

REPORT TO: East Lothian Council

MEETING DATE: 15 December 2015

BY: Acting Chief Social Work Officer

SUBJECT: Annual Report of the Chief Social Work Officer 2014/15

1 PURPOSE

- 1.1 To provide Council with the Annual Report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on the Council's behalf. The report also provides Council with an overview of regulation and inspection, and significant social policy themes current over the past year.

2 RECOMMENDATIONS

- 2.1 Council is asked to note the Annual Report of the Chief Social Work Officer

3 BACKGROUND

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in Section 3 of the Social Work (Scotland) Act, 1968 for each local authority to appoint a Director of Social Work.
- 3.2 This report is prepared in line with the guidance on the role of the CSWO published by the Scottish Government in 2011 – 'prepare an annual report to the local authority on all the statutory, governance and leadership functions of the role'.
- 3.3 The CSWO Advisor, in consultation with CSWOs, the Care Inspectorate, ADSW and the Scottish Government, created a new template for the annual CSWO report. This template is designed to create parameters around the information provided. It does not ask for new information to

be produced but is designed to draw out key information in a more focused way and to create a more analytical and reflective report.

4 POLICY IMPLICATIONS

The attached CSWO report highlights the extensive work that social work is involved with in East Lothian. There have been a number of improvements made to service delivery alongside cost saving measures. The impact of the Health and Social Care Partnership should have positive effects on service delivery.

5 EQUALITIES IMPACT ASSESSMENT

5.1 This report is not applicable to the wellbeing of equalities group and an Equalities Impact Assessment is not required.

6 RESOURCE IMPLICATIONS

6.1 Financial – none

6.2 Personnel - none

6.3 Other – none

7 BACKGROUND PAPERS

7.1 CSWO Annual Report 2014/15 – Appendix 1

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East Lothian Council

Chief Social Work Officer Annual Report

2014/2015

1) **LOCAL AUTHORITY OVERVIEW**

East Lothian is the 21st largest area out of Scotland's 32 local authorities in terms of population, with its total population forecast to grow by 23.3% between 2012 and 2037. The highest growth is anticipated to be in the over 65 age group and in the 25-39 age group, and at the same time there is expected to be significant growth in the 0-15 age group.

Only 33.2% of East Lothian's population live in urban landscapes, unlike nearly 70% of the population of Scotland who live in large urban towns or other urban areas. Nearly two thirds of East Lothian's residents are in the west of the area.

East Lothian has lower levels of deprivation than most local authorities in Scotland. However there are small areas of Prestonpans, Tranent and Musselburgh (particularly) that fall within the most deprived 20% of areas in Scotland. Child Poverty measured by the campaign group End Child Poverty showed that 18.6% of children in East Lothian were living in poverty after housing costs in 2013.

There are significant differences in life expectancy between the west and east of the County, with men and women living an average of 4 years longer between the longest lived areas of the east compared to the shortest lived areas of the west.

This results in different patterns of need between the west and east of the county. In broad terms the west has proportionately more need arising from the consequences of deprivation such as substance misuse, mental health, multiple morbidity at a younger age, child protection etc, whilst the east has proportionately more need arising from the consequences of older age such as frailty, dementia, delayed discharge etc.

The impact of substance misuse not only has devastating effects on the individual, but also on their family and wider society. For instance some 1800 children are estimated to live in households in East Lothian where one or both parents have some level of problematic alcohol abuse with some 320 children affected by a parent with a problematic drug use. The misuse of substances not only affects the quality of life and eventually, the physical wellbeing of the individual but in many cases results in family breakdown; affects the sense of community and public safety; and may lead to episodes of criminality.

Although East Lothian is generally considered to be an area of high employment and general affluence there is considerable variation in economic activity, unemployment and the financial position of households between and within East Lothian's wards. Whilst East

Lothian is an area that is generally more affluent than the Scottish average, it does have a low wage economy which sees many people commuting out of the area for employment.

The largest employer in East Lothian is East Lothian Council with around 4,000 staff employed directly and through partner agencies. The NHS is the second largest employer with the effect that a significant proportion of the County's residents are employed in the public sector. A number of private companies based within East Lothian also employ a significant number of people. These include Belhaven Brewery, Charles River Laboratories, Lafarge, and Torness Power Station.

The EL Plan 2013-23, sets out our understanding of East Lothian, the challenges we face and the strengths and opportunities provided, which are supported by East Lothian By Numbers and the related Strategic Assessment.

From this evidence and analysis, we have developed The East Lothian Plan with the following framework:

- One overarching priority – to reduce inequalities both within and between our communities.
- Three strategic objectives: sustainable economy - resilient people - safe and vibrant communities
- Ten high-level Outcomes, each with contributory outcomes, which provide a clear vision for East Lothian.

This framework aims to enable the Council and our partners to design and deliver the services that will make a real difference in the lives of our people and our communities ([The East Lothian Plan 2013-23](#)).

2) **PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS**

In East Lothian Council (ELC), the Chief Social Work Officer position is attached to the Head of Adult Services in our new integrated structure with NHS Lothian. In 2014/15 the role was part of the Head of Adult Wellbeing responsibilities. Our Head of Adult Wellbeing/CSWO resigned from ELC in February 2015. Fiona Duncan, who had been appointed Acting CSWO during the CSWO absence, has continued in this role to date. This post has been advertised as part of the new structure which is being designed as part of the Health and Social Care Partnership and it is hoped to fill the post on a permanent basis in the near future.

