

Corporate Policy and Strategy Committee

10.00am, Tuesday, 7 August 2018

Chief Social Work Officer Annual Report 2017/18

Item number	7.9
Report number	
Executive/routine	
Wards	
Council Commitments	

Executive Summary

This report presents the Chief Social Work Officer's Annual Report for 2017/2018 to members.

The annual report is attached as Appendix 1. It follows the template issued by the Scottish Government.

The use of a template has been requested to enable a more consistent approach across Scotland and to allow for the Chief Social Work Adviser to the Scottish Government to develop a summary overview of Scottish social work services for Ministers.

Chief Social Work Officer Annual Report 2017/18

1. Recommendations

It is recommended that Corporate Policy and Strategy Committee:

- 1.1 note the Chief Social Work Officer's (CSWO) Annual Report for 2017/18 attached at Appendix 1.

2. Background

- 2.1 The CSWO is required to produce an annual report. The format changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions.

3. Main report

- 3.1 The CSWO annual report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services, areas of decision making and sets out the main developments and challenges.
- 3.2 The report includes an update on finance, service quality, delivery of statutory functions, workforce planning and development.
- 3.3 Included in the report is a range of performance data and some of the key social work indicators are set out. This information complements, rather than replicates the detailed performance and budget information on all social work and social care services.
- 3.4 Appendix 3 of the report acts as the required annual report to elected members on the operation of the statutory social work complaints process.

4. Measures of success

- 4.1 Success is monitored regularly through performance reports to the Corporate Leadership Team, the Chief Officers' Group for Public Protection and the Integration Joint Board for Health and Social Care.

- 4.2 The Care Inspectorate also carries out regular assessments of registered social work services. The reports and action plans generated as a result of inspection are analysed and presented to the appropriate Council Committees.

5. Financial impact

- 5.1 There are no financial impacts arising from this report. The report does articulate the challenging financial climate in which public services are operating.

6. Risk, policy, compliance and governance impact

- 6.1 Any potential risks identified are monitored through service area risk registers.

7. Equalities impact

- 7.1 There are no equalities impacts arising from this report.

8. Sustainability impact

- 8.1 There are no sustainability implications arising from this report.

9. Consultation and engagement

- 9.1 Social work services involve service users and carers in the design and implementation of social work and social care provision.

10. Background reading/external references

- 10.1 N/A

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11. Appendices

- 11.1 Appendix 1 – Chief Social Work Officer's Annual Report 2017/1

Corporate Policy and Strategy Committee – 7 August 2018

**THE CITY OF EDINBURGH COUNCIL
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18**

1. Introduction – key challenges and strategic direction

There are significant challenges facing the sector, including public sector reforms, a reduction in Government funding, the implications of Brexit, and the need to deliver services in an environment where demand is outstripping supply.

The Council has a clear vision which is focussed on:

- Prevention – every citizen lives a fulfilled and independent life
- Inclusive Growth – the Council enables good growth for Edinburgh and is a more commercially astute organisation
- High Quality Services – with a productive and motivated workforce, 21st century access to services and a more efficient estate

To support the Council to achieve the vision, 52 commitments have been identified which are structured around six themes:

- Delivering an economy for all – local jobs, growth, and affordable housing
- Building for a future Edinburgh – a planning system that works to protect and develop our city
- Delivering a sustainable future – a better environment and transport system that works for all
- Delivering for our children and families – improving lives and futures
- Delivering a healthier city for all ages – strong and vibrant communities
- Delivering a Council that works for all – more empowered, transparent, and improved public services

The Council has made significant progress in redesigning services through the Transformation programme, delivering recurring savings in excess of £70 million. The update report to Finance and Resources Committee (June 2018) on the revenue budget framework anticipated that to maintain spend in line with income, the Council would have to deliver at least £106m recurring annual savings from 2019/20 to 2022/23 with £28m savings needing to be delivered in 19/20.

The savings requirement reflects the continuing pressures the Council is facing which include:

- A rising population, which is projected to increase faster than any other area in Scotland from 507,170 in 2016/17 to 537,000 in 2021/22 and the demographic changes arising from this
- lack of affordable housing – there are over 20,000 people on the common housing register including 3100 people who have been assessed as homeless and are waiting for long-term accommodation
- the impact of the rollout of Welfare Reform on delivery of services

- delays in accessing appropriate care services, including assessments, support packages, and discharge from hospital
- difficulties in recruiting staff to work in social care jobs in a city with close to full employment
- the impact of the living wage and other nationally agreed policies
- pressures on high tariff, costly services, which do not always lead to the best outcomes, and divert resources from responsive, preventative services
- the effects of inflation (including pay awards) on the Council's direct and indirect expenditure, amounting to almost £55m over the period from 2018/19 to 2020/21 alone; and
- additional costs arising from major infrastructure-related projects including Local Development Plan, City Region Deal, supplemented with further investment in the Council's existing property estate.

Given the scale of required savings, the percentage savings allocation approach to delivery of savings is not sustainable or consistent with the Council's and partners' ambitions for the city.

The Corporate Leadership Team is developing a Change Strategy for the Council which will help support services to deliver radical transformation to key parts of the Council. The Strategy will focus on identified priority areas that deliver savings, reduce demand and deliver better outcomes through more efficient use of resources.

The Change Strategy is focussed on three themes which align to the Council's vision:

- Prevention and Early Intervention
- High Quality Services
- Inclusive and Sustained Growth

There are some specific challenges facing social care services, which are set out below.

Communities and Families - Looked After Children

Children's Services have made significant progress in shifting the balance of care for looked after children. The number of looked after children is at its lowest point since 2009.

The Council have significantly reduced usage of secure accommodation and have made increasing use of kinship care. The number of children who have ceased to be looked after and are in permanent kinship care placements, still supported by the council, has steadily increased.

Usage of out of council residential placements has increased. This is in part associated with a significant increase in unaccompanied asylum-seeking children (UASC) who are looked after in our city. The Council is making significant progress putting in place appropriate shared and supported living arrangements for some of these young people.

There have been significant reductions in numbers of looked after children and usage of secure accommodation, however services are continuing to face the following pressures:

- an increase in UASC has resulted in additional pressures in residential care, however an additional £2.5m has been allocated in the 18/19 budget to mitigate the financial pressure
- increased demands on services for young people with disabilities aged between 16 and 18 years
- the growing population of under 17 year olds
- service demand for high tariff support for children with additional support needs,
- the impact of permanent kinship care placements and continuing care, i.e. former Looked After Children continuing in care to 21

However, the Council's long-term financial plan includes year on year increased funding provision for looked after children and children with disabilities to mitigate some of the pressures indicated above.

The service is continually looking at new opportunities for service delivery or development to help reduce service pressures.

The service continues to support Family Group Decision Making to help families find their own solutions and avoid children needing to become Looked After. There is an increasing focus on permanent kinship care being put in place without the need for the child to become Looked After. There continues to be close working between social work and additional support for learning services to identify overall supports for children and families to minimise the need for children to become Looked After.

Through the Permanence and Care Excellence programme, the Council are setting ambitious targets to improve the time taken to progress children to permanent care arrangements.

Self Directed Support (SDS) approaches continue to be developed for children in need to enable families to be supported without the need for children to become Looked After. This will be developed further in 2018/19.

Safer and Stronger Communities - Community Justice

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Partnership (community planning) is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan.

Work is underway to develop the Annual Report which is due to be submitted to Community Justice Scotland in September 2018. The developments highlighted in the Community Justice Outcomes Improvement Plan reflect the work articulated in the 4 locality improvement plans. A multi-agency community improvement partnership is established in each locality. City-wide issues, such as motor cycle crime, begging, or hate crime have bespoke community improvement partnerships.

Significant developments in 2017-18 include:

1. Peer Mentoring Service

The Peer Mentoring Service was established in conjunction with SACRO for people currently involved in the criminal justice system. Mentoring can provide an important bridging service for people who have disengaged with family and friends, support services, education, training and employment. Volunteers will be used to complement the work being done by paid staff providing benefits not only to those being mentored but also the volunteers and the broader community.

2. Edinburgh Alcohol Problem Solving Court

The Edinburgh Alcohol Problem Solving Court is overseen by a named Sheriff and uses community payback legislation, with frequent court reviews. The criminal justice social work service provides the court with quick assessments with a focus on alcohol, and ensures streamlined access to substance misuse services through close partnership working. An evaluation has been completed and indicates the court had a great deal of potential, recognising the need for alcohol-targeted interventions with this group of men. A refinement of aims and processes were identified as necessary to improve outcomes and this work is underway.

