
Report To:	The Inverclyde Council	Date:	5 December 2019
Report By:	Sharon McAlees Chief Social Work Officer for Inverclyde Council	Report No:	SW/52/2019/SMcA
Contact Officer:	Sharon McAlees Chief Social Work Officer	Contact No:	01475 715282
Subject:	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19		

1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Council of the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2018/19 and to seek approval for its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

2.0 SUMMARY

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collation of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across Scotland.
- 2.3 At a Local Authority level the report provides an opportunity to ensure Members are fully sighted on the issues affecting the most vulnerable members of our communities and the action taken by social work services to address these vulnerabilities. A key theme of the Inverclyde CSWO report for the year 2018/19 highlights the positive work in relation to the completion of the HSCP strategic plan and the strong track record of consultation to inform the plan and in particular the contribution of young people.
- 2.4 The report also highlights the process of continuous improvement in social work services and the many areas of progressive and developing practice.
- 2.5 Of the range of challenges facing the service note has been made in respect of the prevalence of substance misuse and its impact. Staffing challenges , especially in the mental health officer arena and children's services, are also noted

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Council notes the content of the Inverclyde Chief Social Work Officer Report for 2018/19 and approves its submission to the Office of the Chief Social Work Advisor in Scottish Government.

4.0 BACKGROUND

- 4.1 The Social Work (Scotland) Act 1968 sets out a requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template for the production of the report were developed in March and May 2016 respectively by the Office of the Chief Social Work Advisor to the Scottish Government. Both were subsequently endorsed by COSLA.

Each CSWO report is required to set out the local context within which social work services are delivered and gives consideration to the following specific areas:

- opportunities and challenges
- governance arrangements
- partnerships
- service quality and performance
- resourcing
- workforce planning

- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to support HSCP Committees and IJBs to be clear about the CSWO role in general and in particular in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services across Scotland.
- 4.4 As Inverclyde HSCP goes forward as a fully mature integrated partnership, the report reinforces the achievements of the collaborative relationship established over the past 9 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the continued development of the partnership into the future.
- 4.5 At a Local Authority level, the CSWO report should serve to provide Members with a broad understanding of the range of needs and challenges faced by Inverclyde citizens. The report should also contribute to ensuring a clear line of sight for members as to how social work services are contributing to improving outcomes for the most vulnerable citizens of Inverclyde.
- 4.6 The Inverclyde Chief Social Work Officer's report for 2018/19 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services on supporting the most vulnerable in our community.
- 4.7 The report draws attention to areas of particular strength across the range of social work functions and specifically highlights areas of sector leading practice.
- 4.8 The full CSWO report for 2018/19 is attached.

5.0 PROPOSALS

- 5.1 It is proposed that the Council notes the report and agree its submission to the Office of the Chief Social Work Officer for Scotland.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications from this report.

One off costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 There are no legal implications from this report

Human Resources

6.3 There are no Human Resources implications from this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore no Equality Impact Assessment is required.

Repopulation

6.5 No implications

7.0 CONSULTATIONS

7.1 No consultations have taken place in the production of this report.

8.0 LIST OF BACKGROUND PAPERS

8.1 The role of the Chief Social Work Officer, Guidance issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, revised version – July 2016.

8.2 Annual Report by the Inverclyde Chief Social Work Officer for the year 2018/19.

INVERCLYDE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19



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1. Introduction

I am pleased to have the opportunity to present the annual Chief Social Work Officer report for Inverclyde.

The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work practice in the Inverclyde context, outlining the particular challenges and opportunities over the past year.

It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times in life of vulnerability or crisis. Given our demography in Inverclyde the report highlights the very many areas of challenge our communities experience.

However the key message of this year's report is that poor outcomes are not inevitable and that social work services should be leaders in proactively and persistently challenging inequalities.

Indeed the report highlights the many creative and innovative ways in which services are being developed and delivered in order to achieve the best outcomes for our service users. Many of these are of the highest possible standards. All have in common that they are delivered by our social work and social care staff who work in partnership with people to meet their needs, often in the most difficult of circumstances. The collective efforts of our staff save lives, protect people from harm, help people to live more fulfilled lives and even in the most challenging of circumstances extends respect and restores individual dignity.

I would like to take this opportunity to extend my thanks to our service users, our staff and our partners for their collective contribution to persistently challenging inequality and working to transform outcomes in our community.

2. Achievements

I would like to open this year's annual report by highlighting some of the things we are particularly proud of achieving during 2018/19. I have chosen examples from a range of service areas to give an overall picture of the passion for and commitment to services that deliver better outcomes and where we believe we are *Improving Lives*.

Home 1st

The Home 1st team were awarded the Greater Glasgow and Clyde Chairman's award for "outstanding excellence". The Home 1st concept includes a multi-disciplinary focus on anticipatory care, step up at home and a dedicated discharge team that, when brought together, really improves outcomes for people and has dramatically reduced delayed discharge rates. The strong ethos of partnership working and the enabling culture inherent in the Home 1st approach is an inspiration.



Hospital Discharge

Inverclyde performance in relation to hospital discharge is sector leading across NHSGGC and across Scotland. In the financial year 2018/19, Inverclyde was an exemplar in terms of individuals recorded as delayed and the lowest figure around bed days lost due to people staying in hospital unnecessarily when they are fit for discharge. This means more people are being cared for at home or in a homely environment, which is what people usually want, and also supports faster recovery.

Inverclyde's excellent record in this area extends to people with learning disabilities and other complex needs. We carry out regular reviews of individuals who need new services commissioned, work closely with supported living providers and have multi-disciplinary planning to enhance service users' experience. This has allowed Inverclyde to help implement recommendations from the recent Review of Specialist Learning Disability in-patient services and maintain very low numbers of service users placed out of area, in line with the Coming Home recommendations from Scottish Government to bring people we support back to Inverclyde.

Services for Children with Lived Experience of Care

In Inverclyde our children's houses, our fostering and our adoption services are considered sector leading, consistently awarded grades of excellent and very good across all areas and themes inspected by the Care Inspectorate.

Children and young people's involvement in the Strategic Plan

Inverclyde HSCP's development of the new Strategic Plan included direct engagement with 244 children and young people from across the authority. Children and young people had the opportunity to explore and contribute to the new vision statement as well as a chance to look at the 6 Big Actions proposed by HSCP and to discuss how well Inverclyde currently performed from the perspective of children and young people and what ideas they had for continued improvement. Those consulted with also suggested a child friendly appendix within the Strategic Plan to capture the discussions that had taken place. This was developed and shared with all schools who had taken part to ensure young people felt the document was reflective of their thoughts and feelings as well as easy to understand and visually appealing to young people. This is now available as part of the new HSCP Strategic plan.

Care Experienced Young People's Attainment Fund

Children's Services have used a self-directed support model to improve the life experiences and educational outcomes of care experienced young people in Inverclyde. The model is based on empowering young people and parents to be active participants in developing plans. Taking account of the extent of the poverty related attainment gap in Inverclyde this innovative approach to this recent policy initiative has strong links with the Inverclyde poverty strategy. It has reached 149 children and young people between the ages of 5-15; living at home with their parents, with relatives, foster care or in residential placements. Its' focus has been to build resilience by promoting access to learning through the provision of for example a tutor, equipment to do homework and access the virtual class room. This is underpinned by improving life experiences by having opportunities to try new hobbies, for families to do things together or go on a school holiday; gaining the confidence to do new things.

Women and Criminal Justice

In March 2018 Inverclyde HSCP was successful in a bid to the Big Lottery Early Action Systems Change Fund in the category of Women and Criminal Justice.

The Inverclyde HSCP Women's Project aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, with the ambition of providing women with the support they need at a time and in a way that is right for them.

Following the award decision a project Steering Group has been established with key partners. The Steering Group has laid the foundations of the project to the point that the Community Fund (formerly Big Lottery) released funding for the project on 31st January 2019. At this point the recruitment process was able to commence for the project team and women with lived experience have been part of the interview process.

Tailored Moving and Handling Solutions

In 2018 we made a successful bid to IHUB for a one year project looking at a test of change opportunity to support one carer instead of two to provide care using special equipment and training. The aspirations of the project were to remodel the Moving and Handling training in Inverclyde and train staff in new techniques.

This work offers an opportunity to move away from entrenched practice and shift towards safe, creative and tailored solutions offering the least intrusive care provision, more personalised care and allowing increased choice for service users and their families. The above are examples from across a range of service developments driving continuous improvement and improved outcomes for Inverclyde citizens. However in this year's report I would like to spotlight an area of practice, that of Compassionate Inverclyde which is outlined below.

Compassionate Inverclyde

Compassionate Inverclyde has grown from a small local initiative into something which many of the people involved describe as a social movement.

It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly.



Compassionate Inverclyde - the first compassionate community in Scotland was recognised at the COSLA Excellence Awards 2018.

The project is a partnership between Inverclyde Health & Social Care Partnership and Ardgowan Hospice and has brought together hundreds of volunteers supporting and caring for one another at time of crisis and loss.

Community engagement and development has been carried out across all age groups and many organisations within Inverclyde involving schools, churches, workplaces, community centres, hospital, local hospice, youth groups and voluntary organisations.

Strands of Compassionate Inverclyde

Compassionate Inverclyde continues to grow organically and now has many interdependent strands with the overarching movement.

No One Dies Alone (NODA)

One important strand of Compassionate Inverclyde is the No One Dies Alone work stream. Inverclyde Royal Hospital has become the first hospital in Scotland to have No One Dies Alone (NODA) programme. Local people were concerned about many people living and dying on their own. Volunteers provide support to those in their final hours who do not have family or friends available to be with them. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

49 People have benefitted from volunteer/No One Dies Alone companion support*

*From inception on 1/12/17 to 15/4/19

High Five Programme

Adapted and delivered to school pupils, college students, youth clubs, prisoners, community groups and a local business. Each five-week programme focuses on five ways to wellbeing and helps people to understand how they can be kind to themselves and to others.

Back Home Boxes



Representing community acts of kindness to support people who live alone as they return home from hospital. The boxes are gifted by a local business and are filled with community donations of essential food items, hand crafted kindness tokens, a get well card made by local school children and a small knitted blanket made by local people and community groups. Volunteers organise collecting contents from local community and distributing the Back Home Boxes within local hospital.

1903 people have received Back Homes Boxes*

*From inception on 13/11/17 to 15/4/19

Back Home Visitors

Is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.

Bereavement Café and Support Hub

The initial drop-in bereavement groups in two community cafes have been superseded by a volunteer led support hub in a local Church. The Hub offers a meeting place for volunteers and a friendly haven for anyone in the community who is experiencing loneliness, loss, crisis or bereavement.

The synergy between each of these community initiatives amplifies their effect, improving the lives of the people of Inverclyde and enhancing the wellbeing of the community. Each day, many people facing bereavement, loneliness, illness and survivorship benefit from community acts of kindness and support that improve their wellbeing irrespective of age, condition or circumstances.

Touching Lives

I wanted to send you a quick email to express my gratitude for the Back Home Box and the kindness of it. I will explain how much it meant.

My brother was recently in Inverclyde Royal Hospital, very unexpectedly – he had collapsed which is frightening enough for anybody but even more so for him. He has had lifelong severe mental health problems and has had struggles with that over the years. He wasn't in that long but got a box given to him on discharge. I can't tell you how much it meant to him, if you had seen and heard his reaction to it you would have been so moved and would have known that what you are doing is amazing.

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

I will be donating items into the collection boxes you have and hope that it means as much to whoever gets them as it did to both my brother and me. I confess I even felt a bit tearful about it, in a good way! He gave me the heart to hang on my twig tree! So a huge thank you to you and everybody involved and the little girl from a school in Largs who made a beautiful get well card.

You are all stars.

The above feedback demonstrates how one box touches many lives.

3. The Inverclyde Context

The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smallest local authority areas in Scotland with a population of approximately 78,150. As a small, post-industrial authority, Inverclyde is characterised by a strong sense of community identity. The past decade has seen a sustained focus on regeneration of the area with many positive developments for the population as a whole. However the impact of persistent socio-economic inequalities continues to be felt by a significant portion of the citizens of Inverclyde. These effects contribute to an array of challenges for our population as evidenced through national statistics, emphasising the important role of Social Work Services working with partners to provide support to those feeling the worst effects of inequality including some of the most vulnerable and excluded in our community.

Inverclyde Alliance

The Inverclyde Alliance (Community Planning Partnership) Vision for Inverclyde is ‘Getting it right for every Child, Citizen and Community’ and has developed the award-winning “Nurturing Inverclyde” approach. The intention of this approach is to make Inverclyde a place that nurtures all of our citizens, ensuring that everyone has the opportunity to have a good quality of life, and good mental and physical wellbeing.

The HSCP sits within the Alliance structure and has overall responsibility for the delivery of Social Work and Social Care Services in Inverclyde with the core aim of “Improving Lives”. As a result of the challenges faced by our community, the HSCP and Alliance is focussed on changing poor outcomes by identifying, preventing and taking action to mitigate our high levels of inequality.

Inequalities in Inverclyde

As stated, inequalities are a significant issue for people living in Inverclyde. A key priority for the HSCP is protecting and promoting the health and wellbeing of our most vulnerable children, citizens and communities. The HSCP supports the work of the community planning partnership in its fundamental approach to reducing inequality and improving the health and wellbeing of the whole population.

Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and we are committed to working to find ways to respond by improving lives: preventing ill-health and social exclusion, protecting good health and wellbeing and promoting healthier living.

Defining need for Social Work Services

In common with other areas in Scotland, there are real challenges in developing data measures. As we consider the future configurations of our Social Work Services, we need to understand the local challenges and pressures that link directly with individual outcomes. However, In Inverclyde we have become increasingly attuned to understanding the needs of our community with our data analysis supporting us to drive service improvement.

Population Projections (2018 to 2031)

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS) on 25 April 2019. This gives us an estimated total population of 78,150 as at the end of June 2018.

Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2016-based), published by NRS on 28 March 2018, our population is expected to decline as is shown with the graphic below. As these estimates are based upon 2016 population base data the figure for 2018 shown here differs from the mid-year estimates just recently published.

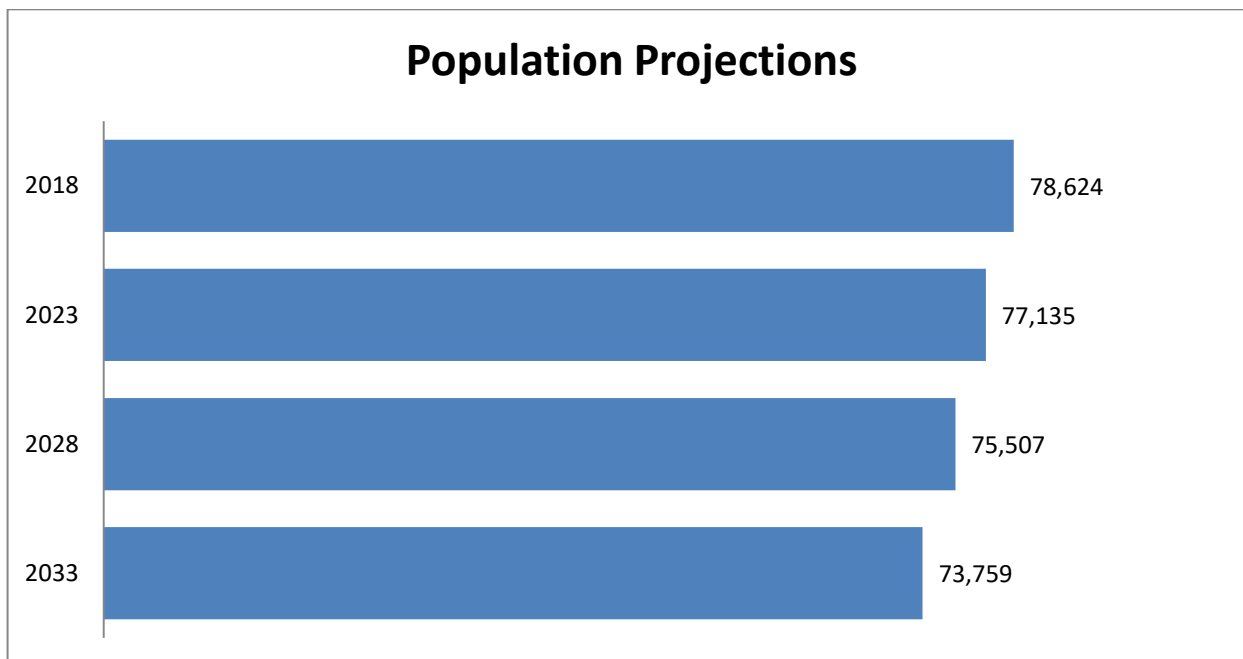


Figure 1 – Inverclyde Population Projection (Total)

Our population size is mainly affected in 2 specific areas. From mid-2017 to mid-2018 there were 1,080 deaths in Inverclyde compared to 662 births during this period, resulting in natural change of -418. Outmigration was again higher than in-migration, with an estimated 1,470 people moving into the area and 1,650 leaving, resulting in net migration of -180.

Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2016) is a tool for identifying areas of poverty and inequality across Scotland and can help us invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help us target support in the areas that require it the most. The SIMD ranks small areas called data zones from most deprived to least deprived.

Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The majority of the areas of high deprivation in Inverclyde are in the Central locality, covering Greenock Town Centre.

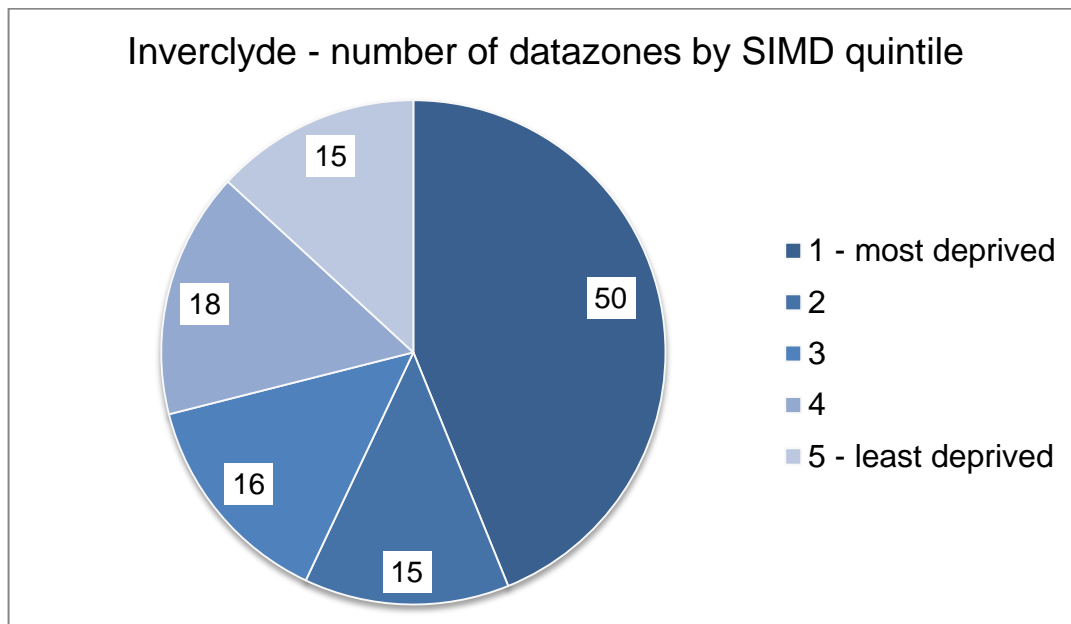


Figure 2 – Number of Inverclyde datazones by SIMD quintile

Economy

Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde.