The CSWO of ELC is a Chief Officer, thus ensuring communication with senior management and elected members. Consequently, professional advice in the discharge of the local authority's statutory social work duties can be provided as and when required. This includes bi-weekly meetings of the Senior Council Management Team (Chief Executive, Deputy Chief

Executives; all Heads of Service, and the Director of the Health and Social Care Partnership). Formal CSWO meetings with the Chief Executive ensure that communication is clear and transparent as are weekly meetings with elected members. Regular management meetings with Service Managers in Adult and Children's services ensure that social work issues and requirements are discussed with clear links to practice identified.

The CSWO also sits on the East and Midlothian Joint Public Protection Committee and its Performance and Improvement Sub-Group and on the East and Midlothian Joint Critical Services Oversight Group. With regard the Health and Social Care Partnership, the CSWO is a non-voting professional advisor member of the Integration Joint Board (IJB).

Throughout 2014/15, work continued apace in relation to the Health and Social Care Partnership. A shadow strategic planning group was set up in late 2013, with one of its aims being to develop the draft strategic plan for the IJB. This was consulted on in December 2014 and the second stage of public engagement on the plan will commence in September 2015. The Council and NHS Lothian submitted a Scheme of Integration in March 2015 which involved delegation of all adult health and social work functions to the IJB. This has been accepted with the IJB due to meet for the first time as a legal body in July 2015.

The Partnership will be responsible for delivering a range of nationally agreed outcomes which apply across adult health and social care. In order to support this we will:

- Integrate East Lothian's NHS and local authority adult health and social care budgets
- Although children's services are not delegated to the IJB, we intend to integrate the management of NHS Lothian and Local Authority Children's Services
- Increase the involvement of clinicians and care professionals, the third and independent sectors and local communities in the planning and delivery of health and social care services

As the integration process progresses, strategic partnership arrangements and management structures will change. Whilst these arrangements are not yet finalised, the CSWO is actively involved in these discussions, and is advising the Director and Chief Executive on social work matters, including a focus on professional leadership and governance in relation to statutory functions.

3) **SOCIAL SERVICES DELIVERY LANDSCAPE**

Within East Lothian, around 20% of adults still smoke (this is below the Scottish average of 25%). Alcohol deaths are below the Scottish average and the proportion of the population hospitalised because of alcohol or drugs is also significantly lower than the Scottish average.

However, we also know that there are increasing numbers of people of all ages with long-term conditions such as heart disease, lung disease and diabetes. In East Lothian, we have higher rates of high blood pressure, asthma, cancer, strokes and dementia than the Scottish average.

Inequalities in health outcomes between the most affluent and disadvantaged members of society are longstanding, deep-seated and have proved difficult to change. Across East Lothian, people living in the poorest neighbourhoods die four years earlier on average than people living in more affluent areas, and they spend more of their time in ill health.

Due to the increasing population within East Lothian, and particularly the growing number of older people in our communities, pressure is building on our services. Through robust prevention and early intervention strategies, we aim to reduce the level of demand by adapting our services accordingly.

The Health and Social Care Partnership provides an opportunity to work more efficiently and effectively. As individuals often have a multitude of need, working with partners throughout the community is vital. Examples include housing, financial advice, leisure facilities, third sector etc.

Community resilience is also to be encouraged. Giving choice to those in the community can, and does, increase independence. However, individuals need to take more responsibility in this, and working with voluntary organisations, third sector groups, carers groups, etc provides an opportunity for not only increasing capacity to work with people, but also to help reduce dependence on council services.

Children's Services are experiencing considerable change as well as facing increasing challenges. Research is telling us that we need to intervene earlier with many families in order to prevent the problems they experience from escalating. Late intervention incurs high costs not only in relation to budgets but also for children and families as the costs to them generally translate into poorer outcomes especially in the longer term. We are also experiencing a year on year increase in the number of vulnerable children and young people whom we require to respond to and support.

Between 1st April 2014 and 31 March 2015 there were 3,258 referrals to Children's Wellbeing. This represents a 15% increase on the previous year and translates into 63 contacts to Children's Wellbeing every week (in the last decade, referrals have increased by almost 60% though only a small proportion of these can be attributed to population growth).

Very few children are accommodated for short periods. More are in long term placements, where they will remain for several years, probably into early adulthood. Others are very young children who need to be looked after while long term plans are made, such as a safe return home, a move to kinship carers, adopters or long term fostering. These younger children often remain with carers for a year or two before moving on.

East Lothian has on average about 90 children in foster care at any one time. Unfortunately, we also have a disproportionate numbers of foster carers who are older and considering retirement, or, for health reasons, a reduction in capacity (one child rather than two, becoming respite carers rather than full time carers). Other foster carers move on once their own children are grown, while others give only a year or two to fostering before deciding that it's no longer for them. We therefore are in the position where we constantly need to attract new foster carers to care for East Lothian's most vulnerable children.

Substance misuse also impacts on the people of East Lothian. In 2014, there were 20 alcohol related deaths, an increase of 6 from the previous year. East Lothian residents accounted for 443 hospital discharges related to alcohol abuse in 2013-14, 91.9% of these discharges resulted from emergency admissions. There were approximately 800 people known to have problem drug use in East Lothian: 500 males and 300 females. The impact on the user and their families can be equally devastating to the effects of alcohol misuse. In 2014 there were 11 drug related deaths an increase of 3 from 2013.

Detailed analysis undertaken by the Lothian wide Drug Related Deaths Review Group indicated that, 'most were white, single, unemployed Scottish men who had a known history of substance misuse (to services and/or the police). More than half were known to be intravenous drug users. The majority of deaths occurred among those with a long term history of substance misuse (greater than five years)'.

4) **FINANCE**

During 2014-15, East Lothian Council continued to operate within a challenging financial environment. The total budget for Social Work services in 2014-15 was £60.391m (compared to £60.476m in 2013-14), with £13.179m allocated to Children's Wellbeing and £47.212m to Adult Wellbeing. Actual expenditure for the year totalled £61.134m.

