



Chief Social Work Officer Report 2015-16

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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 Summary Reflections - Key challenges and developments during the past year;

In seeking to **strengthen community services** and support people to manage independently for longer a number of new service initiatives commenced. In the field of substance misuse significant steps were taken towards shifting the emphasis of services towards recovery, with the emergence of the Recovery Cafe in Dalkeith; the creation of a Recovery College; and the development of Peer Support. A major review of services for people with a sensory impairment was launched in October in response to the new national strategy, 'See Hear'. Similarly work is at an early stage to strengthen local services to people with autism in response to the Government's new national strategy. A local telehealthcare strategy was developed including a bid for a share of the new £10m national fund. The care at home services were re-commissioned in December 2014 with requirements built in to the tender to encourage greater staff retention. Supporting family carers remains a high priority and the service has worked closely with local Carers' organisations to try to ensure a smooth transition in relation to the new charging arrangements under Self-Directed Support.

Alongside these community-based developments services for **people with more intensive needs** are also being strengthened. Council approved funding for a 12

place complex care unit for people with learning disability whilst Highbank's capacity to provide short term care was increased. Other developments of direct interest to Adult Care include the redesign of acute mental health services in the Royal Edinburgh and a full review of the potential expansion of outpatient and rehabilitation services in the Community Hospital.

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, Children and Young People Act and the UK Welfare Reform, alongside forthcoming legislation in relation to Carers. The Service must respond to national strategies including *See Hear* (sensory impairment), *Keys to Life* (learning disability), the *Scottish Strategy for Autism*.
3. Ensuring effective protection of children and adults at risk including those in transition from school to adult life-working in collaboration with Partners. This entails embedding our Public Protection arrangements to support 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 strong performance improvement 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 this will entail examining opportunities to integrate services in both substance misuse and mental health including the development of recovery hubs.

11. Continuing discussions about the move to 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. Ensuring that the service 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 2016-17 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-focused 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. 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.

2 Partnership Structures/Governance Arrangements

This past year was a challenging and yet also a very exciting period for Midlothian Social Care Services. 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, took up its new responsibilities in June 2015. Alongside this major organisational change, the service also began to embed 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. The other major focus this year has been on planning for the implementation of the Children and Young People's Act.

The role of CSWO passed to Alison White, Head of Adult Social Care on 1st 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. Further management changes, as a result of integration are expected in June 2016.

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. 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.

3 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.

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 has 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 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. In 2015 there were 14 alcohol related deaths down 1 from the previous year. Midlothian residents accounted for 472 hospital discharges in 2014. 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 2015 there were 6 drug related deaths down 1 from 2014. There were 78 drug related hospital discharges, 37 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 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 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.

4 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 2015-16 Children and Families budget increased from £14,949,765 to £15,463,760; an increase of £513,995. Demands on the Multi-Agency Resource Group (MARG) budget led to a requirement to increase the budget by £463,511 -. The Adult Care budget has increased from £36,802,996 to £36,938,932; an increase of £135,936. This includes provision for demographic and other budget pressures, some of which is being funded by new Scottish Government Social Care funding amounting to £3.6m, which is reflected as additional income in the budget. This 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.

5 Service Quality and Performance

Service performance is reported quarterly through 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.

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.

Older People

Older peoples’ services in the last year have seen a range of developments and managed many challenges. The developments have included the ongoing expansion of intermediate care services which includes a range of resources from the hospital at home team providing 10 virtual beds at any one time and the service operating now 7 days a week and into the evenings. Highbank Intermediate Care Home continues to provide excellent residential intermediate care receiving grade 5s from the Care Inspectorate at its last inspection. This is a great achievement given the complexity of cases the staff manage along with around 600 admissions in the last calendar year. MERRIT have increased Occupational Therapy resource and have been developing a dementia pathway with the Scottish Ambulance Service. Also a falls strategy has been developed and implemented. Day Care has been undergoing a transformation, with the voluntary organisation day care services requiring to be registered. Two of these now have their registration with the other service developing a more community based hub model. The Hospital In-Reach team has also expanded gaining a Community Care Assistant and an In Reach nurse that assists

with identifying people earlier to be discharged from hospital with intermediate care. The joint dementia service has continued to be strengthened with a permanent team leader and a dedicated project officer for 8 Pillars model. (The 8 Pillars model is currently being evaluated nationally). This is in addition to a fourth social worker which will assist in developing a model to manage crisis and emergency situations for people with dementia and their families with GPs able to directly refer into the service.

