



## **Chief Social Work Officer Report 2014-15**

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## **Midlothian Council**

Midlothian is a small local authority area adjoining Edinburgh's southern boundary, framed by the Pentland Hills in the West and the Moorfoot Hills of the Scottish Borders in the South. Most of Midlothian's population of 84,700 resides in or around the main towns of Penicuik; Bonnyrigg; Loanhead; Dalkeith; Newtongrange and Gorebridge. The southern half of the authority is predominantly rural, with a small population spread among a number of villages and farm settlements.

Some parts of Midlothian have seen increasing levels of economic deprivation with the associated social and health issues. This has become worse as a result of the economic downturn that began in 2009. Deprivation is most acute in the communities of Gorebridge, Mayfield & Easthouses and Dalkeith & Woodburn. The community planning partnership has determined to target these three areas to more effectively address inequalities. There are also smaller pockets of deprivation within many of Midlothian's communities and in all communities there are households on low incomes, often combined with other issues such as disability; age; mental health; substance misuse; lone parenting or caring responsibilities.

Midlothian's population is growing. The most recent population projection predicts a population of 91,000 by 2035 (previously predicted as 76,000 by 2030). The 60+ age groups are growing in comparison with the rest of the population. Midlothian now has more pensioners than children. This is likely to have major implications for public services and for the local labour market.

Midlothian's current population is characterised by large young and retired segments, with the latter growing rapidly and becoming predominantly female as it ages. The impact of new-build family housing will tend to increase the younger and working age population. Taken together, this may mean radical change in the nature and volume of service demand.

### **1. Partnership Structures/Governance Arrangements**

This past year was a challenging and yet also a very exciting period for Midlothian Social Care Services. The move towards the establishment of the new integrated health and social care arrangements entailed a great deal of preparatory work in terms of new governance arrangements and strategic planning intentions. A new governing body, the Midlothian Integration Joint Board, is expected to take up its new responsibilities in June 2015. Alongside this major organisational change, the service also began the transition to self-directed support, a major cultural shift taking place across Scotland in the delivery of care and support with the emphasis on service users designing and controlling their care arrangements.

A consequence of the search to reduce expenditure whilst trying to protect frontline services was the reorganisation of managerial arrangements resulting in a 33% reduction of third tier managers. This had particular implications for fieldwork staff moving to more integrated arrangements with direct services. More specifically the Criminal Justice Service now falls under the umbrella of Adult Care whilst seeking to retain its vital links to Housing and Community Safety.

The role of CSWO passed to Alison White, Head of Adult Social Care on 1<sup>st</sup> April 2014. In her role as CSWO she is a member of the Integration Joint Board, the Critical Services Oversight Group and the Public Protection Committee. The post holder currently has direct line management responsibility for all Adult Social Work services and Criminal Justice Social Work. The CSWO meets regularly with the Head of Children's service to discuss any issues or areas of service development. A Changing Lives Overview Group involving managers from across adult, children and criminal justice social work service area meets quarterly with a focus on cross-cutting social work issues including learning and development.

Public sector partners have agreed to use the Single Midlothian Plan as the strategic context for their service planning in the area and a Chief Finance Officers' Group has been established, to align budgets with priorities and support the planning cycle. Within the community planning structure the 'Getting it Right for Every Midlothian Child' Board has responsibility for the overview of integrated children's services plan. Criminal Justice and Public Protection issues are monitored through the 'Safer Communities Board' and all other Adult Social Care issues are progressed and monitored through the 'Adult Health and Care Group'.

As the Integration agenda progresses the Joint Senior Health and Social Care management team is now co-located within Fairfield House in Dalkeith and regular Joint Management Team meetings ensure closer alignment of working practices.

There has been significant progress in developing user and carer involvement with public sector partners working closely together.

## **2. Social Service Landscape/Market**

Despite the recession there have been significant house building developments in most of Midlothian's communities. The new railway will make the area even more attractive to commuters to Edinburgh.

As stated earlier the population is ageing with the proportion of older people likely to increase significantly over the next twenty years. By 2035 the number of people over 75 years will double whilst there will be almost 3 times as many people over 85 years- approximately 4,300, the vast majority of whom will remain living in their own homes.

While employment rates are above the Scottish average, 12.5% of the Midlothian population have a lower income than the national average. And poorer health is consistently associated with poverty. The economic downturn has had a particularly adverse effect on areas already suffering deprivation including parts of Gorebridge, Woodburn and Dalkeith.

Health inequalities are experienced in pockets in all parts of Midlothian often associated with age, disability, poor mental health and caring responsibilities. As is the case throughout Scotland death rates have been falling for many years. However there is scope for us to do much more in Midlothian.

The increasing numbers of very old people in our communities is an indication of improving health; people are living longer. However it is important they are helped to stay in good health. With increasing age comes the likelihood of suffering long-term conditions and requiring more frequent support from the health service and from social care services. If we do not place more effective emphasis on supporting people to stay well physically and mentally, and to recover from ill-health then demands for services will be unsustainable; without changing our approach we will, for instance, have to provide 300 more care home places over the next 20 years in Midlothian at an annual cost of £6m. Similar growth would be required in hospitals at a time when public finances continue to shrink.

While the creation of the new Health and Social Care Partnership focuses upon better joined-up working between health and social care, we know from many previous consultations with older people and people with disabilities, that other services are vital to their wellbeing. These include access to financial advice, support to find employment, access to good information through libraries and access to leisure and recreation.

Alongside this multiagency approach, the increasing emphasis which is being placed on stronger communities and on prevention and early intervention requires a stronger

partnership with voluntary organisations and we are working with Midlothian Voluntary Action and the Volunteer Centre to find ways of working more effectively together.

