
Report to Scrutiny Committee

Date of Meeting: 12 January 2012

**Subject: Clackmannanshire Council Social Services Care
Inspectorate Scrutiny Report, October 2011**

**Report by: Head of Joint Social Services Clackmannanshire and
Stirling**

1.0 Purpose

- 1.1. To report on the results of scrutiny and assessment work carried out by the Social Work Inspection Agency (SWIA) and completed by the Care Inspectorate in October 2011.
- 1.2. The Care Inspectorate decides how much scrutiny a Council's social work services will need by carrying out an Initial Scrutiny Level Assessment (ISLA). This considers potential areas of risk at strategic and service level.
- 1.3. An initial assessment of Clackmannanshire Councils Social Work services took place in September 2010, and follow up scrutiny in June 2011.
- 1.4. The full report was published on October 15th 2011.

2.0 Recommendations

- 2.1. It is recommended that the Committee review the report and comment and challenge as appropriate on:-
 - a) the significant progress within Social Services
 - b) the recommendation by the Care Inspectorate of minimal need for future scrutiny
 - c) the completion and ongoing review of the associated action plan.
(Appendix 1)
 - d) the intention to commission an audit of services to provide further assurance on the improvement agenda.

3.0 Considerations

- 3.1. The ISLA involved an analysis of national performance and statistical data, examination of 102 case records across all care groups and analysis of

submitted documentation. Findings from HMIE, Mental Welfare Commission and Audit Scotland activity was also considered.

3.2. Analysis of risk was based on nine questions incorporating financial governance, staff support, positive outcomes, policies and practice and risk assessment. Finally, areas of urgent improvement were identified.

3.3. Initial Risk Assessment Findings (ISLA) were as follows:

- Leadership was good supported by clear planning processes. There was clear evidence of the Council's commitment to continuous improvement and the local improvement model. Elected Members had agreed a consistent approach to governance and accountability across shard service.
- Positive outcomes were evidenced within 96% of case files. Most indicators show a positive picture with most services slightly better or in line with the national average. Services delivered efficient support with no evidence of unreasonable delay in 91% of cases
- A thorough approach to performance management and quality assurance was being employed across all services.
- Evidence of continued and effective partnership working. These partnerships were operating well and linked to strategic community planning arrangements.
- Equality policies were in place and provided a range of services to meet the needs of more marginalised groups.
- There were no areas requiring urgent attention

3.4 In the remaining three areas of risk assessment, the level of risk was considered uncertain.

- Evidence of effective management and staff support was mixed, although the impact of the shared services agenda was acknowledged
- There was an improving picture in the quality of assessments and care management yet they were not routinely shared with service users
- Consistency in risk models across Social Work services could be improved.

3.5 The Care Inspectorate acknowledged the range of improvement work underway, yet identified a small number of areas for improvement:

1. Senior Officers should directly engage with staff, ensuring adequate information is disseminated comprehensively.

2. Managers should actively support practitioner in community care to ensure care plans are shared as routine practice. This care plans also require to be more outcome focussed
3. A strengthened and wider approach to quality assurance should be employed, particularly in the management of risk. This should include enhancing arrangements for supervision.
4. Social Services should fully implement formats for risk assessment, risk management plans and make sure staff are trained and competent in their use.
5. Social Services should ensure that a full adult protection case conference is convened when this is required to protect an adult at risk of harm.

4.0 Sustainability Implications

- 4.1. An improvement action plan has been developed and will be submitted to the Care Inspectorate to review progress (*Appendix 1*).
- 4.2. The shared services agenda will address many areas for recommendation and work is already well underway.

5.0 Resource Implications

- 5.1. There are no financial implications
- 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. NA
- 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 2008 - 2011** (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	<input type="checkbox"/>
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

Appendix 1 - Improvement Action Plan

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 ✓

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Jane Menzies	Asst Head of Social Services, Strategy, Performance & Partnership	452376

Approved by

NAME	DESIGNATION	SIGNATURE
Deirdre Cilliers	Head of Joint Social Services	Signed: D Cilliers
Elaine McPherson	Chief Executive	Signed: E McPherson

Clackmannanshire Council Social Services

Appendix 1

Care Inspectorate Scrutiny Report Action Plan November 2011

	Recommendation	Responsible Individual	Actions Required	Date for completion
1	Senior Officers should engage with staff ensuring information is consistent and delivered consistently	Management Team Lead: Jane Menzies / Deirdre Cilliers	A communication and engagement plan to be established to support the shared service. This will be developed in line with the Trade Unions The management team have agreed leadership behaviours and competencies, these principles will be discussed with staff to improve engagement and empowerment.	January 2012
2.	Managers should actively support practitioners in community care to share care plans as routine practice. These care plans should be more outcome focussed	Maureen Dryden Linda Melville	An agreed programme for staff will take place between Assessment and Provision services to systematically support the sharing of care plans. Outcomes will be embedded in these processes and subsequently contribute to the QA processes of the teams	January 2012
3.	A strengthened approach to quality assurance should be adopted, particularly in relation to risk. This should include enhancing current arrangements for supervision	Jane Menzies Stuart Crickmar Andrew Pont	A process is in place to ensure: A systematic and uniform approach to QA across social services Alignment of QA corporate requirements across Clacks and Stirling Improve Performance data and reporting Develop commitment to self assessment, PSIF roll out Jan 2011	February 2012
4.	A consistent format for risk assessment, management and chronologies should be employed. Staff should be trained and competent in their use.	Management Team Lead: Chris Sutton	A forum to be developed with the intention of : Establishing a Social services wide risk strategy. This will achieve consistency, outline expectations and standards for practice. A training programme will be established to support this strategy. Current good practice should be exploited. The establishment of risk based discussion groups for practitioners should be considered to support practice.	March 2012
5.	Social services should ensure that a full adult protection case conference is convened when this is required to protect an adult at risk of harm	Maureen Dryden Miles McFarlane	A service standard should be established to ensure that a shared understanding and practice is in place. Associated paperwork should be agreed and implemented to evidence decision making process	April 2012