Throughout the year, both service areas continued to face significant financial pressures as a result of increasing service and demographic demands. Within Children's Wellbeing, these pressures included increased number of placements within secure accommodation and residential schools, specialist care packages for children with disabilities and external foster placements. Recognising the extent of the financial pressures, additional financial controls were put in place, and following receipt of additional Government Grant, additional investment of £0.371 million was provided during the financial year. Despite this, as at 31 March 2015, the service overspent against planned budget by £0.52 million.

Similarly, during this financial year, the Adult Wellbeing service continued to face significant financial challenges particularly as a result of a growing elderly population. This resulted in increased pressures within the wider purchasing of external care packages in relation to the older people, but also for clients with a Learning Disability. Similarly, additional financial controls were put in place during the year in order to mitigate the extent of the impact of the financial pressures, but despite this the service overspent against planned budget by £0.391 million.

Despite the challenging financial environment, the annual monitoring report for the Council continues to show substantial progress has been made in delivering the commitments within the wider Council Plan, with key achievements delivered in 2014-15 including:

- Sourcing and supporting more foster care and kincare placements for vulnerable children.
- Enhancing respite service for older people
- Completion of the new Crookston Care Facility in Tranent.
- Movement towards reducing delayed discharges

Commitments to partnership working have seen creative and innovative investment in the East Lothian area through our joint working arrangements with services such as Children 1st, Circle, Royal Voluntary Service, Alzheimer's Scotland etc leading to the sourcing of additional third sector services and resources deployed in the East Lothian area.

2015 and Beyond

East Lothian Council area has a growing population, and by 2035, the Council is set to have the highest percentage change in population across Scotland. Given this, there remains significant demographic pressure on the services which the Council delivers at both ends of the age spectrum, young and old. This, coupled with a prolonged period of financial austerity, makes the continued delivery and improvement of the Council services significantly challenging.

Financial Challenges

East Lothian Council agreed in its budget for 2015/16 additional investment within both service areas of a further £0.229 million within Children's Services, and £0.900 million within the Adult Wellbeing service. Despite this, both service areas continue to face significant financial pressures within 2015-16 and beyond. In addition, there remains a wide range of legislative and contractual commitments within both service areas which have financial implications including the delivery of Children and Young People's Act; contractual commitments relating to National Care Home Contract Uplift and uplift on Specialist Care at Home Contract; and sleepover commitments as a result of European Union legal rulings.

Currently, Local Government only has grant settlement figures for 2015-16, with future years funding dependent on the outcome of the forthcoming Comprehensive Spending Review. The financial prospects for Local Government remain significantly challenging with further reductions in public spending levels expected to continue until at least 2019-20.

The Council's financial strategy has in recent years continued to focus on developing on-going sustainable budgets, through the continued implementation of:

- a Change Programme that will achieve recurring efficiency savings including the application of an Efficient Workforce Management Programme across the Council designed to ensure the services best meet the needs of communities and customers, whilst reducing the overall cost base
- constraining cost growth through effective demand management and negotiation with suppliers
- generating additional income
- progressing integrated working with our partners

To date, the strategy has continued to serve the Council well. However, as the period of financial austerity continues going forward, developing future sustainable budgets within a reduced cost base remains critical in order to meet new and emerging cost and demand pressures within the service areas.

The establishment of the East Lothian Integrated Joint Board on 1 July 2015 will set the strategic direction for both Health and Social Care services to work together to deliver services for adults over the forthcoming years. The strategic direction will need to take account of the wider financial pressures within both NHS and Local Government, coupled with rising demand for services and growing public expectations. Part of this process is the establishment of new integrated management and operational structures, which will allow joint planning of services in local areas to deliver shared goals, better experiences and better outcomes for the citizens of East Lothian.

It remains clear however that the ability to continue services and deliver the required outcomes for individuals within an environment of reduced resources and increasing demands continues to remain challenging for the foreseeable future. It is hoped that the establishment of the Health and Social Care Partnership will take us closer, working in partnership, to embed new ways of working which divert significant financial resources away from expensive bed based models of care into community based services, at the same time ensuring the outcomes for the community of East Lothian are delivered. We are in a strong position to take this forward having worked effectively with colleagues in health services for many years.

5) **SERVICE QUALITY AND PERFORMANCE**

Adult Services

The vision for adult social care in 2014/15 was to have modern, person-centred services which support people to live as independently as possible, exercising choice and control over the support and care they receive.

Commissioning strategy and activities followed guidance from the Care Inspectorate on commissioning for better outcomes for people linked to a process of *planning, doing, reviewing and analysing*.

The commissioning focus in 2014 was very much on Personalisation and commissioning for better client outcomes. There was an intention to link the commissioning process with care management and regard commissioning as cross-cutting and part of all areas of adult social care. Central within the process were service users and carers in order to focus commissioning on their individual needs and desired outcomes.

The Adult Social Care commissioning strategy was driven by Changing Lives: 21st Century Social Work and the modernisation agenda, in order to develop accessible and responsive services which involve the people using them. The commissioning intentions were also linked to national community care outcomes namely, Feeling Safe, Social Interaction and Satisfactory care packages.

The commissioning strategy was accompanied by commissioning plans focussing on older people, people with physical and sensory impairment needs, mental health, learning disability and substance misuse issues. Each plan detailed specific target outcomes. Examples of these include meeting the needs of an ageing population, enabling people to live independently, supporting healthier and active living and raising standards.

The strategic focus includes increased personal care at home, improved support for carers and reducing unplanned hospital admissions. Preparations for health and social care integration are well under way.

