

Report To: Health & Social Care Committee **Date:** 29th August 2013

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Subject: Chief Social Work Officer - Annual Report (Appendix 1)

1.0 PURPOSE

1.1 This report provides Members, and the Council, with a view on the effective functioning of Social Work Services within Inverclyde, as a component of the governance arrangements of the Council. It further outlines the key challenges faced by the service.

2.0 SUMMARY

2.1 The Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, etc (Scotland) Act 1994, requires every Local Authority to appoint a professionally qualified Chief Social Work Officer.

2.2 In March, 2009, the Scottish Government published national guidance on the role of the CSWO which outlined the role as providing professional governance, leadership and accountability for the delivery of Social Work Services, whether these are provided by the Local Authority or purchased from the private or voluntary sectors.

2.3 Within the national guidance it was stated that the CSWO should prepare an annual report to the Local Authority on all of the statutory, governance and leadership functions of the role.

2.4 This is the first Chief Social Work Officer (CSWO) report to Inverclyde Council since my appointment to the role of Corporate Director / Chief Social Work Officer for Inverclyde CHCP in June 2012. The report provides relevant parties with an overview of professional social work issues as required Scottish Government guidance. The review period covers April 2012 to April 2013.

2.5 The attached report provides an overview of protection and risk management issues a summary of key statutory decisions and overview of complaints activity and outcome of scrutiny activity during the period April 2012 to April 2013.

3.0 RECOMMENDATION

- 3.1 It is recommended that the Health & Social Care Committee notes the CSWO report as set out in Appendix 1

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Chief Social Work Officer

Inverclyde Council

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

April 2012 – April 2013



Inverclyde
council

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1. INTRODUCTION

- 1.1 This is the first Chief Social Work Officer (CSWO) report to Inverclyde Council since my appointment to the role of Corporate Director / Chief Social Work Officer for Inverclyde CHCP in June 2012. The report provides relevant parties with an overview of professional social work issues as required Scottish Government guidance. The review period covers April 2012 to April 2013. The report will be presented to Inverclyde Council Health and Social Care Committee which meets annually and delegates powers to the CHCP Sub Committee.
- 1.2 The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities, both elected members and officers, in the authority's provision of social work services. The post should assist the authority in understanding the complexities of social work service delivery, including particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders and the key role social work plays in contributing to the achievement of national and local outcomes.
- 1.3 The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services. Clarity and consistency as to the purpose and contribution of the CSWO are particularly important given the diversity of organisational structures that exist.
- 1.4 Services are delivered within a framework of statutory duties and powers. Such services are required to meet national standards and to provide best value. Where possible, services are delivered in partnership with a range of stakeholders, including, most importantly, the people who use them.
- 1.5 The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.
- 1.6 In addition, there are a small number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable. A full description of the role and function of CSWO is provided in Appendix 1.

2 PROTECTION AND RISK MANAGEMENT

- 2.1 The assessment and management of risk posed to individual children, vulnerable adults and the wider community are part of the core function of social work and a priority for the Council and its partners.
- 2.2 The effective management of risk depends on a number of factors, including:

- Qualified, trained and supported staff, with effective professional supervision.
- Clear Policies and Procedures and use of agreed or accredited assessment tools and processes.
- Consistency of standards and thresholds across teams, services and organisational boundaries.
- Effective recording and information sharing.
- Good quality performance management data to inform resource allocation and service improvement.
- Multi-disciplinary and inter-agency trust and collaboration.

2.3 The following multi-agency mechanisms have been established reflecting the importance of joint working and also the benefit of partnership working in monitoring and evaluating the above indicators aimed towards achieving the joint aspiration of reducing risk to vulnerable individuals:

- Chief Officers Groups (chaired by the Council's Chief Executive and encompassing child protection, adult support and protection and an overview of MAPPA)
- Inverclyde Child Protection Committee
- Inverclyde Adult Support and Protection Committee
- GG & C Child Protection Forum
- GG& C Adult Support and Protection Liaison Group
- Multi-Agency Public Protection Agency (MAPPA), operating across the North Strathclyde Community Justice Authority area in respect of Sexual Offenders.

The CSWO is a member of the COG, CP Forum and has pre meetings with the chairs of the CP and ASP committees, in advance of each meeting of the committees.

