



**Clackmannanshire
Council**

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Kilncraigs, Alloa, Scotland, FK10 1EB (Tel.01259-450000)

Housing, Health and Care Committee

Thursday 29 January 2015 at 10.00 am

**Venue: Council Chamber, Patons Building,
Kilncraigs, Alloa, FK10 1EB**

Date	Time
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HOUSING, HEALTH AND CARE COMMITTEE

To determine policies for the promotion of housing, health and care in Clackmannanshire within the strategic policy framework approved by the Council in relation to the following:

- children and families services
- adult care
- criminal justice
- housing provision
- homelessness
- community safety
- antisocial behaviour
- health improvement

With the exception of those matters reserved to Council or delegated to a Committee or an officer, advising the Council on social services matters and discharging functions of the Council as social work authority

With the exception of those matters reserved to Council or delegated to a Committee or an officer, advising the Council on housing matters and discharging functions of the Council as local housing authority

In consultation with the Education, Sport & Leisure Committee, the promotion of children's health and welfare (including the preparation, publication and review of a plan for the provision of services for children in Clackmannanshire);

To set standards for service delivery.

To secure best value in the provision of services.

To consider valid petitions submitted which relate to the areas covered by the Committee

To monitor performance in the delivery of services including consideration of:

- quarterly service performance reports
- inspection or other similar reports
- financial performance
- reports on the development and implementation of shared services
- joint working with health services

To keep under review the impact of the Committee's policies on Clackmannanshire

To hear representations on petitions which have been accepted by the Director of Finance and Corporate Services as valid in accordance with the council policy and criteria. The Committee shall report on every petition in respect of which it has heard representations to Council with its recommendations on how the petition should be disposed of, which may include a recommendation that no action be taken.

21 January 2015

A MEETING of the HOUSING, HEALTH AND CARE COMMITTEE will be held within the Council Chamber, Patons Building, Kilncraigs, Alloa, FK10 1EB, on THURSDAY 29 JANUARY 2015 at 10am.

**Elaine McPherson
CHIEF EXECUTIVE**

B U S I N E S S

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1. Apologies	--
2. Declaration of Interests Elected Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Councillors' Code of Conduct. A Declaration of Interest form should be completed and passed to the Committee Officer.	--
3. Confirm Minutes of Meeting held on 30 October 2014 (Copy herewith)	07
4. Forth Valley Adult Support and Protection Committee Biennial Report 2012-14- report by the Head of Social Services (Copy herewith)	13
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HOUSING, HEALTH AND CARE COMMITTEE – MEMBERS (COMMITTEE QUORUM 4)

Councillors

Wards

Councillor	Les Sharp (Convenor)	1	Clackmannanshire West	SNP
Councillor	Tina Murphy (Vice Convenor)	1	Clackmannanshire West	SNP
Councillor	Gary Womersley (Ex Officio; Non-Voting)	3	Clackmannanshire Central	SNP
Councillor	Archie Drummond	2	Clackmannanshire North	INDP
Councillor	Walter McAdam, MBE	2	Clackmannanshire North	SNP
Councillor	Derek Stewart	3	Clackmannanshire Central	LAB
Councillor	Janet Cadenhead	4	Clackmannanshire South	LAB
Councillor	Ellen Forson	4	Clackmannanshire South	SNP
Councillor	Kathleen Martin	5	Clackmannanshire East	LAB



MINUTES OF MEETING of the HOUSING, HEALTH AND CARE COMMITTEE held within the Council Chamber, Patons Building, Kilncraigs, Alloa, FK10 1EB, on THURSDAY 30 OCTOBER 2014 at 12.00 noon.

PRESENT

Councillor Les Sharp, Convenor (In the Chair)
Provost Tina Murphy, Vice Convenor
Councillor Janet Cadenhead
Councillor Archie Drummond
Councillor Ellen Forson
Councillor Kathleen Martin
Councillor Derek Stewart
Councillor Gary Womersley (S*)

IN ATTENDANCE

Ahsan Khan, Head of Housing and Community Safety
Val De Souza, Head of Social Services
Jane Menzies, Assistant Head of Joint Social Services
Janice McCrum, Solicitor, Legal Services (Clerk to the Committee)
Liam Purdie, Assistant Head of Service - Child Care
Philip Gillespie, Assistant Head of Social Services (Adult Care)

The Convenor advised that a report had been submitted on the Proposed Town Centre Regeneration Project and he has agreed to add this to the agenda as item 11.

The Convenor advised the would take Fostering and Kinship Rates as the next item as there were a number of members of the public in attendance for this item.

As Stirling Council's Social Care and Health Committee meeting will be taking place this afternoon the Convenor advised he would re-order the agenda to take the Social Services items first.

HHC.102 APOLOGIES

Apologies for absence were received from Councillor Walter McAdam, MBE.

Councillor Womersley was present at today's meeting as a substitute member for Councillor Walter McAdam, MBE, and was not present in his capacity as a non-voting ex-officio member. As a substitute member, Councillor Womersley was eligible to take part in the vote.

HHC.112 DECLARATIONS OF INTEREST

None

**HHC.113 MINUTES OF MEETING: HOUSING, HEALTH AND CARE COMMITTEE
HELD ON 21 AUGUST 2014**

The minutes of the meeting of the Housing, Health and Care Committee held on Thursday 21 August 2014 were submitted for approval.

Decision

The minutes of the meeting of the Housing, Health and Care Committee held on Thursday 21 August 2014 were agreed as a correct record and signed by the Convenor.

HHC.114 FOSTERING AND KINSHIP RATES

A report which advised the committee of the impact of a pending legal challenge relating to the disparity in the payment of allowances to Foster Carers and Kinship Carers and to highlight the financial impact of increasing Kinship allowances to bring them into line with Fostering allowances was submitted by the Head of Social Services.

Motion

That the Committee agrees the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to :

1. Recommend to Council that the Kinship Care Allowances are increased to reflect an equivalency level with foster care payments.
2. Note the in year budget implications which were factored in as a demand pressure for social work budget 2014/15.
3. Note the review of the Kinship Care criteria set out in paragraph 4.4.

Action

Head of Social Services

HHC.115 AGE LONG DISABILITY PATHWAY

A report which considered the Council's legal requirements, the views of staff and partners and families and proposes the creation of an Age Long Disability pathway was submitted by the Head of Social Services.

Motion

That the Committee notes the report and the consultation process outlined.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee :

- a) agrees to the establishment of an Age Long Disability Pathway and Service and
- b) notes that a future report will be presented by Officers outlining:
 - How legal duties will be safeguarded and discharged
 - Financial modelling and cost implications of the proposal
 - Service Delivery arrangements

Action

Head of Social Services

HHC.116 FINANCIAL PERFORMANCE SOCIAL SERVICES

A report which updated the Committee on the projected budget for Social Services based on expenditure to the end of August 2014 was submitted by the Head of Social Services.

Motion

That the Committee agree and note the recommendations set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to :-

- 1) note the contents of the report
- 2) note the management action plan outlined in Appendix 1
- 3) note that the Head of Service will update Committee on the actions set out in the action plan
- 4) note that a further update will be brought to Resources and Audit Committee in December to fulfil the amendment to Council Financial Performance Report.

Action

Head of Social Services

HHC.117 INTEGRATED CHILDREN'S SERVICES ACTION PLAN

A report which updated the Committee in relation to the findings of the Care Inspectorate joint inspection of children services across Clackmannanshire Community Planning Partnership was submitted by the Head of Social Services. The report refers to the previous reported presented to Housing, Health and Care Committee in June 2014 and the Resource and Audit Committee September 2014.

Motion

That the Committee approve the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to note the Joint and Single Agency Plans and the actions to make improvements identified as a result of the inspection.

HHC.118 HOUSING AND COMMUNITY SAFETY FINANCE AND PERFORMANCE REPORT 2014/15 QUARTER 1

A report which updated the Committee on finance and service performance for Housing and Community Safety up to the first Quarter of 2014/15 was submitted by the Head of Housing and Community Safety.

Motion

That the Committee notes the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

Having commented on and challenged the report, the Committee agreed to note the Housing and Community Safety Report Finance and Performance Report 2014/15 Quarter 1.

HHC.119 STRATEGIC HOUSING INVESTMENT PLAN 2014-2019

A report which sought approval of the Strategic Housing Investment Plan (SHIP) which was submitted by the Head of Housing and Community Safety.

Motion

That the Committee notes the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to recommend to Council approval of the Strategic Housing Investment Plan (SHIP), including the 5 year programme of housing sites that will provide the basis of the Strategic Local Program (SLP).

Action

Head of Housing and Community Safety

HHC.120 HOUSING LOCKUPS AND GARAGE SITES

A report which updated the Committee on the operation of the lock-up estate and to make recommendations on the strategy to maximise its value to the HRA was submitted by the Head of Housing and Community Safety.

Motion

That the Committee agrees the recommendations set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to :-

- 1) remit to the Head of Service all investment decisions on lockups within the identified budget.
- 2) note that recommendations will be made as required to the Council for the disposal of lockup and garage sites to maximise capital receipts, reduce costs and help meet with affordable housing or other corporate objectives.
- 3) note the financial plan approved for the lockups as part of the annual budget process and the management proposals set out in this report.

Action

Head of Housing and Community Safety

HHC.120 PROPOSED TOWN CENTRE REGENERATION PROJECT

A report which sought a recommendation from Council, seeking the transfer of the town centre grant funding, bringing forward Council funding to support the regeneration of the former Tillicoultry Community Centre site was submitted by the Head of Housing and Community Safety

Motion

That the Committee agrees the recommendations set out in the report.

Moved by Councillor Gary Womersley. Seconded by Provost Tina Murphy.

Decision

That the Committee agreed to recommend to Council :-

1. the transfer of the Tillicoultry Community Centre land from the General Fund to the Housing Revenue Account at a value agreed in conjunction with the District Valuer Services.
2. to approve the funding arrangements for the Council to support the housing development at the Tillicoultry Community Centre by bringing the approved capital spend forward from 2016/17 to 2015/16.
3. to agree Tillicoultry for the next phase of the Village and Small Town Centre initiative in order to support a wider regeneration of Tillicoultry town centre.

Action

Head of Housing and Community Safety

Ends 14.30 pm

Report to: Housing, Health and Care Committee

Date of Meeting: 29 January 2015

Subject: Forth Valley Adult Support and Protection Committee
Biennial Report 2012-2014

Report by: Head of Social Services

1.0 Purpose

- 1.1. The purpose of this report is to present the Forth Valley Adult Support and Protection Committee Report 2012-2014, which highlights achievements of the Adult Support and Protection Committee during the reporting period and presents performance information specific to Clackmannanshire.
- 1.2. Under Section 46 of the Adult Support and Protection (Scotland) Act 2007 Conveners of Adult Protection Committees are required to prepare and submit a biennial report to Scottish Ministers.
- 1.3. The Forth Valley Adult Support and Protection Committee biennial report 2012-2014 has been prepared and submitted by the Independent Chair of the Forth Valley Committee, Helen Munro. The Biennial Report is appended to this report. The Executive Summary gives an overview of the report.

2.0 Recommendations

- 2.1. Members are asked to note the information contained in the Forth Valley Adult Support and Protection Committee biennial report 2012-2014 and the information provided in this report relevant to Clackmannanshire Council.

3.0 Considerations

- 3.1. The Biennial Report highlights the following achievements in the reporting period. These illustrate the strength of the Forth Valley Partnership.
 - 3.1.1 The Fire and Rescue Service is now represented on the Committee and on the local operational group; trading standards have worked closely with the partnership on financial harm; and the Care Inspectorate has a representative on the Committee and has supported audit activity.

- 3.1.2 Two multi-agency audits have taken place during the period.
- 3.1.3 An update of the Information Sharing Protocol, new protocols for Serious Case Reviews and Large Scale Investigations.
- 3.1.4 The establishment of a multi-agency Financial Harm Group and the development of a Financial Harm Strategy.
- 3.1.5 Close relationships with banks have been established, particularly in the Stirling area, and this has resulted in information sharing on potential and actual financial harm.
- 3.1.6 Lead Officers from the public protection partnerships, e.g. Child Protection, MAPPA, Adult Protection, Violence against Women and Alcohol and Drug Partnerships are now working together to identify and work on cross cutting issues.
- 3.1.7 A questionnaire to gather service users views is being piloted by Forth Valley Advocacy.
- 3.1.8 Service Users have been involved in the development of a leaflet for service users on case conferences.
- 3.1.9 An annual review day to agree future direction and future priorities including a new action plan.
- 3.1.10 There has been consistent delivery of training courses from basic awareness to addressing complex issues. E-learning courses have also been developed.
- 3.1.11 Sustained efforts have been made to engage third sector and private care providers in training and uptake has been good.

Adult Support and Protection Activity

- 3.2 In Clackmannanshire there were 73 (1.77 per 1000 population) adult support and protection referrals in 2012-2013 and 112 (2.66 per 1000) referrals in 2013-2014, an increase of 53% over the period.
- 3.3 Older people 75+ made up 47% of all referrals in Clacks during the reporting period and this pattern is replicated in Forth Valley as a whole. There was a higher proportion of women harmed than men, perhaps reflecting the demographics of the older population.
- 3.4 Of the cases that were investigated physical harm was the most prevalent type of harm (42%). Over half of those harmed (54%) were harmed in their own home and 19% were harmed in a care home. Most people were harmed by people they knew (23% by a paid professional and 23% by a family member).
- 3.5 There were 67 inquiries leading to 18 investigations in 2012-2013, 93 inquiries leading to 14 investigations in 2013-2014. Reasons for the reduction in number of investigations relative to the number of inquiries over the reporting period is not clear but was replicated throughout Forth Valley.
- 3.6 The more complex case are considered in case conference and 10 initial case conferences took place in 2012-2013 and 1 review case conference. There were again 10 initial case conferences in 2013-2014 and 4 reviews.

- 3.7 Two protection plans in 2012-2013 were in place and in 2013-2014 there was 1 protection plan. In 2013-2014 a banning order was granted to prevent further harm. Use of statutory orders is generally low throughout Scotland, reflecting the principles of the Adult Support and Protection Act for intervention which is least restrictive.

Audit

- 3.8 Two multi-agency audits took place in the reporting period. The audit which took place in 2014 was the latest self assessment activity to take place across Forth Valley. The findings were as follows:

General Strengths

- Council Officers respected service users and their views & gave them choices
- They involved carers and other significant contacts
- Generally people were safer
- Generally the response was timely and proportionate
- Least restrictive interventions were offered or implemented
- Good partnership working was evident
- Service users' wider needs were met, appropriate supports were put in place

General weaknesses

- Analysis and transparency was missing in case records
- Referral to independent advocacy was not considered
- Opportunities were missed for case conferences
- Tendency for focus to be lost in more complex investigations
- No risk analysis or risk assessment absent
- Statement & opinions taken at face value without attempting to clarify or question, lack of specificity
- Case records were not clear about whether the adult had capacity, or what an adult at risk had the capacity to do/decide.
- No records relating to proxy's powers under the Adults with Incapacity Scotland Act 2000, no record if staff had considered if there was a proxy.
- No review of past issues that may have bearing on current adult support and protection issue and no chronologies recorded

Issues that were identified as requiring improvement

- Professional decision making
- Risk assessment and risk management
- Analysis and transparency in case records
- Independent Advocacy referrals
- Capacity recording
- Inquiry skills
- Consideration of risks to others

- Recording a chronology
- Involvement of Police when a possible criminal act has occurred

Improvements

3.9 The identified issues requiring improvement have been integrated into the Forth Valley Adult Support and Protection Committee Action Plan. An improvement plan has also been produced which identifies actions to improve practice. All case holders and their manager were given detailed feedback on the case and any outstanding issues addressed.

3.10 Progress on improvements:

- Review of guidance. Procedures have been reviewed to take account of the Adult Support and Protection Scotland Act 2007 new Code of Practice and findings from the audit.
- Capacity and Consent training programme. This is in progress, materials have been identified and there is NHS Forth Valley involvement.
- Professional Decision Making training programme. This has been developed and a pilot session delivered which has had a positive response. More dates are planned for 2014/2015.
- Changes in the IT recording system. The development of the new case management system across Social Services will take account of practice and recording issues.
- Risk Assessment. This is an issue which spans the whole social service and discussions are taking place about training and guidance across children and adult services.

3.11 A single agency case file audit is planned for early 2015 to sample a wider sample of Adult Support and Protection cases across Clackmannanshire and Stirling Social Services.

The Way Forward

3.12 The Forth Valley Adult Support and Protection Committee had a Development Day which took place early in 2014. The Committee reviewed its actions so far and agreed the outline of a two year action plan which is appended to the Biennial Report. The priorities of the Committee for 2014-2016 are as follows:

- Improved support for service users
- Improving public awareness
- Continuous improvement of practice and procedures
- Improving skills and knowledge
- Better integration throughout public protection

4.0 Sustainability Implications

4.1. None.

5.0 Resource Implications

5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4. *Staffing*

6.0 Exempt Reports

6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box)

- The area has a positive image and attracts people and businesses
- Our communities are more cohesive and inclusive
- People are better skilled, trained and ready for learning and employment
- Our communities are safer
- Vulnerable people and families are supported
- Substance misuse and its effects are reduced
- Health is improving and health inequalities are reducing
- The environment is protected and enhanced for all
- The Council is effective, efficient and recognised for excellence

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes No

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 - Forth Valley Adult Support & Protection Committee Biennial Report 2012-14

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No



- a. Forth Valley Adult Support and Protection Committee Audit Report 2014
- b. Forth Valley Adult Support and Protection Committee ASP Activity April 2013 to March 2014
- c. Forth Valley Adult Support and Protection Committee ASP Activity April 2012 to March 2013

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Bridget Stone	Adult Support and Protection Coordinator	01259 452366
Chris Sutton	Service Manager Strategy	01259 225031

Approved by

NAME	DESIGNATION	SIGNATURE
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Val de Souza	Head of Social Services	
Elaine McPherson	Chief Executive	



Forth Valley Adult Support and Protection Committee

BIENNIAL REPORT 2012-2014



BIENNIAL REPORT

April 2012 – March 2014

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FOREWORD

This report contains a full account of the development of Adult Support and Protection in the Forth Valley area during the period April 2012 – March 2014.

The Executive Summary highlights main issues and my view, as Independent Chair, on progress.

Section 8 of the main report gives my views on future challenges.

I am very grateful for the information provided by staff from all the partner agencies in preparing this report. Special thanks are due to Bridget Stone, ASP Coordinator for Stirling/Clacks Joint Social Work Service for all her support in finalising this report.

Helen Munro Independent Chair

October 2014

1. EXECUTIVE SUMMARY

This is a summary of key issues during the period April 2012 – March 2014.

1.1. Adults at risk of harm

- There has been a 68% rise in the number of referrals since 2012.
- More than 50% of referrals are for Older People, especially those aged 85+; there are more women than men referred
- Physical and financial harm are the main types of harm reported
- Harm is most likely to take place in someone's own home, or in a care home
- Perpetrators of harm are, in the main, known to the adult at risk
- Protection Plans are in place for proportionately more people under 65 than over 65
- Use of Statutory Orders remains low.

The Act is increasingly providing support and protection for those most at risk of harm

1.2. Partnership working

- The addition of new committee members from Fire and Rescue Service has been welcomed.
- The willingness of the Office of the Public Guardian and of local authority Trading Standards services to work closely with ASP staff has been beneficial
- The Care Inspectorate has provided support with two multi-agency audits during the period and with several large scale investigations. A Lead Inspector attends meetings of the Committee when possible.
- A key group of operational staff from the main partner agencies has worked well together:- for example, refining the IRD (Initial Referral Discussion) process; updating the Information Sharing Protocol; producing new protocols for Serious Case Reviews and Large Scale Investigations; establishing topic task groups e.g. financial harm.
- Increasingly Lead Officers from separate Public Protection themes i.e. Child Protection; Violence against Women; MAPPA; Alcohol and Drug Partnerships are working together with Adult Support and Protection

Partnership working continues to be an area of strength despite organisational change

1.3. Support for service users

- All service users can access Independent Advocacy services, though take up has not been as high as expected.
- The joint funded Appropriate Adult service has seen a 21% rise in referrals
- There has been joint work with service user groups to produce information materials e.g. on Case Conferences
- A questionnaire to gather service user views is being piloted by Forth Valley Advocacy.
- The increase in referrals is placing increasing strain on adult care social work teams.

