

1. Inverclyde Council

1.1 Inverclyde Council is a small local authority, with a population of 81,540 and it covers an area of 61 square miles. Inverclyde has had a steady decline in population over a number of years. In the 1991 census, the population was 90,103; by 2024 this is projected to fall to 71,191, due to net migration and a falling birth rate, which is exceeded by the death rate. Of particular concern is the decline in the number of young and working age people and a growing elderly population – 17.4 percent of the entire population are over the age of 65 and this is expected to increase to 24.9 percent by 2024.

1.2 Unemployment levels in Inverclyde are relatively high, with overall unemployment at 7.6 percent compared to 5.9 percent nationally.

2. Initial scrutiny level assessment

2.1 SWIA carried out an initial scrutiny level assessment (ISLA) on Inverclyde Council social work services (hereinafter referred to as social work services) in September 2009. SWIA determines the amount of social work scrutiny required for a council's social work services by using an initial assessment of risk (the ISLA). This considers risk at the strategic and service levels, as well as the risk to individuals. To assess the risks extant for social work services, we:

- Scrutinised 100 case records (*local file readers were involved in this exercise*).
- Analysed over 200 documents provided by the council.
- Reviewed reports from other scrutiny and improvement bodies.
- Consulted with the Care Commission, HMIE, Audit Scotland, The Mental Welfare Commission for Scotland & relevant Scottish Government policy interests.
- Analysed published national performance statistics.
- Commissioned a search of press information about social work services.

3. Initial findings about risk

3.1 SWIA's initial assessment was that social work services was low risk, with good performance and good improvement activity.

3.2 The table in annex 1 summarises all of our initial findings in respect of our nine risk-based questions. Overall social work services attained a positive result from our initial risk assessment. Our initial determination was that social work services was low risk in respect of five of our risk questions. There were indications that:

- Staff received good support and were effectively managed.
- There were positive outcomes for most of the people who used children's services and adult services.
- Assessment and care management were of good quality.

- Social work services had good equality policies and procedures and some innovative equality practice.

3.3 Self-evaluation is important to social work services to underpin performance improvement, which delivers good outcomes for people who use services and carers. We considered social work services had made progress with self-evaluation.

3.4 There were four areas of uncertainty in respect of social work services, which required scrutiny. Sections three to six set out which risk questions we were uncertain about, the reasons for this, the planned scrutiny response and an analysis of the scrutiny, which we undertook in June 2010.

4. Is there effective governance/financial management?

Reason for scrutiny

4.1 We were uncertain if social work services was making fast enough progress with information and communication technology developments. There was no capital programme for social work services and we planned to check the council's implementation of the recent Institute of Public Finance review. We will carry out future joint work with Audit Scotland in respect of these issues.

5. Is there evidence of effective risk assessment for individual service users both in terms of risk to self and public?¹

Reason for scrutiny

5.1 We wanted to further explore the evidence from our initial scrutiny level assessment about social work service's management of risk, by meeting with service users who had been at risk of harm.

Scrutiny findings

5.2 We scrutinised 100 case records and our findings about risk assessment and risk management were:

- In 42 of the 47 files where there was a risk assessment, a risk assessment tool had been used.
- Of the 51 risk assessments in the files read, 0 were rated as excellent, 13 were rated very good, 21 were rated good, 15 were rated adequate, and 3 were rated as weak. None were rated as unsatisfactory.

¹ SWIA also identified there were risks in respect of social work services management of high-risk offenders (all Scottish councils had these risks). SWIA will work in partnership with ADSW to support all 32 councils in their self-evaluation of their implementation of the recommendations of SWIA's report on the management of high-risk offenders.

- 31 of the files read contained an up-to-date risk management plan. Of these 6 (risk management plans) were rated as very good, 16 as good, 8 as adequate, and 1 as weak.

5.3 We have carried out initial scrutiny level assessments of social work services in ten of the thirty-two Scottish councils. Inverclyde social work services was at the upper end of the range of performance in respect of the questions about risk assessment and risk management.

5.4 We met a small number of service users who had been subject to the adult protection procedures. They were all very positive about how social work services had helped them to escape from situations where they were at significant risk of harm. They all said they were now safe and their quality of life had improved. They all said health, social work and the police had collaborated effectively to protect them.

5.5 Overall, the evidence from the file reading at the initial risk assessment stage and from the service users at the scrutiny stage, indicated that risk assessment and risk management were of good quality.