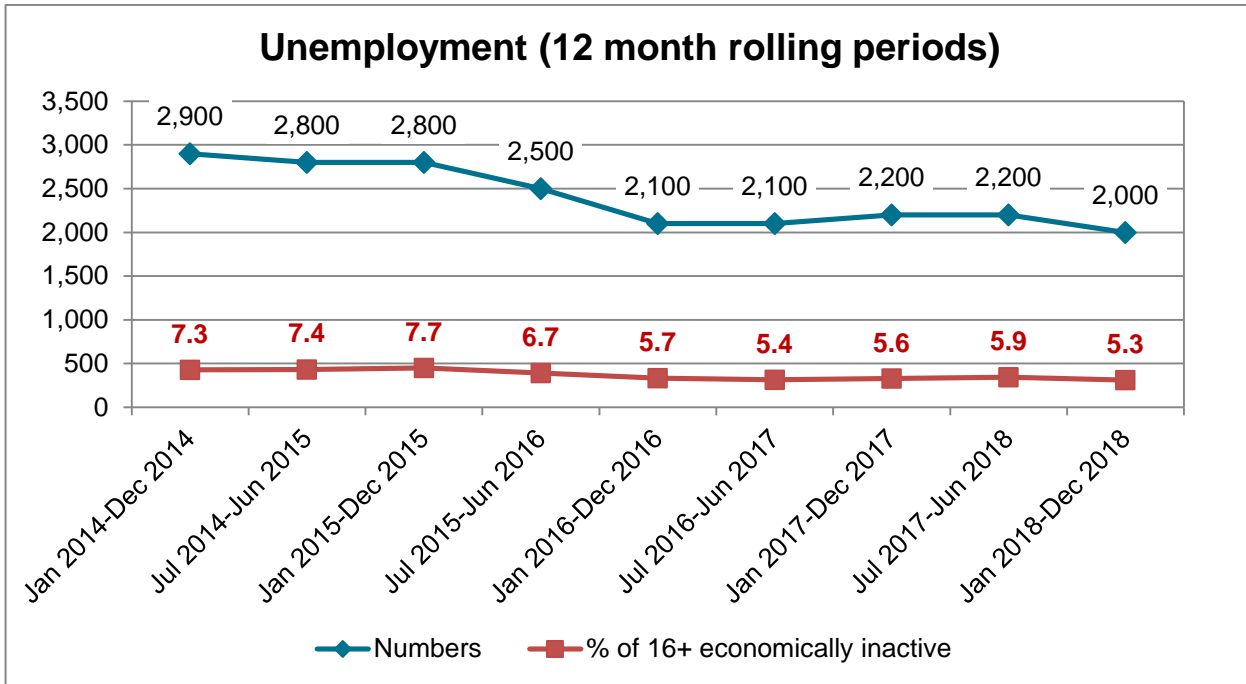


Figure 3 – Unemployment (in 12 month rolling periods)

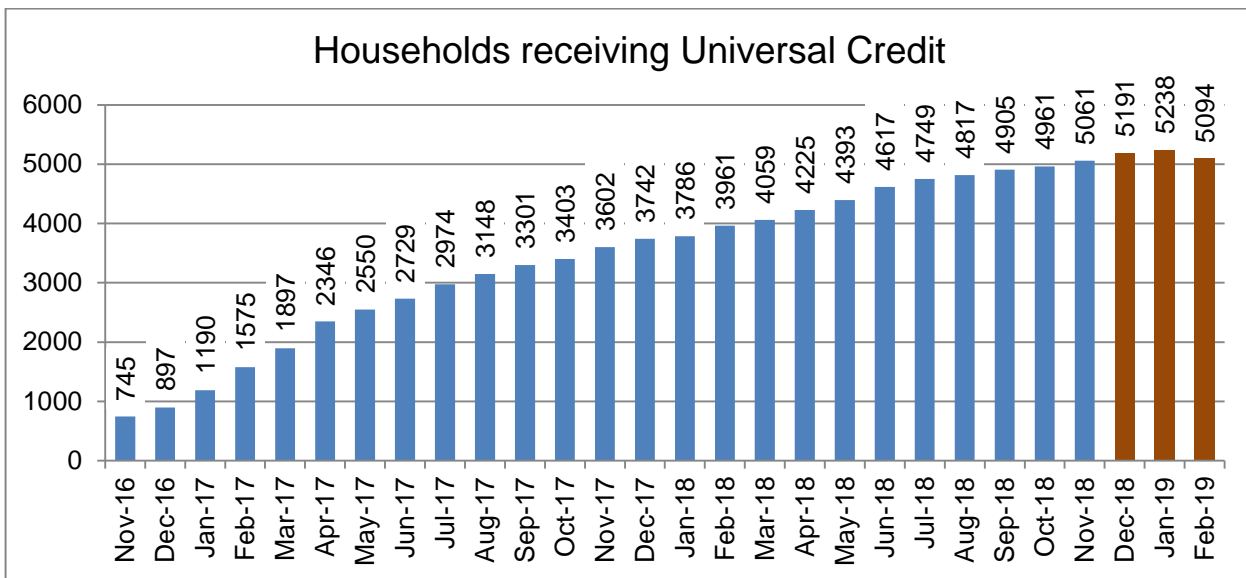


Figure 4 – Number of households receiving Universal Credit

Health Inequalities

Reduced or unequal social and economic opportunities go hand in hand with health inequalities. One of the most obvious outcomes is life expectancy, highlighted in figure 5.

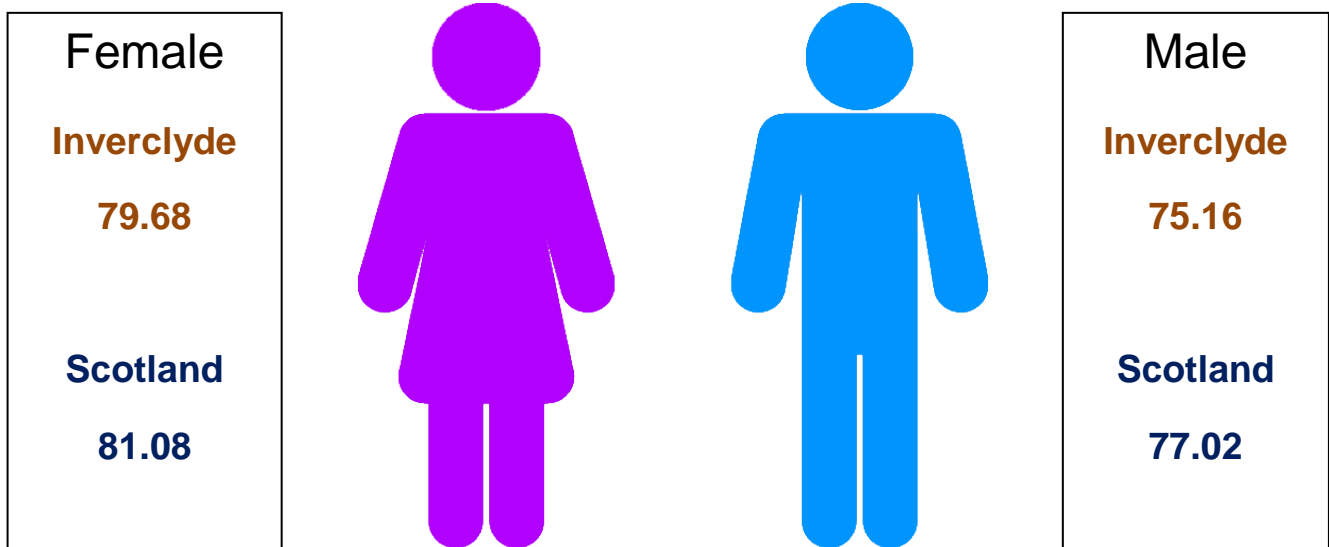


Figure 5 – Life expectancy comparison

In addition to the above, Inverclyde is below the Scottish average in terms of healthy life expectancy (the number of years a person can expect to live in ‘full’ health) by almost two years for men and over three years for women.

Within Inverclyde, there is a clear difference in life expectancy between those living in the most deprived areas to those living in the least deprived. Females living in the least deprived areas have a life expectancy almost seven years higher than those in the most deprived areas, while males in the least deprived areas have a life expectancy over seven and a half years more than those in the most deprived areas.

In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average in both life expectancy and healthy life expectancy, and also the differences between men and women.

The Inverclyde HSCP Strategic Plan 2019-2024

Life expectancy and healthy life expectancy are stark indicators of inequalities. However, there are many other indicators that build up a picture over time of the disadvantages associated with multiple deprivation.

Our Strategic Plan 2019-24 aims to tackle these by delivering on our six Big Actions.

The Strategic Plan has been coproduced with our community including successful actions to reach the most excluded and in my opinion is the most inclusive plan we have produced to date. The plan outlines our ambitions and reflects the many conversations we have with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

We fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. By continuing with our integrating Health with Social Work, we can maintain our focus on reducing these inequalities.

The Six Big Actions

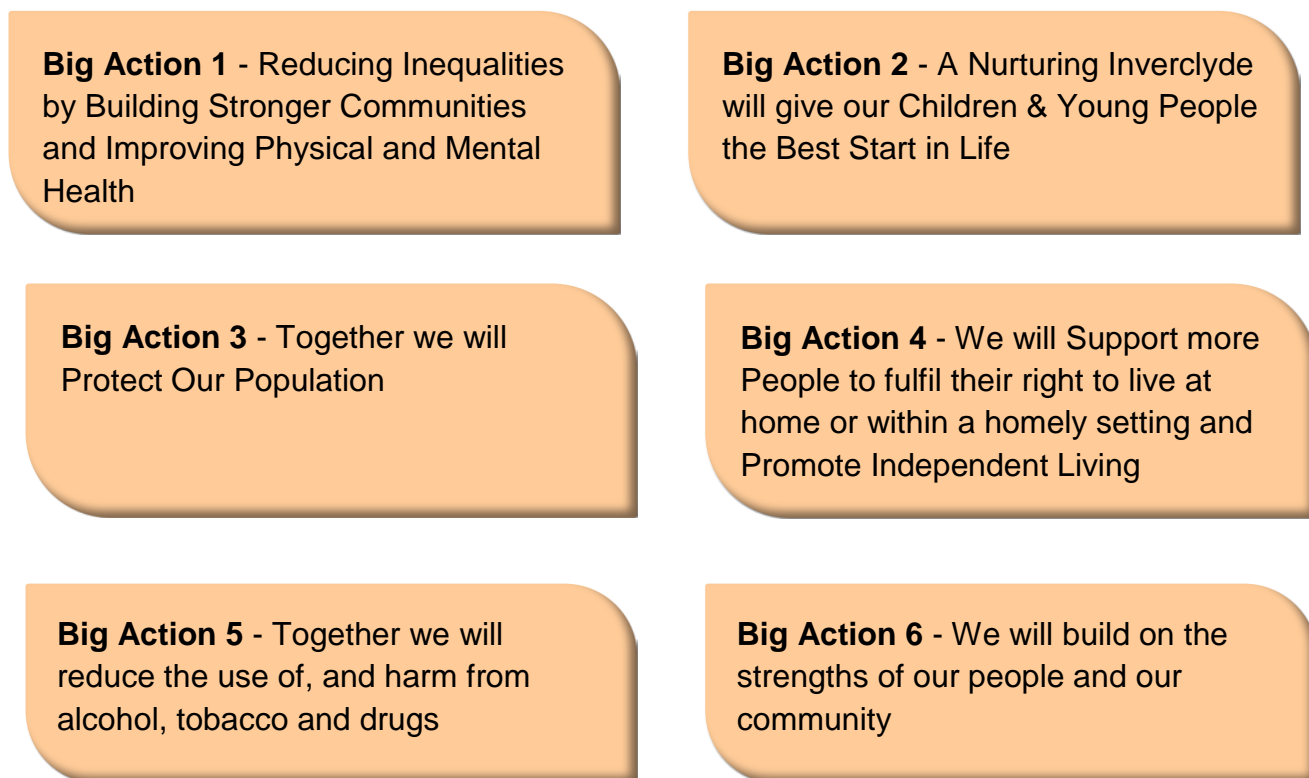


Figure 6 – Big Actions

Our 6 Big Actions have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. We have also undertaken targeted engagement with the Children and Young People of Inverclyde to ensure that their voices are heard, and that they are central to shaping the future Inverclyde that they will inherit. Our children and young people consistently spoke of a vision of a future Inverclyde that is caring and compassionate and takes care of the most vulnerable and it is of particular importance to the HSCP that the vision of our young people has shaped our strategic plan.

“Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”

Market Facilitation and Commissioning Plan

All Health and Social Care Partnerships (HSCP), including Inverclyde HSCP must respond appropriately to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), often referred to as the integration legislation.

The 2014 Act also requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the new overarching Strategic Plan 2019 to 2024.

The Market Facilitation and Commissioning Plan has been developed in collaboration with local service providers, service users, carers, 3rd sector organisations and other stakeholders, to describe our best assessment about the future shape of our local Health and Social Care market. This is based on what services and supports we think will be needed to deliver the nine National Wellbeing Outcomes for local people. By implementing the Plan and retaining our focus on outcomes, we can ensure that we are responsive to the changing needs of Inverclyde service users. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of **£35 million** annually on commissioned Health and Social Care Services.

To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process.

This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.

The Market Facilitation and Commissioning Plan has been shaped by consultation and engagement with our communities, and informed by our Strategic Needs Assessment. Our locality profiles for Central, East and West describe the population of Inverclyde in the context of needs for Health and Social Care services. It looks at specific locality data and can be used to highlight key challenges that affect the population of each locality. Our aim is to ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to shape and inform service redesign and improvement.

The profile details how Inverclyde Health and Social Care Partnership will continue to integrate Health and Social Care in Inverclyde. The profiles will be used to inform and influence the community through both analysis of the data and engagement with those living, working and using services in the community. From this work, a set of local priorities will be identified which will also include details on the activities, interventions and resource that will need to be put in place to meet the needs of the local areas.

The views and priorities of our localities have been taken into account in the development of our new Strategic Plan 2019 to 2024. Localities will continue to contribute to the plan for how the HSCP's resources are to be spent on their local population. For some services or care groups, it will make sense for more than one locality to work together to plan what is needed and to make best use of resources.

The Commissioning Workplan which forms part of the Market Facilitation and Commissioning Plan consists of future commissioning service provision and priorities. The main challenges for the HSCP in delivering the priorities on the commissioning list will be uncertainty of future funding, and the need to specify and monitor the services being commissioned, while still allowing flexibility for creativity and innovation in the provider market.

Locality Planning

As a CSWO I hold the view that people have a right to be empowered to shape their own local services in response to local priorities. Our locality planning is aligned to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP), and we have agreed on six localities within Inverclyde, based on where people define their own communities. We aim to use locality planning to engage people of Inverclyde to ensure that we build a compassionate community that looks out for others.

Locality Planning Groups (LPGs)

Our six localities have been established to enable service planning at local geographies within natural communities.

Our localities will be central to improving social and economic circumstances, and reducing inequalities. In common with many other areas in Scotland we have challenges in meeting increasing demand and at the same time addressing the widening gap in health inequalities within the context of contracting budgets as emphasised in the Marmot Review Report 'Fair Society, Healthy Lives' of 2010. The Review Report proposes an evidence based strategy to address the social determinants of health; the conditions in which people are born, grow, live and age, which can lead to health inequalities.

“Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities.”

The Inverclyde HSCP and Inverclyde Alliance are committed to driving this agenda because we know that's what makes a real difference. Our six Locality Planning Groups (LPGs) are reflected below.

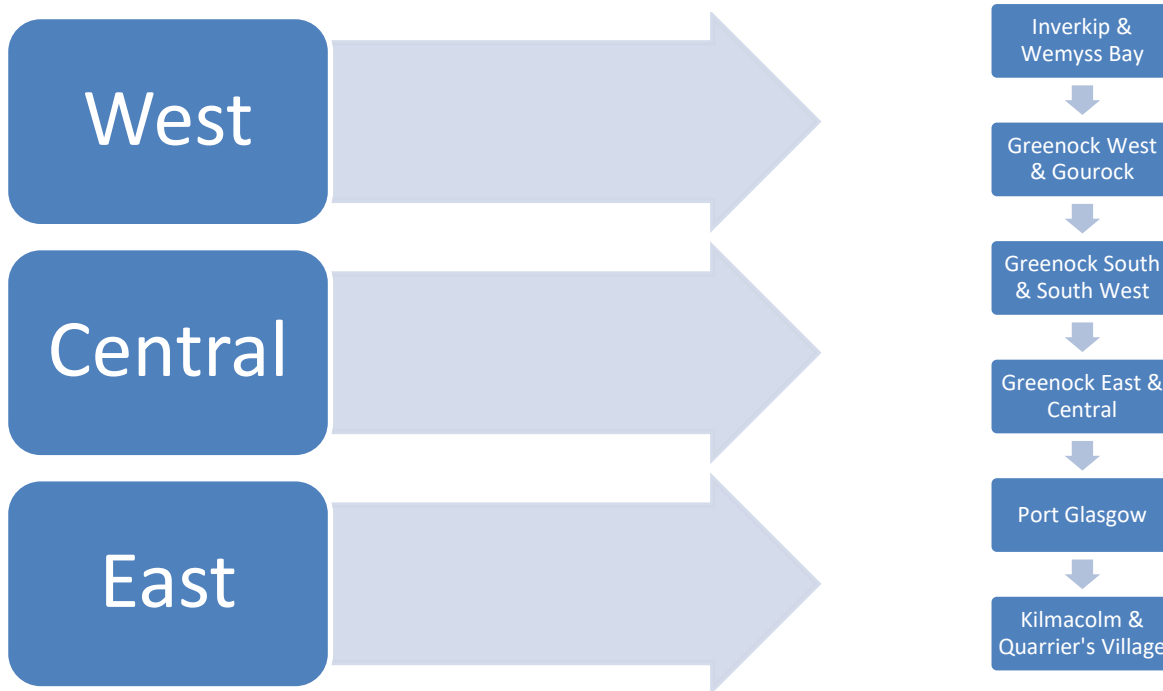


Figure 7 – Change in Locality Groups

The Locality Planning Groups will enable better communication and engagement with local communities and staff. Over this year and for the duration of our Strategic Plan we will provide guidance and support for Locality Planning Groups (LPGs) to ensure they have the capacity and capability to work effectively with and for local people.

4. Governance

In Inverclyde, Social Work Services fully integrated with Health Services in October 2010, initially as a Community Health and Care Partnership. This has meant that the integrated arrangements in Inverclyde were at an advanced stage of maturity before transferring to the HSCP model and the full establishment of the Integration Joint Board (IJB). From figures 8 and 9 below it can be seen that in Inverclyde formal reporting structures to council have been retained in the form of the Health and Social Care Committee reflecting elected members concern to continue to exercise strong governance of statutory social work matters and especially those relating to the public protection agenda.