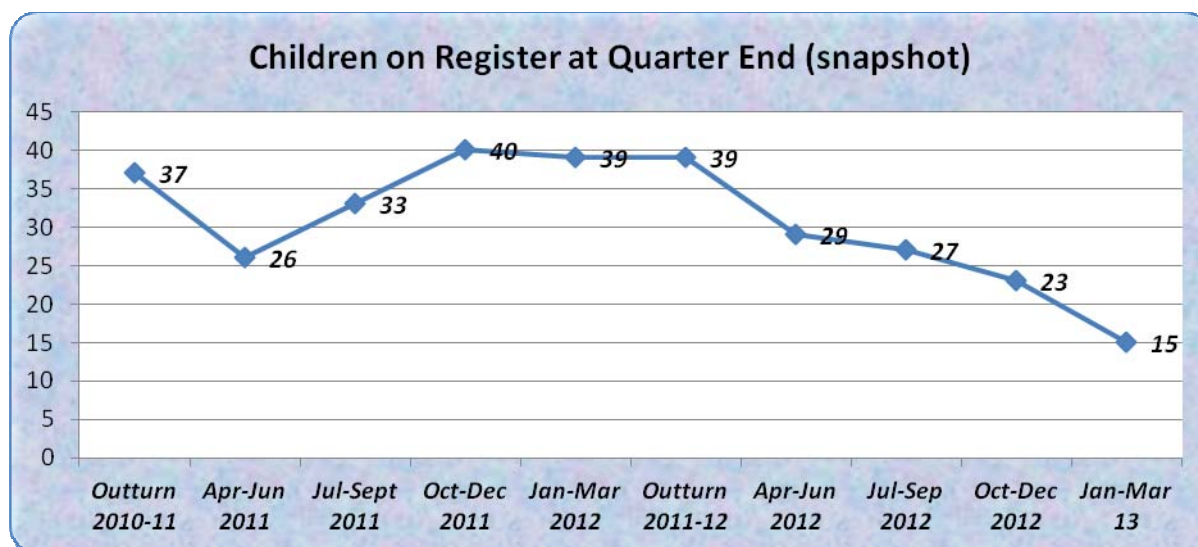
3. CHILD PROTECTION

3.1 The following tables provide a summary of the volume of child protection activity during the year April 2012 – April 2013:

Child Protection Apr12-Mar13	2011-12	2012-13
Number on Register at end of reporting period (snapshot)	39	15
Child Protection Referrals	254	150
Child Protection Investigations	195	94
Outcome of Investigation to Proceed to Case Conference	95	58
Number of Children De-Registered	72	73

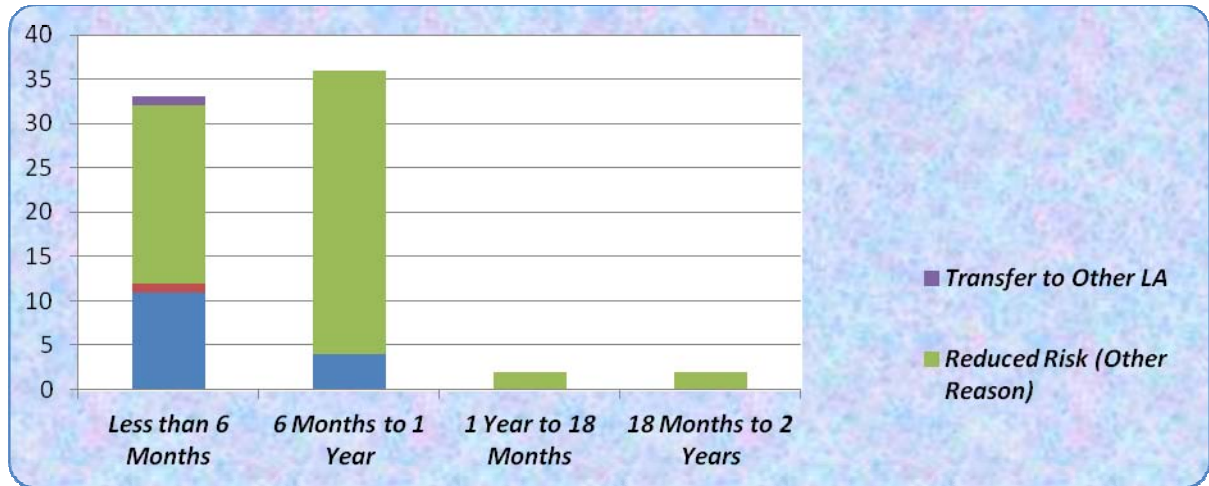
Source: Child Protection Aggregate Return Aug11-July 12 (Swift MI Quarterly reporting QPSR)

Child protection referrals have decreased



Of the **94** child protection investigations that took place in the period Apr 12-Mar 2013, 58 children were subject to a case conference, **15** of whom were 'pre-birth' children

The majority of children deregistered from the child protection register in the period between 1st Apr 2012 and 31st Mar 2013 were on the register for less than 1 year **94%** (69 children) and **45%** were on for less than 6 months. The most frequent 'reason' for deregistration was recorded as 'Reduced Risk' (other reason).



3.2 The above statistics are provided annually to the Scottish Government and allow the Service and the Child Protection Committee to evaluate, review and monitor the indications of children at risk in a very pro-active manner.

3.3 The Child Protection Committee compiles an annual report and business plan which is approved by the Chief Officer Group and is widely distributed. The Committee also maintains a robust quarterly performance reporting process through the auspices of the Performance Sub Group. The evaluation of this data informs the direction of practice and service improvement.

