

EAST RENFREWSHIRE COUNCIL

16 December 2015

Report by Chief Social Work Officer

Chief Social Work Officer Annual Report 2014/15

PURPOSE OF REPORT

1. This report presents to members the Chief Social Work Officer's Annual Report for 2014/2015. The report is attached at Appendix 1. It is presented in the format from to comply with the template issued in 2014 by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity. The Chief Social Work Adviser uses this information to produce a national report.

RECOMMENDATIONS

2. The Council is asked to comment on and note the content of the Chief Social Work Officer Annual Report attached as Appendix 1.

BACKGROUND

3. Each year, the Chief Social Work Officer is required to produce an annual report. To ensure consistency across Scotland, the Office of the Chief Social Work Adviser to the Scottish Government developed a template for these reports in 2014. The intention was to allow succinct and consistent presentation of information on how social work services are being delivered, what is working well, what needs to be improved and why, and how local authorities, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for local authorities.

4. The report provides a brief narrative on the local authority to set the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:

- Finance
- Performance
- Statutory functions
- Continuous improvement, including complaints
- planning for change
- User and carer empowerment
- Workforce planning and development; and
- Key challenges for 2015/16.

5. Performance data on some of the key social work indicators are set out throughout the report and reflects the operational delivery of services into the main key groups, childrens services, criminal justice and community care. The report also acts as the required annual report to elected members on the operation of the statutory social work.

FINANCE AND EFFICIENCY

6. There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering within the constraint of financial austerity.

CONSULTATION

7. None

PARTNERSHIP WORKING

8. The Chief Social Work Officer role is key in a number of partnership arrangements including the Community Health and Care Partnership, North Strathclyde Community Justice Authority, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the voluntary sector.

IMPLICATIONS OF THE PROPOSALS

9. There is no direct equalities impact arising from this report.

CONCLUSIONS

10. The report provides an overview of the areas of work in which social work is engaged together with the particular responsibilities held by the CSWO across the delivery spectrum.

11. There continues to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including:

- The continuing challenging financial climate for all public services
- The increasing expectations and demands from the public and stakeholders
- The increasing cost of supporting vulnerable people within the area
- The significant changes in the welfare system which are affecting the most vulnerable in our communities and the increase child poverty in the area
- The management of increased service demand with at a time of diminishing resources.

12. 2014/15 was challenging for CHCP, and council in delivering social work services that remain high quality, responsive and provide value for public money against a background of budgetary constraint. Despite these very real difficulties there were key successes and this has been outlined within the annual report.

13. The landscape for all public service will continue to change over the coming years and, in particular, social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community.

14. At the heart of all social work profession lays a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

RECOMMENDATIONS

15. The Council is asked to comment on and note the contents of the report.

REPORT AUTHOR

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December 2015

HSCP Chief Officer: Julie Murray

Convenor: Councillor Alan Lafferty

BACKGROUND PAPERS

Chief Social Work Officer Annual Report 2013-14

KEY WORDS

A report presenting an overview of the Chief Social Work Officer role in 2014-15

CSWO, adoption, fostering, protection, guardianship, statutory, MAPPA, SCSWIS, governance, social work.



EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2014-15

1. INTRODUCTION

Welcome to the Chief Social Work Officer Annual Report for 2014/15. This report intends to provide an overview of social work service activity, performance and key achievements during the period. It will provide information on the statutory responsibilities of the Chief Social Work Officer on behalf of East Renfrewshire Council and highlight some of the key achievements and challenges for social work in the forthcoming year. This report is not intended to be exhaustive and in the main summarises the activity relating to social work. The structure of the report follows the template produced by Scottish Government and Social Work Scotland.

The report relates to the first year in post of the Chief Social Work Officer who was appointed on 31 March 2014.

For the purposes of the timescale of the report the organisation will be referred to as East Renfrewshire CHCP. On 19th August 2015, it became an Health and Social Care Partnership (HSCP).