This is an area which must be further developed- in partnership with service users.

1.4. Performance and Audit

- Regular statistical reports are provided to the Committee, providing opportunities for comparison and learning
- Over the period all partners have taken part in two Multi-Agency Audits, with helpful assistance from the Care Inspectorate
- The Committee has an annual Review Day, to review progress and agree future priorities
- A detailed Committee Plan is produced based on findings from statistical reports, audits and the Review Day and is regularly reviewed.

Partner agencies have demonstrated a clear commitment to continuous improvement

1.5. Training and staff development

- There has been consistent delivery of a range of training courses, from basic awareness to courses helping ASP practitioners address complex issues.
- E-learning courses have also been developed
- Sustained efforts have been made to engage Third Sector and private care providers in training and uptake has been good
- The comprehensive report in Appendix 2 provides both contextual and statistical detail.

Delivery of appropriate and accessible training to a wide range of agencies has continued to be a strength

1.6. National Priority Projects

The Forth Valley involvement in these projects is outlined in section 4 of the main report. The importance of **public awareness of ASP** and associated issues has always been a challenge locally and it is hoped that a national approach eg on Financial Harm can be reinforced with local publicity.

1.7. Future Challenges

Organisational change in the partner agencies and new legislative requirements continue to pose challenges for the future. These are highlighted in section 8 of the main report.

2. FORTH VALLEY CONTEXT

The Forth Valley Committee

The Forth Valley Adult Support and Protection Committee has core membership from the three Local Authorities in the area: - Clackmannanshire, Falkirk and Stirling; Police Scotland Forth Valley Division and NHS Forth Valley.

Third sector representation is through Forth Valley Advocacy and Falkirk CVS. The partnership has strengthened over the last two years and now includes Scottish Fire and Rescue, along with a commitment to regular attendance from the Care Inspectorate.

The Committee meets six times per annum, with one of these meetings being devoted to a review of the year's developments. There has been a consistently good attendance from all partners. Due to all the organisational change within the public sector there have been many changes of representation, but with a consistent Chair and some other members, the business of the Committee has not been adversely affected by the changing membership.

The core business of the Committee is the monitoring of the implementation of the Committee Plan(developed from the Multi-Agency Audits and Annual Committee Review Days); regular review and development of Forth Valley Protocols and Procedures; regular reports on Statistics, Training, and Local Operational issues.

More recently the Committee has had themed meetings corresponding with the national priorities. Relevant agency representatives have been invited to attend. Recent themes have included financial harm and harm in care homes and participating agencies have included the Care Inspectorate, the Office of the Public Guardian and the councils' Trading Standards Departments.

Sub Groups

Local Operational Groups

The governance arrangements for ASP in Forth Valley include two Local Operational Groups, one for Falkirk Council and one for Stirling/Clackmannanshire Council. The main task for these groups is to focus on local operational issues on a multi-agency basis, including problem solving.

The groups report to the Forth Valley Committee on issues and learning that would be of benefit to the whole area. Their meetings are timed so that any issues arising can be reported to the subsequent Forth Valley Committee. Their agendas involve learning and reflection e.g. on issues arising from complex cases, including the effect on staff involved.

Training Group

The group is led by the Workforce Development Manager for Falkirk Council, and has multi-agency membership. Undoubtedly, the decision by the three Local Authorities to fund a Training Coordinator and Administrator has enabled action to be relatively easily taken on its decisions.

As can be seen in Section 6 and Appendix 2 of this report, training at different levels has been consistently delivered. This group has always been open to learning, developing new courses and new formats as circumstances have demanded. There has been a consistent delivery of high quality courses which are responsive to changing requirement.

Topic Specific Groups

Establishing a range of standing sub-groups on various topics in the traditional manner is not necessarily an appropriate response to the current exigencies of depleted staffing and resources. The establishment of time-limited, task specific groups is felt to be a more appropriate way ahead. One group was established to plan and carry out a Multi-Agency Audit. This task group operated very successfully. Another group met to develop a Large Scale Investigation Protocol.

A working group to improve the response to the Prevention of Financial Harm has been established. This is described more fully in section 3 below.

Staffing

Forth Valley Committee is supported by an operational Lead Officer in Stirling/Clacks and in June 2013 an ASP Coordinator was recruited to Stirling/Clacks in a strategic role. Falkirk Council combines both roles in the ASP Lead Officer/ Coordinator. Team Managers take a lead role, operationally, in chairing of case conferences. Due to the absence of the Lead Officer alternative arrangements were made to cover her duties. Falkirk Council has now appointed to the post, on an interim basis, since March 2014.

In Falkirk Adult Support and Protection work is integral to the work of the Assessment and Care Management Teams. All 9 teams have Council Officers located within the teams, who carry out the full spectrum of Adult Support and Protection work. In Clacks/Stirling shared service there is a small Adult Support and Protection Team which provides support and advice to other adult care workers involved in adult protection work and takes on more complex cases.

As stated earlier in the report a Training Coordinator and an Administrator are jointly funded by the three councils and are based in Falkirk. The Service Manager-Performance and Information at Falkirk Council provides the collation and analysis of management information for all three Councils. The Committee receives regular reports on statistics and trends.

Governance

When the ASP legislation came into force in late 2008, the Chief Officers Group in Forth Valley (known as the G5) established an ASP Committee on a Forth Valley basis, in order to minimise local variations in procedures and protocols given that NHS Forth Valley and Central Scotland Police provided services throughout the area. Over the last five years, this approach has worked well, giving a consistency of approach.

Major changes over the last two years have led to new organisational configurations for partners:- Stirling and Clackmannanshire Councils have come together to provide a shared Social Work Service; Police Scotland has come into being, with the former Central Scotland Police area now becoming the Forth Valley Division of Police Scotland; NHS Forth Valley has a new Chief Executive and Chair; Falkirk Council has new Committee arrangements and has a new configuration for adult Assessment and Care Management teams.

Major policy changes are currently underway :- the Integration of Health and Social Care, with the imminent formation of new governance arrangements; increased emphasis on Community Planning Partnerships jointly funding and driving policy developments.

The G5 Chief Officers Group has always acknowledged the importance of Adult and Child Protection issues. Given the current major legislative and organisational changes highlighted above, the Group is now reflecting on the best way ahead for the governance of a range of Public Protection issues in Forth Valley, including ASP. The Independent Chair has been fully involved in these discussions. A decision is expected in the autumn of 2014.

3. OUTCOMES for SERVICE USERS and CARERS

Who did we support and protect?

Adult Support and Protection is as much about providing help and support to people to reduce risk as it is about taking direct action to protect. Often people feel unable to ask for help but their situation comes to light when the situation is referred to as Adult Support and Protection. When this occurs there is an opportunity to help. The case example below illustrates such a situation.

Case Example - afraid to ask for help

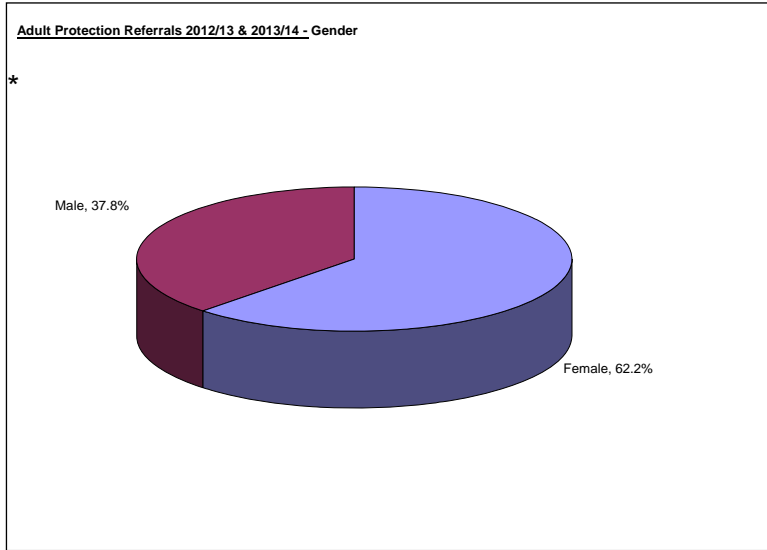
A concerned neighbour refers Jean aged 82 who lived with her daughter Pamela. The neighbour reported that Jean was found wandering in the street saying she was looking for Pamela and was quite distressed and unkempt.

A visit was attempted but there was no access gained. With the help of police who persuaded Pamela to open the door, social workers managed to enter the house which was very dirty and untidy. Pamela and Jean were both very angry as they felt their privacy was invaded but as the visit progressed both expressed unhappiness with their current situation and agreed they needed help.

Pamela told the Social Workers that she had a long standing problem with alcohol misuse which was being treated. Jean's mental and physical health was deteriorating and both were finding this distressing. However both were devoted to each other and had been afraid that if they asked for help they would be separated.

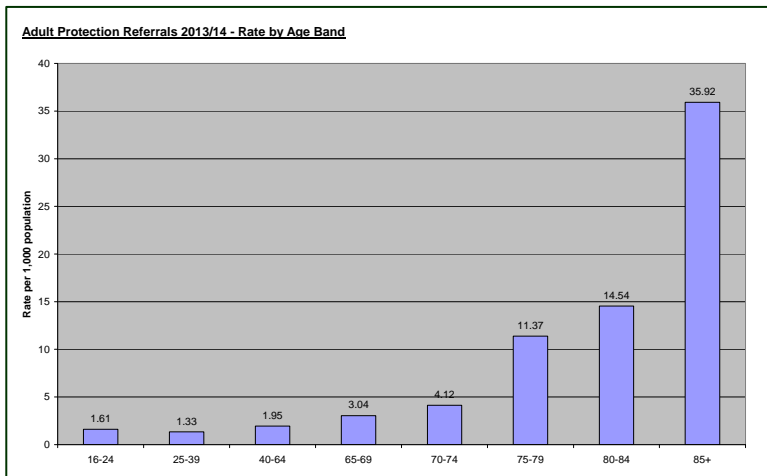
With help of Housing the house was cleaned and equipment provided to help Jean be physically independent. Both Pamela and Jean agreed to ongoing support to maintain a better quality of life that they had achieved and intervention through Adult Support and Protection was no longer necessary.

Fig 1 Adult Protection Referrals 2012/13 & 2013/14 – Gender



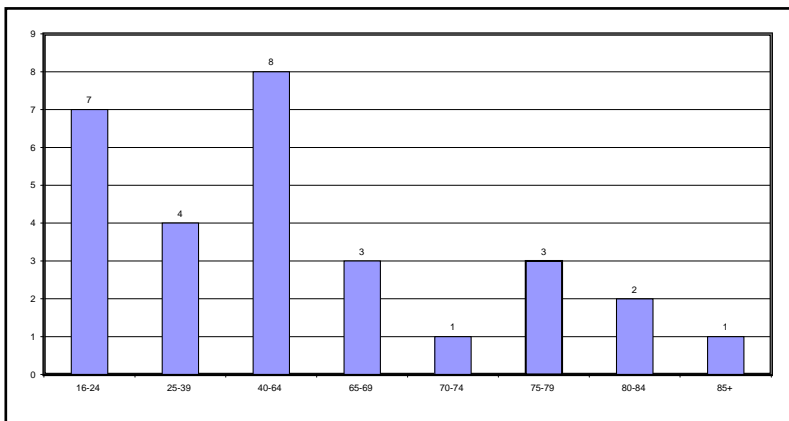
More women than men were reported as adults at risk.

Fig 2 Adult Protection Referrals 2013/14 – Rate by Age Band.



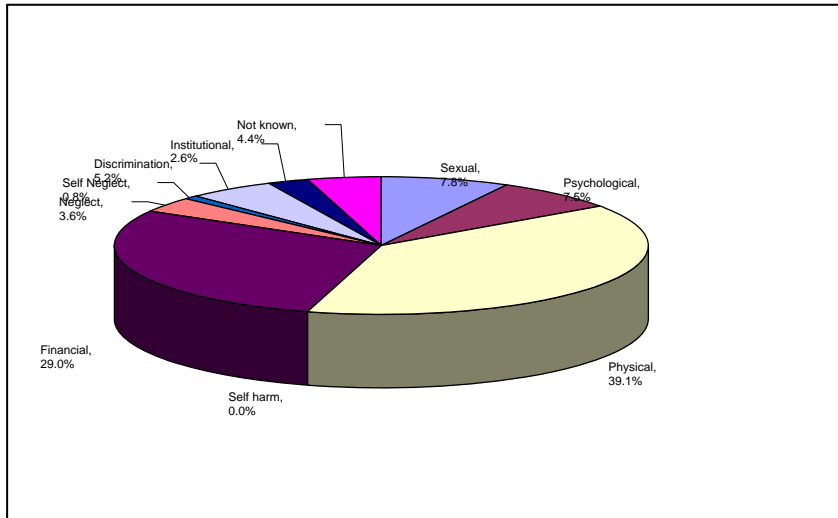
Older people, especially the very old, accounted for the vast majority of referrals.

Fig 3 Adult Protection Plans at 31/03/2014 – Age Band.



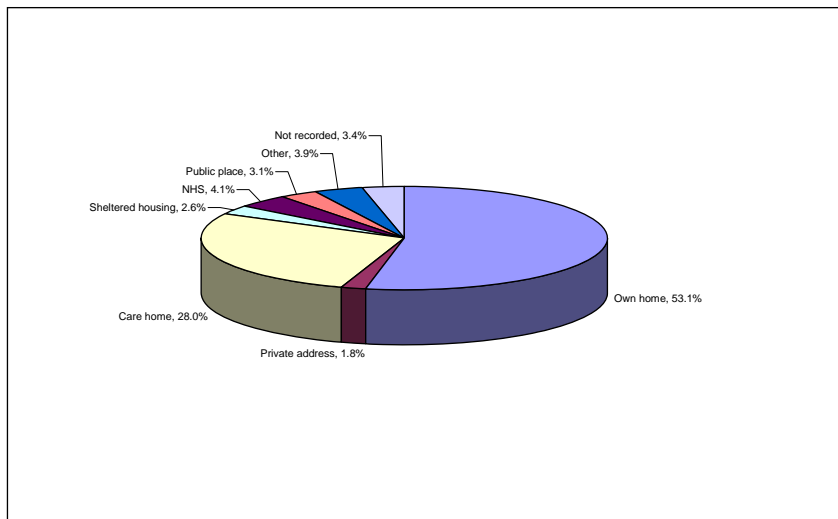
People protected by protection plans were more likely to be aged under 65, with 42% aged under 40.

Fig 4 Adult Protection Investigations 2012/13 & 2013/14 – Type of Harm



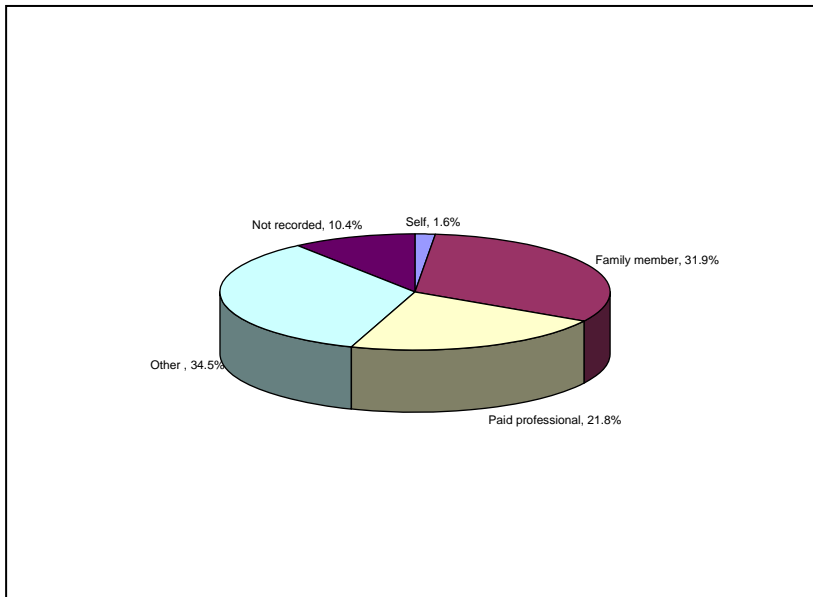
Of those cases that were investigated physical harm was the most prevalent type of harm followed closely by financial harm.

Fig 5 Adult Protection Investigations 2012/13 & 2013/14 – Location of Harm



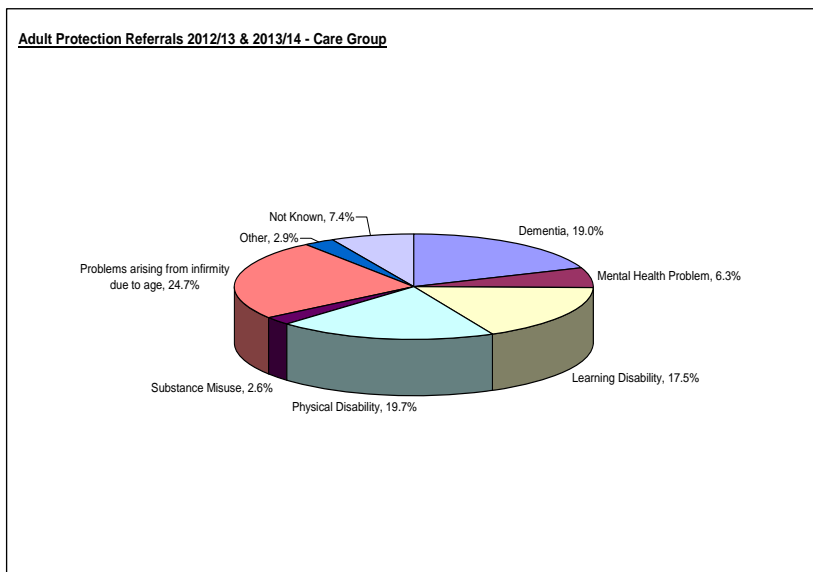
Harm mainly occurred at home, or in a care home setting.

Fig 6 Adult Protection Investigations 2012/13& 2013/14 – Alleged Source of Harm.



Perpetrators were in the main known to victims, being either a family member or a paid carer. The “other” category may refer to friends and associates.

Fig 7 Adult Protection Referrals 2012/13 & 2013/14 – Care Group



Most referrals related to people with infirmity due to age followed by physical disability and dementia.

Since Forth Valley Biennial Report 2012:-

- The gender balance has shifted slightly towards females (59%-62.2%)
- Referrals concerning people with mental health problems remain low
- Concerns about older people have continued to generate most of the referrals.

Support for Service Users

3.1 Advocacy Services

Excellent and consistent ASP services are provided by Forth Valley Advocacy, which is jointly funded by Forth Valley partners to provide advocacy for adults subject to interventions under Mental Health Care and Treatment (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

However, the use of advocacy for ASP cases remains low despite efforts to increase the referral rates to independent advocacy through direct training input to Council Officer Training. Statistical information is provided by Forth Valley Advocacy at six monthly intervals and reported to Committee

3.2 Service User Questionnaire

A service user questionnaire has been developed and is currently being piloted via Forth Valley Advocacy (see 3.1 above). When the final version has been approved it will be used by practitioners at time of case closure.

Service users will be able to feed back whether they feel safer, whether their life has improved, whether they felt respected, and listened to. This information will help the Committee to develop its policy, training and practice to improve service user experience

3.3 Were adults at risk safer?

The multi-agency audit described in section 5 looked at whether the adult at risk was safer as a result of ASP intervention.

The 2013 case file audit found that generally adults at risk were safer if they accepted help to make them safer. In a few cases despite best efforts adults at risk were not safer because they chose to remain in a situation of risk. In higher risk cases arrangements were made to monitor the situation and provide a service to reduce future risk. Where service users chose to remain in a situation of risk, auditors considered it would have been helpful to hold a case conference to bring together information from all partner agencies and agree a way forward.

In a few cases it was not so clear whether the adult at risk was safer. Risk assessment and risk management requires some improvement which will be addressed in local areas.

