

## **Follow-up report for Performance Inspection: North Ayrshire Council**

### **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 2008. Each inspection focuses on the approach to continuous improvement of the local authority.

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

SWIA uses a six-point scale in its evaluation of social work services. It does not re-evaluate these when completing the follow-up report but does indicate if satisfactory progress has or has not been made for each recommendation. The progress report also highlights any key issues which have arisen since the inspection.

### **The inspection of North Ayrshire Council in 2007**

North Ayrshire was a local authority which faced considerable challenges at the time of the performance inspection. We noted then that it had high levels of poverty and a growing, older population. It also delivered services to a mixture of rural, urban and island populations, further adding to the complexity of service delivery.

However, we found that people who used social work services were generally positive about the improvements in their lives because of the services that they accessed. They said that they were treated with dignity and respect and were given choices about the types of services they received. In addition we found committed and enthusiastic staff who were ably supported by their managers.

While we found good partnerships within the council, we found that further development was needed in partnership working with NHS Ayrshire and Arran in order to deliver better services and better outcomes across all services. There were a number of areas in this partnership that needed review and action to secure a positive delivery of the strategic vision and community care services in particular.

Further development was also needed in the areas of performance management, the measurement of outcomes for people who used services, carers assessments and the involvement of elected members in the wider social services agenda.

## **Basis of the follow-up report**

The performance inspection report published in December 2007 made 15 recommendations, aimed at improving services. This report will describe progress made in relation to each in turn. This is based on the following activity since publication:

- consideration and approval of the action plan drawn up by the council to implement the inspection recommendations;
- participation of the lead inspector in a North Ayrshire social services management development day;
- monitoring visits carried out by inspectors in the course of the year;
- the final progress report and supporting evidence prepared by North Ayrshire Council, submitted to SWIA in November 2008; and
- follow up inspection to North Ayrshire Council from 8-11<sup>th</sup> December 2008, carried out by three SWIA inspectors. As part of this, SWIA examined documentation, met with staff, senior managers, and elected members from North Ayrshire Council, met with managers in partner agencies and read 11 files.

See Annex 1 for details.

## **Key developments since the performance inspection.**

North Ayrshire Council has 30 elected members. After the council elections of 2007, a number of these councillors were newly elected. At that time North Ayrshire had changed its committee structure with the council adopting an executive and scrutiny model. In addition social services linked to a range of councillors through the Social Services Review Group.

As part of the Scottish Government's concordat with local government, the council agreed its Single Outcome Agreement (SOA) in June 2008. The council's SOA, while largely a council document, was agreed by all of North Ayrshire Council's community planning partners. The SOA was to be extended to cover the work of all partners by April 2009. This work was currently underway.

At the time of our inspection, NHS Ayrshire and Arran and their partner local authorities were awaiting the outcome of a review of the Community Health Partnership (CHP) arrangements. This review had been undertaken prior to our inspection but the results had not yet been published. There had already been some interim changes with the management of mental health and learning disabilities services being re-centralised.

The work to complete the review was not finalised by the NHS until 25<sup>th</sup> June 2008. As a result the first meeting of the reconstituted CHP took place at the end of October 2008. In addition NHS Ayrshire and Arran had recently re-structured its senior management and this had added to the considerable change that has had to be managed.

## **Main points for action**

### **Recommendation 1: Social services should put systems in place to systematically measure outcomes for people who use services and their carers.**

Social services had undertaken a number of actions on this recommendation

Social services managers and staff had increased the performance information that they could obtain from their Carefirst recording system. They had a plan in place to steadily develop the reporting of outcomes. We saw a draft quarterly report which they had created to give regular information to the senior management team (SMT). This was a useful report which had both performance information and some analysis of the issues that social services faced.

In the children and families service, managers were rolling out the integrated assessment framework (IAF) which had been agreed with partners across Ayrshire. They felt that this would support staff to focus on outcomes which were integral to this assessment tool. Managers for this service said that they already shared a large amount of performance information with staff and that they were familiar with this already. We spoke to basic grade staff who confirmed this.

