

Argyll and Bute Council Performance Inspection follow up February 2009

Introduction

The Social Work Inspection Agency (SWIA) was established in April 2005 to carry out performance inspections of Scotland's local authority social work services. Each inspection focuses on the approach to continuous improvement by the local authority and covers ten areas for evaluation linked to the six following key questions:

- What outcomes have been achieved for service users and carers?
- What impact has there been for people who use services and other stakeholders?
- How good is the delivery of key processes?
- How good is operational management?
- How good is strategic leadership?
- What is the capacity for improvement?

Each local authority is required to agree an action plan with SWIA within 12 weeks of publication of the inspection report. SWIA subsequently monitors the implementation of recommendations made in performance inspection reports usually undertaking a follow-up inspection visit one year after publication.

The performance inspection report for Argyll and Bute Council was published in October 2007. An interim progress report was published in October 2008 covering the six months after the agreement of the action plan. This further report covers the full year since the action plan was agreed.

The inspection of Argyll and Bute Council, in October 2007

Background

We inspected Argyll and Bute social work services as part of our performance inspection programme. We found some weak practices and procedures and identified a need for improvement in a number of areas. The report contained 24 recommendations for action. The social work services in Argyll and Bute was evaluated as good for capacity for improvement, six other areas were evaluated as adequate, with three as weak.¹

A SWIA inspection team visited Argyll and Bute in June 2008 and January 2009 to check progress. We concluded that the social work service had made progress in each of the areas we considered. This report covers progress made by Argyll and Bute Council in meeting the recommendations up to January 2009.

¹ According to SWIA's 6 point evaluation scale :excellent, very good: good: adequate: weak; unsatisfactory.

Progress made on the recommendations at January 2009

We found clear improvement across a number of areas. It was the general view from managers and staff that social work services had progressed significantly over the last two years building on the findings of the council's own review of services and the performance inspection. The implementation of the revised structure, allied to clearer and more helpful policies and procedures had given staff confidence to improve their practice and performance.

We set out below the recommendations, key actions and progress made over the last year. This report describes the position as at January 2009, but does not contain full details of all the work undertaken by the managers and staff, which are included in update reports sent to SWIA by the Departmental Management Team (DMT). This report focuses on the impact of changes implemented in the delivery of social work services across Argyll and Bute.

It is not our practice to amend the initial evaluations. Instead, we report on whether and how the social work service progressed our recommendations.

Main Points for Action

Recommendation 1

The social work service should continue to develop a systematic approach to recording, measuring and analysing planned outcomes for people who use social work services and reporting any findings.

We found managers were emphasising both planning and performance. They were able to give us a range of evidence of how services had improved or changed because of their information gathering. They had a more robust process for reporting performance and potential performance deficits at all levels within the service. Senior managers told us about management information that was available to them to ensure that performance was on target to deliver. Team leaders and service managers identified potential areas of concern earlier and brought these to the attention of senior managers.

Training in assessment and care management supported better outcome focused care planning. Care plans were beginning to identify outcomes. The social work service should continue to monitor and analyse how well it meets individual outcomes and use the information to inform the future shape of services

We found improved performance in a number of areas including the educational attainment of looked after children where performance for 2007-2008 was above the national average. The percentage of young people looked after at home, gaining qualifications in maths and English had risen from 18% in 2005/06 to 60% in 2007/08 and the percentage for care leavers living away from home had increased significantly from 27% to 80%. The average figures for Scotland had not changed significantly over the same period. We also found improved throughcare and after care services. The latest figures (2007/08) for throughcare showed that all care leavers were still in touch with social work services and had a pathway plan² compared to 2005/06 figures of 83% and 26% respectively. The number of care leavers with known economic, education or training had increased from 60% to 93% - again at a time when the position across Scotland remained relatively static.

There was a similar improving picture in adult services, especially for older people. In 2007/08 Argyll and Bute was ranked 6th out of 32 local authorities on the number of home care clients age over sixty five receiving personal care compared to a ranking of 26 in

² Looked after children statistics 2007-2008 Scottish Government

2005/06. Their ranking in the number of people receiving care in the evenings and at weekends improved considerably during this period too.

Quality assurance and fieldwork staff jointly carried out file audits to monitor improvements resulting from the training. A member of staff who had been involved in our file audit had trained staff undertaking the review of files. They used a file audit tool similar to the tool used by SWIA. Audits in children and families services and, on an interagency basis in child protection, had provided the service with information that had helped to improve practice, principally recording and sharing information. An initial sample audit of adult services files had provided a baseline to build improvement. The audit team findings showed better recording and improving quality of assessments. Partner agencies told us about initiatives that sought to improve how they shared and analysed information to improve practice through file audits. Analysis of the information had led to quicker allocation and improved care planning. Managers reported any significant variation to the head of service.