3.4 Appropriate Adult service

The Committee recognised early on that an efficient and effective Appropriate Adult service would be beneficial to adults, mainly those with a learning disability or a mental health problem and would be complementary to ASP procedures. The Appropriate Adult Co-ordinator is jointly funded to recruit, train and deploy Appropriate Adults as required. Use of the service saw an increase since the last reporting period, 357 callouts in 2011/2012 and 477 callouts in 2013/2014. To meet demand more Appropriate Adults have been recruited to ensure that adults with a mental disorder making a statement or being interviewed by the police are afforded their rights. The Co-ordinator prepares a report annually for the Committee.

3.5 What we have done to facilitate service user involvement in decisions

The audit held in January 2014 found that the main strength of most cases was the lengths social care workers went to in order to involve service users in decisions and find solutions that were most acceptable to the service user even if the service user chose to continue to live with a degree of risk in their life. The case study below illustrates a case where a service user was very much at the centre of the solution.

Case example - service user involvement

Ann is a 55 year old woman who experienced a stroke 10 years ago. As a result of the stroke Ann is a wheelchair user, has communication challenges and relies on her husband and paid carers for assistance with all personal care.

The paid carers expressed concerns to Ann's social worker that Ann's husband sometimes shouted at her and appeared to physically handle Ann quite roughly. He seemed to become frustrated by Ann's communication challenges because it can take Ann a while to verbally respond and when she does it can be difficult to understand what she is saying. The carers were particularly concerned when they noticed some bruising on Ann's arms. Ann could not explain what had happened and was visibly upset when the carers asked her about it.

Adult Support and Protection procedures provided a framework to look into the care and support that Ann was receiving from her husband.

A day centre officer from the resource centre which Ann attends was able to help Ann to express her views by using a communication board that Ann

uses when she attends the centre. This allowed Ann, over time, to tell the multi-agency team that although her husband had a temper, she did not feel afraid of him. Rather, she was worried about him, thinking that he needed more support in his caring role. As a result of the ASP process Ann's care package was increased to cover all personal care tasks and Ann's husband now attends a carers' support group. The ASP process was de-escalated at Ann's request, although her social worker still visits the couple regularly.

4. NATIONAL PRIORITIES

During the period a national ASP Policy Forum was brought into being by Scottish Government. This Forum has representation from a wide range of agencies and is well placed to highlight ASP issues.

In 2013 the Forum decided on 5 National Priorities and formed Task Groups to investigate and report on issues to be addressed.

I. ASP in EMERGENCY SERVICES – A+E

NHS Forth Valley did not participate in the National Pilot Project due to staffing constraints ,but showed locally a real willingness to improve.

A bespoke training course has been devised and will be rolled out from autumn 2014. There are now better liaison arrangements with Police in the A+E Dept at Forth Valley Royal Hospital; Falkirk Women's Aid has worked closely with the A+E Team, and had a presence on site during the Christmas and New Year period in late 2013; all staff have been involved in dementia awareness sessions; a multi-agency protocol has been implemented for 'frequent attendees' suffering from complex Mental Health issues. Contact has been made with the local Ambulance Service and developments are actively being pursued.

II. FINANCIAL HARM

Financial harm is consistently the second most prevalent type of harm investigated in Forth Valley. Due to the prevalence a financial harm working group has been established to learn from good practice in some areas of Forth Valley and to develop stronger links with financial institutions, to respond in a more joined up way to scams, and to raise public awareness about financial harm. The group's core membership will expand to include representatives from the financial sector, the office of the Public Guardian. Multi-agency Financial Harm training has been developed and now includes input from Trading Standards Departments who are active members of the Financial Harm group.

A **financial harm strategy** has been developed and actions relating to the strategy have been included in the action plan for 2014-2016.

III. HARM in CARE HOMES

There are good reporting rates generally from care homes in Forth Valley (as reflected in the source of harm data in section 3). Reporting harm by care providers has increased. Nevertheless some care providers do not report harm and we should not be complacent.

Over the last two years much effort has gone into encouraging local care providers to access the Training for Trainers course- 'Tell Someone' which has been provided free of charge. There has been a good uptake from local providers. Managers and their senior staff have been encouraged to attend and thereafter train their staff in situ.

The Stirling ASP team has forged good relationships with care home managers in order to engage them around adult support and protection. In Falkirk, Team Managers and the Service Development officer-Contracts and Commissioning have worked closely with care homes to engage them around ASP reporting. The ASP Lead officer and Contracts Officer also meet regularly to scrutinise the ASP referral data from care homes.

Liaison with Planning and Commissioning /Contracts teams is vital. There was good practice in Stirling/Clacks when the ASP coordinator was involved with the selection of care providers in Clacks/Stirling by reviewing their ASP and Whistleblowing policies.

Case Study- Harm in Care Homes

In many cases, once a referral has been investigated, often on a multi-agency basis, no formal further action is taken. Despite this, positive outcomes can follow from ASP investigation.

Care Home A reported that their involvement in such an investigation prompted them to reflect on their ASP training in general and to support staff more actively in terms of dealing with challenging behaviour.

Care Home B offered an ASP Awareness session for relatives which was well received.

The role of the Care Inspectorate is very important in respect of this priority. The FV Committee has welcomed the decision of the Care Inspectorate to re-engage with ASP Committees. There are good working relationships between the local authorities and local staff from the Care Inspectorate.

'Thresholds' have been a challenging issue for the FV Committee over this last period. Early work on the Welsh Government 'checklist' was not successful, in that partners came to realise that a simplistic checklist, while enticing, would not reflect the complex issues which are the hallmark of ASP. Although practitioners would have liked the certainty of a thresholds guide they also felt that each case had its own set of circumstances and the response could not be prescribed.

This led to a series of discussion workshops led by the Training Coordinator in Falkirk Council, which then informed development of professional decision making training. This is described below in section 6.

Over the period several **large scale investigations** were carried out. The Forth Valley Large Scale Investigation protocol was informed by actual large scale inquiries. The protocol makes clear the responsibilities of partners and sets out a clear agreement on how LSIs are conducted in Forth Valley.

IV. DATA COLLECTION

Since 2008 there had been no standard national format for ASP data collection and this Task Group was established to remedy this situation.

In Forth Valley the Service Manager- Performance and Information based in Falkirk provides the data collation and analysis which informs practice improvement . He was invited to be a member of the group which developed the national dataset.

Changes to the IT modules to capture new information were made in good time for the start of the collection of data. Forth Valley is therefore well placed to implement the agreed data collection format.

V. SERVICE USERS and CARERS

The Independent Chair of the Forth Valley was a member of this Task Group.

In Stirling/Clacks efforts have been made to link up with service user groups to inform service users about adult support and protection and involve service users in consultation work on information leaflets. A mental health user group took part in a short discussion and presentation and commented on a case conference leaflet for service users. Another group for people with learning disabilities in Falkirk Council area is developing an easy read version of the leaflet with the support of resource centre staff. More service user information needs to be developed in partnership with service users.

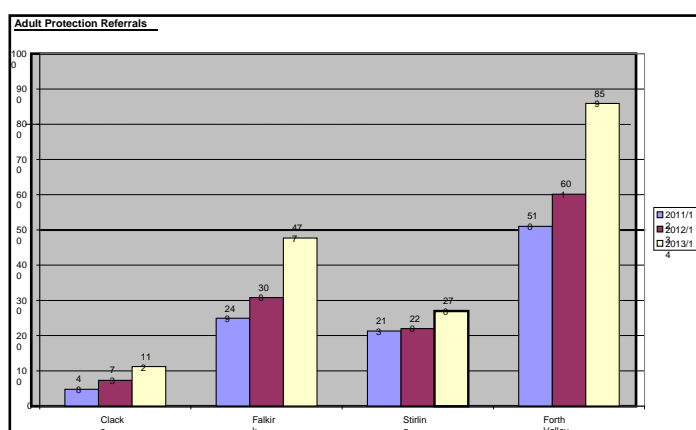
Plans to reach more service users through third sector organisations and community groups in the coming two years will see better links and greater awareness about the help that is available if required. This is an area for further development in Forth Valley.

5. PERFORMANCE

5.1 Between April 2012 and April 2013 the number of referrals increased by 43%. There has been an overall increase in referrals of 68% since 2012.

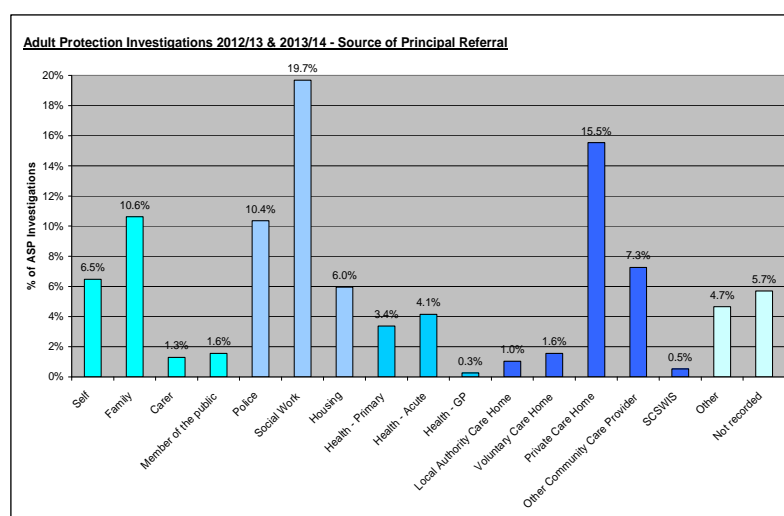
While this increase could be seen as alarming, it is considered to be positive in that it indicates increased awareness amongst referrers, including the general public. Once inquiries were made between the partner agencies, it could be seen that more support might be needed for a carer, or that the perceived harm did not in fact constitute a risk to the service user.

Fig 8 Adult Protection Referrals



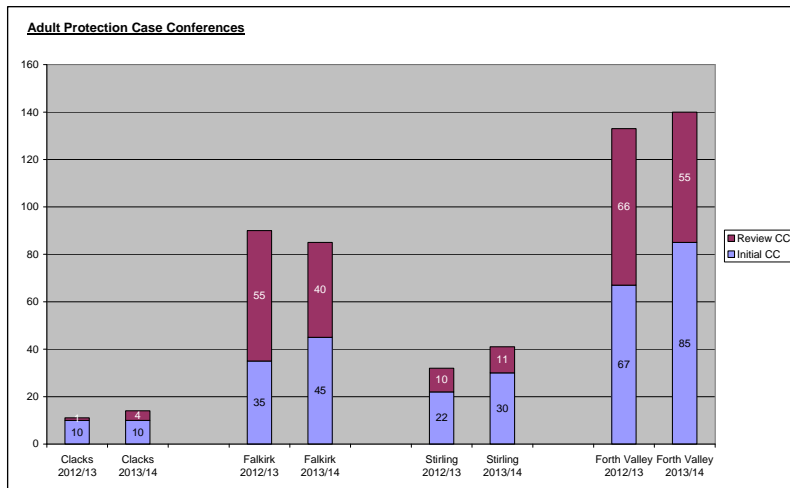
There is no doubt that the increase in referrals has impacted on the staff resources available.

Fig 9 - Adult Protection Investigations 2012/13 & 2013/14 – Source of Principal Referral



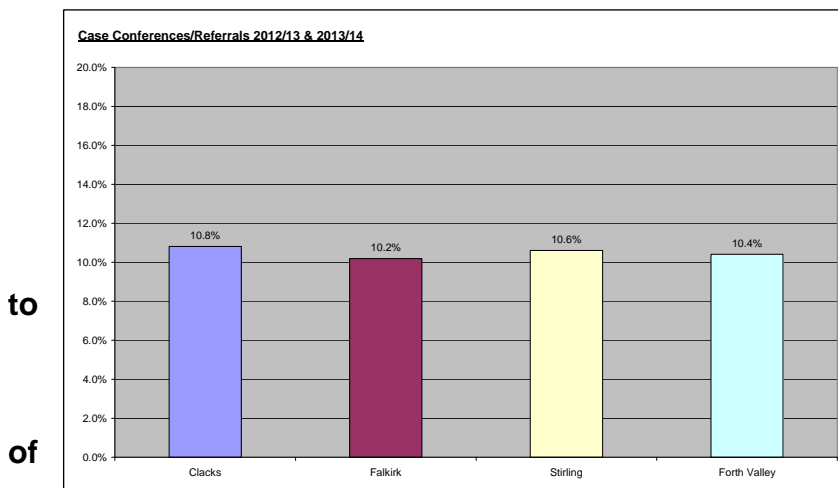
The agency which referred most was social work. Private care homes were the next biggest referrer and followed by family and police. There continues to be low levels of reporting by health professionals.

Fig 10 Adult Protection Case Conferences



Between the two reporting years the number of case conferences increased by 27% overall.

Fig 11 Case Conferences/Referrals 2012/13 & 2013/14



to
of

Fig 11 shows a very similar rate of referrals proceeding case conference showing a consistency practice.

Protection Plans

Protection Plans are detailed and often multi-agency in nature. They provide a structured pathway for those adults most at risk of further harm.

There were 20 Adult Protection Plans in place at 31 March 2013 and 29 in place at 31 March 2014.

Protection Plans were more often in place for adults <65 and particularly adults with a learning disability. They were most used for protection against financial and physical harm.

Protection Orders

The use of protection orders remains low. In Forth Valley 2 Banning orders and 2 Temporary Banning Orders were applied for and granted in 2012/2013 and in 2013/2014 2 Banning orders were applied for and granted. At the end of this reporting period there were 3 Banning Orders in place.

Case Example - Protection Order

Mr K is a 68 year old man who has anxiety and depression, and regularly attends the day hospital for support and to have his mental health monitored. His nephew, Joe, has lived on and off with Mr K for the past 10 years due to his own mother, Mr K's niece, having significant health problems and being unable to cope with her son.

Mr K visited his local social work office and spoke with the duty worker. He was feeling very upset and anxious, saying he was at "the end of his tether". He explained to the duty worker that he had recently been discharged from hospital following a short admission due to acute anxiety and depression. Mr K told the duty worker that over the past year his nephew had been physically and verbally threatening towards him, and making demands for money. Mr K felt unable to say "no" to Joe and had parted with about £5000 over the past year. He felt unable to ask Joe to leave his home because Joe had nowhere to go. Unfortunately Joe had developed a problem with drug use and had become dependent on Mr K for money. Mr K was reluctant to involve the police.

The Adult Support and Protection process enabled the professionals that knew Mr K well to work with him to plan the best way forward. Joe moved out of the house and into homeless accommodation. Unfortunately he kept coming back to Mr K's home demanding money. Through the Adult Support and Protection Act a banning order was successfully applied for. This meant that if Joe came to Mr K's house he would be arrested. Whilst this was a difficult dilemma for Mr K he also felt safer in his own home and did not need to worry about his savings dwindling any more. His mental health also improved. Social Work Services were also able to offer some support to Joe, which gave Mr K some peace of mind. He hopes, over time, he will be able to re-establish some contact with his nephew as he misses his company.

5.2 Multi-Agency Audit

During this reporting period Forth Valley Adult Support and Protection Committee undertook two multi-agency file audits as part of self-evaluation activity. The audits were of case files from the three local authority areas and totalled 38 cases (17 cases per audit).

Auditors from the three local authorities, Police Scotland, and NHS Forth Valley, were identified to read the files. Forth Valley Advocacy were also included in the pool of auditors. Senior Inspectors from the Care Inspectorate also contributed alongside the local agency representatives by participating in the discussion and providing support and advice.

The audit tool used was drawn from the resource handbook developed by Professor James Hogg and Dr David May from the University of Dundee.

The 2012 audit looked at ASP cases in general and in 2014 cases which did not proceed to case conference were audited and therefore the two audits can not be directly compared.

Findings from the 2012 audit

Strengths included:

- a prompt recognition of risk and a proportionate response
- a broader consideration of the adult at risk's health and social care needs
- the capacity of the adult at risk was considered
- there was purposeful engagement with them and their family.
- cases were well led, with procedures being followed.
- agencies communicated effectively to make and deliver clear plans.

Findings from the 2014 audit

Strengths included:

- Cases had focus and had a clear outcome
- Council Officers respected service users and their views and gave them choices
- They involved carers and other significant contacts
- Generally people were made safer when they wished to be
- Generally the response was timely and proportionate
- Least restrictive interventions were offered or implemented
- Good partnership working was evident
- Service users' wider needs were met, appropriate supports were put in place
- Staff felt supported to undertake ASP work by their local authority and felt supported by the multi-agency team

Areas for improvement include:

- Professional decision making
- Risk assessment and risk management
- Analysis and transparency in case recording
- Independent Advocacy referrals
- Capacity recording
- Consideration of risks to others
- Chronology recording

Social Work managers reviewed individual cases with the Team Manager and case worker and improvement steps have been implemented through local action plans. Actions to support improvements were also included in the Committee Action Plan 2012-2014 (Appendix 1).

5.3 Significant Case Review

The Forth Valley Significant Case Review Protocol was developed and agreed during this reporting period. The SCR protocol also allows for learning reviews of cases that were complex or involved "near misses". There have been no serious case reviews during the period of this report but a case in Falkirk Council area will be reviewed to identify and implement learning.

6. TRAINING and STAFF DEVELOPMENT

Forth Valley Training Group

The Training Group is a formal sub-group of the Committee and provides reports and representation at every meeting of the Committee and the Local Operational Groups to review training already delivered and plan for future needs. The Training Group has membership from each of the three Local Authorities, NHS Forth Valley and Police Scotland.

The three Councils agreed to continue to jointly fund a Training Coordinator and a Training Administrator for a further two-year period from May 2013. The posts are hosted by Falkirk Council Social Work Services Training section and are managed by the Workforce Development Manager.

Having this training resource has enabled the Committee to develop commission and deliver considerable training and development opportunities across the Forth Valley partners and has also included local Independent and Voluntary Sector care providers. The following tables indicate the volume of direct training that has been delivered across the partnership.

A “Guidance Matrix” was developed and circulated to partner agencies to assist in this process in 2013 and this was further updated in early 2014. This guidance matrix assists managers within agencies to identify and prioritise which staff require to undertake training and at which level.

In 2012-2014, 2515 members of staff from all partner agencies attended Adult Support and Protection training at various levels. In addition, 1023 members of staff completed an on-line training package.

A full report giving a breakdown of attendance of the different levels of training is detailed in (Appendix 2)

The priorities over the last two years have been as follows:-

6.1 Adult Support and Protection Awareness Training (Level 1)

Each partner agency takes responsibility for ensuring all of their employees are aware of their responsibilities within the Adult Support and Protection legislation, and are aware of the procedures within their own service and organisation in terms of reporting matters of concern.

The development of e-learning packages has facilitated the dissemination of this information. With multiagency representation in the ASP Training Group, and the role of the Forth Valley ASP Training Co-ordinator, there is a very high level of correlation and consistency across all of the existing e-learning packages currently in use.

6.2 Level 2a/2b Adult Support and Protection Training

A rolling programme of half-day(Level 2a) and full-day(Level 2b) training has been delivered consistently across the Forth Valley, with materials being updated and amended to reflect any organisational, policy and procedural changes as they occur.

Tailored courses and events have been developed for specific staff groups or service settings for example, a programme of events was delivered to Home Care staff in 2011; a Level 2 programme, in line with the Scottish Government's priority for ASP training for care home staff; and a Level 2 course was developed for staff within accident and emergency departments.

Specific training in Financial Harm is delivered on a multiagency basis across Forth Valley. The course was developed and is co-presented by the FV ASP Training Coordinator and a Trading Standards Officer.

Places on both Level 2a and 2b courses are offered to staff within the voluntary and private sector providers across Forth Valley at no direct cost to these organisations. As new courses such as "Three Act" and Financial Harm training have been developed the appropriate inclusion of voluntary and private sector staff has taken place.

6.3 Level 3 Adult Support and Protection Training

Participants within level 3 Adult Support and Protection reflect the staff groups identified in the Scottish Government learning frame work. Wherever possible senior managers across all agencies and bodies with statutory powers and duties under the Act have been and will continue to be included.

Within Forth Valley a "Three Act" training course was developed focusing on the "crossover" between the Adult Support and Protection (Scotland) Act 2007, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. Initially focused on Council Officers, the target audience has been widened out to include other staff from a range of settings and services who may be involved in protecting adults who lack capacity or who are affected by mental disorder. The Forth Valley template for this course has been adopted by a number of local authorities across Scotland.