There is a steady increase in referrals for older people's services which proves to present challenges with resources and capacity within services. Care at Home is a service that requires continual monitoring and investment to ensure that clients receive good quality care at home. This can be challenging when there are people needing to be discharged from hospital and there is a lack of paid carer capacity in the community. This is in addition to those already living at home who need increased support to remain living safely in their own home. Quality Assurance plays a key role in ensuring quality of care is monitored and followed up with providers of care at home services. The Integrated Care Fund has enabled older peoples' services to develop alternative and innovative projects such as the *House of Care Wellbeing Service*, support for carers with flexible breaks; and a range of social supports across Midlothian. These include enabling access to 200 plus clubs and activities that run on a monthly basis within Midlothian through the Red Cross to reduce the impact of social isolation.

Extra Care Housing continues to provide enhanced support to allow people to remain in their own home for longer. Working continues with providers such as registered Social Landlords to expand the provision of Extra Care Housing within Midlothian. As a result of increased support for people in their own homes individuals moving into a care home setting are frailer with increased needs. The Care Home Team Manager provides support to care homes alongside the quality assurance officer who will provide a key role in monitoring the quality of care.

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

The key performance data include:

- Reducing reliance on long stay hospital provision with 53 less beds than in 2007.
- Reducing reliance on care home provision for older people with 385 places in April 2015 compared to 477 in 2007 despite the aging population.
- 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.
- Reduction in length of stay in care home from 2.2 years to just over a year, the current average is 1.64 years
- Percentage of people over 65 with intensive support packages, figure for 2014/15 is 38.8%

Physical Disability

A consultation event held in June 2015 informed the creation of the 2015-18 Physical Disability Action Plan. This prioritises 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 improving health and wellbeing.

A Sensory Impairment sub-group has also prepared an action plan to implement locally, the Scottish Government's See Hear sensory impairment strategy. The main focus of this is to raise awareness amongst professionals and within the general public, to increase preventative measures to identify and treat vision / hearing loss thus improving the health and wellbeing of individuals. There is also a drive to provide services and support within Midlothian rather than requiring people to travel into Edinburgh.

Learning Disability

The key themes overseen by the Learning Disability Joint Strategy Group are those of developing and creating local capacity so that people can live in their own home and receive person-centred support to achieve the outcomes that are important to them.

These are being achieved by:

- Developing appropriate living environments based on research and best practice, including 12 local authority properties designed specifically for people with a Learning Disability and Complex Needs in Penicuik, and the re-commissioning of support services for people in Eskbank.
- Enhancing local expertise in supporting people with Complex Needs using opportunities created by the redevelopment of Royal Edinburgh Hospital and the integration of Learning Disability services. This is complemented by partnership with specialist Learning Disability Support organisations.
- A move to local management and alignment of the broad range of Learning Disability Health and Social Care services.
- Explicitly designed pathways towards more independent forms of care in Midlothian communities.
- Continuation of projects to tackle Health Inequality including the training programme for support workers, development of a Games Based Learning Platform to support people to access Internet and Social Media more safely, promotion of the Making Choices Keeping Safe Guidance, and Health Promotion forums such as the Learning Disability Health Fair.
- Development of a broader range of respite and short break options.
- A review of the range of Day Opportunities including the development of neighbourhood networks to increase the opportunity for people to develop skills, interests and relationships in their local community.

Mental Health

2015-16 saw the beginning of the transition to more local responsibility and control of the Mental Health strategy from the previous Lothian-wide approach.

There were long waiting lists locally for psychological therapies and social prescribing alternatives have been developed to assist those waiting and to divert people at an earlier stage/ intervention. Work has also been undertaken to create stronger links between Mental Health and Substance Misuse services through a number of initiatives, aiming to co-locate both services and develop a recovery hub.