Role of the Chief Social Work Officer

In Scotland, each local authority is required to appoint a professionally qualified Chief Social Work Officer, Section 3 of the Social Work (Scotland) Act 1968. Their role is to provide professional guidance, leadership and accountability for the delivery of social work and social care services to the local authority; both elected members and officers, in relation to the local authority's statutory duties. This applies regardless of whether these are provided by the local authority or purchased from the voluntary or private sector, and irrespective of which Council department has the lead role in providing or procuring them.

There are also a number of duties and decisions that impact on individual's freedom/liberty and the protection of both individuals and the public. Within statutory legislation, this must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable. The Chief Social Work Officer also has a key role to play in overall performance improvement and the identification and management of corporate risk in relation to social work services.

Local Authority

East Renfrewshire is located to the south of the City of Glasgow, to the East of Renfrewshire, to the West of South Lanarkshire, and to the North of East Ayrshire. East Renfrewshire covers an area of approximately 67 square miles (174 square kilometres). Approximately two thirds of East Renfrewshire is rural farm land, encompassing the villages of Neilston, Uplawmoor, Waterfoot and Eaglesham, whilst the remaining area is made up of the mainly suburban residential areas of Thornliebank, Giffnock, Clarkston, Newton Mearns and the town of Barrhead.



The population is dynamic and changing. Since 2001, East Renfrewshire has seen population growth of 1.4% to 90,574 in 2011¹ and is due to grow by 5.4% to 95,482 by 2025. 73% live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 27% live in the Lavern Valley (Barrhead, Neilston and Uplawmoor). East Renfrewshire has the largest number of people moving to the area from elsewhere in Scotland. 86% of those moving to East Renfrewshire moved from other Council areas in Scotland, with 11% from elsewhere in the UK and 3% from overseas.

Our strategic plan has identified a number of trends in East Renfrewshire that are important for planning and delivering social care services.

East Renfrewshire has an **ageing population** with increasing life expectancy. The most marked population increase will be in our 80-84 and over 85 age groups. Our oldest residents are most likely to experience increased ill-health and disability, coupled with issues around mental health and isolation; more often than not their children no longer live in the area and are more reliant on non familial supports. As a result of this, they are the greatest users of health and social care services. Many of our older people have more than one long condition sometimes referred to as 'multi-morbidity'.

East Renfrewshire is one of the most **ethnically and culturally diverse areas in Scotland**, with growing numbers of people from different ethnic minorities.

Median weekly earnings in East Renfrewshire continue to increase and are currently 27% above the Scottish average

Whilst East Renfrewshire is seen as an affluent area, in small pockets of our community, we have high levels of **deprivation** with around 8% of the population is classified as income deprived. People in our more deprived communities experience significant health inequalities both in terms of poor health and shorter life expectancy than people in our more affluent areas. As a consequence of these inequalities we have prioritised prevention in early years.

Numbers of children and young people fell by 6.9% over the past decade although the area still retains the highest proportion of 10-14 year olds in Scotland and the second highest proportion of 0-

15 year olds⁴. In contrast to this, the population of **vulnerable children** is increasing. Over the past ten years our looked after children has risen from around 90 and is currently at 230. In response to this, in the last year we embarked on a local recruitment campaign for foster carers and have seen a marked increase in kinship carers. Demand will continue for targeted intervention for this group of children therefore one of our key priorities in the forthcoming year 2015-16 will require to redesign services to increase internal workforce capacity and improve outcomes for this vulnerable group.

East Renfrewshire has a strong reputation in educational attainment, 95% of 2014 school leavers went into positive destinations, compared to an average 90% across Scotland as a whole. The area has the highest proportion of school leavers entering higher education (60%) and the lowest proportion entering employment (16.5%). The number of children with **additional support needs** in education is increasing and has risen steadily.

It is estimated that around one-third of people will have **caring responsibilities** at some point in their lives. There are an estimated unpaid 9,000 carers in East Renfrewshire at present. Overall the amount of unpaid care provided in East Renfrewshire is one per cent higher than the national average.

2. PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

East Renfrewshire has twenty elected members. Following the local government elections of May 2012, the political make-up of the Council is as follows: 8 Labour, 6 Conservative, 4 Scottish National Party and 2 Independent members.

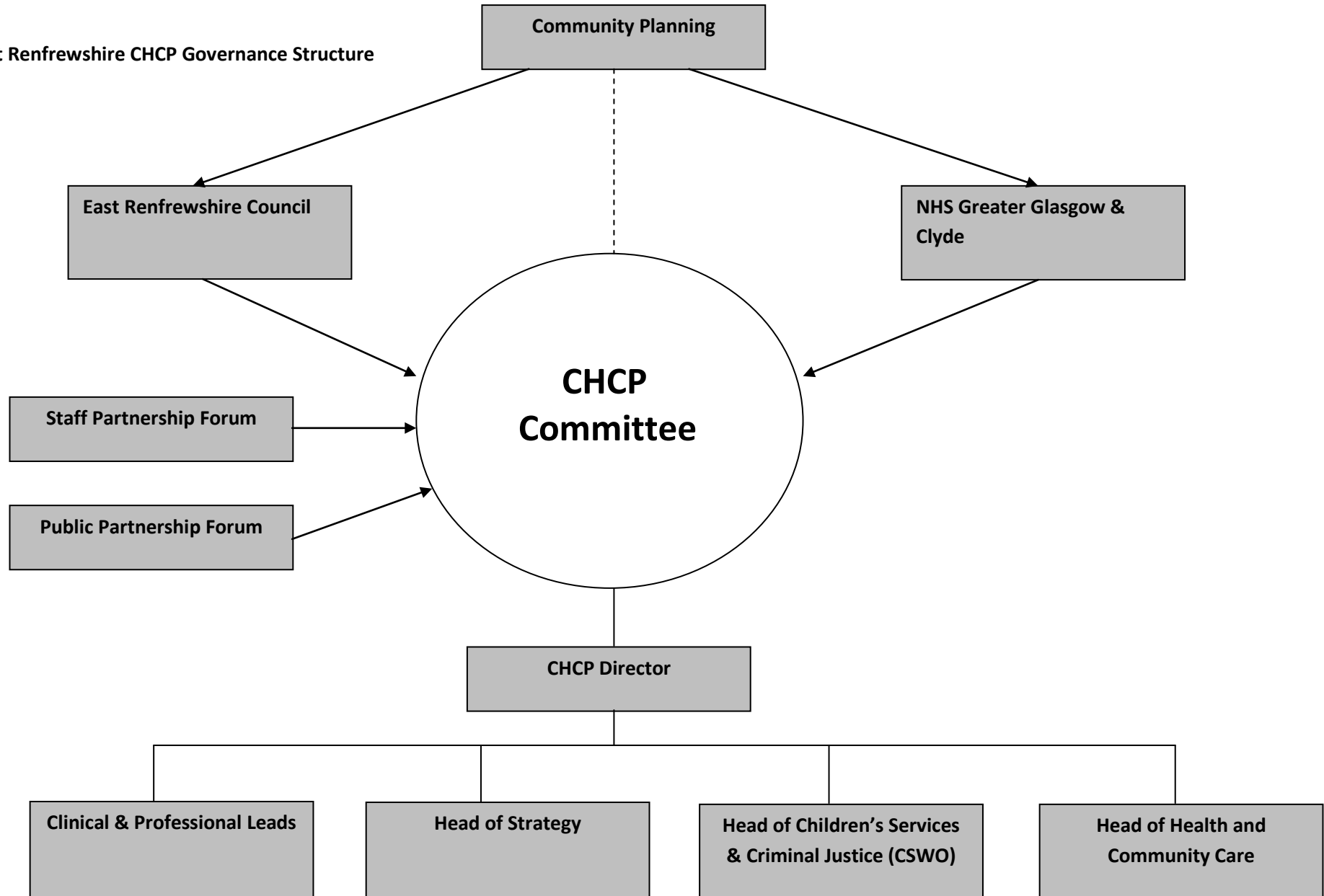
There is no overall political control of the Council and it is formed by a coalition, comprising the Labour and SNP groups and 1 Independent member. The Council operates a Cabinet system comprising seven Elected Members. In addition to the Cabinet, the committees with significant responsibility for decision making include the Community Health and Care Partnership Committee, Education Committee, Planning Applications Committee, Licensing Committee and Audit Committee.