In collaboration with the Adult Support and Protection Coordinator Clacks/Stirling a series of tailored training events are being planned that will focus in more detail on the issues of capacity and consent in adult protection practice and will link to the "Three Act" training.

The FVASP training coordinator will continue to review and update these existing Level 3 materials responding to the identified issues arising from identified need.

6.4 Progressive Structure

The training programme will continue to be developed, providing a “Learning Pathway” or developmental approach for staff.

This approach has already resulted in the purchase of Investigative Interviewing and the initial purchase and more recently in-house development of a Court Witness Skills Training for those police and social care staff involved in formal Adult Support and Protection inquiries and investigations. During previous delivery of Investigative Interview training, some police officers from the PPU were participants with positive feedback being reported. It had been previously commented on by social work staff attending the Investigative Interviewing Training that it would have been beneficial to have had joint training with the police.

6.5 Future Developments

Whilst the main focus of training will continue to be on Levels 2a and 2b, work will continue in further developing a range of training which will permit staff to build on their knowledge and skills, particularly at Level 3.

This will include training in the area of professional decision making; working with victims and perpetrators of harm; working with services/settings that have caused harm; working with complexity and risk. It is acknowledged that future learning and development materials must take account of legislative change and policy development for example in the area of Self Directed Support, Forced Marriage etc as well as encompassing issues arising from multi-agency audits.

6.6 Joint Public Protection Training

It is recognised that work in respect of Adult Support and Protection does not exist in a vacuum and will often have implications for practice and procedures within other areas. This can be the case when working with people where addiction is a major factor, or when working with people subject to domestic abuse or with young people.

It may be appropriate to consider the development of joint training in respect of:

- Adult Support and Protection and Substance Misuse
- Adult Support and Protection and Domestic Violence
- Adult Support and Protection and young people in transition

Development of awareness training in public protection is being considered which would encompass an overview of all aspects of protection across the ages and circumstances. This will include the relevant statutory duties, recognition of harm and when and how to report concerns.

7. COMMUNITY SAFETY, PARTNERSHIP and LEARNING

The Forth Valley Adult Support and Protection partnership remains strong with real commitment to improving the response to adults at risk of harm.

7.1 Collaboration between agencies

7.1.1 Statutory Partners

Police Scotland - despite the organisational change joint working arrangements with the three Local Authorities have remained very positive. The fortnightly IRD meetings continue to provide partners an opportunity to review recent cases and pick up on any outstanding issues. The implementation of the Vulnerable Person's Database has been implemented at the end of this reporting period and the Committee will continue to monitor its effect.

The Police Scotland Adult Support and Protection team based at the Public Protection Unit deal with the more complex investigations. A member of the Stirling/Clacks ASP team will be based part time in the PPU to provide a social work perspective in regard to ASP cases and to assist with decision making over whether cases are potentially adult support and protection.

NHS Forth Valley - Over the last two years, NHS FV has made a clear commitment to ensuring that awareness of ASP legislation encompasses all parts of this complex organisation. The Medical Director is the executive lead and a senior consultant also chairs an internal group which has clear terms of reference applicable to all areas in Primary Care, Acute Care and Specialist Services. Involvement from an NHS representative at the fortnightly IRD review discussions has been very beneficial.

Training/awareness in ASP is mandatory for staff in all sectors. Since 2008, 1005 members of NHS staff have taken part in participatory ASP training, and an additional 285 have completed Adult Protection LearnPro e-learning materials

There have been challenges in engaging Primary Care in training and although sessions are delivered to individual GP practices when requested, the inclusion in their Protected Learning programme would be beneficial. This is particularly in light of the national distribution of guidance for GP involvement in Adult Support and Protection work. In general terms there is good collaboration and co-operation in terms of individual cases, with a long history of good joint working in Integrated Learning Disability and Mental Health teams.

Policies for addressing harm in NHS settings have been developed. These include The Forth Valley Large Scale Inquiry Protocol (also

relating to care homes) and Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff. The respective leads are currently involved in discussions about a shared understanding on what would necessitate a referral.

7.1.2 Other Public Sector Agencies

Scottish Fire and Rescue have joined as full members of Committee and a commitment to providing ASP training to Fire Officers has been made.

Attempts to engage the **Scottish Ambulance Service** have yielded promising response and it is hoped that the Service will become more aware of ASP when the training developed as part of the national pilot is delivered to paramedics and technicians

Over the last two years, the complexity of some of the cooperation required with a wide range of Public Agencies has become a reality e.g. **Office of the Public Guardian; Procurator Fiscal Service; Care Inspectorate; Scottish Prison Service; Mental Welfare Commission; Dept for Work and Pensions, Scottish Fire and Rescue**. There has been a good spirit of cooperation

Previously an officer from the former **Care Commission** was a member of the Committee and was always available for discussion with the Chair. Various changes in the new Care Inspectorate put paid to this arrangement. However the recent encouragement by the Care Inspectorate for their staff to attend ASP Committee is a positive step. One of the local Link Inspectors will now attend the ASP Committee as often as possible. Care Inspectorate staff have readily taken part in the last two multi-agency audits, which has been welcomed. This approach is very helpful and can only serve to strengthen relationships.

There are three large **national prisons** in Forth Valley. Now that NHS Forth Valley has the responsibility for the provision of health services within these establishments, staff have raised questions over the application of the ASP Act in Scottish Prison Service establishments. It is welcome that the SPS are addressing this issue and we look forward to responding to consultation on the draft protocol.

7.2 Information sharing

The 2014 audit found excellent multi-agency working, information sharing and joint working. A review of the Forth Valley Information Sharing Protocol has made the document more explicit about sharing concerns and assisting with inquiries. The original protocol covered the three main statutory partners but this reviewed protocol will allow for other partners to sign up.

These will include Forth valley Advocacy, Scottish Fire and Rescue, Office of the Public Guardian.

7.3 The General Public

Public awareness is a priority for 2014-2016. The national awareness campaign planned for November will provide an opportunity to raise awareness locally.

In 2013 Forth Valley Committee published a short version 2012 Biennial Report for dissemination to community groups, churches and third sector groups to raise awareness of adult support and protection and more importantly the processes that aim to support adults at risk of harm.

The financial harm group is currently designing information leaflets and publicity materials on financial harm for distribution locally. These will be backed up by awareness raising sessions and information stalls in local communities.

It is worth noting that referrals from adults at risk, carers, member of the family and members of the public made up 20% of the total referrals that proceeded as far as investigation. However it is also important to remember that people who work in services are also members of the public and awareness raising among staff groups is also important.

7.4 Public Protection- cooperation between partnerships

A Public Protection group has formed in Forth Valley which encompasses the strategic leads from Alcohol and Drugs Partnerships, MAPPA, Child Protection Committees, Violence against Women Partnerships and Adult Support and Protection Committee.

The aim is to work together to identify overlapping areas of work and to address these areas more efficiently. It also aims to reduce some of the silo thinking around protection and to enable a more joined up approach to protecting and supporting people throughout the lifespan. Thus far the group has had a rotating chair but the Chief Social Work Officer Stirling/Clackmannanshire will take over the chair from autumn 2014. This will give the group greater influence and is hoped to strengthen the public protection links coming into health and social care integration shadow year.

Work in progress includes the development of a protecting people awareness training module; the review of a public protection communications strategy; the planning of a Protecting People conference supported by WithScotland, which will take place in September 2014; and a public protection newsletter.

Case Example - family stress

Tim is a 35 year old man with learning disabilities who until recently lived with his aunt and uncle. Tim had a good relationship with his aunt but his uncle sometimes shouted at him and called

him names, and this was much worse when his uncle had been drinking. When Tim's uncle had been drinking the atmosphere was very tense at home and one night Tim slept overnight in the park to avoid going home. Tim's aunt mentioned this to Tim's community nurse, who then discussed it with his social worker.

The Adult Support and Protection process enabled the multi-agency team to put a plan in place to change Tim's home situation. An Independent Advocacy Worker became involved with Tim to help him to express his views and to work out what he wanted to do. Tim was very clear that he wanted to move out of the house, and become more independent. The ASP process began an assessment which led to Tim moving into supported accommodation. His advocacy worker helped Tim throughout the move including helping Tim tell the housing provider what support he needed. When Tim moved it was no longer necessary for him to be supported via ASP.

Through the ASP process it came to light that Tim's aunt was also subject to shouting and name calling from Tim's uncle. The social worker gave her information about Women's Aid should she wish to have some support for herself.

8. CONCLUSION, RECOMMENDATIONS and FUTURE PLANS

Views of the Independent Chair

I am confident that, in the Forth Valley area, ASP procedures and practice are now well embedded in all partner agencies; that partnership working including information sharing is strong; that there is a commitment to continuous improvement and that the comprehensive training programme continues to meet current needs.

8.1 The 2014-2016 Committee Plan (see Appendix 1) covers 5 priorities for the coming years:-

- Improved Support for Service Users.
- Improving Public Awareness.
- Continuous Improvement of Practice and Procedures.
- Improving skills and knowledge.
- Better Integration throughout Public Protection.

There is a commitment to report to each meeting of the ASP Committee on progress made.

8.2 However, challenges continue to present themselves and may constitute risk.

(1) Scarce staff resources

As the number of referrals continues to grow, there is increasing strain on staff resources, both in the field and at managerial level.

As the demand for budget savings continues, decision makers must be reminded of their statutory duty to support adults at risk of harm and allocate resources accordingly.

(2) Change and reorganisation

The last two years have seen unprecedented change in some of the Forth Valley partner agencies e.g. formation of Police Scotland; formation of Joint Social Work Service for Stirling and Clackmannanshire.

In the main ASP has been given due priority, which is welcome but there is a need to ensure that priority continues to be given. ASP must not be sidelined.

(3) New legislation

The implementation of the Public Bodies (Joint Working)(Scotland) Act - **Health and Social Care Integration** by April 2015 presents **either** an opportunity for ASP arrangements to be firmly embedded with a suitable profile in the new arrangements **or** a threat, if ASP becomes sidelined as major organisational and budgetary change takes place. It is hoped that proposed National Outcome 7 will ensure clear articulation with ASP arrangements.

Self Directed Support is being implemented on an incremental basis in each of the three authorities. Over the coming period the ASP Committee will receive regular reports on SDS implementation and monitor any additional risks which may occur.

(4) Community Planning Partnerships

In the main ASP has been given due priority by the Chief Officers Group, which is welcome, but there is a need to ensure that priority continues to be given.

Much more needs to be done to ensure that the three Community Planning Partnerships (CPP) in Forth Valley engage with Public Protection issues in general, and ASP in particular. At present issues for adults at risk of harm are not specifically considered by CPPs. Some individual involvement e.g. by Trading Standards has been welcomed but a much more integrated approach is required.

The Chief Officers Group in Forth Valley has made ensuring closer links between Public Protection issues like ASP and the Community Planning Partnerships a priority.

(5) Public Awareness

It is encouraging to note that 20% of referrals which proceed to investigation were made by either family members or members of the public. The high percentage of older people referred makes clear that the public recognises the risk of harm to older people. It remains unclear if there is a similar awareness of adults at potential risk of harm in the younger age groups.

There has not been an integrated public awareness campaign in Forth Valley. The intention is to reinforce the forthcoming national awareness raising campaign with locally targeted publicity.

(6) Scottish Government Priorities

The 5 National Priority projects which reported in spring 2014 have produced useful reports. It is important that time be allowed for the findings of these reports to be put into practice before any new 'national priorities' appear.

Increasingly the National ASP Forum and local ASP Committees are being asked to consider an ever wider range of issues which concern what might be termed '**Adults in Distress**'. These are people who do not meet the 3-Point test, but are undoubtedly in need of some support. It is quite simply not feasible for Social Work Services or the NHS alone to provide for these needs. A much wider range of partners, including Third Sector services needs to be involved in these wider Public Protection issues.

Locally we will pursue this through stronger links with Community Planning Partnerships. It is hoped that there will be a similar synergy of approach by the Scottish Government.

Helen Munro Independent Chair

October 2014

**Appendix I
Action Plan**



**Forth Valley
Adult Support and Protection
Committee**

ACTION PLAN 2014 - 2016

EFFECTIVE FROM 1 April 2014

**FORTH VALLEY ADULT SUPPORT AND PROTECTION
COMMITTEE
STRATEGIC PRIORITIES**

- 1. Improved support for service users** *(actions 1-17)*
- 2. Continuous Improvement of Practice and Procedures**
(actions 18- 33)
- 3. Improving Skills and Knowledge** *(actions 33 - 42)*
- 4. Widening the Horizon- better integration throughout Public Protection** *(actions 43 - 47)*
- 5. Improving Public Awareness** *(actions 48 - 53)*

The actions detailed in this action plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below:

Key	On target	Progress delayed	Outwith deadline- revision required	Complete
	(G)	(A)	(R)	(P)

Exceptions report

STRATEGIC PRIORITY 1: Improved Support for Service Users

OBJECTIVE	ACTION REQUIRED	LEAD PERSON	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS REPORT
OUTCOME: Improved involvement of adults at risk in the ASP decision making process					
To improve consistency of uptake in independent advocacy	1. Monitor offer and take-up of Advocacy services	Team Managers Council Officers Lead Officers FVAS	Report from FV Advocacy Service to FV Committee Case audit	Biannually until March 2016	(G)
	2. FVAS to attend practitioner forums/team meetings	Team Managers Council Officers Lead Officers FVAS	Report from Advocacy Services to FV Committee	Report biannually to Committee	(G)
	3. Review of FV ASP Procedures to emphasise involvement of Independent Advocacy at point of investigation	Lead Officers	ASP procedures reviewed and published	March 2015	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users

OBJECTIVE	ACTION REQUIRED	LEAD PERSON	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS REPORT
OUTCOME: Improved involvement of adults at risk in the ASP decision making process (cont)					
To improve consistency of uptake in independent advocacy (cont)	4. Inclusion of prompt in ASP IT modules to assist staff to record consideration of advocacy	Lead Officers	Report to local groups and FV Committee	October 2014	(G)
To provide adults at risk with the necessary support and information to fully involve them in the case conference process	5. Complete consultation re service user leaflet which explains the purpose of a case conference and how service users can make their wishes known	Adult Support and Protection Coordinators	Leaflet completed and presented to FV committee.	October 2014	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users

OBJECTIVE	ACTION REQUIRED	LEAD PERSON	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS REPORT
OUTCOME: Improved involvement of adults at risk in the ASP decision making process (cont)					
To provide adults at risk with the necessary support and information to fully involve them in the case conference process (cont)	6. Complete easy read version of service user leaflet which explains the purpose of a case conference and how service users can make their wishes known	Adult Support and Protection Coordinators	Leaflet completed and presented to FV committee.	December 2014	(G)
	7. Include how service users will be informed about the outcome of case conference in the minute of case conference.	Case conference chairs	Audit Case conference minutes	March 2015	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)

OBJECTIVE	ACTION REQUIRED	LEAD PERSON	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS REPORT
OUTCOME: Family members of adults subject to ASP procedures are fully involved in line within the principles of the legislation and the needs of the individual					
Family members and carers of adults subject to ASP have information available to them.	8. Provide information leaflet for families and carers of adults subject to ASP	ASP Coordinator Clacks/Stirling and Lead Officers	Leaflet developed for families and carers of adults subject to ASP who are attending case conference.	December 2014	(G)
Any decision not to involve family members is clearly recorded.	9. Develop professional decision making module to cover recording of decisions	Training Officer FV	Training report to Committee	October 2014	(G)
	10. Review case conference chair arrangements	Clacks/Stirling Managers/lead officers	Report to Local Operational Group	June 2014	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: There is an enhanced approach to the management of risk for adults at risk of harm</i>					
To improve recording and analysis of risk as an integral part of an ASP investigation.	11. Professional Decision Making module developed to include transparency of decision making around risk and recording of risk analysis	Training Officer, Adult Support and Protection Coordinator	Training report	October 2014	(G)
	12. Guidance issued in use of chronologies	Lead Officers and Team managers	Audit	October 2015	(G)
To improve use of and recording of protection plans.	13. Development work with council officers around use and recording of protection plans	Lead Officers	Statistical report to FV Committee Audit	December 2014	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: The Committee learns from and with service users about the operation of the legislation and procedures</i>					
To establish routes for service user feedback	14. Make links with service user groups via 3rd sector	Lead Officers	FV Committee to receive reports on progress at 6 monthly intervals	Biannually until March 2016	(G)
	15. Pilot the service user feedback form with Forth Valley Advocacy and adapt as required	FVAS, ASP Coordinator	Report to FV Committee	April 2014 - December 2014	(G)
	16. Develop an easy read version of the service user feedback form	FVAS/ASP Coordinator	Leaflet to FV Committee	October 2014	(G)

STRATEGIC PRIORITY 1: Improved Support for Service Users (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: The Committee learns from and with service users about the operation of the legislation and procedures (cont)</i>					
To establish routes for service user feedback (cont)	17. Integrate the Service user feedback form into closure procedures	Lead Officers Council Officers	Audit Report to Committee	March 2015	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Staff in partner agencies have access to policy and guidance which is up to date and fit for purpose</i>					
To review/develop Forth Valley Policies and Procedures and ensure they are up to date	18. Review Information Sharing Protocol as per National Guidelines	Partner Leads	Reports to FV ASP Committee	October 2014	(G)
	19. Review FV Guidance.	Lead Officers	FV Guidance is reviewed and published	December 2014	(G)
	20. Develop Large Scale Investigation Protocol	Lead Officers	Large Scale Investigation Protocol agreed by FV Committee	August 2014	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: There is a more consistent approach to referral and response to ASP cases within partner agencies					
To improve the consistency, transparency and recording of professional decision making in relation to ASP cases	21. Provision of training module Professional Decision Making	Training Officer and lead officers	Training Report. Audit	October 2014	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Improved understanding and accurate and full recording of Capacity and Consent issues across all partner agencies</i>					
To improve establishment and recording of Capacity, including mens rea	22. Revise FV ASP Guidelines	Partner Leads	Procedures re-issued	March 2015	(G)
	23. Capacity and Consent training delivered to partner agencies	FV Training Officer and ASP Coordinator Clacks/Stirling	Training report	March 2015	(G)
To improve clinical assessment of Capacity and Consent.	24. Training for clinical staff and GPs to include awareness of the 3 Acts	NHS leads and Training Officer	Multi-agency audit	March 2016	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: VPD procedures are used effectively and efficiently to meet the needs of adults at risk of harm</i>					
To monitor the effectiveness and efficiency of the new VPD system in identifying adults at risk of harm	25. Briefing of Committee on VPD procedures	Police Scotland	Presentation to Committee October 2014 and biannually	October 2014 and 6 monthly thereafter	(G)
	26. Analyse VPD data & consider implications for wider public protection agenda	Police Scotland	VPD referral statistics	Presentation to Committee October 2014 and biannually until March 2016	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: More consistent recording and reporting under ASP procedures					
To improve recording of professional decisions taken in ASP cases.	27. Case file sampling to monitor improvement.	Council Officers Team Managers Service Managers	LOG reports.	March 2015	(G)
	28. Develop IT modules to prompt recording reasons for decisions re case conference.	Lead Officers	Audit	October 2014	(G)
	29. Develop training module for Professional Decision Making which includes recording around decision making.	ASP Coordinators/Lead officer and Training Officer	Training report	October 2014	(G)

STRATEGIC PRIORITY 2. Continuous Improvement of Practice and Procedures (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: Practice development is informed by analysis of statistics					
To achieve accurate collection of data	30. Support the accurate collection and timely reporting of data	Team Managers Lead Officers Senior Managers, all partners	Regular reports to FV Committee	Quarterly until March 2016	(G)
	31. Collate data on Forth Valley basis	Roger Morden	Report to Forth Valley Committee	Quarterly until March 2016	(G)
	32. Learn from analysis of data & adjust practice as required	All partners	FV Committee Follow-up of any action required	Quarterly until March 2016	(G)