People affected by Drug and Alcohol Misuse

Substance Misuse and Mental Health staff members have continued to meet during 2015/16 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 2015 in to 2016, senior managers in Midlothian Children's Services have been engaged in reviewing the existing organisational structure with a view to designing a more effective and efficient service. Central to this revised design is "early engagement" and ensuring that service users get the right support at the right time whilst balancing this approach with the need to meet the demand for urgent and high level support.

The following narrative provides an overview of key work streams within Children's Services over the past year:

Early Intervention:

Family Support Team Leaders in partnership with Head Teachers have developed well-being meetings. These meetings are designed to support the "named person" in addressing well-being concerns at an early stage. Work is ongoing to introduce a similar meeting for children aged 0-5, however the biggest challenge in moving this forward relates to the chronic shortage of Health Visitors in Midlothian. We recognise that these meetings in their current format require to be refined; nevertheless we know that this approach has re-directed children and families who would otherwise have been referred to Children's Services.

Family Support Team Leaders remain committed to building capacity within communities and liaising with third sector agencies. Strong links with faith groups have been established and the recent introduction of Safe Families for Children in Midlothian strengthens the range of supports offered to families at an early stage.

Looked After Children:

May 2016	Number	Monthly Change	Quarterly Change	Annual Change	Rate per 1000*	Scotland Rate per 1000*
At Home	43	1	3	-19	2.3	3.8
Foster Care	108	1	-1	2	5.9	5.6
Kinship Care	84	2	7	-2	4.6	4.0
Residential Care	26	-5	-5	-2	1.4	1.5
Total	261	-1	4	-21	14.2	14.9

rate per 1,000 0-17: 2013 Mid Year Population Estimates

The number of Midlothian Looked After Children has remained constant this year. 84% of those children and young people are placed away from home in foster care; formal kinship care or residential care.

The permanence agenda has progressed significantly in Midlothian. The Permanence Policy and flowchart were launched in February 2015 and the service has recently signed up to the PACE programme.

Corporate Parenting:

Midlothian had an existing Corporate Parent Board committed to co-operating and working together to promote the well-being of looked after children and care leavers; and to improve and achieve the best possible outcomes for some of the most vulnerable children and young people in Midlothian.

In line with the introduction of Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014, Midlothian's Champions Board (formerly the Corporate Parent Board) has evolved to incorporate a wider range of partners and agencies from across the Community Planning Partnership, this includes elected members. A 3 year Corporate Parenting Strategy and Plan has been developed for 2016-19.

Significantly, the Champions Board provides an opportunity for looked after young people and their advocates to directly influence and inform the future of children's services; young people were involved in the Children's Services Review.

Furthermore, Midlothian was awarded £193,380.34 by The Life Changes Trust to further develop capacity within our young champions and complement the 3 year Corporate Parent Strategy and Action Plan.

Throughcare and Aftercare:

Parts 10 and 11 of the Children and Young People (Scotland) Act 2014, has been a key driver in developing the Children's Services Review and have also influenced a number of local service developments. The team includes professionals from other agencies; health, housing, etc and this has enabled a more joined up approach to working with young people.

The service continues to provide support to a wider range of care leavers and, in line with the introduction of the Children and Young People's Act has extended the age range supported from 21 to 26 – thus allowing a young person to request an assessment of eligible needs up to their 26th birthday.

Family Placement Team:

Adoption and Permanence: The impact of the local 'Framework for Permanence' had led to a reduction in the 'drift' experienced by children awaiting permanence. Midlothian Council was selected to become a test site by the Permanence and Care Excellence (PACE) programme because we had already begun to address delay. The need to recruit local foster carers continues to be a high priority.

Kinship: To meet the demands and legislative requirements of the Children & Young People (Scotland) Act 2014 dedicated part time Team Leader with two part time social workers have been appointed to work with all Kinship Carers within Midlothian. The Kinship Care strategy includes a learning and development programme, support for kinship carers; having a consistent assessment framework, and work with partner agencies in supporting children who are looked after in kinship care.

Fostering: The recruitment of local foster carers remains a high priority. The issues concerning a national shortage of foster carers are well documented. We have reviewed how to recruit and train carers as well pilot other approaches to processes; preparation work, initial responses, home study to approval. Communication methods including the use of social media have been reviewed and updated. The Care Inspectorate visited the Fostering & Adoption Teams in November 2015 and issued good reports in both service areas.