The Convener for Social Work and Health is the elected member with responsibility for Community Care, Children and Families' Services, Criminal Justice and Health Improvement. The Convener, CHCP Director and the Chief Social Work Officer all sit on the CHCP Committee. The Convener Chairs the CHCP Committee.

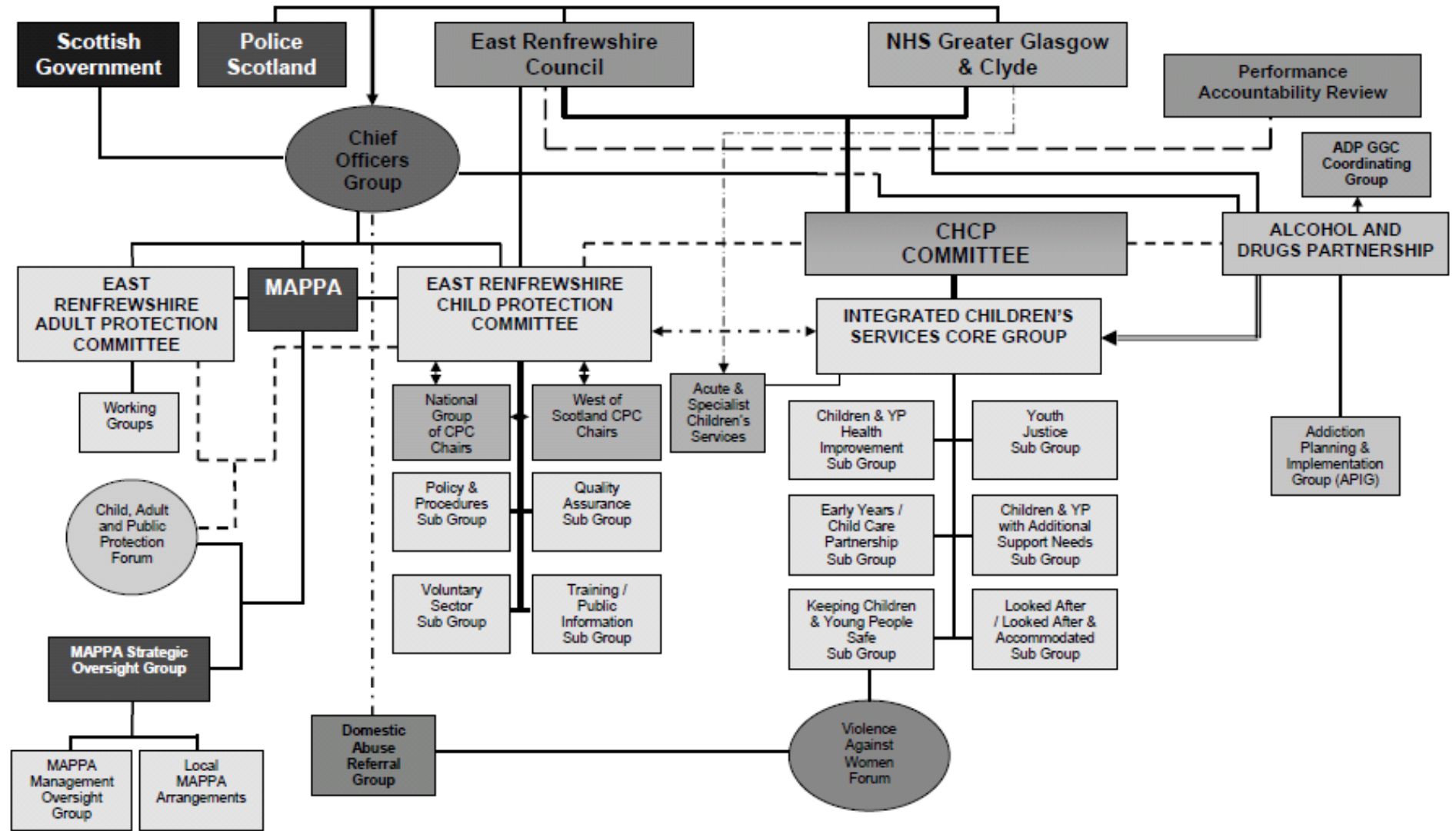
Within the CHCP, the Chief Social Work Officer reports directly to the CHCP Director, now Chief Officer, but with a line of accountability to the Council Chief Executive in relation to her function. The Chief Social Work Officer supports the Chief Executive in her role as Chair of the Chief Officers Group and supports the Council in respect to the duties of the Social Work (Scotland) Act 1968 and subsequent relevant legislation.

