

Aberdeen City Council Scrutiny Report

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This is the first version of this document.

1. Introduction

The Care Inspectorate (CI) decides how much scrutiny a local authority's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service levels.

Aberdeen City Council had organised into six directorates, including the appointment in May 2009 of a director of social care and wellbeing responsible for social work services (the term mainly used in this report). The senior management team (SMT) for social work services consisted of the director, a head of children's services, a head of older people and rehabilitation services and a head of adult services. Criminal justice was managed within adult services.

We carried out an initial scrutiny level assessment of Aberdeen City Council's social work services between May and August 2012. We did so by:

- Scrutiny of 97¹ case records supported by local file readers.
- Analysis of around 730 documents provided by the council or sourced by CI.
- Analysis of Social Work Inspection Agency's (SWIA) performance inspection report (published June 2008) and follow-up reports (published July 2009 and March 2011) to track progress made on recommendations; SWIA's inspection of prison-based social work service in HMP Aberdeen (published September 2010); and the multi-agency inspection of substance misuse services in Grampian (published August 2007) and follow up report (published October 2009).
- Analysis of key performance data.
- Analysis of the findings of Her Majesty's Inspectorate of Education's (HMIE) inspection of services to protect children (published November 2008) with an interim follow through report (published June 2009) and a CI joint inspection report on services to protect children (published June 2011); Care Commission reports on fostering and adoption (published November 2009); and Audit Scotland Best Value report (published May 2008) and progress report (published July 2009).
- Intelligence from the inspection of regulated care services.
- The shared risk assessment (SRA) activity led by Audit Scotland which included all relevant scrutiny bodies.
- Meetings with people who use social work services.

The ISLA focuses on answering nine risk questions:

1. Is there evidence of effective governance including financial management?
2. Is there effective management and support of staff?
3. Is there evidence of positive outcomes for people who use services and carers across the care groups?
4. Is there evidence of good quality assessment and care management?
5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?

¹ The number of files read was reduced from 100. Child protection files were not read since senior managers had successfully carried out a large amount of work to improve services to protect children as stated by the Care Inspectorate in the joint child protection inspection report published in June 2011.

6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
7. Is there effective partnership working?
8. Do policies, procedures and practices comply with equality and human rights legislation and are there services that seek to remove obstacles in society that exclude people?
9. Are there any areas that require urgent attention and improvement?

2. Summary of ISLA Findings

At the time of the ISLA, we categorised our risk assessment under three levels. Our overall initial assessment indicated social work services in Aberdeen City to be level 2, which is described as “exhibiting moderate risk², with adequate performance and moderate activity on improvement work”.

Based on the evidence available, social work services attained positive findings in four of the nine areas and, using the new definitions, we assessed the following areas as requiring no scrutiny:

- Governance and financial management of social work services
- Assessment and care management
- Compliance with equality and human rights legislation
- Areas requiring urgent attention

We required further information on particular elements of the following areas:

- Management and support of staff
- Outcomes for people who use services and carers
- Risk assessment and risk management
- Self-evaluation resulting in improvement planning and delivery
- Partnership working

We summarised our findings in a report that we sent to the local authority in August 2012.

3. Timing of activity

The amount of activity the Care Inspectorate carries out in a local authority relates to both the assessed level of risk and the size of the local authority. We were able to obtain further information and clarify areas of uncertainty within 30 sessions between 6th and 26th September 2012. These included meetings with carers, staff, managers and partner agencies (see appendix 1). There were three additional sessions where the local authority presented examples of good practice (see appendix 2).

² In line with Audit Scotland’s revised guidance for shared risk assessments, the Care Inspectorate has now adopted the following risk definitions: green - no scrutiny required; amber - further information required; red - scrutiny required.

4. Scope of activity

Our activity is targeted and proportionate and does not constitute a full assessment of all social work services. Based on our initial scrutiny level assessment we did not scrutinise the following areas:

4.1 Effective governance and financial management of social work services

Social care and wellbeing (the directorate with responsibility for social work services) had an effective system of governance and business planning, linked to the council's corporate priorities. For example, we read a social care and wellbeing service business plan 2010-2013.

In the 2009 Audit Scotland best value progress report it was noted that the council had established new management structures and a new senior management team. In 2009, SWIA reported that there was strong evidence of the impact of the new leadership, including a clearer sense of purpose and direction. By the time of the publication of the 2011 SWIA follow up report, there had been a further embedding of defined lines of accountability and decision making in social work services. The 2011 child protection inspection reported that the professional leadership and direction provided to social work staff had improved notably with the establishment of the new management structures.

Senior management team (SMT) in social care and wellbeing regularly met and had an agenda that mirrored CMT. Developments that would affect social care and wellbeing were raised at corporate management team (CMT). We saw evidence of quarterly reporting of performance in social care and wellbeing to committee, as part of the council's policy approved in 2010. Committee reports informed elected members and made recommendations to modernise social work services in Aberdeen. The reports also brought any deficits to the attention of elected members.

In line with the principles outlined by the council's five-year business plan and priority-based budgeting process, social work services had in place a five year budgeting process, which took account of service and demographic pressures. There were ambitious plans for service redesign – the emergence of some of these had been reported in the 2008 SWIA performance inspection report. The council's priority-based budgeting process included options which might impact significantly on service users, most notably revised plans for a learning disability services re-design and the creation of a local authority trading company (LATC)³. We comment on these later.