Audit Scotland³ had reported slow progress implementing the Pyramid system as the council wide performance monitoring tool. Progress in social work services was better, senior managers stated that they were working with the corporate performance team to link current data to the Pyramid system. Pyramid was the primary performance tool for social work from December 2008. The new chief executive thought that services now had baseline information and were improving their use of it. The criminal justice service had developed a set of indicators that linked to the Pyramid reporting system too.

The “*needs and services review*” in children services provided some baseline information of how services were delivered, and identified some service deficits across localities. The service managers were building on this experience. Interagency analysis of the findings was underway. This would provide clearer and costed recommendations on the future shape of services to support locality planning and improved outcomes.

Overall, we found good progress, with tools put in place to develop performance, improve practice and outcomes for service users.

Recommendation 2

The council should move quickly to implement the recommendations of the Scrutiny Review to reduce the need for children to be placed out of the authority.

There had been an increased impetus to offer a range of alternatives to support and maintain children locally. This included the need for social workers to be proactive in considering kinship care. A family group conferencing service had been commissioned by children’s services to support such placements in the future. The children and families resources team had successfully recruited another 11 foster carers to give increased availability of placements. A new fee structure provided improved fees and allowances for carers.

The number of looked after and accommodated children had reduced overall through a combination of improved local and community resources. This included increased use of kinship carers and improved permanency planning. The number of children placed outwith the authority had significantly reduced from 31 in 2006 to 18 in 2007/08. However, there had been an increase in the number of children with three or more placements with this figure rising from 11% in 2005/06 to 41% in 2007/08. Staff within children and families services had taken steps to improve their permanency planning and support to carers. They anticipated that placement breakdown would be minimised in the future as a result.

³ The Audit of Best Value and community planning Argyll and Bute Council –progress report December 2008
Audit Scotland

Children 1st had recently appointed staff and were positive about the partnership approach with children's services staff in developing family group conferencing. This service would be available across all children's services and include children with disabilities. In addition, the number of parents of children with disabilities receiving direct payments had increased with eight people newly accessing direct payments since the inspection fieldwork.

Foster carers we met were positive about the service improvements although, they would have liked consultation earlier in the process. Involving carers in the assessment and care planning training as well as ensuring that there was a consistent process for considering their views as part of childcare reviews would add value to the service.

A number of the children placed outwith the authority had a disability. Parents we met welcomed the creation of the children with disability team and the appointment of specialist workers. Although this represented a considerable improvement for the service, we were concerned that the delays previously experienced by parents may still emerge at times when staff change or are absent. Managers will need to ensure that they continue with individual care planning in such circumstances.

We heard from parents that there had been some improvement in involving and consulting them as services were developed. Staff told us about parental involvement in designing the new planned respite service. The joint services management group considered the needs of children with disabilities to develop joint services.

We thought that the social work service had made good progress in the implementation of this recommendation .

Recommendation 3

The social work service should take steps to ensure that they provide SCRA with reports within the required timescale.

The service had implemented this recommendation and was making significant progress towards meeting the SCRA targets.

We met the reporter to the children's hearing and chair of the panel. They told us that the timescales for the submission of reports continued to improve. They said that the quality of the reports they received were better too. The children's services manager submitted quarterly performance reports to the departmental management team. These showed an improving picture. The Scottish Children's Reporters Administration (SCRA) figures submitted for the first 6 months of 2008/09 showed that on average 60% of the reports submitted were within target timescales. The chair of the panel told us that the quality of the reports received was better. They saw this partly resulting from improved training in care planning. In their view, staff had got better at care planning. Staff were now setting clear timescales. They gave examples of seeing improvements in care planning with an improved emphasis on agreeing and achieving outcomes. This had resulted in a reduced need for review hearings. Generally, they told us that panel members had increased confidence in social work reports.

Recommendation 4

The social work service should consider benchmarking with comparative authorities and interrogate the information further to ensure that their targeting of services is the best way of meeting needs.

We found that the social work service had partially implemented this recommendation and was making good progress.

We made this recommendation about the social work services performance against national targets in older people's services and the cost of care at home packages. Argyll and Bute's review and reconfiguration of their home care service had taken this forward. The resulting reconfigured service provided increased personal care services. This was being put in place at the time of the follow-up inspection. The number of people receiving free personal care at home had increased (65% in 2006/07 compared to 39% in the previous year) and was approaching the national average of 73%. The number of free personal care hours delivered was higher at 9.2 compared to 7.1. The latest published figures for the numbers receiving home care and the numbers receiving intensive home care remained below the national average but were improving.

A benchmarking group was set up involving Angus, Dumfries and Galloway, Highland, Scottish Borders and South Ayrshire Councils. There had been widespread interest in joining the group from other local authority social work services and the group had subsequently grown to include another five councils. The group had since established the Scottish social work services benchmarking group, which is accessible online to agreed members through www.communities.idea.gov.uk.