3. Community in Motion

Community in Motion is a partnership initiative to develop a problem-solving, restorative justice approach in North East Edinburgh. Motivated by the opportunities created by community empowerment and community justice legislation, and the move to locality working, Community in Motion has developed a framework for joint working, increasingly preventative in focus, with more community involvement and an emphasis on restorative and problem-solving practices, particularly around Hate Crime. These posts have been made permanent, reinforcing the commitment to developing this work and embedding it in mainstream practice.

4. Just Us

Just Us is a group led by women who have experience of mental health problems and who have been involved in the criminal justice system. The group is supported by the Willow Service, which provides a range of support to women. Just Us was awarded funding from 'See Me Scotland' to raise awareness of the stigma experienced by women who have mental health issues and criminal justice involvement. They have continued to run conversation cafés using a film made by the group which highlights their collective experiences and have also organised a number of training events for women attending Willow, including a creative arts session to promote Just Us and support participation.

5. Media Campaign

In June 2017, the Offender Management Committee Prevention sub-group launched a three-month campaign to deter potential and pre-arrest offenders from accessing indecent images of children by encouraging them to seek help from support services such as Stop It Now! One strand of the campaign targeted partners, family members

and friends of pre-arrest offenders, giving them information about what they can do to help the individual desist from offending behaviour. The campaign was promoted through social media, traditional media, radio adverts and posters, it communicated key messages about deterrence and signposted pre-arrest offenders to relevant support. An evaluation report showed that during the period of the campaign, the numbers of people in Scotland accessing the Stop It Now! Get Help resource looking for anonymous advice on desisting from viewing indecent images of children, increased by 71%. New users in the first month of the campaign increased by 103%. New callers to the UK wide Stop It Now! Helpline from people in Scotland increased by 83%. It was therefore concluded that key outcomes of the campaign, such as engaging with the public and communicating deterrence messages, were comprehensively achieved.

6. Sustainable Housing on Release for Everyone

The Sustainable Housing on Release for Everyone (SHORE) is an early intervention approach being developed for prisoners on remand or those serving short-term sentences to provide support with sustaining their tenancy/accommodation. The Access to Housing and Support Lead Officer has been working with staff at HMP Edinburgh to develop this initiative.

2. Governance and Accountability Arrangements

The law requires each local authority to appoint a Chief Social Work Officer (CSWO). The local authority may not delegate this function and it is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

The CSWO is by regulation a non-voting member of Edinburgh's Integration Joint Board for Health and Social Care; and a member of Edinburgh's Chief Officers' Group for Public Protection, which is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in the city.

The CSWO chairs or is a member of 5 partnerships/committees, which monitor performance and ensure the provision of quality services in relation to child and adult protection, offender management, alcohol and drugs and violence against women. The post holder is also an advisor to the Edinburgh Partnership for community planning and chair of the Edinburgh, Lothian and Borders Strategic Oversight Group for Multi Agency Public Protection Arrangements (MAPPA).

The arrangements for public protection in Edinburgh are consistent with the expectations of the Scottish Government. The Council's strategic partnerships and public protection governance arrangements are set out at Appendix 1 (Diagrams 1 and 2).

3. Social Services Delivery Landscape

Edinburgh's population is projected to increase faster than any other area of the country, with particular increases in some age groups. The high rate of growth presents several challenges, some of which are set out below.

- Almost 80,000 people in Edinburgh are living on incomes below the UK poverty threshold, meaning 16% of Edinburgh citizens are living in poverty.
- Research shows that people living in areas with higher levels of deprivation have poorer physical and mental health throughout their lives. However, health inequalities are not restricted to areas of multiple deprivation – up to 50% of people experiencing poor health do not live in the most deprived communities.
- Skill shortages and hard to fill vacancies are persisting and growing, particularly in the adult social care sector
- The roll out of Welfare Reform will continue to have a negative financial impact on many citizens and on the Council's ability to meet their needs
- Edinburgh continues to be a pressured housing market, with high housing costs and rising need and demand for affordable housing. People on low to middle incomes are faced with higher housing costs, with no commensurate increase in their income
- Drug and alcohol problems affect the city severely, with an estimated 22,400 adults dependent on alcohol and 6,600 people dependent on heroin and/or benzodiazepines
- The total number of drug related deaths have risen sharply in Edinburgh (69 in 15/16 to 97 in 17/18)

Concentrated effort on transforming services and diverting resources to preventative services are key to sustainability and improved outcomes for people.

Edinburgh Health and Social Care Partnership

In 2017 it was recognised that there were areas of the operation of the Partnership that were not functioning well, therefore a "Statement of Intent" was drafted by the Interim Chief Officer, providing clarity and focus to the activities of the Partnership with a particular emphasis on performance, quality and finance.

The Statement of Intent set out the seven key priorities for the 2017 /18 financial year:

- Developing strategies
- Improving relationships
- Developing a performance framework

- Ensuring quality
- Developing a financial framework
- Doing the basics well
- Clarify and simplify governance arrangements

Outline strategic commissioning plans were produced for five client groups: learning disabilities; mental health; physical disabilities; older people; and primary care.

These plans, supported by a number of cross cutting themes were approved by Edinburgh's Integrated Joint Board (EIJB) in early 2018 and form the basis for ongoing development of the new strategic plan.

The Partnership has also identified eight key categories where sustained change is needed to achieve the ambitions of the IJB:

- **Prevention** – a sustained and meaningful shift towards preventative and early intervention activity
- **Wider cultural change** – conversations with stakeholders about the care that can be provided by the Partnership and reasonable contribution to care from individuals, relatives and communities
- **Reduction in demand** - redesigning the system to create opportunities for individuals to receive the right information or support at the right time
- **Reduce** the number of people waiting for assessment and increase satisfaction rates, meaning people can access services directly and much faster.
- **Redesigning services** – redesigning some of the internal, high cost, direct care services
- **Workforce Development** – a strong focus on organisational development, leadership and support for staff groups being asked to work in new and changing environments
- **Adequate internal resources** – to deliver radical transformational change programmes
- **Professional / clinical governance and quality** - the integration of staff with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements

Outline Commissioning Plans

Noted below is a summary of the strategic commissioning plans that will support the new strategic plan for the Partnership:

Disabilities Services

Physical Disabilities

In Edinburgh:

- 5,510 people have a physical disability
- 1494 are in receipt of services from the Partnership

- It is expected that there will be a 1.4% increase each year of those that are affected by a physical disability.

Priorities for the future shaping of disability services include:

- Strengthening services that can support people to be more independent in their community.
- Identification of a range of housing and support options for people with physical disability, with a focus on core and cluster services
- Reducing the cost of night care by developing a night support service, with the option of on-call responders.
- Reviewing the number of community navigators.
- The move from the Astley Ainslie Hospital to the redesigned Royal Edinburgh Hospital will offer opportunities to review current bed use and outpatient services.

Learning Disabilities

In Edinburgh:

- 8584 individuals have a learning disability.
- 1335 are in need of a service from the Partnership.
- It is expected that there will be a 2% annual increase of those affected by a learning disability.
- It is predicted the number of young people over 16 seeking day support will increase by 5% per year. This could result in an additional 300 people needing services over the next five years and 700 people over the next ten years.

The Partnership knows of 76 people who are seeking to move to their own accommodation with the estimated costs over a four-year period of £10.8m. To manage this demand, people assessed as requiring accommodation will be prioritised, with a focus on young adults, people living in hospital and those living with ageing carers.

Priorities for the future shaping of learning disabilities:

- The redesign of the Royal Edinburgh Hospital will require 19 community placements (18 already commissioned); in addition, 15 beds for assessment and treatment will be commissioned from NHS Lothian.
- Taking a whole life approach that improves earlier intervention in childhood for people with behaviours that are challenging, and the development of smoother transitions from children to adult services.
- Adopting an 'Ageing in Place' strategy, which will promote awareness of disability issues in older people's services and aging issues amongst learning disability services.
- Strengthening services that can support people with more complex behavioural or forensic needs in the community, which will lead to the development of four 'locality leadership groups'.

- Identification of a range of housing and support options for people with learning disabilities and people with complex needs with a focus on core and cluster services. Reducing the cost of night care by developing a night support service with the option of on-call responders.
- Creating a 'framework' or 'alliance' agreement for accommodation with support across current partners to improve the links between people and providers.

Key priorities for people with autism (who do not have a learning disability) include:

- Further development of the existing Edinburgh Autism Plan to reflect the emerging priorities from the next and final stage of the Scottish Strategy for Autism.
- Ongoing advice and information for people with autism, including finding and maintaining housing and working in Partnership with key stakeholders.
- Continuing the Partnership's approach to promoting autism awareness with staff and the general public.