As a member of the Directorate Management Team, the Chief Social Work Officer has involvement in financial/budgetary decisions that relate to the setting of the overall social service budget and where there are pressures on the delivery of operational services and will provide the professional guidance, governance and scrutiny to ensure risks for the profession and local authority are managed.

East Renfrewshire CHCP Governance Structure



Public Protection in East Renfrewshire 2014



In April 2014, the Public Bodies Joint Working Scotland Act received Royal Assent. This Act sets out the legislative framework for integrating health and social care, which is intended to support improvement of the quality and consistency of health and social care services in Scotland. East Renfrewshire Council and NHS Greater Glasgow and Argyll & Clyde took the decision to create a fully integrated community health and social care partnership in 2005. East Renfrewshire Community Health and Care Partnership (CHCP) formally came into operation in 2006 and has a long track record of successful health and social care integration. Over time partnership working has extended, with robust and successful partnerships in place with the third and independent sectors

In order to meet the different requirements of the Public Bodies Act and policy memorandum, the CHCP and its partners developed a joint transitional/organisational development plan for 2014-2015 and finalised the Integration Scheme for the new Integration Joint Board.

The partner authorities agreed that the CHCP Committee take on the additional role of the shadow Integration Joint Board for 2014/15, operating with the current membership and under existing standing orders, to facilitate a smooth transition to the new integrated arrangements. Regular seminars were held with Committee, wider partners and Public Partnership Forum members to discuss the Public Bodies (Joint Working) (Scotland) Act and its implications. In these seminars members have discussed the values and aspects of the successful CHCP partnership that they wish to see continued into the new partnership arrangements.

The whole of the local authority social work service has been managed within the CHCP. This includes (adult, children and criminal justice) as well as the majority of community health services. It was agreed that this should continue into the new partnership arrangements.

The CHCP, now HSCP at time of writing, has an integrated management structure with Heads of Service and Service Managers having line management responsibility for both health and social work staff.

The Care Governance Committee is a sub-committee of the CHCP and current HSCP, established to promote the development of Clinical and Care Governance within East Renfrewshire CHCP. The committee ensures that arrangements are in place to promote improvement in the quality of care services for East Renfrewshire residents. The Care Governance Sub-Committee under the auspices of the CHCP has elected member and NHS non-executive board membership along with senior integrated management and health and care professional representation, including GP, Clinical Director, Nurse Adviser and Chief Social Work Officer and two members from the Public Partnership Forum. There are strong linkages to critical care and quality areas – Clinical Governance Forum, Adult Support and Protection Committee, Child Protection Committee, Multi-Agency Public Protection Arrangements. Progress against the Care Governance work plan is reported regularly to Sub-Committee and disseminated wider within the Partnership via a Care Governance Newsletter. The work of the Care Governance sub-committee includes oversight of audits to assure the quality of services and considers learning and improvement for the organisation from a wide range of sources. The work of the care governance committee is currently being reviewed to ensure that it fits with the responsibilities of the Integrated Joint Board. The refreshed Care Governance Committee will provide quality assurance to the IJB concerning directly delivered health and social work services.