6. Does the social work service undertake effective self-evaluation, including improvement planning and delivery?

Reasons for scrutiny

6.1 Social work services had made limited progress with self-evaluation. It had used the public service improvement framework (PSIF) to carry out a self-evaluation of the criminal justice service. We analysed this, but we could not tell what the council's overall evaluation of its criminal justice service was.

Scrutiny findings

6.2 We met with a range of staff in a focus group who were involved in self-evaluation and improvement activities. Social work services had recently decided to use the SWIA self-evaluation guide to self-evaluate social work services. The staff thought this was a positive development as the language used in the SWIA guide was more relevant to social work services. Inverclyde Council was committed to using the PSIF for its self-evaluations.² Staff acknowledged that social work services would make limited progress with written self-evaluations of social work services over the next nine months – most of its capacity was deployed to planning and implementing the new Community Health and Care Partnership (CHCP)³. There had been a number of recent exercises, which were related to self-evaluation. Social work services had carried out:

- An audit of child protection records using the HMIE file reading template.
- Inter-agency child protection audits.

² There is a read across between the Public Services Improvement Framework (PSIF) model and the SWIA self-evaluation tool (both are underpinned by the EFQM framework).

³ Annex 4 contains a diagram that shows the structure of the Inverclyde CHCP.

- Recent work on benchmarking (with other councils) outcomes for older people using day services (see annex 2).
- A survey of service users and carers who had had a respite short break.
- Upgrading of the SWIFT system (additional functionality), which staff said would deliver aggregate outcomes data.
- Self-evaluation of adult protection services.
- Self-evaluation for Care Commission inspections.

6.3 Overall, social work services had made progress with self-evaluation of its services.

7. Is there effective partnership working?

Reasons for scrutiny

7.1 We considered there were significant risks related to the creation of the new CHCP, which is a major change.

Scrutiny findings

7.2 We met the executive director of the new Inverclyde CHCP, which will commence in October 2010. He acknowledged the challenge in creating the new CHCP, but he said the new CHCP would deliver wide-ranging benefits e.g.:

- Improved services to individuals delivered by integrated working by social work services and health.
- Improved support to pre-five children and their families and early risk detection.
- Improved specialist children's health services linked to children's residential units.
- Opportunities to improve the infrastructure for social work services and health service e.g.:
 - Wellpark Centre – joint addictions service with co-located health and social work staff.
 - Crown House (major refurbishment) – health and social work staff co-located in the premises in the town centre.

We will monitor the Inverclyde CHCP as it develops, to ascertain if it brings the anticipated benefits – particularly improved integrated working by social work and health staff, which delivers better outcomes for people who use services and carers.

7.3 We held a focus group for health and social work staff who will join the new CHCP in October 2010. All of the staff said they had had little communication about the new CHCP. Some of the staff did not know who the director of the new CHCP was. The staff did acknowledge there had been some email bulletins about the CHCP and they got some information from briefings from their team managers. They said there had been no information events (for staff) about the new CHCP and no organisational development related to the new CHCP. They also said that joint working on the ground between social work and health staff was excellent. This was congruent with our findings from our file reading – there was a positive

response rate of over 90 percent for all of the questions about the quality of the partnership working⁴.

7.4 Although the staff we met did not know much about how the new CHCP would affect them, they were not anxious about it and they were confident that the new model for the delivery of social work and health services would improve outcomes for service users and carers. Managers confirmed there had been limited communication about the CHCP to front-line staff.

7.5 The new CHCP commenced in October 2010, but the job advertisements for the head of community care and head of children's services were placed in June 2010. There was a risk that the senior management team for the new CHCP would not be in place for the commencement of the new body.

7.6 Some of the carers we met said social work services had given excellent help and support to the person they cared for. They also confirmed that front-line social work and health staff worked well together. Other carers, who were more critical, felt unsupported and said their relatives' needs had not been recognised early enough and the right supports were not available (respite and housing support). Annex 2 contains details of social work services waiting lists.

7.7 Overall, the evidence from our initial risk assessment and subsequent scrutiny indicated there was effective joint working between social work services staff and health staff. This helped to deliver good outcomes for people who used social work and health services. The new CHCP was an ambitious development; we considered that social work services and its NHS partners needed to improve communication with staff about the new CHCP and institute a programme of organisational development for staff who will join the CHCP.