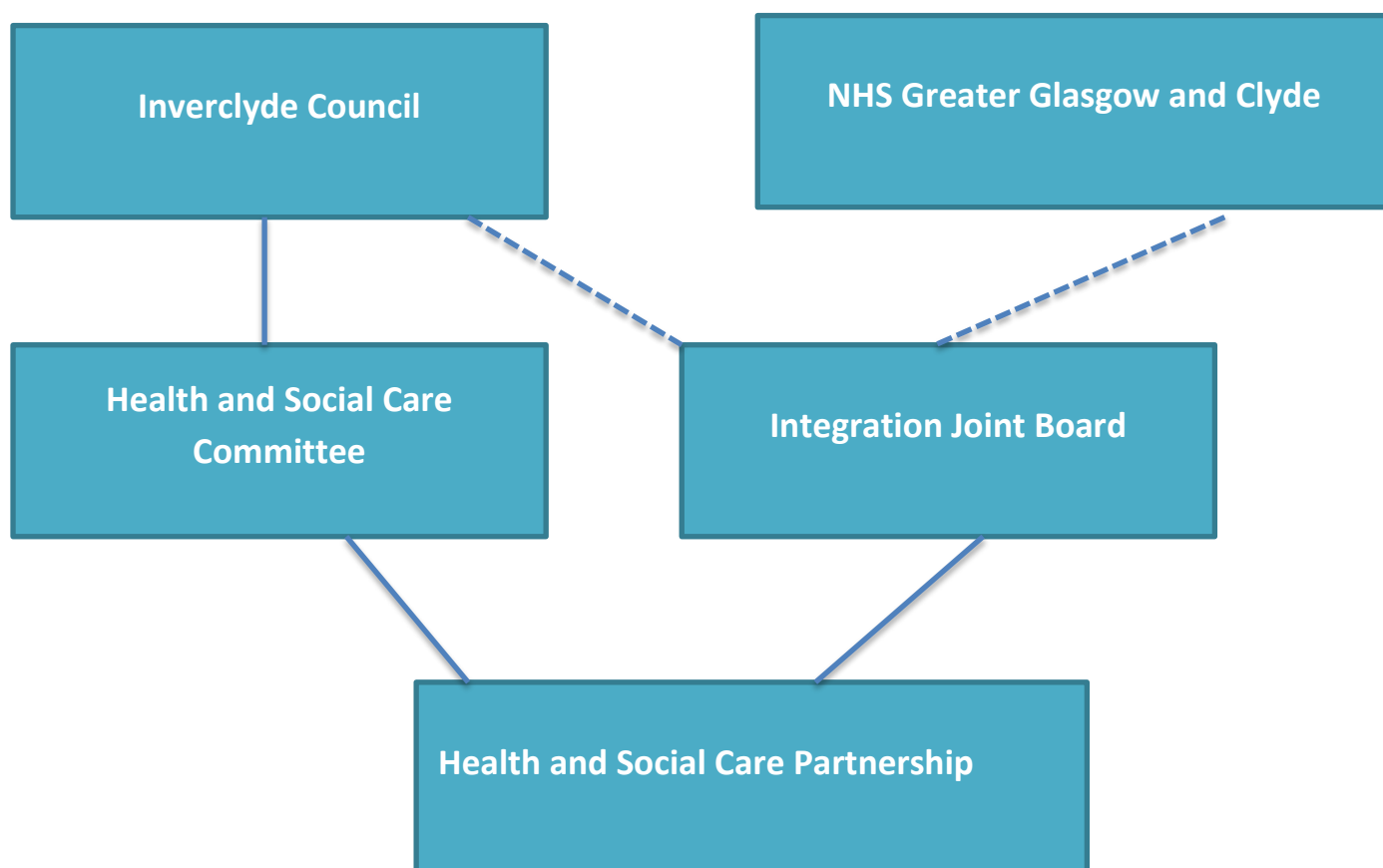


Figure 8 - Reporting Structures

In order to assure elected members on matters relating to the governance process for externally commissioned Social Care Services a governance report providing a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations is presented to the Health and Social Care Committee. The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.

The CSWO meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the Strategic Planning Group.

In representing the unique contribution of Social Work Services in the delivery of public protection, the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the Adult Protection Committee.

One very positive aspect of integration has been the strengthening of governance arrangements overall as a consequence of the development of the HSCP-wide Clinical and Care Governance Forum. The social work Practice and Care Governance Group is an integral part of this governance structure. To assist the CSWO in supporting the development of social work practice across the HSCP, the terms of reference and membership of this group has been refreshed ensuring reach across all service user groups and importantly includes representatives from the third and independent sector so that the CSWO can provide support and guidance to organisations that deliver social care services under these organisational arrangements.

The Group's terms of reference are based on three priority themes:



Figure 9 – Terms of Reference priority themes

Work streams, led by Group members, deliver on the priority themes. In 2017/2018 this has led to the development of a local SSSC Code of Practice Protocol to be assured that there is compliance with the registration requirements and the Health and Social Care Standards (2018).

It is worthy of note that the national work stream to develop a revised clinical and care governance framework has been further delayed. Inverclyde have committed to developing a strategic approach to our work in this area that aligns with our strategic plan. We intend to forge ahead with this plan and will develop our revised strategy in a way that will allow us to align with any future national developments.

Health & Social Care Standards

Health and Social Care Standards (H&SCS) sessions were delivered to raise awareness amongst managers and HSCP staff in relation to the National Health and Social Care Standards which came into force in April 2018. 104 staff from across the HSCP attended the sessions facilitated by Healthcare Improvement Scotland. The sessions included a presentation of the Standards and time for group discussion and reflection.

The key insights included:

- The Standards support Scotland's journey to integrate health and social care and create shared objectives, a shared language and more joined-up service for the public.
- The Standards will have a far wider impact and will apply to many more people's experiences of care, including non-registered care and that provided by the NHS and local authority.
- There is a move away from the traditional prescriptive standards to a more holistic model looking at an individual's overall experience which therefore requires a different kind of inspection, starting with care homes for older people.
- The Care Inspectorate's expectation is that the H&SCS will be used in planning, commissioning, assessment, and delivering care and support.
- For practitioners, the Standards support a reflective stance and orientate the reader to the patient / service user's experiences and the outcomes that are desired.
- For the HSCP, the Standards orientate leaders to focus on the quality of relationships, how leadership is being evidenced and person-centred evidence within the services they manage.



Direct quotes in relation to what participants would do after the H&SCS session included:

“Ensure that I am aware of the Standards and I implement them in my role especially when implementing care plans.”

“More reflection in my practice and discuss in supervision - critical analysis of my practice.”

The H&SC Standards provide an opportunity for the whole of the HSCP workforce to work to shared goals using a common language and shared set of Standards. The language of the Standards resonates with practitioners and providers and has the potential to create enthusiasm for continuous service improvement . The way the Standards are written facilitates reflection and an increased focus on the service user experience and is an area that we are keen to see develop through our staff supervision arrangements.

Supervision remains a critical focus for the CSWO and the service as a whole constituting a fundamental element of our overall governance arrangements. We have continued to invest in training, development, coaching and mentoring for staff accros the HSCP given the singular importance of supervision for delivering safe, high quality social work services.

5. Partnerships

A defining characteristic of social work is that it recognises, promotes and supports the central importance of working in partnership in order to bring about improved outcomes. Inverclyde HSCP works in a broad range of partnership arrangements: internal and external, independent and third sector, national and government body's, to deliver services. Some of these partnership arrangements are highlighted here.

Public Protection

In Inverclyde the Chief Officers Group (COG) is the mechanism through which all public protection matters are governed. Chaired by the Chief Executive of the Council the COG has oversight of the work of the Adult Protection Committee, the Child Protection Committee and Multi Agency Public Protection Arrangements (MAPPA). The work of these partnerships is outlined in more detail below.

Child Protection Committee

The Inverclyde Child Protection Committee has been effectively progressing strategic partnership and planning to improve our services for Inverclyde's most vulnerable children since its inauguration. The committee is chaired by the CSWO who also carries the role of Head of Service for Children's services and criminal justice and the committee benefits from the expertise and experience that this level of involvement in operational service provision provides.

As a result of the use of data and evidence the Child Protection Committee has re-organised its focus to create a more dynamic and need responsive approach to meeting its core functions of strategic planning, continuous improvement, public information and communication and participation. The CPC has developed an outcome focused plan that targets priority areas of need through the work of task groups.

The Committees current priorities include improving the early response to risk by improving multiagency Initial Referral Discussions, to improve multi-agency assessment of risk and need, particularly identifying accumulating concerns relating to domestic abuse and neglect, and to continuing to improve our use of data and evidence.

The Child Protection Committee undertakes annual development days to ensure the strategic partnership continues to maximise its effectiveness and this has resulted in the production of an induction and annual self-evaluation process. In conjunction with the Chair and with the support of the lead officer each member considers their skills, experience and contribution to the strategic partnership and identifies areas for individual and collective development. The Child Protection Committee produces an annual report and within this summarises the achievements of the previous year and sets out its aims and priorities for the year ahead.

The priorities for the Child Protection Committee for the year ahead are to continue to improve services to address the children most at risk and to continue to strengthen the committee's strategic partnerships and governance arrangements. Inverclyde are paying close cognisance to the recently updated CPC / COG guidance produced by CPC Scotland and have held a development session for CPC members and a further development session planned for the Chief Officer Group to benchmark our arrangements and priorities against the national guidance to inform the outcomes plan for the next period.

Inverclyde have also contributed to a successful bid with North Strathclyde to run a cross authority pilot of specialist JII cadre of Police, Social Work and children's first staff in using the new joint investigative interviewing training and the principles of the Barnahaus model to provide an evidentially robust and trauma informed approach to interviewing vulnerable child witnesses.

Adult Protection Committee

The Inverclyde Adult Protection Committee has been meeting for nine years with representation from all relevant public agencies. Additionally the committee has service user and carer representatives with one being a member of the HSCP Integration Joint Board. The work of the Committee is progressed through a number of working groups and is reported through a Biennial Report and business plan. The Independent Chair is also a core member of the Chief Officers' Public Protection Group. The Committee is supported by the Coordinator and administrative staff hosted by HSCP. The CSWO is a member of the APC.

In line with the statutory duties of the Adult Protection Committee the on-going priorities are:

- Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 has been produced to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. The content of all training currently being delivered was audited against the West of Scotland Council Officer Learning and Development Framework. The content of existing courses have been reviewed and new courses have developed based on identified gaps.
- Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review.
- Continued focus on self-evaluation, quality assurance and the impact of activity.
- Review of Communication Strategy to improve public awareness of Adult Support and Protection.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde HSCP are safe from harm.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA was established under Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. It is a process by which key partnership agencies coproduce a risk management plan for individuals representing a risk of sexual or violent harm towards others.

Agencies have a duty to cooperate and share information to inform risk management. Risk management is an ongoing process and risk management plans are reviewed on an ongoing basis. MAPPA is a key public protection mechanism.

The MAPPA Unit has been working with Inverclyde Housing Sex Offenders Liaison Officers (SOLOs) to form improved working relationships with local Registered Social Landlords. Several awareness events were held with RSLs and work is continuing on Information Sharing Protocols.

Wider social work service including Children and Families Social Work play an important role in the MAPPA process and there has been an increase in MAPPA Awareness training events to try to reach as many staff as possible. A Single Point of Contact for children and families has also been established which will assist in preparing staff for MAPPA meetings and collating information for the MAPPA Unit when required.

The Inverclyde Public Protection Forum

This forum has been in operation for the past two years and operates to enhance and where appropriate widen the functioning of the core public protection arenas listed above.

The forum is chaired by the CSWO and in addition to lead officers from our core public protection committees includes representation from the Violence Against Women Multi Agency Partnership, the Alcohol and drug partnership, our Mental Health Strategy group and our Community Safety Partnership.

The work of this group is focused on ensuring we are capturing cross cutting themes and where we can, amplifying the reach and impact of the various strands of public protection activity. One very important aspect of this work is in bringing a public protection lens to those groups of very vulnerable service users whose needs can often be less visible including people affected by drug and alcohol use and homelessness.

Broader Partnership Working

As noted above social work is by its very nature a partnership activity and noted below are examples of some of the partnership working that is taking place across the HSCP that is central to the delivery of the Big Actions in our strategic plan

Domestic Abuse

Domestic abuse continues to be one of the highest areas of concern recorded for those children on our Child Protection Register. Joint working takes place between Children's, Adult and Criminal Justice Services, where relevant, to assess and mitigate risks to children and vulnerable adults. The Child and Adult Protection Committees have strong links with Violence against Women Multi-agency Partnership and within these partnerships there are a number of preventative and protective actions undertaken by a range of partner agencies.

There have been two key developments this year. The first relates to a conference on the role of the Social Worker in domestic abuse. This was arranged in conjunction with SASW and Women's Aid and took place at the Beacon Arts Centre, Greenock in March 2019. There were a number of key speakers at the event, including representatives from Women's Aid and Police Scotland. The conference was attended by Social Workers from all care groups and was highly evaluated.

A second development is the successful tendering of a new perpetrator programme for working with domestic abuse offenders, encompassing work with the victim and the children. This is a collaboration between Criminal Justice and Children and Families and will result in 20 staff being trained to deliver the programme jointly between the two services. Although this particular programme is delivered in other areas of Scotland, Inverclyde is the first to deliver it on a collaborative basis between these two services.

Inverclyde's Child Protection Committee (ICPC) sponsors a multi-agency Practitioner Forum to progress the areas of work. One of the tasks has been to develop a toolkit to hear the voice of the child in different ways in a safeguarding process. Practitioners from across the Community Planning Partnership shared examples of good practice, including the resources that empowered children and young people to share their views. The result is a very usable Practitioner Toolkit / Manual.

Unscheduled Care Inverclyde Partnership

Partnership work with colleagues from the acute hospital sector continues to demonstrate the effectiveness of early commencement of assessments to identify future care needs and deliver better outcomes.

We are working with colleagues in the acute sector to develop Unscheduled Care Planning. This is looking at unplanned presentations and admissions to hospital which could be avoided with better community based service arrangements and information to the general public.

The Home 1st Unscheduled Care Plan will address the support needs of people attending the Emergency Department (ED) and a reinvigoration of the Choosing the Right Service Campaign to include ED will help our communities to understand where and how to get the right care.

We are aware that people who attend ED can do so due to poor mental wellbeing or alcohol and drug issues. Often ED is not the best place for individuals to attend as they require a different type of support and intervention. We will be placing social care staff with relevant experience and training to work with people whose issues relate more to mental wellbeing rather than a physical health issue.

Inverclyde has run a successful campaign in the community highlighting the range of health and social support people could access rather than visiting their GP. Each GP practice has a community link worker who can deal with housing issues which do not need to be taken to a GP. The second phase of this programme is to include ED and offer advice and signpost people to other more appropriate community services.

The best way to avoid a person being delayed in a hospital bed is to avoid all unnecessary admissions in the first instance. Along with GP support, we will continue to work on a multidisciplinary basis to work out the right type of support and contingency arrangements to maintain people at home. This will also inform the future of our Home 1st Service.

Occupational Therapy

The Occupational Therapy (OT) service has been working in close partnership with local housing providers to ensure that people receive a comprehensive assessment for housing suitability to meet long term needs, and appropriate recommendations for future housing. Our commitment to better outcomes has resulted in a marked increase in the number of requests for OT housing assessments / reports. This work has increased the influence the HSCP has on securing appropriate accommodation for people in housing need.

The Housing Occupational Therapy service ensures optimal housing match to support people to live well and independently within their local communities, supported where appropriate not just by formal services but by families, friends and the wider community.

Integrated working across the health Rehabilitation and Enablement Service and Social Care Occupational Therapy to streamline referral pathways by carrying out joint triage of referrals and sharing information across different electronic recording platforms has reduced the level of duplication and ensured the right person sees the service user at the right time. Updating referral processes has improved response times by identifying service user's needs more robustly and preventing crisis.

Nursing and care at home out of hours service review

As part of the continuing development of Inverclyde HSCP community services we are undertaking a review of the Out of Hours Community Nursing and Social Work Services, building on existing close working relationships.

Inverclyde's community alarm team, district nursing and home care are co-located at the Hillend Centre, providing evening and through the night care, working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home.

The review will seek to formalise links between the teams in the face of the challenges around high demand, increasing patient complexity and co-morbidity. We will explore opportunities to maximise shared care and joint working to facilitate safe, sustainable, efficient and effective person-centred care within the home environment.

As part of the ongoing redesign of alcohol and drug services, a partnership with the Scottish Drugs Forum (SDF) was developed to ensure a robust Recovery Orientated System of Care (ROSC) within Inverclyde. Local consultation work with a range of Inverclyde services and service users considered the current status of Inverclyde ROSC and while there are many strengths highlighted within the current system, a number of areas of need for development have also been identified. These will be incorporated into future delivery of services and partnerships across Inverclyde, and informed the ADP's successful bid to the Challenge Fund.

Partnership with Service Users and communities

Your Voice - Inverclyde Community Care Forum (ICCF), is commissioned by Inverclyde HSCP to help support involvement, engagement and formal consultation with local communities. Your Voice enables the voice of people who use services, their careers and families to positively and proactively contribute to the planning and provision of health and Community Care Services in Inverclyde. This is only one mechanism to enable people to share their views and contribute to service planning but as Your Voice includes a range of voluntary and community groups, the organisation supports the HSCP by reaching out to a significant number of people.

Your Voice, on behalf of Inverclyde HSCP, organised and facilitated a series of engagement events across Inverclyde. Contributions from these events helped to inform and shape the HSCP Strategic Plan 2019 – 2024. The Strategic Plan lays out the HSCPs intentions and priorities over the next five years, reflecting the complex nature of some of the issues faced. A Service User Reference Group for the Inverclyde Alcohol and Drug Review was established during this last year supported by Your Voice and will continue meeting to ensure that service users have an opportunity to have their views heard as part of the ongoing work around alcohol and drug service remodelling.

The Mental Health Service User Reference Group has been refreshed with work undertaken to review and agree on how this forum can best be utilised. This has included working with the forum to inform and shape developments within the statutory service around our Five Year Mental Health Strategy. <http://www.movingforwardtogetherggc.org/media/246061/mft-srg-4-mental-health-final-24-jan-2018.pdf>

Champions Board

Our partnership between Corporate Parents and care experienced young people has continued and further opportunities have been created for care experienced young people to influence how we deliver services. Examples of this include:-

- Care experienced young people contribute to our recruitment of Children and Families staff.
- Care experienced young people have delivered awareness raising sessions across a range of agencies.
- Care experienced young people influenced RSLs to identify a “care champion” within their organisation.

The work of the Champions board is governed as part of the wider Children’s Services Strategic Planning group that has overall governance for the children’s service plan.

Partnership with Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde has been working with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019 Inverclyde Council took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and this will be of direct benefit to over 250 carers and their families.

Inverclyde has:

- commissioned Your Voice to develop a range of carer engagement opportunities
- supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation
- funded a Carer’s Passport Card to support increased identification of carers, linking to a “Carer Friendly Inverclyde” by encouraging local organisations to offer community/commercial discounts for carers
- raised awareness of young carers and issues, and increase capacity of Young Carers support from Barnardo’s Thrive Project
- supported Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre
- supported Inverclyde Carers Centre to provide emotional support to carers.

Community Connectors

As a community led “front door” health support, the Community Connectors are well placed to deliver assistance to a wide range of people in Inverclyde. This ensures people are well linked in to community provision and gives them the support of an experienced organisation that is trusted and respected locally.

The emphasis of the Community Connector role is often on creating opportunities to bring people together, maintaining, encouraging and creating networks and friendships and promoting activities that help to overcome the risks faced by and poor health outcomes of many individuals who are lonely and socially isolated.

With an ageing population, increasing loneliness and isolation and the prevalence of poor mental health, there is a real need to find new ways of providing high quality health and social care. Community Connectors are one of these new ways, working with individuals to ensure they are supported to join in activities, access services and generally feel better connected to their community, helping improve their health and wellbeing outcomes.

6. Service Quality and Performance

How Social Work Services are contributing to better outcomes for the most vulnerable in our community

Social Work Services in Inverclyde are progressing steadily along a continuum of integration firstly as an HSCP but also as part of the wider community planning partnership. This recognises that the need to keep improving outcomes for our most vulnerable citizens is a partnership one and it is only when agencies and services come together as a whole system that we are likely to have optimum impact. The section above outlined some of the key partnership fora that Social Work Services either lead, commission, or are core members of. In this section of the report, consideration is given to the important contribution of social work and social care. This section of the report outlines how Social Work Services are delivering services to the Inverclyde community both in terms of performance and quality and contributing to better outcomes. Information in relation to how statutory services are being delivered is also contained here.

How Social Work Services are contributing to better outcomes by tackling poverty and inequality in our community

Our **Advice Services Team** responds to a vast range of enquiries, including debt advice, benefits advice, welfare rights appeals and debt resolution. The tables below highlight the effectiveness of the team over the past 4 financial years.