Despite the financial pressures facing the council, in recent years the service had remained within budget. The accompanying reports, which were regularly reported to elected members and senior officers, were consistent in style and content, and were of an appropriate standard.

Social work services had identified a number of areas for future modernisation. This was being taken forward through a set of SMART⁴ action plans. The adult service

³ The Local Government Act in Scotland 2003 provides powers for a local authority to transfer in-house services to a trading company where the local authority is the majority stakeholder (Ernst and Young June 2011).

⁴ Specific, measurable, achievable, realistic, time-bound

workplan flowed from wider service and corporate priorities. Criminal justice planning was included. The action plan for older people's services was designed to shift the balance of care. Managers in children's services were aware of a range of areas where improvement was desirable, including a proposed residential provision review.

4.2 Evidence of good quality assessment and care management

We found positive evidence on the presence, timing and quality of assessments, care plans and about reviews and their associated policies and procedures.

From our file reading we found all children & families cases and criminal justice cases and 94% of community care cases had an assessment on file. In 90% of files the timing of the assessment was in keeping with needs. Only 6% of assessments were evaluated as "weak" – none were unsatisfactory and the largest proportion was "good". Over 90% of people were assessed without delay, and over 95% for people received key services after assessment without delay.

In 94% of instances, where there should have been a care plan on file, there was one. In most (81%) of the files the care plan was up to date. The care plan was SMART in the majority (67%) of instances. Most (86%) of people who use services had a regular review where this was applicable.

4.3 Equality and human rights

Equality had an established profile at corporate level as acknowledged by the 2008 best value report. Audit Scotland reported that the council was committed to addressing equality issues and referred to the council's policy, structures and groups supporting this responsibility. The director of corporate governance reported to committee on progress, achievements and areas for improvement in an annual equality scheme report.

Audit Scotland referred to the arrangements for consultation and reporting into the council included seven communities of interest groups (external consultative forums) and the equality action network (an internal corporate equality working group). The Hidden in Plain Sight action plan (a report on preventing harassment of people with a disability) had been implemented by the relevant agencies.

The Aberdeen City Council single equality scheme was in place for implementation by departments. Cross service working with social care and wellbeing on older people and disability agendas was mentioned as an example of good practice. Detailed action plans were also in place.

All committee reports, where there was an impact on the community, had to be accompanied by an equality impact assessment pro-forma. The council website had an equality and diversity section. We noted a number of equality impact assessments had been published on the council website in respect of reports for the social care and wellbeing committee.

Although corporate activity appeared to have a higher profile than in social work itself, the chief social work officer reported on associated topics such personalisation through direct payments and personal budgets as well as service user and carer complaints. Equality champions had been appointed in the social care and wellbeing

directorate. For social work services, we read a SMART action plan for learning and development intended to ensure that staff understood their responsibilities to promote diversity and equality.

By the time of the SWIA follow up report in 2009, the local independent advocacy provider told us that there were not usually any barriers to access for their services, which was an improvement. Weaknesses identified in relation to eligibility criteria had been addressed for most care groups by the time of the SWIA follow up inspection.

In almost all (95%) of the files we read, we considered that the service had tried to overcome any potential barriers applicable to the person using the service that they might have to face. Most files we read recorded ethnicity.

5. Overall findings

5.1 Evidence of effective management and support of staff

Reasons for activity (from ISLA)

The social care and wellbeing learning and development team action planning framework (2011) was substantial but it was not possible to evaluate the impact. The family and community support action plan 2012 was a draft and had not been fully populated.

We did not see an overarching communication and engagement strategy for social work services. We saw nothing in the most recent annual chief social work officer (CSWO) report on how the CSWO was addressing issues such as communication and engagement, and the development and support of social work staff.

The most recent national data showed that in 2010 social work vacancies were higher in Aberdeen (9.2%) than the Scottish average (5.7%). The gap had widened in recent years. The trend for sickness absence was down overall but social care and wellbeing remained the highest for sickness absence amongst council services. We saw evidence of management information being used to support workforce management and deployment of staff for children's services only.

Findings from activity

Staff deployment and teamwork

Most staff we met said their teams functioned well and that they were well supported in them.

There was an up to date record of staff who had completed adult protection training. This could inform decisions on the deployment of staff qualified to take on investigations, across localities. Learning and development staff were forecasting staff requirements in large residential resources to support the senior management team's workforce planning.

Criminal justice social work managers were able to flexibly deploy staff across the city, based on analysis of court reports and supervision orders.

Communication and engagement with staff

Most staff we met said that their managers were visible, accessible and approachable. Most first line managers and team leaders held feedback sessions with staff to cascade important information about service developments and issues.

Staff and managers referred to various newsletters, bulletins, staff briefings, and themed staff meetings as well established means of communication. They were also able to access information on the internal intranet website.

Development and support of employees

We met with groups of staff from children's, adults and criminal justice social work services. They all confirmed that they felt well supported by their first line managers, team leaders and service managers. They were generally happy with the management of the recent sustained period of change and service re-design. They all confirmed they got regular supervision in line with the policy.

We read a draft social care and wellbeing workforce plan which evidenced that the service was beginning to develop a more strategic approach to workforce planning across all sectors. It was a very early draft but would in due course form part of the council's wider workforce plan.

