



## **Chief Social Work Officer Report 2016-17**

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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, specifically Loanhead, 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.

## **Partnership Structures/Governance Arrangements**

This past year was a challenging and yet also a very exciting period for Midlothian Social Care Services. Midlothian Integration Joint Board, took up its new responsibilities in June 2015 and management arrangements changes mean that Heads of Service manage across health and social work services; further management changes are expected later in 2017. Alongside this major organisational change, the service also further embedded the delivery of 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, planning for the implementation of the Children and Young People's Act and the Carers Act.

The role of CSWO is held by Alison White, Head of Adult Service. In her role as CSWO she is a member of the Integration Joint Board, Getting it Right for Every Child Board, the Critical Services Oversight Group and the Public Protection Committee. The post holder currently has direct line management responsibility for all Adult Health and 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 Strategic Planning Group for Health and Care

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. Work is underway to more closely align management responsibilities to ensure truly integrated teams. Close consideration is being given to ensure appropriate professional support and supervision is maintained through this period.

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

### **Social Service Delivery Landscape**

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. Midlothian is one of the fastest growing Local Authorities in Scotland.

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, Dalkeith and Loanhead.

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 and children and young people, 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. 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.

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.

## 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.

The Children's Services budget has decreased from £15,338,758 to £14,542,843, a decrease of £795,915. This reflects savings targets for residential placements, use of agency foster care placements and a review of family support. The Adult Social Care budget has increased from £36,719,122 to £37,509,783, an increase of £790,661. This includes provision for demographic pressures, *Investing in our Workforce* and other budget pressures. The budget has been set on the basis of achieving savings of £1,746,000 which are being addressed through a range of redesign mechanisms but firmly based on a 'Realistic Care; Realistic Expectations' model. From 1 April 2016 the Adult Social Care budget was delegated to the Midlothian Integrated Joint Board

Integration funding is being used both to fund demographic and pay pressures such as the requirement to pay the Living Wage to care workers, and also, where the funding allows, for service developments aimed at ensuring future sustainability of services.

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.

## **Service Quality and 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. In Adult Care the Joint Management Team consider a performance report at its monthly meetings.

## **Adult Services**

### **Older People**

Older people's services continue to have a range of developments in service provision and face many challenges going forward. The developments have included recruiting NHS nurses to Newbyres care home (a local authority provision) which enabled the introduction of two dementia wings for 24 people. There are provisional plans to re-provision Highbank Intermediate care facility to build a purpose built facility over the next few years. Highbank has maintained its Care Inspectorate grades of 5's which is a tribute to the staff team managing the range of admissions and many complex situations. In partnership with the other Intermediate Care services including Hospital at Home, Midlothian Enhanced Rapid Response Intervention Team (Merrit) and the Hospital In Reach team the service was selected as a finalist in the 2017 Scottish Social Services Awards which was very rewarding to the dedicated staff in the service Merrit have increased Physiotherapy resource with a band 7 to complement the Edinburgh Respiratory service to support people with COPD and reduce avoidable hospital admissions. The Ageing Well project continues to provide a broad range of health promoting activities through having a committed and diverse volunteer pool who are active within the community.

The publication of Scotland's third Dementia Strategy and publication of the Scottish Governments findings from the independent evaluation from testing the 8 pillars model of community support for people with dementia has resulted in the establishing of a Dementia Steering group to provide strategic oversight and direction to the delivery of dementia care within Midlothian. The shift in the balance of care towards providing more care at home has experienced success and failures over the past year. This has included increased pressure with delayed hospital

discharges and a real lack of capacity of carers in Midlothian to meet the increasing demand. Projects which aim to improve the coordination of care across primary and social care are set up and a whole systems review of care at home is under way. Quality Assurance plays a key role in ensuring quality of care is monitored and followed up with providers of care at home services.

There are plans to increase the amount of extra care housing in Midlothian following the success of Cowan Court in Penicuik. Although this is at the early stages there is a dedicated commitment and support from all disciplines to implement this. Improving the quality of care in care homes continues to be supported by a Care Home Nurse advisor and the introduction of video conferencing to support training across care home staff that has already provided training to over 300 staff.