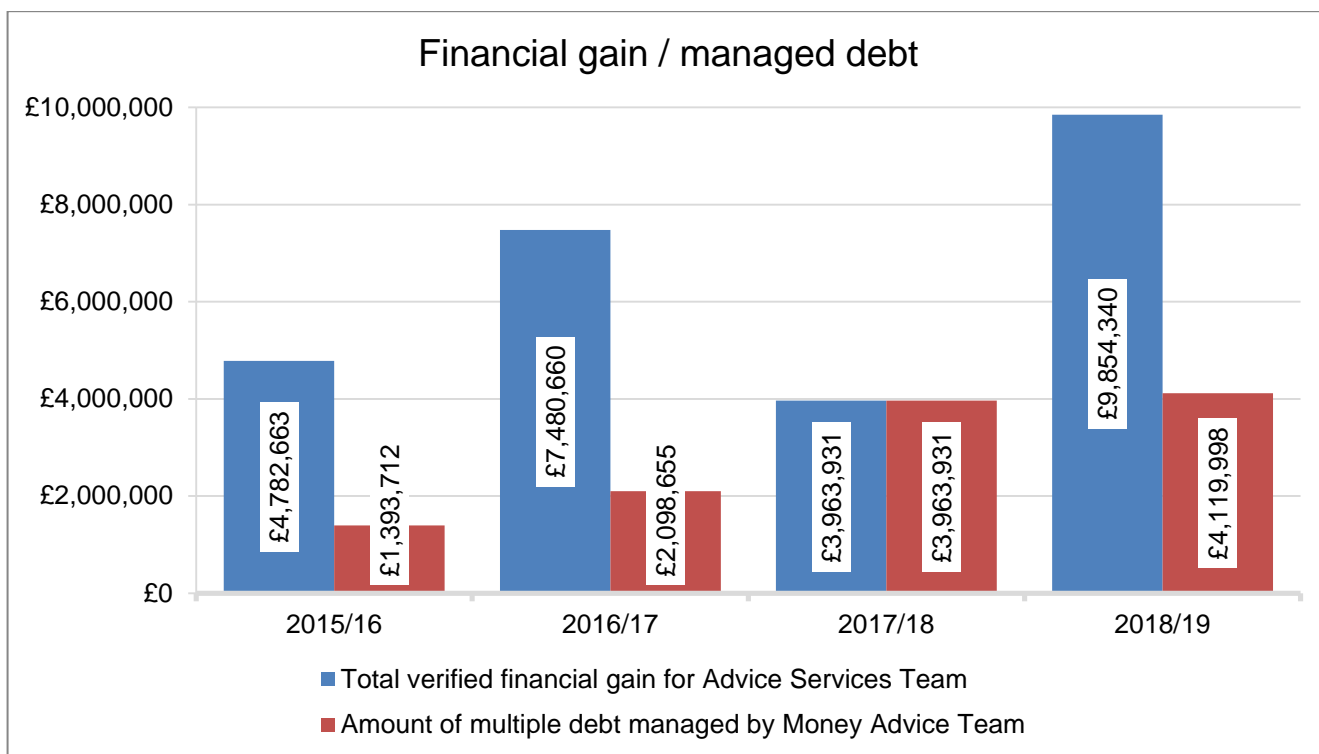


Figure 10 – Financial gain/managed debt by Advice Services Team

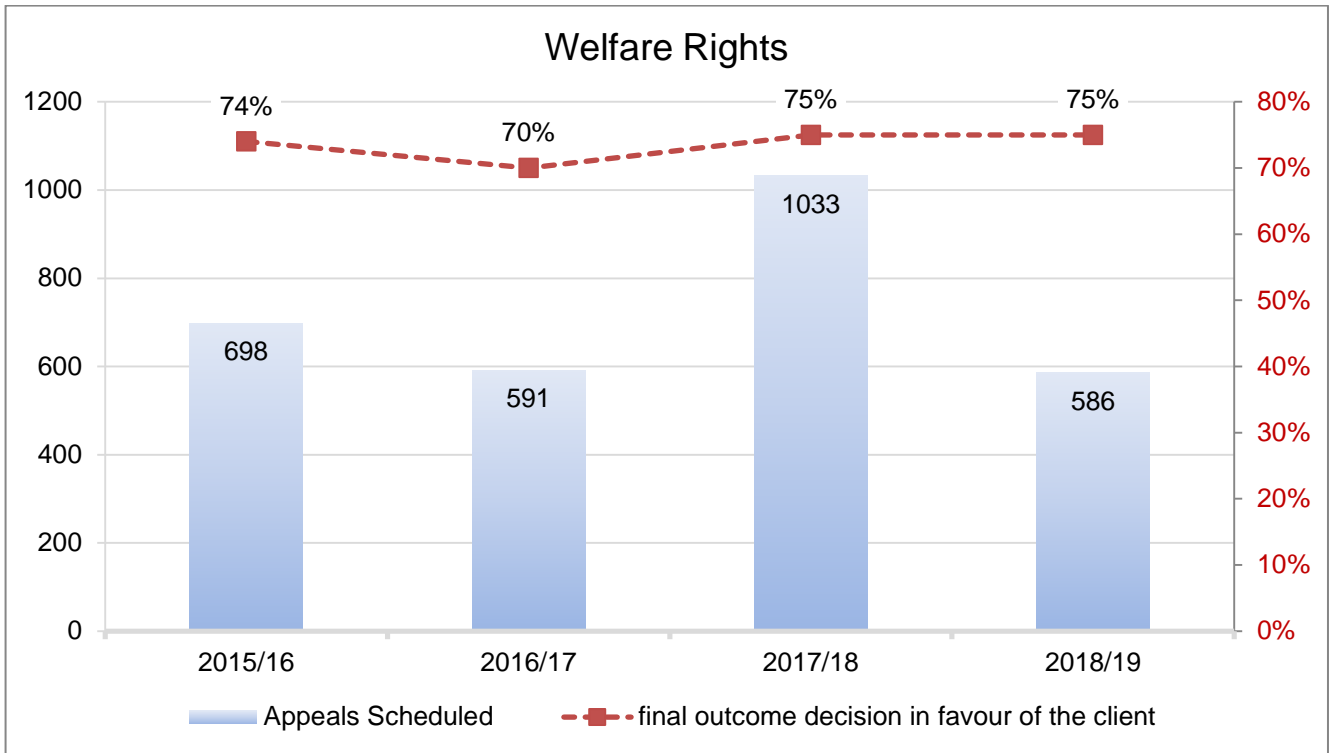


Figure 11 – Welfare Rights appeals scheduled and success rate

Working with local people and other organisations we gained significant financial amounts for Inverclyde Residents. We know that financial exclusion and economic deprivation leads to other inequalities, so this work is vital to our strategic aims.

Morag's Story

Morag was referred to the Inverclyde Macmillan Benefits Service by Clinical Nurse Support following a cancer diagnosis. Assistance was provided to Morag and her partner to help them apply for Personal Independence Payment, contribution-based Employment Support Allowance, disability discount for Council Tax and road tax exemption. Financial gains confirmed so far are £17,347 per annum.

Morag was also assisted to apply for a blue badge, travel card with companion pass and a disabled parking bay. Information was also provided about how to book a short respite break.

How Social Work Services are improving outcomes for Children and Families Getting it Right for Every Child in Inverclyde

Inverclyde has fully embraced the Getting it Right for Every Child approach and have continued to develop and extend our practice in line with the underpinning philosophy and frameworks embodied by this policy stream. Having developed the Inverclyde GIRFEC pathway we are working with CELCIS to make best use of evidence in how we continue to implement, embed and improve the framework across our services for children.

The transitioning of the GIRFEC policy landscape to a legislative basis has been a complex one and Inverclyde will continue to work with Scottish Government and national partners to establish the most effective arrangements for delivering on this important agenda.

Child Protection Services

There has been a significant amount of child protection activity over the last year. Practice in this area has continued to improve with the Initial Referral Discussion process coordinated by senior social workers now embedded and taking place promptly. The consistent and effective application of this has resulted in positive improvements in the quality of initial response to child protection concerns.

Between April 2018 and March 2019, 104 Child Protection (CP) referrals were received. As a result of these, 153 children were subject to Initial Referral Discussions (IRDs) between Social Work, Health and Police representatives during this period and this in turn resulted in 39 child protection investigations being undertaken.

The number of children on the child protection register fluctuated from a low of 26 to a high of 37 through the period and the risks to 175 children were considered in multi-agency child protection case conferences. 15 of the case conferences held pertained to concerns that were raised via our SNIPS pre-birth referral pathway and 33 were initial case conferences, the average time spent on the child protection register is 6 months.

Our improved practice in robust interagency referral discussions is maintained by a six weekly quality assurance group made up of Social Work, Police, Education and Health professionals from the operational and strategic level. This ensures that improvements can be implemented promptly from the learning at the appropriate level in the child protection system. Improved risk assessment via the IRD process resulted in a reduction in initial child protection case conferences but did not affect the number of children registered which suggests that we are ensuring that only those children most at risk are progressed to case conference.

Request for Assistance Team

The Inverclyde Children and Families, Request for Assistance (RfA) Team, provides a single point of contact with Children's Social Work, enabling members of the public and professionals to seek support for and raise concerns about the wellbeing of children so that they can receive timely and proportionate help. This includes children identified as being in need of child protection support. The team was established in 2018 and approaching its first annual evaluation. It has been hugely successful in ensuring a consistency of service offered at the front door of children's social work by ensuring every child referred receives an initial assessment of need and the service commensurate with the need assessed. The team has also provided valuable insight into areas of strength and areas requiring development in relation to our collaboration with other agencies on the GIRFEC pathway.

Child Planning and Reviewing Team

The Inverclyde child planning and reviewing team has a commitment to ensure children's wellbeing is improving across all the wellbeing indicators and that children and their families are engaged in reviewing progress, joint planning and decision making in their child's lives. The reviewing officer compliment has been increased to three full time posts. This compliment will allow for a development of the role to include not only those children looked after at home and away from home but those on a continuing care pathway, those young people requiring a protection process and youth justice reviews. The team are developing a quality assurance and improvement role to ensure consistently good planning and reviewing to meet the positive outcomes for children and young people.

Children with Additional Support Needs

Work with children with additional needs continues to advance.

Inverclyde has a distinct team with a remit of supporting children and families with additional support needs. In the past year the team have had an improvement focus on effective communication with children with Additional Support Needs. This included valuable insight into how to employ a number of communication methods to ascertain the views of children and develop a detailed understanding of their lived experience. It also engendered reflection on the vulnerability of these children within the child protection system.

As an extension of this the team have engaged in a pilot along with Glasgow City Council considering appropriate tools for undertaking joint investigative interviews with children with additional support needs. This is in recognition that the current model of Joint investigative interviews employed in Scotland is unlikely to be fit for purpose for use with children with learning disabilities and requires to be tailored to each child's age, cognitive development, communication needs and vulnerabilities. The pilot involves detailed training on understanding the building blocks of communication, building rapport and the assessment of appropriate communication aids in order to promote an understanding of the child's capacity prior to making the decision to interview.

Over the last year, 18 children and young people with additional support needs received residential respite amounting to 291 nights in total. An additional 25 packages of community support were offered to children and families. Some families have chosen to manage their own support services through self-directed support with the assistance of their social worker. We have continued to promote the uptake of self-directed support with the goal that all parents or carers have an understanding of the options open to them and that the choice they have opted for is clearly outlined in the Wellbeing Assessment completed on the child. Currently a multi-agency transitions group has been established to consider the transition from children and families to adult services, using the existing policy to further develop this process and ensure a positive destination for these young people.

Young Carers

There have been a number of developments with Young Carers over the last year. Young Carers Statements have been embedded in practice. These identify the personal outcomes and needs of a Young Carer and confirm the support to be offered. Social work services are leading a multi-agency Young Carers group to develop understanding of the statutory responsibilities and legislative background in the Carers Act so that agencies across Inverclyde have a grasp of their role in relation to Young Carers.

Children Looked after at home or away

The balance of care for looked after child remaining within the community has remained above 86% in the last year. Shifting the balance of care is a key local strategy which is underpinned by a number of national policies which promote early help, support, local family connections and sustainability.

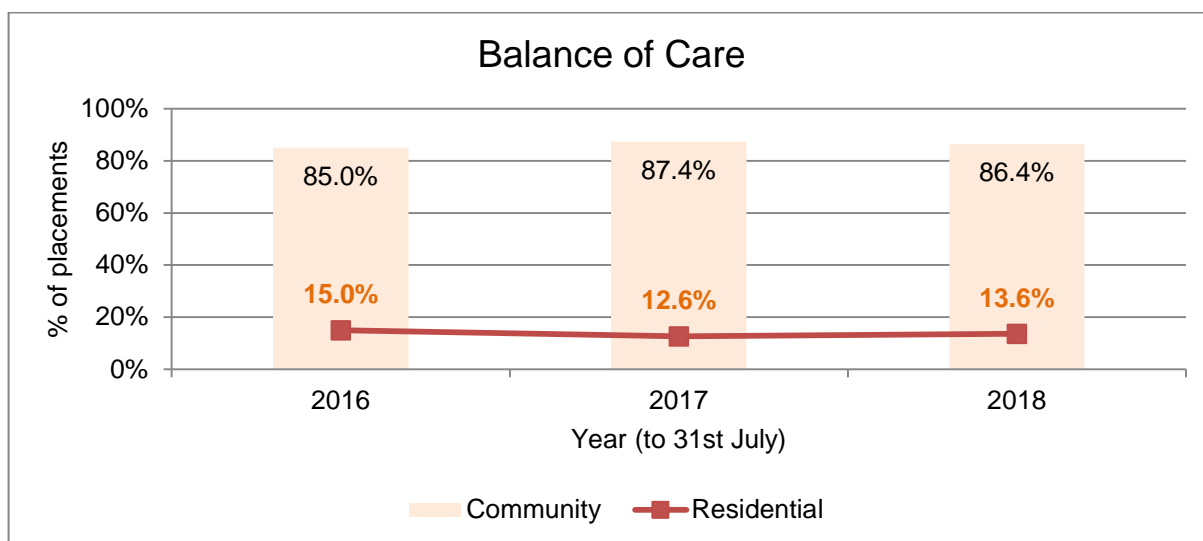


Figure 12 – Balance of care

Increasing the balance of care to community placements remains a priority with the youngest children, who require to be looked after away from home being in foster placements pending permanence planning, and leaves our local residential provision accessible to our most vulnerable young people. Our track record of excellent inspection reports within these setting, helps us deploy a competent trauma informed workforce to support young people, and their families over graduated and extended transitions that lead into our continuing care service and aftercare service.

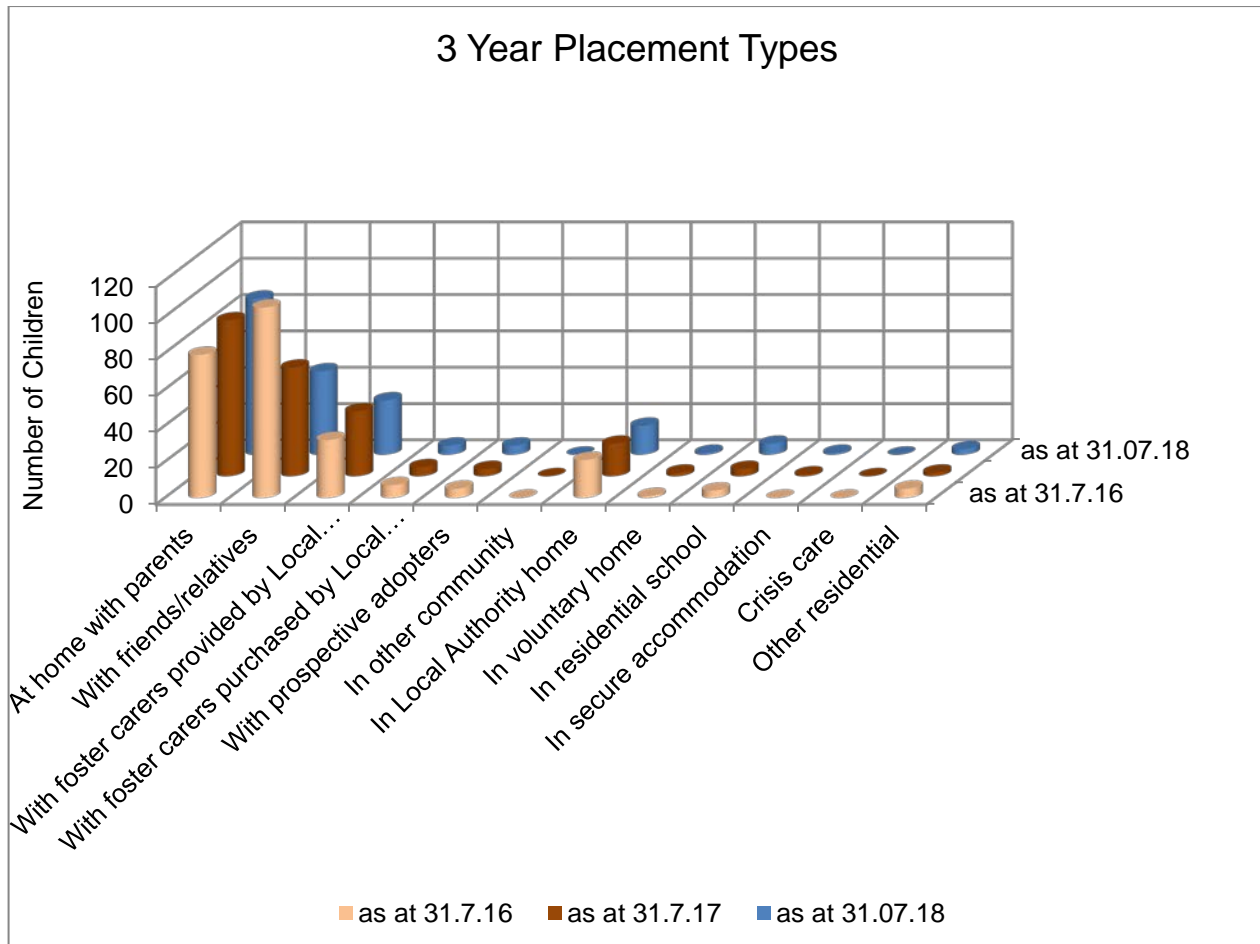


Figure 13 – Placement types over 3 years

Figure 13 represents the population of our looked after children and young people and placement types. As at 31 March 2019, 183 children were subject to Compulsory Supervision Orders, an increase of 21 on the previous year. Our deployment of early help and support to identify the most vulnerable children is reflective of the increase in children being looked after at home. This structured support affords parents the opportunity to get the right help, at the right time through our GIRFEC pathway.

Permanence

For all looked after children permanency planning continues to be an area of priority for Inverclyde. We believe that every looked after child in Inverclyde should be provided with a safe, secure and permanent place to grow up whether this be within their own birth family or outwith their immediate family. During 2019 we are participating in the Scottish Government funded Permanence and Care Excellence (PACE) programme. The aim of this is to enable us to improve our approach to permanence and ensure that there are no unnecessary delays in securing permanence for children and young people

Adoption

The Adoption Team are involved in the recruitment, assessment, support and training of adoptive parents. Recruitment of adoptive families continues to be an area of significant challenge. The service has undertaken some rebranding focusing recruitment around the theme 'Together We Make A Family' and 'What Makes It Worth It?' During 2018 National Adoption week Inverclyde's Adoption Family Tree was launched which built on the inclusion of key stakeholder's views and experiences of adoption with Inverclyde. During 2019, the programme of recruitment events and use of social media will continue with a sharper focus on 'The Needs of Children Placed for Adoption'.

Our Birth Ties Project has continued to develop referrals are received for Birth Ties Support Project from a number of routes. Birth Ties Support Project was a finalist in the 2018 Scottish Social Services Awards and was nominated for awards at both Inverclyde HSCP Staff Awards and the Pride of Inverclyde Awards. The key focus of Birth Ties in 2019 will be to embed our current practice and continue to develop our birth parent group.

Fostering

The number of children placed in foster care during 2018/19 has slightly reduced we attribute this to the strong family connections in Inverclyde and the resourcefulness of kinship carers. We continue to be successful in recruiting caring committed foster carers to add to our existing experienced group of carers. This is an invaluable resource for our children here in Inverclyde, However recruiting foster carers who can care for older children continues to be an area of challenge and a continued area of focus for us.

Kinship

Kinship care across Inverclyde continues to grow however the reducing numbers of kinship placements secured through the Children's Hearing is viewed as a strength, as security and stability is being effected through increased up take of Kinship Care Orders. Our engagement with kinship carers is both humbling and inspirational, year upon year we see the benefit to young people of having a secure family placement within their local community. During 2018/19 the service worked in partnership with Ardgowan Hospice in developing supports to kinship carers, children and young people around the issues of loss and bereavement this being identified as an area of need by kinship carers.

