

Dundee City Council Performance Inspection Follow-up Report

Introduction

The Social Work Inspection Agency (SWIA) was established in April 2005 to undertake performance inspections of all of Scotland's local authority social work services between 2005 and 2009. Each inspection focuses on the approach of the local authority to continuous improvement.

SWIA monitors the implementation of recommendations made in performance inspection reports, undertaking a follow-up inspection one year after publication.

SWIA uses a six-point scale in its evaluation of social work services. It does not re-evaluate these at the follow-up stage, but does indicate whether the authority was making satisfactory progress for each recommendation.

The performance inspection of Dundee City Council Social Work Department in November 2007

The inspection report, published in November 2007, gave a generally positive account of social work services provided by Dundee City Council Social Work Department. The inspection particularly found a motivated, satisfied, and well-managed staff group, and awarded ratings of 'very good' in those areas.

The report concluded that the service performed to a 'good' standard in other areas covered by the performance inspection model (PIM), with the exception of 'delivery of key processes' and 'resources and capacity building' which received ratings of 'adequate'.

At the time of the 2007 inspection, there was evidence that the council was committed to continuous improvement and had commissioned studies and reviews in order to help it improve. It had the capacity to form good partnerships, particularly with the police, for example in delivering an effective youth justice service that had exceeded a national target to reduce persistent offending. It was one of only seven local authorities to have done so.

SWIA identified some significant challenges for Dundee City Council Social Work Department. Negotiating a joint approach with NHS Tayside for the delivery of community services for older people had historically proved to be difficult. In May 2007, SWIA had published a multi-agency inspection report about services for older people in Tayside (MAISOP)¹ that had identified areas for improvement in

¹ The MAISOP report is available at: <http://www.scotland.gov.uk/Publications/2007/05/17084203/0>

this. The performance inspection in 2007 confirmed the findings of the MAISOP and noted that while there were encouraging signs of improvement, these were still very tentative.

After SWIA published the inspection report in November 2007, the authority produced an action plan to address the 12 recommendations in the report. To monitor progress with the work to address the recommendations, SWIA visited the authority quarterly and received an updated action plan at each visit, charting progress. In December 2008, approximately one year after publication, we visited Dundee again. We carried out further inspection activity, met service providers, some key stakeholders, and the social work senior management team.

The follow-up report

This report lists the 12 recommendations from the 2007 report and provides a brief analysis of the progress made. At the end of the report we also discuss progress against some of the areas for action that we noted in the original report.

Recommendation 1

The department and its partners should make sure that the throughcare service delivers better outcomes in education, employability and accommodation for young people who have left care.

The department had partially implemented this recommendation at the time of writing and was making moderate progress.

The council reported a 10% improvement over the period of the follow-up, reducing the numbers of young people not in education, training, or employment from a baseline of 77% to 65%. They also reported that they had recently approved a local resource, Carolina House, as an approved provider of housing support to young people, and that this would enhance the quality of support services available. One example of this was that a practitioner from Carolina House was developing groupwork to help young people get better independent living skills.

We met with managers and staff associated with throughcare services. Managers in the throughcare team told us that staff sickness had affected their ability to develop some aspects of the service and to maintain some aspects of performance data recording. Employees said that it was especially challenging to secure community supported lodgings for care leavers, and that relatively few young people who might benefit from such lodgings actually go on to get them.

Managers acknowledged that young people had not engaged fully with the pathway planning process in the past, partly because the paperwork was cumbersome and did not seem relevant to them. We interviewed some former

care leavers, and they agreed with that assessment. Throughcare employees told us that they had recently introduced a revised format for pathway planning that they hoped young people would find more useful. We reviewed this documentation and it did appear to be accessible, although it was not in use at the time of the follow-up. We will monitor this in future scrutiny.

We asked how the department had involved young people in planning and developing throughcare services, and staff said that the main way was through pathway reviews and analysis of exit questionnaires routinely completed by young people following the conclusion of their throughcare contact with the department. The care leavers we interviewed had very good ideas about how to improve services. We considered that the service should find ways to better engage young people in the development and design of services.

Staff providing throughcare services said that there was still some way to go to fully educate colleagues in field social work teams about the throughcare team and its role, and they said that they felt somewhat detached from the main social work service at times. Senior managers told us that they were planning to review throughcare services to identify areas for improvement.

Recommendation 2

The department should improve its performance in providing the Scottish Children's Reporter Administration (SCRA) with reports on time

The department had partially implemented this recommendation at the time of writing and was making moderate progress.