Training managers developed an annual learning and development plan. This linked to the social care and wellbeing service plan. The integration of social care and health services had resulted in a considerable training agenda and much of this was being delivered jointly between the NHS and Social Care and Wellbeing in Aberdeen.

Children and families' staff and managers told us that the creation of the practice improvement officer posts had been a positive development and that they had been influential in developing staff's understanding of GIRFEC and related practice developments.

Workload management and allocation

There was no service-wide workload management system in use in social care and wellbeing. Individual service managers and team leaders monitored team and individual caseloads and ensured a fair distribution of the workload. Workload issues were generally discussed in supervision.

Statistical data for workload management was available for children's services. Criminal justice social work service managers distributed work via court report allocation and used the LS/CMI⁵ risk assessment as a tool for case management. They also collected data on workload demands and service activity. Staff in older people's and rehabilitation services discussed workloads in supervision.

⁵ Level of Service/Case Management Inventory (LS/CMI) – a single instrument that enables practitioners to conduct a thorough review of an offender's circumstances, leading to a plan for intervention. This is an accredited risk assessment tool used by Scottish local authority Criminal Justice Social Work Services and the Scottish Prison Service.

Access to Chief Social Work Officer (CSWO)

The CSWO (the director of social care and wellbeing) held regular extended management team meetings, meetings with staff in residential settings and attended community based team meetings. It was evident that that the CSWO was accessible and visible to staff during a period of extensive change and re-design of services.

Absence and vacancy management

Internal figures for 2012 showed that vacancy levels had reduced slightly to 9.0 % from the 9.2% recorded in the national statistics for 2010. Most staff we met said that vacancies were usually filled quickly. First line managers in older people's services commented that additional ring-fenced monies, such as the Change Fund, had greatly helped in recruiting care managers. A key pressure was the recruitment of carer staff to deliver care at home. The council had been using agency staff to fill gaps but there was a limited pool of this type of labour in Aberdeen. The council had proposals to develop a collective approach to this issue, intended to impact on recruitment and retention. An initial meeting had been held of a social care workforce project group, involving the Joint Improvement Team, Department of Work and Pensions, NHS, Aberdeenworks, SSSC, voluntary and private sectors, to take a more strategic approach to addressing the recruitment and retention issues across the city.

There were detailed monthly reports on staff absence across the council, including social care and wellbeing data on service areas. These provided relevant management information for monitoring purposes. The overall absence rate for social care and wellbeing had fallen from 20.8 days in April 2011 to 18.8 days in March 2012. Senior managers felt that the corporate absence management framework was sufficient for senior staff to track and manage staff absences. Frontline managers in children and families all felt there has been a big improvement in absence and vacancy management. Staff thought that the sickness absence management policy was fair and supportive.

5.2 Evidence of positive outcomes for people who use services and carers

Reasons for activity (from ISLA)

We were uncertain whether outcomes for people who use services were moving fast enough in the right direction. Performance was mixed: the majority of indicators were below the Scotland average:

Eight (of 11) of the most recent key performance indicators for community care services for older people in Aberdeen were worse than the Scotland average, including various aspects of home care and use of care homes. Five indicators for home and residential care showed a deteriorating trend.

Four (of nine) key performance indicators for children's services in 2009-10 were worse than the Scotland average. This included aspects of exclusion from school of children who were looked after and support to care leavers. For two indicators (economic activity and exclusions) the trend was deteriorating. Respite for children was also below the Scotland average for 2009-10. Only 30% of reports were

submitted on time to the Scottish Children's Reporter Administration in 2010-11 compared to the Scotland average of 51%.

In criminal justice, practice had been variable. Outcome indicators for community service orders and probation were poorer than the national average (published figures up to 2008-09).

Two people in the critical category of eligibility for community care services had been waiting between 4 and 6 weeks to be assessed in recent months.

Activity was required to determine how managers were going to improve and report on outcomes. We wanted to see more evidence of aggregated figures and trends on improved outcomes for service users.

We did not see any information about informal complaints. A group of young people we met, who had been looked after, complained about the number of changes in their placements and social workers, and about not being listened to enough.

From the CSWO report on social work developments in 2010-11, it was acknowledged that the desired uptake of direct payments had struggled. The 2011 SWIA follow up report stated that the strategic approach to self directed support was underdeveloped.

Senior managers recognised in 2011 the need to review their strategy about public information. We wanted to learn more about progress. We did not see results from any carer surveys.

Findings from activity

Outcome focus

We noted some of the effects an outcomes-based approach in the good practice examples we observed. Women offenders were being empowered to deal more effectively with the issues in their lives through the Connections groupwork programme. Integrated care at home was supporting greater independence and control for service users. There was evidence that the whole systems approach to young people had generated faster delivery of services. There is fuller information on these examples in Appendix 2.

In most children's services, the operational groups were very outcome-focused, providers we met said. Children's services had implemented an exit questionnaire for young people leaving care and had consulted parents on their experiences of the care provided, planning officers we met said.

We read criminal justice performance reports which covered information on demand, efficiencies and quality.

Senior managers told us that the transformation of learning disability services relied on clear stated outcomes being expressed at the initial stages. The aim was to move away from institutional approaches. The service needed to be transformed so that individuals could take control of their own budget and have more choices. The approach would include de-registering of residential services and increasing

resources to provide flexible community support. 80 people who had previously attended day centres were now self directing their support and further development of this principle was planned. One day centre remained.

Managers accepted however that there was still work to do to develop a more consistent outcome-focused approach across the services.