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 works in partnership with a number of agencies health, education, 3rd sector as well as children and families. In line with our prevention and early intervention approach protection the Centre works closely with local nurseries to support children and families who are unable to get a nursery placement within their local nursery. This transition towards a more universal approach fits with the new Family Centre way of working.

Midlothian Residential Services

Midlothian Residential Services have recently undergone a review to ensure the service meets the requirements of the new Children and Young People's Act 2014. We continue to use the preventative outreach service for children who are 'on the edge' of care as well as having reconfigured a care home to support young people transitioning the care system into adulthood.

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.

Self Directed Support

The focus of the work related to Self Directed Support in Midlothian has been on 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.

Particular attention has been on continuing to embed the personal outcomes approach to assessment in all social work practice. In adult social work and social care this approach is resulting in an increased amount of creativity and innovation around how support is provided and more 'non traditional' support packages being put in place. Work is being undertaken on back office and finance processes to ensure these processes support this flexibility in the provision of support. Within statutory (section 22) children and families social work, a personal outcomes approach to assessment is being rolled out following a successful pilot which demonstrated this approach resulted in more collaborative assessments and improved outcomes for children and young people. The roll out will give particular regard to ensuring the assessment focus on personal outcomes whilst also recognising and responding appropriately to risk.

Work has commenced with staff responsible for planning services to ensure the values and principle of Self-Directed Support are embedded in the overall planning and commissioning process. Again a business as usual approach is being taken to ensure SDS is not seen as something different, but integrated into all planning and commissioning activity.

6 Delivery of Statutory Functions

I. 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:

Preventative ↔ Reactive

Individual ↔ Community engagement

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.

Some of the main benefits and impacts have been identified such 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 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 organisationally.

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. 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. An example of this is senior officers chairing case reviews for the other local authority.

II. Child Protection:

The number of children subject to child protection plans in Midlothian has remained consistently below the national average over the past year. We believe that our commitment to early engagement and assessment has contributed to the significant reduction in children being subject to child protection plans.

The national risk assessment framework has recently been embedded into practice with the anticipation that this will improve risk assessments/analysis. In partnership with the Public Protection Office, a Vulnerable Young Person’s Protocol has been developed and a Problematic Risk Taking Behaviour Policy is being created.

III. 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, one through court and two through the Chief Social Work Officer (CSWO)/Children's Hearing decisions. There was no requirement for the CSWO to authorise an emergency transfer.

IV. Significant Case Reviews:

Within Midlothian there is one significant case review ongoing within Children's Services.

V. Criminal Justice

- New Structure for Community Justice: The Criminal Justice (Scotland) Bill was passed on 11th February 2016. Midlothian Council is now in a 'shadow' year prior to the disestablishment of the CJAs on 1st April 2017. From November 2015 the previous Safer Communities Board has become the Safer Communities and Shadow Community Justice Partnership, with the shadow arrangements set to continue until April 2017. The first meeting of this new partnership took place in November 2015 and signed off the Midlothian Community Justice Transition Plan. This plan sets out the activities leading to the new community justice structure but the Scottish Government has yet to publish final versions of the National Strategy and National Performance Framework for Community Justice.

Funding has been received from the Scottish Government to support the transition to the new structure. Within Midlothian the majority of the funding has been used towards staffing costs and the Midlothian Community Justice Partnership has recruited a Planning Officer who is the strategic lead for the transition and shadowing processes and a Community Justice Partnership Analyst to develop community justice profiling for the Partnership.

The main achievements in 2015/16 were as follows:

- Creation of a new partnership structure and governance arrangements. This new structure is based on established partnership working and will build on and enhance existing structures.
- The local Community Justice Partnership Working Group have held discussions regarding future priority areas and identified seven key areas that require work on creating local strategic assessment profiles. The seven areas are:
 - Housing
 - Mental Health
 - Health
 - Positive Attitudes
 - Positive Relationships
 - Substance Misuse
 - Employability, Education and training
- Completion of first drafts of the seven strategic assessment profiles.