We heard from partner agencies how they made use of experience of practice in other areas, for example, the police gave examples of how they used their experience of working in other local authority areas to help improve child protection referral forms rather than starting from scratch.

The council had established a group that attracted widespread interest. The challenge remains for members of the group to gather meaningful information to help improve services.

Recommendation 5

The social work service should increase the number of carers' assessments they offer. They should monitor performance in relation to the number of carers' assessments they do.

The social work service was implementing this recommendation and was making good progress to improve their performance.

Tools to record carer assessments had been developed by the local carer's service in partnership with adult services staff. Managers had involved carers and carer organisations in the development of the new carer's assessment and self-assessment tool. The improvements in CareFirst included a mandatory field for carer assessments, designed to improve recording of the number of assessments offered. Health staff who carry out single shared assessments were to be included in future training.

We met carers who told us that they had not had an assessment of their needs. Assessment staff should ensure that they are more explicit about the purpose of their assessments and planned outcomes.

Carers had been involved in delivering the assessment and care management training which included carer assessment.

The social work service had produced clear guidance and expectations for staff on assessing carer's needs. Managers told us that there was a gradual increase the number of carers assessments completed. Implementation of Care Assess would provide more accurate management information on the offering and completion of carer's assessments. This information was not available at the time of the follow-up.

Recommendation 6

In order to inform strategic planning the social work service should move more quickly to ensure that it has a clear profile of the community it serves and of current and potential future need of all service user groups.

The social work service had partially implemented this recommendation and was making good progress.

A new management structure had recently been put in place in social work services and all service managers were in post. Managers had produced reports that included profiles of indicative current and future levels of needs for a number of care groups. Service managers still needed to develop clear and joint strategies and ensure that these identified service priorities. This would support providers to work with the council to develop services that met those priorities. Providers that we met told us that partnership working with the council had improved and dialogue in shaping services was better. Carers that we met had not been involved in shaping future services.

The reports for children and families services, including the children with disabilities commissioning strategy and the “*needs and services review*”, provided useful planning information. These reports were being considered on an interagency basis to inform service priorities in line with GIRFEC⁴. There was a planned *getting it right for children with a disability* best practice day. This would inform how services collaborate to deliver improved outcomes across Argyll and Bute for children with a disability.

Joint service locality groups had been set up to consider responses to individual need. Social work staff led these and they told us that staff in partner agencies prioritised attendance.

In adult services, managers had developed a number of joint strategic plans. They had identified some service gaps for example in sheltered housing provision. Some providers were reshaping their services to develop options that were more sheltered. Unlike the children’s plans, the adult plans focussed mainly on the services to meet the needs of the service user groups but had not taken account of local variances or priorities. Managers were progressing service reviews, including a best value review of learning disability services and the consultation on mental health services. We discuss these later in this report.

Children’s services plans identified links between local and strategic planning. In adult services, they should create care group service plans that link strategy to how they will meet needs in each of the four council localities.

Social work staff had made a good start in developing service plans but they needed to link these more closely to planning in each locality.

⁴ GIRFEC – *Getting it right for every child* a national policy for childcare agencies so that they can work better together to support children.

Recommendation 7

The social work service should work with community groups to target resources to meet priorities identified in the community plan and social work services plan.

The social work service was implementing this recommendation and was making good progress.

The adult care service had managed the consultation with communities on the future shape of older people's services through the Older Peoples Project board. This had initially brought a positive response from local community groups about their involvement in the process. The project board was considering the business case, including options appraisal. Some voluntary sector members of the project board told us that they had not felt involved during this part of the process.

NHS Highland launched a consultation document on the future shape of mental health services in January 2009. Social work and health services managers told us that they had worked closely to deliver integrated services. It is unfortunate that the consultation document produced by health services did not provide more information about what joint services would look like.

Children and families locality groups were one means of progressing engagement with partner agencies and community groups. We met local and national provider organisation and focus groups of parents who told us that engagement with them had improved. Staff and elected members told us about positive efforts to involve young people in shaping services. This had included a young people's consultation day and "meet the members" sessions to discuss how they saw the role of the children's champion and their expectations of corporate parenting.

However, we heard from these groups that some of the planning for community consultation events could have been improved by involving them earlier in the process. Social work services will need to consider how it continues to work with community groups to shape priorities for future services.

Recommendation 8

The social work service should establish a public information strategy, including producing a comprehensive range of leaflets and complementary web pages. Information should cover eligibility, and the range of services provided.

The social work service was making good progress in delivering a range of information to the public.

The social work service had developed a public consultation strategy. They had carried out a wide consultation on the strategy prior to implementation. A review of the strategy was due at the time of the follow-up.

The service had produced a range of information leaflets about specific services, as well as more general information leaflets. The council had developed its website and information for the public on social work services was improving with the regular distribution of newsletters about services. We heard from criminal justice services that they were developing web based information to link to the council website. Leaflets were available in a range of formats, for example, the leaflet on the law relating to care and protection of children was available in Polish.