Some cross cutting themes emerged as high priority for service development across all care groups. These included:

- the need to continue focusing on the integration of health and social care services to deliver more seamless and effective services for people
- the need for a better range of living options to be available that range from care home with nursing, through various models of extra care and supported living to intensive support in people's homes, with a variety of tenure options
- supporting working age adults (including carers) into employment wherever possible
- increase choice and control for people through the development of Direct Payments and Individual Budgets and the personalisation agenda
- the need to ensure the protection of vulnerable adults in all our directly provided and contracted services
- ensuring that our services are culturally appropriate for people from a range of different community backgrounds
- continue to develop services that support carers as more people are cared for and supported in their own homes
- the need to refine our workforce strategy across the statutory, independent and voluntary sectors to ensure that there will be a sufficient supply of appropriately skilled staff to meet future needs
- developing an enabling culture within both in-house and contracted services, that supports people's independence and encourages people to self-care
- encourage the maintenance of a diverse range of third sector providers with which East Lothian Council may partner sustainably

- ensure that we have a preventative / rehabilitative approach to services which enhances community health and general well-being and aims to prevent deterioration

Self-Directed Support

2014/15 was a key year as it marked the start of Self Directed Support (SDS) and the need for local authorities to ensure that they offered clients the four options under the SDS legislation. The duty commenced in April 2014. This was coupled with the need to develop capacity within the community in order to better respond to individual directed support.

Whilst progress has been made in implementing SDS for all community care client groups within Adult Wellbeing, implementation has tended to focus on under 65's in East Lothian. Work on the assessment process has been ongoing. In Adult services this has focussed on making the assessment applicable to all client groups and more efficient. In children's services, the emphasis has been on carrying out the assessment on-line.

Members of Adult and Children's Wellbeing have attended a number of events run by Social Work Scotland and Community Planning Partnerships. There are also ongoing regular implementation team meetings with various stakeholders in both services.

Other developments in 2014/15

- The final year of the Change fund and Reshaping Care for Older People and planning the priorities for the Integrated Care Fund
- third and independent sector representation within community planning and integration local implementation
- six Local Area Forums and Local Area Plans
- Lothian Sensory partnership, redesign of sensory impairment services and development of SEE HEAR, Scottish Strategic Framework for Sensory Impairment and local implementation plans (see below).

With regard to the Lothian Sensory partnership, collaborative work has been extensive. One positive outcome of this is that hearing aid batteries are now available locally through libraries. This change has helped distribution by improving ease of access.

Partnership between ELC and Edinburgh College has been developed, particularly in relation to adults with learning difficulties. Examples include a music outreach group session now established in Fisherrow Hub, Musselburgh; and a drama/creative arts group.

The Help to Live at Home framework (providing care at home largely for older people) was in its second year of operating in 2014-15 and efforts focussed on addressing capacity within the framework. This resulted in recruitment events in partnership with Economic Development colleagues, colleges and other agencies. Outcomes from this were mixed.

Crookston Care Home was opened in September 2014. All residents and staff have now settled into their new environment and enjoying the space that the new home has to offer. Since opening, 18 residents have been admitted with over 70 interest visits taking place. Demand for places continues to grow. Within this building, the top floor is an NHS facility. Here, 20 step down beds are provided – this is proving effective in helping to address delayed discharge from hospitals. This joint ELC/NHSL managed facility may offer a potentially different type of working in the future although this still requires further exploration.

During 2014/15 a number of services were inspected by the Care Inspectorate including the Adult Placement Service, day services, care homes and the Council's Domiciliary Care Service.

In most cases the inspection findings were positive and reflected on the quality of the services and their management. However, the findings related to the Domiciliary Care Service from April 2014 were disappointing and a major action plan was developed and implemented to address the shortcomings. This resulted in an improved set of findings in July 2014 and December 2014. The improvement process has continued into 2015/16 with more improvement expected from the Care Inspectorate in October 2015.

The Care Inspectorate and Health Improvement Scotland will be carrying out a joint strategic inspection of Older People's Services from August to October 2015. Planning for this inspection started in 2014/15.

Children's Services

EL's Integrated Children's Services Plan 2013 – 17, is aimed at frontline service provision with a clear focus on providing better outcomes for vulnerable children, young people and their families.

The Scottish Government's Early Years Framework from 2008 and the more recently published Early Years Taskforce Shared Vision and Priorities paper (March 2012) are driving forward the need for all agencies to jointly commit to prioritising investment in prevention and early intervention especially during the early years of children's lives. The establishment of the Early Years Change Fund by the Scottish Government is intended to support this necessary shift in emphasis.

During 2014, consultation events were held to examine the Children and Young People (Scotland) Act 2014, to help understand the implications for Children's Services. The projected impact on the service, particularly in relation to capacity, is significant. The new legislative duties – whilst in the best interests of the child – will put financial pressure on the service as well as being resource intensive.

The planning for the above Act, added to the improvement plan (available at <http://emppc.org.uk/child/>) clearly demonstrates the commitment to improving quality and performance within children's services.

Consultation with parents of children with disabilities who accessed or plan to access a residential service is helping to inform the service. This included:

- Questionnaires being circulated and 2 focus groups held
- Feedback to date has been very helpful in terms of ascertaining what kind of support families want as well as facilitating discussion around making services more flexible – (in line with SDS)

Working in partnership with Third Sector and service users to identifying the best way forward in offering more choice and control to families. This includes application of Better Breaks.

Our Champions Board of current and previous looked after children in partnership with the Service Involvement Officer together provide a local resource that supports vulnerable young people and is developing a toolkit and training programme for workers and foster carers on how to better support young people at points of transitions.

The Care Inspectorate inspected Olivebank Child and Family Centre in July 2014. They highlighted the effective joint working which is positively impacting on the wellbeing of the children and their families. However, the need to drive efforts towards early intervention and prevention was identified as a priority.