Residential Care

We are in the final phase of our ambitious programme of new builds, Inverclyde continues to provide high quality residential care. The challenges associated with continuing care and our desire to ensure wherever possible young people can remain in Inverclyde does however put pressure on placement availability. One of the consequences of this is the resultant expansion of numbers in our local residential provision; necessitating that each of our three Children's Houses' occupancy rate increases by one.

Continuing Care

Continuing Care is part of the national 'Staying Put' agenda that Inverclyde fully endorses. It provides young people, looked after away from home with the opportunity to stay with their current carers until the age of 21. This extended and graduated transition improves outcomes for our care experienced population, and while this is its strength; it also poses pressures on existing resources and service design. We have had an incremental increase in the number of young people benefiting from this transition from continuing care. This is a critical area of practice if we are to consolidate the increasingly positive experiences of children and young people in our care system and it is therefore very welcome to see further developments to support this work emerging in the national arena

Figure 14 below shows the range of placement types where young people are benefiting from continuing care.

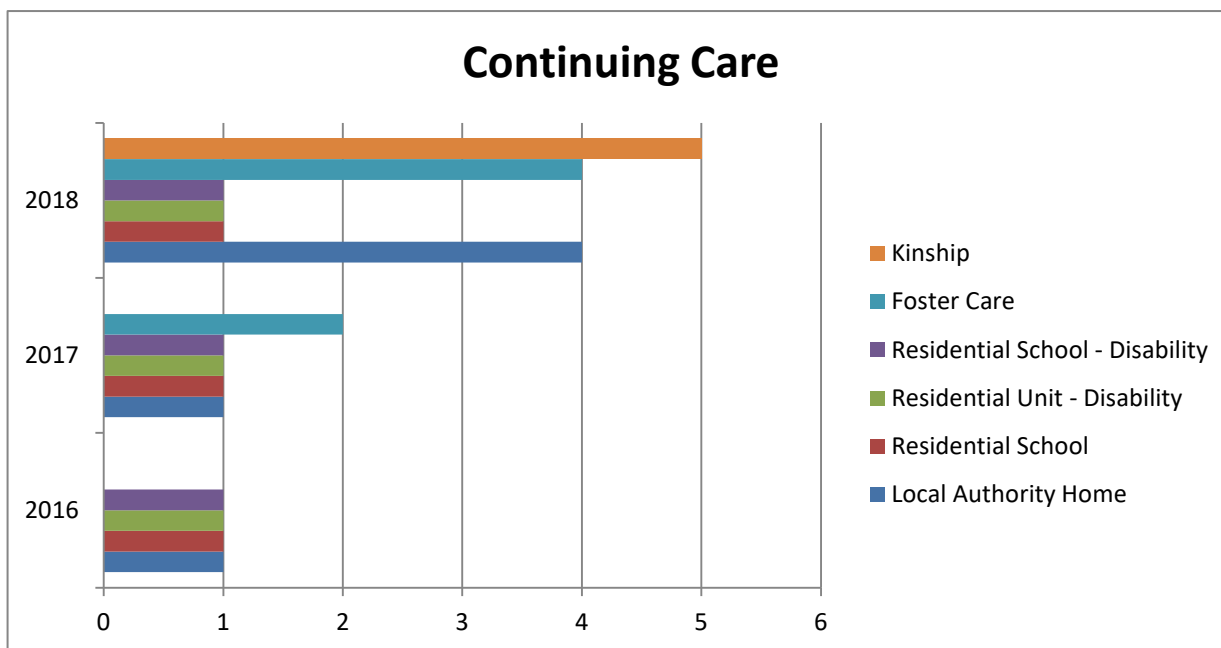


Figure 14– Continuing Care Placements

Youth Services

Our youth services team provides support and interventions to young people over 12yrs who are deemed vulnerable or involved in high risk taking behaviours through to 26 yrs of age if previously looked after and eligible for after care. In line with our looked after figures those eligible for after care have remained consistent however the numbers of young people receiving an after care service from the team has increased.

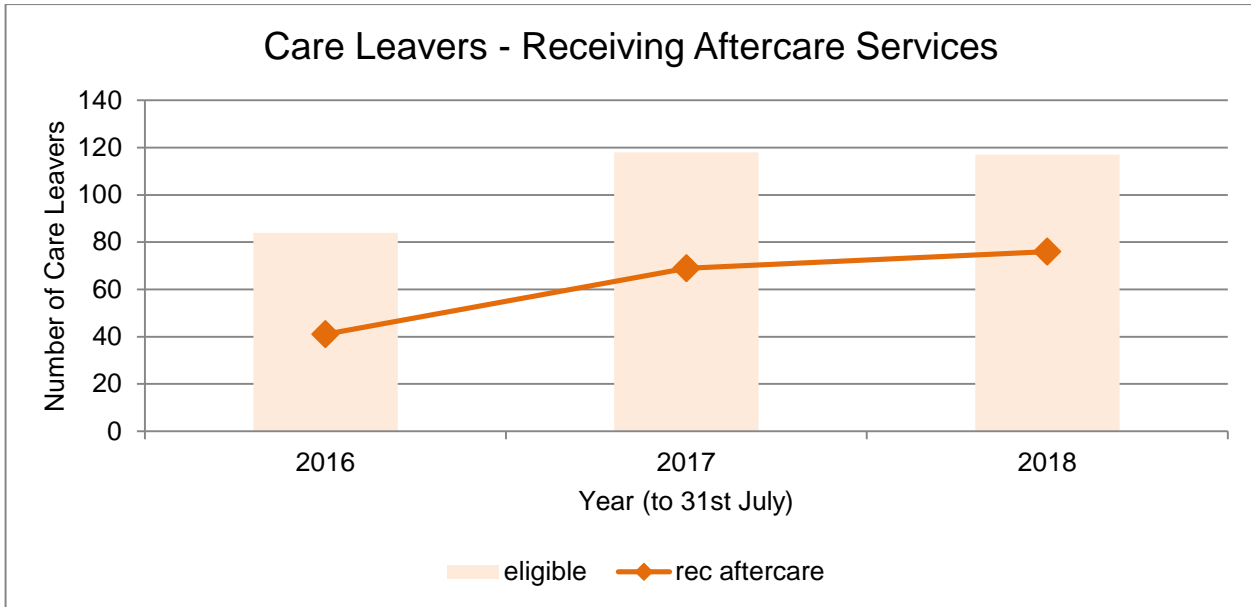


Figure 15 – Number of eligible care leavers receiving aftercare services

Youth Services are responsible for all youth justice work for under 18's in line with the whole systems approach to youth offending. This includes court support for any under 18's appearing form custody, court reports, supervision of community payback orders and diversion. The services is continuing to see a reduction in reoffending rates and a growth in the number of cases being referred for diversion from five in 2017/18 to thirteen in 2018/19.

Advocacy

A children's rights approach with strong opportunities for participation is fundamental to how we ensure children and young people's voices are heard, listened to and acted upon. In addition to this all looked after children and young people and those subject to child protection procedures continue to have access to independently commissioned advocacy services.

Independent Care Review

The Independent Care Review currently underway in Scotland aims to identify and deliver change in the care system to improve the wellbeing of children and young people. Inverclyde are privileged to be working closely with the review team and in particular the STOP; GO Group. Nine members of the Review Group visited Inverclyde on the 3rd April 2019. They participated in:

- visits to two of our Children's Houses – highlighting their place and inclusion within their local communities and the importance of keeping the young person at the centre; being consistent and persistent in their care;
- a presentation from the Team Lead of the Birth Ties Group – around the innovation and impact of this work;
- a session presented by a Social Worker on systemic family work – outlining the skills and tools typically deployed in supporting families through complex and challenging circumstances but enabling lasting change.

The Review Group's concluding comments were:

“the leadership and culture in Inverclyde is a model for the country”, and none more so than the involvement of the Proud2Care Group (P2C) – who are confident and engaged in local priorities.

As CSWO for Inverclyde it is a personal and professional privilege to have the opportunity to participate in the work of the review group, believing as I do that the CSWOs and the social work profession in general has had and will continue to have a fundamentally important role in delivering the best possible experiences of care for our most vulnerable children. Participating in the review has strengthened and reinforced my view that when we listen, reflect and act on the perspectives of care experienced children we deliver better care.

How Social Work Services are improving outcomes for service users involved in Criminal Justice

The Criminal Justice Service continues to have a positive impact in the local community through the delivery of various programmes including Community Payback Orders (CPO), Multi Agency Public Protection Arrangements (MAPPA) and women’s programmes. Unpaid Work Requirements provide an opportunity for individuals to pay back to their community through participation in work placements organised by Criminal Justice Social Work Services. This can be particularly challenging for those individuals with little or no work experience and/or poor physical or mental health, but does provide a way for such offenders to start to develop appropriate skills and experience.

In addition, the ‘other activity’ component of Unpaid Work enables Criminal Justice Social Work Services to support individuals with their interpersonal, educational and vocational skills with the aim of assisting them in their efforts to desist from further offending. This “whole person” approach aims to improve outcomes, not only for those under the supervision of the Service, but also for wider communities.

Some individuals will get more than 1 CPO, but not every CPO includes a requirement for unpaid work.

Figures 16 & 17 below show some Community Payback Order statistics over the last 4 years.

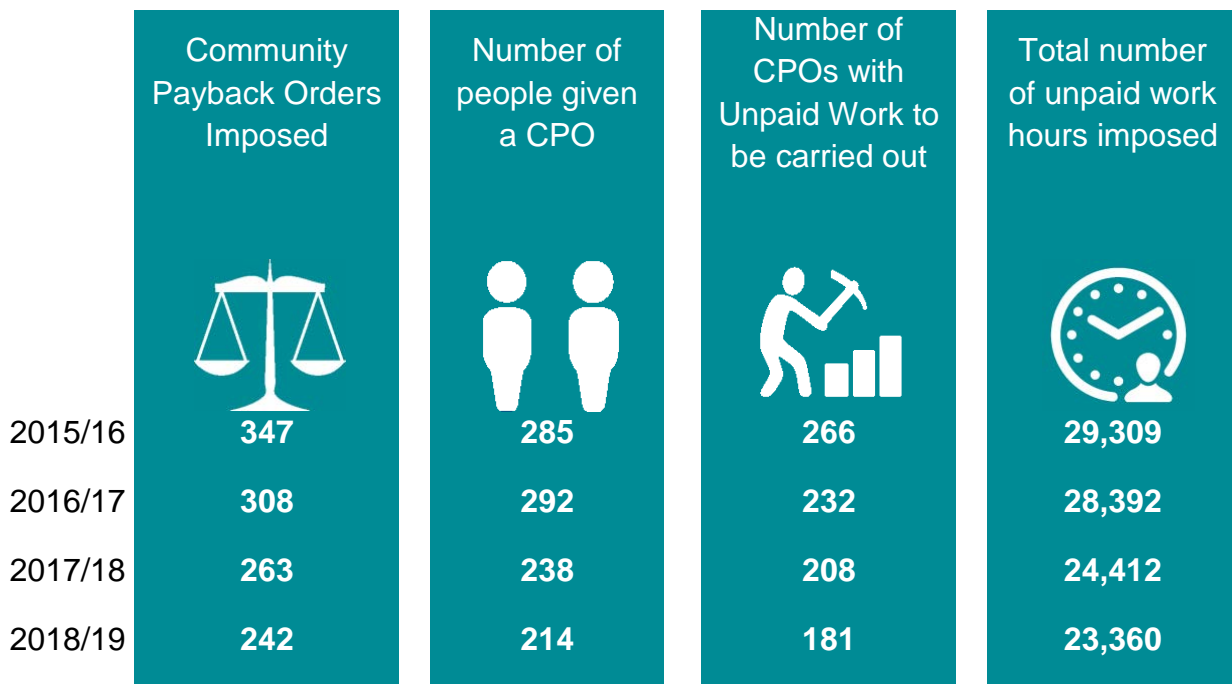


Figure 16 – Community Payback Order statistics

The Unpaid Work Service plans activity for the benefit of individuals, organisations and public areas within Inverclyde. A variety of tasks are undertaken including gardening, painting, joinery and grounds work.

The feedback from those who receive this service has been positive.

Some examples of how much work is 'paid back' into the community are shown in the figure 17 below.

	Number of hours of gardening	Number of hours of painting	Number of hours of ground work	Number of hours of joinery
2015/16	5,544	7,311		1,907
2016/17	3,804	4,161	624	1,066
2017/18	5,478	7,125	4,803	1,235
2018/19	2,726	6,012	3,835	1,281

Figure 17 – Community Payback Order hours of work

Some comments from [garden icon] who received [paint icon] Service: [ground work icon] [joinery icon]

und ever

friendly and well mannered, work ethic excellent as is the standard of work"

"We were satisfied with the work being carried out. It is much appreciated by all our staff and Service Users."

"The team were very professional and the work carried out was to a high standard."

"My wife and I were very happy with the service we received the supervisor was very professional, the work carried out by unpaid work was to a very high standard."

"I was very pleased with the work done and how well they tidied up, very pleased."

Presumption against Short Sentences

The Criminal Justice Service is currently preparing for the implementation of the presumption against short sentences which will see the very welcome introduction of an increase in community based disposals for some individuals that would otherwise have experienced custody.

Whilst the development of community justice partnerships have strengthened the multi-agency response to criminal justice service users , it is vital that social work services are properly resourced to ensure that they can continue to manage the difficult balance between risk and need. This has and continues to be a challenge in Inverclyde. Thus far the service has responded with creativity to significant budget reductions, however further increases in demand for services against diminishing resources in this complex area will require close monitoring.

Inverclyde Community Justice Partnership

The Inverclyde Community Justice Partnership has worked closely with operational services as “influencers” of national and local priorities. An example of this relates to prevention and early intervention and promoting the approach that every contact with the justice system is also an opportunity to support people. We are currently exploring how we can ensure early help is available from a range of partners at the point of arrest in police custody. Other discussions at an operational level have included Unpaid Work and applying the “Resilience Doughnut” model to other activity to strengthen people’s connections with their local communities and their sense of belonging. This may relate to adult literacy, health and wellbeing, building positive relationships in the community by participating in positive activities that deter from further offending, as well as seeking support relating to employability.

The six local priorities of the Inverclyde Community Justice Partnership include:

1. Housing and Homelessness
2. Employability
3. Access to GP / Primary Care
4. Prevention and Early Intervention
5. Domestic Abuse
6. Women Involved in the Criminal Justice System

As part of annual development sessions, the partners recognise the significance of partnership working in being able to achieve more than a single agency. Focusing on our local priorities we have therefore strengthened our link with existing strategic partnerships including:

- HSCP Housing Partnership
- Alcohol and Drug Partnership
- Mental Health Programme Board
- Regeneration and Employability Partnership
- Violence Against Women Partnership
- Greater Glasgow and Clyde Health Board Community Justice Partnership
- Crown Office and Procurator Fiscal North Strathclyde Sheriffdom Meetings

By adopting a strategic partnership approach the profile of the Inverclyde Community Justice Partnership has been raised to a wider range of partners and key actions have been included in a range of strategic plans that support progress in our local priorities. This includes:

- HSCP Strategic Plan
- HSCP Housing Contribution Statement
- Alcohol and Drug Partnership (ADP) Strategy
- Mental Health Strategy
- Poverty Action Plan
- Violence Against Women Strategy

A further key development over the last year has been the establishment of the Inverclyde Community Justice Network for Third Sector and community organisations with an interest in advancing the community justice agenda. This network meets every two months and has representation from twenty-two organisations. It is facilitated by the Third Sector and has been a valuable forum to enable networking and collaborative practice. Inverclyde has also recently been successful in securing a place on a new collaborative leadership programme being jointly organised by Community Justice Scotland and the Criminal Justice Voluntary Sector Forum which will help to support the future direction of the local Inverclyde Community Justice Network including in the potential development of collaborative funding bids and commissioning.

Another recent development is in co-designing our participation strategy with a service user and piloting a peer support initiative as one mechanism of involving people with lived experience of the justice system in the work of the Inverclyde Community Justice Partnership.

Following a successful joint funding bid with the Employability Service to Scottish Government's Employability Innovation and Integration Fund, we have been able to provide a pilot project, the Resilience Project. This is targeting people who are involved in the Criminal Justice system to help them into paid employment.

Figure 18 – Resilience Factors



In addition Recruit with Conviction delivered training on disclosure requirements and how these are changing.

The Scottish Drug Forum delivered training on Stigma and Equalities and Diversity in Recovery.

An Employer Engagement session was held in February.

How Social Work Services are improving outcomes for users of our Health and Community Care Services

Health and Community Care Services deliver person-centred care and support to many of our most vulnerable citizens across Inverclyde. During the last year our multi-disciplinary staff have all been delivering safe, high quality services that ensure people live at home or in a homely setting. Improving opportunities, increasing independent living and improving outcomes sit at the heart of what we do 365 days a year. Our out-of-hours staff also maintain contact with people who require additional support during the night and at weekends.

When adults need to be admitted to hospital, we work in a person-centred way to ensure people go back home with a safe and quality service to support discharge back home. When going home is not an option, we work with the local care providers in Inverclyde to identify the most appropriate care home that best suits the needs of the individual.

Our teams are supporting more people with long term conditions and ensure anticipatory care plans are in place to support people to self-manage their particular long-term health and social care needs.

Adult Protection Concerns

During 2018/19, 225 Adult Protection concerns were referred to the HSCP (no change since 2017/18).

After initial inquiries 38 of these concerns - or about 17% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.

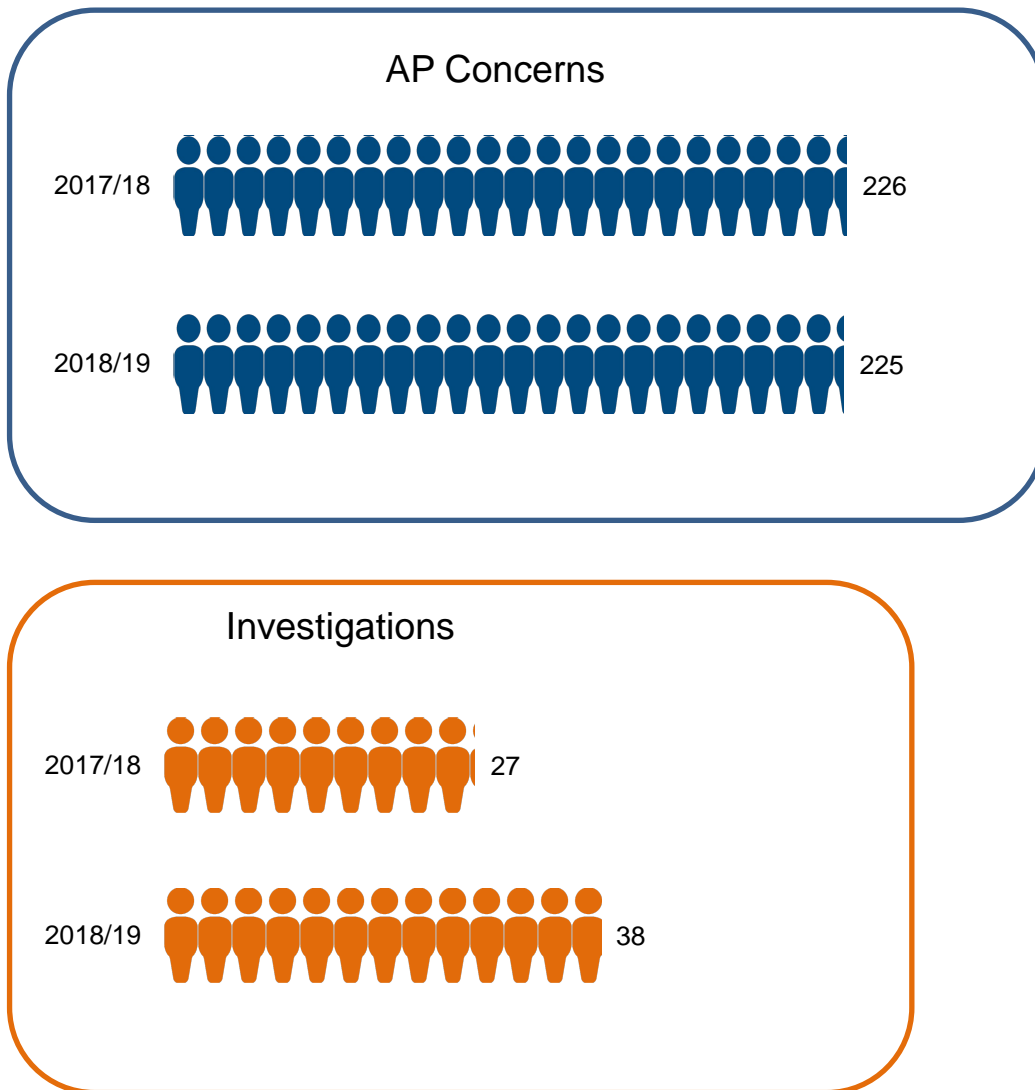


Figure 19 – Adult Protection concerns and investigations

Ben's story

Ben's situation came to light following a police referral. He was an older man with cognitive impairment who lived alone. He was subject to financial harm following being targeted by bogus workmen. He was taken to the bank by them in an attempt to withdraw a significant sum from his account for unnecessary and non-existent work to his property.