Domestic Abuse

3.4 The protection of children is inextricably linked to the behaviour of parents and as such we have been aware for some time of the unacceptably high level of domestic violence in our communities. To this end a partnership approach has been formed between Police, Social work and SCRA to review and evaluate the incidents of domestic abuse and to identify children affected by such situations. This allows for speedy referral and intervention. The following figures give some information relating to this.

Domestic Abuse	2011-12	2012- 2013	Comment
Number of Referrals in year	549	526	<i>Referral counts the number of times the eldest or 'main' child is referred (some children can be counted more than once)</i>
Number of children with stated issue of Domestic Violence	427	374	<i>This figure is less than the actual number of referrals as some children were subject to repeat referrals during the year.</i>

Source: Workload management report 6 Domestic Abuse Recording Apr11-Mar12 & Apr12-Mar13

- Referrals decreased by 23 from the previous year 2011-12 (-4%)
- Number of children with stated issue decreased by 53 children from the previous year. (-9.6%)

- 3.5 Within the context of child protection it has been acknowledged that we need also to be aware of other adult behaviour factors which impinge on the positive development of children and young people. We have therefore ensured that Adult Service provision takes full account of the effects the adult behaviour or illness may have on the child. This include issues around addiction, both drug and alcohol, mental illness and learning disability. This issue is also considered within the Criminal Justice system where children can be adversely affected through separation and loss of a parent through imprisonment.
- 3.6 The importance therefore of the impact of this wider context in the development and growth of our children is a role in which Social Work must take a lead, but do so in partnership with all other agencies and with our community.
- 3.7 Overall the social work input to this area of work is of a high standard and the service continues to explore opportunities for improvement.

4. ADULT SUPPORT AND PROTECTION

- 4.1 Inverclyde Adult Support and Protection Committee has now been meeting for four years and has representation from all relevant public service agencies. Additionally the Committee has service user and carer representatives. Like the Child Protection Committee the forum has an agreed constitution with responsibility for the governance arrangements for the service as a whole and for the strategic development of the service. The work of the Committee is progressed through a number of sub-groups and is reported through a Biennial Report and Annual Business Plan. The Independent Chair is also a core member of the Chief Officers Group.
- 4.2 The Committee is supported by the Co-ordinator and administrative staff hosted by Social Work.
- 4.3 The following table illustrates the level of Adult Support and Protection activity in this area of work:

The following table illustrates the level of Adult Support and Protection activity in this area of work.

Adult Protection	2011-12	2012-13	Comments
Adult Protection Referrals	427	419	
Adult Protection Case Conferences	11	28	In addition in 2012-13 there were 12 formal strategy meetings and 3 AWIA Case Conferences.
Adult Protection Case Conference Reviews	28	36	

Source: CHCP Community Care Adult Protection Coordinator (MB).

- The referral figures shown above indicate a slight decrease in the number of adult protection referrals received. The referral rate is relatively consistent on a quarterly basis. The majority of referrals continue to be made by the Police.

- The SWIFT Adult Protection module came into operation on 04/03/2013. The module has the ability to collate a range of information that pre existing systems could not. The module is subject to audit, monitoring and review in order that relevant staff are supported to complete it appropriately.
- The Police, Fire and Rescue, Ambulance Service and the Office of the Public Guardian are all reviewing their referral process for adult protection. NHS Greater Glasgow and Clyde have concluded their review and as of 01/04/2013 have introduced a Board wide system utilising DATIX to prompt staff to consider whether a patient's circumstances meet the criteria for a referral under the auspices of Adult Support and Protection legislation. All above is likely to impact on referral rates and it can be reasonably anticipated that referral rates will increase locally and nationally.
- The number of case conferences have significantly increased and the number of case conference reviews have also increased. This reflects the increasing complex nature of referrals and investigations undertaken. In a further 3 cases, case conferences were convened under the auspices of Adults with Incapacity legislation.
- Informal strategy meetings and discussions happen for every situation proceeding to investigation in order to plan appropriately. In 2012-13 there were 12 formal and minuted strategy meetings.

5. MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

- 5.1 The MAPPA provision in Inverclyde is a component of the wider service which encompasses the North Strathclyde Community Justice Authority area inclusive of Argyll & Bute, West Dunbartonshire, East Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde Councils. The coordination of the service is hosted by Inverclyde.
- 5.2 MAPPA represents a systematic approach to the management of sex offenders in the community. These joint arrangements focus around current and reliable risk assessment and management processes and are highly effective in respect of the monitoring and management of such Offenders
- 5.3 MAPPA is founded on the basis of targeting resources where they are most required. There are three different MAPPA levels. Level 1 incorporates the majority of registered sex offenders who are managed by one agency (Police, Social Work or Health). There can have multi-agency involvement from other partners at this level. Level 2 refers to Multi Agency Risk Management, where an offenders risk requires to be actively managed by more than one agency, and requires the oversight and resource approval of senior social work and police management. Level 3 Multi Agency Public Protection Panels (MAPPs) are for the critical few offenders whose risk of harm and re-offending often requires an intensive support package from a range of agencies. These meetings are chaired at Head of Service/Superintendent level of social work and police.