Primary Care

All Integrated Joint Boards must produce a Primary Care Improvement Plan by 1 July 2018 to Scottish Government.

The plan will focus on stabilising and transforming the General Medical Services over the next four years and take into account the current pressures on Primary Care and population growth.

National pressures are magnified in Edinburgh by list growth. In 2007, 500,000 patients were registered and by 2017 this had grown to 550,000. Each year 5000/6000 more people move to Edinburgh or register with a local GP practice. The rate of city growth is established as consistent with the Edinburgh Local Development Plan. This runs to 2026 and will bring the GP registered population up to 600,000

Priorities for the future shaping of primary care services:

- Understand how the new contract outline model can best be implemented at locality/cluster/practice level to stabilise and transform the Primary Care workforce.
- Implement a Link Worker Network supporting 20 practices in areas of high deprivation as classified using the Scottish Index of Multiple Deprivation (SMID).
- Expansion of Advanced Nurse Practitioners, pharmacists and CPNs.
- Current tests of change within physiotherapy and administrative support are likely to create further demand. (The potential of psychology has not yet been tested).

Mental Health

Over 120,000 people in Edinburgh experience a mental health problem. The current provider landscape is complex with multiple mental health and substance misuse teams. Support is also available through independent and voluntary sector providers and a range of specialist mental health services provided from the Royal Edinburgh Hospital campus and the Royal Infirmary of Edinburgh.

Partners adopt a whole system approach that includes involvement from the public, third and private sectors, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities and inclusive employers.

Priorities for the future shaping of mental health services:

- Prevention – Place-based and person-centred life course approach
- Access – Responsive and clear access arrangements connecting people to the support they need at the right time
- Parity of esteem between mental health and physical illness through collaborative and cross sector working across public sector bodies, third sector and private sector
- Sustainability – the best use of Edinburgh’s funding through improving financial and partnership sustainability
- Culture - enabling local areas to make decisions for system wide outcomes supported by shared information and building on 5 Ways to Well Being <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>
- Evidence and Research – Learning from local, national and international evidence and research and driving transformational change across traditional silos with a wide range of partners from public, voluntary and private sectors
- Measurement – Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care
- All employers promote good employment practice for mental health, building capacity for conversations to support suicide prevention

Older People

There is a clear need to transform services for older people as current demand outstrips performance. As of March 2018 there are currently:

- 1562 citizens waiting in the community for an initial assessment
- 964 citizens who have been assessed, waiting for services
- 237 citizens whose discharge from hospital has been delayed

Of whom an average of:

- 58 require care home placements
- 119 require packages of care

If services continue to deliver in this way, it will cost at least an additional £50m over the next ten years across health and social care services.

If the existing service model were matched directly to population growth, by 2022, Edinburgh would need to provide:

- 428,000 additional hours of home care per year
- 748 additional care home beds
- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds)

These numbers demonstrate that the current model is not sustainable and there must be a shift to commissioning services rather than a one size fits all approach, taking into account the Partnership's ambition to deliver a model of "Realistic Care".

Priorities for the future shaping of older people services:

- Health and Wellbeing - focusing on providing alternative and additional services earlier in the pathway. Ensure appropriate information and support are provided to citizens to make choices that reflect their needs more effectively.
- Access and Assessment - the establishment of an assessment and review board, which has sponsored the production of a harmonised assessment process. This requires considerable additional work, but has great potential to reduce the size of queues, including investment in telecare, self-directed support and changes to our support planning approach.
- Short Term Care and Support - working collaboratively with our primary care, third, independent and housing sector colleagues to identify different models of care and capacity needed to ensure quick and timely discharges from acute services and short-term support required to prevent admission.
- Long Term Care and Support - work with the independent, third and housing sectors to create a more coherent design.
- Complex care, accommodation, and bed-based services - shifting the balance of care from institutions to homely settings in the community, ensuring that people are as close to home as possible.

Edinburgh Health and Drug Partnership

A partnership model for delivering services to young people who have an alcohol or drug problem. This offers the following services, assertive outreach, counselling, one to one support, family work and clinical support.

The Junction and Muirhouse Youth Development Group continue to deliver a programme of alcohol prevention in the North of the city. This includes outreach, alcohol brief interventions and referral to counselling and support.

In 2017 /18, the Alcohol and Drug Partnership published its alcohol strategy for Edinburgh 2017-22 and focuses on affordability, acceptability and accessibility of alcohol across Edinburgh. More information can be found [here](#).

In 2017/18, there were 97 drug related deaths in Edinburgh, an increase of one based on 2016 figures. However, over the last few years, the total number of drug related deaths have risen sharply in Edinburgh.

Four locality based Drug Related Deaths Review Groups have been set up to learn lessons from individual drug related deaths and key issues are fed into the Pan Lothian Strategy Group to develop a strategic response across organisations.

A health needs assessment was initiated in 2016/2017, identifying the needs of injecting drug users and the service responses. The findings and were published in July 2017 and can be found [here](#) which provide detail of several recommendations which are being overseen by a multi-agency group.

Inclusive Edinburgh

Edinburgh Health and Social Care Partnership have established an 'Inclusive Edinburgh Board' to improve the life-chances, health and well-being of the city's most vulnerable, disenfranchised and disengaged citizens.

To improve outcomes for people who experience chronic homelessness and have complex needs the Board is:

- Redesigning services to reduce 'revolving door' and 'failure demand' through a more inclusive approach.
- Developing a shared understanding of the work across services and sectors at operational and strategic levels.
- Adopting a psychologically informed approach to building effective relationships with people who struggle to engage across the service pathway.
- Progressing integration of homeless statutory services (health, social work and housing) for people with complex needs under a single line management structure.
- Establishing a city centre location for the integrated service with a single point of access

Communities and Families - Looked After Children

Social work services aim primarily to support children to remain in their own family, school and community. However, there are times when children and young people cannot live at home or need extra help to do so. Some children will need care for only a few days or weeks, others will need months, and some will need care throughout the whole of their childhood. Some will be adopted and become part of a new family for life.

It is an ambition of the Council and its partners to reduce the number of children who need to be looked after away from their birth family. Long-term, significant and sustainable reduction in this requires meaningful investment in preventative services and early intervention. This cannot rely solely – or even primarily – on social work services, but depends on joint working and shared responsibility for outcomes between statutory, voluntary and independent providers, universal and targeted services and adult and children's provision.

There is a strong commitment in Edinburgh to develop the equivalent of a 'child-friendly city', which is an approach that has seen significant success in other authorities across the UK. To be effective, this approach will require a long-term commitment, as the impact of positive preventative measures often takes years to

become apparent. This is always a challenge when agencies face short-term financial and other performance pressures.

Securing early, permanent, alternative family-based care for children who need it is one of the most important factors in their healthy development, and remains one of the highest priorities for social work.

The social work service undertakes the critical functions of recruiting new adoptive parents, tracking children registered for adoption until a family is identified, and providing post adoption support to adopters with children in placement.

In 2017/18, 21 children were placed for adoption. During the same period, 20 children ceased being looked after as a result of being adopted successfully.

A foster care placement can have a huge impact on a child's life, improving their confidence and their long-term life chances. Carers look after children of all ages, from babies to 18 year olds, and may provide continuing care up to the age of 21. They may also look after children for regular short periods to support parents who need a break from the pressures of looking after a child who has additional needs, for example a physical or learning disability.

The approach to Self Directed Support (SDS) has resulted in more involvement of children and families in designing their own care packages. This has increased the number of families in receipt of SDS packages.

Children and families have been consulted when new services have been commissioned, providing additional support for learning as well as support for the family to prevent exclusion or from needing to be looked after away from home. A Champion Board of looked after children have been set up, which is starting to influence decision makers within the multi-agency partnership. Decision makers will also have a direct role in co-producing corporate parenting plans going forward.

There is good third sector engagement and representation on the Child Protection Committee and Children's Partnership. Consultation has taken place with the third sector on the distribution of small grants and participatory budgeting. Marketplace consultation has also occurred for large contracts when designing the service specification.

Public Protection - Domestic Abuse

Edinburgh's Domestic Abuse Strategy and Improvement Plan was agreed by the Edinburgh Partnership in June 2017 and can be found [here](#).

The plan outlines the vision to develop a coordinated community response to domestic abuse in Edinburgh, which has been the driver for a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children and perpetrators.