There is a need to retain strong links between Adult and Children's Services. There are many areas of common interest. Children cared for by people with learning disabilities, mental health needs or substance misuse may need additional support. We are particularly concerned to strengthen support for young carers. And it is very important that we continue to develop more effective transition arrangements for children moving into adult care services.

The issue of substance misuse can be an emotive one-there is a tendency in the public mind to consider the problem as one which is self-inflicted and not fully appreciate the difficulties people have in dealing with their dependency.

The impact of substance misuse is also not just on the individual but on their family and wider society. For instance 1500 children are estimated to live in households in Midlothian where one or both parents have some level of problematic alcohol abuse. The problem affects the quality of life and, eventually, the physical wellbeing of the individual; results in family breakdown; affects the sense of community and public safety; leads to crime etc. In 2014 there were 10 alcohol related deaths down 1 from the previous year. Midlothian residents accounted for 446 -- hospital discharges in 2014. 92.8% of these discharges resulted from emergency admissions following the abuse of alcohol- with a particularly high proportion from the Dalkeith area. There are also approximately 920 people known to have problem drug use in Midlothian- the impact on the user and their families can be equally devastating to the effects of alcohol misuse. In 2014 there were 7 drug related deaths down 1 from 2013. There were 96 drug related hospital discharges, 54.2% of these related to the misuse of opioids.

The challenges described can only be met by a fully-equipped and motivated workforce. We will also need to develop a greater sense of all staff across the different sectors working together as part of a whole, joined-up system. This will involve training and support as we move towards new models of care. It will also require effective recruitment and retention policies; in areas such as district nursing and home care we have an ageing staff group whilst in social care services generally there is a need to improve our retention of staff as high turnover is both wasteful of resources and disruptive to service users.

The increasing emphasis on self-management and self-directed support will require a cultural shift by us all towards a greater sense of working in partnership with patients/service users. The increased priority to be given to recovery will entail staff developing stronger motivational skills to work with people who may not have a lot of optimism about their future with the conditions they are trying to deal with, be they drug dependence, mental illness or cancer.

### **3. Finance**

Locally the Council has, and continues to face severe reductions in its overall budget but has sought to protect social care budgets from the level of cuts required in other services. There is no doubt over the next few years that health and social care services will need to manage with reduced budgets, despite the ageing population and increased public expectations about service quality and accessibility.

During the period 2014-15 Children and Families budget reduced from £14,898,381 to £14,806,778; a reduction of £91,603. This was achieved through reviewing the way in which services are provided and ensuring that services are provided locally, particularly fostering and adoption provision. The Adult Care budget has increased from £35,090,723 to £36,929,868; an increase of £1,839,145. This was to ensure that the demographic and budget pressures are able to be met effectively, including increases in staffing costs, cost

pressures relating to externally purchased services, increasing care at home provision to meet demands in older people's services and the demands on services for young people coming into adult services with extremely complex and challenging behaviour.

Many changes in the delivery of community care services have been implemented which, as well as improving quality of life, will undoubtedly have resulted in savings albeit these have been difficult to quantify because they have been implemented as part of a whole system redesign. Since 2007 a total of £5m plus has been saved through a combination of service redesign and re-commissioning. One example of such a change has been the increasing use of technology to monitor and ensure an early response to incidents of older people falling or wandering. This programme of transformation has been undertaken in an evolutionary manner which has entailed developing a culture of internal challenge to seek to deliver better quality services at lower cost. Transformation has included commissioning, service redesign, externalisation and internal reorganisation.

This transformation programme is a continuous one rather than a structured time-limited project. Critical to success has been a culture which encourages constant exploration and evaluation of costs and benefits throughout the service with an unrelenting focus on the delivery of outcomes. (This approach does not always sit easily with the necessity for robust financial planning, to provide, from the outset, firm commitments to specific savings targets to ensure the Council has a very clear plan for financial sustainability over the coming years.)

The service transformation programme in Community Care and Children's Services continues. There is a particular focus on learning disability services including, developing more efficient approaches to the delivery of care and, in the longer term, creating a local and more cost-effective service for people with complex care needs, with the objective of saving £500,000 per annum.

The integration agenda with the health service may also create new opportunities for more efficient and effective working although realistically this is more likely to enable the sustainability of health and care services in the face of dramatically increasing demographic pressures.

Finally the application of the principles of prevention, local access to services and coproduction along with greater priority on addressing health inequalities, will in time, reduce reliance on public services. However this can only be managed on the basis of a commitment to this vision of public service delivery and realistically cannot be relied upon in the short-term as a solution to the shortfall in public service funding.

#### **4. Performance**

Service performance is reported quarterly via quarterly performance reports. Performance information is also included in the Midlothian News (e.g. annual performance supplement in the Autumn).

Quarterly performance reports can be found online at:

<http://www.midlothian.gov.uk/performance> Copies of Midlothian News can also be found on the Council website / intranet.

#### **Older People**

The Older People's Strategy 2011-15 outlined the implementation of the "Reshaping Care for Older People" agenda in order to support more older people to live as independently as possible for as long as they can. This will focus on the work streams being funded by the

Integrated Care Fund. These include the hospital In Reach service where by the team has doubled in the last six months. The additional 7 Intermediate care beds at Highbank to meet the increased demands of hospital discharges and preventing avoidable hospital admissions are due to be opened by the autumn 2015.