As of 31st March 2013 there were the following number of MAPPA offenders within Inverclyde where managed at:

Level 1&2 - 29

Level 3 - 0

Restricted Patients - 0

- 5.4 These statistics include Police led, Criminal Justice Social Work led cases and Health for Restricted patients. Health are the responsible agency for Restricted Patients. Sections 10 and 11 of the Management of Offenders etc (Scotland) Act 2005 places a responsibility on Police and Social Work to work together to assess, monitor and manage the risk posed by all registered sex offenders.

6. PUBLIC PROTECTION CONCLUSION

- 6.1 Overall the services relating to public protection have been operating to a high standard. Engagement with partner agencies and joint working are evidenced across all of the protection sectors.

A shared theme and priority for both CP and ASP committees is to improve public awareness of protection issues and to improve our approach to obtaining feedback from service users regarding their experience of the support and protection that has been made available through joint working. The recognised gap between the robust arrangements of the CP Committee and the more recently established ASP structures is diminishing.

7. STATUTORY DUTIES AND DECISIONS

- 7.1 The CSWO role has primary responsibility for specific decisions on behalf of the Council with regard to Social Work matters. The following are examples of approvals made by the CSWO in the past 21 months.

- Secure Accommodation Decisions – 5
- Emergency Transfer of Placement – 14

- Welfare Guardian Orders Local Authority - 4
- Welfare Guardian Orders Private Individuals – 5

8. CHILDREN AND FAMILY SERVICES

- 8.1 During the reporting period Children's services in Inverclyde have been involved in developing an innovative approach to Children's service planning. This approach is entitled "Nurturing Inverclyde: Getting it right for Every Child, Citizen and Community.. The approach has adapted the national practice model and the wellbeing indicators into a service planning and performance tool that has been applied across the Inverclyde Community Planning Partnership. It is intended that as this develops it provides a culture from which Community Planning Partners can deliver a common core approach to wellbeing for the citizens of Inverclyde. This development has been recognised by a COSLA gold award in March of this year.

- 8.1.1 A practical example of the Nurturing Inverclyde Approach is the Barnardos Nurturing Inverclyde Project. This project is a partnership between the local authority and Barnardos with the support of Big Lottery funding. This project aims to deliver early and effective interventions that nurture children and families on a community development model with the national practice model providing the outcomes framework.

- 8.1.2 In the broader strategic context of prevention and early intervention, Children's Services have been supporting the implementation of the early years framework with the development of an Inverclyde Parenting and Family Support Strategy and are currently engaged in progressing the aims of the early years collaborative.
- 8.1.3 In the past year Children and Families have implemented the Early and Effective Intervention (EET) approach to young people who have come to the attention of the Police because of their involvement in offending. This process has enabled a number of young people to access support and services to meet need early. This approach is now being rolled out to young people who are currently subject to supervision and to young people aged 16-17.
- 8.1.4 A further aspect of our Nurturing Inverclyde agenda is reflected in our commitment that all young people from Inverclyde should wherever possible grow up, live and learn in Inverclyde. To achieve this our strategy has been a continued commitment to work with children and their families with a view to maintaining children in their own family where possible or, if not, with extended family via our Kinship Care Service. Inverclyde Council has invested heavily in supporting extended family to step in to help support children when their birth family can no longer look after them.
- 8.2 By means of our early intervention and preventative services Children and Families provide services to a large number of children with a diverse range of needs, including young carers and children with additional support needs.
- 8.3 There are, however, a number of children who require statutory measures to meet their needs and the table at 8.7 below outlines some information regarding the activity in this area of our work.
- 8.4 The number of children Looked After in Inverclyde reflects the prevalence of deprivation and addiction in our communities. However it is important to stress that within this context the service has worked hard to develop localised fostering resources allowing children to remain within Inverclyde maintaining vital links with family, education services and other professionals. The vast majority of Inverclyde children living in substitute family care do so in family placements in Inverclyde.
- 8.5 The provision of good quality residential accommodation in Inverclyde remains a key resource for young people who cannot live with their parent, extended family or in foster care. As part of our strategy to modernise our residential provision, work on a purpose built residential children's unit commenced in 2011 in conjunction with an overall re-provision of children's residential services across Inverclyde. The first of our new build units opened in March 2013. We are currently progressing plans for our second new build.
- 8.6 Our in-house residential resource has been externally inspected by the Care Inspectorate with all three of our resources graded as being of the highest standard. This again provides a secure foundation upon which we can continue to develop services.
- 8.7 The following table provides some information to outline the statutory activity in this area of our work.