Work streams are progressing well and include:

- The development of a Housing Policy which outlines a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice.
- The development of new Guidance for Domestic Abuse and Child Protection supported by multi-agency training.
- A locality based, multi-agency response to domestic abuse in Southwest Locality which intervenes early, engages safely with all family members, coordinates services and improves outcomes.
- Improving the skills of the workforce in engaging with perpetrators so that they are held accountable and given the opportunity to change their behaviour.
- The creation of three tiers of domestic abuse training to develop Domestic Abuse Champions within each locality and in a variety of service areas.

Public Protection – Human Trafficking

Throughout 2017/18 members of the multi-agency Human Trafficking and Exploitation sub group have worked in partnership with the Scottish Government. Some examples include contributing to the National Child Trafficking Strategy Group and piloting Police Scotland's Duty to Notify Portal.

Edinburgh's Human Trafficking and Exploitation sub group reviews its local action plan to ensure that it reflects the national strategy priorities which are:

- Identification of victims and support them to safety and recovery
- Identification of perpetrators and disrupt their activity
- Address the conditions, both local and global, that foster trafficking and exploitation

The action plan continues to be underpinned by key stakeholder/partnership arrangements, a multi-agency support protocol for victims of human trafficking (children and adults) and a cross sector learning and development programme. Several organisations are now using the same materials to deliver bespoke training in their own organisation. This ensures consistency in the key messages given.

A range of organisations are now in communication with the sub-group and have received guidance and support to develop and resource their own internal human trafficking and exploitation work.

Public Protection – Adult Protection

Work streams are underway to improve consistency of adult protection information recording, including:

- a pilot in the South-East locality to improve locality management oversight of Adult Support and Protection (ASP) work and compliance with recording. Once concluded, this will be rolled out across all 4 localities.
- a process to ensure service users are involved in their case conference if they are unable/unwilling to attend has been defined and is currently being implemented.

- performance indicators have been reviewed and a new performance report is now in place. Indicators now cover activity counts and performance monitoring.

Adult Protection Senior Practitioners are undertaking case file audits, examining four ASP Duty to Enquire cases per month, where they have not progressed to inter-agency referral discussion (IRD) stage. The aim to monitor standards of practice and decision-making processes. The IRD Review group quality assures those cases which do progress to IRD. The Initial Case Review (ICR) section of the Significant Case Review Protocol has been reviewed and developed in response to a greater demand for Initial Case Reviews.

There were four ICR initiated within 2017/18, two of which have progressed to Significant Case Review (SCR).

Action plans have been generated from the ICRs and have been incorporated into a single ICR/SCR Improvement plan. Some of the actions have already been completed. Further work is required to ensure the recommendations from ICRs are taken forward timeously. A Significant Case Review was undertaken during 2017/18 by the Adult Protection Committee. The SCR is nearing its conclusion and the executive summary report will be published in due course.

Following a care inspection of adult services, it was recognised that frontline staff needed further guidance and support to increase their confidence in this challenging area of work. Two adult protection Senior Practitioners have been appointed to promote, support and improve ASP standards and increase consistency of practice. They will also chair Adult Protection Case Conferences. Four quality assurance officers have been assigned to work directly with localities to improve practice and provide consistency across the city. The Adult Protection Senior Practitioners have a significant part to play in the improvement agenda.

Because of an increased awareness of domestic abuse issues, there has been a number of IRDs (interagency referral discussion) held in relation to those experiencing this form of harm. Police Scotland Domestic Abuse Team are working with ASP council officers to support and protect the individuals concerned. Two of these situations warranted a protection order banning the subject from contact with their ex-partner. This involved careful collaborative planning and implementation.

Work is ongoing to enhance skills of frontline staff and managers and to develop the knowledge base of those staff within the Health and Social Care Partnership around the IRD process. The IRD system is also being reviewed to look at opportunities to record more detailed health information on the system.

Safer and Stronger Communities - Community Justice

Edinburgh's Community Safety Partnership is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan, which involved public consultation events with victims and witnesses and for people involved in the criminal justice system (including registered sex offenders and other high risk of harm offenders). Those who participated in the latter event highlighted the importance of strong relationships in helping them achieve behaviour change.

The Council provides residential accommodation for high risk offenders, primarily to facilitate transition from long-term prison sentences to their own accommodation. In July 2017, the Care Inspectorate inspected the residential unit and awarded it a "very good" grading for quality of *care and support* and for *quality of staff*.

The latest Community Payback Order Annual Report (2016-17) includes information regarding offenders' experience of supervision and outcomes for them. 87% of offenders thought that supervision had helped them to stop or reduce offending. The Community Justice (Scotland) Act 2016 transferred responsibility for community justice planning from Community Justice Authorities to local planning partnerships.

Edinburgh has had a long-standing commitment to preventative work, to a service model that offers a continuity of service regardless of where the service user is in the community justice pathway and to developing new and innovative ways of delivering services.

Examples of early intervention and of service developments include:

- **Supervised bail**

This allows service users who would otherwise have been held on remand, to be released to an assessed address where work is undertaken to explore and manage the underlying causes of offending. A new post has recently been established to work to reduce the female remand population.

- **Diversion from Prosecution**

The Diversion from Prosecution scheme provides an alternative to prosecution and supports the individual to engage with tailored interventions to address their offending behaviour.

- **Community in Motion (CIM)**

Delivering, along with partners, a community driven problem solving, restorative justice approach which cuts across primary, secondary and tertiary prevention.

CIM works to strengthen and motivate the community by encouraging people to play a positive role in developing practical solutions to community

problems, and to contribute to building a safer and stronger community environment.

- **Edinburgh and Midlothian Offender Recovery Service (EMORS)**

EMORS, for short term prisoners, takes a recovery centred approach, working with individuals to help them move away from problematic alcohol and drug use and other issues that increase the likelihood of offending.

The service provides continuity of care from point of arrest, throughout an individual's stay in prison, and during the transition period from prison to community. It also uses peer volunteers to show visible recovery in the throughcare model.

- **Peer Mentoring Service**

This service was established in conjunction with SACRO for people currently involved in the criminal justice system. Mentoring can provide an important bridging service for people who have disengaged with family and friends, support services, education, training and employment. Volunteers will be used to complement the work being done by paid staff providing benefits not only to those being mentored but also the volunteers and the broader community.

- **Edinburgh Alcohol Problem Solving Court**

Speedy assessments for court with a focus on alcohol ensures streamlined access to substance misuse services through close partnership working. An evaluation has been completed and indicated that the court had a great deal of potential, recognising the need for alcohol-targeted interventions with this group of men. A refinement of aims and processes were identified as necessary to improve outcomes and this work is underway.

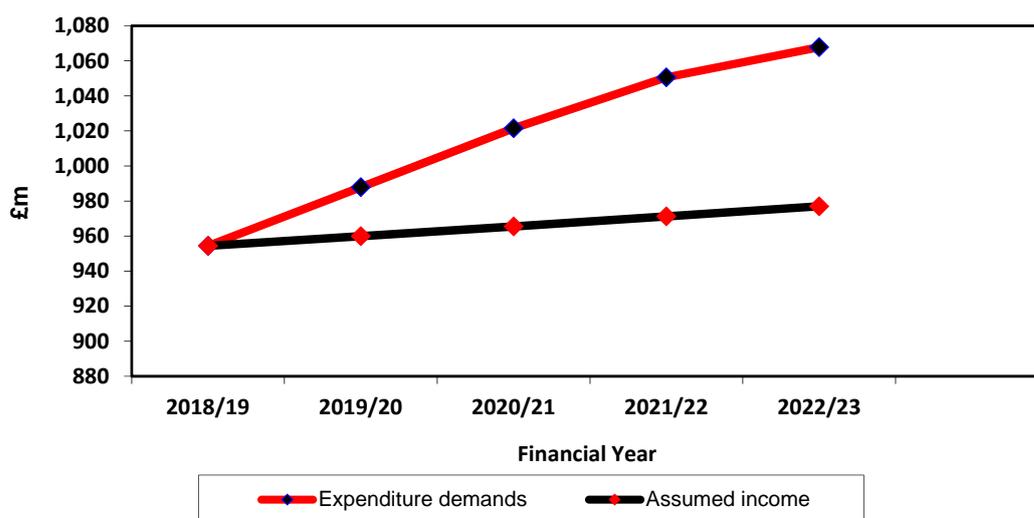
The examples above support Community Justice Scotland's agenda and given the innovative working already in place, the Council is keen to be involved in Community Justice Scotland's scoping exercise and discussions on the future delivery of demonstration projects to test new approaches for community justice.