Falls development in Midlothian works jointly with the SAS, Fire service, NHS 24 and other statutory voluntary and private providers to reduce avoidable hospital admissions and promote falls awareness. The plan includes the review of all day care facilities for older people including the Community Day Hospital and will therefore shape future day support for older people in Midlothian, this includes the development of the Local Area Coordination service for older people commissioned to the Red Cross. In addition the develop of sheltered housing complexes in Midlothian to become Extra care facilities similar to Cowan Court. The investment in training to care home staff and care at home staff in the Dementia framework. The Joint Dementia team continues to develop with an additional Post diagnostic support worker and working to a locality model across Midlothian and increasing its integrated services and supports as part of the 8 Pillars model test site. The hospital at Home team which is incorporated within MERRIT (Midlothian, enhances Rapid Response Team moves to a 7 day service also in the autumn of 2015 with the aim of the AHPs to run a 7 day service following an AHP review of 7 day working.

Following consultation events over the last three years a new strategy and action plan for 2015 – 2018 is due to be published in the autumn 2015.

The key performance data include

1. Reducing reliance on long stay hospital provision with 53 less beds than in 2007.
2. Reducing reliance on care home provision for older people with 385 places in April 2015 compared to 477 in 2007 despite the aging population.
3. Reduced number of patients whose discharge from hospital has been delayed. There were 66 over 6 weeks in 2003 ,12 over 4 weeks in 2014/15 and 64 over 2 weeks.
4. Reduction in length of stay in care home from 2.2 years to just over a year, the current average is 1.64 years
5. Percentage of people over 65 with intensive support packages, figure for 2014/15 is 38.8%

## **Carers**

The vision in the Carers' Strategy is that carers are valued as equal partners, feel supported to effectively manage their caring role and are able to have a life outside of caring. The Midlothian Carers Strategy and action plan continues to be informed by direct carer consultation and planning groups involving representatives from organisations who are committed to supporting carers. The new Carers Centre in Eskbank was opened in October 2013. The Centre allows VOCAL, the carers organisation and partner agencies to provide a wider range of support to carers within a flexible and carer dedicated environment. The Centre offers carers training, counselling, access to short breaks, expert advice, and peer and one to one support. A new local carers strategy for the next 3 years is in development, and hopes to demonstrate our continued commitment to supporting and working in partnership with carers.

## **Disabilities**

A consultation event held in June 2015 is informing the creation of the 2015-18 Physical Disability Action Plan. This will help prioritize the work of the Joint Physical Disability Planning Group, ensuring that Midlothian residents living with and affected by physical disabilities, have full access to a wide range of improved services and support, facilitating independent living and improved health and wellbeing. A local implementation plan of the Scottish Government's See Hear Sensory Impairment Strategy is also being created. Two

separate consultation events have been held jointly with East Lothian, one for adults and one for children and young people. Again, the information and feedback from these events will guide local work in his area, ensuring better outcomes, improved and more local, services and supports.

The Midlothian Learning Disability Joint Planning Group is overseeing a range of work-streams to redesign Learning Disability Services in Midlothian in the context of significant opportunities to develop local services being created by the redevelopment of and redesign of the NHS Lothian Learning Disability In Patient Service, and the integration of Health and Social Care.

These include the development of

- responsive services for people with Learning Disability and Complex Needs related to Profound and Multiple Learning Disability, Autism Spectrum Disorder and Mental Health Issues. This includes the building of 12 tenancies specifically designed around the needs of people with a Learning Disability and very complex care needs and the development of Intermediate Joint Services and local Positive Behavioural support services.
- A range of Services for Older People with a Learning Disability
- Further development of flexible and modernised Day Opportunities
- A wider range of Short Break Services
- Enhanced joint working arrangements between statutory Learning Disability Services

## **Mental Health**

We continue to work with partners to implement the Pan-Lothian Mental Health & Wellbeing strategy. During the year we focussed on, co-morbidities, welfare reform, reviewing day services and developing awareness of the wide range of social prescribing initiatives that are available in the area. We have actively engaged in the discussions regarding the re-provisioning of the Royal Edinburgh site.

We are always warned that annual changes in suicides and suicide rates are based on relatively small numbers, and so may not be statistically significant however in 2014 there were 9 suicides in Midlothian, a substantial reduction on previous years.

## **Adult Protection**

There has been a greater focus on Adult Support and Protection across a range of agencies and the number of Police Adult Concern Forms sent to social work in 2014/15 increased by over 50% on the previous year which has caused some capacity challenges. We are developing the understanding of and response to Adult Support and Protection issues across adult social work services and a new procedure has been created, supported by staff development sessions. We are also working on changes to the Adults and Community Care duty system to reflect this increasing demand.\*\*\*

## **People affected by drug and alcohol misuse**

Midlothian and East Lothian Drug and Alcohol Partnership's delivery plan outlines the partnership's plans to deliver the vision of a 'healthier, happier and safer East Lothian and Midlothian, free from the harm caused by alcohol and drugs misuse where integrated coordinated and high quality services are based around the needs of individuals, families and communities'.

In 2014-15, there were developments in promoting a Recovery Orientated System of Care [ROSC]. This work was identified as a consequence of a consultation on system



redesign/reorganisation led by Midlothian and East Lothian Drugs and Alcohol Partnership [the local ADP]. Support from Social Work staff in Midlothian Council was key in assisting a group of people in recovery from substance misuse to develop a community based Recovery Cafe. This venture has been very successful and has been recognised with local awards and recognition from the Scottish Parliament. The Social Work role is pivotal in supporting a person centred and holistic recovery pathway for people affected by the misuse of drugs and alcohol. As part of a multidisciplinary response, Social Work staff work to minimise risk and harm to people who are vulnerable because of their substance misuse.

Specifically as part of a concerted response to the proliferation of New Psychoactive Substances [NPS, sometimes known as “Legal High’s”] in the Lothian’s, Social Work staff had a pivotal role in ensuring access to and provision of specialist substance misuse support.