Young people were encouraged to complete “Have your say” questionnaires to give their views of the services they received. They would have liked clearer information on what support and services they were entitled to receive.

Recommendation 9

The social work service should review the system of allocation of resources for care packages at a local level. Building on existing practice, this should include the further development of inter-agency arrangements, and a scheme of delegated financial authority.

The social work service had implemented this recommendation and was making good progress.

Frontline managers we met were generally positive about the resource review groups for adult and children’s services. Although these had been created initially in adult services, team leaders in children’s services were positive about the increased clarity these groups provided on the cost of children’s services and improved process for making decisions. These groups provided a platform for multi-agency decision-making.

Frontline managers thought the groups had led to improved and imaginative care planning, and better outcomes for people using services. We highlighted earlier the increased number of people supported at home. We found that improved communication between partners and initiatives such as the intensive care teams who worked to prevent admission to hospital had helped to support this.

There was a mixed view from social workers who viewed the resource groups as either a good way of discussing difficult cases or a potential delay to putting care plans in place. While recognising the benefits of involving partners in decisions some staff thought that presenting cases to the group delayed decisions. We saw examples where individual needs were put before the group but no decision was made or communicated to the worker. In order that staff were able to communicate effectively with people who used or were awaiting services there should be clear lines of communication. These should cover both how decisions were made and reasons why decisions were not made.

The arrangements in children and families had been in place for 11 months. Managers advised us that they had initiated a review the functions of the joint services management group (JSMG) and the children’s resource planning (CRP) group. In future, the JSMG would have a strategic focus and the CRP would be responsible for operational matters.

Some of the decision-making and communication from both children’s and adult’s resource groups could have been clearer. There needed to be clear statement for staff on the purpose of the groups. The review of their continued function should involve staff who had to use this route to access resources.

Recommendation 10

Building on existing management information, social work senior managers should strengthen reporting and monitoring of unallocated work. From this, there should be a clear set of actions designed to ensure that service priorities are being consistently met, and that any unmet need is clearly and accurately drawn to the attention of elected members.

The social work service was making good progress in implementing this recommendation.

The social work services had improved how they gathered and reported performance information. Managers told us of their increased confidence in the information that they received. This information supported service change, review and resource allocation. Staff had met the targets for the completion of assessment within fifty-six days and were working to new targets of forty-two days

In criminal justice, all people who were on probation or released on licence had an allocated worker. The service had addressed previous concerns about people waiting to complete their community service orders. However, we thought that there was room for improvement in meeting national standards for home visiting of two home visits within the first three months for those on probation and a minimum of three for those on parole or non-parole licence. Managers should take steps to ensure the service meets these standards.

In occupational therapy services, the number of people waiting for assessment was continuing to grow. This service had not carried out the same level of data cleansing as other services in part due to difficulties for some staff accessing CareFirst. Some staff told us that they were responsible for the management of waiting lists but they did not have access CareFirst to update the information. NHS Highland and the council had recently agreed protocols for sharing and accessing information. We heard of local variations in people accessing services. Social work services needed to work closely with health partners to ensure that referring staff understood the criteria for this service. They should give priority to reviewing the numbers of people on the waiting list to ensure that there was a clear picture of service demand. The occupational therapy service was under review and in the process of developing and integrating services. The joint improvement team was involved in taking this forward. They anticipated completing the initial data cleansing by the end of March 2009.

Frontline staff and partner agencies told us that there had been staffing pressures in some areas due staff vacancies, delays in filling vacancies and sickness absence. This had resulted in delays in implementing care plans. There were staff vacancies and sickness absences across the area. The service had recruited agency staff to help fill temporary gaps created by vacancies or long-term sickness absence. However, there was one team where two of the four qualified staff were on sick leave leaving an increased burden on the remaining staff.

Staff told us that managers had improved workload management and supervision in recent months. A number of staff told us that allocation did not always take account of their existing workloads. Managers should be clear how they balance the need for continuity of worker in care management against the need to respond to new service demands.

Managers had worked hard to improve attendance. They advised us that the level of vacancies and sickness absences had reduced overall. They had also improved workload management and supervision of staff. We found this reflected in improved performance across a number of areas.

Recommendation 11

Service managers should ensure that all care plans including looked after and accommodated children and adults have clearly targeted outcomes, which are monitored and reviewed.

The social work service had partially implemented this recommendation and was making good progress.

We found improvement in the review process. Staff and managers told us that the assessment and care management training was beginning to result in improved planning for individuals using services. The file audits carried out by the quality assurance team in conjunction with service managers had shown improved practice with an increasing number

of care plans identifying target timescales and intended outcomes. The representatives of the children's panel whom we met supported this view.