With the Intermediate Care Fund now recurring funding, this has enabled specific projects to continue and specifically the Red Cross who continue to provide the Local Area Coordination service for older people with over 200 groups operating on a monthly basis in Midlothian. Woodburn Day care club closed however the staff team developed a new drop in community hub for older people in Woodburn that provides advice, support, information and companionship reducing social isolation for older people and their families. Ongoing challenges include increased demand with tighter financial constraints ensuring those who need services and support meet the eligibility criteria and ensuring equity of access to service provision enabling older people to stay as safe and well as possible in their own homes for longer.

### Physical Disability

A new Action Plan for the period 2016-19 was formally approved. A primary focus of the plan is to improve access to information and effective communication. A successful event was held on the 7<sup>th</sup> February to launch the new Disabled Directory, a further update of which is due at the end of July 2017. This provides an invaluable, comprehensive list of supports and services for disabled people, their families and carers living in Midlothian. Continued focus on Transport, Employment, Housing and Welfare Benefit issues remain high in priority.

### Sensory Impairment

A local See Hear Implementation Plan was formally approved during 2016-17. Sensory Impairment awareness raising is a priority at both national and local levels. A series of training sessions has taken place in the last year, focussing on front line care staff from both residential and community settings. Third Sector partners, GP Practice staff and Fire Service staff have also received training. Recruitment and training of volunteers is underway to provide Hearing Aid maintenance and repair clinics in Libraries, while an Adult Audiology Clinic is due to start in July in the Community Hospital in Bonnyrigg. More generally there is a move to providing services such as specialist social work and rehabilitation at a local level.

## Learning Disability

The key theme has been developing capacity for people to live in their own home and benefit from local person centred support. This involves two important aspects namely, suitable environments, and expertise in supporting people with a Learning Disability to achieve the outcomes that are important to them.

Teviot Court in Penicuik is complete and will provide specialised housing tenancies for 10 people with Complex Care Needs in addition to a Learning Disability. These flats provide specialist environments based on current best practice and research complemented by the recruitment of a specialist staff team and expertise in Positive Behavioural Support. A Safe House model has been agreed at Teviot Court to avoid hospital admissions other than for assessment and/or treatment.

The development of further cluster type arrangements for people with less complex needs will constitute part of the Phase 3 Housing Programme. This includes both new build and allocation of properties in close proximity to each other within communities and an agreed criteria for response times, whilst remaining alert to the dangers of stigmatising people through congregating people on the basis of need.

Work is underway to link housing and care models with appropriate technological solutions and, alongside agreed risk assessment thresholds, used to inform decisions about the use of technology for individual or clustered packages of care.

A respite/short break service at Woodburn has been established. One flat at Teviot Court has been allocated to provide continuation of respite services to people with a Profound and Multiple Learning Disability until an alternative building in Loanhead is secured.

A review of day services was undertaken to analyse the equity in service provision across all service users and to evaluate the extent to which the current configuration of services is coherent, effective and provides best value. A strategy is now being developed to outline the service types and models that Midlothian will commission and develop.

Further progress has been made in the alignment of Learning Disability Health and Social Care services.

## Mental Health

During the year we ensured that the physical health of people with mental health issues was being addressed by clinics at the Joint Mental Health Team offices and in the community through the Community Health Inequalities Team as well as by projects such as Midlothian Active Choices.

The new Midlothian Access Points and the Wellbeing projects in a number of locations assisted over 400 people to quickly access self-help resources and psychological services.

A Triage project with Police was introduced to ensure that people in crisis get quick access to the right type of support, including a place of safety, with a joint approach agreed with local Police.

More broadly mental health is a major feature of our strategic direction and service delivery in Midlothian. As a consequence, planning service redesign is now managed by the local Partnership whilst working with other IJBs to design and implement new approaches to specialist pan-Lothian services including the Royal Edinburgh Hospital. Midlothian is not participating in the development of a pan-Lothian Mental Health Strategy.