In community care services, managers had undertaken work to progress work in relation to delivering against the National Outcome Framework. They were focussed on looking at their performance against the targets set as part of the Framework. Within adult services managers had considered the use of Talking Points (a tool to record individual satisfaction levels) and were working to incorporate this into their review system. Older people's services had been involved in this work too. Managers were considering how staff might consult older people about the services that they received and had undertaken consultation around this with older people.

Senior managers in community care said that this was a piece of work that they wanted to develop with their partners in health and although they had previously undertaken some work in older people's services, they had not developed this further in adult services to date.

Overall we considered social services had made satisfactory progress on this recommendation.

### **Recommendation 2: Social services should improve their performance against national and local targets for community care, in conjunction with local partners.**

We were told the work on this recommendation had been delayed by the review and the restructure of the CHP. The managers we spoke to from both health and council services, were clear that there was still a good deal of work to be done to take this

recommendation forward on a partnership basis. There were however partnership plans to progress this and a timetable for this was noted in the SOA for 2009/12.

Social services managers offered evidence to support positive progress on this within their services. In March 2008 there had been an increase of 11% in the number of people receiving home care and an increase of 19% in the amount of home care that was offered by the council. The authority was performing well on the number of people 65+ who were receiving care in the evenings/overnight and at the weekends as a percentage of clients. There had been a decrease in care home placements. This indicated that the balance of care was moving in the right direction.

Social services managers said they were keen to develop more support for people in the community but this required partnership support, such as increased community nursing, to better their performance in this area. They told us that they intended to transfer some budget from care home resources to home care resources but said that they still needed to encourage health staff to support older people's return to their own homes and not to residential or nursing care.

Other service developments such as an increase in home care in evenings and week-ends had been slow to change although managers said that they were committed to increasing this.

Some work had been undertaken in relation to the National Outcomes Framework by community care teams although this work required updating and related only to social services. However it did offer a basis on which to build a systematic way of looking at this area with partners, especially in health.

We concluded there was further progress to be achieved in this area.

**Recommendation 3: Social services should issue guidance on what must be included in a chronology of key events for all service areas. Procedures should be put in place to ensure that these are kept up to date in all case files.**

Children and family services' managers had moved swiftly to issue guidance to staff, and had followed that up with team discussions about the importance of chronologies. Managers agreed that there was still work needed to improve the quality of these. However they regularly audited case files and were working to improve these. We saw evidence to support this in our file reading. They had also completed work that allowed the electronic case recording system to support staff in the creation of chronologies.

Managers recognised that the sharing of information across agencies could be problematic and this might affect the development of comprehensive chronologies but they thought that the new child protection messaging systems (an interagency alert system) which they had recently piloted would help.

We spoke to staff who recognised that chronologies were extremely useful and they said that they were committed to completing them. This was especially the case for staff who were using the integrated assessment framework.

We also read 11 children and family files and there was a chronology in 10 of them. We saw some good examples of chronologies that had input from a number of agencies, while others still lacked a level of detail.

Community care staff said that they were not yet using chronologies in a systematic way but they hoped to learn from the work being undertaken by children and families staff. However at the time of this inspection, there were recording guidelines for community care staff and there were plans to progress their use of chronologies.

We considered that good progress had been made by children and families services on this recommendation. We look forward to the further development of this work both in children and family services and community care services.

**Recommendation 4: Social services should improve their performance in offering carers an assessment in their own right.**

Social services had addressed this recommendation in a number of ways. Staff were much more pro-active about offering carers assessments. Managers had also considered how best to support the uptake of these assessments.

Many carers had refused an assessment and social services managers were currently considering the reasons for this and what action could be taken. They were currently looking at adding a tool to their case recording to allow them to identify the reason for refusal. Managers said that they would review the information from this and decide if any actions were required. It was hoped that this facility would be in use early in 2009.

Managers had produced a leaflet on carers assessment and this was going out to GP surgeries, carers' centres, and council offices. They hoped that this would raise awareness among both local carers and other professionals who could support carers in their application for an assessment.