We recognised that the audit process was developing. In criminal justice, managers were auditing files where an order was in place. The criminal justice service could improve practice by extending such audits to all cases. A social work team leader in partnership with the criminal justice planning and evaluation officer should carry out external audit. We heard from partners from the child protection committee that file audits had led to improved recording practice across each agency. An on-going monitoring process was in place.

Providers told us that they had seen a significant reduction in the number of unqualified staff carrying out complex assessments. There had been increased involvement of people who used services in shaping their future receipt of a service through participation in the review process and where appropriate, in the recruitment of their staff.

Providers told us pathway planning had improved both in developing and delivering plans with 100% of young people who had been looked after now having pathway plans. We heard about the inclusive planning processes, which involved young people as well as joint working with health and education on the future needs of young people.

Some areas required improvement and managers were taking these forward. They had developed staff guidance on risk assessment and a series of training events were scheduled. The training aimed to improve the quality of risk assessments produced. Commissioning services for outcomes was still developing.

Managers had put in place interagency protocols and planning arrangements were in place for young people in transition. The planning would begin from age fourteen. The forthcoming planning day on services for children with disabilities included interagency transition planning. There was interagency commitment to improve transitions. We met a few carers of children with disabilities who were not clear about the options available for their children. It is important that this work addresses such concerns. In areas where there had been higher staff turnover, we met people who were unsure of who to contact when they needed support. In some instances, this had led to delays in services or direct payments being set up.

The number of older people delayed in hospital had reduced to zero by April 2008. At the time of the follow-up there had been a slight increase but the number of people awaiting discharge from hospital remained less than ten. We observed one resource review group where they met discharge targets at a time when there had been a reduction in available nursing home beds. There were an increasing number of people awaiting placements in their local area. These were people whose assessment of need indicated that transferring them to an interim placement outwith their home area was detrimental to their physical or mental health. The joint improvement team had been engaged to work with partners to improve performance in this area.

The intensive care teams (ICT) were supporting an increasing number of people in the community. Some staff we met were concerned that this service, in focusing on the rehabilitation needs of individuals, had not fully considered how to provide support to individuals in a crisis or outwith office hours. Managers' implementation of the home care review and their review of out of hour's services would begin to address these concerns. Social work and health services should consider an early review of the ICT to ensure that their service aims were being achieved consistently across each locality.

Frontline managers and staff needed to do more to ensure that the intended outcomes of support were explicit.

Recommendation 12

The social work service should develop and implement a systematic and comprehensive approach to the assessment and management of risk, building on the work carried out to date in relation to child protection, adult protection and criminal justice services.

The social work service was implementing this recommendation and was making good progress.

We did not undertake file reading or meet service users as part of the follow up as the social work service had recently done its own file audit – carried out by the community services quality assurance team in conjunction with team managers.. We saw the analysis of the evidence provided by the council's quality assurance team. They found that there had been an improvement in the recording of risk.

We saw evidence from their file audits in adult services that there were risk assessments contained within most files but some weaknesses in the level of care planning and risk management planning. Their case file audits identified some good practice. The joint child protection follow - though inspection addressed improvements in risk management in children's services.

Plans were underway to develop a staff handbook on risk assessment and risk assessment tools. The file audit team found that some staff needed more training in risk assessment and risk management planning and a programme of training for frontline staff was underway. Staff delivering the training should consider incorporating the views of foster carers and staff in provider organisations on the usefulness of risk assessments and the risk management plans devised.

Some staff we met were unaware of these plans and managers at all levels should consider how they ensure that staff are kept up to date with developments in this area including the use of staff bulletins and staff meetings.

The adult protection committee was established. Health and social work staff were rolling out joint training to the wider staff group. Recruitment of specialist adult protection staff in social work was underway. The social work services review of out of hours services had identified that staff in children's services required training in adult protection. This should be considered as part of the roll out.

Recommendation 13

The social work service should produce a three year plan, to be updated annually, clearly setting out priorities, targets and resource implications for modernising social work services. The plan should demonstrate progress against the social work Scrutiny Review recommendations and include joint targets where these have been agreed.

The social work service had partially implemented this recommendation and was making good progress.

The social work service had produced a three-year service plan, which covered most areas of the social work service. The plan included sections for each care group. Most of the actions identified expected staff to conclude them within the first year. It was not clear how the plan would be rolled forward in future years.

For planned outcomes managers had identified baseline targets and some had budgets allocated. We understood from our meetings with senior managers that future planning and prioritisation would be taken forward on a risk-based approach. Service managers were providing information to elected members that linked to agreed service priorities. Services

could bid into a council wide contingency fund to support service redesign. The council agreed the budget for 2009 -2010 on this basis. Managers in the social work service had been fully engaged in the process in identifying links to council and national priorities alongside service risk.