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

Substance Misuse and Mental Health staff members have continued to meet during 2016/17 to discuss ways to improve our response to individuals with a dual diagnosis. Health professionals from mental health and substance misuse services now attend each other's allocation meetings in an effort to reduce the risk of people falling between services and working relationships have improved. Plans are now being drawn up for mental health, substance misuse and criminal justice staff to be co-located in a new recovery hub.

### **Children & Families**

Over the course of 2016, Midlothian Children's Services management team has been engaged in a Service Review. The purpose was to review the existing organisational structure with a view to a more effective and efficient service design. Central to this revised design is "early engagement" and ensuring that service users get the right support at the right time. We have to balance this approach with meeting the demand for urgent and high level support.

#### **Early Intervention and Prevention**

Early engagement, underpinned by GIRFEC, can ensure that fewer children need to become looked after over the longer term. Supporting families to ensure that children have the best start in life and ensuring that families get the right support at the right time can prevent difficulties arising or escalating.

Three Early Intervention and Prevention (EI&P) Teams have been formed as part of the new structure. Each of these teams is made up of one Team Leader, Four Social Workers and five Children and Families Practitioners.

As well as providing an ongoing duty and assessment service, the Early Intervention and Prevention teams will undertake short-term intervention work where it is identified that short term involvement is most appropriate. We will shift the frontline

workforce from a focus on procedures and compliance towards evidence based support and help. We will continue to ensure that intervention with vulnerable and chaotic families is thoughtful, measured and outcome focused.

### Early Intervention and Prevention Development Officers

Within our new structure we have created two new Early Intervention and Prevention Development Officer Posts (EI&PDO). One with a responsibility for 0-12 age range and the other for 12 plus age range. These officers will support the creation and implementation of the Midlothian Early Intervention and Prevention Strategy. The strategy will provide an overarching framework that draws together the early intervention and prevention initiatives in operation across Midlothian, and others that may be developed in the future, to enable us to share good practice and ensure a coherent and consistent approach to EIP across Midlothian that is based on evidence of what works.

Team around the child meetings have been established. This is a multi- agency meeting structure that considers all wellbeing referrals with a view to signposting families to the most appropriate agency and in turn prevent all referrals being routed through Children Services. Work is also underway in relation to the wellbeing meetings held within all secondary schools. It is envisaged that a more consistent approach with agreed referral criteria will again reduce the number of young people being referred into our service and will signpost young people and their families to the most appropriate resource at an earlier stage of professional intervention.

### Outcome Focussed Approach

The outcomes focussed approach ensures that children have a voice in what matters in their lives and that this voice is central to everything we do. The outcome focussed approach lends itself to relationship based practice, which identifies that in order to effect and sustain change we must get to the bottom of what matters to the child. It is an approach that takes us back to the grass roots of social work practice and has supported workers to reclaim social work.

Over the past year, Midlothian Children Services has developed an outcome focussed approach with supporting assessment tools which has allowed workers to make better use of their time which has promoted better partnership working with families and their wider communities.

The outcomes focused approach has supported staff to move away from standard response to assessment, risk assessment and intervention and allowed staff to think creatively with families about what they need to support change.

In order to minimise duplication of work and increase time spent with children and their families we have streamlined our assessment documentation. By embedding

parts of the National Risk Assessment Framework within the body of our assessment we have created more cohesive, robust assessment and meaningful analysis.

Practitioners, service users, partners and decision makers have all provided positive feedback that the outcomes approach provides a better understanding of children and their families, a clear voice for children's views and supports people to do the 'real work'.

The success of this approach has now led us to develop a new permanence assessment tool which complements and aligns itself to our outcomes approach and meets all the legal requirements previously set out in a Form E. This assessment tool and approach is currently being piloted within Midlothian and we have already had positive feedback from our permanence panel members, staff and legal representatives.

### Corporate Parenting

Midlothian has now agreed the 3 year Corporate Parent Strategy and Plan is to be governed via the GIRFEMC Board. The plan demonstrates the commitment of the partnership to promote the well-being of looked after children and care leavers so that we achieve the best possible outcomes for our most vulnerable children and young people in Midlothian.