Annual - 1st April - 31st March	Outturn 2009-10	Outturn 2010-11	Outturn 2011-12	Outturn 2012-13
Looked After Children (Snapshot)				
Total Number of Children Looked After	325	304	270	283
Looked After At Home	175	139	127	124
Looked After with Friends/Family	54	64	51	66
Looked After in Foster	43	56	53	56
Looked After with Prospective Adopter	13	7	5	7
Looked After in Other Community Placement	1	0	5	2
Total Looked After in Community	286	266	241	255
Residential School	13	7	5	8
Residential Units	24	24	18	17
Residential Units external prov	0	2	1	1
Residential Units (disability)	2	4	3	2
Secure Units	0	1	2	0
Total Looked After in Residential	39	38	29	28
% Looked After in Community including At Home	88	87.5	89.3	90.1

	2009-10	2010-11	2011-12	2012-13
Non LAC Kinship Care*	N/A	N/A	37	44

Source: Swift MI report consistent with the CLAS uplift July 2012 specification. *Non Lac Kinship figures based on manual estimation provided by C&F. (These figures may be revised at the year end prior to submitting the annual data for publication).

Adoption & Permanence Activity	2011-12	2012-13
Permanence Orders Granted	3	4
Adoption Petitions Granted	9	8

8.8 As part of our overall Nurturing Inverclyde approach and our family Placement Strategy, we are pursuing an explicit policy of placing Inverclyde Children within Inverclyde (with the exception of adoption). We are pleased to report that the number of Inverclyde Children placed in residential schools is at its lowest level and the number of children placed in community based settings is at its highest at 90.1%.

9. CRIMINAL JUSTICE SOCIAL WORK

9.1 Criminal Justice Social Work Services in Inverclyde have continued to deliver a high standard of service across the full spectrum of their responsibilities. The service provides an underpinning resource to community safety and endeavours to ensure that individuals involved in the criminal justice system can have the best opportunity to be active and positive members of our communities.

- 9.2 The structural framework within which Criminal Justice Social Work is delivered will be subject to change. A national consultation exercise on what the model for service delivery should look like commenced in late December 2012 and concluded on 30th April 2013. Inverclyde Council responded to the consultation by advocating for the full repatriation of Criminal Justice Social Work back to Local Authorities believing this to be the most effective way of delivering improved outcomes, advancing an early intervention and prevention agenda and more critically promoting public safety. In supporting this view the Council pointed to the fact that many Criminal Justice service users were part of a complex service reality, which has strong connections with child protection, domestic abuse, substance misuse mental health and housing issues. An announcement by the Scottish Government on the way forward is expected late 2013.
- 9.3 Criminal Justice Social Work practice is informed by the application of accredited risk assessment and management tools, such as the Level of Service/Case Management Inventory (LS/CMI). The tool is used to assess both the risk of re-offending and risk of (serious) harm and to inform case and risk management planning. The introduction of the tool nationally was only completed early 2012. All social work qualified operational staff within our Criminal Justice Social Services have been trained in this tool. Plans have been announced to carry out a national review of the implementation of LS/CMI, with the aim of determining its initial impact on practice. The review will take place in 2013/14 and will be led by Risk Management Authority (RMA), Care Commission and Association of Directors of Social Work (ADSW). Our Criminal Justice Social Work Services will be fully participating in this review
- 9.4 The introduction of the new Community Payback Order in February 2011, placed a greater emphasis on consultation and visibility with regard to the nature of unpaid work carried out by those sentenced to such Orders. Our Criminal Justice Social Work Services have re-designed their operations in this area to respond to this demand, creating a new post which places an emphasis on community engagement.
- 9.5 Our Criminal Justice Social Work Service continues to explore options for improvement with staff and management engaged through the North Strathclyde Community Justice Authority in reviewing and evaluating service areas. This includes development of new service projects and in determining the direction of the Community Justice Authority annual Development Plan.
- 9.6 The table below gives some indication of the workload activity within the Service.

Criminal Justice Services	2011-12	2012- 13
(CJSWR)Social Enquiry Reports for Court	790	642
New CPO Orders Issued (All)	99	245
Community Service Orders Issued	56	9
Probation Orders Issued	42	13
Statutory Supervision, e.g. Life Licence, parole, supervised release, after care, through care, etc. (Number of Prisoners)	Released 16 Serving 8 (new cases)	Released 17 Serving 17 (new cases)
Home Circumstances Reports	50	45
Home Detention Curfew Assessments	54	66

Source: Scottish Government Annual Return 2011-12 - The CPO figures may be revised at the year end prior to submitting the annual data for publication

Community Payback Orders	2011- 12	2012- 13
Community Payback Order (supervision requirement)	65	123
Community Payback Order (unpaid work requirement)	70	197

Source: Scottish Government Annual Return 2011-12
The CPO figures have not been finalised at this point, and may be revised prior to submitting the annual data for publication.

Of the **245** new **CPO** orders issued 2012-13 - **123** had an element of supervision attached and **197** had an element of unpaid work attached. In addition, **37** had a programme requirement, **35** had a drug or alcohol requirement, and **19** had a conduct requirement.

10. ADULT SERVICES

10.1 The following section provides an overview of statutory mental health services, learning disability and older people services. A common approach within all of these key service areas is the promotion of independent living and the ethos of personalisation. These approaches give expression to the values and standards of professional social work practice. There are also clear responsibilities with regard to risk assessment and management which the following sections make reference to.