4. Resources

The Council continues to face significant challenges from a combination of increases in demand, inflationary pressures, welfare reform and heightened citizen expectations, all set against a backdrop of reducing Government grant income once account is taken of monies provided for the delivery of new, or additional, commitments.

Taking these factors into account, an updated revenue budget framework report considered by the Finance and Resources Committee on 12 June 2018 anticipated that in order to maintain expenditure in line with income, the Council will need to deliver at least £106m of recurring annual savings between 2019/20 and 2022/23, with £28m of these due in 2019/20.

The chart below shows the gap between projected expenditure demands and available funding. This gap is likely to increase if levels of Government funding are lower than anticipated or demographic changes are different from those provided for. The budget strategy seeks to identify potential service options to a value greater than is required in 2019/20 to allow both for an element of discretion in those taken forward and to guard against a lower level of funding settlement.



Demographic investment

In recent years, budget planning in the Council has provided significant protection to social work services, as well as for other priorities, such as schools. The Council's long-term financial plan continues to provide additional funding to meet growing needs for care services from the increasing number of older people in the population, particularly those over the age of 85, and increasing numbers of people with learning and physical disabilities due largely to greater longevity.

Funding is also provided for a growing number of children and young people, with some additional needs offset by preventative investment in early years and by actions intended to reduce the increase in the number of looked-after children. Despite this welcome commitment, the scale of savings required from public services and the growing complexity of need across all age groups, leave services with diminished capacity to meet need to the level and quality communities expect. This

creates challenging tensions in balancing potentially competing demands on public funds.

2017/18 outturn

The provisional outturn for the Health and Social Care service reflects significant demand-led pressures, showing an overall overspend of £7.5m. This position reflects delivery of planned savings associated with the organisational review but includes significant slippage on planned transformation-related purchasing savings. Development of these business cases for both telecare and support planning and brokerage, rooted in revised models of demand management, will form a key element in re-establishing financial stability going forward.

Growth in demand for care at home services, coupled with increases in direct payments and individual service funds, has also resulted in expenditure exceeding budget in these areas by some £1.8m, after application of an initial £2.2m of recurring funding from the Social Care Fund (SCF) and a subsequent further release of £2m, approved by the Edinburgh Integration Joint Board on 17 November 2017, in recognition of continuing demographic-led growth in demand.

While forming part of the wider Communities and Families outturn, despite significant savings resulting from shifting the balance of care through the Looked-After Children Transformation Plan, demand-led pressures in the areas of fostering and use of out-of-Council placements were apparent during the year. In recognition of these factors, the approved budget framework for 2018/19 reflects £2.5m of relevant additional investment.

2018/19 budget

The Council's 2018/19 allocation to the Edinburgh Integration Joint Board (EIJB) represents a year-on-year uplift of £12.6m (6.8%), with provisional further contributions from NHS Lothian (£4m) and the EIJB (£2.8m) based on increasing capacity. In addition to securing these contributions, in view of significant expenditure pressures and required service investment, achievement of a balanced overall position is dependent upon delivery of £2.35m of efficiency savings and £6.7m of transformation programme-related savings, particularly those rooted in improved demand management.

Council-wide Change Strategy

The Council has delivered over £240m of recurring savings since 2012/13, equivalent to around 25% of its net budget. This has allowed the combined financial challenges of increasing demographic-led service demand, inflationary pressures and legislative reform to be addressed whilst steadily improving performance across many areas. There is a need to place much greater focus on service transformation and prioritisation, designed using insight from active engagement from communities and elected members.

The Council's Change Strategy has therefore identified three key themes of (i) providing high-quality services at the right level, (ii) moving Edinburgh to a radical

preventative agenda and (iii) achieving sustainable inclusive growth, to improve services whilst securing longer-term financial sustainability.

In recognising that such a transformational shift can only be achieved over the medium to longer-term, a staged approach will be required, with a suite of shorter-term measures identified to provide necessary financial breathing space in 2019/20 preparing the foundations for more fundamental longer-term change.

Comparative expenditure analysis

As part of the Looked-After Children Transformation Plan, Edinburgh continues to seek to control expenditure through reductions in usage of secure and residential care, increases in local authority foster carers and kinship carers, and supporting more families with community-based services.

In adult social care, the emphasis is similarly based on the use of, and investment in, preventative services wherever feasible, with approved budget framework proposals for 2018/19 targeting significant savings through further focused investment in both re-ablement and telecare/telehealth, as well as other revised models of demand

5. Service Quality and Performance – Delivery of Statutory Functions

Set out below are some key issues relating to both performance and quality, focused on the main social work-related functions, together with associated management information.

Performance - Mental health and Guardianship

Many factors impact on people's mental health and well-being, and a wide range of services, both targeted and universal, contribute to the effective support of people who need help. Some chronic and severe mental ill-health or acute crises require the involvement of registered social workers. Mental Health Officers are social workers with an additional accredited qualification and must by statute be involved in certain decisions relating to deprivation of liberty or where a person is assessed as lacking capacity. These decisions are governed by the CSWO.

Table 1	2015/16		2016/17		2017/18	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	590	506	590	506	N/A*	N/A*
Assessments completed	1380	845	1380	845	1213	757

*Contacts can't be recorded this year as the mental health team have now merged with the Substance misuse teams, therefore there is not a way to differentiate between mental health referrals and substance misuse referrals.

Table 2	Commenced Apr 15 – Mar 16	Commenced Apr 16 – Mar 17	Commenced Apr 17 – Mar 18
Emergency detention in hospital (72 Hrs)	208	195	241
Short-term detention in hospital (28 days)	411	484	472
Compulsory Treatment Orders (indefinite with 6 monthly review in first year and then annual review)	125	107	151
Interim Compulsory Treatment Orders (28 days)	61	47	72

Table 3	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018
Emergency detention in hospital	41	0	0
Short-term detention in hospital	167	49	138
Compulsory Treatment Orders	306	343	416

Table 4 - orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service	2015/16	2016/17	2017/18
Total legal orders started	25	20	41
Total legal orders open at period end	71	80	94
Compulsion Orders with Restriction Order open at end of period	24	27	27

Table 5	2016	2017	2018
Welfare guardianship			
CSWO welfare guardianship	116	146	148
Private welfare guardianship	167	203	205
Financial guardianship (private only)	92	100	97
Welfare and financial guardianship			
CSWO welfare and financial guardianship (guardian for financial element must be non-Council)	32	39	29
Private welfare and financial guardianship	319	366	385
Total	726	854	864

Performance - Children in need, child protection and looked after children

Table 6 Volume			
	At 31 March		
	2016	2017	2018
Approximate number children allocated in Children and Families teams	3900	3400	3400
	2015/16	2016/17	2017/18
	Number of monthly reports submitted to the Authority Reporter	261	200

Table 7 Child Protection			
	Figures for period April to March		
	2015/16	2016/17	2017/18
Child protection Inter-agency Referral Discussions (IRDs)	1,277	1343	1396
Child protection case conferences	1,268	1174	940
Children on Child Protection Register	286	226	206

Table 8 Child Protection Case Conferences			
	Figures for period April to March		
	2015/16	2016/17	2017/18
Initial	382	312	254
Pre-birth	88	73	71
Review	791	768	612
Transfer	7	21	3
Total	1,268	1174	940

Table 9 Domestic Abuse – Child Welfare Concerns and Child Protection Registrations			
	2015/16	2016/17	2017/18
Total number of child welfare concern forms sent to Social Care Direct	11,694	11,505	10,711
Number of child welfare concern forms with domestic abuse as a concern	3,904	3,322	3,655
% of children on the Register with a domestic abuse concern identified	33%	53%	44%

Table 10 Looked After Children	At 31 March		
	2016	2017	2018
Total number of children and young people looked after	1390	1372	1334
At home with parents	323	347	338
In foster care	590	584	581
In residential	74	83	101
With kinship carers, friends / relatives	347	320	271
With prospective adopters	34	24	26
In secure accommodation	16	9	7
Other	6	5	10

Table 11 Secure Accommodation	Figures for period April to March		
	2015/16	2016/17	2017/18
Total number of admissions	38	30	20
Admissions to out of Edinburgh provision	11	12	14
Average length of time in secure for young people discharged (in days)	135	135	155

Table 12 Adoption and Permanence			
	Figures for period April to March		
	2015/16	2016/17	2017/18
Adopters approved	20	14	15
Children registered for adoption (Permanence Order with Authority to Adopt)	28	26	31
Children registered for permanence (Permanence Order)	46	51	28
Children placed for adoption	37	23	21
Children adopted	35	35	20
% of Permanence panels in timescale	85%	25%	40%

Performance - Community Justice

Table 13 Offenders in the community subject to statutory supervision			
	31 March 16	31 March 17	31 March 18
Assessed as very high risk or high risk (sexual violence)	22	17	7*
Assessed as very high or high risk (violence)	69	46	37
Probation orders	13	9	8
Community service orders	8	7	5
Community payback orders	1053	1121	1069
Drug treatment and testing orders	121	121	145
Drug treatment and testing orders (II)	48	33	34
Bail supervision	18	16	23
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	140	128	127

- 2,700 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 2% decrease from support given last year.
- Criminal Justice staff completed 2,464 social work reports to support decision making by the courts, representing a 3% decrease from last year.