Specialist Substance Misuse Social Workers worked closely with colleagues from a joint Community Mental Health Team to ensure that people who had mental health crisis as a result of using NPS drugs received appropriate in-patient and out-patient care.

Efforts have been made in 2014/15 to improve the response of Health and social care services to individuals with a ‘dual diagnosis’ who are experiencing both mental health and substance misuse issues. Mental Health and Substance Misuse services are working more closely together and attending each others’ allocation meetings to ensure that these individuals do not fall between services. The integration of Health and Social Care offers a real opportunity to develop a more co-ordinated approach in this area as well as many others.

## **Children and Families**

Using a strength based approach to child protection and focusing on early and effective intervention has resulted in a reduction in the number of children on the Child Protection Register. We have also seen a reduction in the number of children who are looked after at home. This is further evidence that demonstrates our commitment to working with families at an earlier stage thereby reducing the need for statutory intervention.

Our numbers of Looked After and Accommodated Children placed outwith Midlothian are gradually reducing reflecting our value base that a Midlothian child should remain in Midlothian. Early intervention and preventative work to continue to reduce the number of young people being accommodated has also been a priority. Residential Services have reconfigured part of their service to include earlier intervention to those young people who are at risk of being accommodated. This approach has prevented approximately 65 young people from being accommodated. This reduction has been supported by an increase in kinship care placements and the excellent work undertaken by our Family Placement Team to recruit foster carers. It also reflects a partnership with colleagues in schools that is leading to keeping children and young people in Midlothian. We have planned work to reduce our exclusions from school further and to increase the attainment levels of LAC & LAAC.

The Family Resilience Project is a pilot project that works intensively with 3 families within Midlothian. Adopting a whole system multi-agency approach, the project provides co-ordination and intensive support for the whole family. Agencies are actively involved in supporting the project. The project aims to reduce the number of fragmented episodic interventions for these families and instead promote longer term resilience and better outcomes. Outcomes are monitored and to date there is evidence of improved school attendance and reduction in levels of anti social behaviours.

An outcome focused approach to assessments with children affected by disabilities has been promoted within the last year. As a consequence, we have seen an increase in the number of families receiving direct payments.

We continue to demonstrate our commitment to prevention and early intervention through our implementation of the principles of GIRFEC. We have been successful in meeting all new statutory duties placed on local authorities arising from the Children and Young Peoples Act 2014 with reference to early learning and childcare and free school meals for all children in primary 1-3 – with an uptake of 89% which is above the national average.

A working group consisting of Service Managers; Team Leaders; Reviewing Officers and colleagues from our Legal Section developed the Permanence Flowchart. This was a significant piece of work resulting in a robust framework that strengthens decision-making when children become looked after and accommodated.

## **Self Directed Support**

Self Directed Support (SDS) legislation came into force on the 1st April 2014 and the focus of the work in Midlothian since then has been embedding the requirements of this legislation into business as usual activities. Individuals are increasingly choosing different ways of receiving their support and using direct payments and option 2 to increase the control they have over their support.

A focus continues to be around embedding the personal outcomes approach to assessment in all social work practice. There is now evidence of social workers working closely with individuals to develop support plans that more creatively and more effectively meet individual's outcomes through the use of non traditional service provision. This applies in both adult social care and social care provision for children affected by disabilities. This approach has been supported by the development of detailed policies around SDS and in particular policies related to setting individual budgets, option 2 service provision and support planning.

Within statutory (section 22) children and families social work pilot activities highlighted to that taking a personal outcomes approach to assessment combined with relevant risk assessments ensures the values and principles of SDS can be embedded in social work practice. Work is underway to develop and roll out a more robust personal outcomes approach to assessment across in all social work with children and families.

Looking forward our key priorities are delegating more responsibility to workers to make decisions related to the provision of support (including authorisation of expenditure), further developing our personal outcomes approaches to assessment and care planning and working to further encourage creativity in the provision of services. In addition we are working with providers to ensure all service provision is guided by the principles and values of SDS.

## **5. Statutory Functions**

### **Public Protection**

While structures in Public Protection have developed separately over time, the reality for most service users is that their needs often span more than one category, for example, many children or adults at risk of harm live in households where domestic violence is an issue. Whilst recognising important differences between the areas, as the public protection agenda has gathered momentum, partnership agendas reflected this common interest and showed significant overlaps. In view of this, East and Midlothian Critical Services Oversight Group (CSOG), comprising Chief Officers of all constituent partner agencies, agreed to streamline the committee structures and establish a single Public Protection Committee.

East and Midlothian Public Protection Committee (EMPPC) was formally established in July 2014 and covers all functions and responsibilities of the Adult Protection Committee, the

Child Protection Committee, the Offender Management Committee and the Violence Against Women Partnership, and maintains robust links with Midlothian and East Lothian Drug and Alcohol Partnership. The chair of the new Committee is the Assistant Director for Public Protection for NHS Lothian. To date East and Midlothian Public Protection Committee has met three times.

The Public Protection Team is now co-located in the Brunton Hall in Musselburgh and has strategic responsibility for Child and Adult Protection and Violence Against Women. MELDAP staff are now co-located with the Public Protection Team, and in May 2015 the police Public Protection Unit became co-located as well. Improvement Plans are currently being developed in each of these areas and are reported via the Performance and Quality sub group of the EMPPC.

Reports will be submitted quarterly to EMPPC and CSOG (Critical Services Oversight Group) and it is planned to compile an annual report at the end of the year 2014-15 which will include all the public protection workstreams.