In 2007, we reported that the Department submitted 25% of reports on time, compared to a then national average of 36%. Between April 2007 to March 2008, Dundee submitted 37% of reports within the target timescale, as compared to a Scottish figure of 39%. This represented an 8% improvement in performance from the previous year, bringing the service to average levels of performance, which were nonetheless considerably short of national performance targets and therefore still not good enough.

The authority provided recent figures to suggest month-to-month performance still varied quite considerably. Senior managers said this was mainly due to the SCRA practice of asking for reports in batches, meaning that there were unpredictable variations in the number of report requests month on month. They said that they were working closely with SCRA to identify further opportunities for improvement.

We will continue to monitor performance in this area as part of our ongoing scrutiny relationship with the authority.

Recommendation 3

The department should review with its partners its performance against the recommendations in ‘the same as you?’ in order to identify how it can improve from the present position, especially with regard to employment opportunities.

The department had partially implemented this recommendation and had made moderate progress.

Following the publication of the inspection report, the department had set a target of a 60% increase in employment opportunities for people with learning disabilities from a baseline of 69 people in April 2006. This translated to approximately 42 additional employment opportunities. The progress report provided to us by the department indicated that they had successfully met this target, although managers suggested that the increased figures were due in part to counting people with voluntary work, rather than paid placements.

It is important that this progress is maintained in order that as many people with learning disabilities as possible can access meaningful opportunities to access paid work.

The department had commissioned an in-college support service for people with learning disabilities to allow them to access educational opportunities. They reported that they were supporting nine people with learning disabilities in this way as at August 2008.

Senior managers also told us that since the publication of the original report they had met a target to increase by 100% the number of alternative day opportunities for people with learning disabilities. This was mainly through the development of the ‘out and about’ service we described in the original report. The department informed us that it had already met its action plan commitment to provide more supported accommodation for people with learning disabilities, increasing provision by 70% by November 2008 from levels as at April 2006.

As part of this follow-up exercise, we met with a ‘transitions group’ that supported young people with additional support needs in moving into adult services. This transitions group was multi-agency, well attended, and discussed individual young people as well as strategic issues arising. Members said that this approach had improved the coordination between agencies and had improved the quality of personal life plans. They acknowledged that the group had the potential to drive better personalisation of services for young people, but said that this agenda remained at an early stage. Work to date had been to consolidate the better coordination of services.

The transitions group told us that they had considered the ways in which young people with additional support needs could access employment opportunities, and advised that there was still a significant waiting list for access to the supported employment team's services.

In our 2007 inspection report, we reported that the department's performance in providing Local Area Co-ordination was poor, as compared to the Scottish Average. In 2007, 1% of adults used these services in Dundee against a Scottish average of 13%. We noted from the department's action plan that there had been a completed review of these services and a report to committee proposing improvements, but there had not yet been operational changes in the service.

Recommendation 4

All older people living in care homes should have annual reviews and updated needs assessments

The department had partially implemented this recommendation and was making good progress.

Senior managers told us that they had established a review team for this purpose in May 2008, and had carried out 345 reviews before 31st October 2008. This fell short of the target the authority had set itself (450 reviews) but represented a significant increase in activity. Senior managers told us that the reason for not meeting the target in full was that the review team had not been able to recruit to its full complement, and that this problem was now resolved. They said that they expected to meet the target for reviewing the care of older people in future.

Recommendation 5

The local authority should work with its partners in health to ensure that there is sufficient capacity in older people's services to reduce waiting lists for services and further shift the balance of care to community.

The department had partially implemented this recommendation and was making good progress.

Following the publication of the performance inspection report in 2007 and following on from the earlier MAISOP, Dundee City Council and NHS Tayside had been working to improve their cooperation in resourcing and providing services for older people. In August 2008, the Social Work and Health and CHP committees agreed a revised older people's strategy and a joint commissioning strategy for older people's services.

An important development since the inspection had been the joint commissioning and implementation of an intermediate care service, bridging the gap between home and hospital for older people. It was intended that this service would improve the ability of the services to rehabilitate older people to rejoin the community after experiencing acute illness and hospital admission. This provision should assist in reducing some of the pressures leading to delayed discharge from hospital of older people in Dundee, and promote better outcomes for older people by enabling them to return more quickly and safely to as independent a lifestyle as possible. Senior managers told us that during 2008 they had not been able to meet their target of zero delayed discharges, but had maintained a single figure monthly level of delayed discharge and prevented any increases since April 2008.