*Many offenders being managed in the community have their risk levels reduced to medium, reflecting successful risk management strategies.

Table 14 Offenders in prison who will be subject to statutory supervision on release

	31 March 16	31 March 17	31 March 18
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	57	66	69
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	117	113	110

Performance - Adult Protection

Adult Protection Activity			
	2015/16	2016/17	2017/18
Adult protection referrals	1134	1726	1870
Adult protection contacts	158	255	na
Inter-agency Referral Discussions (IRD)	329	425	358
IRD as a % of referrals	29%	21.5%	19.1%
Adult protection initial case conference	79	99	80
Initial case conference as a % of IRD	24%	23.3%	22.3%
Adult protection case conference reviews	110	93	113
Incidents between service users	379	878	na

Adult Protection Contacts (Referrals) - These have increased in the year. There has also been focused work to improve recognition, reporting and recording situations which meet the duty to make inquiries.

Large Scale Investigations – are now collated separately as per care service rather than as an individual service user count. There were five Large Scale Investigations initiated within the reporting period, four of which were in relation to care at home provision and the fourth concerned a care home. Themes emerging from the care at home investigations were:

- Quality and consistency of care
- Missed visits
- Financial harm
- Lack of robust procedures for the management of service user funds
- Management of medication
- Leadership
- Organisational culture

Inter-agency Referral Discussions - IRDs

The number of IRDs completed has been variable over the past 12 months. The source of data was changed from Swift to e-IRD from October 2016 to reduce duplication of data. The redesigned ASP training course and workshops aims to increase confidence in decisions when progressing to IRD. This is reinforced via

locality-based consultative work carried out by the Adult Protection (AP) senior practitioners.

Incidents between service users

This data is no longer provided as a report for the Committee. Incidents within care services which trigger the duty to make inquiries now come under adult protection contacts field.

Quality Assurance of Residential, Day and Domiciliary Care for Adults

In addition to the residential, day care and home care services managed directly by the Partnership, staff are responsible for the contract management of 520 contracts with 306 suppliers of regulated care services.

A further 115 contracts are managed in this way for the delivery of unregulated services, which include advice, advocacy and information, lunch clubs and practical help for people who choose self-directed support.

The Partnership and Council's expectation is that all regulated providers – including 'in-house' services achieve a minimum Care Inspectorate Grade 4 (Good) for the quality of care and support, and that any complaints are addressed quickly and effectively. Providers who fall short of these expectations, or about whom any relevant media, market, regulatory or other intelligence comes to the Partnership or Council's attention, are referred to the Quality Assurance Group for Care Homes/Care at Home services.

The remit of both groups is to monitor the quality of service provision, to acknowledge good practice and to challenge providers when services do not meet consistently high standards. Action is taken in respect of services assessed as 'weak' or 'unsatisfactory', and complaints to the Care Inspectorate and/or Council that have been upheld are the subject of discussion with providers, to ensure they have been addressed and measures are in place to prevent recurrence. Based on the intelligence provided by these mechanisms, the Chief Social Work Officer can suspend admissions or referrals to services that do not meet minimum standards.

Breakdown of Care Inspectorate grades for contracted providers (information on Council services is set out at Appendix 4)		
Year	% of contracted providers in Edinburgh achieving excellent, very good or good Care Inspectorate grades	% of contracted providers in Edinburgh achieving adequate, weak, unsatisfactory Care Inspectorate grades
2015/16	78%	22%
2016/17	78%	22%
2017/18	83%	17%

6. Workforce

Workforce Planning

Workforce planning activity is at the heart of any high performing organisation. Across the City of Edinburgh Council, specialist project teams are investigating a number of key initiatives to help alleviate the impact of the challenges faced, such as recruitment and retention, an aging workforce, data integrity, induction and training.

Within the Council there is a need to maximise the use of permanent employee resource and implement controls which will not only minimise agency spend but improve attendance levels.

Council services utilise agency workers in a number of areas both to cover vacancies and in response to staff sickness and other absence. It is recognised that safe levels of service must be maintained and that there will be occasions where unplanned use of agency temps may be necessary.

The establishment of a project to develop a more successful recruitment strategy is underway. This will have the added advantage of utilising the current initiatives recently introduced to improve both attraction and retention. These include enhancing the overall Employee Value Proposition (EVP), on-boarding, induction and competitive benefits packages following external benchmarking activity.

Edinburgh Health and Social Care Partnership

With the establishment of the Edinburgh Health and Social Care Partnership (EHSCP), there is now a requirement from the Scottish Government that Partnerships adopt and develop joint workforce strategies and workforce development plans.

Within EHSCP a Strategic Workforce Planning Group (SWPG) was set up to ensure the development of a Workforce Strategic Plan driven by the quality agenda, to ensure that service users and providers are at the very centre of the actions taken. The group is authorised by the EHSCP senior management team to develop and support the implementation of the Workforce Strategic Plan across all services.

This local group feeds into the National Workforce Plan, which in turn, will be supported by a National Workforce Planning Group, together they aim to provide a structure for workforce planning nationally, regionally and locally.

The SWPG will provide significant opportunities to move forward with the Workforce Development Agenda at a local level and within the services in a coordinated way. It will ensure that all parts of the service are influenced by learning and development of strategic priorities.

The Strategic Workforce Planning Group within EHSCP, set up in January 2018 is currently working on an integrated work plan which was submitted to the Scottish Government in June 2018.

Five workstreams have been established to look at the following areas:

- Workforce Data - (Baseline data, integration of data, reports & analysis, strategic plan)
- Recruitment & Retention of staff - (analysis of current workforce, recruitment process, modern apprentice, working with education partners)
- Staff Experience – (Health & Wellbeing, iMatter, Healthy working lives, staff engagement, role definition, safe staffing, development of EHSCP values, team development)
- Workforce Development – (professional & personal development, leadership development, training, career framework, integrated training, integrated induction programme, essential learning and technology)
- Independent and 3rd Sector – (Volunteer, unpaid carers, independent sector, charity organisations, national agenda)

Communities and Families

Communities and Families (C&F) do not employ agency or locum Social Workers to cover vacancies. They have focussed on recruitment and retention by:

- undertaking workload analysis to ensure a reasonable case load;
- having regular supervision;
- offering a variety of CPD opportunities;
- and growing their own workforce by offering a high number of student placements.

Local Practitioner Forum

The Chief Social Work Officer-sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet a minimum of twice per year. The ELPF continues to offer opportunities for front line staff to reflect on their practice, discuss service developments across the city and how these will impact on their day to day work.

The ELPF maintains an online presence and encourages participation from voluntary sector workers, first line and senior managers, and social work students.

The number of subscribers to the ELPF's website (www.elpfonline.org.uk) currently sits at 93; however, this continues to grow. This is used to maintain engagement with practitioners and professionals, and to supplement traditional email and face-to-face contact opportunities.

The website includes the dates of upcoming meetings and copies of the agendas and presentations used. Topics covered so far in 2018 have included Edinburgh as a Restorative City, a review of SWIFT and 'What's important to me? – in the context of end of life care'.

Work is ongoing to develop Edinburgh as a 'child friendly city' and looking at how lessons can be learnt from incorporating a whole city approach to restorative practice.

Following this, practitioners were given the opportunity to provide feedback about SWIFT and to contribute to the business case for the development or replacement of this system.