8. Good practice

We identified a number of areas of good practice in respect of Inverclyde social work services, these included:

- The Special Needs in Pregnancy Services (SNIPS).
- The council and social work services overall commitment to equality and the actions taken to promote equality.
- Child protection practice by social work services and its partners (assessed and reported on by HMIE).

9. Improvement

9.1 We identified a small number of improvement activities from our scrutiny activity. Social work services should carry out the improvement activities stated below.

⁴ In terms of the inter-agency working amongst social work services and its various partners in respect of the individual service user whose case record we read.

9.2 Improvement activity required

- I. Social work services should ensure written self-evaluations of elements of social work services are completed by October 2011.**
- II. Social work services and its NHS partner should improve communication and engagement with front-line staff, regarding the new CHCP.**
- III. Social work services and its NHS partner should follow best change management practice and institute a programme of organisational development (OD) for all social work services and health staff who will join the new CHCP.**

10. Additional issues

10.1 Social work services was losing key staff at various levels due to early severance. This presented challenges for a relatively small service in a small council. Other councils' social work services also face this issue of loss of key staff. The SWIA link inspector will monitor the impact of the loss of key staff and how this is managed

11. Next steps

11.1 The link inspector will maintain regular contact with social work services. The link inspector will monitor the performance of social work services, including the progress it makes with the areas for improvement identified above⁵. The link inspector will also offer support to social work services for its self-evaluation and improvement activity.

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⁵ The link inspector will continue to engage with the Local Area Network in order to share intelligence with the other scrutiny bodies and to help plan future scrutiny activity for the council, and in particular for social work services

Annex 1 Table 1 shows the ISLA risk assessment of Inverclyde social work services for the nine questions & subsequent scrutiny findings

Area for assessment, nine SWIA ISLA questions.	ISLA 3 possible ⁶ risk assessment levels (Sept 2009)	Reason for original ISLA risk assessment (September 2009)	Scrutiny findings (July 2010)
1. Is there evidence of effective governance/financial management?	Amber	Requirement for joint work with Audit Scotland.	Findings will be fed into the LAN
2. Is there effective management and support of staff?	Green	Staff received good support & were effectively managed.	
3. Is there evidence of positive outcomes for service users and carers across the care groups?	Green	There were positive outcomes for most of the people who used children's services & adult services. (see annex 2).	
4. Is there evidence of good quality assessment and care management?	Green	Assessment & care management were of good quality.	
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?	Amber	Requirement to verify the results from the SWIA file reading, by engagement with service users.	Scrutiny found effective risk assessment & risk management.
6. Does the social work service undertake effective self-evaluation, including improvement planning and delivery?	Amber	Social work services had carried out limited self-evaluations.	Demands of the new CHCP restricted capacity for self-evaluation.
7. Is there effective partnership working?	Amber	Issues regarding the commencement of the community health and care partnership (CHCP).	<ul style="list-style-type: none"> ▪ Appointment of the CHCP senior management team ▪ Communication with front-line staff ▪ Organisational development (OD) for CHCP staff ▪ Change management for the CHCP.
8. Do policies, procedures and practices comply with equality and human rights legislation and are there services, which seek to remove obstacles in society that exclude people?	Green	Social work services had good equality policies practice & procedures.	
9. Are there any suspected or actual areas of unsatisfactory/weak performance, which require urgent attention and improvement?	Green	None	

⁶ green – low risk, amber – area of uncertainty, red – high risk

Annex 2

Table 2 shows the numbers of people waiting for a social work service (Inverclyde Figures)

Inverclyde social work services waiting lists at June 2010	Numbers of people waiting
Community Care	36
Mental Health	0
Addictions	0
Children and Families	0
Criminal Justice	0
Homecare	8
Occupational therapy ⁷	392
Centre for Independent Living	0

Table 3 shows the results of the benchmarking exercise on outcomes for older people who use day services (2010) (Inverclyde Figures)

Service User Questions ⁸	Large urban council	Inverclyde	Rural Councils ⁹
Day services have helped them meet new people and make new friends	91.3%	97.7%	88.2%
Day services have helped them feel better about themselves and their lives	83%	88.5%	
Day services have helped them to remain living in the community	81.5%	71.3%	
Day services have helped keep them engaged with their local communities through being involved in activities	67%	79.3%	84.3%
Day services have helped them to lead a more independent life	73.5%	80.5%	84.3%
Day services have allowed their carer a break	62.3%	47.1%	
Service users feel valued and supported by their day services	86.6%	88.5%	
Day services have made them feel safe	72.2%	75.9%	84.3%
Base n=	701	87	51