The success of the Life Changes Trust funding application does mean that Midlothian can develop both our adult and young champions to directly influence and inform the future of children's services; young people were involved in the children's services review.

### Throughcare and Aftercare

We have now incorporated the notion of Continuing Care and After Care into our 12+ services in keeping with Parts 10 and 11 of the Children and Young People (Scotland) Act 2014. This means that the support offered to young people will remain consistent throughout their care experience and young people will not be subjected to a change of worker or team purely because of age. The team continue to liaise with professionals from other agencies; health, housing, to continue the joined up approach to working with young people.

We currently have 30 care leavers and 8 young people in Continuing Care.

The service continues to provide support to a wider range of care leavers and, in line with the introduction of Parts 10 and 11 of the 2014 Act has extended the age range that are offered support from 21 to 26 – thus allowing a young person to request an assessment of eligible needs up to their 26<sup>th</sup> birthday.

### Adoption and Permanence

The impact of our local 'Framework for Permanence' and the Service Review continues to reduce the 'drift' experienced by children awaiting permanence. We agreed to delay our joint working with the Permanence and Care Excellence (PACE)

until after our Service Review. The Quality Improvement Programme will commence in autumn 2017.

### Kinship

Our kinship care strategy continues to include a framework for support and learning and development. We agreed that kinship carers should also receive birthday and Christmas allowances. We have 116 Kinship Carers in Midlothian.

### Fostering

We continue to prioritise the recruitment of local foster care and to review and evaluate how we recruit and train our foster carers. We have also developed key measurements and milestones in relation to timescales for preparation work; initial responses; home study; and approval. Our communications team are heavily involved in the recruitment campaigns.

The Care Inspectorate visited the Fostering & Adoption Teams in November 2015 where we received good reports in both service areas.

### Children affected by Disability and Transition

There has been a concerted effort to develop policy and practice in this area. A working group chaired by our Chief Social Work Officer meets on a regular basis and the group has developed a comprehensive Transitions Policy. We recently supported the Scottish Government study looking at better transitions and our Head of Service was asked to speak at a recent event in Edinburgh.

### Hawthorn Children's Centre

The centre is part of the Early Years work stream and worked hard to refocus efforts on early learning and developing a family centre approach. The Centre continues to work in partnership with a number of agencies health, education, 3<sup>rd</sup> sector as well as children and families. In line with our prevention and early intervention approach and our local early years approach the Centre continues to support children and families with complex and enduring needs. The Centre also offers nursery education to a wider number of children. The Centre is due to develop a more outward focussed approach to meeting community need. The Care Inspectorate made an unannounced inspection visit in March 2017 where grades of excellent were given for the quality of care and support offered to our service users, and very good for the quality of staffing.

### Midlothian Residential Services

Midlothian Residential Services continue to ensure the service meets the needs of local young people through its provision of 3 houses. In addition to working with local young people the service also works as part of the care team to support two unaccompanied asylum seekers who have settled in Midlothian.

The Residential Inspection feedback from their inspection visit in October/November 2015 received four Very Goods for Quality of Care, Quality of Environment, Quality of Staffing and Quality of Management & Leadership.

## Positive Destinations

Partnership work continues to improve post school destinations for all school leavers, with specific consideration being given to vulnerable young people, including looked after children. The approach is focusing on developing key employability skills and improving employability pathways.

## Mental Health in Children & Young People

This continues to be an area of increasing referrals and therefore a working group has been devised where young people shall be offered the opportunity to input their views around what this service should look like prior to a referral to CAMHS.

## **Self-Directed Support**

The focus of work related to Self-Directed Support in Midlothian continues to be 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.

Personal outcomes is an approach that has been embedded in assessment and practice both in adult social care and in statutory children and families social work. Work is also ongoing to enhance practice in relation to support planning to ensure there are strong links between the outcomes identified in assessment and the support someone receives. SDS has also brought about greater level flexibility in support that is being provided. This does have an impact on 'back office' process such as invoicing. Enhancements to these 'back office' process are being made to ensure that there is a whole system approach to supporting flexibility in support.