In the performance inspection, we noted that there was a significant waiting list for intensive home care services for older people. In the 2007 report, we indicated that the council planned an investment in additional home care capacity and we confirmed that had taken place. In summer 2007, 214 people were waiting for 1475 hours, by April 2008 155 people were waiting for 1427 hours, and in December 2008, 146 people were waiting for 1163 hours. This suggested that although there were still significant waiting lists, both the number of individuals affected, and the number of hours each person was waiting for had reduced. Senior managers told us that in December 2008 only five individuals were waiting for more than 10 hours of home care.

In 2008, 2173 people received a home care service in Dundee, an increase of 5.4% from the 2007 figure. This compared with a national average decrease of 2.8%. During the follow-up, we met with the employees providing the intensive home care rapid response service. These staff reflected that whilst resources were tight for their team, they felt that they had made a continuing and significant contribution to helping older people live more independently. They remained a committed staff group.

In summary, there had been progress between the department and its partners in health services in better addressing the needs of older people. Challenges remained, and SWIA will continue to engage with the authority to monitor progress as part of our ongoing scrutiny relationship.

Recommendation 6

The department should review its existing approaches to engaging carers to make sure that it harnesses the knowledge and expertise they offer.

The department had partially implemented this recommendation and was making good progress.

The department created and published its carers' strategy in December 2007. In November 2008, the Social Work and Health Committee agreed a plan for its implementation, including a multi-agency action-planning group with carer and external agency representation.

The department provided us with sight of the carers' strategy action plan, which included a summary of progress to date, and future targets with an indication of the estimated time for completion. The objectives in the carer's strategy were appropriate, and because the plan formally addressed carer involvement in service development, it captured the intention behind the recommendation. The publication of the strategy, the ratification of it and the approval of an action plan for delivery were all positive indicators.

There was a significant time gap between the council approving the strategy and the subsequent action plan, and inspectors considered that the format of the action plan could have been more S.M.A.R.T. by attributing specific tasks to named people and organisations. Some of the language used in the plan could also have been more specific, for example, 'existing processes to consult carers to be enhanced' failed to specify the nature of the planned enhancement. The department should address this issue as it progresses with delivering the action plan.

Recommendation 7

The department and its partners should ensure that all relevant users of community care services get the benefits of a single shared assessment.

The department had partially implemented this recommendation and was making good progress.

Senior managers told us that single shared assessments were now done across all community care groups. Information sharing was paper-based at the time of the follow-up but plans were advanced to implement a local e-system for single shared assessments.

Senior managers reported that they had developed with health services an information store to support single shared assessments across all care services. This was in place across social work services, and senior managers anticipated

that this would be operating across social work and health services by early 2009.

The successful delivery of an electronic solution for single shared assessments represented considerable progress from the position at the time of the publication of the original inspection report.

The action plan for the roll out of single shared assessment set a target of July 2010 for the full participation of other key stakeholders in the system, including voluntary sector providers and housing services.

Recommendation 8

The department should ensure that its service plans link to available resources in finance plans.

The department had fully implemented this recommendation.

Senior managers told us that the service plan format now included full details of funding for projects and the sources of that funding. We reviewed the plan and confirmed this. They said that this would be the approach in all plans, with the next update to the service plan scheduled in 2009.

Recommendation 9

The department should ensure that elected members have the opportunity to scrutinise partnership financial information.

The department had fully implemented this recommendation.

Senior managers said that they had held discussions in early 2008 with health services colleagues about how to implement this recommendation. Managers provided us with examples of reports put before the social work and health committee since that illustrated new practices in providing the required level of data for elected members.

There was not yet a system to provide elected members with updates on actual spend against the planned figures. Senior managers advised us that providing this will be the next phase of work.

Recommendation 10

The department should make sure that it creates an up-to-date risk register integrated with the service plan and incorporating risk management arrangements.

The department had fully implemented this recommendation.

The social work and health committee approved an up-to-date risk register early in 2008.

Senior managers told us that they had developed a business continuity plan in consultation with a consultancy firm with expertise in this area. At the time of our follow-up, this plan remained in draft form and managers were awaiting feedback from the consultants before finalising it. They considered the working draft to be of an acceptable standard, and had implemented it as an interim measure in anticipation of it being finalised.

Recommendation 11

The department should review its client information systems with a view to striking the correct balance between accessibility of information and protecting sensitive data about individuals and families.

The department had partially implemented this recommendation and was making good progress.