The role of the Chief Social Work Officer has been reflected in the development of the Integration Scheme for the new Integration Joint Board. It recognises that the Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirmed that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer is also expected to provide an annual

report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate.

2014/15 has seen significant developments in governance in response to the new legislative requirements. The advantage in East Renfrewshire is that there is almost a decade of partnership and integration on which to build. Throughout this process the unique role and responsibilities of the Chief Social Work Officer have been acknowledged and respected.

3. IMPACT ON LEGISLATIVE CHANGE

The key areas of legislative change, all of which have had significant implications for social work services in East Renfrewshire are:

- Self Directed Support Act (2013)
- Public Bodies (Joint Working) (Scotland) Act (2014)
- Children's and Young People Act (2014)
- Community Justice Review

All of these will be referenced throughout the report.

4. DEVELOPMENT AND PERFORMANCE OF KEY STATUTORY RESPONSIBILITIES, INCLUDING PLANNING FOR CHANGE

Children Services

In July 2014, the Care Inspectorate Joint Inspection of services for Children and Young People in the East Renfrewshire Community Planning Partnership was published. Following a strong tradition of performing well in inspections of services in this area, East Renfrewshire was evaluated as exceptional and sector leading. Staff and service provision across children's workforce demonstrated their commitment to improving the lives of children and their families within the universal, specialist and targeted service settings and this work is supported by dedicated leadership at all levels, as well as a strong children's planning partnership driving integrated working.