Currently there are a number of initiatives across both adult and children's services to review how services are organised and delivered. Staff progressing these initiatives are actively working to ensure that values and principles of Self Directed Work are embedded in redesigned services.

The Self-Directed approach is being rolled out across the whole of children's services and we are currently 'testing' this approach with child protection and permanence work to ensure our outcome focused assessment is suitable and robust enough for challenges that we endure at children's hearing and within the court process.

## Delivery of Statutory Functions

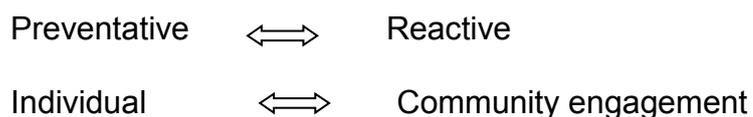
### Public Protection

In recognition of the significant overlaps between different areas of Public Protection, the East and Midlothian Public Protection Office was created, East Lothian and Midlothian Public Protection Team was established in March 2014. This team includes officers from adult support and protection, child protection, and the domestic abuse service. This team is co-located with the local Police Scotland Public Protection Unit and Midlothian and East Lothian Drug and Alcohol Partnership. The primary aim of the team is to work in a more integrated way to strengthen practice across the whole public protection arena.

Committee structures were also streamlined, and East Lothian and Midlothian Public Protection Committee (EMPPC) was established in July 2014 incorporating the duties and functions of the Adult Protection Committee, Child Protection Committee, Offender Management Committee and Violence against Women Partnership and to ensure robust links with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). This was the first such committee in Scotland to be established in this way. In terms of governance, East Lothian and Midlothian Public Protection Committee reports directly to East Lothian and Midlothian Critical Services Oversight Group, comprising of Chief Officers of all constituent agencies.

The East and Midlothian Public Protection Committee is the key strategic group dealing with public protection matters across East Lothian and Midlothian and includes representatives from key partners (Social Work, Police Scotland, NHS Lothian, Education, Housing, 3rd sector etc). The committee reports to senior officers through the East Lothian and Midlothian Critical Services Oversight Group.

All Public Protection activity takes place within two axes



Our activities include Community and Agency staff awareness raising, education and risk management initiatives, specific initiatives to address identified harm to groups – e.g. financial harm, sexual exploitation and investigation and protection planning

The Public Protection Office is well placed at the hub in the centre of the spectrum of activity having an overview and offering support and guidance towards a more holistic approach.

We have identified some of the main benefits and impacts as:

- Taking a “Lifespan” approach to protection issues
- Putting the person at the centre of the process and looking at the situation with a wider lens

- Shared staff capacity resulting in a broader more flexible base
- Less duplication of effort
- More effective and efficient processes
- Reduction in overall costs

Some of the lessons we have learned in the process include recognising the shared aims of all key partner agencies which are; to keep people safe; and the importance of shared learning across all disciplines. Controversies around information sharing and confidentiality have lessened as relationships have developed and trust has grown, and we believe collaborative leadership has enabled Public Protection to become more holistic, both for the service user and at an organisational level.

People do not neatly fit into one category and issues like Domestic Abuse and Alcohol and Drug misuse are common themes with many of the service users with whom we work. Bringing together the individual partnerships into one Public Protection Committee across two local authorities has streamlined processes considerably and the group now demonstrates a significant level of trust and integrity.

EMPPC demonstrates more robust scrutiny via the Public Protection Performance framework. Also, a significant level of trust and integrity is also evident, for example, senior officers chairing initial case reviews and significant case reviews for the other local authority. Findings from Initial and significant Case reviews are reflected in our Learning and Development Plan and relevant Improvement plans which report to CSOG via EMPPC.

In the past year a significant piece of work led by EMPPC has been the full systems review of Violence against Women and Girls Services across East Lothian and Midlothian which has highlighted some gaps specifically around the need for more stable funding in this area. Other gaps will be addressed in the development of new key areas of work around perpetrators, prevention, and the impact of trauma.