## **Adult Services**

Links between statutory services and partners have strengthened in Midlothian during 2014/15. Criminal Justice, Child Protection and Adult Protections managers are involved in the MARAC process. Police, Housing and Health staff also attend MARAC meetings and this multi-agency panel discusses how best to reduce the risk of harm to the most vulnerable victims of domestic abuse. The Statutory Service Manager and the Housing Manager also attend the multi-agency MATAC meetings, along with Health and police colleagues, to discuss how best to manage the risk posed by serious perpetrators of domestic abuse across J Division. These two monthly meetings are particularly welcome in a local authority where domestic abuse has a higher than national average prevalence.

The Scottish Government have introduced the Community Justice (Scotland) Bill having consulted widely about the future structure of Community Justice in Scotland. A call for evidence was announced by the Justice Committee in May 2015 with a deadline for August 2015.

Midlothian Council has made significant progress in preparing for the new Community Justice structure. The Council has agreed that the existing Safer Communities Board will become the Safer Communities and Shadow Reducing Reoffending Partnership, with the shadow arrangements continuing until April 2017 when the Community Justice Authorities are dis-established. It is planned that the first meeting of this new partnership will take place in November 2015 and will be asked to sign off the first Midlothian Community Justice Outcomes Improvement Plan. This plan will be based on a local profile of offending in Midlothian but will also have regard to the National Strategy and National Performance Framework for Community Justice and the Single Midlothian Plan.

Criminal Justice social work, Children and Families and Community Care (mainly the Team Leader for Substance Misuse) are also involved in two new multi-agency meetings organised by Community Safety staff, the Anti-Social Behaviour and Violent Offender Monitoring Group and the Community Safety Delivery Group. The first of these meetings discusses individuals whose behaviour is causing concern in local communities and decides on what action should be taken and the second is an opportunity for partners to discuss general issues relating to community safety. It has therefore been possible for partners to share information and learn about new risks to communities such as those posed by new psycho-active substances (legal highs).

In relation to multi-agency management of registered sex offenders the MAPPA process continues to work well in Midlothian. There have been several Level 3 meetings in 2015 about the same individual who was the subject of the one Level 3 meeting in 2013/14. These

were again to prepare for this person's potential release. However the Parole Board decided not to release this offender and to review the decision in 2016.

The national Joint Thematic Review of MAPPA took place during 2015 and it is expected that a national report will be published in November.

The Spring Service, for women with multiple and complex needs, began in June 2014 and was a joint service between East and Midlothian until April 2015. The service is now running solely in Midlothian, mainly due to issues relating to women having to travel to another local authority area to access it. The Spring Service is co-facilitated by a number of services including Criminal Justice social work, Community Care social work, Health and the voluntary sector. Funding has been secured to appoint a part-time Spring Team Leader for 12 months and this will help to ensure the sustainability of the service. Spring won first place in the Diversity category of the Celebrate Midlothian awards in 2014 and this is testament to the dedication of staff members who have developed and run the service on top of their normal day to day workload. Feedback from the women using the service has been very positive and a small-scale evaluation of outcomes is now taking place.

### **Children's Services**

Over the past year we have worked tirelessly with our key partner agencies to reduce the number of children on the child protection register. We have successfully achieved this through an agreed collaborative approach where we are clear about what a child protection referral constitutes and that if a child / young person is already involved in another system, i.e. with the children's reporter, then we use this rather than introducing another layer of scrutiny and meetings. The number of families on the register over the past 6 months has reduced steadily with only slight fluctuations. We will improve our child protection practice even more as a result of a multi-agency hub approach in the new Public Protection Office in Musselburgh, where staff from services such as Child Protection, Adult Protection staff, Police Scotland and Midlothian and East Lothian Drugs and Alcohol Partnership will work together in one building.

We will advance Corporate Parenting including developing a work experience and training programme for looked after children and care leavers. This links in with one of our key priorities - positive destinations - where we are committed to supporting our young people into further education or employment so as to enhance their opportunities within their communities as they enter adulthood.

In 2014 improvements were made to the recruitment of foster carers and the support we provide to kinship carers. We now have an ongoing marketing programme promoting the importance of fostering and adoption to the public and focus on recruiting new carers from within our communities. The drive to ensure we have a sufficient number of carers who are experienced and committed to caring for our children and young people is ongoing as the new Children and Young People (Scotland) Act 2014 will require us to commit to caring for young people until the age of 21. This will bring many challenges in relation to both financial and resource commitments within the service. Dedicated staff have been appointed to deliver and take forward this important area of work. We have also implemented the Skills to Foster scheme to enhance retention of carers through training and will review the effectiveness of this.

We have had independent reviewing officers for both Looked After and Accommodated Children's (LAAC) reviews and Child Protection Case Conferences for several years. We have improved outcomes for our LAAC children and young people by making significant decisions around rehabilitation or permanence planning much swifter than in previous years. We have one full time Child Protection Reviewing Officer who is able to chair all child protection conferences which offers consistency across the local authority. Over the past 12

months there has been a significant reduction in the number of children on the child protection register.

## **6. Continuous Improvement**

Within adult services the role of quality assurance officer was created to monitor and review both in- house and commissioned services. This is in addition to the input of the lead officers for contracts and individual service reviews which continue to be led by social work staff. The QAO's works closely alongside the Care Inspectorate, sharing information to ensure people's outcomes are being met effectively. The creation of the Care Home Liaison Nurse role has enhanced capacity to both monitor and support appropriate care in all of the care homes locally. A Commissioning and Contracts group evaluates and monitors all contracts and oversees the commissioning of social care services across both adult and children's services.

There were also significant shifts in emphasis regarding the key principles underpinning the delivery of social care services. There has been an increasing emphasis on preventing ill-health and contributing to the reduction of health inequalities in Midlothian. There is also a greater expectation that people should be supported to maximise their independence and their recovery be it from substance misuse, physical or mental ill-health, disability or involvement in the criminal justice system.