STRATEGIC PRIORITY 3. Improving Skills and Knowledge

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Staff in all partner agencies are equipped with the necessary skills and knowledge to undertake their roles and responsibilities in relation to adults at risk of harm</i>					
To equip staff in partner agencies with the skills and knowledge to undertake their ASP responsibilities through e-learning and face to face training	33. Training Officer & admin support funded on FV basis	Senior Managers	Training report to Committee	5 times annually to March 2016	(G)
	34. Delivery of range of courses and e-learning based on present and future need	FV ASP training group	Training report to Committee	5 times annually to March 2016	(G)

STRATEGIC PRIORITY 3. Improving Skills and Knowledge (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Staff in all partner agencies are equipped with the necessary skills and knowledge to undertake their roles and responsibilities in relation to adults at risk of harm (cont)</i>					
To equip staff in partner agencies with the skills and knowledge to undertake their ASP responsibilities through e-learning and face to face training (cont)	35. Monitor roll out of mandatory e-learning ASP module in NHS Forth Valley	NHS FV Group	Biannual Reports to FV Committee	Biannually until March 2016	(G)
	36. Deliver ASP training to A&E and other medical staff	NHS FV Group	ASP training developed and delivered Training report	5 times annually to March 2015	(G)
	37. Deliver ASP training to GPs	NHS FV Group	Report to Committee	March 2016	(G)

STRATEGIC PRIORITY 3. Improving Skills and Knowledge (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Improved awareness and knowledge amongst FV third sector care providers</i>					
To equip third sector staff with the skills and knowledge to recognise and report adult support and protection concerns	38. Engage with Care Providers in FV to facilitate the continued improvement of knowledge and awareness of ASP	Lead Officers	Reports to FV Committee	Biannually until 2016	(G)
	39. Regular "Tell Someone" training offered to care providers	Training Officer	Training report	5 times annually until March 2016	(G)

STRATEGIC PRIORITY 3. Improving Skills and Knowledge (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: Improved learning through sharing of practice across partner agencies					
To learn from discussion of current case(s) across partner agencies to inform practice governance	40. Discussion of cases at Local Operational Groups & reporting of any learning points and good practice to FV Committee	Local Operational Group, Lead Officers	Local Operational Group Chairs to feedback to each FV Committee	5 times annually until March 2016	(G)
	41. Practitioner forums held regularly to discuss ASP practice issues	Lead Officers, Council Officers	Local Operational Groups	5 times annually until March 2016	(G)
	42. Disseminate to frontline staff findings from multi-agency audits	Lead Officers Training Officer	Report to Committee	October 2014 and in training until 2016. (Training report 5 times annually)	(G)

STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: A more holistic approach to Public Protection is evident across Forth Valley</i>					
To develop a more integrated approach to public protection in Forth Valley	43. Lead Officers of public protection partnerships meet at least biannually to identify shared issues and agree joint work.	Lead Officers	Reports and proposals to FV Committee	Biannually until March 2016	(G)
	44. Embed adult support and protection in Community Planning Partnerships	Senior Managers; All partners	Report to FV Committee	March 2016	(G)
	45. Work in partnership to improve response to financial harm	Lead Officers Financial harm group	Report to FV Committee	Report to committee June 2014 and biannually	(G)

STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
<i>OUTCOME: Adult Support and Protection requirements are fully addressed and considered in the development of models for Health and Social Care Integration</i>					
To embed Adult Support and Protection within any new integrated arrangements	46. Agree actions when integration process is sufficiently progressed	Senior Managers; All partners	Report to FV Committee	April 2015	(G)

STRATEGIC PRIORITY 4. Widening the Horizon- better Integration throughout Public Protection (cont)

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: Strategic development is informed by an understanding of current national developments					
The impact of Self Directed Support (SDS) on referrals are known	47. Monitor the impact of SDS on ASP referrals	Team Managers Service Managers	Reports to Operational Groups and FV Committee	Statistical reports April 2015 and annually	(G)

STRATEGIC PRIORITY 5. Improving Public Awareness

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: There is evidence of an improved understanding of ASP amongst the wider public					
To improve public awareness about protecting people and how to make a referral	48. Review the public protection communications strategy with lead officers of other public protection partnerships	Lead Officers	Referral rates and Sources	October 2014	(G)
	49. Disseminate information about ASP among the general public	Lead Officers	Biannual report to FV Committee	Biannual reports until March 2016	(G)
	50. Make use of local press and staff newsletters to disseminate information about ASP	Lead Officers	Reports to Committee	Biannual report until March 2016	(G)

STRATEGIC PRIORITY 5. Improving Public Awareness

OBJECTIVE	ACTION REQUIRED	PEOPLE INVOLVED	EVIDENCE/ REVIEW ARRANGEMENT	TIMESCALE	PROGRESS
OUTCOME: There is evidence of an improved understanding of ASP amongst the wider public					
To improve public awareness about protecting people and how to make a referral (cont)	51. Develop relationships with financial sector to raise awareness of ASP among bank employees and their customers	Financial harm group	Ongoing	Biannual report to ASP Committee	(G)
	52. Develop publicity materials on financial harm	Financial harm group	Materials developed and published	December 2014	(G)
	53. In partnership with the third sector raise awareness of ASP with service user and carers groups	Lead Officers	Awareness raising activity	Biannual Report to Committee	(G)

**Appendix II
Training Report**



Multi Agency Learning and Development Report
2011-2014

July 2014

FORTH VALLEY ADULT SUPPORT & PROTECTION COMMITTEE

Multi Agency Learning and Development Report 2011 - 2014

Introduction

This Multi Agency Learning and Development Report aims to set out the position of Adult Support and Protection training thus far within the Forth Valley.

The document will also set out the priorities in terms of learning and development for the remains of the year April 2014 to March 2015, as well as beginning to outline aspirations for the year April 2015 to March 2016.

Role of the Adult Support and Protection Committee and the AP Training Group

It may be helpful to contextualise the learning and development activities that have occurred hitherto within the Forth Valley area, as well as revisiting the policy, procedural and legislative framework in which these activities have taken place.

The Guidance for Adult Protection Committees (APCs) (Scottish Government 2009) issued by The Scottish Government and effective from October 2008 makes it explicit that APCs:

"have a duty to make or assist with arrangements for improving the skills and knowledge of the public bodies and office-holders that have responsibilities relating to the safeguarding of adults at risk in their area" (page 5).

The Guidance continues, advising that APCs should aim to produce a local training strategy which should address amongst other things:

- Staff being aware of the need to recognise the signs or harm, neglect or exploitation and know when and how to respond;
- Communications, assessment (of risk, capacity and consent), recording, decision-making and implementation of protection plans, and legal processes.
- Training for staff managing services who will be supervising others in contact with service users.

Forth Valley Adult Support and Protection Committee established an Adult Support and Protection Training Group, which is comprised of representatives from across the partner agencies and which has effectively driven the training agenda for staff across the Forth Valley area. This Training Group has been instrumental in delivering on the multi agency training agenda while facilitating the development of a full range of learning and development programmes. These programmes have been tailored to the needs of partner organisations, and are in line with the Scottish Government's

five key priorities: financial harm, adult protection in accident and emergency departments, adult protection in nursing and care homes, service user and carer involvement and data collection.

- Since August 2013, a learning and development programme has been offered to staff focusing on issues of Financial Harm.
- A nursing and care home specific ASP Level 2 course has been developed and piloted and will be rolled out across the Forth Valley from the autumn of 2014.
- In collaboration with NHS Forth Valley colleagues a programme has been proposed for staff working within accident and emergency departments and dates for delivery of this programme will be agreed during the autumn of 2014.
- ASP related information brochures and leaflets are being developed in conjunction with Forth Valley Advocacy to ensure the accessibility of information for users and carers.
- Learning and development opportunities are currently under development in the area of recording, defensible decision making and chronologies reinforcing the importance of accurate data collection and use of electronic information systems .

Training Needs Analysis

To inform and support the development of the existing learning and development programmes established systems for Training Needs Analysis were utilised. This process has and will continue to help inform future planning and development of Adult Support and Protection training materials to meet the identified learning and development needs of staff within all of the partner agencies.

The ongoing strategic overview of the multiagency learning and development agenda will be informed in the first instance by partner organisations' identifying their own respective training or learning and development needs, and ensuring that such information is shared with the ASP Training Group and the wider APC. This will ensure that the development and targeting of training and development activities meets the identified needs of staff and wider organisations across the Forth Valley.

Training Standards and Evaluation

In continuing to grow Adult Support and Protection learning and development programmes, a feedback process is in place that gauges the response to the training received. The current evaluation pro forma attempts to measure the impact of training on the attendees' practice by seeking a response to a self evaluation question. It is also important to seek to identify both the relevance of the training provided and that it ensures, enables and facilitates the development of appropriate knowledge, skills and practice within adult support and protection work while linking to CPD systems in place across the agencies.

Single agency -v- multi agency training

The Adult Support and Protection legislation is predicated on the importance of all agencies working together to ensure both the wellbeing of adults at risk and a common approach to intervening in their lives.

This multi agency approach reflects a familiar theme in recent legislative change and policy initiatives in social care, health and the criminal justice system.

Good practice in joint working between disciplines and agencies can be supported by managers and practitioners having a common dialogue and a shared understanding of their individual and mutual roles and responsibilities.

To this end then, training and development initiatives in respect of Adult Support and Protection will continue to be better taken forward on a multi agency basis. This will require that all partner agencies continue to prioritise and facilitate the attendance of key staff at an appropriate range of training currently being delivered or under development. Any priority for attendance has to be set in the context of each partner agency's operational requirements and priorities.

While acknowledging the efficacy and benefits of a multi agency approach to learning and development, there may be areas of practice, policy or procedure that may require a singly agency approach, and within Forth Valley there is a recognition of the need for this level of flexibility.

Adult Support and Protection Training Programme

(a) Conceptual framework

As the roles and responsibilities contained within the Adult Support and Protection legislation have implications for all staff within the public bodies, a core training structure was identified based on the common tasks and roles.

Any continuing training programme(s) should therefore be:

- as far as possible, common to all the partner agencies, and relevant in the course of their duties, and
- practice based and relevant to the roles of individuals within agencies, ensuring that learning is directly related to the responsibilities of different managers and staff.

Additionally any training programme(s) should take the form of a progressive structure, acknowledging not only the role and responsibilities of participants, but also the logical acquisition of skills and knowledge. Building in different levels of Adult Support and Protection training will enable practitioners to build on their learning and progress through subsequent levels of training as appropriate to their roles and responsibilities.

(b) Scottish Government National Training Materials

Prior to the implementation of the Adult Support and Protection legislation, the Scottish Government produced national training materials. The Adult Protection Training Framework (figure 1, below) sought to identify different levels of training, which would be appropriate to different staff members, depending on their role and responsibility.

Adult Protection Learning Framework



Figure 1

Within the Forth Valley, in line with most other Councils in Scotland, these Scottish Government materials have been updated and adapted in order to ensure relevance to local issues and priorities. Most council areas have developed variations on a theme with regard to Level 2 training, again within the guidance offered by the Scottish Government. This has led to training

courses identified as for example, Level 2, ranging in the depth and detail of content as well as duration (i.e. 1.5hrs; 2hrs; 3hrs; half-day and full day).

(c) Strategy for delivery of Forth Valley Learning and Development Programme

i) Adult Support and Protection Awareness Training (Level 1)

Adult Support and Protection Awareness training should be mandatory for all employees within the public bodies. Each partner agency should take responsibility for ensuring all of their employees are aware of their responsibilities within the Adult Support and Protection legislation, and are aware of the procedures within their own service and organisation in terms of reporting matters of concern.

The development of e-learning packages has facilitated the dissemination of this information and while a common package would ensure consistency of message across all agencies and services, it is recognised that differing ITC systems operated within the range of partner agencies render this aspiration unlikely in the immediate short to medium term. However, with multiagency representation in the ASP Training Group, and the role of the Forth Valley ASP Training Co-ordinator, there is a very high level of correlation and consistency across all of the existing e-learning packages currently in use.

ii) Level 2a/2b Adult Support and Protection Training

A rolling programme of half-day(Level 2a) and full-day(Level 2b) training has been delivered consistently across the Forth Valley and this will continue to be the case during the remainder of 2014-15, with materials being updated and amended to reflect any organisational, policy and procedural changes as they occur.

Tailored courses and events have been developed for specific staff groups or service settings for example, a programme of events was delivered to Home Care staff in 2011; a Level 2 programme, in line with the Scottish Government's priority for ASP training for nursing and care home staff; and a Level 2 course aimed at staff within accident and emergency departments.

Specific training in the area of Financial Harm is in place and delivered on a multiagency basic across the Forth Valley. Initially piloted in June of 2013, this has been delivered at least monthly since August 2013. The course was developed in conjunction with Trading Standards staff, and is co-presented by the FV ASP Training Co-ordinator and a Trading Standards Officer.

Partner agencies need to identify which level of training is the most suitable for their staff to attend and, where operationally possible, ensure their attendance. While reference to the Scottish Government's Adult Protection Learning Framework (Figure 1) should have helped inform this process, a "Guidance Matrix" was developed and circulated to partner agencies to assist in this process in 2013 and this was further updated in early 2014. This guidance matrix will assist managers within agencies to identify and prioritise which staff require to undertake training and at which level.

iii) Level 3 Adult Support and Protection Training

Participants within level 3 Adult Support and Protection Training generally should reflect the staff groups identified in the Scottish Government learning frame work (Figure 1). Wherever and whenever possible senior managers across all agencies and bodies with statutory powers and duties under the Act have been and will continue to be included.

Historically this training was presented by a variety of training providers, however, since June 2012, the FVASP training coordinator has been delivering this course on a twice yearly basis to maintain Council Officer numbers across the three councils that comprise Forth Valley. It is anticipated that future delivery will continue at this level of frequency if demand/need remains at current levels. The content of the course has been updated to reflect recent changes to the ASP Code of Practice (issued May 2014), and to keep abreast of practice developments and policy or procedural changes within Forth Valley. Future delivery will include direct inputs from Police Scotland PPU staff and Forth Valley Advocacy.

Within Forth Valley a "Three Act" training course was developed focusing on the "crossover" between the Adult Support and Protection (Scotland) Act 2007, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The course was piloted in November 2011 and has been delivered monthly since that time. Initially focused on Council Officers from across the Forth Valley, the target audience has been widened out to include other staff from a range of settings and services who may be involved in protecting adults who lack capacity or who are affected by mental disorder.

In collaboration with an Adult Protection lead officer a series of tailored training events are being planned that will focus in more details on the issues of capacity and consent in adult protection practice and will link to the "Three Act" training. Dates for these events are likely to be in October/November 2014. The Forth Valley template for this course has been adopted by a number of Local Authorities across Scotland.

The FVASP training coordinator will continue to review and update these existing Level 3 materials responding to the identified issues arising from ongoing Training Needs Analysis within this area of practice.

(d) Progressive Structure

As stated earlier, the training programme will continue to be developed within a progressive structure, providing a "Learning Pathway" or developmental approach for staff.

This approach has already been taken forward by the purchase of Investigative Interviewing and the initial purchase and more recently in-house development of a Court Witness Skills Training for those police and social care staff involved in formal Adult Support and Protection enquiries and investigations. During previous delivery of Investigative Interview training, some police officers from the PPU were participants with positive feedback being reported. It had been previously

commented on by social work staff attending the Adult Support and Protection investigative interviewing training that it would have been beneficial to have had joint training with the police.

Whilst the main focus of training during 2014-15 will continue to be on Levels 2a and 2b, work will continue in further developing a range of training which will permit staff to build on their knowledge and skills, particularly at Level 3.

This will include training in the area of defensible decision making in Adult Protection Practice (Autumn 2014 and beyond); working with victims and perpetrators of harm (Piloted in March/ April 2014); working with services/settings that have caused harm (Autumn 2014); working with complexity and risk, etc. It is acknowledged that future learning and development materials must take account of legislative change and policy development for example in the area of Self Directed Support, Forced Marriage etc as well as encompassing issues around recording practice and use of chronologies etc.

(e) Joint Training

It is recognised that work in respect of Adult Support and Protection does not exist in a vacuum and will often have implications for practice and procedures within other areas. This can most notably be the case when working with people where addiction is a major factor, or when working with people subject to domestic abuse.

It may be appropriate to consider the development of Joint training in respect of:

- i Adult Support and Protection and Substance Misuse
- ii Adult Support and Protection and Domestic Violence
- iii Adult Support and Protection and Young people in transition

A cautionary note should be made here in order to avoid the potential assumption that all service users who are victims of domestic abuse or who have problematic substance use issues are adults at risk of harm as defined within the Act.

(f) Multi Agency Working

It may be appropriate to consider the development of Multi agency fora focusing on operational staff across the public bodies involved directly in Adult Support and Protection work. Such fora would build on local practitioner fora that already exist and which have been used to good affect in the past. The aims of such fora could include:

- To bring together operational staff from Police, NHS and Councils who have responsibility for Adult Support and Protection across the Forth Valley locality by locality;
- To share relevant information and practice developments;
- To provide opportunities for best practice to be disseminated across and between all of the partnership agencies;
- To provide opportunities for communication both within and across agencies;
- To create links with operational staff and the Adult Support and Protection Committee.

Developments for the Future

i) Private and Voluntary Providers

This document has focused on the statutory agencies in recognition of the need to develop and extend partnership working across the statutory sector involved in Adult Support and Protection work. This is not to neglect the important role private and voluntary providers play, both in ensuring the prevention of harm and in recognising and reporting situations where an adult is seen to be at risk of harm.

Places on both Level 2a and 2b courses are offered to staff within the voluntary and private sector providers across the Forth Valley at no direct cost to these organisations. As new courses such as "Three Act" and Financial Harm training have been developed the appropriate inclusion of voluntary and private sector staff has taken place.

ii) Service User and Carers

Within the APC and the ASP Training Group there is a recognition of the important contribution that can be made by Users and Carers to the development of services, policy and training in the protection of adults at risk of harm. The "Easy Read" Leaflet produced by service users and Central Advocacy Partners in 2012 and the more recent involvement of service users and Forth Valley Advocacy in developing ASP information leaflets have been and remain important opportunities for user and carer involvement. However, additional opportunities need to be identified for user and carer involvement, particularly in the area of learning and development activities.

During the remainder of 2014/15 it may be appropriate to scope out the need or likely demand for training/briefing events targeted on users and carers and that build on any Scottish Government public education campaigns and TV advertising. Ongoing discussion on how this can be taken forward need to be established and progressed with the service user and carer representative organisations.

iii) Cross Boundary Training

Over the most recent 12 to 18 months and facilitated by the National Adult Protection Coordinator, discussion has progressed across agencies within different Local Authority areas of the benefits of sharing resources and experiences and providing training across boundaries.

The FV ASP training coordinator has maintained links with trainers within the West of Scotland area as well as developing links with staff within the North and East of Scotland. This has enabled the sharing of information and training resources, and to some extent ensures a level of consistency in terms of the content and quality of ASP Training across the public sector.

iv) Other Training Development

As indicated previously the FV ASP training coordinator in consultation with the ASP Lead Officers and Learning and Development managers within the Councils of the Forth Valley and key managers within NHS Forth Valley and Police Scotland will continue to review and updated existing Adult Support and Protection Training, while seeking to identify opportunities to develop or commission appropriate new training in this area. Areas for development have been identified throughout this report and include Defensible Decision-Making; Managing Complexity and Risk; Protection Planning; Recording and Chronologies: as well as developing materials that can assist staff in “skills rehearsal” and knowledge refresher where appropriate.

Harry Brown
Forth Valley Adult Support and Protection Training Co-ordinator

July 2014

ASP Training Activity within Forth Valley to 30th June 2014

As at 30th June 2014, a total of 3638 training places have been taken up by staff across statutory (2650 training places including the Public Guardian and 17 of her staff ; 18 Scottish Prison Service staff, 8 Care Inspectorate staff, and 40 Fire and Rescue staff) and non statutory services (987 training places) within the Forth Valley area. This training has either been delivered or commissioned by the FV ASP Training Coordinator. In terms of a “rolling total” of training places taken up, the following tables show the numbers of places utilised on Adult Support and Protection Levels 2a, 2b, Training for Trainers, “Three Act” , and Financial Harm training since commencement of FV ASP Training Co-ordinator on 16th May 2011. Table 5 includes total numbers of training places taken up on Investigative Interview Training, Court Skills Training; and Council Officer Training.