#### Child Protection:

The number of children subject to child protection plans in Midlothian has remained fairly static with little variances each month as children's names come off and new ones go on the register. However the numbers have been slightly above the national average over the past year. A new Child Protection Lead officer has been recruited and there are plans to re- establish the quality improvement working group who will keep an overview of the Midlothian Child Protection Improvement plan. Evaluation work is being planned over the coming months in relation to SMART plans and multi-agency integrated chronologies.

## Secure Accommodation and Emergency Transfers

The service's use of secure accommodation remains relatively low with only 3 young people being placed in secure accommodation over the past year. Over the past year we have used the movement restriction order on several of our high offending young people as a preventative measure to secure accommodation. This has been relatively successful however further work and analysis of this 'preventative' measure needs to be undertaken.

## Scottish Child Abuse Inquiry

We have a dedicated team working on collating the relevant information being requested from the Inquiry team. In addition we have set up a working group to consider how we devise protocols and guidance should the Local Authority have any claims made against it in the future.

## **Criminal Justice**

### New Structure for Community Justice

As a result of the Criminal Justice (Scotland) Bill, passed on 11<sup>th</sup> February 2016, Community Justice Authorities have been disestablished. The Midlothian Community Safety and Justice Partnership Board is therefore now out of the initial shadow year and fully established.

The Community Justice Working Group meets quarterly and partners work together to improve our response to the issues known to be linked to offending and reoffending, such as poor mental and physical health, substance misuse, lack of stable accommodation and limited employability skills.

Each local authority area has now produced a Community Justice Outcome Improvement Plan. The Midlothian plan was completed in March and has been sent to Community Justice Scotland, the new national body. The plan has also been made available to the general public on the Council website.

The Partnership has to report on its progress in line with the national performance framework. At present in Midlothian we have employed a Planning Officer and a data analyst for Community Justice, using the transition funding made available by the Scottish Government. However the transition funding was for three years and is due to end on March 2018. This would cause significant challenges in relation to performance reporting and taking forward the Community Justice agenda.

The challenge over the coming year is to keep the Community Justice agenda alive and continue to work with partners to consider how their service can contribute to reducing offending and reoffending.

The Chief Executive of Community Justice Scotland attended the Board meeting in March 2017. It was very helpful for partners to have a question and answer session with her and hear her vision for Community Justice in Scotland. Advisors from

Community Justice Scotland will be visiting Midlothian on 7<sup>th</sup> August to provide feedback on the Outcomes Improvement Plan.

### MAPPA

There have been Level 3 discussions on two individuals in 2016/17, one under the MAPPA extension to violent offenders that began in March 2016. Both of these individuals remain in custody and the meetings related to the planning and monitoring of Home Leave arrangements.

Numbers of registered sex offenders managed at Levels 1 and 2 have remained similar to previous years. Like many local authorities there are issues about social workers using the Visor system due to the Non-Police Personnel vetting requirements. This issue is likely to remain a topic of discussion over the coming year.

### Spring

Spring is a service for women with complex needs who are involved in, or at risk of becoming involved in, offending behaviour. We now have a full-time social worker for Spring and this has allowed one to one work to be carried out with service users both prior to their involvement in the group and during their involvement if additional support is required. Over the past year we have had an Occupational Therapist involved in Spring for the first time, who co-facilitated the *Reaching In, Reaching Out* sessions where women are encouraged to take up positive activities in their local areas. This was very successful and although the member of staff has moved on we are hoping to maintain the links with Occupational Therapy.

We also involved a one woman theatre group in Spring to lead some drama sessions with the women. She also delivered performances about issues relevant to the lives of the women who attend the service.

Funding for Spring has so far come from a number of sources, most of it short-term. The intention in the coming months is to use an uplift in Section 27 funding to make the service more sustainable.

### Unpaid Work Review

The Criminal Justice Team Leader with responsibility for Unpaid Work has led a review of job descriptions to modernise the service. The proposals have now been given the green light by senior management and a consultation process will take place with affected staff members.