- Completion of analysis of the Midlothian LS/CMI data which is a comprehensive general offending risk/needs assessment and case management planning tool which is used to aid decisions on the level of focus and intervention required.
- Ongoing analysis of Police Scotland data on offending in Midlothian
- Completion of a gap analysis for each of the seven areas identified as requiring strategic assessment profiles

The next phase is to consult with stakeholders and local communities and create a Community Justice Action Plan, which will inform the first Midlothian Community Justice Outcomes Improvement Plan. This plan will be submitted to Community Justice Scotland, the new national body, in March 2017.

- MAPPA: The national Joint Thematic Review of MAPPA took place during 2015 and a national report was published in November. The feedback to the SOG area (Lothian and Borders) was very positive and noted very strong partnership working relationships. The MAPPA extension to High-risk violent offenders was introduced nationally on 31st March 2016.

There have been six Level 3 discussions during 2015/16, all relating to one individual who is currently in the open estate.

- Spring: The Spring Service, for women with multiple and complex needs, continues to expand. A part-time Team Leader for Spring began her post in September 2015 and funding has now been secured for a Spring social worker. In relation to the Team Leader post a significant part of this role has been to build working relationships with existing services, to increase appropriate referrals to the service and next step options for women ready to move on. More consistent referral procedures have been developed and awareness of the service has increased significantly, as evidenced in an increase in the number of referrals received in recent months (16 between November 2015 and March 2016).

There is a lot of support for the Spring project from partner agencies including the Joint Mental Health Team, Women's Aid and offender support services including Shine and Lifeline.

Spring is a valuable service which is in a unique position to provide a holistic approach to engaging disadvantaged and socially isolated women. Although there are other groups offering programmes focused on managing emotions and behaviour, developing positive coping strategies and building self esteem and confidence, Spring offers a full day group, which provides an opportunity to reflect on information gained from the morning session and for support to be accessed there and then if needed. Women speak positively about the more informal lunchtime, as an opportunity to build relationships and provide and receive support from participants and staff. The afternoon sessions are also an opportunity to increase education around health and wellbeing and also promote access to existing community resources.

7 User and Carer Empowerment

Carers: A new Midlothian Carers' Strategy is being developed, 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 aim to address the needs and issues faced by Adult and Young Carers, and will be responsive to the duties and responsibilities established within the newly passed Carers (Scotland) Act (2016). 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. This year local carers became established in significant Carer Member roles within the Integration Joint Board and Midlothian Strategic Planning Group; contributing to the shaping of strategic planning and delivery of services. Midlothian carers' 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. local pilot project to support carers accessing GP services; national pilot providing advocacy support to carers involved with welfare benefit PIP assessments; local projects providing/supporting surgeries hosted within other projects.

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. The annual service 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.

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.

Children and Families The service is committed to improving how service users are involved 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

Criminal Justice Social Work The 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.

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 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.

8 Workforce Planning/Development

The turnover of staff and restructuring of services including the integration of health and social care continues to present a range of challenges and opportunities to the Learning and Development Team. These have been managed through a varied range of means and measures:

- Collaborative approaches to workforce development, cross-sector workforce development strategies/activity
- SVQ Assessment Centre working across Adult Services, Children Services and Education to provide SVQs for all SSSC registered staff – extended to include Learning Assistants and Senior Childcare Development Workers – with flexibility to deliver SVQs to Healthcare staff if required
- Membership of the Lothian Health & Social Care Learning & Development Collaborative to discuss learning & development approaches to the integration agenda
- Development and joint appointment between Adult Services, Children's Services and Education of Team Teach Advanced Trainer (re: working with potential violence and aggression)
- Working with all Service Managers where re-structuring of managerial responsibilities has led to more cross-discipline supervision responsibilities
- Overview of workforce development actions – key challenges and achievements including progress with registration of the workforce and support for CPD

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.

Our achievements in relation to staff registration are:

- 1) Children & Families Centre – 90% (not including Education staff)
- 2) Residential Services (Young People) – 95%
- 3) Learning Disability Services - 85% (Staff are currently not required to be registered, apart from the manager)
- 4) Community Access Team (LD) - 95% (Staff are currently not required to be registered, apart from the manager)
- 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) –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. Our achievement is that all NQSWs in Midlothian Council achieve their PRTL on their first submission.