Recommendation 14

A framework for operational and unit plans with clear targets and priorities should be agreed and implemented by the social work service to support decision making and target setting by service managers. Locality managers in the Argyll and Bute CHP should be included in the development of joint plans.

Social work service managers had developed an overarching format for service and team plans for their services. The quality of the content of some plans we saw varied. In children's services, some of the operational and unit plans set out the details of current service provision and demand for services as well as an action plan for implementing service priorities. We saw evidence that managers monitored these plans using a monitoring framework although details of the financial commitments were not so clear.

We considered adult service plans would be improved if service managers followed the same format as children's services, setting out service provision, current demands and financial commitments as well as links to each locality.

The involvement of partners in some of the plans was not clear. There had been widespread consultation on the older people's service plan and the future shape of mental health services had recently gone out for consultation. We understood that most other joint plans were less developed.

In order to look at continuous improvement the partners should ensure that they build in staged reviews of the impact of services and whether planned outcomes were met. In addition, plans should take account of how they will reflect an increasingly personalised approach in service commissioning and delivery.

We have already highlighted the need for improvement in the transition planning for children. The head of children and families services told us that he intended to review the children with disability team once the service was fully staffed. He should set out a clear timescale for this work.

Overall, there had been improvement in service planning that should lead to closer involvement of social work staff and managers in planning and monitoring services. Carers told us that there was good communication between education, health and social work staff.

Recommendation 15

The social work service along with its partners should increase and support the active involvement and participation of people who use services and their representatives in strategic joint planning structures and arrangements.

The social work service had partially implemented this recommendation and was making good progress.

People who used services, parents and carers, as well as representative organisations told us of an improving picture of stakeholder consultation and involvement. We heard from service managers that they had carried out extensive consultation on planning for older people's services, and some service managers had been involved in service user forums.

The strategy for service user involvement "Nothing *about you without you*" had been consulted on and agreed. Managers were in the process of implementing it.

In focus groups, providers and parents of children with disabilities told us that there had been a positive change in engaging with them following the appointment of specialist staff. A few parents we met told us that they had not had the opportunity to be involved in service planning.

Argyll and Bute was in the top quartile in Scotland⁵ for delivering day respite services for adults and children. The views of carers did not reflect this.

We met carers who had little knowledge of how to get involved in giving their views on how services were developed. Carers we met suggested that services could be improved through

- More support to people using services to go to activities during the day and in the evening
- Improved access to respite during the day
- More locality based user and carer groups
- Planned (rather than ad-hoc) residential respite

The implementation of the stakeholder involvement strategy had started. The council was also negotiating with community care forums to take a lead in gathering the views of their local communities to inform service planning.

Recommendation 16

In order to ensure that their proposals to develop a more integrated approach to planning and delivering services come to fruition, the partner agencies should work more closely together to develop a comprehensive and specific action plan. This must include establishing clear funding and governance arrangements.

The social work service had partially implemented this recommendation and was making good progress.

Reports to the strategic planning group for health and social work services showed increasingly open discussion and decision making between partners. This was supported by the new social work structure as well as the CHP. The council and CHP had developed integrated or joint teams and agreed governance arrangements. The partners needed to work together to develop the integrated occupational therapy service.

Consultation was underway to develop joint services in mental health and for older people. Service managers were confident that such services would be jointly funded, in part through resource release from the NHS. However, although the CHP and NHS Highland were committed to the reduction of continuing care beds and this was integral to the older peoples project plan, no financial plan had been formally agreed. This was the case for occupational therapy services as well.

In children's services,

- They had extended the remit of the joint service management group to include consideration of joint services to meet the needs of individual children.
- School nurses were monitoring the mental health needs of children.

The strategic planning board considered and endorsed joint activities. This group should ensure that the financial framework is in place to support any new development.

⁵ Audit Scotland PIs

Recommendation 17

The social work service should review its practice in relation to staff working regular weekly hours whilst being employed on zero hours contracts.

The social work service had implemented this recommendation and was making very good progress

Social work services managers were in the process of implementing the home care review at the time of our follow-up. Home care staff we met were positive about the new shape of services. They would be working to a changed shift pattern and job remits. They told us that managers had kept them informed about changes. All staff previously employed on zero hours contracts were in the process of moving to a minimum sixteen hour contract with an option to work additional hours.

The criminal justice service manager told us that supervisors in the community service order teams had permanent contracts.

Recommendation 18

The social work service should ensure that team leaders have clear criteria about what work requires the professional skills of a qualified social worker and that which other staff can appropriately carry out. An audit process should be put in place to ensure that these criteria are applied consistently.

The social work service had developed clear criteria for the appropriate allocation of work and we found that they were making very good progress in its implementation.

The assessment and care management training, mentioned earlier, had helped staff to identify more clearly, which work should be allocated to qualified and non-qualified staff. This training clarified the difference between care management and care coordination. An initial audit by managers had found that their allocation process was taking the qualification and experience of staff into account.