Social work and health staff worked together to ensure Ben's wellbeing and finances were safeguarded in the short and longer term whilst the police, trading standards and bank progressed a criminal investigation.

Ben's situation was progressed under auspices of adult support and protection however all appropriate legislation was considered with action under adults with incapacity legislation being utilised to secure his financial position.

Whilst this was a traumatic experience for Ben and his family, they very much appreciated and felt supported by the coordinated multi-agency response to their situation.

Home 1st

The last year has seen the completion of the redesign and refresh of our services for older people. The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.



Discharge from hospital is ideally from a community perspective, though employing a Rapid Discharge Planning approach it is important that the discharge is successful, minimalizing moves of placement and avoiding unnecessary readmission.

Implementation of Home 1st: examples of work to date

Hospital Discharge

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of Rapid Discharge Planning (RDP) early commencement of assessments regarding future care needs in collaboration with the person and family at an early stage. Clear identification of destination post discharge are all key elements of achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement.

Home 1st Reablement

Our Reablement Service continues to deliver assessment and care to the people of Inverclyde who have experienced a change in their lives that has resulted in a need for additional support to remain at home. The Service follows an approach that maximises peoples opportunities to live as independently as possible.

The Reablement Service now includes assessment and care management staff and has been renamed the Home 1st Reablement Service to reflect our belief that staying at home is the 1st and best option for all who wish to do so. The team continues to work closely with a wide range of services including rehabilitation and independent living staff, community nursing, acute staff and community services.

Frailty tool for older people

The Rockwood Frailty tool is currently being implemented across all teams within the HSCP. This tool brings opportunities to measure any change of people's abilities throughout the relevant team's intervention and can be used to measure complexity of care.

The use of a frailty tool is aiming to create a common language that can be scored and interpreted by clinical and non-clinical personnel. Training has been delivered to home care and social work staff and across the acute sector with a newly developed post of Frailty Specialist. This project is working towards providing the right person at the right time with the right response that reduces costly duplication and provides appropriate, timely input.

Housing Support within sheltered housing

A review of our Housing Support Services for older people living in sheltered housing was completed in 2018 with the implementation of a redesign service commencing in April 2019. This work was undertaken in partnership with local housing providers, developing a service model that is modern, sustainable and equitable. The new model of service delivery focuses on providing a service which is flexible and responsive to changing need and supports people who live within sheltered housing to optimise their own assets to live as independently as possible, targeting the resources to those within this community with greatest needs and to build capacity amongst residents to influence, organise and lead activities within their complex and wider community.

The service will enable service users to remain living independently in their own home, a key objective of our Strategic Plan.

Hillend Day / Respite Services

Hillend Day Service will be participating in a new initiative working alongside Reablement and Home 1st team, establishing and delivering an extension to existing Reablement Services by providing a further Intensive Reablement period within Hillend Day Centre.

Formerly known as Small Group Day Care, ALFA is a new service which aims to promote independence through social groups that support people to make connections and stay active within their local community. Group members are encouraged to remain active and independent in order to maintain a healthy lifestyle. This service also provides an opportunity to come together and socialise with others, support to connect with other local activities and resources, whilst encouraging individuals with independent travel.

Technology Enabled Care

2018/19 has seen the introduction of a nominal fee for users who are in receipt of the Community Alarm Service and as such the HSCP did see a reduction in the number of active clients utilising this Service.

Although the overall numbers receiving Community Alarm Service has dropped due to the introduction of the charge, the number of new users in each month has increased slightly (the number of new users in 2017/18 was 441 and in 2018/19 this rose to 501). We are confident that the numbers will settle at a level that shows actual need.

Long Term Care

The Average Length of Stay for those individuals in Long Term Care has remained fairly static. In March 2019, the average Length of Stay was 2.65 years, the measurement for the previous financial year end (March 2018) was also 2.65 years.

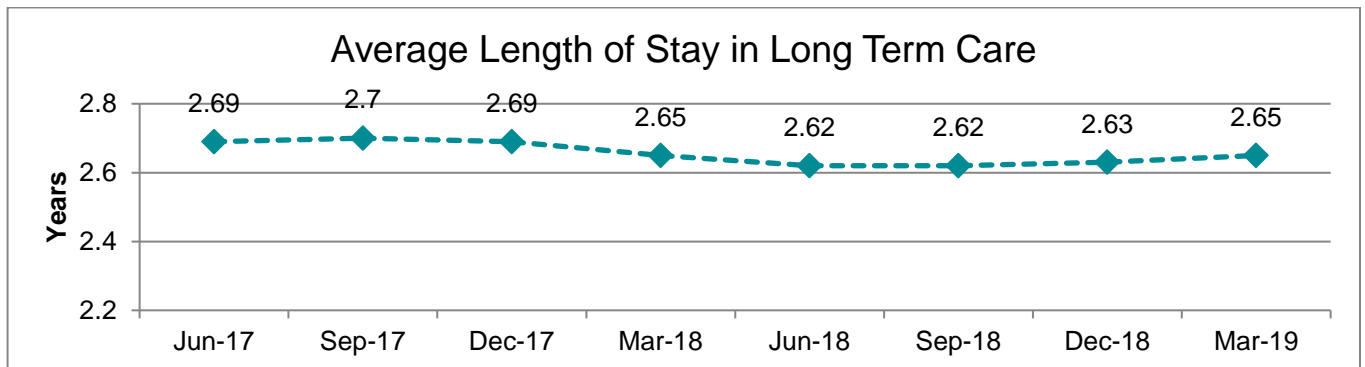


Figure 20 – Average length of stay in long term care

Although the Average Length of stay has remained static, we do know that service users admitted to long term care in the last few years are staying for shorter lengths of time than they did previously (this indicates that individuals are only being placed in long term care when it is deemed they can no longer live independently in their own homes supported by our other Services). This is a stark contrast to some of our service who were admitted around the turn of the millennium and whose length of stay is around 20 years.

This indicator is now measured quarterly rather than monthly due to the small changes/movements in the data.

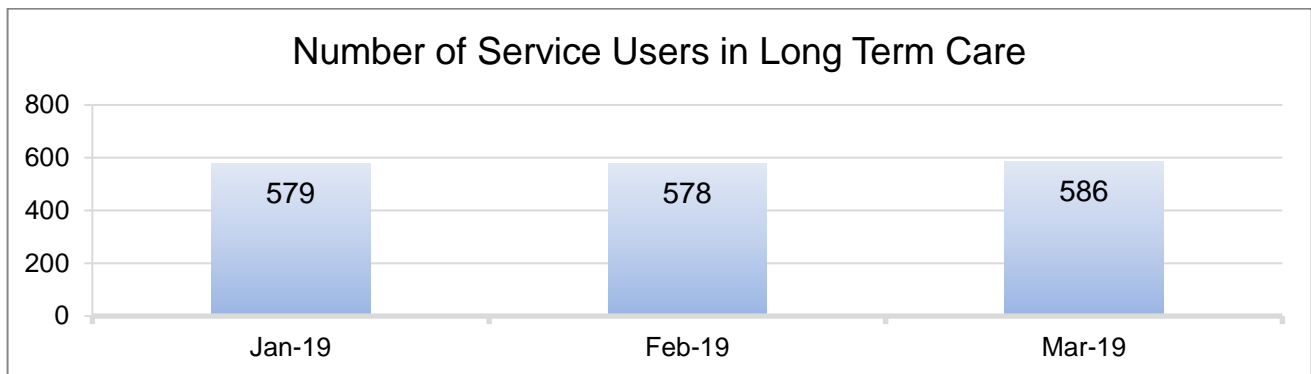


Figure 21 – Total number of service users in long term care

Learning Disability

The review and commissioning work carried out by the Community Learning Disability Team (CLDT) detailed in previous years reports has allowed better outcomes to be achieved. By building capacity in supported living, the balance of care has improved and people have been enabled to return to Inverclyde, in accordance with the Keys to Life and the Scottish Government “Coming Home” report.

The Learning Disability Service has developed a new travel policy this year and is involved in an independent travel pilot programme to encourage people to use public transport and make journeys independently. In line with the principles of early intervention, travel training is being considered in transitions planning, as part of the overall assessment of needs.

The needs and aspirations of people with a learning disability are changing and becoming more diverse. People have told us they wish to be as independent as they can be within their own community and wish to have more choice and control over their lives with good quality support built around their individual needs and outcomes. This means moving away from fitting people into what is already available to offer tailored, flexible, personalised support, focusing on what people can achieve, rather than what they cannot.

There has been extensive service user and family engagement in the redesign and new service model for Learning Disability services, particularly in consultation about the closure of the McPherson Centre in 2018 and the improvements to the Fitzgerald Centre. Staff and service users have also been consulted with around plans for the new LD Hub.

There is also a parent and voluntary sector partnership in the review of the Transitions Policy, with a working group creating a new leaflet for families to help them understand the process of leaving school for young people with additional needs.

We now liaise with LD Supported Living services each month to discuss new care packages and encourage them to be involved in partnership with commissioning support. This has allowed us to develop new services like a shared supported living house for young men affected by autism and another shared house for young women with high risk profiles soon to open. Joint planning with housing and support providers has enabled these services to be commissioned in an innovative way, allowing people to live with the right support in their local community.

Self-Directed Support

Self-Directed Support (SDS) continues to be developed with a successful shift to outcomes focussed support plans written in the first person, ensuring outcome based practice. We have undertaken self-evaluation and quality assurance events to ensure we are heading in the right direction and learning how to widen the range of choice and control service users should have over the support they receive.

CONRAD

A tool has been developed in order to support outcome focussed recording. It has been created for Inverclyde HSCP under Talking Points approaches and SDS legislation. CONRAD has been launched and implemented across Health and Community Care.

The impact has been twofold. Firstly, service users and carers have achieved personalised outcomes that are important to them and improve their quality of life. Secondly, practitioners have been enabled to provide a framework for recording outcome based approaches within their assessment, support plan and work within the principles of SDS legislation of collaboration, involvement, informed choice, health and social care standards. It is part of wider implementation of SDS across the HSCP and the corresponding quality assurance framework.

Improving outcomes for Carers

The Carers (Scotland) Act 2016 commenced from 01 April 2018 and Inverclyde has been working with carers and young carers to ensure the successful implementation of the new powers enshrined in the Act. In April 2019, Inverclyde Health and Social Care partnership took the decision to waive all charges for respite and short breaks. We are the first Council to implement this in Scotland and will be of direct benefit to over 250 carers and their families. The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

Inverclyde has:

Worked in collaboration with Inverclyde Carers Centre to ensure the requirements of the Act are implemented locally.

Waived all charges for respite and short breaks. We are the first HSCP to implement this in Scotland and will be of direct benefit to over 250 carers and their families.

Supported Inverclyde Carers Centre to develop Carer Awareness Training to promote the rights of carers across the workforce as we move towards full implementation.

Commissioned Your Voice to develop a range of carer engagement opportunities.

Raised awareness of young carers and issues across education and the wider community, increased capacity of Young Carers support from Barnardo's Thrive Project.

Fund a Carer's Passport Card to support increased identification of carers, linking to a "Carer Friendly Inverclyde" by encouraging local organisations to offer community/commercial discounts for carers. To date over 100 businesses have signed up to the scheme and over 300 carers are in receipt of a card.

Support Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre.

Support Inverclyde Carers Centre to provide emotional support to carers.

Over 500 carers identified themselves as carers in the past financial year with around 150 Adult Carer Support Plans completed and around 30 Young Carers Statements completed.

A copy of the Inverclyde Carer & Young Carer Strategy 2017-2022 is available on the Inverclyde Council website:
<http://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

How Social Work Services are improving outcomes for people with Mental Health, Homelessness and Addictions issues

It has long been recognised that mental ill-health, homelessness and addiction can often co-exist for individuals, and that they can bring a range of social issues and challenges. Our communities recognise the impact on outcomes for individuals and for families that is often caused, and that impact is reflected in our outcomes data.

People affected by substance misuse

Our outcomes against a backdrop of intergenerational inequalities is starkly evident in our prevalence rates across a range of areas but most notably in respect of alcohol and drugs. The drug deaths in Inverclyde being the third highest in Scotland with latest prevalence study showing highest prevalence of drug use in Scotland. Big Action five of our strategic plan is focused on improvements in this area. Over the past two years we have been systematically reviewing a range of our services and as a social work service, as an HSCP and as a community planning partnership we are committed to challenging these outcomes. Under the leadership of the Alliance Board, the entire community planning partnership are coming together to develop a discrete plan including rapid improvement actions together with longer term actions to reverse these outcomes. Social work services has a pivotal role in supporting this work.

The culmination of this review and consultation activity has enabled us to identify key areas of change and development required within the service. This included the change to our service model to provide new pathways for service users, with a particular focus on improving engagement with those most vulnerable service users at furthest distance from services. This change involved providing new routes to access services from community outreach provision at GP practices, access to services across 7 day working, preventing alcohol and drug related admissions to hospital, reducing presentations to emergency departments, and providing community based treatment option for home detox. We made a successful bid to the CORRA foundation for funding from the Scottish Government's Challenge Fund, which together with matched funding from the IJB's transformation fund will enable us to develop new pathways for service users and test new approaches. This work will commence mid 2019 and tests of change will be implemented over the next two years.

People affected by Mental health Issues

Within our Community Mental Health Services there were a total of 5,043 referrals throughout 2018/19, an increase of 6.9% from 2016/17. This is also matched by an increase in those being discharged from the Service with 4,935 in 2018/19 an increase of 14.7% from 2016/17. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life.

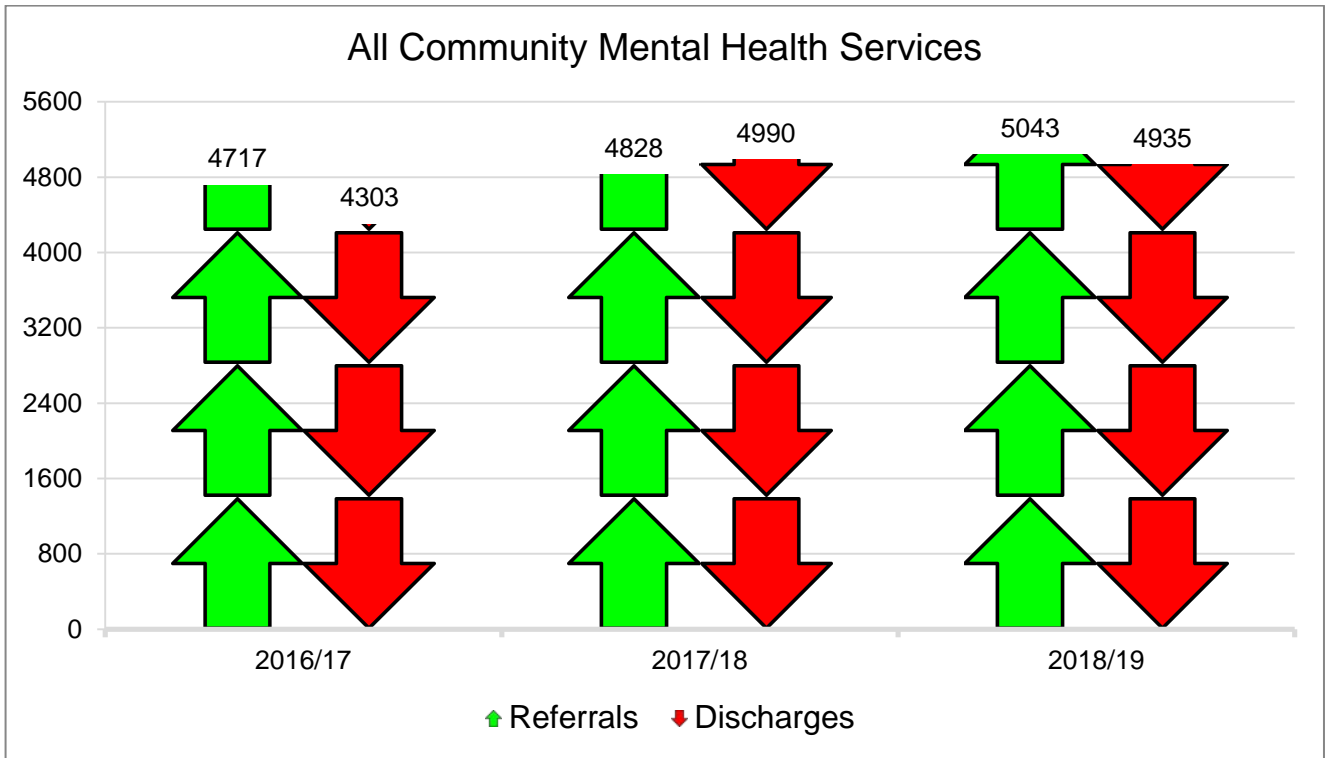


Figure 22 – Referrals and discharges from all Mental Health services

Our Primary Care Mental Health Team (PCMHT) offers a service for those individuals who have mild to moderate mental health problems. People are able to self-refer, which has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.

CRISIS – is an out-of-hours quick response service to prevent those people experiencing a crisis having to attend the emergency department in order to have a mental health assessment undertaken.

Our Community Mental Health Team (CMHT) works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

Over the last three years the Community Mental Health Team have been working in partnership with the Scottish Association for Mental Health, who achieved Big Lottery funding to pilot Individual Placement Support (IPS), supporting improving employment outcomes for people with significant mental health issues. An external evaluation of the project was undertaken in 2018 and reported that the IPS Service has been successful in implementing many elements of supported employment. Eight service users are currently in receipt of In Work Support.

The Mental Health, Homelessness and Addictions Resource Groups have unified to ensure standard and consistency of commissioning supported living services within a revised framework of core and specialist interventions. The focus of commissioning is on coproduced person-centred outcomes aspirations.

Over the past year there have been emerging challenges in maintaining the safe and effective delivery of our statutory mental health services, due in part to the availability of a sufficient number of qualified and experienced mental health officers, this is a national and local issue. The Mental Health Service has been subject to rigorous review and detailed action planning to ensure the service returns to equilibrium. The action plan is kept under active review by the CSWO. To date a number of improvement actions have been completed with progress achieved in a range of others. A full review of this service has been commissioned to consider the service as a whole going forward.

Homelessness Services

In order to support some of our most vulnerable service users, the Homelessness Service has continued to work towards its vision:

“To reduce the need for temporary accommodation by enabling homeless households to access settled accommodation quickly and with the right support to achieve housing sustainment”

Inverclyde’s Rapid Rehousing Transition Plan was submitted to the Scottish Government in December 2018 and set out five key areas for focus:

Objective 1 - Reduce the need for temporary accommodation by preventing homelessness

Objective 2 - Enable service users with no/low support needs to access settled housing quickly

Objective 3 - Develop interim housing options which enable independent living and housing sustainment

Objective 4 - Investigate a Housing First model which enables the most excluded service users to achieve housing sustainment

Objective 5 - Enable service users who need specialist supported housing to access commissioned HSCP services

Implementation has now begun and we will work with a range of partners through our Temporary Accommodation Programme Board to deliver on these objectives within available resources.