In older people's services, managers had agreed that staff should offer carers an assessment again at the time of the first review of the care plan. Managers thought that carers were able to consider their own needs at that point and might be more prepared to consider an assessment of their needs then.

We considered that progress had been made on this recommendation and will be interested in the outcome of the further work around carers assessments.

**Recommendation 5: Social services should ensure that contracted providers know how they relate to the council's vulnerable adults procedures, and provide training to promote shared understanding in this crucial area.**

North Ayrshire Council had provided training to a range of staff in community care services. At the time of this inspection, there were 45 staff trained in the Adult

Support and Protection Act 2007. The council had also given basic training to home care staff on their induction.

The council had also provided some training at a basic level to their partner agencies, both in the statutory and in the voluntary sector. This training had informed the partner agencies about the issues and the relevant council officers that they should link to. This was important because both managers and the police spoke about the high levels of referrals made recently.

Social services managers and staff also held regular meetings with both the Care Commission and external providers which allowed them to raise any issues that might be of concern.

We considered that North Ayrshire had made good progress on this recommendation.

**Recommendation 6: Senior managers in social services should work with colleagues in the police and the children's hearing system to improve their partnership. They should develop a shared understanding about how best to meet the needs of local children and work together purposefully to achieve that end.**

Social services managers had made efforts to meet regularly with the police and the children's panel. They continued to meet with the authority reporter to the children's panel and had regular liaison meetings with the police.

We spoke to members of the children's panel who said that they had not been aware of any difficulties but, following our report, they had taken a number of steps to address any outstanding issues. We were told by managers about panel members shadowing social workers and that managers in social services had also been invited to training events by the panel. These training opportunities were ongoing.

Likewise the police had reviewed the sharing of information. They were engaged in working with the youth justice team in social services and spoke very highly of the team members.

Basic grade social workers were less positive about improvements. Managers said that these changes would take time to be consolidated.

We will continue to monitor the progress on this but we considered that all parties had made a good effort to work together in a more productive way.

**Recommendation 7: Social services should develop annual unit and team business plans, as part of the performance framework.**

Work by social services on this issue had been better in some service areas than in others. We were told by some teams that they had each completed a plan as a result of team development days. These team plans included performance

information and targets linked to the SOA. However we were concerned to note the lack of positive promotion of this by some senior managers.

The council intended to adopt the national performance framework PSIF<sup>1</sup>, starting in February 2009. Senior managers said that this would allow developments to be highlighted by the improvement plans which PSIF will generate. They were in the process of discussing this at the time of our follow-up inspection. The service plan 2008-11 was still a statement with a separate list of actions. These actions had targets and outcomes; but there was no definitive financial information or resources noted against them.

We will continue to monitor progress in this area.

**Recommendation 8: In conjunction with their key partner, NHS Ayrshire and Arran, social services should review the ability of the partnership to deliver integrated community care services. They should seek to re-establish a shared strategic vision.**

The progress on this recommendation had been affected by the re-focusing of NHS Ayrshire and Arran and also the revision of the CHP arrangements and had therefore been slow.

In our follow-up inspection, there was evidence to suggest that basic grade health and council staff were working together for the benefit of people using services. Both in children's services and in some community care services, staff spoke of improved and effective joint working relationships and about good pieces of joint work and joint planning. This was a view also held by managers in the NHS. However council staff still felt that this could be improved.

Strategic progress had been slower and more sporadic with some reviews of services not involving the full range of partners. The CHP had only met once and was still developing a comprehensive plan for future services.

Both senior council managers and elected members felt that it was important that the NHS reviewed the allocation of its resources across the three Ayrshire councils and that this was considered on the basis of need, rather than a straightforward three-way split.

More positively, the new CHP had the active involvement of the elected members and they had some clear views about what they expected the CHP to achieve. They expected the development of the CHP to move more quickly in 2009.

All three CHPs in NHS Ayrshire and Arran and the councils had each jointly appointed a facilitator, who was a senior member of staff, to lead on the development and progression of this work. These new posts were to begin in January 2009 with a primary responsibility to develop the CHP. Both elected

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<sup>1</sup> Public Service Improvement Framework

members and senior managers felt that this post would be vital to the CHP development of joint priorities.