Appendix 1 - Public Protection Strategic Partnerships and Monitoring Arrangements

Diagram 1 – Strategy and planning groups

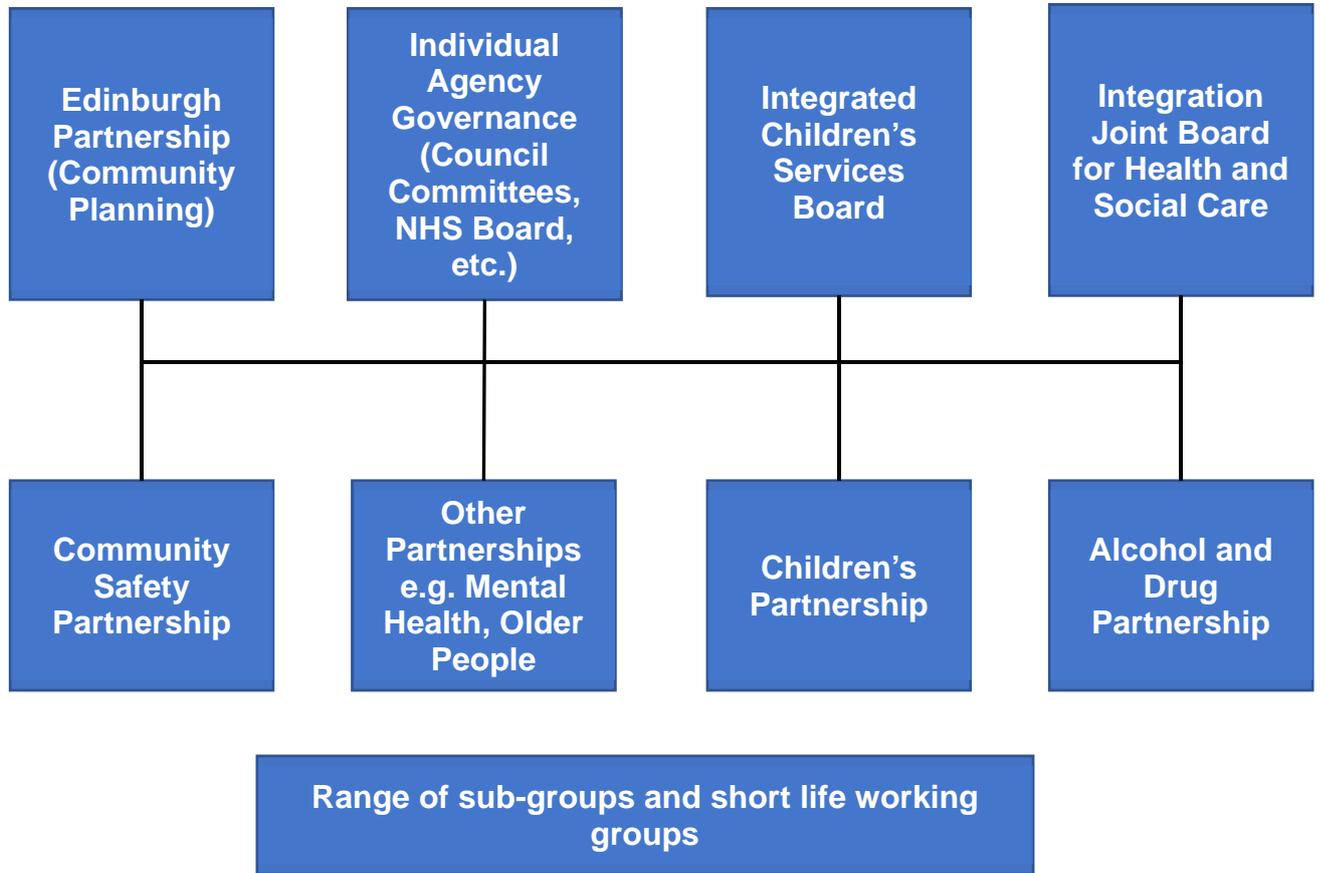


Diagram 2 – Public protection groups



Appendix 2 – Statutory Complaints Analysis

We take complaints seriously

The Council are required to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement.

SUMMARY:

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee. Along with responding to Complaints the Council also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

There have been two key changes in the handling of social work complaints since the 2016/2017

annual report:

1. Changes in legislation on 1 April 2017 saw the end of the Complaints Review Committee function. Dissatisfied complainants (who raised their complaint on or after 1 April 2017) now progress directly to the Scottish Public Services Ombudsman if they remain dissatisfied following the stage two response;
2. The management of complaints was devolved to the respective service areas, from the centralised Social Work Advice and Complaints Service, on 1 April 2017 giving service areas more control over the management of their complaints.

	2015/16	2016/17	2017/18
<u>Stage One Frontline Resolutions</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership 	166	69	74
<ul style="list-style-type: none"> • Communities and Families 	66	26	42
<ul style="list-style-type: none"> • Community Justice 	6*	0	5
<u>Stage Two Investigations</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership 	107	75	79

<ul style="list-style-type: none"> • Communities and Families • Community Justice 	60 5*	49 6*	20 0
<u>Complaints Review Committees</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership • Communities and Families • Community Justice 	5 8 1*	13 11 1*	9 1 0
<u>Scottish Public Services Ombudsman</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership • Communities and Families • Community Justice 	1 3 0	2 1 0	0 0 0
<u>Enquiries</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership • Communities and Families • Community Justice 	214 76 5*	153 62 2*	65 23 2

* These figures were previously reported within the overall Edinburgh Health and Social Care Partnership figures.

Data is also recorded by the respective service areas regarding positive comments made by the public.

	2015/16	2016/17	2017/18
<u>Positive Comments</u>			
<ul style="list-style-type: none"> • Edinburgh Health and Social Care Partnership • Communities and Families • Community Justice 	20 1 0	6 0 0	3 0 0

EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

Summary Information:

During 2017/18, Edinburgh Health and Social Care Partnership completed 79 formal stage two complaint investigations. This represents an increase of 4% on the previous year. In addition, 74 complaints were completed as frontline resolutions; 65 enquiries were resolved; and three positive comments were received by the service. The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- Approximately 52,000 contacts were received by Social Care Direct. This reflects a 17% decrease on last year when 62,800 contacts were received.

Practice Team, Sector Based Social Work Services:

- 3,090 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 42% decrease from last year when 5,321 assessments were carried out. 4,784 reviews were carried out, representing a 23% increase on last year when 3,880 reviews were carried out, giving a total figure of 7,874.

Home Care Service:

- 4,797 people received 93,775 hours home care service in March 2018, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

Residential Care Homes:

- 292 adults aged under 65 years were supported in permanent care home places (all service user groups) representing an 18% decrease from last year.
- 3,505 adults aged 65 and over were supported in long term care home placements, which is a 4% decrease on last year. Of these 3,505 adults aged 65 and over, 610 had a placement in a Council run care home at some point in the year which is a decrease on last year.

Direct Payments & Individual Service Funds:

- Approximately **108** children received a direct payment in 2017/18 and **102** received an individual service fund. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

Support to Carers:

- There were 596 carers who received a carer's assessment and support plan in 2017/18. This is a 15% decrease on the number of carer's assessed last year. Additional carer's will have also been assessed as part of a joint assessment with the person they care for.

Occupational Therapy:

- 1,589 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents a 25% decrease on last year.

Timescales for Stage Two Complaint Investigations:

In 2017/18, Edinburgh Health and Social Care Partnership formally responded to three (4%) complaints within 20 working days; and 26 (34%) with an extension agreed by the complainant. 40 (51%) complaints were not completed within the targeted timescale. Ten (11%) complaints were withdrawn by the complainant.

Outcomes:

Of the complaints formally investigated 14 (18%) were upheld; 37 (47%) were partially upheld; and 18 (23%) were not upheld. Ten (11%) complaints were withdrawn.

Complaint Trends:

- **Locality Teams:**

There were 48 complaints completed regarding practice teams.

Complaint related to:	Number of Complaints
Access to Files	1
Adult Protection	2
Assessment – Decision Making	4

Assessment – Delay	3
Assessment – Finance/Funding	4
Bureaucracy – Administration Issues	3
Communication – Poor Communication	5
Decision of Locality Teams	4
Equipment	1
Other	2
Service Provision	3
Staff - Behaviour	16
Total	48

- **Home Care:**

During 2017/18, there were five complaints completed regarding the Council's Home Care Services. This is the same number as last year. There were five complaints regarding Care at Home services purchased from external providers. This is a 55% decrease from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

- **Respite Care:**

During 2017/18, one complaint was completed regarding residential respite care services. This is the same number as 2016/17.

- **Residential Care:**

During 2017/18, there were three complaints completed for older persons' residential care services. This was a 63% decrease on last year.

Service Improvements:

- The Council provided locality staff with training on the new Complaints Handling Procedure introduced in April 2017.
- Homecare managers reminded relevant staff about the importance of communicating later than normal visiting times to clients/families.