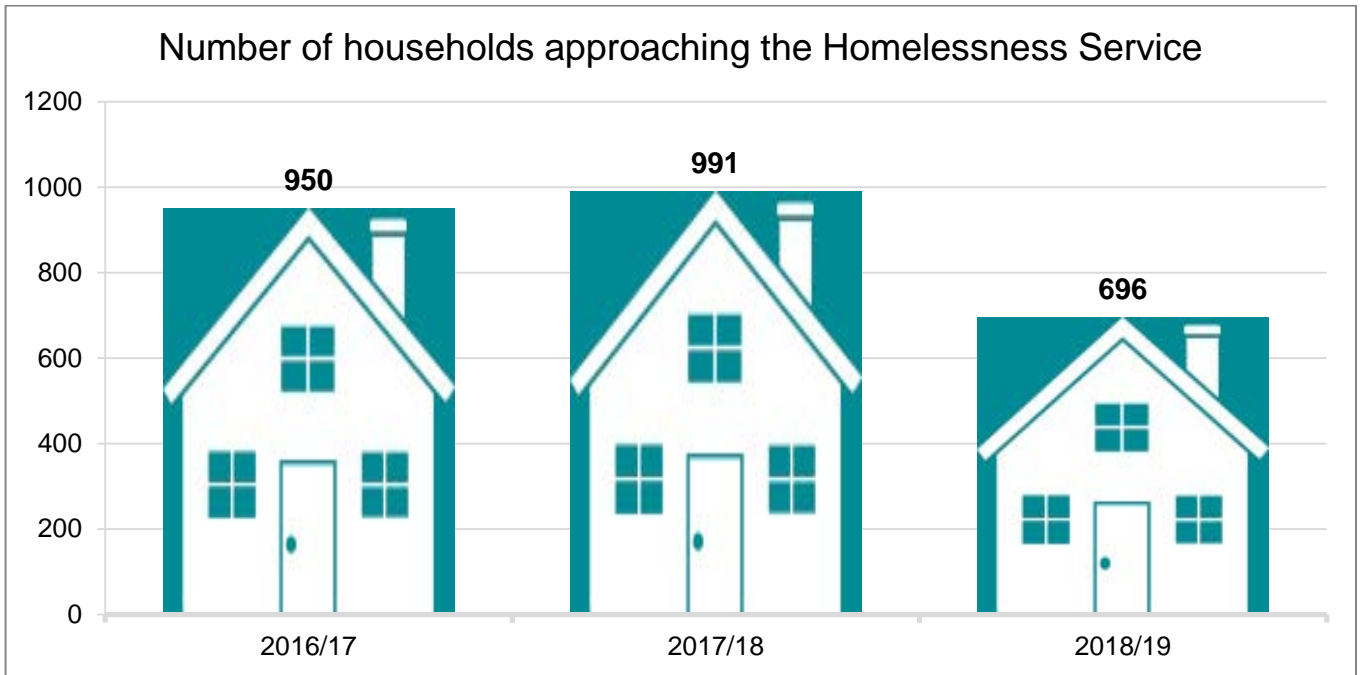


Figure 23 – Number of households approaching the Homelessness Service

By focusing on interventions to prevent people from becoming homeless, we are able to resolve the vast majority of cases (approx. 73%) at this stage.

Where it has not been possible to prevent homelessness occurring, the service will carry out a more intense level of support. This involves a fuller assessment of the circumstances and needs of a presenting household and, as necessary, providing temporary accommodation. Figure 24 shows the number of these assessments that began in 2018/19.

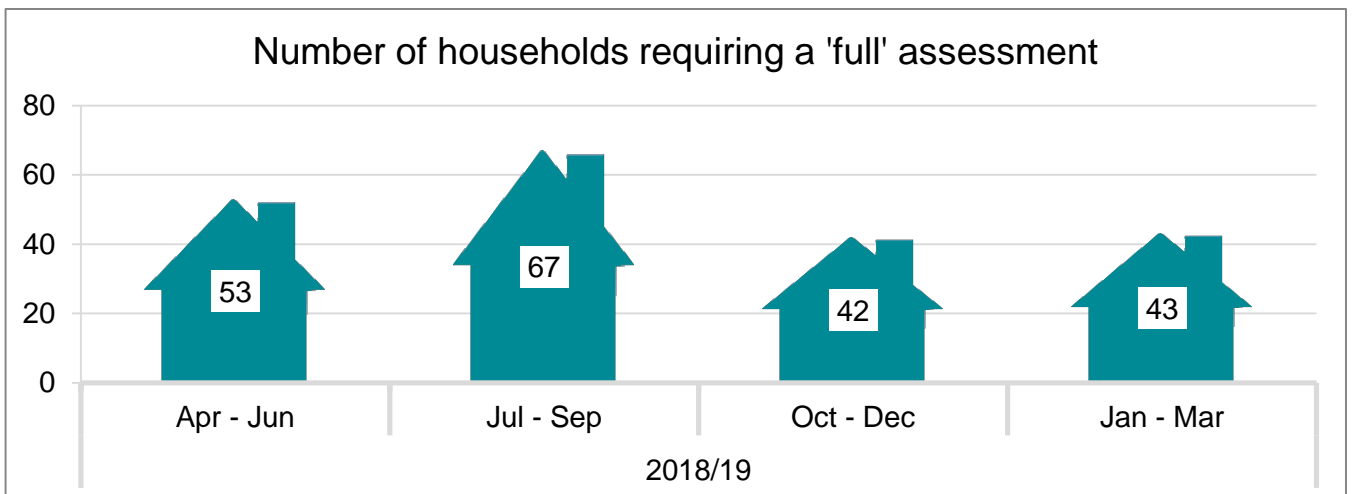


Figure 24 – Number of households requiring 'full' Homelessness assessment

7. Resources

2018/19 PERFORMANCE

The overall net budget for Social Work Services for 2018/19 was £47.794 million with a further £5.985m from the Social Care Fund (SCF). The budget was net of approved savings of £1.555m for the year. Figure 25 breaks down the approved net budget over service areas.

Approved Budget	£m
Children & Families	£10.429
Community Care & Health	£36.175
Planning, Health Improvement & Commissioning	£4.233
Mental Health & Addictions	£2.942
Social Care Fund (IJB)	(£5.985)
Net Expenditure	£47.794

Figure 25 – Net budget over service areas

The Health & Social Care Partnership ended the financial year with a surplus on Social Care services of £0.988 million (2.07%) and carried forward a further £7.281 million to a number of earmarked funds.

Figure 26 highlights the net expenditure outturn for the last four years across services.

HSCP	2015/2016	2016/2017	2017/2018	2018/2019
	£m	£m	£m	£m
Children & Families	£10.102	£10.158	£10.017	£10.085
Community Care & Health	£32.508	£33.864	£34.808	£36.274
Planning, HI & Commissioning	£3.852	£3.714	£3.670	£3.998
Mental Health & Addictions	£2.873	£2.991	£3.064	£2.739
Contribution to/(from) Reserves	£0	£0	£1.289	(£0.305)
Social Care Fund (IJB)	£0	£0	(£5.862)	(£5.985)
Total Net Expenditure	£49.335	£48.536	£46.986	£46.806

Figure 26 – Net expenditure outturn across services

There were a number of significant issues and demand pressures for some social care services, which were managed within the overall budget or use of earmarked reserves. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

The Health and Social Care Partnership continues to provide services under challenging financial circumstances. In order to manage the pressures, the Partnership undertakes a robust budget monitoring process with clear focus on key/high risk budget areas. This has led to the Partnership to effectively foresee potential financial risks arising.

The main areas of pressure arose within Children and Families Services and Physical Disability Services due to costs within client care packages. It is anticipated that this trend will continue in the future within Children and Families Services due to Continuing Care legislation.

Since 2015/16, expenditure on Children and Families has reduced by 0.17% in cash terms. The Service has utilised a smoothing earmarked reserve to deal with demand led pressures. The NRS Population projections indicate a declining number of children within Inverclyde in future years, however, the Service faces the added complexity of looking after children longer in the Service due to the Continuing Care legislation.

Spend on Older People has increased by 11.58% since 2015/16 with 2018/19 spend increasing by 4.2%. It is anticipated that expenditure will continue to increase due to the increase in aging population and the impact of the Living Wage.

2018/19 saw an increase in spend for Planning, Health Improvement and Commissioning Services of, 8.9%.

Excluding the contribution from the Social Care Fund, spend on the Social Care element of the Health and Social Care Partnership has increased by 7% over the last 4 years compared to an increase in approved budget of 10% (see table below for increases across service areas). In 2018/19, spend reduced by 0.1%.

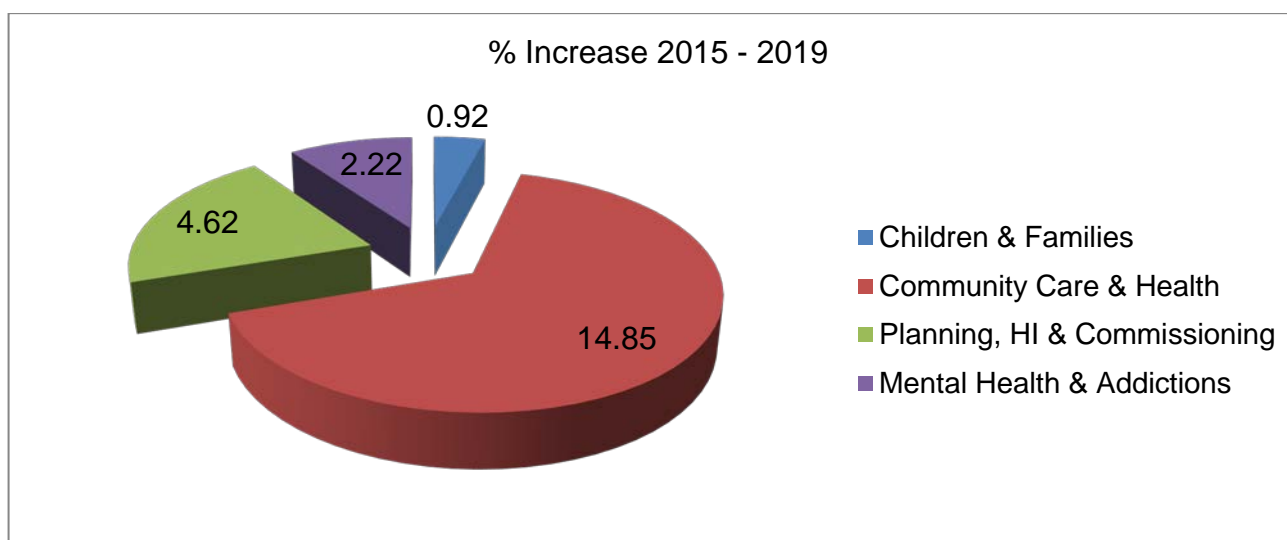


Figure 27 - Budget increases

The Social Work Service has achieved significant savings due to continuing pressure on public sector finances delivering savings of £4.851 million since 2015/16 (as detailed in figure 28). The Service is due to deliver savings of £1.448 million in 2019/20 which will prove challenging for the forthcoming year.

Service	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m
Children & Families	£0.045	£0.120	£0.000	£0.370	£0.535
Community Care & Health	£1.713	£0.541	£0.316	£0.834	£3.404
Planning, HI & Commissioning	£0.070	£0.298	£0.000	£0.069	£0.437
Mental Health & Addictions	£0.091	£0.088	£0.014	£0.282	£0.475
Overall Savings	£1.919	£1.047	£0.330	£1.555	£4.851

Figure 28 – Savings delivered

Forthcoming Year

The Council approved a net budget of £50.529 million with a further £6.294 million contribution from the IJB Social Care Fund for 2019/20. This is net of savings for the year of £1.448 million. The Scottish Government released an additional £120 million in 2019/20 for additional investment in integration but this will be offset in full by a range of legislative pressures such as the Scottish Living Wage uplift for care workers, implementation of an hourly rate for sleepovers and implementation of Free Personal Care for under 65's.

Criminal Justice

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017. Based on the new formula, Inverclyde Criminal Justice Social Work budget was reduced by 4.8% for 2018/19 financial year resulting in an incremental reduction over a five year period amounting to 22%.

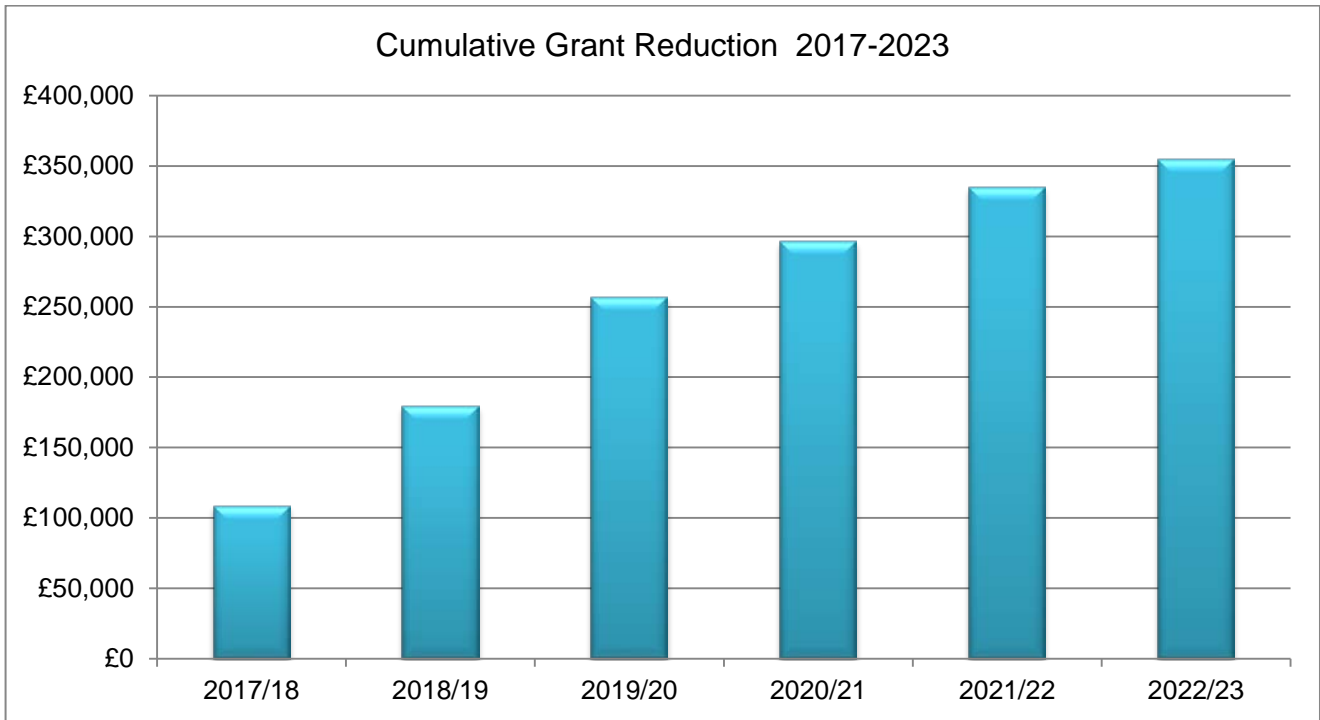


Figure 29 - Cumulative reduction in Criminal Justice grant

Within the new funding arrangements there were certain protected lines of funding that are to be targeted at specific types of work e.g. MAPPA / VISOR. There was however no protection for the Moving Forward Making Changes (MFMC) programme, which addresses the treatment needs of Registered Sex Offenders. Regrettably this has called into question the sustainability of the current arrangements for Inverclyde accessing this programme, which is via a partnership with neighbouring authorities.

To support this partnership and in an effort to safeguard access to the programme in future years, Inverclyde Criminal Justice staff have volunteered to go through the rigorous assessment process to become MFMC programme facilitators. This will mean going forward the Service, if required, will be able to deliver this within a local framework. This speaks to the dedication and professionalism of the staff group to do what they can to mitigate the impact of the financial challenges which the Service faces and to ensure that our service users and indeed our community are not disadvantaged.

Mid Term Outlook

Social Work Services continue to face growing demographic demand pressures with anticipated Scottish Government real terms budget reductions continuing to 2022/23. Both the Council and the Integrated Joint Board (IJB) produce annual Finance Strategies covering medium term financial planning in order to address the anticipated budget gap. The IJB Medium Term Financial Plan identifies a budget gap of approximately £5m for the Social Work Services by 2024.

Looking beyond 2023/24 is exceedingly more difficult to forecast due to uncertainties around the level of public sector funding that will be available and decisions/agreements around Brexit.

8. Workforce

Inverclyde HSCP People Plan

As a requirement of the integration legislation each HSCP is required to produce a Workforce Plan. In Inverclyde, the decision was taken to adopt a more inclusive approach in recognising that to deliver our aims set out in our Strategic Plan our 'workforce' extends beyond staff within the HSCP. There are many individuals and organisations that make up the overall workforce delivering health and social care in Inverclyde for example unpaid carers and volunteers, providers in the third and independent sectors, as well as wider roles that indirectly support the delivery of good care and ultimately better outcomes. The People Plan incorporates a 4 tier structure to help us identify the resource that is the people of Inverclyde, and helps us achieve effective succession planning for our people in the future.

It sets out our key challenges, drivers for change, including service redesign, new ways of working and emerging models of organising future service delivery in line with our five strategic commissioning themes and the ongoing transformation of public services. A new group will be established to review the people plan action plan.

The action plan will seek to identify and address the gaps in knowledge and data. It is intended to work as a dynamic, evolving and adaptable plan which takes account of the collective intentions and aspirations of the people plan and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints.

HSCP staff (Inverclyde Council employees only)

	March 2016	March 2017	March 2018	March 2019
Number of employees	1055	1038	1044	1036
FTE equivalent	848.76	834.69	840.1	831.92
Number of Sessional Workers	94	108	98	80
Number of Modern Apprentices	N/A	4	4	2
Workdays lost (per FTE)	10.15	11.96	14.57	9.53

Figure 30 – Inverclyde Council HSCP staff details

The HSCP has its own SVQ Centre. During 2018-2019, it has delivered:

Figure 31 – SVQ Centre numbers

Staff Group	Number SVQs	Level
Care at Home	33	SCQF level 6
Care at Home	2	SCQF level 7
Home Care Seniors	8	SQA Professional Development Award in supervision
Voluntary and independent sector	4	SVQ level 2 and 3

Workforce challenges

Over the last year there has been significant staffing difficulties across a range of services. This has impacted on service delivery in a number of areas including children’s services, mental health services and occupational therapy. This has included statutory work and where this has been the case a prioritisation system has been in place with service manager oversight of allocation to ensure that there is adequate management of risk. Vacancy management has been robust and while the number of vacancies have reduced some gaps remain particularly in children’s services and within the MHO service. This is reflective of workforce issues across the country and the refreshed workforce and resources work stream reintroduced by social work Scotland is most welcome.

Staff engagement

iMatter

The Scottish Government has commissioned Webropol Ltd, an independent company to measure and report staff experience in Health and Social Care through the iMatter process. The iMatter Continuous Improvement Model is a team-based tool and offers individual teams, managers and organisations the facility to measure, understand, improve and evidence staff experience.

Inverclyde HSCP iMatter return has demonstrated a year on year increase in response rates and this year for the first time we exceeded the threshold of 60% return and received a detailed and specific report of the staff experiences of Inverclyde HSCP.

The report demonstrates an 80% average across all questions which is heartening and suggests that the HSCP staff are well engaged. Staff rated Inverclyde HSCP as a good place to work as 7.32 out of 10 on a Likert scale. Our highest and lowest scores are detailed below. It's important to note that only one of twenty nine questions fell out with the green "strive and celebrate" category.