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
15	707	19	86	1	99	583	245	947	2702
0.56%	26.17%	0.70%	3.18%	0.04%	3.66%	21.58%	9.07%	35.05%	100.00%
Total non Council Staff									1775
% of non Council Staff									65.69%
Total Council Staff									927
% of Council Staff									34.31%

Table 1: June 2011 – 30th June 2014 Total numbers attending Adult Support & Protection Training (level 2a and 2b & “Tell Someone” T4T)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
36	132	6	1	0	104	374	163	88	904
3.98%	14.60%	0.66%	0.11%	0.00%	11.50%	41.37%	18.03%	9.73%	100.00%
Total non Council Staff									263
% of non Council Staff									29.09%
Total Council Staff									641
% of Council Staff									70.91%

Table 2: June 2011 – 30th June 2014 Total numbers attending ASP Training (All level3 Courses including Financial Harm Training)

Police	NHS FV	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
14	89	46	165	67	52	433
3.23%	20.55%	10.62%	38.11%	15.47%	12.01%	100.00%
Total non Council Staff						155
% of non Council Staff						35.80%
Total Council Staff						278
% of Council Staff						64.20%

Table 3: June 2011 – 30th June 2014 Total numbers attending ASP Three Act Training only (Level 3)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
2	16	6	1	0	31	78	35	44	213
0.94%	7.51%	2.82%	0.47%	0.00%	14.55%	36.62%	16.43%	20.66%	100.00%
Total non Council Staff									68
% of non Council Staff									31.92%
Total Council Staff									145
% of Council Staff									68.08%

Table 4: June 2011 – 30th June 2014 Total numbers attending ASP Financial Harm Training (Level2/3) Financial Harm Training)

Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Att
52	842	25	87	1	210	965	410	1046	3638
1.43%	23.14%	0.69%	2.39%	0.03%	5.77%	26.53%	11.27%	28.75%	100.00%
Total non Council Staff									1940
% of non Council Staff									53.33%
Total Council Staff									1698
% of Council Staff									46.67%
Total attendance all agencies									3638

Table 5: June 2011 – 30th June 2014 Total numbers attending all ASP Training (Including Homecare staff)

	Police	NHS FV	Housing Clacks	Housing Falkirk	Housing Stirling	SW Clacks	SW Falkirk	SW Stirling	Third Sector	Total Staff
Nos trained Nov '08 - Sept '10	103	172	11	7	12	127	954	178	179	1743
Nos trained from 16.5.11 to present	52	842	25	87	1	210	965	410	1046	3638
Cumulative totals Trained to date	155	1014	36	94	13	337	1919	588	1225	5381

Table 6: Cumulative totals across partner and 3rd sector agencies - all ASP training Nov '08 – 30th June 2014

Table 6 shows totals of staff who have undertaken some form of ASP training since activity in this area commenced within The Forth Valley in November 2008.

These figures do not take into account the numbers of staff undertaking any single agency e-learning programmes currently in place. To date 620 police officers have completed a Police computer based e-learning package. In addition 118 (86 non social work services staff) Falkirk Council Staff have completed the Protection – Basic Awareness, Brightwave e-learning package. NHS Forth Valley reports that to date 285 NHS staff have accessed the LearnPro materials, with 229 staff successfully completing the full course. This totals an additional 1023 staff across the three main public bodies that have completed some form of ASP e-learning, bringing the cumulative total to 6404 staff.

Harry Brown
Forth Valley ASP Training Coordinator
July 2014

Appendix III
Statistical Information

Population Estimates (age 16+)

	2011	2012	2013
Clacks	41,159	41,353	42,107
Falkirk	124,944	126,014	128,830
Stirling	73,607	74,622	75,617
Forth Valley	239,710	241,989	246,554

Referrals

	2011/12	2012/13	2013/14
Clacks	48	73	112
Falkirk	249	308	477
Stirling	213	220	270
Forth Valley	510	601	859

Rate per 1,000 pop 16+

	2011/12	2012/13	2013/14
Clacks	1.17	1.77	2.66
Falkirk	1.99	2.44	3.70
Stirling	2.89	2.95	3.57
Forth Valley	2.13	2.48	3.48

Gender

	2012/13	2013/14	Total	%
Female	389	519	908	62.2%
Male	212	340	552	37.8%

Age Band

	2013/14	%	Pop	Rate per 1,000 pop
16-24	56	6.5%	34,693	1.61
25-39	70	8.1%	52,690	1.33
40-64	207	24.1%	106,376	1.95
65-69	52	6.1%	17,119	3.04
70-74	53	6.2%	12,857	4.12
75-79	117	13.6%	10,289	11.37
80-84	100	11.6%	6,878	14.54
85+	203	23.6%	5,652	35.92
Not known	1	0.1%		
Total	859	100.0%	246,554	3.48

Care Group

	2012/13	2013/14	Total	%
Dementia	103	175	278	19.0%
Mental Health Problem	39	53	92	6.3%
Learning Disability	92	163	255	17.5%
Physical Disability	113	174	287	19.7%
Substance Misuse	14	24	38	2.6%
Problems arising from infirmity due to age	171	189	360	24.7%
Other	20	22	42	2.9%
Not Known	49	59	108	7.4%

Ethnicity

	2012/13	2013/14	Total	%
White	524	735	1,259	86.2%
Mixed or Multiple Ethnic Groups	1	0	1	0.1%
Asian, Asian Scottish or Asian British	2	2	4	0.3%
African, Carribean or Black	0	0	0	0.0%
Other Ethnic Group	1	4	5	0.3%
Not Known	73	118	191	13.1%

Investigations

	2011/12	2012/13	2013/14
Clacks	31	18	14
Falkirk	195	106	114
Stirling	54	77	57
Forth Valley	280	201	185

Rate per 1,000 pop 16+

	2011/12	2012/13	2013/14
Clacks	0.75	0.44	0.33
Falkirk	1.56	0.84	0.88
Stirling	0.73	1.03	0.75
Forth Valley	1.17	0.83	0.75

Type of harm

	2012/13	2013/14	Total	%
Sexual	15	15	30	7.8%
Psychological	14	15	29	7.5%
Physical	79	72	151	39.1%
Self harm	0	0	0	0.0%
Financial	54	58	112	29.0%
Neglect	5	9	14	3.6%
Self Neglect	1	2	3	0.8%
Discrimination	16	4	20	5.2%
Institutional	3	7	10	2.6%
Not known	14	3	17	4.4%
Total	201	185	386	100.0%

Location of harm

	2012/13	2013/14	Total	%
Own home	96	109	205	53.1%
Private address	5	2	7	1.8%
Care home	61	47	108	28.0%
Sheltered housing	7	3	10	2.6%
NHS	11	5	16	4.1%
Public place	5	7	12	3.1%
Other	6	9	15	3.9%
Not recorded	10	3	13	3.4%
Total	201	185	386	100.0%

Source of harm

	2012/13	2013/14	Total	%
Self	4	2	6	1.6%
Family member	55	68	123	31.9%
Paid professional	49	35	84	21.8%
Other	66	67	133	34.5%
Not recorded	27	13	40	10.4%
Total	201	185	386	100.0%

Source of principal referral leading to investigation

	2012/13	2013/14	Total	%
Self	7	18	25	6.5%
Family	24	17	41	10.6%
Carer	3	2	5	1.3%
Member of the public	4	2	6	1.6%
Police	22	18	40	10.4%
Social Work	51	25	76	19.7%
Housing	10	13	23	6.0%
Health - Primary	5	8	13	3.4%
Health - Acute	9	7	16	4.1%
Health - GP	0	1	1	0.3%
Local Authority Care Home	3	1	4	1.0%
Voluntary Care Home	2	4	6	1.6%
Private Care Home	30	30	60	15.5%
Other Community Care Provider	17	11	28	7.3%
SCSWIS	2	0	2	0.5%
Other	4	14	18	4.7%
Not recorded	8	14	22	5.7%
Total	201	185	386	100.0%

Case Conferences

	Clacks 2012/13	Clacks 2013/14		Falkirk 2012/13	Falkirk 2013/14		Stirling 2012/13	Stirling 2013/14		Forth Valley 2012/13	Forth Valley 2013/14
Initial CC	10	10		35	45		22	30		67	85
Review CC	1	4		55	40		10	11		66	55

Process Rates

A crude measure of the percentage activity from one stage in process to another; it simply divides the number of activity occurrences during the period. It is NOT a tracking of individual cases.

	Clacks	Falkirk	Stirling	Forth Valley
Inquiries/Referrals	86.5%	51.2%	100.0%	72.1%
IRDs/Referrals	32.4%	72.2%	22.9%	50.6%
Investigations/Referrals	17.3%	28.0%	27.3%	26.4%
Case Conferences/Referrals	10.8%	10.2%	10.6%	10.4%
Case Conferences/Investigations	62.5%	36.4%	38.8%	39.4%

Adult Protection Plans

	@31/03/13	@31/03/14
Clacks	2	1
Falkirk	16	17
Stirling	2	11
Forth Valley	20	29

Principal Harm

	@31/03/13	@31/03/14	%
Sexual	0	0	0.0%
Psychological	0	4	8.2%
Physical	12	11	46.9%
Self harm	0	1	2.0%
Financial	7	11	36.7%
Neglect	1	0	2.0%
Self Neglect	0	2	4.1%
Discrimination	0	0	0.0%
Institutional	0	0	0.0%

Care Group

	@31/03/13	@31/03/14	%
Dementia	1	2	6.1%
Mental Health Problem	6	5	22.4%
Learning Disability	6	11	34.7%
Physical Disability	5	3	16.3%
Substance Misuse	1	1	4.1%
Problems arising from infirmity due to age	1	4	10.2%
Other	0	3	6.1%

Age Band

	@31/03/13	@31/03/14	%
16-24	7	7	28.6%
25-39	3	4	14.3%
40-64	3	8	22.4%
65-69	2	3	10.2%
70-74	1	1	4.1%
75-79	1	3	8.2%
80-84	1	2	6.1%
85+	2	1	6.1%

Ethnicity

	@31/03/13	@31/03/14	%
White	20	26	93.9%
Mixed or Multiple Ethnic Groups	0	0	0.0%
Asian, Asian Scottish or Asian British	0	0	0.0%
African, Carribean or Black	0	0	0.0%
Other Ethnic Group	0	1	2.0%
Not Known	0	2	4.1%

Statutory Orders

ASP STATUTORY ORDERS

	2012/13	2013/14
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Warrant for entry

	2012/13	2013/14
No. applied for	0	0
No. granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

Assessment Order

	2012/13	2013/14
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No. applied for	0	0
No. granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

Removal order	2012/13	2013/14
No. applied for	0	0
No. granted	0	0
No. refused	0	0
Total in place at end of reporting period	0	0

Banning order	2012/13	2013/14
No. applied for	2	2
No. granted	2	2
No. refused	0	0
Total in place at end of reporting period	3	3

Temporary banning order	2012/13	2013/14
No. applied for	2	0
No. granted	2	0
No. refused	0	0
Total in place at end of reporting period	2	0

Total orders	2012/13	2013/14
No. applied for	4	2
No. granted	4	2
No. refused	0	0
Total in place at end of reporting period	6	3

CLACKMANNANSHIRE COUNCIL

Report to: Housing, Health and Care Committee

Date of Meeting: 29 January 2015

Subject: Social Services Performance Report

Report by: Head of Social Services

1.0 Purpose

- 1.1 The purpose of this report is to update Committee on Social Services' performance for Quarter 2 of 2014-2015.
- 1.2 This report incorporates financial performance data alongside reports against agreed priorities and target measures for the Service. The narrative provides detail about the performance information in the context of service developments over the course of the second quarter of 2014-2015.
- 1.3 The financial data contained in this report relates to Quarter 3. Committee received a separate update on Social Services' financial performance and associated action plans in October 2014. This was based on the outturn position at the end of Quarter 2.

2.0 Recommendations

- 2.1 It is recommended that the Housing, Health and Care Committee note this report and provide comment and challenge as appropriate.

3.0 Considerations

- 3.1 This report to the Housing, Health and Care Committee provides an update on agreed target measures and priority actions as set out in the Social Services Business Plan. The financial performance information includes actual spend and the projected position at the end of the first quarter of 2014-2015.
- 3.2 This report provides more service specific detail than the overall Council budgetary position that is reported to Resources and Audit Committee. Outturn positions included in this report are based on rigorous reviews of service spending activity by accountants and service managers. Specific

actions that the Service are taking to address the budgetary pressures are included.

- 3.3 Performance information is recorded on covalent and verified by Service Managers and Assistant Heads of Service. This recording mechanism enables members to identify and scrutinise trends in performance against agreed targets. Strengths and areas for improvement, together with key actions, are highlighted in the commentary and in the narrative section of the report.

Child Care Service and Criminal Justice Service

- 3.4 The Child Care Service continued to make progress with planning for the implementation of the Children and Young People (Scotland) Act. This is linked to a stage model of intervention that makes best use of all resources and targets specialist resources on those with the highest level of need. There is evidence from this quarter of increased use of the Integrated Assessment Framework and of the single child's plan across all services. Alongside this the Service has progressed work in partnership with universal and third sector services to have a strengthened focus on prevention, family support and ensuring that children and families receive appropriate support at an early stage. This has been reinforced through the reviews of third sector services that were conducted over the course of 2014 and the areas for action agreed.

- 3.5 The performance against key target measures was improved or maintained above the set target in Quarter 2. These are positive indicators that the service has been able to sustain improvements, and ensure that actions are progressed within agreed timelines, in line with statutory requirements, to protect and promote the welfare of the most vulnerable children.

- 100% of children placed on supervision have been seen by the allocated supervising officer within 15 working days of the Children's Hearing.
- 100% of children on the Child Protection Register were seen on a weekly basis throughout this Quarter.
- 86% of reports submitted to the Children's Reporter within target timescales. This continues to perform above the national standard.
- In this reporting period, no children looked after away from home had more than three placements.
- 92% of care leavers with a Pathway Plan shows an increase and improvement in performance and above target.
- 96% of children on the Child Protection Register have had a Core Group within the past month.

- 3.6 For the Criminal Justice Service, the key measure relating to the percentage of reviews of high risk offenders completed within agreed timescales, reported on target at 100%.

Adult Care Service

- 3.7 Adult Care redesign work continues to support an increased focus on prevention in partnership with primary care, other Council services and third sector support services. The review of all third sector commissioned services has identified those services and supports that are most effective in meeting agreed outcomes and service priorities and areas for improvement.
- 3.8 Implementation of redesign activities is supported by communication and engagement with locality based staff across the partnership, including links with primary care services, with service users and the wider public. This will be reinforced through the development of public-facing information to promote improved understanding of the revised eligibility framework for social services to ensure fair and equitable access to services for those who do require to access formal support or care services.
- 3.9 Adult Services continues to perform well across the full range of performance measures. The Service has consistently performed above the Scottish average and performs well when compared with other Councils of a similar size and profile. This means that a higher proportion of those aged over 65 with intensive care and support needs in the Clackmannanshire Council area are supported to remain in their own homes rather than in an institutional settings, when compared with the average across Scotland. The target will be reviewed for 2015/16 with a view to setting a more challenging performance measure at 10% above the 2014/15 target. This will require a focus on and further reduction of rate of placements in residential settings which will be supported by the current redesign and move to increased intermediate care provision.
- 3.10 The Service continued to report no delayed discharges from hospital over four weeks throughout this quarter. This is a significant achievement, taking into account the increased pressures on the Service in this area. It is however recognised that from April 2015, the two week target for delayed discharge will present a significant challenge. Planning will continue in conjunction with NHS Forth Valley, and third sector and independent sector providers, to embed a multi-agency pathway that promotes prompt and safe discharge from hospital and prevents unplanned admissions. This will be supported through targeted use of integrated care fund. The Scottish Government has also provided matched funding to the local partnership aimed at further improving performance around delayed discharge, with a particular focus on the pressures during the winter season. This funding is targeted in a number of areas, including:
- Further expansion of the Discharge Hub to work over 7 days in the week. This is being implemented in January 2015.

- Further develop Anticipatory Care Planning to support discharge from hospital and prevent readmission. This is in place,
- Develop 24/7 Rapid Response Service, including additional District Nursing and AHP support over the winter period. Staff recruitment is taking place and this will be completed with staff in place by end of January 2015.

3.11 The performance in relation to the percentage of Adult Support and Protection Initial Referral Discussions completed within the agreed timeframes reduced in Quarter 2. As noted in the commentary accompanying this indicator, the Lead Officer reviewed 100% of the referrals for Quarter 2 and has ensured that appropriate actions were taken under Adult Support and Protection procedures. Additional actions have been progressed which has supported this improvement and further audits are scheduled to review the overall practice and recording of decisions in relation to Adult Support and Protection. The audit scheduled for January 2015 will be supported by an Inspector from the Care Inspectorate.

Financial Position

- 3.12 The Service is projecting a Revenue budget overspend of £1,834K and a balanced Capital budget (see Table 1). This is an increase of £300K on previous reported overspend in October. The reasons for the increase are relief staff over the summer period to cover holidays in Menstrie/Ludgate House (£57K). The Service is addressing this by developing a reduced hour relief for staff. This will create a bank of staff and reduce spend in this area. Increased number of Home Care hours (£105K). Residential Schools (£70K) due to placement at Struan House in October and (£50K) staffing increase in Child Care due to filling of vacancies.
- 3.13 In relation to Residential Care there has been a reduction from 277 placements in March 2014 to 263 in January 2015. This equates to a reduction of 14 placements in the same period last year. In terms of Home Care hours there has been an increase of 192 hours from 8335 in March 2014 to 8527 in January 2015. This equates to an increase of £127,895.
- 3.14 Child Care is now showing an overspend of £1,126K. The main areas of overspend are External Fostering 624K and Residential Schools £685K. These overspends are offset by staff vacancies in Early Years Service and income from Stirling Council for a child placed in Woodside.
- 3.15 The External Fostering overspend is due to the increase in numbers from this time last year of 23 to 39 children placed. This is an increase in spend of £630K per annum. The current budget equates to 24 children in placements. Action is identified to undertake a recruitment campaign with colleagues in Stirling to recruit foster carers across both local authorities. This will involve internal adverts across both local authorities and Forth Valley using internal and external media sources for advertising. This partnership will increase the pool of staff for assessments of potential carers. The aim is

to increase the number of provided carers across both local authorities to reduce the need for purchased placements.

- 3.16 The Residential Schools overspend is in relation to two high cost secure placements made in November 2013 at a cost of £714 per day each. The annual cost of these placements is £260K each.
- 3.17 Adult Assessment & Care Management is showing an overspend of £744K. The main reason for the overspend is a 37% increase in care at home hours since April 2012. This is primarily due to an increase in the number of hours of care allocated rather than an increase in the number of service users.
- 3.18 *Appendix 2* to this paper contains a detailed analysis of variances in respect of each service area.

Table 1

Service	Annual Budget 2014/15	Actual Spend to 30/10/14	Projected Outturn to 31/03/15	Variance Outturn to Budget
	£000	£000	£000	£000
Revenue				
Partnership	1,014	835	1,043	29
Strategy	534	537	441	(93)
Adult - Assessment & Care Management	9,833	5,583	10,577	744
Adult - Provision	4,550	2,621	4,538	(12)
Child Care - Clacks Locality	1,938	1,210	2,029	91
Child Care - Resourcing, Disability, TCAC	7,783	3,754	8,823	1,040
Child Care - Protection, Early Intervention, Youth Justice	396	230	391	(5)
Criminal Justice Service	(17)	839	(12)	5
Social Services Management	508	591	544	36
Total	26,539	16,200	28,374	1,834
Capital				
Telecare	75	32	75	0

Progress in Delivering Planned Budget Savings in 2014/15

- 3.19 The 2014/15 budget incorporated savings agreed in 2012/13 of £0.121m and 2013/14 of £0.501m for Social Services through a combination of budget challenge savings, management actions and specific Council decisions. After

eight months of the year we are able to report that 53% of these savings have been secured totalling £329k. Table 2 below summarises the position.