11. MENTAL HEALTH SERVICES

11.1 With regard to our mental health services it has been the practice within Inverclyde to deliver our adult community mental health service through the auspices of a joint team with health colleagues. This has been strengthened over the two years through the development of the CHCP.

11.2 Through the Single Outcome Agreement the prioritisation of the development of a "Mentally Flourishing Inverclyde" has been progressed. This has ensured the raising of awareness of mental wellbeing within agencies and the community.

11.3 The specific role of the Mental Health Officer is one which correlates closely with that of the CSWO as being a post which carries clear personal accountability and relates to the assessment, evaluation and decision in respect of individuals' civil liberties. There has been a consolidation of the Mental Health Officer resource in order to meet the growing workload. This will be an area for continued monitoring.

11.4 The under noted table indicates the demand on the MHO resources.

Mental Health Services	April 2012- April 2013
Welfare Guardianship	7
Financial Guardianship	4
Welfare and Financial Guardianship	3
Orders for which CSWO is Guardian	4
Assessments by MHO for Welfare Guardianship	40
Compulsory Treatment Orders**	51 (9 interim orders granted in period)
Emergency Detention	13
Short Term Detention	39
Assessments completed by MHOs	101 ***

*Guardianship numbers relate to only the orders granted in the April – April period

** CTO numbers will include CTOs which were granted in previous years but still ongoing pieces of work

*** Assessments include detention assessment, scr assessment and cto assessments.

12. LEARNING DISABILITY SERVICES

- 12.1 Inverclyde CHCP are currently at the early stage of a comprehensive review of learning disability services.
- 12.2 The review will be driven by the opportunities presented by Self Directed Support and the requirement to offer more personalised forms of support.
- 12.3 The review will also be informed and driven by the recommendations contained within the recent Scottish Government publication and review of learning disability services The Key to Life.
- 12.4 Engagement with services using future models of support will be a central feature of the review.

13. SERVICES FOR OLDER PEOPLE

- 13.1 The national Reshaping Care for Older People policy provides the framework and impetus for improving services to older people.
- 13.2 The Inverclyde CHCP local partnership between social work and social care staff working alongside health colleagues, independent/third sector and community groups are starting to evidence the delivery of RCOP objectives.

A key challenge for the CHCP and partners will be developing and improving support for the increasing numbers of individuals diagnosed with Dementia. Appropriate support for their carers will also be a key priority.

- 13.3 Inverclyde CHCP has also successfully rolled out a reablement model of homecare across all of the areas.
- 13.4 One of the challenges of the past twelve months has been the impact of potential or actual failures in commissioned services particularly within the care home estate. This particular reality has been particularly pertinent in older people's services where Inverclyde CHCP has dealt with the closure of one residential home that went into administration.
- 13.5 The CHCP has also initiated a phased transfer from in-house homecare provision to a greater reliance on the independent sector. There is a clear focus to ensure that this phased transfer does not diminish the quality or standard of support provided. In-house home care will continue to provide 50% of home care support.

14. COMMISSIONED SERVICES

- 14.1 Similar to any other local authorities approximately 50% of Inverclyde CHCP social work budget is committed to commissioned services.
- 14.2 A Chief Social Work Officer/Corporate Director I have overseen the updating of Commissioning Strategy and the development of a Joint Commissioning Strategy for Older People's Services. A regular report on the External Governance of Commissioned Services is presented to each CHCP Sub Committee. Information is provided on financial checks undertaken and any issues on quality of care and support provided by each commissioned service.

15. WORKFORCE DEVELOPMENT AND LEADERSHIP

- 15.1 The previous CSWO report stated that "The "Changing Lives" (2006) programme of reform recognised that in order to secure improved outcomes for individuals, families and communities, Social Work required to develop a confident, competent and valued workforce. This has set the direction for Social Work in Inverclyde and we have worked continuously to secure this vision". This assertion remains equally valued in 2013.
- 15.2 To secure this vision there has been considerable investment from the Social Work training team to develop a clear pathway for staff to achieve recognised SVQ qualification at appropriate levels. This development has also included the establishment of an SVQ Centre which facilitates the process and ensures access to a wide range of staff. Last year the Centre supported 56 staff to achieve a qualification that could meet registration requirements.
- 15.3 It is further acknowledged that learning and education are not just required registration levels but are an essential post qualifying process if we are to ensure that our service is maintained at high levels. Continued professional development is therefore an area which is viewed as a component of our aim towards competent, confident staff. In addition to the comprehensive programme of in house training there were 12 social work staff who also gained academic and specialist practice awards to extend their continuous professional development

15.4 Discussions are ongoing with staff regarding the establishment of a Practice Governance Group the agenda for which will be shaped by existing social work practice governance framework as outlined in the Scottish Government document Changing Lives Practice Governance Group. The group will work alongside existing Practitioners Forum.