Table 4 shows the results of the benchmarking exercise on outcomes for the carers of older people who use day services (2010) (Inverclyde Figures)

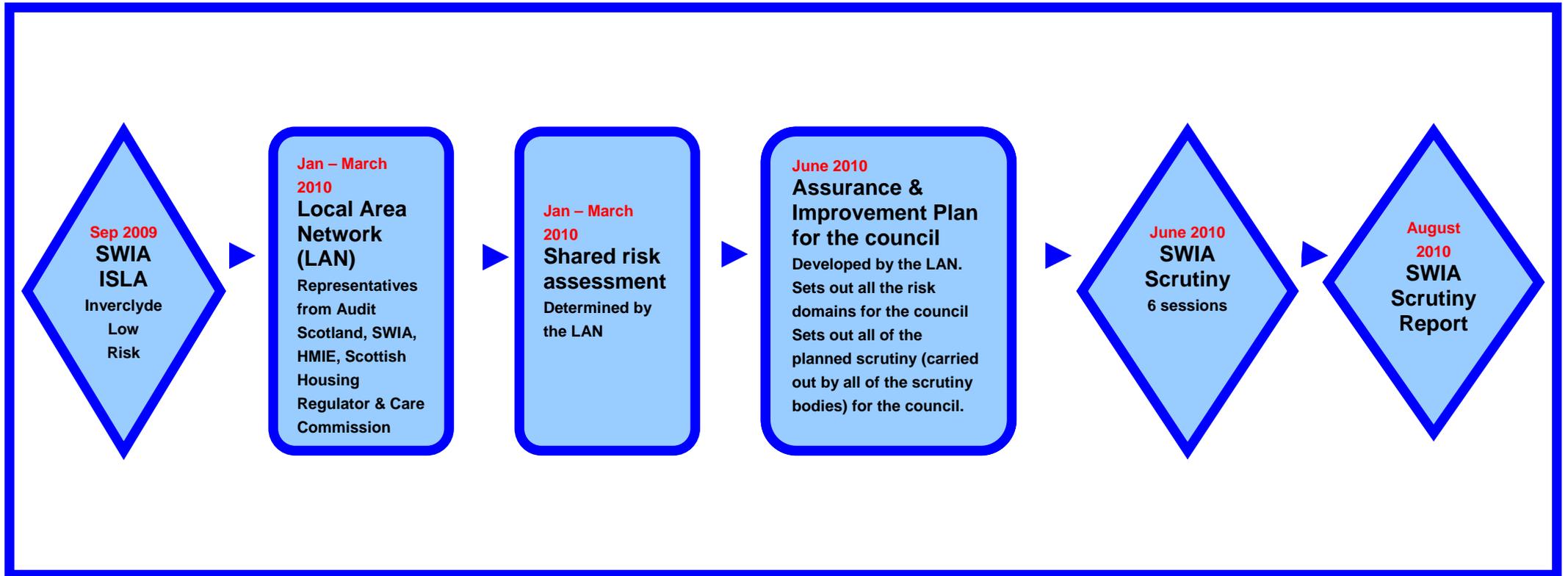
Carer Questions	Large urban council	Inverclyde	Rural Councils
Carers who "always" felt valued and supported by day services staff	84.1%	78.4%	
Carers "always" felt consulted and listened to by day services staff	80.9%	70.3%	73.7%
Carers agree that day care services have allowed them time for family, work and other commitments	85.6%	94.6%	78.9%
Carers agree that day care services have led to an improved quality of life for the person they care for	82.7%	91.9%	84.2%
Day care services have supported them in their caring role	79.4%	91.9%	81.6%
Base n=	277	37	38

⁷ These were people who had had an initial screening and were waiting for low level aids e.g. cutlery