Table 2

Planned Savings 2014-15	Budget	Saving 2014-15	Progress	Comment
Description of Saving				
2013/14 savings		£ '000	£ '000	
Introduce charge for MECS Service.		33	33	Introduced October 2013. Full year saving 2014/15
Increase Respite Care Charges		10	10	Introduced December 2013. Full year saving 2014/15
Introduce Charge For Day Care Services		33	33	Introduced April 2014. Full year saving 2014/15
Other Shared Service Structure Savings.		45	45	New management structure in place in Adult Care
Total 13/14 Savings		121	121	
Policy Savings 14/15:		£ '000	£ '000	
Review of care packages to establish a tangible and transparent link between intervention and outcomes for individuals.		139	79	A programme of reviews is in place. The current phase is specific to learning disability. 108 reviews complete to date. Reviews are scheduled from January - March 2015 with a view to increasing the savings achieved to date.

Reduce instance of long term care package through the introduction and development of intermediate care services and supports for all care groups.	121	0	Reablement service continues to develop and framework for post reablement care is now in place for older people and under 65yrs with physical disability. This saving is predicated on a reduction of 10 long term care placements. The number of long term care placements has not reduced from the figures for 2013/14. The proportion of those with intensive needs supported in their own homes in the Clackmannanshire area is higher than the national average. This is therefore a challenging target within the context and demands of winter pressures.
Childcare Financial Support - Section Payments	13	13	Section payment use has been revisited to ensure it is in line with set criteria. Guidance is now in place to ensure standardised practice. Budgets being devolved to Team Mangers to ensure closer control. Saving has been achieved.
Redesign of adult care provision.	58	0	A review of commissioned services has identified areas for improvement to ensure delivery achieves agreed outcomes. Redesign activity is focused on supporting a shift to use of mainstream services in line with the agreed eligibility criteria and ensuring that care packages are in line with eligible needs.
Community Care Health Plan Lease	50	50	Saving achieved April 2014.
Reduction of 3 Child Care Team Leader posts across shared service. From Duty, Residential, &EEI. Absorption of roles within current establishment	50	0	Clarification of terms and conditions and HR route to finalise timescale needs to take place. Pending Shared Service Business Case. Negotiations with the Care Inspectorate need to take place for the residential posts to ensure compliance with minimum

			standards. Savings will be realised in 2015/16.
Reduction of 2 Adult Care Team Leader posts across shared service. Absorption of roles within current establishment	35	35	Restructure now complete. Saving should be realized
VS savings	13	13	Saving achieved, budget reduced
Vol Orgs & Subscriptions corporate savings	18	18	Savings achieved, budget reduced
Total Policy Savings	501	208	
TOTAL SOCIAL SERVICES 2014-15	622	329	

Zero Based Budgeting - November 2014 - February 2015

3.20 Social Services and Finance have undertaken a Zero Based Budgeting (ZBB) exercise across the service. The ZBB has involved:

- One to one sessions with service accountants and Assistant Heads of Service and Service Managers across the service
- Group sessions reviewing budgets and current budget lines.
- Additional budget challenge session with the service
- *Critical Friend* review as part of the Budget Challenge with a review of budgets, processes and further exploration of savings proposals.
- Internal Audit of Joint Assessment Liaison Group being undertaken.

The outcome of the above has identified a budget deficit within the service and work is currently ongoing to conclude this exercise with proposed growth and realignment of budgets to reflect the demographics, activity and need across the service. This will reflect future budget setting for the service.

4.0 Sustainability Implications

4.1 None.

5.0 Resource Implications

5.1 Financial Details

- 5.2 The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes

- 5.3 Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4 Staffing - no implications.

6.0 Exempt Reports

- 6.1 Is this report exempt? No

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities** (Please double click on the check box)

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	<input type="checkbox"/>
People are better skilled, trained and ready for learning and employment	<input checked="" type="checkbox"/>
Our communities are safer	<input checked="" type="checkbox"/>
Vulnerable people and families are supported	<input checked="" type="checkbox"/>
Substance misuse and its effects are reduced	<input checked="" type="checkbox"/>
Health is improving and health inequalities are reducing	<input checked="" type="checkbox"/>
The environment is protected and enhanced for all	<input checked="" type="checkbox"/>
The Council is effective, efficient and recognised for excellence	<input checked="" type="checkbox"/>

- (2) **Council Policies** (Please detail)

8.0 Equalities Impact

- 8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? No

This report is for information only. No policy changes or changes to service provided are recommended.

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ✓

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices please state "none"

Appendix 1 - Social Services Business Plan 2014-15 Report from Covalent

Appendix 2 - Social Services - budget v outturn narrative

11.0 Background Papers

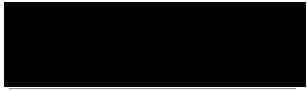

11.1 Have you used other documents to compile your report? No (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

None.

Author(s)

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George Marshall	Service Accountant	01259 452074

Approved by

NAME	DESIGNATION	SIGNATURE
Val de Souza	Head of Social Services	
Elaine McPherson	Chief Executive	

Quarter 2 Progress Report













KEY TO SYMBOLS













PIs					
Status		Short Term Trends		Long Term Trends	
Compares actual performance with target		Compares actual performance with most recent previous		Compares actual performance with previous over the longer term	
	Alert		Performance has improved		Performance has improved
	Warning		Performance has remained the same		Performance has remained the same
	OK (performance is within tolerance limits for the target)		Performance has declined		Performance has declined
	Unknown		No comparison available - May be new indicator or data not yet available		No comparison available













ACTIONS	
Expected Outcome	
	Meet target/complete within target dates
	Will complete, but outwith target
	Fail to complete or cancelled

RISKS		
Current Rating = Likelihood x Impact (1 - 5)	Status	
		Rating 16 and above
		Rating 10 to 15
		Rating 9 and below
<p>The likelihood of a risk occurring, and the impact if it does occur are each scored on a scale of 1 to 5, with 1 being the least likely or the least significant impact. Detailed guidance on scoring is provided in the Risk Management Policy and guidance.</p>		

1 HIGH LEVEL SUMMARY

Our communities are more cohesive and inclusive								
PIs		1		1		2		0
Actions		0		2		0		0
Risks		0		1		0		0



Our Public Services Are Improving								
PIs		2		2		0		0
Actions		0		8		0		0
Risks		0		2		5		0


Our communities are safer, Substance misuse and its effects are reduced, Health is improving and health inequalities are reducing, Vulnerable people and families are supported								
PIs		0		0		7		0
Actions		1		9		2		0
Risks		0		1		3		0

* Does not include 'Data Only' or annual indicators.

2 DETAILED REPORT







Priority Outcome 2 - Our communities are more inclusive and cohesive







Covalent Code	ACTION	By When	Lead	Progress	Expected Outcome Icon	Latest Note
SOS SSS 026	Deliver the Stirling Corporate Parenting Strategy and Action Plan following approval in January 2014 and ensure a joint approach is taken with Clackmannanshire	Mar 2015	Liam Purdie	50%		Joint steering group in place. Elected members from both Stirling and Clackmannanshire Councils represented. Strategy agreed and modified to reflect joined up approach - 3 year plan in place. The revised timeline of March 2015 is required to ensure the needs and priorities identified by both Council areas are incorporated into the action plan.
SOS SSS 027	Identify service relationship management	Mar 2015	Val de Souza	80%		Relationships with key stakeholders set out in Business Plan. This includes annual staff and service user surveys. Health and Social Care Integration - Draft Scheme produced incorporating communication and engagement. Consultation has commenced on vision and outcomes for integration with key stakeholders. A multiagency communications and engagement strategy for integration is in development incorporating all statutory requirements.








Code	Description	2011 /12	2012/ 13	2013/ 14	2014/ 15	Q2 2014/15		Latest Note	Lead
		Value	Value	Value	Target	Value	Short Trend		
ADC ADA 01a	% of people aged 65 and over with intensive care needs receiving services at home	43%	42%	45%	35%	43%		<p>This percentage is shown is a percentage of people with intensive care needs. Those with intensive care needs are those over 65 who are:</p> <ul style="list-style-type: none"> Receiving 10+ hours of home care (purchased or provided by a local authority), or are Resident in a Care Home or in hospital <p>Performance is the same as the previous quarter but still well in excess of the locally agreed target of 35% and of the national target. This has been achieved through the continued rollout of intermediate care and reablement services in Clackmannanshire area. In recognition of the strong performance in this area, the Service will increase the target for 2015/16 to ensure that there continues to be a strong focus on improving performance in this area.</p>	Phillip Gillespie



Code	Description	2011 /12	2012/ 13	2013/ 14	2014/ 15	Q2 2014/15		Latest Note	Lead
		Value	Value	Value	Target	Value	Short Trend		
ADC ADA 006	Delayed hospital discharges over 4 weeks	0	0	0	0	0		Performance has remained static with no individuals delayed in their discharge beyond 4 weeks for the current quarter. The target in this area continues to be met however the new target of 2 weeks from April 2015 will be challenging for the Service. The service is developing integrated care pathways with NHS Forth Valley and reallocating resources to support timely and appropriate hospital discharge and prevention of hospital admission. Resources have been identified through Integrated Care Fund to support this into the next financial year.	Phillip Gillespie
CHC LAC 05d	Percentage of looked after children who remain in their communities	88%	82%	75%	80%	72%		Performance is the same as the previous quarter. The quarterly total of those noted under place of residence for 'at home', 'related care', 'foster care provided by LA', 'LA residential unit'. As a percentage of the quarterly total of those looked after and accommodated. A review of this target needs to be undertaken on the basis that Kinship care previously categorised as looked after in the community will now be categorised as looked after away from home. Work will be undertaken for future reporting to highlight the difference.	Liam Purdie
CHC TCA 002	% Care leavers aged 16+ with a pathway plan	21%	29%	29%	75%	92%		Above target. Advice and guidance is available to the remaining young people, however some choose not to access this. The annual figure is useful for benchmarking purposes. National average for 2012 (75%), 2013 (82%).	Liam Purdie

Priority Outcomes.- Our communities are safer, Substance misuse and its effects are reduced, Health is improving and health inequalities are reducing, Vulnerable people and families are supported






Covalent Code	ACTION	By When	Lead	Progress	Expected Outcome	Latest Note
SOS SSS 028	Develop a staged model of intervention that defines a tiered pathway of support and intervention	Mar 2015	Liam Purdie	20%		Implementation plan for Children and Young Persons Act. Social Work and Education developing a screening and referral pathway for frontline staff. There is an increased use of GIRFEC paperwork and single child's plan across all agencies.
SOS SSS 029	Ensure early intervention to improve outcomes for children and their families is prioritised	Mar 2015	Liam Purdie	20%		Training and awareness raising in relation to the named Person and Lead Professional roles are ongoing. Social Work area clear on the roles and responsibilities of the Lead Professional. A review of early intervention and screening has started between Education and Social Work. This will inform future service delivery and referral pathways. Early Years Collaborative steering group and project leads has been reviewed to identify early intervention approaches.
SOS SSS 030	Clearly define the multi agency and single agency roles and responsibilities	Mar 2015	Liam Purdie	20%		Staged Model of Intervention will highlight roles and responsibilities as part of the CY Persons Bill for Named Person and Lead Professionals as part of the process. Social Work are clear of the roles and responsibilities however communication of roles and responsibilities needs to be clarified between and with other stakeholders.
SOS SSS 031	Improve the quality and consistency of assessment, decision making and timescales around permanency planning. Improve the medium and long term outcomes for children in permanency planning.	Mar 2015	Liam Purdie	50%		Permanency Process has been launched across the shared service to ensure consistent approach. Permanency planning now identified for reporting in relation to permanency planning for children.
SOS SSS 032	The development of an evidence based outcomes focussed adult care pathway with Health	Mar 2015	Phillip Gillespie	60%		This work is taken forward through adult care redesign activities and in partnership with NHS Forth Valley through the Joint Management Team. The focus to date has been on joint resourcing arrangements with NHS Forth Valley to support prompt discharge from hospital. Health staff attend Resource Panels to support shared decision-making and best use of resources to facilitate discharge and where possible, prevent hospital admission. Workshop took place to inform and strengthen arrangements for the delivery of Telecare Services. This work will be built on in 2015/16 for all adult care groups through the development of the strategic plan for all adult care groups.
SOS SSS 033	Develop a multiagency prevention focussed pathway of care	Dec 2015	Phillip Gillespie	60%		A workshop took place in this quarter, in conjunction with primary care and the third sector, with a focus on locality planning, linked to health and social care integration, in the Clackmannanshire Council area. Review of third sector commissioned services completed and joint work in place to ensure service delivery focuses on agreed outcomes.

Covalent Code	ACTION	By When	Lead	Progress	Expected Outcome	Latest Note
SOS SSS 034	Shift the balance of care towards effective care at home	Dec 2015	Phillip Gillespie	100%		The Service performs well in terms of the balance of care. Further work is required to ensure that all services are working together effectively to avoid unplanned admissions to hospital whenever possible and this will continue with a more challenging target being set for 2015/16. Resources are available through Integrated Care Fund to support this.
SOS SSS 035	Oversee design and business case development (Stirling Care Village)	May 2015	Phillip Gillespie	75%		<ul style="list-style-type: none"> • Outline Business Case - all queries arising concluded. • Stage 2 design discussions progressed. • Site Plan and Primary Care drawings progressed to 'approved with comments' status. • All Room Layout Drawings progressed. • Template Full Business Case documentation prepared. • Clinical Output Specification progressed. • FM Workshop held. • Legal workstream initiated.
SOS SSS 036	Oversee project implementation (Stirling Care Village)	May 2015	Phillip Gillespie	0%		Update As above. Project implementation will follow.
SOS SSS 037	Establishment of a shared development team to progress the work of the Joint Management Team, with regard to formal Health integration arrangement for adult services	Dec 2014	Val De Souza	80%		Recruitment of Programme Manager for the partnership Organisational Development Support in place Workstreams in place with leads appointed- Finance, HR, Organisation Development, Communication and Engagement, Operations and Governance.
SOS SSS 038	Establishment of preferred governance model for the partnership, with regard to formal Health integration arrangement for adult services	June 2014	Val de Souza	100%		Stirling and Clackmannanshire councils have agreed that the Body Corporate model should be progressed. An event was held on July 10th with NHS partners to commence the Integration Scheme, within this legal, governance and financial implications will be considered.
SOS SSS 039	To progress a joint commissioning strategy for adults with complex needs	April 2016	Val de Souza	50%		The Older Persons commissioning strategy is in place and the principles of partnership working to develop this strategy will be used in relation to wider care groups. Good progress is being made in both mental health and learning disability services with discussions at the Joint Management Team informing this. Requirement for additional joint analytical resource to support this work identified.




Code	Description	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Q2 2014/15		Latest Note	Lead
		Value	Value	Value	Target	Value	Short Trend		
CHC SCR 002	% of children requiring supervision seen by supervising officer within 15 working days	100%	80%	86%	100%	100%		On target	Liam Purdie
CHC SCR 01a	% Reports submitted to the Children's Reporter within 20 working days	64%	48%	90%	75%	86%		Above target which is a national standard.	Liam Purdie
CHC CPR 078	Children on the Child Protection Register with at least one Core Group in the past month	n/a	80%	86%	90%	96%		Above target.	Liam Purdie
CJS ADP 001	% of Criminal Justice reviews of high risk offenders that took place by scheduled date	n/a	100%	100%	100%	100%		Performance continues to meet the 100% achieved over several quarters. On target.	Val de Souza
CHC CPR 029	Children on the child protection register visited weekly and seen	n/a	100%	100%	100%	100%		On target.	Liam Purdie
ADC ADA 018	% of Adult Support and Protection investigations that have an outcome of an initial case conference	n/a	12%	25%	Data only	4%		This percentage will vary in accordance with the needs and risks of individuals and this is why there is no set target for this measure. The use of informal measures wherever possible is a core principle of the Adult Support and Protection legislation. An audit of Adult Support and Protection work is planned for January 2015 which will examine the quality of decision-making and the reasons for not proceeding to case conference. The Adult Support and Protection Lead Officer is also reviewing the progress of all referrals for this period, given that this percentage is indicative of a significant reduction in the use of case conferences following investigation.	Phillip Gillespie
ADC ADA 019	% of Adult Protection IRD/planning meetings held within 24 hours of referral	n/a	66%	68%	75%	92%		The details for the progression of all referrals for this Quarter have been audited. The audit identified that all of the reviews of adults at risk of harm were subject to relevant inquiries. Actions taken to address: A dedicated Adult Support and Protection officer is in place and based with the Clackmannanshire teams to provide additional advice and guidance to all social services staff. The Lead Officer and the Reception Services Team Manager are also briefing all staff on the recording requirements to ensure that accurate information about the actions taken following on from referral are recorded in all cases. A further audit of Adult Support and Protection work is planned for January 2015.	Phillip Gillespie

Code	Description	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Q2 2014/15		Latest Note	Lead
		Value	Value	Value	Target	Value	Short Trend		
CHC LAC 18a	% Children looked after away from home with 3+ placements	n/a	7%	6%	Data only	0%		No children had 3 or more moves within the period.	Liam Purdie
CHC TCA 003	% Care leavers aged 16+ with a pathway co-ordinator	21%	29%	29%	50%	100%		This is a new 14/15 indicator.. National average for 2013 (79%)	Liam Purdie

Priority Outcome - Our Public Services Are Improving

Covalent Code	ACTION	By When	Lead	Progress	Expected Outcome	Latest Note
SOS SSS 040	Ensure effective budget management arrangements are in place and are effectively reported	Mar 2015	Val de Souza	60%		Weekly meetings remain in place to manage the significant budgetary challenges. The budget action plan for both adults and childcare services is overseen by the relevant Assistant Head of Service. Regular meetings take place between Service Mgrs and Service Accountants.
SOS SSS 041	Ensure effective customer standards are in place	Mar 2015	Val de Souza	40%		Process mapping has taken place with customer service colleagues to establish a more efficient and effective route into social care. The process improvement work undertaken and involving front line staff and managers to inform the delivery of consistent practice across the Shared Service in adults and children's services will also inform this.
SOS SSS 042	Ensure customer standards are effectively reported and managed	April 2015	Val de Souza	0%		When the reviewed customer journey has been established a performance management framework will be established to support it. Target date revised to reflect need to develop this following on from completion of SOS SSS 042 as noted above.
SOS SSS 043	Ensure consistent application of attendance support and capability procedures across service	Mar 2015	Val de Souza	30%		The Service continues to prioritise in conjunction with HR colleagues the importance of applying procedures consistently with all staff. HR advisor continues to attend Social Services Management Team and meet with individual managers to identify, monitor and address hot spots in this area. Training took place from July – August 2014 focused on improving recording of absence. Managers are required to complete "welcome back " interviews and these are recorded and returns monitored.
SOS SSS 044	Undertake employee engagement activities, report	Mar 2015	Val de Souza	55%		Staff survey completed and due to be reported on at the end of January

results, agree and implement improvement actions







SOS SSS 045	Ensure effective risk and resilience management arrangements at service level	Mar 2015	Val de Souza	90%	
SOS SSS 046	Ensure the most vulnerable clients needs are represented,	Mar 2015	Val de Souza	90%	
SOS SSS 047	Manage public protection risks	Mar 2015	Val de Souza	85%	

2015.


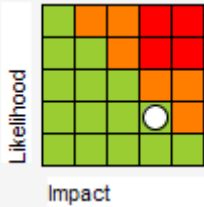
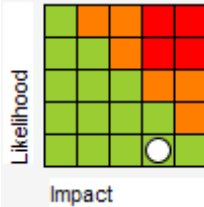

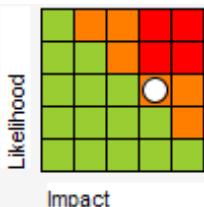
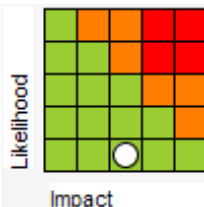
Risk management plans in place for social services and risk escalated to corporate level where appropriate. Areas where improvement is required are within the service development plans. Progress within each service area is monitored via a service performance forum. Reporting arrangements to the Senior Management Team are under review.


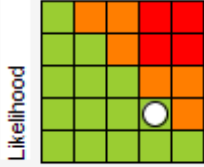
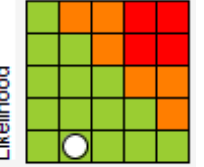
Eligibility criteria in place which focus on signposting those individuals with lower level needs and ensuring that those with substantial and critical needs have them addressed. This will be reinforced through public facing information to assist referrers.