16. COMMUNICATION & ACCESSABILITY

16.1 Communication with all CHCP staff is undertaken through a range of channels including:-

- Monthly Director's Brief
- Weekly Director's Memo – which goes to all front line managers and senior managers
- Regular Staff Engagement Sessions

These communication approaches ensure that social work services are constantly profiled and facilitate my visibility and accessibility in role of Chief Social Work Officer. During the past 12 months there has also been a programme of regular visits to services by myself and members of the CHCP Sub Committee which again presents opportunity to profile social work services.

17. EQUALITIES ISSUES

17.1 Inverclyde CHCP is bound by the General Public Sector Equality Duty as part of the Equality Act 2010. As part of this responsibility equality impact assessments are routinely completed to any new social work service related development and EIA have also been undertaken for efficiency savings.

18. SCRUTINY

18.1 A number of CHCP services have been subject to external scrutiny over the past 12 months. The gradings for each service are detailed below. Overall the inspection gradings make an explicit statement of assurance regarding quality of social work services provided.

18.2 All inspections of service from outside inspectorates have been submitted to the CHCP Sub Committee for further scrutiny by elected members.

Provider	Type of Provision	Date of Care Commission Inspection	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Crosshill Residential Unit	Care Home - Children & Young People	14 March 2013	6	6	6	6

Inverclyde Adoption Service	Adoption Service	14 February 2013	5	-	5	5
Inverclyde Fostering Service	Fostering Service	24 March 2010	5	-	5	-
Neil Street Children's Home	Care Home - Children & Young People	17 January 2013	6	6	6	6
Redholm Residential Unit	Care Home - Children & Young People	28 February 2013	6	6	6	6
Care & Support at Home	Home Care & Housing Support	31 October 2012	5	5	-	5
Fitzgerald Centre	Day Care - Adults	14v December 2011	5	-	5	-
Inverclyde Day Services	Day Care - Older People	23 January 2013	6	-	-	-
Learning Disability Service	Home Care & Housing Support	4 February 2013	5	-	5	5
McPherson Resource	Day Care - Adults	30 January 2013	3	4	4	3
Respite Unit	Respite (variety of support needs covered)	27 November 2012	5	4	4	5

19. COMPLAINTS

- 19.1 All formal complaints received by the Inverclyde CHCP are investigated in accordance with the statutory complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996) and NHS Greater Glasgow & Clyde Complaints Procedure.
- 19.2 These set out response times and reporting requirements including performance in handling and responding to complaints. The responsibility for the statutory Social Work function lies with the Chief Social Work Officer and in health the Corporate Director of the CHCP.
- 19.3 The CHCP are currently exploring the development of a single integrated complaints handling procedure for local CHCP complaints which also meet the requirements of both parent organisations. This will include the introduction of Service Improvement

Action Plans to ensure that demonstrable evidence of organisational learning and development identified from complaint activity.

19.4 The CHCP have established formal governance processes for the reporting of complaints activity as follows:

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Report (OPR)

19.5 The Table below outlines CHCP formal complaint activity in respect of health and social work.

Table 1 – Number of Complaints 2012-2013

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	35	28*
Community Health Service	7	5*
Total	42	33

* The collection of this information commenced in October 2012. This is included in the weekly reporting data to Senior Management.

Table 2 – Complaint Timescale Reporting

Service Procedure	Timescale	Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 calendar day period.	35	100%	0	0%
	Completed within 28 days or agreed timescale.	30*	91%	3	9%
Community Health	Acknowledged within 3 working day period.	7	100%	0	0
	Received and responded to within 20 working days.	2	40%	3	60%

* 2 Social Work Complaints were carried forward to 2013/14 reporting period.

Table 3 – Outcome of Complaints

Outcome	Social Work		Community Health	
Upheld	6	17%	0	0
Partially Upheld	12	34%	3	43%
Not Upheld	11	31%	2	29%

Withdrawn	4	12%	0	0
Ongoing	2	6%	2	28%

19.6 Of the 18 social work complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required.

There were **seven** Service Improvement Action Plans issued during the period 2012 / 2013, where **seventeen** recommendations were made.

19.7 If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. Ultimately complainants have recourse to the Scottish Public Services Ombudsman (SPSO) to review the outcome of complaints made to the CHCP. However, under the Statutory Complaint Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

- Review by Chief Social Work Officer
- An Independent Review by the Complaints Review Committee

Table 4 – Number of appeals 2012-2013

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	3	N/A
Complaint Review Committee	0	N/A
SPSO	0	1*

*Appeal to the Scottish Public Services Ombudsman (SPSO)

One complaint regarding the CHCP health provision was escalated to the SPSO for external review.

20. CONCLUSION

20.1 This report covers the first 12 months in my role as Chief Social Work Officer/Corporate Director for Inverclyde Community Health and Care Partnership.

20.2 The report focuses on issues and outcomes pertinent to the role of Chief Social Work Officer in the context of integrated working arrangements. The commentary reflects the CHCP's approach to integrating policy and procedures but also joint accountability to host organisations, Inverclyde Council and Greater Glasgow and Clyde and existing governance arrangements through Inverclyde CHCP Sub Committee.