Highest and lowest scores by year:

Highest Scores	2017	2018	2019
My direct line manager is sufficiently approachable	90	91	90
I am clear about my duties and responsibilities	87	89	89
Lowest Scores	2017	2018	2019
I feel senior managers responsible for the wider organisation are sufficiently visible	67	68	70
I feel involved in decisions relating to my organisation	61	62	65

Figure 32 – iMatter scores

The scores suggest that team members feel well supported and report high scores for line manager approachability and having trust and confidence in line managers and feeling that direct line managers care about team member's health and wellbeing. At an individual level the highest score was "I am clear about my duties and responsibilities" which is an important component in effective working and in reducing work related stress. Other high scores related to feeling treated with dignity and respect.

9. Conclusion

The content of this report outlines some of the work streams and initiatives that have been delivered by social work and social care services over the last year. The scope and depth of service delivery is significant and this report can only provide a flavour of the overall delivery landscape. However the report highlights that social work is an activity that supports the most vulnerable in our community often at times of crisis in people's lives and is delivered 24 hours a day, 365 days a year. Social work services in Inverclyde remain focussed and committed to ensuring that delivery is of the highest possible standard.

Self-evaluation, audit, review and external scrutiny of service delivery provided strong evidence of services across the board performing to a consistently high standard and making a real difference to the lives of the people of Inverclyde. Nonetheless the last year has seen a continued drive for further development and service improvement.

Learning disability, residential child care, homelessness and services to people affected by drug and alcohol use have undertaken significant review that will result in transformed services for those that use them. These reviews, together with a newly commissioned review of mental health services, will inform a wider review of the management structures within the HSCP. Taken together these reviews will ensure that the HSCP is best structured to achieve the intentions of our Strategic Plan

Partnership working is central to improving outcomes for our service users and social work services in Inverclyde have a strong track record in this area. Services work in partnership across the public and third sector.

The level of deprivation and inequality that is prevalent in Inverclyde makes it all the more important that our strongest partnership is with our service users and our community. The past year has seen very welcome progress on the shift to locality working. This represents an exciting and important opportunity reflecting that social work operates at its best when delivered in partnership with communities. Social work services have a vital role in ensuring the needs of the most vulnerable are heard and responded to and indeed are the driver for service development. It is through our highly skilled and committed workforce, working in partnership with our service users that inequality is challenge and socially just outcomes delivered

The Improvement Service

ELECTED MEMBER BRIEFING NOTE

Chief Social Work Officer





What is the purpose of the briefing note series?

The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes will be directly produced by IS staff but we will also make available material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed at www.improvementservice.org.uk/elected-member-guidance-and-briefings.html

About this briefing note

Elected members are a key group of influential individuals with whom chief social work officers want, and need, to work effectively together.

The purpose of this briefing note is:

1. To advise elected members of the role and functions of the chief social work officer.
2. To support partnership working between the chief social work officer and elected members.
3. To support the elected members to fulfil their duty under [Scottish Government guidance](#) to “satisfy themselves that the chief social work officer has appropriate access and influence at the most senior level and is supported to deliver the complex role described in this guidance”.
4. To support elected members to implement the recommendations and address the issues raised in the Audit Scotland report ‘[Social Work in Scotland](#)’ (2016).
5. To continue to promote an effective working relationship between elected members and chief social work officers.

What is the issue and why does it matter?

Current delivery models for social work and social care services are not sustainable. The [Audit Scotland 2016](#) report states that “services are facing significant challenges, including financial pressures caused by a real time reduction in overall council spending, demographic changes and the cost of implementing new legislation and policies”. The report concludes that, if councils and integration authorities continue with the same methods of service delivery, additional spending of £510 – £667 million by 2020 will be required: a 16 – 21 % increase in funding.

Elected members are key decision-makers for social work and social care services on behalf of their constituents and will want to maintain a good understanding of, and effective scrutiny of, these services in order to ensure councils meet their statutory responsibilities, despite these pressures. Elected members must maintain oversight of social work and social care services regardless of local governance arrangements, for instance, through the frameworks of integration authorities or delegated services.

One of the most important ways of achieving this is through their working relationship with the council’s chief social work officer.

Local Authorities

Elected members have specific legal responsibilities to ensure that their councils are well governed, deliver Best Value and adopt sustainable policies and practices. This includes seeking assurance about the quality and effectiveness of the commissioning, planning, delivery and evaluation of social work and social care services, a role undertaken in partnership with, and with support and challenge from and to, the chief social work officer.

The chief social work officer is a role required in each local authority by Statute and cannot be delegated to integration authorities or other agencies. The chief social work officer is accountable to elected members through local governance frameworks and is a role for which the council retains statutory responsibility. The chief social work officer must be:

- a qualified social worker, registered with the Scottish Social Services Council
- designated as a ‘proper officer’ of the local authority
- of sufficient seniority and experience in both the operational and strategic management of social work services.

In practice, the role is usually held by a Director or Head of Service who often carries management responsibilities for a range of services, for example, adult social care, children’s services and/ or criminal justice services. The chief social work officer role is distinct from the post holder’s operational management responsibilities.

It is important, therefore, that elected members are clear about the role and function of the chief social work officer, as distinct from the post holder’s service management responsibilities.

Integration Authorities

Elected members may wish to refer to the relevant [briefing note](#) for further information on their responsibilities in relation to the integration of health and social care.

The Public Bodies (Joint Working) (Scotland) Act 2014 provided for the delegation by the local authority of certain social work services to an integration authority. Each area has developed local arrangements in order to discharge this requirement. Irrespective of which services in the council or in the integration authority the chief social work officer may manage, the chief social work officer must be a non-voting member of the integration authority.

The role of chief social work officer is distinct from that of chief officer of the integration authority.

The chief social work officer undertakes the role across the full range of local authority social work functions, irrespective of the range of operational management responsibilities within their job description. For instance, the chief social work officer may be a Head of Children's Services where children's services are not delegated to the integration authority, or may be a Head of Adult Social Care where services for adults are delegated to the integration authority. In both scenarios, the chief social work officer role requires the chief social work officer to maintain a governance, quality and professional leadership role for all social work services, both in the integration authority and in the council.

The variation in arrangements across 32 local authorities has created a complex landscape for elected members and chief social work officers to navigate in seeking to ensure the oversight of social care and social work services.

The Chief Social Work Officer's perspective

The role of chief social work officer, as leader of the social care and social work profession, involves:

- The provision of professional advice in the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968
- The provision of strategic and professional leadership in the delivery of social work services
- The assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role social work plays in contributing to a wide range of local and national outcomes
- The support of overall performance management and the management of corporate risk

These functions apply in respect of both council and integration authority services.

Issues raised by the [Audit Scotland report](#): 'Social Work in Scotland' (2016)

The Audit Scotland report highlighted many challenges in relation to the delivery of social care and social work services and set out a number of issues in relation to the leadership and scrutiny role of elected members.

The report concluded that it is important that elected members:

- Assure themselves that service quality is maintained and that risks are managed effectively
- Initiate a wider conversation with the public about service priorities and managing people's expectations about social work and social care services in terms of future affordability
- Ensure that chief social work officers have the seniority and the capacity to enable them to fulfil their statutory responsibilities effectively
- Develop longer term financial strategies for social work services delivered by both councils and integration authorities
- Manage the risk inherent in the complexity of new governance arrangements and take responsibility for remaining informed, irrespective of whether or not they are members of the relevant council committee or integration authority
- Ensure they remain accessible to the chief social work officer
- Ensure they scrutinise reports by chief social work officers, demonstrating constructive challenge, questioning and support as required

Issues raised by the complex nature of the chief social work officer role

Elected members should note the complexities involved in the role of chief social work officer between ensuring professional advice-giving at 'arms-length' (as chief social work officer) and taking operational decisions (as within the substantive post). These two elements can be conflictual.

For example, operational decisions may be taken on the basis of budgets and performance expediency, and advice may be given on the basis of risk, ensuring quality and maintaining professional standards. Operational service structures may reflect financial constraints, however, may leave the service vulnerable in terms of management oversight or sufficient staffing resource, thereby failing to ensure staff are enabled to undertake their work to acceptable professional standards, possibly leaving service users vulnerable.

In other cases, operating procedures may inadvertently fail to take account of acceptable professional standards: procedures which encourage expedited hospital discharge without due regard for an individual's care beyond the point of discharge may leave already vulnerable individuals more so; or eligibility criteria which reflect budgetary constraints but which could potentially leave individuals in need without an appropriate level of service.

Understanding the complex nature of the role will support both integration authorities and councils to aspire to provide high quality services.

It is recognised that, although individual elected members and chief social work officers may change, excellent future working relationships will be built from a clear understanding of the requirements in relation to the respective duties of each.

What does this mean for elected members?

The following suggestions may strengthen the effectiveness of the working relationship between elected members and chief social work officers:

- Structured local and national dialogue should continue between elected members and chief social work officers, including discussion of the opportunities to address any gaps in understanding and opportunities to come together to further effective partnership working
- Joint training and development opportunities should continue to be implemented involving elected members and chief social work officers, both locally and nationally
- Councils and integration authorities are encouraged to develop clear, explicit and transparent written protocols on the ways in which the chief social work officer should discharge his/her function according to local governance arrangements

What does good practice look like in this area?

Good practice is demonstrated by the following:

- A shared understanding of the complexities and cross-cutting nature of social care and social work services and of what makes a difference to those using these services
- The chief social work officer and elected members mutually support and hold each other to account, for the benefit of those using services
- The chief social work officer annual report is used as a tool from which councils and integration authorities can learn in order to develop services which meet the needs of local people and communities both now and in future
- The chief social work officer, elected members and partner agencies demonstrate true partnership working by challenging and supporting each other to make effective decisions which are strengths-based, based on an assessment of risk, set in the context of human rights, delivered to the highest standards of quality and delivered with joint accountability
- There is a shared understanding of transparent processes evidenced by all members of councils' and integration authorities' governance arrangements
- Individuals demonstrate a commitment to the joint design, planning, commissioning, delivery and evaluation of social work and social care services which meet the needs of local people and which evolve over time to reflect changing circumstances

All of these would enable the local authority and the integration authority to give the highest degree of assurance of the efficacy of social care and social work services locally both now and in future.

Summary

Both chief social work officers and elected members have duties to oversee effective, professional and high quality social care and social work services delivered to the highest of professional standards.

Governance frameworks in local authorities and local integration arrangements require the participation of both the chief social work officer and elected members to provide accountability for these services. It is, therefore, vital that these individuals work together in partnership.

In summary:

- The chief social work officer is a role and function, rather than a specific job description. It is interpreted and enacted differently across each of the 32 local authorities
- The chief social work officer role extends beyond the operational management responsibilities held in parallel by the chief social work officer. The implications of this complexity and the opportunities and limitations it presents need to be understood by councils and integration authorities

- The chief social work officer role applies to the professional leadership of, and accountability for, all aspects of local social care and social work services – elected members must ensure they are familiar with the role and the spheres of influence of their local chief social work officer
- Improved understanding of the chief social work officer role is beneficial to elected members in discharging their responsibilities effectively in local authorities, in local integrated arrangements and to chief social work officers in being supported and challenged by elected members
- The Audit Scotland report (2016) will be of interest and assistance to elected members in scrutinising social care and social work services and in ensuring councils and integration authorities discharge their statutory responsibilities
- Partnership working between elected members and the chief social work officer is an essential component of the effective delivery of shared responsibilities

Further support and contacts

The chief social work officer in your local area can be contacted as per local protocols for elected members.

Social Work Scotland is the professional leadership body for the social work and social care profession in Scotland. Social Work Scotland influences and advises on the development of policy and legislation in relation to social work and social care and supports the development of the social work and social care professions.

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The Improvement Service is devoted to improving the efficiency, quality and accountability of public services in Scotland through learning and sharing information and experiences.



The Role of Chief Social Work Officer

Guidance Issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968

Revision of Guidance First Issued In 2009

Revised Version – July 2016

**This guidance has been developed in partnership
with local government and supported by COSLA**

INTRODUCTION

1. The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.
2. This document contains statutory guidance. It is issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. The local authority must have regard to this guidance. It must follow both the letter and the spirit of the guidance. It must not depart from the guidance without good reason. The Guidance replaces guidance previously issued in 2009.

PURPOSE

3. The guidance is for local authorities and will also be of use to bodies and partnerships to which local authorities have delegated social work functions. Local authorities must have regard to this guidance when carrying out their functions under the 1968 Act. Recognising the democratic accountability which local authorities have in this area, clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in delivery of social work services.
4. This guidance summarises the minimum scope of the role of the CSWO. It will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role. Effective delivery of and support for the role will assist local authorities to be assured that there is coherence and effective interfacing across all of their social work functions.
5. The guidance is intended to:
 - (a) support local authorities in effective discharge of responsibilities for which they are democratically accountable;
 - (b) help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally;
 - (c) provide advice on how best to support the role so that the CSWO can be effective in their role both within the local authority and in regard to other entities, such as Community Planning Partnerships, whilst recognising that local authorities operate with different management and organisational structures and in different partnership landscapes;
 - (d) assist Integration Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act).

- (e) be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued relating to the 2014 Act.
- (f) be sufficiently generic to remain relevant in the event of future management or organisational structural change.

REQUIREMENT

6. The requirement for every local authority to appoint a Chief Social Work Officer is set out in section 3 of the 1968 Act. This requirement is for the purposes of the local authority functions under the 1968 Act and the enactments listed in section 5(1B) of the Act. The role provides a strategic and professional leadership role in the delivery of social work services. In addition there are certain functions conferred by legislation directly on the CSWO by name.

7. The Scottish Office explicitly recognised that the need for the role was driven by “*the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not.*” (Circular: SWSG2/1995 May 1995)

8. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority. The CSWO’s responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

THE CHIEF SOCIAL WORK OFFICER ROLE

Overview

9. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority’s statutory functions as described in paragraph 6. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority’s social work functions to provide a focus for professional leadership and governance in regard to these functions.

10. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

11. It is for local authorities to determine the reporting and management structures that best meet their needs. Where the CSWO is not a full member of the senior management team or equivalent, elected members must satisfy themselves that the officer has appropriate access and influence at the most senior level and is supported to deliver the complex role described in this guidance.

Competencies

12. Scottish Ministers' requirement is that the CSWO role will be held by a person who is qualified as a social worker and registered as such with the Scottish Social Services Council. Local authorities will also want to require this as they will need to ensure that the CSWO:

- can demonstrate extensive experience at a senior level of both operational and strategic management of social work and social care services and;
- has the competence and confidence required to provide effective professional advice at all levels within the organisation and with the full range of partner organisations
- receives effective induction to support them in full delivery of their role

(NB At the time of writing, SI 1996/515, which sets out minimum qualifications for a CSWO is being reviewed with a view to amendment so that the social work degree is specifically included.)

13. Further information on the skills and competencies required of a CSWO is available in the Standard for Chief Social Work Officers (issued by the Scottish Social Services Council in July 2015) which underpins the Level 11 Award for CSWOs which was launched in August 2015 as a further professional accredited qualification aimed at enhancing CSWO competence.

Scope

14. The scope of the role relates to the functions outlined in paragraph 6 whether provided directly by the local authority; through delegation to another statutory body or in partnership with other agencies. Where social work services and support are commissioned on behalf of the authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support. The CSWO also has a role in providing professional advice and guidance to an Integration Joint Board or NHS Board to which social work functions have been formally delegated.

Responsibility for values and standards

15. The CSWO should:

- (a) promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers.

- (b) work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;
- (c) establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance, including, for example, - the *Practice Governance Framework: Responsibility and Accountability in Social Work Practice* (SG 2011);
- (d) ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically.

16. The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate (or the Chief Executive of a Health Board if appropriate in the context of a lead agency model), in regard to:

- (a) effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- (b) appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice.
- (c) the development and monitoring of implementation of appropriate care governance arrangements;
- (d) approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;
- (e) requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- (f) workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;

- (g) continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;
- (h) the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

Decision-Making

17. There are a small number of areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions. These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed;
- decisions associated with the management of drug treatment and testing orders
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

18. In addition to these specific areas where legislation confers functions on all CSWOs, there will be a much larger number of areas of decision-making which have been assigned by individual local authorities to Chief Social Work Officers reflecting *“the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not”* noted in paragraph 7. These areas may include responsibilities assigned through guidance or other routes. For example:

- the 2014 guidance on Multi Agency Public Protection Arrangements (MAPPA) makes explicit reference to the role of the CSWO in responsibility for joint arrangements, in co-operation with other authorities.
- although mental health services are delegated to Integration Joint Boards, some of these functions require to be carried out by local authority officers with a social work qualification (Mental Health Officers). Local authorities will want to be reassured via the CSWO that these functions are discharged in accordance with professional standards and statutory requirements

It is for each local authority to make transparent which additional specific areas of responsibility in regard to their social work functions they have assigned to their CSWO

Leadership

19. The CSWO is responsible for providing professional leadership for social workers and staff in social work services. The CSWO should:

- (a) support and contribute to evidence-informed decision making and practice – at professional and corporate level – by providing appropriate professional advice;
- (b) seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery;
- (c) support the delivery of social work’s contribution to achieving local and national outcomes;
- (d) promote partnership working across professions and all agencies to support the delivery of integrated services;
- (e) promote social work values across corporate agendas and partner agencies.

The CSWO role in the context of partnerships and integration

20. In the context of Health and Social Care Integration and the 2014 Act, the CSWO is required to be appointed as a non-voting member of the Integration Joint Board (IJB) (or, in lead agency models, the Integration Joint Monitoring Committee). Scottish Ministers are strongly of the view that the influence of high quality professional leaders in the integrated arrangements is central to the effectiveness of improving the quality of care locally and nationally.

21. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board, as set out in the partnership Integration Schemes and [relevant guidance](#).

22. The local authority should ensure that appropriate arrangements are in place to include the CSWO in relevant strategic and operational forums that provide direct access to the Chief Executive and elected members so that the CSWO is in an optimum position to support and advise them in regard to their social work function responsibilities in their partnership contexts.

Reporting

23. The CSWO has a role in reporting to the local authority Chief Executive, elected members and IJBs – providing comment on issues which may identify risk to safety of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and carers, for individual teams/members of staff/partners as appropriate;
- implications for delivery of national and local outcomes;
- proposals for remedial action;
- means for sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

24. The CSWO should also produce and publish a summary annual report for local authorities and IJBs on the functions of the CSWO role and delivery of the local authority's social work services functions (however these are organised or delivered). A template for this report is available from by the Office of the Chief Social Work Adviser, Scottish Government.

ACCESS, ACCOUNTABILITY AND REPORTING ARRANGEMENTS

25. To discharge their role effectively, the CSWO will need:

- (a) direct access to people and information across the local authority, including the Chief Executive, elected members, managers and frontline practitioners and also in partner services, including in Health and Social Care Partnerships. Specific arrangements will vary according to individual councils, but should be clearly articulated locally;
- (b) to be able to bring matters to the attention of the Chief Executive to ensure that professional standards and values are maintained;
- (c) to be visible and available to any social services worker and ensure the availability of robust professional advice and practice guidance;
- (d) to provide professional advice as required to senior managers across the authority and its partners in support of strategic and corporate agendas.

26. Local authorities will need to agree:

- (a) how the CSWO is enabled to inform and influence corporate issues, such as managing risk, setting budget priorities and public service reform;

- (b) the specific access arrangements for the CSWO to the Chief Executive and elected members;
- (c) the relationships, responsibilities and respective accountabilities of service managers and the CSWO;
- (d) a mechanism to include an independent, professional perspective to the appointment of the CSWO;
- (e) procedures for removal of a CSWO postholder, bearing in mind the need for continuity in the provision of the CSWO functions, the value of independent professional advice and the arrangements for the appointment and removal of the local authority's other proper officers;
- (f) clear and formal deputising arrangements (with similar skills and experience available) to cover any period of absence by the CSWO and appropriate delegation arrangements where scale of business requires this.

27. This document complements the wide set of guidance underpinning the delivery of safe, accountable and effective social work practice and high quality social services in Scotland.



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