Senior managers and IT professionals met with us during the course of the follow-up to the inspection and provided full information about their proposals to address this recommendation. We saw evidence of significant activity not only to address the technical protection of sensitive data by systems development, but also of wide consultation and development of resources for staff in recording effectively and professionally.

Managers told us of a technical plan to restrict access to sensitive data held on the social work IT system to only those with a clear need to access it, and we were content with the proposal in principle.

At the time of our follow-up, the technical work to adapt the system was incomplete, and we will revisit progress with this in our future scrutiny contact with the department.

Recommendation 12

The department should develop a commissioning strategy for its community care and children's services.

The department had partially implemented this recommendation at the time of writing and was making moderate progress.

The Social Work and Health Committee and the CHP approved a joint commissioning framework for older people in August 2008. There was also evidence of ongoing work to develop a commissioning strategy for mental health, which was in draft form, and for younger adults' community care services, which was at a relatively early stage of development.

The bulk of the progress made had therefore been in developing commissioning in community care, and particularly in older peoples' services. In the original inspection report, we commented on what we considered a very promising approach to outcome-based commissioning in children's services, but we did not find evidence to suggest that this was nearing completion as a commissioning strategy for children's services.

The Director told us that there was beginning to be a greater clarity in the department about what delivering more 'personalised' services actually meant, and that he and his senior team were considering how to promote and drive personalisation across all services. He said that the social work department did not yet have an optimal resource structure to deal effectively with self-directed support, including in providing direct payments, where performance relative to the Scottish average remained poor. The finance manager was leading a review into how the department could change its financial structure to shift the balance of provision towards self-directed support.

In the original inspection report, we concluded that the department should develop a holistic commissioning strategy covering all services. At that time, the department was experiencing resource constraints, and these were even greater at the time of the follow-up due to the significant economic downturn and its impact on corporate revenues. In view of this, we would reiterate the comments we made in the original report on the importance of a holistic commissioning strategy. This would undoubtedly help the department take a longer view in terms of managing scarce resources and competing priorities, as well as help develop the infrastructure for more personalised services.

Other matters highlighted in the report

The inspection report referred to a number of other issues of note that did not require formal recommendations. Here we provide a brief update on progress on these.

Child Protection

We noted in the original report² that there were some delays in moving children on from the child protection team after the completion of child protection work. We asked senior managers for an update on these delays and they advised that they had eliminated this problem. They gave us monthly figures that showed a steady reduction in the number of children managed by the child protection team. They made a commitment to the ongoing monitoring of this.

We also suggested in the original report that the council and its partners should review the causes of insufficient participation by health professionals in child protection Initial Referral Discussions³. As part of this follow-up, we obtained current figures about attendance of relevant health professionals at child protection conferences. These figures suggested ongoing difficulties with the attendance or contribution when invited of some health representatives, and we wish to reiterate here our original point about the need to improve the level of NHS staff participation.

Adult Protection

When we carried out the original inspection, Dundee was in the process of establishing its adult protection committee with an independent chair. There was also to be a Tayside-wide vulnerable adults' forum. We revisited this in the follow-up, and reviewed the minutes of the adult protection committee, and those of the Tayside Protection Steering Group. Both forums were operating at the time of the follow-up, and we saw evidence of planned training and staff development events for 2009.

² Page 40

³ Page 40

Conclusions

SWIA carried out the fieldwork phase of the performance inspection of Dundee social work services in June 2007 and our report was published in November 2007. All through the inspection and follow-up we found the council to be fully engaged in participating in the inspection process and in delivering the action plan that they produced following it. The result was some progress against all of the recommendations, with most of them having had significant progress.

The economic climate had changed considerably for all Scottish local authorities since we published our original report in 2007. Senior managers in Dundee advised us during this follow-up that the city would not be immune from the effects of the current economic circumstances and that there would be resource implications for many council services, including social work services. SWIA will monitor the implications of this for service users and carers in our future scrutiny relationship with the council.

There were remaining areas for improvement outstanding from the 2007 report, and still some distance to travel before the department would meet all the recommendations in full. Because of the quality of action planning, update reports, and the setting of local targets to deliver the action plan we were confident that the department would continue in its efforts to improve further. There will be report by Her Majesty's Inspectorate of Education on multi-agency child protection services across Dundee in June 2009 which the department will need to take into consideration.

This report represents the conclusion of the 2007 performance inspection process, although SWIA will maintain regular contact with the council as part of our ongoing scrutiny role with Dundee and all other Scottish local authorities.

SWIA
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