Supporting our colleagues in Health and Education with reference to the implementation of the Named Person in August 2016 will continue to be prominent within Children's Services in the next year. Currently, we are promoting well-being meetings in all schools as a way of identifying children and young people who require support.

The annual service user and carer survey allows us to track how well our services are meeting the needs of the people of Midlothian and where we need to focus in the coming years. All of the strategies within Midlothian have had active involvement of service users and carers to ensure that all services are developed to meet local need.

## **Complaints**

Whilst complaints remain low they are a useful tool to monitor performance and look for cross-cutting issues and themes. A common theme of complaints throughout the year centred around communication. This included the lack of/ or poor communication, but was often how people perceived what was being said. Feedback from line managers to staff involved was a common outcome and more widely this is being addressed through group supervision and team meetings. User and carer involvement in the development of learning and development courses will also help address this shortcoming.

## **7. Planning for Change**

Two of the principles endorsed by the public in the council engagement process as appropriate ways for local public services to develop were-

## **Preventative Intervention**

The term prevention as used here refers to the ways in which public services, including the voluntary sector (and citizens), can act now to prevent increased need for public services in future by helping people to retain their independence in the face of age, ill health, disability or other challenges; or to achieve self-supporting life circumstances requiring no or minimal public support when faced with difficulties such as poverty, unemployment, crime, domestic violence, child abuse or addiction. Current examples include the shift from providing

residential care of older people to maintaining people's independence living in their own homes using new technology (telecare); supporting parents in their children's early years through the work of SureStart Midlothian active schools and ageing well programmes to increase physical activity and reduce the health problems associated with inactive lifestyles; a healthy reading scheme to support patients' self help (reducing repeat visits to GPs).

## **Building communities capacity to manage their own affairs and co-production of public services with service users and communities**

There are examples across all service areas of co-assessing, co-designing, co-commissioning and co-delivery of service provision. E.g.-designing with service users and their families and carers the services for adults with learning disabilities who attended a Resource Centre to support their wish to be included in the wider community and to choose activities they want to take part in.

## **Integration**

The development of the local Integration Scheme includes the need to state clearly the vision which the Partnership has for the delivery of health and care services in Midlothian. In developing such a vision it will be important to take account of and ensure coherence with existing plans for the delivery of public services in Midlothian. These are primarily the new NHS Strategy, *Our Health, Our Care Our Future*, and the Midlothian Single Plan. Our local vision must also reflect the underlying principles of the national policy driving integration of health and social care. We have distilled what we believe are the key themes in these documents. Not surprisingly there are many areas of commonality.

### *Objectives of Partnership*

1. Enable people to live longer, healthier and better quality lives
2. Help people manage their own conditions and improve anticipatory care planning
3. Support people to live at home for longer and to receive their health care at home rather than in hospital
4. Reduce social exclusion and inequalities, including health inequalities
5. Protects and improves the safety of users

### *Approaches to Deliver Objectives*

1. Provide seamless, joined-up services which work smoothly for service users
2. Provide care of the highest quality consistently
3. Prevent illness through promoting health lifestyles
4. Ensure services are provided in a manner which recognises the individuality of service user (coproduction)
5. Work in partnership with local communities thereby building capacity
6. Improve local access to services
7. Ensure all resources-staff, money and buildings- are used to best effect

### *Values underpinning the Partnership*

1. Work in partnership with users ensuring their full involvement in decisions affecting them
2. Respect the rights of service users
3. Takes full account of the dignity of users
4. Work in partnership with informal carers

This past year saw the last year of the Change Fund which helped establish a range of community based services with a particular emphasis on addressing social isolation. Those services which have clearly demonstrated an impact on reshaping services for older people will continue to be financed through the new **Integrated Care Fund**. This new fund will also

enable service developments for younger people with long term health conditions. In recognition of the growing numbers of people with co-morbidity i.e. living with two or more long term conditions additional funding is being sought from Scottish Government to pilot the *House of Care* approach whilst Midlothian has now been included in the Transforming Care After Treatment programme for supporting people with cancer. The local emphasis on supporting people with dementia has been maintained by Midlothian's successful bid to be a national test site for the new national strategy framework – *The 8 Pillars*.

## **Technology**

Telecare offers a wide range of devices to support people stay safely in their own homes. As well as a basic service to summon assistance used by some 1900 people in Midlothian, a range of devices are used to monitor when someone with dementia may have wandered from their home at night, when someone who is frail has not got out of bed in the morning indicating a possible health problem or a falls monitor to summon support in walking for someone who is unsteady on their feet. A Telehealthcare Strategy Manager has been appointed to help develop the use of technology to help manage health conditions such as diabetes and dementia and support the move to greater de-hospitalisation. He is also assessing with specialist companies, the possible use of smart technology (phones/tablets) to help family members share information with one another, and as appropriate, with health and care staff, about the person for whom they are caring for which may enable us to pick up some possible deterioration at an earlier stage.

## **8. User and Carer Empowerment**

### **Community Engagement**

In addition to specific consultation exercises a great deal of planning and service development is routinely undertaken in partnership with users and carers and other stakeholders. Users and carers are represented on the joint planning groups. A survey of social work Users and Carers is undertaken annually to evaluate feedback on service quality and impact. As part of the move towards integration a full review was undertaken of the local approach to user/carers engagement. This work was supported by the national Scottish Health Council service and resulted in an action plan to strengthen local arrangements.

The Children and Families service is committed to improving how we involve service users in the development of the service. A multi-agency participation advisory group has been established to improve the standard and co-ordination of participation Activity which targets children and young people internal and external to the service. The group will agree a shared approach through the development of a participation strategy and an annual participation programme.