From 1 April 2018, there is a requirement that all stage 2 complaints with an outcome of upheld or partially upheld must have an improvement plan developed. Service areas, through the locality Quality Improvement Teams will be expected to report on the progress against any improvement plans and evidence any improvements made. Going forward the Edinburgh Health and Social Care Partnership will be reviewing the current model for managing complaints, and by using Quality Improvement methodology will address the need to build capacity into the current structure to provide a greater focus around frontline resolution, learning and service improvement.

COMMUNITIES AND FAMILIES

Summary Information:

During 2017/18, Communities and Families completed 20 formal stage two complaint investigations. This represents a 59% decrease on the previous year. In addition, 42 complaints were completed as frontline resolutions, and 23 enquiries were resolved. The level of complaints received is set against a background of service provision volume in the following key areas:

Practice Teams:

- around 3,400 children and family cases managed by practice teams as at 31 March 2018
- approximately 1,396 child protection referrals
- approximately 188 reports per month submitted to the Authority Reporter

Accommodated Children and Young People:

- 1,334 children and young people 'looked after' by the Council (338 at home, 996 away from home)
- 581 children in foster care
- 101 children in residential care
- 7 children in secure accommodation
- 271 children placed with kinship carers
- 26 children with prospective adopters
- 10 children in 'other' settings (e.g. in community)

Young People's Service:

- 854 young people discussed at multi-agency pre-referral screening (early intervention)
- 237 risk assessments undertaken
- 22 risk management case conferences held for young people under the age of 18

Direct Payments & Individual Service Funds:

- The number of direct payments or individual service funds started, or reviewed, in the period 2017/18 are as follow: 87 direct payments and 75 individual service funds. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

Timescales for Stage Two Complaint Investigations:

In 2017/18, Communities and Families formally responded to one (5%) complaint within 20 working days; five (25%) were completed with an extension agreed by the complainant. 13 (65%) complaints were not completed within the targeted timescale. One (5%) complaint was withdrawn.

Outcomes:

Of the complaints completed, six (30%) were not upheld, 11 (55%) were partially upheld, two (10%) were upheld, and one (5%) was withdrawn.

Complaint Trends:

There were 11 complaints completed regarding social work practice teams. This is a 58% decrease from last year. These related to staff practice; decision making; assessment delay and funding issues.

Two complaint investigations were completed regarding Family Based Care services. This is a 22% decrease from last year. These related to foster carer's concerns.

Two complaints were completed regarding disability services. This is a 50% decrease from last year. These related to service provision.

Service Improvements:

During 2017/18, Communities and Families identified various service improvements for managers to implement as a result of complaints. As with Edinburgh Health and Social Care Partnership, the relationship between complaints received and the continuous improvement of services provides a mechanism for service users to contribute to the development of services. An example of this would be:

- Notification to staff that reports concerning children and young people should include an up to date chronology.

COMMUNITY JUSTICE SERVICES

Summary Information:

During 2017/2018, Community Justice completed no stage two complaint investigations. This represents a 100% decrease from the previous year. 5 complaints were completed as frontline resolution (100% increase from previous year); 2 enquiries were resolved; and no positive comments were received.

The level of complaints received is set against a background of the following service provision volume:

- 2,700 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 2% decrease from support given last year.
- Criminal Justice staff completed 2,464 social work reports to support decision making by the courts, representing a 3% decrease from last year.

Timescales for Stage Two Complaint Investigations:

Community Justice received no complaints that progressed to stage two complaint investigation.

Complaint Trends:

No identifiable trends to report.

Service Improvements:

No service improvements to report.

COMPLAINT REVIEW COMMITTEES:

Changes to legislation on 1 April 2017 saw the end of the Statutory Social Work Complaints procedure and the Complaints Review Committee stage. Social work complaints began to follow the Council's Corporate Complaints procedure: Frontline Resolution (stage one), Investigation (stage two) and Scottish Public Services Ombudsman (stage three).

However, complaints raised prior to 1 April 2017 could still progress to Complaints Review Committee (if requested within 28 days of receipt of the stage two response) to be heard by three independent lay members, drawn from a wider panel.

10 Complaint Review Committees were completed during 2017/18. The recommendations of the Complaints Review Committee were then presented for ratification at the Council's Health, Social Care and Housing Committee for eight Edinburgh Health and Social Care Partnership cases (one further case is pending ratification); and at the Education, Children and Families Committee for one Communities and Families case. The Complaints Review Committee upheld the Council's position in five of the cases heard; the complainants position was fully upheld in two cases; and partially upheld in three cases.

The following is an example of work in progress addressing one of the partially upheld Complaint Review Committees.

- Action required to improve the standard of complaint investigations. Development and roll out of Investigation Skills training during 2018.

SCOTTISH PUBLIC SERVICES OMBUDSMAN:

The Scottish Public Services Ombudsman investigated two complaints in 2017/18 relating to Communities and Families. The investigations had not been concluded at the time of writing.

Appendix 3 – Registration of the Workforce with the Scottish Social Services Council (SSSC)

The table below outlines: dates set for compulsory registration in each part of the register; the number of Council staff employed in the social services workforce; and the number who have achieved registration.

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	824	Relevant social work qualification is main criterion for registration. Registered numbers include employees who have chosen to register, but are not practicing social workers.	1 September 2005	3 years
Managers of residential child care	9	9		30 September 2009	5 years
Residential child care workers with supervisory responsibility	34	32	Registered numbers include staff located at Edinburgh Secure Services. One staff member is registered with the General Teaching Council Scotland and two with the Nursing and Midwifery Council.	30 September 2009	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Residential child care workers	197	301	Registered numbers include Locum Bureau workers.	30 September 2009	5 years
Managers of care homes for adults	13	10	1 manager is registered with the Nursing and Midwifery Council (NMC).	30 November 2009	5 years
Managers of adult day care services	6	4		30 November 2009	5 years
Managers of day care of children services	104	19	Remaining managers are Head Teachers who are registered with the General Teaching Council Scotland.	30 November 2010	5 years
Practitioners in day care of children	673	903	Registered numbers include supply workers.	30 September 2011	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Supervisors in a care home service for adults	57	58	Registered numbers include supply workers	30 March 2012	5 years
Support workers in day care of children services	125	175	Registered numbers include supply workers	30 June 2014	5 years
Practitioners in care homes for adults	213	171	Discrepancy in registered numbers is due to 29 current vacancies and newly recruited	29 March 2013	5 years
Support workers in care homes for adults	252	306	Registered numbers include supply workers	30 September 2015	5 years
Managers of housing support services	7	6	One manager in the process of registering	31 January 2014	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of a care at home service	3	8	One manager in the process of registering	31 January 2014	5 years
Managers of a Combined Service	15	6	Discrepancy in registered numbers is due to 5 managers registered with NMC; 1 manager registered with Health Care Professions Council; 2 managers on secondment and 1 manager in the process of registering	31 January 2014	5 years
Supervisors in housing support and/or care at home services	120	129		30 June 2017	5 years
Workers in housing support and/or care at home services	1329	11	Register opened in October 2017	30 September 2020	5 years

Appendix 4 – Levels of Inspection by the Care Inspectorate for Council Registered Care Services

The table below sets out the levels of inspection by the Care Inspectorate of the Council's registered care services during 2015/16.

Key to grades: 1 – Unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent

Services can be inspected on up to 4 quality themes. Frequency of inspection varies to take account of type of service and performance of a service. Grades indicated represent grades achieved during inspection of each type of registered service.

	Number of Services	Number of Inspections	Grades 1 and 2	Grade 3	Grades 4 and 5	Grade 6
Communities and Families						
Adoption	1	1			1	
Care Homes (children and young people)	8	8	1	2	5	
Day care of children (early years)	103	102		1	96	5
Fostering	1	1			1	
Secure Accommodation	1	1			1	
Care at Home	1					
Health and Social Care						
Adult Placements	2	2	1		1	
Care Homes (adults)	13	11	2		9	
Housing Support	7	4			4	
Offender Accommodation	1	1			1	
Support Services (Day Care)	7	6			6	
Care at Home	13			1	12	

Adult services, graded 2 and 3 will trigger a referral to the relevant multi-agency quality assurance meeting (care homes, home care or housing support) for scrutiny. Other triggers for referral are:

- a pattern of upheld complaints
- a single serious upheld complaint, e.g. adult protection
- a large-scale inquiry

The multi-agency quality assurance meetings share information on poor performing services, discuss and implement appropriate action, and monitor progress on improvements. The meetings make recommendations to suspend referrals to services until satisfactory improvements are made, and/or to terminate Council contracts. The decision on suspension and re-instatement is made by the CSWO.

Children's services graded 2 or 3, are similarly discussed at management meetings for Looked After and Accommodated Children, to consider required action on addressing issues.