The vision for the new Unpaid Work service is that when individuals receive a Community Payback Order with a condition of unpaid work they will embark on a learning and development pathway that enables them to develop new skills, achieve qualifications, make reparation to their communities and improve their community integration. Through our own staff delivering and assessing training we will be in a position to help service users improve their employability and lifestyles leading to a

service more focused on reducing re-offending and less on simply supporting the individual to successfully complete their hours.

### Adult Services

The Dual Diagnosis meetings between mental health and substance misuse workers have continued to develop over the past year. Plans are underway to create a Recovery Hub in Midlothian where substance misuse and mental health staff, from the Council, NHS Lothian and the voluntary sector, would be co-located.

### **User and Carer Empowerment**

The Health and Care Partnership has adopted a Communications and Engagement Strategy which commits the Partnership to strengthening its approach to the involvement of users and carers to the design and delivery of local services. A number of examples of this are referred throughout the report.

We are approaching completion of a new Midlothian Carers Strategy, which will persist in pursuing both nationally and locally identified aims and pursue the vision of ensuring 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 Strategy will strive to support key Outcome themes identified during the consultation process and in listening to the issues faced by adult and young carers, and recognising and responding to the impact caring is having on their lives. The Strategy will begin to address duties and responsibilities established within the Carers (Scotland) Act (2016) (implementation in April 2018), but will be reviewed in response to emerging guidance and regulation. In addition to this, feedback from carers' reference groups such as Midlothian Carers Strategic Planning Group and Carers Action Midlothian will assist in understanding and responding to local need through service planning and delivery.

Local carers are established and assume significant roles as Carer Members on Midlothian Integration Joint Board and Midlothian Strategic Planning Group; contributing to the shaping of strategic planning and delivery of services. Midlothian carer services continue to be innovative and aspirational; hosting both national and local pilot projects to improve access to services and the lives of carers, e.g. development of new Money Matters post within VOCAL in response to involvement in successful pilot projects; Midlothian Council Small grant award given to 2 Midlothian Voluntary sector organisations to deliver Power of Attorney promotional campaign during November 2016; local projects providing/supporting surgeries hosted within other projects; Midlothian H&SC Partnership working in partnership with VOCAL to participate in Scottish Government pilot work testing provisions of the new carers legislation, focussing on Adult Carer Support Plans and Emergency Planning.

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.

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.

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 on the delivery of service provision from externally contracted providers. Significant changes in contracting arrangements and the use of Large Scale Investigations to monitor concerns was utilised

## **Workforce Planning/Development**

### Collaborative approaches to workforce development

January 2017 SQA Approval for internal SVQ Assessment Centre working across Adult Services, Children Services and Education to provide SVQs for all SSSC registered staff. This includes ASN Learning Assistants and Senior Childcare Development Workers. Cross-Council work with Lifelong Learning and Employability to develop Health & Social Care Modern Apprenticeships. Recent work with NHS Lothian to develop Modern Apprenticeships for Healthcare staff who require a SVQ as a condition of the MA career development scheme

Development of contract with NHS Lothian and appointment of Moving & Handling Trainer/Advisor to deliver training and competence assessment of staff practice. This reflects our new approach to blended learning (e-learning, plus face-to-face training, plus competence

Development of e-learning & face-to-face training in administration of medication with Community Pharmacy

### Overview of workforce development actions

The restructuring of services and turnover of staff has required the continual provision of our SVQs and PDAs to ensure that the registration of the workforce is a matter of priority.

- 1 Children & Families Centre – 90% (not including Education staff)
- 2 Residential Services (Young People) – 95%
- 3 Learning Disability Services - 85%
- 4 Community Access Team (LD) - 95%
- 5 Care At Home – 95%
- 6 Rapid Response Team 95%
- 7 Care Home (1) – 95%
- 8 Care home (2) – 95%
- 9 Extra Care Housing – 85%

Newly Qualified Social Workers (NQSWs) – our NQSWs across Adult Services, Children's Services and Criminal Justice Services are support through a 6-weekly reflective practice group in order to discuss the challenges of practice in their first year of professional practice. The Heads of Service continue to support NQSWs through the provision of a day per month for reflective writing for their PRTL. However, there are considerable time pressures for NQSW staff in Children's

Services in order to take time for completion of their PRTL. Our achievement is that all NQSWs in Midlothian Council achieved their PRTL on their first submission.