Between February and March 2015, the Care Inspectorate carried out a low intensity inspection of the Fostering Service and the Adoption Service. These received very encouraging reports and highlighted the positive impact the services were having on service users and carers.

The Community Planning Joint Inspection of services for children concluded in the late spring of 2014 and provided valuable feedback regarding the Partnership's challenge in respect of improving the wellbeing of all of East Lothian's children and young people. New community planning arrangements (supported by thematic planning and delivery groups) for oversight, leadership and scrutiny of all services for all children were established in August 2014, along with a Partnership improvement plan for services for children.

Hope House provides an example of positive and effective partnership working between Children's Wellbeing Disability Team, Action for Children and the team around a looked after young person. Having exhausted local resources and to avoid a long distance residential school placement, we tendered for a partner to deliver a bespoke residential service using the young person's adapted home and put in a robust, delayed transition to her secondary school provision. We are now in year two of our partnership with Action for Children to deliver this service. The young person is living and thriving in her local

community, has regular contact with her family, and has made a successful transition to her secondary education provision.

Another excellent example of collaborative working which developed during 2014, involved ELC Children's Services, ELC Housing Services and Blue Triangle Housing Association. Four flats were purchased in Musselburgh to allow looked after young people leaving care (16 year old) to receive support and advice within their 6 month tenancy placement. From here, they then progressed onto a 'starter flat'. Helping these young people to transition to community living within a planned and co-ordinated way has been very successful. We are now looking to see if we can build and expand this service further.

6) **STATUTORY FUNCTIONS**

Due to the overlap in service needs that many service users face, East Lothian and Midlothian Critical Services Oversight Group (CSOG) agreed to streamline its Committee structures and establish a single Public Protection Committee.

In July 2014, East Lothian and Midlothian Public Protection Committee (EMPPC) was established. This committee incorporated the duties and functions of the Adult Protection Committee, Child Protection Committee, Offender Management Committee and Violence Against Women Partnership, and ensured that robust links with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) were created.

In 2014, East and Midlothian established a Public Protection Team, co-located in Brunton Hall in Musselburgh. This team aims to support operational staff across partner agencies by providing a level of expert advice and promoting consistency of practice. The team includes Adult Support and Protection, Child Protection and Violence Against Women staff co-located with the Police Public Protection Unit. The MELDAP team have also relocated to this building – with all of these services being on the same floor as the Criminal Justice Team.

Over the past year, the Performance and Quality sub-group of the EMPPC has developed a Performance Framework providing a framework for self-evaluation, audit and scrutiny. This was formally implemented from 1st April 2015. Alongside this, the Learning and Practice Development sub-group oversees the development and delivery of the EMPPC Learning and Development Strategy. The first East and Midlothian Public Protection Committee Annual Report was published in September 2015 ([2014/15 Annual Report](#)).

Adult Protection Summary

The EMPPC Annual Report reflects the implementation of the Scottish Government's National Data Set introduced on 1st April 2014 as one of the Five National Priorities. The

National Data Set provides a template and a collection table and guidance to support Local Authorities in completing these.

We are now no longer required to report on the activity of “Duty to Inquires” but are required to report on the number of Investigations undertaken where an Adult is at Risk of Harm. As we did not previously collect this information there is no comparison to previous years.

From this report, the following is of note:

- East Lothian Council received 427 Adult Support and Protection Concern referrals in 2014/15
- Of these referrals, 125 (29%) had progressed to Investigation where it was indicated that a visit to the adult had taken place,
- There were 93 (22%) Inter-agency Referral Discussions

Of the 125 investigations undertaken in East Lothian in 2014 the majority (88) were in relation to females; within that the largest group (31) were women aged 40 – 64 years; the second largest group (25) were females aged 85+. In comparison there were 37 investigations for males of which the largest age group was 40-64yrs (15).

The biggest client group was mental health (31) followed by “other” (25), the main category of this group is an “older” person who does not have a diagnosis of dementia and is not considered to be infirm due to age. The main type of principal harm reported was financial harm (33) and psychological harm (20).

During the year, there were 4 Large Scale Investigations undertaken in East Lothian. One was within a Care Home, one involved a Care at Home Service and the other 2 related to Care Homes that provides a combination of medical / nursing and care home service. All investigations have now been positively concluded.

Mental Health

East Lothian Council has previously had a higher than Scottish average of guardianship orders. The Council was noticeably higher than the Scottish rate per 100k 16+ population by having an average of 22 Local Authority guardianship orders in place, against a Scottish average of 13, while private guardianship orders were noticeably lower than the Scottish average.

The impact of the high number of Local Authority Guardianships is an increased demand of potentially complex work on the Mental Health Team, supporting the most vulnerable in our community. Applications for Guardianship Orders are made by the Local Authority where there is no other suitable candidate. The application procedure through the courts ensures close scrutiny and applications are only made when considered necessary and are in keeping

with the principles of the legislation – that they benefit the adult and are the least restrictive option available.

The Mental Welfare Commission AWI Act monitoring 2014/15 reports that nationally 25% of all local authority applications were granted on an indefinite basis. East Lothian Council was one of seven authorities where no orders were granted on an indefinite basis. The granting of an order for an indefinite period is not considered good practice, other than in exceptional cases, as it does not lend itself to automatic scrutiny of the need for the guardianship to continue or be varied. It is not in keeping with the principles of the legislation and could potentially be in breach of Article 5 of the European Convention. While this is actively supported through the MHOs practice, there is acknowledgement that the short duration of guardianships may result in reapplications at later dates.

Considering the primary cause of incapacity, with East Lothian having a growing percentage of older people in its population, dementia is the main primary cause of incapacity which leads to guardianship applications being made. However, learning disability is almost equally represented in the private guardianship and just less than dementia in the totals. This is indicative of good transitional work between Children's Wellbeing and Adult Services.

