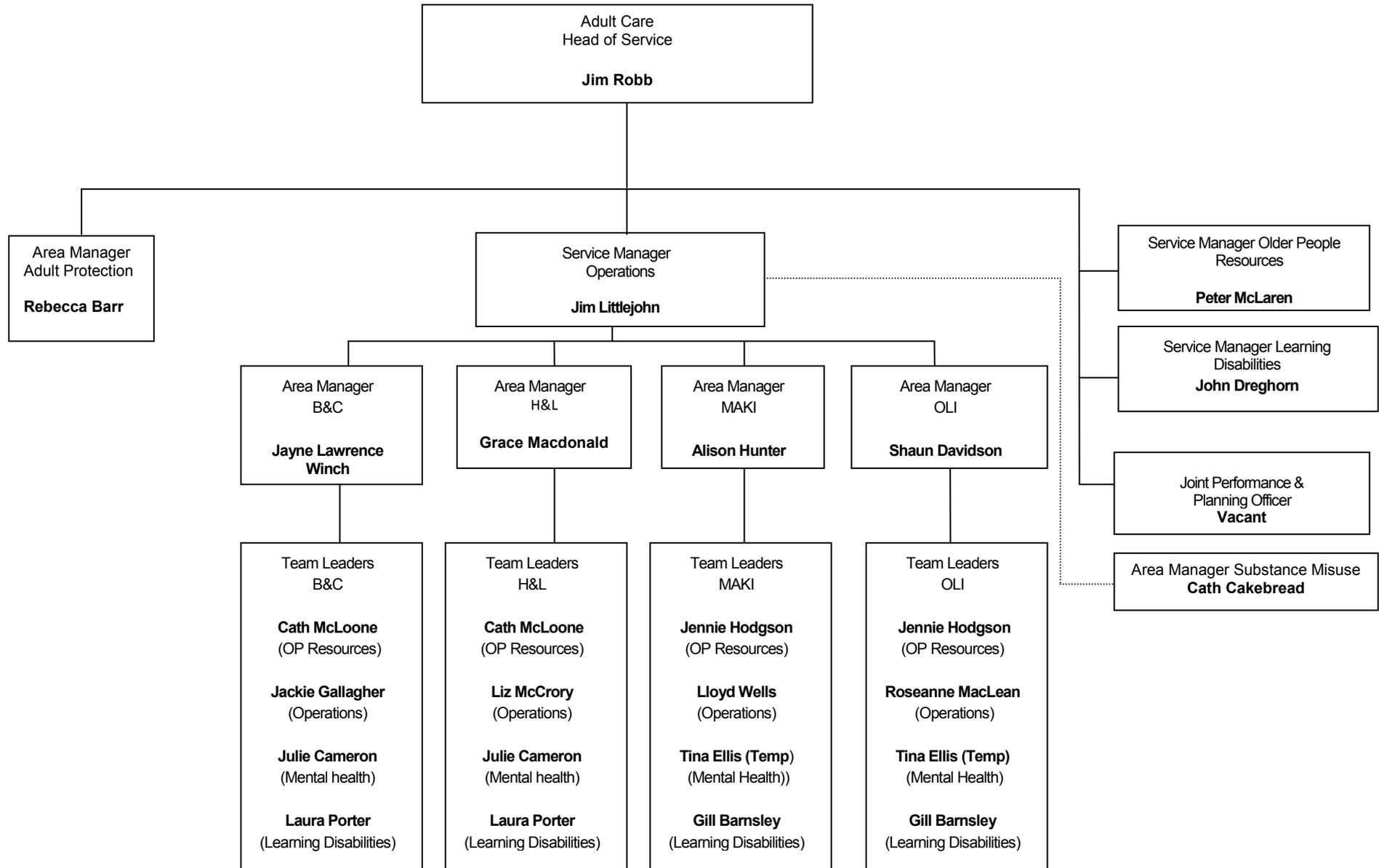
### **Trends & Developments**

- There has been a significant shift from larger centrally located resources to smaller community based services.
- As policy on care provision has placed increasing emphasis on smaller scale services, the private sector has been quick to respond with new facilities, although often not in the communities where children come from. While there is no data on how many children are placed out of their local authority area when it is not thought in their best interests to do so, many local authorities, including A&BC have raised issues about services not being in the right places. From a provider perspective however it is difficult to ascertain where services are needed. There is therefore general agreement that better information is required on

supply and demand. The development of a National Care Contract will hope to help address these issues.

- **Impact:** The Council's Children and Families Services have undertaken a fostering campaign aiming to increase the number of foster/kinship placements in Argyll and Bute. The aspiration is to have carers across Argyll and Bute so that children and young people can live in their own communities.
- **Impact:** The service is preparing for an increased demand on the residential, fostering and Kinship services created by the Children and Young Peoples Bill. Young people in foster care can be under the guardianship of foster carers up to the age of 21 with a commitment to extend it in the future to 26 - thus having significant implications for funding for which the Council must be prepared.





Head of Service – Children & Families