### Practice development and support for Social Care workers and Social Workers

- Outcomes-focused assessment and SDS, in both Adult Services and Children's Services, has developed significantly with risk assessment addressed within all areas
- Effective Practice course (7-day) for Children & Families with Child Care Consultant Sally Wassell run in partnership with Scottish Borders Council
- Annual Court Witness Skills – skills based workshops – co-delivered with our internal Legal Services colleagues
- Dementia – Skilled Level (PEF) – implementation of training for Care At Home and Care Home staff
- Occupational Risk Assessment training for OTs
- “Building Your Resilience” – pilot workshop for Team Leaders following a series of “Hearing from your Direct Practice” focus groups
- Practice sessions for working with situations of potential violence and aggression (Team Teach – Adults and Children's)
- Continuation of Social Work traineeships for Social Care staff who have completed the 1<sup>st</sup> 2 Stages of the Open University BA (Hons) Social Work (Scotland)
- Continuation of Social Work placements being offered to Universities and opportunities for Link Workers and Practice Teachers
- Postgraduate opportunities for staff were taken up in the following way: PG Certificate in Child Welfare & Protection (2), PG Certificate in Adult Services, Support & Protection (1), PG Certificate in Social Work Practice Education (1), and PG Certificate in Management & Leadership in Social Services (2 Team Leaders, Adults, and 2 Team Leaders, Children's),

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

A blended approach to learning – with an e-learning module addressing theory followed by practical face-to-face training & then competence assessment – has been implemented, with mandatory training being a priority. The challenges are to ensure are to ensure accessibility for staff with no office base, no work email address and limited access to computers. This has been met to some degree with increased computer capacity. The levels of confidence and access to computer technology are

extremely variable within the Health & Social Care staff group and this has required some small group instruction/support.

It was anticipated that there would be the challenge of some resistance to the competence assessment in practice; however, this aspect has, so far, been welcomed by line managers and staff members. This has been assisted by the positive & supportive approach taken by the NHS staff member. The achievement is the start of a new approach to learning which emphasizes the implementation of learning into direct practice.

### **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 national strategies including *See Hear* (sensory impairment), *Keys to Life* (learning disability), and 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 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 2017-18 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. 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, further embedding the Health and Social Care Partnership with the implementation of the Strategic Commissioning Plan.

### **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 Sure Start 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.

### 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 Strategic Planning Group in adult care and the GIRFEC Board for children's services. 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.

## **Integration**

The development of the local Integration Scheme included the need to state clearly the vision which the Partnership has for the delivery of health and care services in Midlothian. In developing has been important to take account of and ensure coherence with existing plans for the delivery of public services in Midlothian. These included the NHS Strategy, *Our Health, Our Care Our Future*, and the Midlothian Single Plan. Our local vision also reflects 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**

Enable people to live longer, healthier and better quality lives

Help people manage their conditions and improve anticipatory care planning

Support people to live at home for longer and to receive their health care at home rather than in hospital

Reduce social exclusion and inequalities, including health inequalities

Protects and improves the safety of users

### **Approaches to Deliver Objectives**

Provide seamless, joined-up services which work smoothly for service users

Provide care of the highest quality consistently

Prevent illness through promoting health lifestyles

Provided services in a manner which recognises the individuality of users

Work in partnership with local communities thereby building capacity

Improve local access to services

Ensure all resources-staff, money and buildings- are used to best effect

### Values underpinning the Partnership

Work in partnership with users ensuring their full involvement in decisions affecting them

Respect the rights of service users

Takes full account of the dignity of users

Work in partnership with informal carers

The Partnership's plans are outlined in its Strategic Plan 2016-19 and its one year Delivery Plan for 2017-18. The Change Fund and more recently the Integrated Care Fund (ICF) helped us to establish a range of community based services with a particular emphasis on prevention, addressing health inequalities and preventing social isolation. The ICF has enabled service developments for younger people with long term health conditions such as the Wellbeing Service based in Primary Care settings.

### 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 community based care. 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.