From those we spoke to, we were not reassured that reviews of people placed in care homes were always being carried out when they should be. A dedicated review team had been disbanded three years ago as part of budget savings and reviews of people in care homes were being carried out by providers and care managers. Reviews should be held at least annually as laid out in the national care home contract and the council's care management standards. The standards refer to what the review should consider and record but not who is responsible for calling and convening the review nor sharing the review minute. In the initial period of placement, we were told that reviews were being done by care managers but the care homes themselves were then expected to do reviews beyond six weeks. Senior managers weren't sure whether these reviews were always taking place and whether minutes were shared. Managers in older people's services commented that they were unsure who was responsible for reviewing care home placements after the first six weeks. They were unable to assess the outcomes for residents as no information was forthcoming from providers. Practitioners also said that there was a lack of clarity about the role of social work staff in the review process.

Recommendation for improvement 1
The social work services should ensure that annual reviews of people placed in care homes are carried out by clarifying the appropriate responsibilities and timescales.

Eligibility for services

Managers in adult services said there were no waiting lists for their services. Over the last two years the introduction of eligibility criteria had significantly reduced waiting lists for occupational therapy (OT). There were no waiting lists in the intake or long term teams while OT had dramatically reduced waiting lists for assessment and services. On delayed discharge, they were managing the 6 week target but were not there yet on 4 weeks.

Measurement and analysis of outcomes

Senior managers we met told us that satisfaction surveys were being used to check on the outcome focus of care plans. Managers and practitioners said the older people's service was shifting the balance of care with a reduction in nursing home places and an increase in home care in the last year. The associated expenditure reflected this shifting balance, including a projected £280k reduction during 2011-12 in contributions which would have come from service users in residential services. Further shifts in the balance of care might be achieved from reviews of people placed in care homes but only if such reviews are being consistently held. We made a recommendation on reviews earlier. Providers said that clarity on the outcomes they were expected to deliver were least strong in older people's services.

Officers and senior managers confirmed that the drug and alcohol services had developed an outcomes focussed approach (also true for mental health services). Other adult services did not use aggregated data for the purposes of achieving positive outcomes for service users.

Barnardo's had an outcomes framework that children's services were proposing to adopt but it was early days in its introduction, managers and practitioners we met said.

There were spreadsheets in children's services to track progress in permanency, respite, specialist placements, residential placements and reports. There had been a reducing number of children in specialist placements recently and an improving balance between children who were looked after and those who were looked after and accommodated. Senior managers acknowledged that some reports for the reporter to the children's hearing had not been done on time due to staff shortages. There had however been an improvement since 2010-11 though performance was still below the national average. The progress of submitting reports continued to be monitored by managers and the practice improvement officers were working to resolve any issues preventing progress. We concluded that the service should continue to make strenuous efforts to improve performance on the number of reports submitted to the reporter to the children's hearing on time and the Care Inspectorate will monitor progress through its link inspector arrangements.

In relation to the exclusion from school of looked after children, senior managers stated that fewer children were now excluded. This was confirmed in the latest national statistics, recently published, though the level remained well above the national average. An integrated social work and education service was in place, providing intensive support and learning, including a dedicated teaching resource. The services were reviewing the packages of care and support with the priority being to get more young people into school. An agreed inclusion policy was due to be implemented. Further solutions were also being considered by the jointly chaired social work and education "SMARTER" forum. We concluded that the council's services should continue to work closely together to reduce exclusions of looked after children and the Care Inspectorate will monitor progress through its link inspector arrangements.

Senior managers stated that the criminal justice framework which focussed on performance management data was robust. There was a minimum requirement for auditing case files where data was aggregated and shared with managers. Managers indicated however that there were still overcoming teething problems in implementing the risk assessment and management tool, LS/CMI, which had an outcome focus. Senior officers we met said the councils in the community justice authority were moving to a local framework of outcomes reporting by the end of the financial year.

We heard about some specific examples of outcome measurement in the social work services. In criminal justice, the Caledonian domestic abuse programme provided some outcome information. Children's services also had groupwork programmes which were outcome focused and had SMART objectives, practitioners we met said. The transitions team for people with a learning disability used an "Essential Life Skills" tool which aimed to focus on desired outcomes and reported the majority of service users have these. Elected members we met told us however that progress on measuring outcomes was not yet robust. Senior managers agreed that systems

for measuring outcomes were patchy across the sectors. We concluded that there needed to be more consistency in the collection and sharing of outcome information.

Recommendation for improvement 2

The social work services should continue to improve the availability and regular reporting of valid outcome data, both quantitative and qualitative, across all the care groups. This should allow senior managers to demonstrate how structural and operational changes to service delivery impact on performance.

Complaints

Planning officers we met said an analysis of and commentary about complaints were tabled annually at committee as well as being highlighted in the CSWO's report. Children's services systematically scrutinised the information leading to corrective action.

Strategic approach to personalisation

A staffing review had been used to help redesign learning disability services, for developing the personalisation agenda and building capacity for self directed support. Senior managers confirmed that a re-ablement service was established. Practitioners we met felt that this was a move in the right direction. The developing personalisation agenda, with its focus on self directed support, underpinned a growing staff awareness of the outcomes approach to assessment and care provision. We read a 2011 development framework document which gave details of training for staff in outcomes and self directed support. Senior managers told us that they had also commissioned Robert Gordon University in the past to do training with staff in adult and older people's services on the outcomes approach. Some practitioners in adult services said that they had to attend training on self directed support. Providers we spoke to also acknowledged that they were being influenced by the personalisation agenda.