20.3 The position of Chief Social Work Officer/Corporate Director provides a platform for representing social work professional views within Inverclyde Corporate Management Team, Greater Glasgow & Clyde Partnership Directors Group, a range of Inverclyde committees and Greater Glasgow & Clyde Board governance arrangements.

- 20.4 Inverclyde CHCP has also lead officer responsibility for a number of SOA Outcome Groups, Health Inequalities SOA Outcome Delivery Group, Drugs and Alcohol Misuse Delivery Group and is a key partner in the Best Start in Life Outcome Delivery Group, which provide opportunities to promote social work services issues within existing community planning framework. The strategic influence is further exemplified by the fact that all outcome groups within Inverclyde community planning arrangements report within the SHANARI Wellbeing Framework.
- 20.5 The format of the annual report has repeated the pattern of previous Chief Social Work Officer Report and this format will be kept under review, particularly with regard to performance and activity information related to statutory functions.
- 20.6 Looking ahead to the next 12 months I have identified the following areas for development.
- Revisit existing information sharing practice standards and inter agency protocols.
 - Reinvigorate the approach to Corporate Parenting particularly in the context of requirements of new children and young people legislation.
 - Introduce self assessment frameworks with particular emphasis on case file audits and supervision standards.
 - Communicate issues identified in the report with key stakeholders.
 - Progress the implementation of the ICHCP Dementia Strategy.
- 20.7 In the forthcoming years the impact of legislation changes and ongoing public sector reform will impact on social work services. The most significant of these will be the integration of health and social care.
- 20.8 As an integrated CHCP we are well placed to make the necessary adjustments to meet the requirements of the new legislation. In Inverclyde the integrated arrangements have been in place for just over 2 years and the role of professional social work has been integral and a key driver for the ongoing development of the organisation. The influence and centrality of social work services to current and future integration working arrangements will continue to be paramount.

Brian Moore
Chief Social Work Officer
Corporate Director
Inverclyde Community Health and Care Partnership

APPENDIX 1

ROLE AND FUNCTIONS OF THE CSWO

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. For the role to be effective in the varying circumstances and configurations of Scottish local authorities, a focus on role and function rather than position or structures is appropriate. However, the CSWO should be positioned at a level of seniority commensurate with being able to advise the local authority and undertake the complex duties described in this guidance.

The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a Local Authority, where the law requires the function to be discharged by a specified post holder.

The qualifications of the CSWO are set down in regulation. The post holder must be a qualified social worker, registered with the Scottish Social Services Council.

The scope of the role relates to all social work and social care services, whether provided directly by the local authority or in partnership with other agencies. Where services are purchased on behalf of the authority, including from the private and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of services commissioned.

The CSWO should:

- Promote values and standards of professional practice, including relevant National Standards, and provide a clear statement of expectation of social services workers and employers (consistent with the Scottish Social Services Council (SSSC) Codes of Practice) to be agreed with the Chief Executive and elected members;
- Ensure that these values and standards are communicated on a regular basis, adhered to and reviewed periodically;
- Work with Human Resources to ensure that all social service workers meet the requirements of the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body;
- Support and advise managers in maintaining and developing high standards of practice and supervision;
- Ensure that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- Ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.

Where the Council's corporate policy on risk does not reflect this balance, the CSWO is required to bring this to the attention of the Chief Executive and to contribute to the development of appropriate governance arrangements;

- Ensure appropriate advice is provided on corporate workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;
- Actively promote continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focused on the needs of the service user;
- Oversee the 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;
- Ensure that appropriate systems are in place both to promote good practice and to identify and address weak and poor practice. The CSWO should work with managers to ensure these systems are effective and, where this is not the case, the CSWO has the responsibility for bringing this to the attention of the Chief Executive and contributing to the development or improvement of such systems;
- Ensure that significant case reviews are undertaken into all critical incidents either resulting in - or which may have resulted in - death or serious harm;
- Take final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions required from time to time;
- Contribute to reports to the Chief Executive and Elected Members – providing independent comment where necessary - on the findings of relevant performance reports, setting out:
 - implications for the local authority, for services, for service users and carers, for individual teams/members of staff/partners as appropriate;
 - implications for delivery of national and local outcomes;
 - proposals for remedial action and means for sharing good practice and learning;
 - monitoring and reporting arrangements for identified improvement activity;
 - report to the local authority on any other social work related issues;
 - prepare an annual report to the local authority on all of the statutory, governance and leadership functions of the role.

The CSWO may report directly to the Chief Executive and Elected Members as required.

In addition to the statutory responsibilities of the CSWO, which span services to vulnerable adults, children and offenders, there is a clear expectation that the role will provide professional leadership to all social work staff irrespective of the department within which they are based or their line management arrangements.

The aspiration is to support the development of a confident, competent professional workforce operating within the organisational structures which best suit the circumstances of Inverclyde Council.