We will continue to monitor progress on this recommendation.

**Recommendation 9: Social services should progress their current commitment to developing a robust quality performance framework across all their services that will directly link to a systematic measurement of outcomes.**

Social services had made limited progress in taking forward this recommendation. The aim was to create a system that would look at both their performance and quality frameworks in systematic way.

There was already a regular culture of audit and review in children's services and senior managers had agreed a new team of a manager and two other staff whose roles would be to chair all reviews for looked after and accommodated children and to promote quality assurance within the reviews.

Within adult services, managers were reviewing day services with a focus on the quality of their person-centred approach. They were also proposing to develop a framework to help adult services measure quality at all levels of service. Older people's services already had a quality framework in operation.

However overall the system to continue to monitor and drive up quality was limited. Managers said there was an intention to review the performance framework. We will continue to monitor progress on this recommendation.

**Recommendation 10: Social services should review the application of their workload management system across the community care service.**

The managers in adult services had looked at models of workload management in other local authorities in Scotland and had identified one which they thought would suit their needs. They were developing this into a model which would be piloted in adult services before rolling it out to older people's services by March 2009.

Senior managers felt that other parts of community care services, such as occupational therapy services, might require different systems and these were yet to be developed. There had been some staff consultation at team level about this and staff seemed content that different models were being explored.

We considered that social services had taken action on this recommendation and we will continue to monitor the progress of it.

**Recommendation 11: Social services should link service plans to available resources, as identified in detailed financial plans.**

Social services have made satisfactory progress on this recommendation.

Although the North Ayrshire Council corporate planning procedures did not require the inclusion of detailed service by service budgets within the departmental service plans, services were required to prepare annual 3 year rolling plans aligned to the budget.

We viewed service planning and budgeting guidance 2009/12 which clearly set out the process to be followed by services in preparing their service plans. In particular, we saw examples of the financial documents required to be completed by services as part of the budget setting process. We also saw minutes of recent meetings of the Corporate Performance Management Group which highlighted that a comprehensive and inclusive review of the service planning and budgeting process was to be undertaken. Further draft guidance on service planning and budgeting would be prepared and issued for consultation with finalised guidance to be produced in May 2009. It was clear that the service planning process was continuing to be developed and updated.

We viewed the social services service plan for 2009/12 which detailed the service's priorities. These priorities were linked to the budget setting process by "supporting action" and "budget change" documentation.

We noted the satisfactory progress made on this recommendation and will continue to monitor this over the next year.

**Recommendation 12: Social services should ensure that regular financial monitoring information is formally submitted to elected members for services provided within partnership arrangements and that the appropriate officers consider such data at their joint meetings.**

Progress on this recommendation had been slow. We were told that the restructuring of the CHP had been a barrier to the progress of an integrated resource framework. The CHP had only recently met for the first time. In addition NHS Ayrshire and Arran services had recently been re-structured and we were told that budgets would have to be 're-based' to fit the new structures. It was anticipated that this would take some time.

The revised terms of reference for the CHP stated that the committee would be responsible for ensuring that appropriate systems and procedures were in place to monitor and manage the performance of the partnership. The council intended to work towards a set of aligned budgets with a planned 'pilot' in services for older people this year. We were told that elected members and senior managers were keen to work towards aligned budgets and that joint financial monitoring data was to be made available to all members and appropriate officers on a regular basis. At the first meeting of the CHP it had considered some information on the Integrated Resource Framework.

As with other recommendations concerning partnership working, we will continue to monitor progress.

**Recommendation 13: Social services and their partner NHS Ayrshire and Arran should agree a plan for action which identifies joint service priorities for integrated community care services and specifies tangible outcomes for key groups within agreed timescales.**

Some work had been undertaken by children and family services around the creation of a framework for joint commissioning. Community care services had not made the same progress but had commissioned further work from an external consultant on a commissioning strategy. However like many other pieces of partnership working, this will require the CHP to be more fully developed. Partners seemed to be willing but as yet, apart from some work currently being undertaken by an external consultant on the issue of joint commissioning, no strong joint priorities had emerged. Senior managers within social services did have some clear issues which they thought should be jointly progressed but these still needed to be agreed by the partnership.