Information about services

Planning officers we met said that public information leaflets were still being reviewed as was the corporate public information strategy. Most carers we met had heard of a carer's assessment and self directed support.

5.3 Evidence of effective risk assessment and risk management

Reasons for activity (from ISLA)

In our file reading, we found 91% of instances with a protection-type⁶ risk had a risk assessment on file (in all instances for people who use children & families and criminal justice services but only 75% in community care services). No criminal justice or children and families files but two community care files had a protection-type risk assessment where the timing of this was not in keeping with the needs of the person using services. The quality of protection-type risk assessments could be

⁶ Current or potential issues regarding adult protection, child protection or protection of the public. Not restricted to formal procedures.

improved –27% were adequate 5% were rated as weak, and one as unsatisfactory (in children & families).

Seven (16%) community care case files which should have had a non-protection type risk assessment on file did not have one. Six files in total had a non protection type risk assessment where the timing was not in keeping with needs, five of these in community care. Three risk assessments were rated as weak or unsatisfactory.

22% of the protection-type files we read that should have had a risk management plan did not have one – 28% in children and families, 31% in community care, and 6% in criminal justice. The quality ratings for risk management plans included 9% rated as weak (two were criminal justice cases). Where recorded, concerns regarding protection-type risk had not been dealt with adequately in 11% of cases.

Less than half (48%) of non-protection cases that should have had an up to date risk management plan had one. Two non-protection risk management plans were assessed as weak or unsatisfactory – both in community care. In five cases (all in community care) concerns regarding non-protection type risk had not been dealt with adequately.

Chronologies assist the process of risk assessment and review. From our file reading, we found that 39% of instances, where there should have been a chronology, did not have one. Under half had a chronology of an acceptable standard. Importantly, in criminal justice, none of the chronologies were of an acceptable standard.

Findings from activity

Risk Assessment

Managers in services for adults and for older people advocated positive risk taking. They said it was important to balance risk against people's rights to autonomy and quality of life. Most staff working in the older people and rehabilitation service had undertaken child protection awareness training (as well as adult protection) and were aware of MAPPA⁷ processes.

Managers in children's services said that discussion of risk had become a key component of staff supervision and, as a result, staff now had a better understanding of risk.

Staff we met had a good awareness of their responsibilities for child, adult and public protection. Senior managers acknowledged however that there was room for improvement in the recording of risk assessment across the care groups. This was confirmed in our file reading where we found that the presence of risk assessments on file was variable across teams.

Risk Management

Senior managers said that there was still some way to go before risk assessment and risk management was an integral part of care planning in all services. In our file reading, we found that community care files were given more ratings of "weak" than

⁷ Multi Agency Public Protection Arrangements

the files from other service areas. The presence of risk management plans on file across the teams was inconsistent. Service managers felt that the current risk assessment and risk management processes had been rolled out too quickly which may be one explanation.

An adult protection case file audit was undertaken in April 2012. Evidence of effective work to reduce and manage risk was found, though weaknesses in recording were also identified.

Criminal justice managers and social workers said MAPPA processes were robust. Not all registered sex offenders had risk management plans, but only when this was justified by the level of risk assessed.

Children’s services staff said that regular multi agency risk management meetings were useful but there can be tensions between social work staff and the police on case management issues. We concluded that processes of arbitration should be clear in such circumstances.

Recommendation for improvement 3
The social work services should develop a comprehensive risk framework which provides clear guidance, training and support to staff across all care sectors on the thresholds applicable to the available risk assessment and risk management planning tools.

Chronologies

The higher incidence of chronologies in children’s files than in community care was reflected in the positive views of external partners who said that they had helped to improve the quality of risk assessments.

Criminal justice managers acknowledged that there was a lack of clarity regarding the policy on chronologies. The potential usefulness of chronologies was however acknowledged. The use of chronologies is a developing agenda nationally. The link inspector can provide support in such development work with staff on the use of chronologies.

5.4 Evidence of effective self-evaluation resulting in improvement planning and delivery

Reasons for activity (from ISLA)

As part of its evidence for the ISLA, the social work services submitted a continuous improvement framework which had been to committee in 2011. We wanted to learn more about how this had been implemented.

The 2011 child protection inspection assessed self evaluation in the partnership as weak.

Only 35% of files we read had evidence of regular scrutiny by first line managers.

Performance reports using the traffic light system were reported to committee, setting out performance against targets. However, we did not see evidence of a rationale for the targets.

In children's services, there were systems in place to obtain feedback from service users although there was no evidence of what the feedback had produced or how it was being used to make improvements. Criminal justice had templates for gathering information on the experience of those on community orders. It was not clear whether these were being used. Little evidence was seen on feedback in adults and older people services.

Findings from activity

Quality assurance

Following the approval of the continuous improvement framework (Achieving Excellence) in 2011, the service had undertaken a review of its processes around self evaluation, professional supervision and case auditing. In early 2012, a series of workshops was held for senior managers. The framework had been adopted for service planning including the development of team plans to be completed in autumn 2012. A rolling programme of self evaluation focussing on two themes each year over the period 2013 to 2016 had been agreed. While the directorate and senior managers had embraced the framework for developing a culture for regularly scrutinising performance they also acknowledged that it was still at an early stage. The framework required refinement before it could be fully applied across all services, particularly to realise the potential to impact on service plans/re-design and as a tool for delivering service objectives.