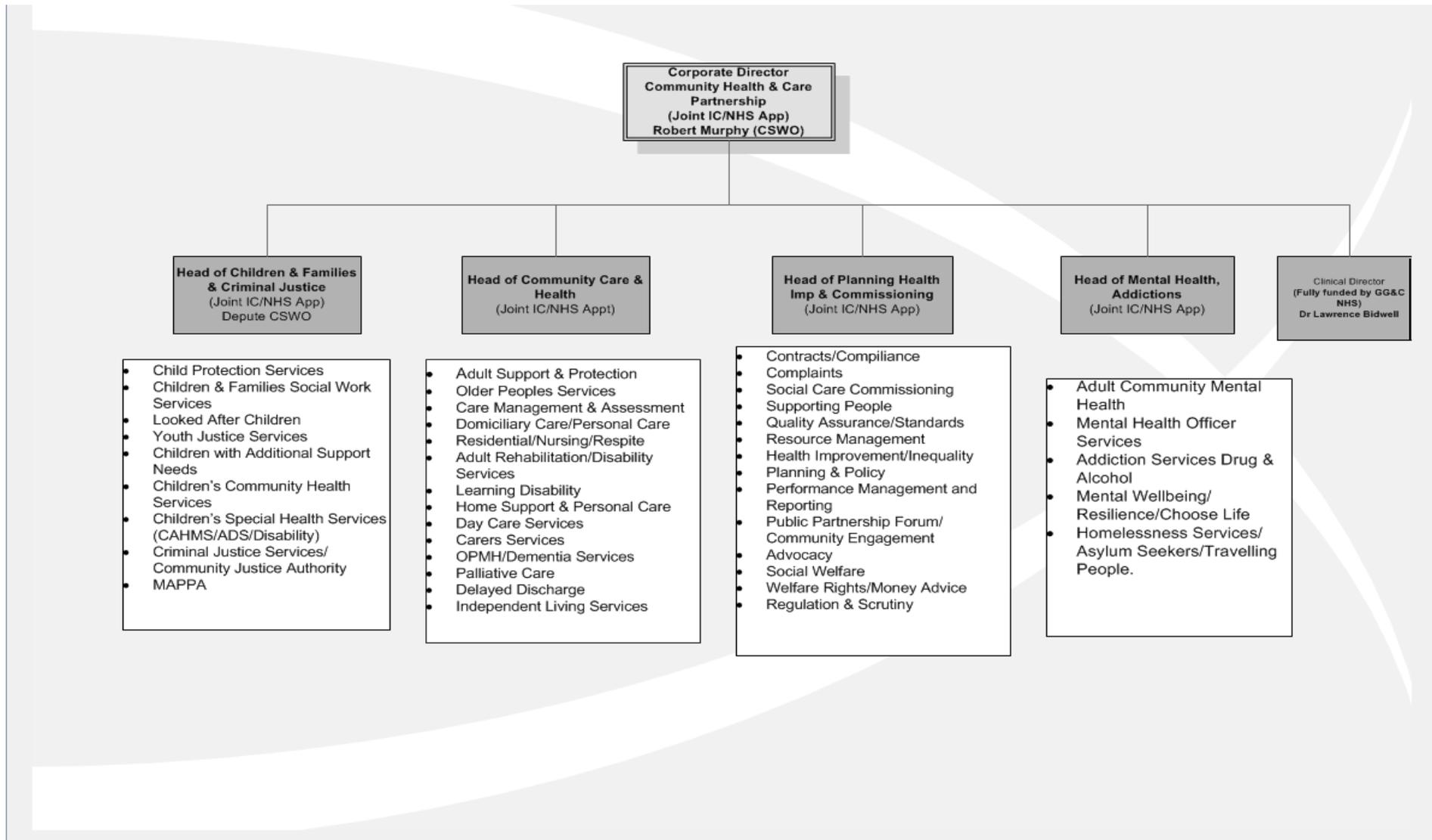
⁸ This benchmarking exercise used the Scottish Government's national community care outcomes framework

⁹ We will need to insert an explanation for why there are figures missing from the rural councils column

Annex 3: This flow chart shows how the SWIA ISLA risk assessment informs the Local Area Network the Shared Risk Assessment and the Assurance and Improvement Plan for Inverclyde Council. It shows the next two SWIA phases of on-site scrutiny and this SWIA scrutiny report.



Annex 4: Inverclyde CHCP structure.



Annex 5

Scrutiny sessions undertaken in June 2010

1. Focus group of service users who have been subject to the adult protection procedure.
2. Focus group with the key managers/staff involved in self-evaluation activity.

We carried out the following scrutiny in respect of the creation of the new CHCP:

3. interview with CHCP director
4. focus group of social work services and NHS staff (primary care)
5. focus group with team leaders (managers of front-line staff)
6. focus group of carers.