Frontline managers and service providers that we met told us that generally, unqualified staff were no longer managing complex cases, but some staff who had a care coordination role were unclear who would hold responsibility if more complex needs were identified.

Staff we met were positive about the impact of the new structure and clearer lines of reporting and accountability.

Recommendation 19

The social work service should develop an over-arching strategy for workforce planning, including staff support and development. Training priorities should be aligned with service plans and clearly linked to supervision and appraisal processes.

The social work service had partially implemented this recommendation and was making good progress.

Staff were positive that the new structure of specialist care group teams and gave improved focus to the delivery of services within their care group. The evidence given to us by the social work service confirmed this.

The assessment and care management training had provided a sound basis to build on good practice. The council's file audit analysis found that results were beginning to be

evident in their file audits. Most managers had completed personal development reviews. The process for involving frontline staff was slower. Roll out to such staff was the next stage.

Staff we met from home care services were positive about the level of training they received. They told us about the training they received from health staff to help them take on new personal care tasks, as part of the implementation of the home care review.

A learning and development database was being established. This aimed to provide more information on training needs linked to identified core skills required for different posts.

We mentioned earlier that some staff told us delays in releasing posts for advert exacerbated the level of vacancies. Planned improvements in linking human resources staff to service departments were intended to improve performance in this area. Managers should consider target timescales for advertising vacancies. The service was proactive in managing staff vacancies in areas where they had experienced recruitment difficulties and had in place a policy to support staff to gain qualifications. We heard from the training manager how they supported staff in practical ways, such as providing access to transport to placements.

The “*needs and services review*” in children’s services had identified an imbalance between the level of service demand and staffing resource. This had resulted in a recommendation from the head of service to increase staffing levels in one of the teams. The social work service should consider similar reviews across all care groups but include a fuller analysis of demand and costed recommendations for commissioning and decommissioning.

The reconfiguration of the human resources services had delayed the completion of the social work workforce plan. Comprehensive workforce planning for community services was due to commence in June 2009.

Out of hours services and support presented a particular challenge. We heard from a number of staff who were unhappy about the remuneration and support for those who carried out this role in addition to their contracted hours. They told us about inconsistency in how managers had applied the recommendations of the review of out of hour’s services. The heads of service should ensure the implementation of the recommendations from this review.

Managers were taking forward a number of initiatives to support workforce planning and staff development. They had not consolidated these into a workforce plan.

Recommendation 20

The social work service should ensure that service plans are clearly linked to, and supported by, available resources and identified in detailed financial plans.

The social work service had partially implemented this recommendation and was making good progress.

Managers had a suite of service plans in place and financial planning linked to these had improved. The chief executive had introduced a council-wide planning structure linked to agreed priorities and the strategic risk register. These plans informed the council budget setting process.

Staff in the council’s corporate services department were reviewing locality planning groups and in future years, they would be part of the risk planning process.

Senior managers we met were positive and proactive in taking this process forward. We found that they had a more rigorous and clear process for preparing budgets and more improved medium term planning.

Recommendation 21

All policies concerned with the safety and well-being of staff should be reviewed and updated at three-yearly intervals as a minimum standard.

We were satisfied that the council had implemented this recommendation.

The health and safety manager had reviewed all health and safety policies. He had put in place a process for regular reviews, which would begin in September 2009. There was guidance on health and safety for social work staff. Managers told us that the number of reported incidents was low. They described a pro-active health safety culture in the work environment. The cascading of information had helped make staff aware of their responsibilities.

Recommendation 22

The social work service needs to move more quickly to remove any unnecessary barriers to information-sharing. This should include affording all social work staff appropriate access to electronic case records.

The social work service had implemented arrangements for all staff to gain appropriate access to electronic records and was continuing to develop technological solutions to improve information sharing.

All social work staff had access to CareFirst. This included agreed access by children's services and criminal justice staff to CareFirst and CareJust. The IT service had completed the rollout of computer equipment to councils residential and day care services.

Partners had made progress in the shared access to information. They had agreed data sharing protocols. NHS Highland was commissioning a new electronic system; this had caused delays in implementing a shared electronic system. NHS Highland had agreed an interim arrangement for access and data input by health staff into the CareFirst system. The lead officer was due to report the outcome of this pilot to the joint strategic board in June 2009. We heard from the police service that there had been improvement in information sharing over the last two years.

The partners had commissioned the joint improvement team to support the development of an eCare solution between NHS Highland and Argyll and Bute social work services. The partners should ensure that any solution included improving access to CareFirst for OT services. Both partners anticipated improved performance information as a result.

CareFirst was beginning to deliver relevant management information. Manager's scrutiny of the information provided had identified gaps in recording and allocation processes. Improvement actions resulting from this had then reduced the number of people waiting for services. The development of the CareAssess module would further improve the electronic capturing of information as it included a number of mandatory fields to record needs and outcomes.