Criminal Justice

At the end of January 2015, Haddington Sheriff Court closed with all business being transferred to the Edinburgh Courts. This not only impacted on service delivery, it changed the dynamic that only a local Court can have with offenders and 'local' justice. We will be able to assess how/if this closure has impacted on the service at the end of next year.

CJS took advantage of the Health and Social Care Partnership by piloting an Unpaid Work agreement with NHS Lothian. It is hoped that opportunities to develop placements that could have a training element in them can be pursued.

With regard domestic abuse, links have been strengthened between all partners through processes such as MARAC (multi agency risk assessment conference) and MATAC (multi agency tactical assessment conference). These multi-agency meetings have enabled focussed assessments and plans to be drawn up for both victims and perpetrators.

The MAPPA (multi-agency public protection arrangements) continue to manage registered sex offenders within the community. There were no level 3 cases during this period, with the vast majority of cases being managed at the lowest level (level 1).

The Scottish Government announced a major change to CJS in Scotland with the abolition of Community Justice Authorities in 2017. Emphasis now being placed on community justice with partners working together to reduce offending. This offers many opportunities to improve services available to offenders and is something that the Service Manager will be focussing on over the next 1-2 years.

Child Protection Summary

East Lothian underwent a Community Planning Children's Services Inspection by the Joint Inspectorate towards the end of 2013. The findings of this Inspection have in turn informed the East Lothian Child Protection Improvement Plan.

This plan focuses on key areas for improvement including:

- providing help and support at an early stage through improving the quality of inter agency recording and information sharing within the child protection process,
- by assessing and responding to risk and needs through improving practice relating to risk assessment
- the effective management of children and young people who are placing themselves or others at risk and through
- planning for individual children and young people by ensuring that all child protection plans are SMART (specific, measurable, achievable, realistic and time managed) and result in improved outcomes for children, young people and their families.

Having invested in Signs of Safety, child protection numbers have reduced. By focussing more on early intervention rather than crisis intervention, the service is now starting to see positive outcomes. However, the actual volume of work has increased and capacity issues remain.

Early Intervention/Prevention Work

One of the biggest challenges we face is promoting early intervention and prevention work. Challenges are on different levels. Firstly, as budgets reduce, we will have to prioritise work – with child/adult protection understandably receiving priority. However, to intervene earlier to avoid crisis work, we will be working in areas that some may see as 'a luxury'. This potentially is where early intervention/prevention will be focussed. The second challenge is that to be successful, intervention will be multi-faceted, with various agencies involved. Again, all partners need to 'buy-in' to this agenda, otherwise it will fail.

ELC actively promotes social work as a collective responsibility, particularly through the 'One Council Approach'. This is evidenced accordingly:

http://www.eastlothian.gov.uk/download/meetings/id/17001/06_reducing_inequalities_through_prevention_and_early_intervention

The Musselburgh Total Place Pilot was established to identify the resources and assets that partners and agencies invest in vulnerable families. The first phase has just been completed. We are now in a position to move forward with this to identify how we can work better with vulnerable families in a localised and more effective way.

7) **IMPROVEMENT APPROACHES**

Adult Services

The Strategy and Review Team within East Lothian Council monitor and review care homes and care providers. Due to the Council spending several million pounds annually to purchase care home provision it is crucial that there is a comprehensive approach to evidencing the quality and performance of care home provision in place. A draft contract monitoring framework has been developed and is being piloted in 2015-16. This tool provides a mechanism for identifying the risks associated with a provider and helps determine the level of contract monitoring to be applied. This is particularly useful for the management of care homes in difficulty.

The service implemented a balanced scorecard approach to monitoring the performance of all of our Help to Live at Home framework providers. The tool takes account of qualitative and quantitative measures. Monitoring meetings are held regularly and managed based on levels of risk.

A Quality Assurance Checklist has been introduced for people who access East Lothian day opportunities which enables support plans to be reviewed and updated. This helps inform individual risk assessments. Reviews are carried out on a 6-monthly basis and are positively impacting on service users and staff alike.

We have actively shared our learning with other local authorities in relation to resource allocation. An equivalence model has been developed promoting equity and transparency across all service user groups. From this, local authorities have been able to develop their approaches, particularly in relation to assessment and review. This has significantly helped raise our profile.

There were regular meetings facilitated by the public protection unit and involving the Care Inspectorate to discuss performance of providers of older peoples' care.

Within Criminal Justice Services, clients are asked to complete various questionnaires, depending on what activities they are involved in – these not only focus on the quality of service they received, but also on how they believe their lives have improved (or not).

Self-evaluation completed on the risk assessment tool (LSCMI). From this, a smart action plan has been drawn up to improve service delivery for the client.

Children's Wellbeing

Children's Wellbeing has regular quarterly Service Monitoring Meetings in place with all agencies where there is a Service Level Agreement in operation. These meetings are in place to allow Children's Wellbeing to monitor and review the services provided and ensure that they are delivering the agreed outcomes detailed within the Service Specification. Agencies are required to provide reports for these meetings which documents work

undertaken within the previous quarter and also refer to any key performance indicators which are measured. The meetings are recorded and agreed actions are progressed.

Over the past year Children's Wellbeing have continued to self-evaluate these services. An exercise has recently been undertaken where we have consulted with a number of Service Users to obtain their views on the service. This process allowed staff members to meet Service Users face to face and obtain detailed feedback which has then influenced the preparation of future service specifications. This feedback also allowed management to identify areas for immediate improvement and improved the outcomes for Service Users where identified actions were highlighted and then implemented.

Children's Wellbeing has undertaken an exercise to receive feedback from staff prior to Service Monitoring Meetings. This process has provided staff with a useful mechanism to feedback any positive or negative information.