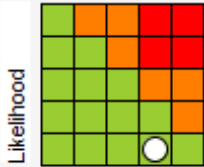
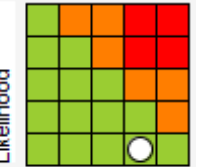
The MAPPA process is well established. The Child Protection Committee is in the process of reviewing its role, remit and priorities and to ensure it aligns with the community planning agenda. The Adult Support and Protection agenda is well established and following a recent audit, improvement work is underway to review best practice. The G5 group is currently disaggregating. A transitional plan to transfer overview to the Alliance is under development.


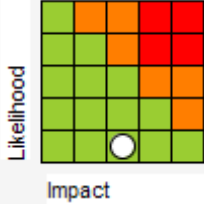
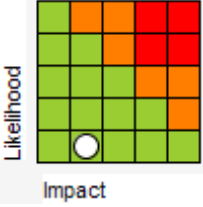
Code	Description	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Q2 2014/15		Latest Note	Lead
		Value	Value	Value	Target	Value	Short Trend		
SOS CUS 001	Number of complaints received	5	3	3	Data only	0		This indicator is for data only. No complaints received in this period. Complaints Officer post is due to be filled by January 2015. This officer will provide additional training and awareness raising for staff and managers. It is possible that increased awareness may result in an increase in the number of complaints received by the Service. It is recognised that information from complaints is useful to inform improvement activity.	Christine Sutton
SOS CUS 002	% Social Services who achieve Care Inspectorate evaluation scores of 4 and above across residential and day services	n/a	94%	64%	90%	69%		This is a cumulative figure (Q1+Q2) and is comprised of 6 services who have been inspected this year so far. Four met the standard of grade 4 and above (Menstrie House, Ludgate, Family Centre, Woodside). Fostering and Adoption services did not attain grade 4 or above. Actions have been taken to address the areas for improvement and the Care Inspectorate are due to carry out a further inspection in 2015 to review progress.	Val de Souza
GOV SAB SOS	Staff sickness absence throughout social services (average days lost by FTE).	n/a			Data only	4.52		This is above Council average for Q2 of 3.35. Actions around attendance management are detailed above. This requires ongoing attention.	Val de Souza
ACC BUV SOS	Projected variance as % of actual budget	-6.66%	+0.88%	+3.11%	+/-2.55%	6.4%		This variance is for Quarter 2. Updated financial information based on the out-turn at the end of October 2014 is provided within the covering report (Sections 3.12 - 3.18)	Val de Souza
SOS IBP 009	Social Services Assessments completed within timescale	78%	71%	70%	75%	70%		Comprised of Adult reports (57%), CJS reports (97.5%) and Child Protection reports (55%).	Val de Souza
SOS IBP 008	% of case files audited where there is evidence of regular review of care or supervision	n/a	100%	71%	80%	71%		This is a new 14/15 indicator based on each Team Manager completing 4 case file audits per month as per the Quality Assurance Framework introduced in October 2013. Previous annual figures related to one-off thematic audits undertaken within the service. Because managers now work across both areas the Q2 figure is for shared services across Clackmannanshire and Stirling.	Christine Sutton


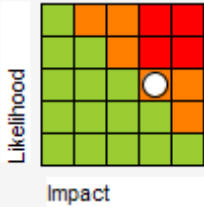
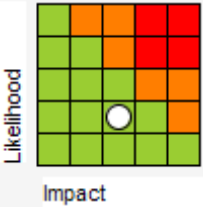
Social Services Risk Register 2014-15


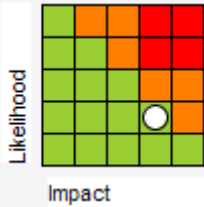
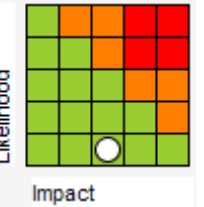
Covalent Code	Risk Description		Status	Current Rating	8	Target Rating	4
STP SOS 014	We may fail to work effectively in partnership with NHS Forth Valley						
Potential Effect	Failure to; <ul style="list-style-type: none"> ▪ meet Scottish Government objectives ▪ meet Council objectives ▪ deliver the required services 						
Related Actions	SOS RIS 001	Joint action plans and commissioning strategies		Internal Controls		Corporate Management Team meetings STP SOS CMT	
						Health & Social Care Joint Management Team meetings STP SOS JMT	
Latest Note	Integration Scheme in draft form.			Managed By		Val de Souza	
Covalent Code	Risk Description		Status	Current Rating	12	Target Rating	3
STP SOS 015	Lack of a sufficiently robust strategic planning framework across all care groups						
Potential Effect	Impact on financial expenditure, failure to deliver efficiencies, impact on the sustainability of services and ability to meet future needs						
Related Actions	SOS RIS 002	Joint commissioning work plan in place		Internal Controls		Joint Commissioning Strategy for Older People STP ADC JCS	
	SOS RIS 003	Additional resources in place to progress and deliver on efficiencies in line with strategic objectives for commissioned services.				Health & Social Care Joint Management Team meetings STP SOS JMT	
						Programme for capacity planning and commissioning activity in place for Social Services . STP SOS CPP	
Latest Note	Progress made in relation to mental health and learning disabilities in partnership with NHS Forth Valley. However additional capacity will be required to meet statutory timescales.			Managed By		Val de Souza	


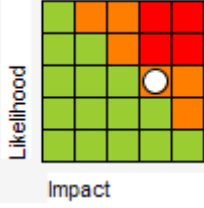
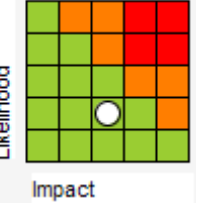
Covalent Code	Risk Description		Status	Current Rating	8	Target Rating	2
STP SOS 016	There is a risk that procedures are not up-to-date and easily accessible by staff						
Potential Effect	Failure to: <ul style="list-style-type: none"> meet Scottish Government objectives meet Council objectives deliver the required services Risk of harm to current or potential service users						
Related Actions	SOS RIS 004	Work has commenced to develop action plan and allocate resources to review operational procedures and guidance.		Internal Controls		Service Plans STP SOS SPM	
Latest Note	Process workshops to support implementation of Single Case Management System are being used to develop procedural guidance that is fit for purpose in line with national guidance and legislation and address risk.			Managed By		Liam Purdie and Phillip Gillespie	

Covalent Code	Risk Description		Status	Current Rating	4	Target Rating	4
STP SOS 017	Information system may be unavailable due to lack of controls						
Potential Effect	Negative impact on the smooth running of the service						
Related Actions	SOS RIS 015	Review Disaster Recovery and Business Continuity arrangements for shared Social Services		Internal Controls		Joint IT Governance Group STP SOS IGG	
	SOS RIS 016	Develop an implementation plan for the migration to SWIFT from CFIS for Childcare Clacks.				Business Continuity Plans FCS CUS BCP	
Latest Note	Single case management system business processes being developed and programme manager appointed. Work well underway for implementation for child care for July 2015. Adult Information System work is taking place with regards to costs and resources for inclusion as part of the project.			Managed By		Michael Grassom	


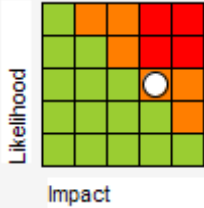
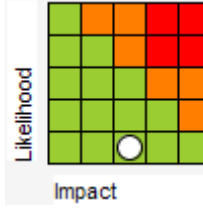
Covalent Code	Risk Description		Status	Current Rating	3	Target Rating	2
STP SOS 018	Criminal Justice Services may fail to meet the outcomes expected by the Community Justice authority, particularly in relation to a reduction in re-offending						
Potential Effect	Negative impact on the smooth running of the service. Reputational damage						
Related Actions	SOS RIS 005	Service plan to be updated incorporating practice governance.		Internal Controls		Social Services Business Plan (performance Information) STP SOS BUP	
						CJ Performance Management Group STP CJA CPF	
						Fife and Forth Valley Community Justice Authority Area Plan 2011-2014 (Performance monitoring Framework) STP CJA ARP	
						CJ Service Plan STP CJA SRP	
						MAPPA guidance STP CJA MPA	
Latest Note	Internal controls in place and are currently operating effectively			Managed By		Stuart Landels	


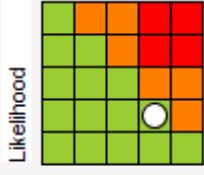
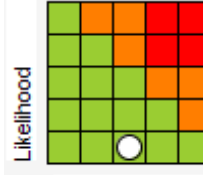
Covalent Code	Risk Description		Status	Current Rating	12	Target Rating	6
STP SOS 019	We may fail to have full contract monitoring procedures and compliance in place for Social Services						
Potential Effect	Pressure on contract compliance staff Paying for services not provided Non compliance with statutory reqs Critical services may not be supplied						
Related Actions	SOS RIS 006	Strategy service redesign to provide additional capacity for contract management and monitoring.		Internal Controls		Corporate Procurement Strategy STP SOS PRO	
						Corporate Contract Standing Orders STP SOS CSO	
Latest Note	Strategy Service redesign not finalised. Risk based approach adopted to contract monitoring and review to ensure that			Managed By		Val de Souza	


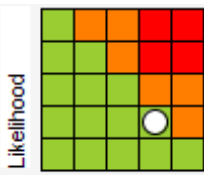
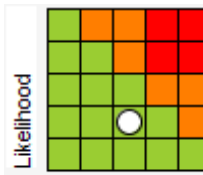
	providers where there are highest risks are reviewed. Contract Monitoring Framework in place.						
Covalent Code	Risk Description		Status	Current Rating	8	Target Rating	3
STP SOS 020	Failure to meet targets on processes, requirements and service standards including administrative processes						
Potential Effect	We may fail to deliver the required services Risk of harm to current or potential service users						
Related Actions	SOS RIS 007	Review of key processes is in progress		Internal Controls		Social Services Business Plan (performance Information) STP SOS BUP	Senior Social Services Management Team STP SOS SMT
Latest Note	During the development and implementation of single case management systems, these requirements were reviewed and updated. Also being addressed through action plan following inspection of children's services.			Managed By		Val de Souza	


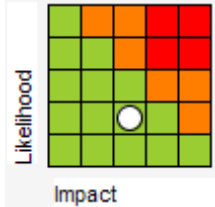
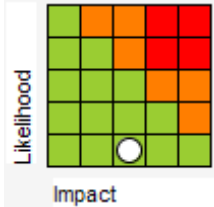
Covalent Code	Risk Description		Status	Current Rating	12	Target Rating	6
STP SOS 021	We may fail to have sufficient staff capacity to undertake core duties						
Potential Effect	We may fail to deliver the required services Lack of effective support to staff Risk of harm to current or potential service users We may fail to meet statutory requirements						
Related Actions	SOS RIS 008	Focussed interventions in service areas i.e. recruitment, attendance, support, supervision and PRDs.		Internal Controls		Recruitment & retention policy STP SOS RTP	Attendance Support Policy STP SOS ASP
	SOS RIS 009	Increased focus on Workforce Planning and Workforce Development				Supervision policy STP SOS PRD	Business Continuity Plans FCS CUS BCP
Latest Note	Actions have been taken to address ongoing challenges with recruitment and also with the rates of absence. The Management Team are now reviewing recruitment /retention data and HR are reviewing processes to ensure that those leaving			Managed By		Val de Souza	

the Service are providing feedback.

Covalent Code	Risk Description	Status		Current Rating	12	Target Rating	3
STP SOS 022	We may fail to have competent, confident staff and managers to undertake core duties						
Potential Effect	Failure to deliver the required services and meet statutory requirements. Lack of effective support to staff Risk of harm to current or potential service users						
<u>Related Actions</u>	SOS RIS 010	Risk Assessment and Risk Management Training Programme			Internal Controls	Corporate health & safety policies FCS GOV H+S	
						Supervision policy STP SOS PRD	
	SOS RIS 011	Performance Forums in place across all service areas				Learning & Development Strategy STP SOS LDS	
						Staff engagement plan STP SOS SEP	
						Integrated Children's plan - FV GIRFEC agenda STP CHC ICS	
						FV risk assessment model - child & adults STP SOS RAM	
						Child protection procedures STP CHC CPP	
						MAPPA guidance STP CJA MPA	
Latest Note	A single supervision policy is in place across the Service aligned to core duties. Core learning and development needs identified. Priority actions addressed.			Managed By	Val de Souza		

Covalent Code	Risk Description		Status	Current Rating	8	Target Rating	3
STP SOS 023	Failure to meet standards and deliver action plan improvements in line with Care Inspectorate requirements for internally and externally commissioned services						
Potential Effect	Potential for service closure Reputational damage to Service & Council			Likelihood		Likelihood	
Impact						Impact	
<u>Related Actions</u>	SOS RIS 012	All services to have service specific forums focused on performance management		<u>Internal Controls</u>		Care Inspectorate Improvement Plan STP SOS CIP	
						Performance Forum STP SOS PER	
						Annual Plan for Audit Activity STP SOS AUD	
						PSIF programme STP SOS PSF	
Latest Note	Action Plans in place that are subject to scrutiny. Where there is lack of progress of risks are identified, actions are agreed and closely monitored. Senior Managers meet with the CI on a quarterly basis to update on progress.			Managed By		Val de Souza	

Covalent Code	Risk Description		Status	Current Rating	8	Target Rating	6
STP SOS 024	Instability in the external care home market						
Potential Effect	Potential for service closure/deterioration in service standards. Risk of reputational damage for Service/Council			Likelihood		Likelihood	
Impact						Impact	
Related Actions	SOS RIS 013	Contingency Plans in place.		Internal Controls		Contracts Monitoring Framework STP SOS CMF	
	SOS RIS 006	Strategy service redesign to provide additional capacity for contract management and monitoring.					
Latest Note	Resources allocated to review care arrangements where concerns identified around viability or quality of an individual service. Prioritised based on identified risks.			Managed By		Val de Souza	

Coalent Code	Risk Description	Status	Current Rating	6	Target Rating	3
STP SOS 025	Industrial relations may deteriorate					
Potential Effect	Disruption to service delivery. Negative impact on Employee Morale. Risk of harm to service users or potential service users					
Related Actions			Internal Controls		Industrial relations meetings. STP SOS INR Schedule of meetings in place with Trade Unions. Staff engagement plan STP SOS SEP	
Latest Note			Managed By		Val de Souza	

Social Services - Budget v Outturn Appendix 2

As at October 2014

	Budget 14-15 £'000	Outturn 14-15 £'000	Variance £'000
Social Services Variance	26,540	28,374	1,834
Partnership			
IMHS Pooled Budget - Staffing overspend due to regrading unbudgeted, and 1 superannuated post filled that was previously unsuperannuated.			32
Misc Small Underspends			(2)
Partnership	1,014	1,043	29
Strategy			
			(145)
			9
Change Fund residual balance.			43
Underspend of £80K is income received for CJS overheads greater than budgeted (£58K) and recharge to Stirling Council for shared team leaders (£22K)	534	441	(93)
Adult Assessment & Care Management			

Social Services - Budget v Outturn Appendix 2**As at October 2014**

£331k of 14/15 savings not yet achieved, initially estimated to be implemented start of September 2014. Previous year overspend of £819k has reduced to £613k when excluding current year savings target. Since April 2012 there has been a 37.47% increase in care at home hours, this equates to an increase from 7,094 of care at hours being provided per week in March 2012 to 9,752 hours per week in July 2014. Conversely the number of care home placements during that same period has remained fairly static with only a 5.54% increase in the total number of placements being 262 in March 2012 rising to 276 in July 2014. The service is also delivering a number of care packages which are significantly above the cost of a care placement and as part of the budget recovery plan the service propose to manage this cost in the future through the introduction of the eligibility criteria.

Staffing

CES - Equipment Purchases, assumed same activity level as last year. Demand led.

Adult Support & Protection - Vacant post and Other Local Authority underspend.

The overspend has significantly reduced by £170K this month. A staffing underspend of £60K due to restructure/filling vacant posts offsets the overspend.

Budget 14-15
£'000

Outturn 14-15
£'000

Variance
£'000

983

(206)

2

(90)

9,833**10,577****744**

Social Services - Budget v Outturn Appendix 2

As at October 2014

	Budget 14-15 £'000	Outturn 14-15 £'000	Variance £'000
Adult Provision			
Comms Centre - Shared costs greater than budget			6
Menstrie House - Staffing overspend in Agency staff due to problems recruiting relief..			58
Homecare - Reablement posts funded by change fund.			(56)
MECS - Staffing overspend due to sickness			(26)
Eld Prov Mgt Unit - Overspend in Agency staff			(1)
Ludgate House - Staffing overspend in Agency staff due to problems recruiting relief..			137
MOW - £7K staffing saving and £5K equipment saving			(29)
Day Services - £45k Staffing Underspend due to part year vacancies. £46k underspend in relief based on previous year.			(101)
Advocacy etc - small saving on sheltered housing			(2)
	4,550	4,538	(12)
Child Care - Clacks Locality			
Safeguarders- unbudgeted grant income.			(24)
Duty Intake Team - staffing underspend due to vacancies in first quarter			(65)
Long Term Team - Staffing overspend due to agency staff in one off case and Temp. Lawyer. £55K overspend in client travel, mainly due to taxi costs for contact and taking children from outside of the local authority area to school. These costs have trebled over the last 2 years. This is a reflection on the increased number of children accommodated in foster placements. There is an action plan in place to review all travel and ensure that this is a need for the child in order to reduce costs. Transport overspend has reduced by £30K this month due to review.			126
Intensive Support - Underspend in Includem contract due to unutilised hours being taken up by Stirling and recharged.			55
Review Officers etc. - Staff to be moved to strategy budget.			(17)
Who Cares			10
EDT			4
			0
	1,939	2,029	90

Social Services - Budget v Outturn Appendix 2

As at October 2014

Child Care - Resourcing, Disability TCAC

The Residential Schools overspend is in relation to two high cost secure placements made in November 2013 at a cost of £714 per day each. The annual cost of these placements is £260K each. One young person now remains in a secure placement under compulsory measures. This is subject to review and will return to the Children's Hearing with recommendations. The other young person has moved to a step-down placement from the secure unit and plans for transition are in place. Overspend increased by £50K this month due to child in external fostering moved to Aberlour.

Current children in Kinship care is 77 at average cost of £73.84 per week per child. Budget provision is only equivalent to 72 children.

Fostering & Adoption - 4 children placed with Clacks foster carers and 2 with Stirling this month moving the budget into overspend.

External Foster Care - reduction in overspend this month by £25K due to child placed in Residential Care. 39 children in external foster care but only budget for 34.

Throughcare Aftercare - underspend in aftercare payments of £16k, this follows trend of previous years.

Woodside - £30k relief underspend at backwood court, following trend of previous years. £75k unbudgeted income for Stirling child placed in woodside.

Disability Team - Staff vacancy in early part of year

Early Years - Staff vacancies problems recruiting enhanced Social Workers

Vol Orgs - underspend in CCSF

Overspend relates to 2 high cost secure placements at an annual costs of £260k each. A further 2 placements at Struan House this month has increased overspend by £140K. Also external foster care placement have exceeded budget expectation by 15 placements.

Budget 14-15 £'000	Outturn 14-15 £'000	Variance £'000
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685

20

33

624

20

(124)

(7)

(204)

5

7,7838,8231,040**Child Care - Protection, EEI & Youth Justice**

Youth Justice - Staffing Vacancies 0.5 fte

Child Protection - Hub team 1.0fte vacant post..

Early Intervention

16

(21)

0

396391(5)

Criminal Justice Service

Social Services - Budget v Outturn Appendix 2

As at October 2014

	Budget 14-15 £'000	Outturn 14-15 £'000	Variance £'000
Glenochil Prison - staffing vacancies			5 0
	<u>(17)</u>	<u>(12)</u>	<u>5</u>
Management Support			
Management Team - Overspend due to temporary increase in management team, post to end in September..			32
Facilities Management - Insurance outturned to last year actual.			4
	<u>508</u>	<u>544</u>	<u>36</u>
Social Services Total	<u><u>26,540</u></u>	<u><u>28,374</u></u>	<u><u>1,834</u></u>