The anticipated outputs are:

- Future service and team plans based on what service users are telling us.
- High quality information available to children and families
- Participation groups that are well supported by professionals and well attended by service users.
- Teams consulting service users on service improvement projects.
- Improved involvement by services users in day to day service delivery.
- Involvement of Midlothian Youth Parliament to assist Children and Families engage with young people 12 - 25

The Criminal Justice Social Work team has also worked hard to consult with service users and beneficiaries about the services provided. All service users are interviewed at the end of

every order or licence and asked a series of questions about their experience of the service and the outcomes in relation to their lifestyle, behaviour and attitudes. In addition to this a feedback form is provided to all beneficiaries of Unpaid Work to gather information about their experience of the work being carried out and their satisfaction with the end result. An interactive facility has also been created on the Council's website to enable members of the public to suggest ideas for Unpaid Work projects, provide feedback on existing projects and request information about how offenders are supervised in the community.

## **Outcome-Focussed Services**

Significant strides have been made over the last few years to provide more outcome focussed services and reconfigure services in a number of areas, including the whole system transformation of services for older people and the work as a national Dementia Demonstrator Site. Improvements in the use of 'Talking Points' across both health and social care, and the implementation of 'self-directed care', will enhance outcomes focused approaches by enabling people across all client groups to take greater control and responsibility for their own care arrangements.

Over the next 3-5 years we will work towards delivering the following outcomes

- Enhance support system for carers
- Promote independence for people with disabilities
- Ensuring fewer people are affected by drug and alcohol misuse
- Enhance services to promote mental health and wellbeing
- Enhance quality and capacity of services to support people in their own homes
- Enhance social inclusive and personalised service
- Enhance financial inclusion of people with community care need

The achievement of these outcomes are addressed at a strategic level by developed development of joint plans by client group specific planning groups which report to the Adult Health and Care Community Planning thematic group. These documents have been developed in conjunction with the various agencies operating in Midlothian, users and carers and informed by national and local priorities. It should be noted that a number of the Adult Health and Care priorities have direct links with priorities of other community planning thematic groups. These interdependencies have been highlighted in the Single Plan action plan. The drive to transform public services through enhanced partnership working, expanding community and voluntary sector capacity and enhancing the provision of preventative services and early intervention across all services continues to be of significant importance to this thematic area. Strengthening the working arrangements across the community planning thematic groups will be key to achieving the outcomes above and addressing cross cutting areas such as hate crime, employment and adult support and protection.

## **9. Workforce Planning/Development**

### **Registration of the workforce**

The turnover of staff, and the restructuring of services, has required the continual provision of SVQs and PDAs to ensure that staff members meet the SSSC registration requirements. The Practice Learning & Development team have managed a transition from a Joint Assessment Centre with Scottish Borders Council through to a plan for a specialist Midlothian Health & Social Care Assessment Centre (from early 2016). The SVQ Assessment Team has worked since September 2014 with our Education Department to provide qualification for Learning Assistants and in future the team will provide a PDA in Management for the newly created Senior Childcare Development Worker posts.



Our SVQ Assessment Team is one of the first in Scotland to deliver the new Social Services SVQs (SCQF Levels 6 & 7), and to address the new SQA requirements for SVQ Assessors to be occupationally competent in the area of practice they are assessing.

Our **achievements** in relation to staff registration are:

- Children & Families Centre – 90.00% (Not including Education staff)
- Residential Young People's Centres – 95.00% (due to movement in service and planned restructuring this outcome may be reduced)
- Learning Disability Centre – 70.00% (this service is currently undergoing redesign; also staff are not required to be registered, apart from the Manager)
- Community Access Team (LD) – 93.75% (staff are not required to be registered, apart from the Manager)
- Care at Home (1) – 95.00%
- Care at Home (2) – 90.00%
- Rapid Response Team – 95.00%
- Care Home (1) – 95.00%
- Care Home (2) – 95.00%
- Extra Care Housing – 71.4% (new service within Midlothian Council & plan to provide SVQ input around Housing Support)

The majority of the above areas have moved up nearer to targets being achieved. However this will again shift with the redesign and restructure of services and the turnover of staff.

This does not include Early Years Centres (Education) who now need to be part of the SSSC register. One group of Learning Assistants has completed their SVQs and an **achievement** of 25% has been made in the first year. The next group will commence in September 2015/2016.

### **Newly Qualified Social Workers**

Our NQSWs (across Adult & Social Care, Criminal Justice and Children & Families) are offered a 6-weekly reflective practice group in order to discuss the challenges of practice in their first professional year, and to identify their learning. One draft of their Record of Achievement (PRTL) is read and feedback is provided about the standard of their reflection.

The Heads of Service agreed to one study day per month for each NQSW in recognition of the time required for effective and meaningful reflection on practice. Our **achievement** is that all NQSWs in Midlothian Council have had their PRTL records accepted on first submission

### **Traineeships for staff to become Social Workers**

Our Heads of Services continue to support the Traineeship scheme. A maximum of two places per year are offered to staff who have successfully completed Stage 1 & 2 of the Open University Social Work degree, and our Interview Panel includes representation from a carer or service user (as does our Interview Panel for MHO applicants). Our **achievement** is to retain the enthusiasm, commitment and expertise of staff within Midlothian Council.

### **Practice development and support for Social Workers**

There is a well-established process for Social Workers within Children & Families to apply to study for the Postgraduate Certificate in Child Welfare and Protection. Three Social Workers **achieved** this qualification during 2014-15. The 7-day Effective Practice course with Sally Wassell (Childcare Consultant) is offered annually. This course is designed to re-establish links between theory and practice in order to strengthen analytical work for effective

assessment and intervention work. During this year “homework” was built into the course and staff who completed this practice based work received feedback from Sally Wassell directly.