Recommendation for improvement 4

The social work services should rigorously monitor how the continuous improvement framework is being applied to ensure effective practice and governance and a consistent impact on service planning and modernisation over the next three years.

Self evaluation

A mixture of initiatives was currently in place to assist staff analyse performance and to demonstrate effectiveness for improving skills and service delivery. The main driver for individual and peer group evaluation was "How Good Is Our Team?" (HGIOT) which was being widely used in children and families and, to a more limited extent, in older people's and adult services' teams.

A shift in child protection will be introduced in April 2013 when the current child protection committee covering three local authority areas ceases, to be replaced by individual area committees. Aberdeen City's committee will introduce its own multi-agency calendar for self-evaluation.

Across all services frontline managers audited cases to help staff improve recording. For example, in the mental health service, managers audited case records on a monthly basis. Frontline managers in criminal justice social work audited around 5 cases a month. A social work services audit of adult support and protection cases

was conducted in April 2012 and has continued with a monthly sampling of open cases

Information systems

Senior managers explained that setting and prioritising targets for committee reports had been reached after scrutiny of service trends and patterns along with other local authority benchmarking. The targets reflected corporate and service objectives. Elected members we met were keen, in consultation with senior managers, to improve the performance targets that were set and how these would be reported to committee.

Involvement

A range of corporate and departmental surveys were used to gather feedback about services. In social work and wellbeing each service had to engage and consult with service users and carers during the process of developing and implementing service changes such as the transformation of learning disability services and the redesign of older people's services. We concluded however that more use could be made of feedback from individual service users in the reviews of their residential placements and we made a recommendation about this earlier. Occupational therapists sought views of a quota of service users while the team leader did follow-up interviews. Staff in the integrated substance misuse teams also involved service users in regular participation aimed at improving delivery.

5.5 Evidence of effective partnership working

Reasons for activity (from ISLA)

The 2009 SWIA follow-up inspection report stated that there was no written commissioning strategy and it should be a key priority for the service. Further work remained on a strategic approach to commissioning at the time of the 2011 SWIA follow-up report. This remained the case in 2012. We read a draft social care and wellbeing commissioning strategy for 2012-2017 but only the section for children and young people's services had been started. There was a draft commissioning strategy for adult services covering 2010 -13. In older people's services there was a commitment to complete a joint commissioning strategy by March 2013, as required by Scottish Government, but there was little to show how this was being progressed.

We noted a proposal to establish a local authority trading company (LATC) to provide all of older people's social work services, along with occupational therapy and learning & development services, intended to meet the challenges of the future. In January 2012, external consultants highlighted a number of risks that the council need to address and mitigate in order that the LATC was commercially successful. These included risks around:

- the quality of the service;
- the cost of service;
- over/under pricing of the contract with LATC;
- retaining a highly skilled workforce; and
- the provision of 'service of last resort'.

Both the external consultants and the council were working towards an anticipated “go live” date of November 2012. However at the ISLA stage we only saw limited evidence to show how these risks were being managed or what level of consultation had taken place with staff, service users and independent providers.

There was no submitted evidence that representatives of independent and voluntary organisations and other stakeholders were regularly involved in commenting about the services provided by social care and wellbeing.

There was no evidence of a carer’s strategy and action plan, or the advocacy plan that partners had agreed to complete. The corporate volunteering strategy 2011-2014 was limited in scope.

Findings from activity

Strategic commissioning

Inspectors heard from a number of sources that working relations between the council and its partners had been generally productive in recent years. There was a willingness to engage on long term strategic issues and a shared commitment to embrace a whole systems approach to service planning.

In older people’s services, for example, good partnership working had led to establishing with the NHS a single access point for all referrals for OT, physiotherapy, rapid response and re-ablement as well as integrated assessment and advice centres for improving independent living for older people and adults. The jointly provided alcohol and drugs services, along with the integrated mental health teams, were further examples of positive joint working at operational level. We also heard of close co-operative working between the police and social work services and about the increase in accommodation and support facilities for young people leaving care. Inspectors were impressed by the police-sponsored Begonia project involving partners, such as social care and wellbeing, to help reduce the number of street prostitutes. Joint working between housing and social work had created an improved range of accommodation for older people in sheltered and very sheltered housing.

In the social care and wellbeing service business plan 2010-2013, we saw an overarching vision, strategic outcomes, guiding principles and priorities for social work services. However overarching commissioning strategies were not always in place to support and monitor the changes and service redesign that had taken place nor were there always formal partnership agreements about sharing the detail of financial planning and investment that had supported these developments. While the modernisation of services was continuing across all sectors, service redesign was not always taking place with the benefit of a joint commissioning strategy.

In children’s services, we read the integrated children’s services plan 2011-2015 and an integrated strategy was being implemented.

We read a partnership agreement between the council and the community health partnership for 2010-2013 which set out a joint commitment to older people’s services. Inspectors were told that work was being progressed to complete a joint commissioning strategy for older people. The consultation on the strategy had taken place up to November 2012. There was no mention of the LATC or other such

implementation options (which would be fundamental to delivering future services) in the consultation or to aligning or pooling budgets to support future integrated social and health care provision. We were told that the strategy would be submitted to the Scottish Government by the deadline of end of March 2013.