Other learning and development opportunities that have been offered to staff include:

- Practice development and support for Social Care workers and Social Workers
- Outcomes-focused assessment and SDS, in both Adult Services and Children's Services
- Effective Practice course (7-day) for Children & Families with Child Care Consultant Sally Wassell
- Direct Work with Vulnerable Children – skills based workshops
- Court Witness Skills – skills based workshops
- Dementia – Skilled Level (PEF) – implementation of training for Care At Home and Care Home staff
- Occupational Risk Assessment training for OTs
- 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 1st 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 (3), 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

The implementation of a digital learning strategy has started within Health & Social Care. A blended approach to learning – with an e-learning module addressing theory followed by practical face-to-face training – is being planned, with mandatory training being a priority. The challenges are to ensure accessibility for staff with no office base, no work email address and limited access to computers. A survey of staff member's digital competence and access to computers was undertaken in early 2016. This confirmed the challenges of implementation of e-learning; additionally there are challenges due to the patchy nature of Wi-Fi access across Midlothian. The levels of confidence and access to computer technology are extremely variable within the Health & Social Care staff group. The challenges are being addressed through small group implementation of e-learning, alongside skill development.

Within Children's Services a variety of training is offered with the expectation that staff either offer a development day to share their learning with other team members or write an update for the monthly newsletter.

One social work assistant has been offered the opportunity of a traineeship to become a social worker. In addition two workers from the service are about to return as fully qualified social workers following their final placement. 1 staff member has successfully completed the PG Management & Leadership Course at Stirling University and 3 staff members are about to complete the PG Child Welfare and Protection Course at Stirling University.

Children's Services and the voluntary sector have secured funding from the Scottish Government to send 20 workers on Family Systemic Training Foundation Level training which commences September 2016. Two social workers undertook the joint investigative interview training between April 2015 and April 2016. We have one social worker undertaking the training in August 2016.

A range of training is offered via the Public Protection Officer such as awareness raising re the PREVENT strategy, Child Protection Levels 1 & 2, and Violence against women and children.

Workforce Planning

Workforce Planning is an essential element of the Midlothian Health and Social Care Partnership Strategic plan. Understanding the nature of the current workforce in Social Care allows for accurate and appropriate future planning for the Integration landscape.

Midlothian Council Adult Social Care Workforce Plan 2016 – 17 has highlighted a number of key challenges for the future, linked to demographics, qualification and career opportunities in Social Care. The age profile of the current workforce – the majority are over the age of 45 years - reflects a significant loss of skill and expertise in the next 10 years: succession planning for key management posts demands investment in potential managers, through leadership development opportunities: recruitment to Mental Health Officer posts needs to be creative and responsive to increasing demand on what are currently limited services.

The Midlothian Integration Strategic plan lays out the scenario for the future shape of health and social care services. The challenges can only be met by having in place a fully equipped and motivated workforce, where all staff members across the different sectors are working together as part of a whole, joined up system. This will involve learning and development opportunities and support as we move towards new changing models of health and social care and the need for different approaches and flexible skill sets.

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 service users.

Ensuring the recruitment and retention of a skilled committed workforce is critical to the successful delivery of social care services. Work will continue on the organisational development programme for integration while plans are well developed for the establishment of a Midlothian Council SVQ centre. There remains a continuing need to reduce the costs and impact on service delivery of staff absence rates.

A Health and Social Care Academy has been set up to promote career opportunities in Social Care, particularly in frontline Care and Support work. The pan-Lothian Learning and Development Collaborative is addressing the need for a hub of flexible practitioners within the Health and Social Care pool of employees.

Work progresses on the Integration Workforce plan with investment at a local level and a pan-Lothian level with key partners, including the Third and Independent Sectors and. The ambition is to have a Workforce in place which will provide a flexible person-centred response, making the best use of the knowledge and skills of the agencies within the partnerships.

9 Improvement Approaches and examples/case studies of improvement activities

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

i. 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.

ii. Outcome-Focused Services

Significant strides have been made over the last few years to provide more outcome focused 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.

Application of the Integrated Care Fund: 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.

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.