Children's Wellbeing produce a monthly performance management report which is shared with all partners, providing overview of service activity and trends, enabling partners to better understand and contribute to service development activity.

People affected by drug and alcohol misuse

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

Throughout 2014-15, there were a number of developments associated with establishing a Recovery Orientated Integrated System of Care [ROISC]. In particular the need to provide an increase in the type and range of post treatment support available to people in the early stages of recovery as well minimise the risk to those still using substances in a problematic or harmful manner. This ROISC work was identified through consultation events. Recovery based initiatives such as the Starfish Recovery Cafe in Musselburgh and the MELDAP Recovery College were commissioned as a result of the consultation.

A Peer Support Worker based within a third sector partner worked closely with the East Lothian Substance Misuse Social Worker to provide support to a number of clients in the early stages of recovery as well as to some of the more difficult to reach female drug users. The specialist social worker has provided partners with excellent data on new psychoactive substances (NPS) use, particularly on the injecting behaviours of a group of experienced opiate users who have switched to NPS as well as contributing to NPS training for some 100 staff from a variety of partner agencies.

Efforts have been made in 2014/15 to improve the response of Health and Social Care services to individuals with a 'dual diagnosis' who are experiencing both mental health and substance misuse issues. Mental Health and Substance Misuse services are working more

closely together and attending each other's allocation meetings to ensure that these individuals do not fall between services.

The East and Midlothian Public Protection Committee Quality Performance sub-group, through the use of the Performance Framework, will be influential in enabling self-evaluation, audit and scrutiny. Further, the intention is for this group to scrutinise statistics that are being presented by drilling down into practice. From this, a narrative can be given regarding service performance, which then explains the facts behind the figures. For example, a reduction in the number of Adult Concern Referrals may or may not be a positive development and requires such scrutiny.

Finally, all social care services regularly use How Good Is Our Council (HGIOC) for self assessment, improvement planning and implementation.

Complaints and Compliments

During 2014-15, 81 complaints were received about social work services. Of these:

- 24 were dealt with at Stage 1 (directly at point of service)
- 57 were dealt with at Stage 2 (formal investigation and response)
- 2 complaints progressed to the Complaints Review Committee

A common theme related to communication. This included a lack of, or poor, communication, as well as how people interpreted what they had been told. Frustration was evident in some of these cases.

Regardless of what complaint is raised, it is vital that the complaints process is followed so that practice and decision making processes are transparent. When practice issues are identified in complaint findings, managers have to review their service/worker practice and make changes accordingly.

Compliments are often received within social services. 109 formal compliments were received, with the majority again being with Adult Wellbeing. These help to provide a balanced overview of services and give staff confidence in themselves and their service.

8) USER AND CARER EMPOWERMENT

Adult Services

ELC engages regularly with service users, carers and the wider community through engagement events and surveys. The Council has a range of planning groups involving

service users and carers (e.g. The EL Community Care Forum and Carers of EL) as well as advocacy groups.

The 6 Local Area Partnerships have drawn up demographic profiles of their area to help identify priority themes for their Area Plans. This is to encourage a more targeted approach for services, with local communities actively involved.

The Health and Social Care Partnership has drawn up a draft Communication and Engagement Strategy and Draft Action Plan. This sets out how the partnership will communicate and engage with professionals, service users, carers and local people in the development of the Strategic Plan.

Examples of other user and carer groups/forums are:

- The Association of East Lothian Day Centres
- Dementia Friendly East Lothian (facilitated through STRIVE – Third Sector Interface)
- East Lothian Tenants and Residents Panel

Key members of the Citizens Champions group have helped to develop and deliver learning and development opportunities to front-line staff in ELC. Feedback has been extremely positive with this having a direct impact on professional awareness.

Many CJS clients are faced with isolation and stigma. As such, building their self-esteem and encouraging positive choices in life is important. For those clients on Unpaid Work Orders, relationships are being built with a variety of community organisations such as East Lothian Tenants and Residents Association. Working with these groups, barriers are coming down and clients are feeling they have a place in the community.

Engaging with clients in an open and non-judgemental way is key to successful working relations. The need for this was made clear by service users to Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) team during a series of local consultation events. The service users and partner agencies representative who attended spoke highly of the quality of the support they received from the East Lothian Substance Misuse Social Worker.

Children's Services

The Children's Strategic Partnership approved refreshed 'Golden Rules for Participation' <http://www.sccyp.org.uk/education/golden-rules>. These golden rules have been developed by Scotland's Commissioner for Children and Young People through consultation with children and young people across Scotland.

The views of children, young people and their families informed the evidence base behind improvement actions within the Children's and Young People's Plan 2015 - 2018. There is a commitment shared by all partners to involve children, young people and their families in ongoing self-evaluation, monitoring and review of the plan.

In East Lothian, there are a range of mechanisms that support engagement and participation of children and young people and their families. These include:

- Who Cares? Scotland – provide independent advocacy and children’s rights support to children and young people that are looked after and represent their views at an individual and strategic level. The Advocacy Worker and The Participation Worker (who is a care experienced young adult from East Lothian), support the involvement of care experienced young people in a range of local and national groups and events.
- Viewpoint- Children’s Wellbeing uses Viewpoint (Computer Assisted Interviewing Technology) as a tool to gain the views of children and young people. Results are used to inform their individual plans and reviews as well as multi agency service planning.
- Family Led Information Point (FLIP) - is a forum for parents and carers who have a child/relative with additional support needs. FLIP meets once a month and has an active Face book page where parents can access current information about support services both locally and nationally. Parents also share their views on a wide range of services including education, health, sports and leisure.
- Recruitment and selection -East Lothian Council has a commitment to involve young people in the recruitment and selection of senior staff in East Lothian, (ELC recruitment good practice guide).
- Listen More Assume Less – a six monthly report that shares the views and experiences of children and young people and their families. The report is shared with key partners, professionals and children, young people and their families. The report includes a section ‘You said, we did, so what’. This section is a way of telling children, young people and their families what outcomes derived from their engagement.
- Social Media – East Lothian is making better use of social media as a tool to engage with children, young people and their families. Facebook and Twitter are the popular forums where young people can access news and information and share their views.