In adult services both alcohol and drugs strategies had been completed but not for mental health and learning disability. Although strategic intention had been reported to committee, the ongoing modernisation of learning disability services was taking place in the absence of a joint strategy. An overview strategy was intended to be a product of the modernisation but this would not be jointly undertaken with health and there was no timescale for when it would be completed. There was no confirmation about a joint strategy for mental health services being started in the short to medium term. We concluded that having jointly agreed strategies in place for these services would better support future provision for service users and carers by providing a clear, shared vision and a set of outcomes to guide the process. The council should ensure that it continues to engage closely with partners, service users and carers, staff and provider organisations in developing joint strategies.

There was little evidence of a systematic method between social work and health services for sharing and monitoring financial information or budget spend. Partners had however agreed to populate an integrated resource framework for older people's service provision in preparation of the Scottish Government's health and social care integration proposals. The sharing and monitoring of financial information would enable partners to take key decisions for developing and implementing joint commissioning strategies and for progressing partner commitment to supporting new services.

Recommendation for improvement 5
The social work services, in conjunction with health service partners, should agree a timetable for completing joint commissioning strategies for all care groups, including a financial framework for supporting these strategies and their implementation.

Local authority trading company

Aberdeen City Council had recently taken a decision in principle to establish a local authority trading company (LATC), though confirmation was still subject to further legal processes. An LATC is a council-owned entity established in law allowing a local authority to provide services via the company it would otherwise provide itself. Following a business case appraisal, the council decided to pursue the establishment of an LATC for the provision of its older people's services, OT & rehabilitation and learning & development, currently the responsibility of social care and wellbeing. The Care Inspectorate would be involved in deciding whether to register the LATC if the council proceeds with an intention to establish such a body. The council has already made contact with the Care Inspectorate to begin the registration process, with a proposed commencement date in April 2013.

It was clear from documents we read that key senior personnel from the council's relevant departments were standing members of the project board overseeing progress. A project management format, along with a well-constructed and detailed service specification, was in place. It would be important however for partners to

show how the LATC linked to the joint commissioning strategy for older people's services. This was not yet clear.

Senior managers in the council commented that establishing a LATC represented the best option for addressing the challenges of a growing elderly population – it would save as well as create jobs through the ability of the company to trade and to generate income. Senior managers said that the option of an LATC was less of a risk than doing nothing or keeping the status quo. The council would retain control while the LATC would have the commercial freedom to sell services to other organisations and to individuals. Finance managers commented that, prior to developing a business case for the LATC, a full options appraisal exercise had been carried out. They maintained that the process had been robust and well managed. They told us that savings of £2.5m would be secured over the first five years of the LATC's operation but that, in financial terms, the current business case was marginal.

Representatives from the trade unions reported a series of consultation events with staff had taken place resulting in a high degree of support among union members. Not everyone we met agreed about the benefits of an LATC. Some senior managers in health services felt that there had not been enough engagement of and discussion with partners about the proposal. Independent providers we met from the adults and older people's sectors felt considerable anger and anxiety about what it would mean for their own organisations and for services in the city.

From discussions with a wide range of council personnel and representatives from partner agencies and independent providers, and from reading a significant number of documents, it was clear that the proposal to create a LATC had undergone a comprehensive interrogative process. The ability of the council to effectively exercise contingency measures to protect service users in the event of a failure of the LATC was however untested. To ensure continuity of provision and to avoid unnecessary disruption to service users, robust contingency measures are essential to bring services quickly back into the control of the council in the event that an established local authority trading company is unsuccessful. The Care Inspectorate will continue to monitor the council's contingency planning for this eventuality if the LATC proceeds.

Recommendation for improvement 6

The social work services should work closely with its partners to ensure that, in establishing any proposed local authority trading company (LATC), mutual cooperation is maximised and the LATC is embedded in a shared strategy.

Involvement

Service users, their representatives and provider organisations were involved in both the Aberdeen Council of Voluntary Organisations, the Older People's Advisory Group, the Older People's Consultation and Monitoring Group and in the Disability Advisory Group where discussions about proposed changes to service provision and about introducing new policies took place.

A previous commitment to offer greater support to carers was highlighted in the follow-up report in March 2011. But the development of a joint carer's strategy, and one for advocacy services, had not yet been fulfilled. They were mentioned in the

consultation document on the future joint commissioning strategy for older people but there was no timeline for completion. These strategies would be instrumental to support current and emerging service changes.

When we met with a group of young carers, most were not aware of any services being provided to support them individually in their caring role. All did however value the Voluntary Services Aberdeen carers' centre which provided a range of support and was largely funded by the council. A joint carer's strategy would demonstrate partnership commitment to meeting the needs of young and adult carers. During a period of service modernisation, listening to and involving carers in this transformation will be vitally important. Similarly, supporting independent advocacy services is fundamental to the roll out of the personalisation agenda, particularly self-directed support and in protecting children and adults.

Recommendation for improvement 7

The social work services, in conjunction with its partners, should agree a timetable to complete joint strategies for carers and for advocacy services.
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6. Next steps

We ask the council to draw up a SMART action plan to address the recommendations. The link inspector will maintain regular contact with the council to monitor the performance of the service including progress made with the recommendations for improvement. The link inspector will also continue to offer support for self-evaluation and improvement activity. Information will be fed into the annual review of the council's assurance and improvement plan (AIP) by the link inspector as part of the shared risk assessment process.