During 2014-15 Self-Directed Support (SDS) has been a major focus for training and this has been undertaken jointly between Adult & Social Care and Children & Families. Initially 3 workshops were offered – Introduction to SDS, Support Planning; Empowerment and Risk Enablement; these were followed by “Good Conversations” workshops plus 1:1 and group support from our SDS Practice Development Consultant (1 year post). During 2015 SDS Practice Development posts will continue the embedding work for SDS.

The development of confident and effective practice when appearing in Court has been high on our learning & development agenda in 2014-15. The PL&D Team have developed an effective, one-day training in partnership with Midlothian Council Legal Services. The development of a mentoring-for-Court system will be an offspring from this training.

The restructuring of Adult & Social Care during 2014-15 has led to challenges for Social Workers to increase confidence in their knowledge & practice in the area of Adult Support & Protection and issues of AWI, in order to make effective use of their professional authority. Due to the number of new Team Leaders this is being addressed, initially, through development days with Team Leaders.

The focus of learning and development for the Social Care workforce continues to be safe administration of medication, end of life care, moving & handling practices and dementia awareness and direct practice.

### **Use of technology and other innovative approaches to learning**

Due to lack of resources and evidence-based research on effectiveness, e-learning has not been developed as an approach to learning. While there is pressure on operational services that mean releasing staff member for training is an increasing **challenge**, there are issues of access to computers and computer literacy to be addressed alongside any development of e-learning. Our approach will be to address specific areas of practice through e-learning e.g. Infection Control, and seek resources to address both content development and access issues in parallel.

### **Integration of Health and Social Care – workforce planning and development**

The Midlothian Organisational Development group has considered workforce information and differences between NHS staff within Midlothian and Council staff within Midlothian. The differences between approaches to qualifications for SSSC registered staff within the Council and non-registered staff within the NHS will pose potential **challenges** in the future.

Over the next year 2015-16 opportunities for closer working between NHS and Midlothian Council in the area of learning and development will be explored through specific areas of service where a consistent approach for service users is required as a matter of urgency e.g. in safe moving practices.

## **10. Key Challenges for Year Ahead**

The fundamental aim of the Service is to commission and provide the best quality services for citizens of Midlothian. To achieve this aim there are a number of key service objectives described below which will help the move towards meeting more effectively the social, economic, health and care needs of the community.

1. Achieving service and business improvements identified through external inspection reports, internal audits, self-assessment analyses, ‘Best Value Reviews’ and feedback from users and carers.

2. Responding to recent legislation including full implementation of changes in relation to Integration of Health and Social Care; Self-Directed Care and the UK Welfare Reform, alongside forthcoming legislation in relation to Carers; a new duty of Candour and the creation of an offence of wilful neglect. The Service must respond to new national strategies including *See Hear* (sensory impairment), *Keys to Life* (learning disability), the *Scottish Strategy for Autism*.

3. In collaboration with partners, ensuring effective protection of adults at risk including those in transition from school to adult life. The creation of new Public Protection arrangements supports a whole lifespan approach. It also provides the opportunity to embed 'trauma' informed practice.

4. Ensuring that services for older people are sustainable and able to respond to the rapidly ageing population and growing numbers of people with dementia.

5. Ensuring services are managed within agreed, increasingly tight budgets to meet growing demand and complexity of need through increased targeting to those in greatest need; maximum efficiency through service reviews; and developing partnership working with neighbouring LAs and other agencies.

6. Working closely with the statutory partners, the voluntary and private sector to deliver community planning outcomes in tackling inequalities, applying the three key approaches of prevention, coproduction and local access.

7. Ensuring services improve and change through clear strategic planning and direction and are supported by robust performance management frameworks and a positive performance improvement organisational culture.

8. Managing the programme of delivery, service redesign and retendering.

9. Ensuring leadership capabilities and workforce capacity continue to develop in a coherent planned way to meet changing needs of our citizens. This will involve workforce planning across all sectors and the delivery of the learning and development strategy

10. Strengthening the joint delivery of health and care services. In particular examining opportunities to integrate services in both substance misuse and mental health including the possible development of recovery hubs.

11. Ensuring that early discussions take place about the move to local authority Community Planning Partnerships assuming responsibility for community justice in a way which is coherent with health and social care integration but also retains a firm focus upon reducing reoffending.

12. In collaboration with partners, ensuring effective protection of people at risk including those in transition from school to independent adult life

13. Ensuring that services for older people are sustainable and are able to respond to the rapidly ageing population and growing numbers of people living with dementia.

14. Ensuring that we can meet the needs of children and young people locally.

These objectives will be pursued within the new context of integration with an increasing emphasis on promoting prevention and recovery, on addressing health inequalities and working more effectively at a local level with users, carers, the third sector and private providers.

Looking ahead to 2015-16 sees a range of major changes. The Children and Young People (Scotland) Act 2014 is a significant shift in supporting children and young people up to the age of 21 especially alongside the embedding of outcomes focussed work led by the development work of Self Directed Support. The innovative work undertaken in the field of dementia as a national demonstrator site will continue through Midlothian's designation as an 8 Pillars Test Site. A new national strategy for sensory impairment will lead to a greater focus on how best to meet the needs of people with sight or hearing impairment. New legislation to strengthen the rights of informal carers will ensure that there is no let-up locally to improve the support systems for carers. Finally, the preparation for the established of a Health and Social Care Partnership will continue with the preparation of an Integration Scheme and a three year Strategic Commissioning Plan.