9) **WORKFORCE PLANNING AND DEVELOPMENT**

In 2014/15, key outputs within Workforce Development and Planning have continued to focus on strategic priorities in particular the provision of essential learning and development programmes and qualifications for the Council’s Social Work and Social Care workforce. These priorities highlighted within our Workforce Development Strategy and Essential Learning and Development Policy include the delivery of Scottish Vocational Qualifications (SVQ) Levels 2, 3 and 4 in Health and Social Care and the successor Social Services and Healthcare Awards to the Social Care workforce in day care, care homes and home care services amongst others. Current SSSC professional registration requirements have therefore been met over this period, for example those for home care managers and supervisors. SVQ assessment with frontline home care staff has also been progressing in readiness for the commencement of registration in 2017.

Following the delivery of a Learning and Development Plan in relation to the introduction of the new Self Directed Support legislation in April 2014 which delivered approximately 550

training places to our Social Work assessment staff we undertook from April 2014 follow up SDS awareness training with staff in other parts of the service including care homes, day services and business support. We have begun from April 2014 to consider how we link further SDS related professional development to the broader public sector reform agenda. This focuses on the work underway within the East Lothian Health and Social Care Partnership to support Health and Social Care integration. The Partnership's Human Resource and Organisational Development Plan highlights key organisational and workforce development priorities including regular staff and management engagement sessions which have been held over this period. Leadership and manager development programmes have also been planned.

A number of Workforce Planning priorities have been identified and begun to be addressed from April 2014. These have partly arisen from the work completed in relation to the SSSC annual Workforce Return. Firstly the previous Return issued in 2014 highlighted the relatively low number of qualified Mental Health Officers in our Council in relation to statutory Guardianship work and the size of the East Lothian population. Secondly the increasingly older demographic of our workforce gave some cause for concern. A Plan was therefore developed and implemented to increase the number of Social Work staff completing the Mental Health Officers Award. An increase in MHO capacity of approximately 30 per cent has now been achieved and further work continues.

Over the past 4 years Children's wellbeing has had 24 social work students on placement, with a mixture of first and second year placements from the Open University, Stirling and Edinburgh University.

Since January 2014 Children's Wellbeing has continued to embed its service review and practice model, embedding Signs of Safety methodology. The roles and responsibilities of the Senior Practitioners and Family Support workers is an area that requires additional work over the coming year. This will include ensuring a consistency of practice and approach across the service for these specific roles.

To help meet the needs for these employees and others employed by the service, a range of learning and development opportunities are provided in variety of ways either through work shadowing, e-learning, single agency as well as multiagency training. Overall employee's report and inspection findings have highlighted the service offers very good learning and development opportunities. To further support the development of employees a quality assurance of assessments is conducted across each Supervisory Group. This is achieved using an agreed framework of questions and members of the Supervisory Groups with a member of the Performance and Service Improvement Team. Assessments are graded by the group and develop into both individual and shared learning and practice improvements.

Succession planning in all areas of social work requires exploration. During the past few years, a number of experienced workers have left the profession. Further, many positions are being filled by newly qualified staff, often with little experience. Recruitment and retention policies may need to be looked into to help address this issue.

10) **CHALLENGES AHEAD**

East Lothian faces significant challenges over the coming years due to financial pressures, a projected growth in population, and a growing demand for services. How we work together, how we design and deliver our services, and how we involve people within the community are all crucial factors in determining the impact that we can have on people's lives. The Health and Social Care Partnership will drive this agenda via the Strategic Plan.

Self-Directed Support (SDS) will continue to be a priority in 2015 onwards. This will include: stakeholder engagement in further developing key processes; ensuring all clients have the opportunity to access SDS at the earliest opportunity; and the introduction of an effective structure to deliver and monitor personal budgets.

Transition processes (education and children's services to adult wellbeing), require to have simpler and clearer pathways. Further, as many of these young people have complex needs and support requirements, (often with significant costs attached), a less traumatic transition between services is the desired goal, with creative service delivery and resourcing options developing in partnership across health, social care, third sector and communities.

Since East Lothian's own foster carers are at capacity levels. We now struggle to place children within our own carer community and we have to consider external agencies in the search for suitable placements, particularly for sibling placements. This comes at a cost to the young person, since it usually involves placing them away from their family, friends and school community. It also comes at a significant financial cost to the Council when we have to pay charges to the other fostering agency and incur additional travel costs to support the placements and maintain the child's contact with family. Investing in attractive foster carer recruitment campaigns, and carer support packages, in competition with neighbouring authorities and independent care providers, is a priority.

Ensure that services for older people are focused on maintaining independence at home for as long as possible, avoiding use of institutional services and particularly acute hospital admission. To do this, services must be responsive to individual needs, delivered rapidly in time of crisis and sustainable. In addition we must develop further community support and capacity to support older people in their own communities. The Integrated Care Fund will focus on delivering these dual goals from 2015/16 onwards.

Ensure public protection systems are robust and effective in reducing or managing risk in the community. This to be progressed alongside the Community Justice agenda being placed on the Community Planning Partnerships ([click here for further information](#)).

Provide clarity and leadership for the social work profession as Health and Social Care Partnership develops, particularly in relation to professional accountability and governance. This will be intertwined with the development of the Health and Social Care Partnership.

Fiona Duncan
Acting Chief Social Work Officer
October 2015