David Rowbotham
Senior Inspector

20 December 2012

Appendix 1: Activity sessions

Activity	Number of sessions
• Interview community health partnership interim general manager and NHS Grampian chief executive	1
• Interview senior manager in Grampian Police	1
• Interview chief officer of the community justice authority	1
• Interview children's reporter	1
• Interview elected members responsible for social work services	1
• Interview chief executive	1
• Interview director of education	1
• Interview director or head of housing	1
• Interview head of finance	1
• Interview finance managers for social work services	1
• Interview director of social care and wellbeing	1
• Interview heads of service	3
• Focus group with middle managers	1
• Focus groups with first line managers	4
• Focus group with practitioners	4
• Focus group with planning, commissioning and performance officers responsible for social work services	1
• Focus group with training managers and officers	1
• Focus group with external providers for service users	1
• Focus group with carers	1a/b
• Focus group with trade union representatives	1
• Observation of Timmer Market integrated substance misuse service point and LATC Project Board	2
Total	30

Appendix 2: Good practice examples

Whole Systems Approach

Brief description of the service /outcomes prior to improvement:

Prior to the implementation of the Whole Systems Approach (WSA), services related to social care functioned on guidance from the legislative requirements of the Children (Scotland) Act, the Criminal Court procedure guidance, and the values promoted by the 'Getting It Right For Every Child' (GIRFEC) agenda – in conjunction with national guidance from the Scottish Social Services Council.

Steps taken:

Targeted areas of improvement were devised and representatives took ownership of these key areas: 'Early and Effective Intervention', 'Prevention', 'Managing High Risk', and 'Victims & Community Confidence'. These representatives worked collectively to inform service delivery.

The introduction of Pre Referral Screening (PRS) brought key agencies together to screen cases and ensure appropriate, proportionate and timely responses from services. Likewise, the 'Intensive Support Service' (ISS) was introduced to support high risk young people whom are at risk of requiring specialist or secure accommodation out with the city.

Impact/improved outcomes for service users and/or carers:

During our observation of this good practice example, we heard that the aim of the whole systems approach was to improve the response to all children and young people dealt with by either criminal justice or the children's hearing system and that this approach had been successfully implemented. There were early signs of positive trends in key proxy measures, including a reduction in the number of children referred to the children's reporter; the number referred for court proceedings; speedier intervention; young people being helped to remain in their communities as an alternative to residential care; a downward trend in the number of young people placed outside the authority; a new outreach service and reductions in committing offences in the city.

Integrated Working

Brief description of the service /outcomes prior to improvement:

Integrated care at home:

- Home Care
- Housing Support Services in sheltered and very sheltered housing
- Intensive Home care
- Out of Hours Care at home
- Mobile Warden Service
- Meals Service

Outcomes:

- Duplication of tasks
- Lack of capacity
- Support for carers
- Joint/integrated planning and working
- Fewer care home placements

Steps taken:

With the outcomes of Rapid Improvement Events the council developed and implemented the necessary changes to reshape social care and wellbeing services for our older citizens and their carers:

1. Integrated Delivery Teams:
 - Personal care
 - Housing Support
 - Community Meals
 - Social activities
 - Support with accessing and receiving appropriate Health Care and other services
2. Strategic Review of our Sheltered and Very Sheltered Housing
3. Integrated (health and social care) pathway for unplanned/unscheduled care during Out Of Hours that will operate from the New Emergency Care Centre opening October 2012
4. Integrated intensive home care, rapid response and reablement teams

Impact/improved outcomes for service users and/or carers:

During our observation of this good practice example, we heard that the proposed solution for integrated care at home for older people was to have four tiers of accommodation. This had resulted in low waiting times: only about 120 people were currently waiting compared with a total in excess of 20,000 units. Waiting times vary from zero (in hard to let areas) up to one year. Other positive results included Care Inspectorate grades which had been going up steadily in recent times. A 2010 survey of tenants also showed positive results.

Connections

Brief description of the service /outcomes prior to improvement:

Women in the criminal justice system are predominantly from disadvantaged backgrounds, the majority have issues with drugs and/or alcohol and many are in poor physical and/ or mental health. Almost all have a history of trauma, including physical, emotional and/ or sexual abuse, contributing to poor self esteem. Services were primarily designed for male offenders and less specifically on the needs of women.

Steps taken:

The Connections programme was specifically developed for women offenders. Participants will have been assessed as medium to high risk of reoffending/needs and, potentially, as going to custody. It is expected that the majority of women on statutory or voluntary supervision will undertake the programme on a group work basis or, exceptionally, one-to one.

The programme aims to reduce women's risk of reoffending and of causing harm to others; increase self esteem, confidence and self-efficacy; improve physical, emotional and mental wellbeing; make connections with themselves, others and the community. It contributes to the following 'Equally Well' priority areas: children's very early years; improve mental well-being; reduce the risk of major diseases linked to deprivation; reduction in substance misuse problems.

Impact/improved outcomes for service users and/or carers:

Evaluation of this groupwork initiative for women offenders in 2010-11 found that 62% of women who completed the programme went on to successfully complete their court orders. Re-offending was much lower than those released from prison. 100% had taken up additional support offered and there were improvements in confidence, health and employment.

During our observation of this good practice example, we heard that all the participants were very encouraged by the experience. Almost all women who had been on the programme reported improvements in their lives.