This work needs to be urgently taken forward by both the CHP committee and the local officers group. We were told that these priorities needed to be agreed as part of the joint work on next year's SOA.

**Recommendation 14: Social services should improve their strategic commissioning of services and implement more robust contracting and monitoring arrangements. This is an area that requires priority attention.**

Work had been undertaken to develop the joint commissioning of services in both children and family services and older people's services. Managers told us that they had reviewed and set priorities. Social services had also appointed a team leader with expertise in this area to lead on its development.

In children and family services senior managers from social work education and the NHS had been working on a framework which set out the foundation for a joint commissioning strategy. It was intended that this would be presented to the Integrated Children's Services Plan, the executive of the council and the CHP committee early in 2009,

In older people's services a joint commissioning strategy had been drawn up by an external consultant. We were not able to see this piece of work during our inspection but we were told it was also to be presented to the CHP committee in January 2009.

Social services had a plan to review all current contracts over the next two years. Currently managers were monitoring each service on a quarterly basis. Staff said that this was driving up the quality of the services offered.

Work had also begun with other authorities to consider what gains could be made in developing contracts in wider partnership.

We considered that social services had made progress on this area but it still required to deliver concrete benefits. We will continue to monitor the further progress of this priority area as the CHP develops.

**Recommendation 15: The council should encourage the active involvement of elected members in the wider agenda of social services and the community health partnership.**

Good progress had been made on this recommendation. We spoke to elected members who said that they had benefited from the training programme that North Ayrshire council had offered to all elected members after the local elections in 2007. Elected members had been offered training on issues such as corporate parenting and child protection.

A number of elected members had also received regular briefings as part of their work for the council's executive committee, the scrutiny committee or as part of their work on COSLA executive groups.

The elected members we spoke to said that they thought there was a better understanding of social services issues amongst councillors and they have been keen to get to know the range of services that were offered within their own local areas.

The leader of the council was the chairman of the CHP committee, in addition to the council having three of the remaining seats on the seven member committee.

Social services had moved into new offices in the main council building in Irvine. This had led to more frequent informal contact between senior managers and councillors, with positive results. Senior managers told us that it had resulted in increased councillor contact and understanding.

We considered that good progress had been made on this recommendation.

## **Conclusion**

North Ayrshire social services had made some progress on many of our recommendations. We were pleased to note the changes made regarding the creation and use of chronologies and more significantly the positive view of the basic grade staff on this issue.

We were also pleased to note the considered work that social services had undertaken to progress on a number of other recommendations including mental health training, workload management, and working together with the police and children's panel.

However there was more to do on those areas which involved partnership work with the NHS had not progressed as far as we would have expected. We understood that the NHS had had to undertake work internally and as a result the re-focussing of the CHP had taken longer than was anticipated. We heard from the elected members and the director that the CHP agenda and developments would now progress. We will therefore continue to monitor the progress of the recommendations which had partnership work at the core, in our ongoing work with the authority.

Linda Connolly  
Lead Inspector  
7<sup>th</sup> January 2009

## **Annex 1**

### **Sessions completed during SWIA visit to North Ayrshire Council - December 2008**

#### **Management/ social work resources meetings:**

- Meeting of the Senior Management Team ( partial)

#### **Focus groups**

- Staff focus group – basic grade social workers (community care)
- Staff focus group - basic grade social workers (children and families)

#### **Interviews**

- Director
- Head of service for children and families
- Head of service for community care
- Head of service for planning, performance and finance
- Superintendent – Strathclyde Police
- Reporter to the Children’s Panel
- Managers in adult, older people’s and children and family services
- Director of Integrated care and partner services – NHS
- Elected members

#### **Written submission**

- Chair of the children’s panel in North Ayrshire.
- Social services submitted a number of documents to evidence progress on its action plans. We scrutinised these documents.