Recommendation 23

The social work service should move more quickly to develop commissioning strategies across each service sector.

Service managers were developing some commissioning plans alongside service plans. Service plans were beginning to include more analysis of service needs combined with costed and outcome focused options. The process had started in older people's services but we were concerned that the head of service and elected members had delayed decisions on commissioning older peoples services. Some of the stakeholder groups involved on the

project board also expressed concerns about the delays and their lack of involvement. Senior managers and elected members said that they would achieve more sustainable services by careful consideration of the alternative services. The project board would consider the option appraisals at the end of February 2009 before going out to wider community consultation.

Some providers we met had concerns about the future basis for commissioning services as a previous tendering exercise had left some service users unhappy with the process. They were confident of more involvement of people who use services in making decisions about the future shape of services they receive in the future.

There was an improved monitoring process with contracted services required to provide quarterly reports. The quality assurance team made these available to service managers for scrutiny and action. They thought that the contractual arrangements could support flexible packages of care. The service's file audits had identified the need for improved practice by staff in commissioning individual services. Improvement in this would develop improved information on contracted services.

The service had made good progress in putting in place the building blocks to help them identify services that they would commission. A number of service reviews were underway which they planned to use to inform future commissioning strategies

Recommendation 24

Senior managers should improve their communications with staff at all levels in the organisation to ensure they sustain the current commitment to change. Such strategy should actively seek to secure staff commitment to the implementation of the vision for planning, delivery and continuous improvement of services across Argyll and Bute, particularly with frontline staff.

We found improved communication between staff at different levels within the social work service. There were regular opportunities through meetings and email for managers to hear from staff. Staff told us that they had better information about service developments and received feedback about their own improving performance. Managers were involving staff in a review of the effectiveness of communication.

Home care and residential staff told us that managers had kept them informed about the developments in their services although they remained frustrated by delays in making decisions about the future delivery of the service.

Staff we met, at all levels, were positive about the perceived increased openness and the opportunity to influence how services were shaped.

Conclusion

SWIA published the report of the performance inspection of Argyll and Bute social work services in October 2007. Throughout the inspection and follow up, the council was fully engaged in delivering the action plan.

We found managers and staff in the social work service in Argyll and Bute had worked hard to make good progress on a number of the required actions in our report. This had resulted in progress against all of the recommendations contained in the original report.

They still faced a few challenges to improve key elements of their delivery of the service. The new chief executive had brought an increased clarity on performance management, service, and budget planning. There was continued improvement in performance and

management information systems. We found that good partnership working and collaboration between services was bringing about service improvements.

Staff we met told us that Argyll and Bute was now a more positive place to work and service users and carers told us about improved communication and involvement.

The council's comparative analysis of how services worked across care groups was beginning to show evidence of a more consistent approach to delivering services, but managers needed to deliver the reviews of several community care services. This should include agreement on the level of finance available to deliver on shifting the balance of care for older people and mental health services. Managers also needed to consolidate staffing arrangements to deliver an improved service out of hours. Transition planning and the involvement of stakeholders required further effort.

Overall, there had been clear improvement in a number of areas. There were still outstanding areas for improvement. However, given the level of progress achieved so far, along with their setting of local targets to deliver the action plan, we are confident that the social work service will continue to improve further. SWIA will continue to work with Argyll and Bute Council in relation to outstanding issues as we maintain our scrutiny relationship with the council in the years ahead.

Roselyn Lawrence
Lead Inspector
March 2009

Annex 1

This report is based on the following activity since publication:

- 4 monitoring visits carried out by inspectors in the course of the year including a an interim follow up
- progress report and supporting evidence prepared by Argyll and Bute Council, submitted to SWIA

Sessions completed during SWIA visit to Argyll and Bute Council 5- 9 January 2009

- follow up inspection carried out by four SWIA inspectors

Interviews

Joint interviews with HMIE

- Leader of Council and Social work spokesperson
- Chief Executive
- Director of Community Services
- CSWO and head of children's services
- Director of community care NHS Highland
- Reporter and chair of children's panel
- CHP director, integration manager

SWIA

- Head of adult care
- Chair of Adult protection committee also chair of CHP board
- Training manager

Focus groups

- Service managers - community care, children and families and criminal justice
- Frontline managers - community care, children and families
- Practitioners – children and families and community care
- Locality managers –CHP
- Representatives from community groups – children and families and community care
- Occupational therapy staff
- CareFirst demonstration
- Quality assurance staff
- Carers of older people
- Home care and adult residential care staff
- Service providers

Joint focus groups with HMIE

- Police members of child protection committee
- Education members of child protection committee
- Foster carers
- Throughcare and aftercare service users
- Parents of children with a disability or looked after children
- IT and interagency data sharing

Written evidence

- Read over 250 pieces of written evidence presented by the council.