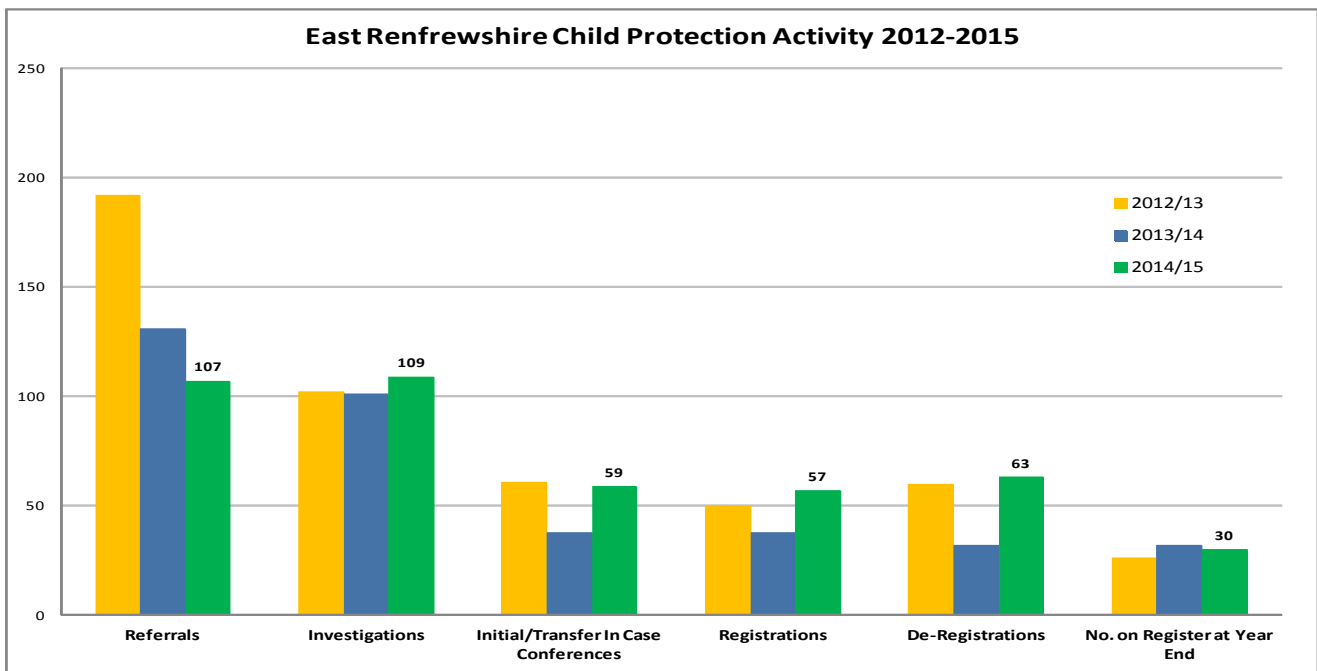
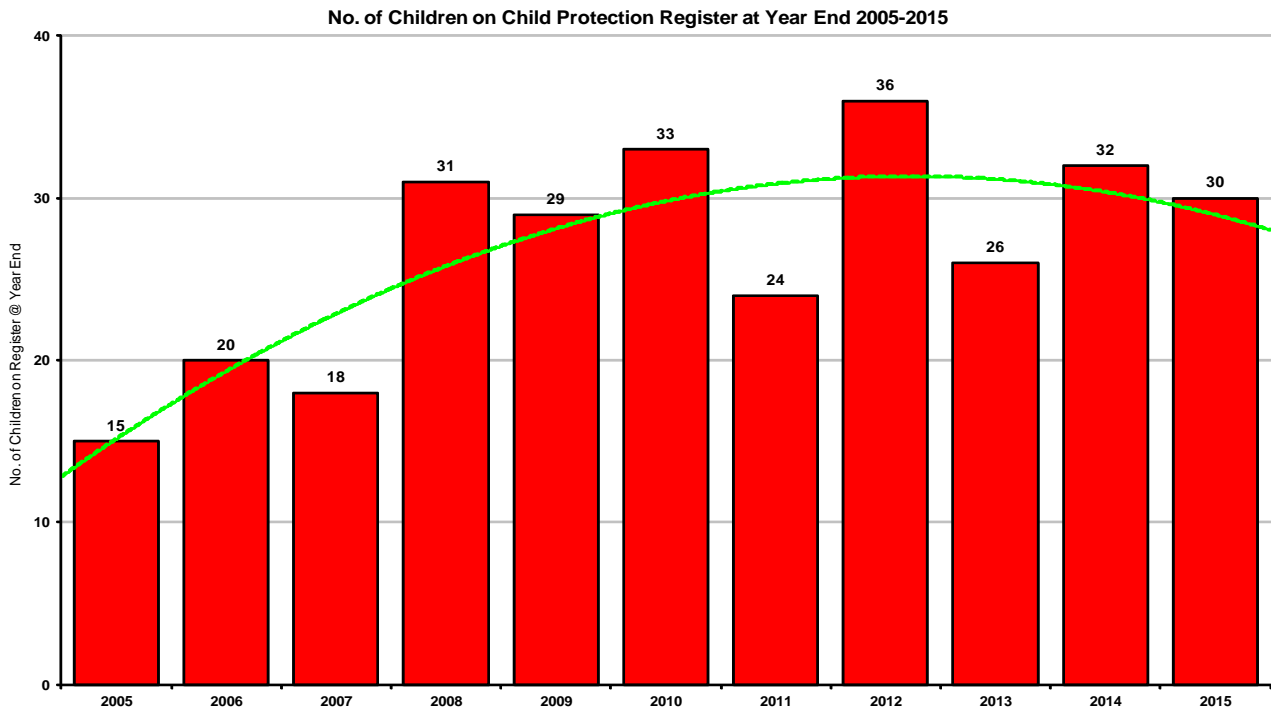
The evaluation is as follows:

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| • Providing help and support at an early stage | Very good |
| • Impact on children and young people | Very good |
| • Impact on families | Excellent |
| • Assessing and responding to risks and needs | Good |
| • Planning for individual children | Good |
| • Planning and improving services | Excellent |
| • Participation of children, young people, families and other stakeholders | Very good |
| • Leadership of improvement and change | Excellent |
| • Improving the wellbeing of children and young people | Very good |

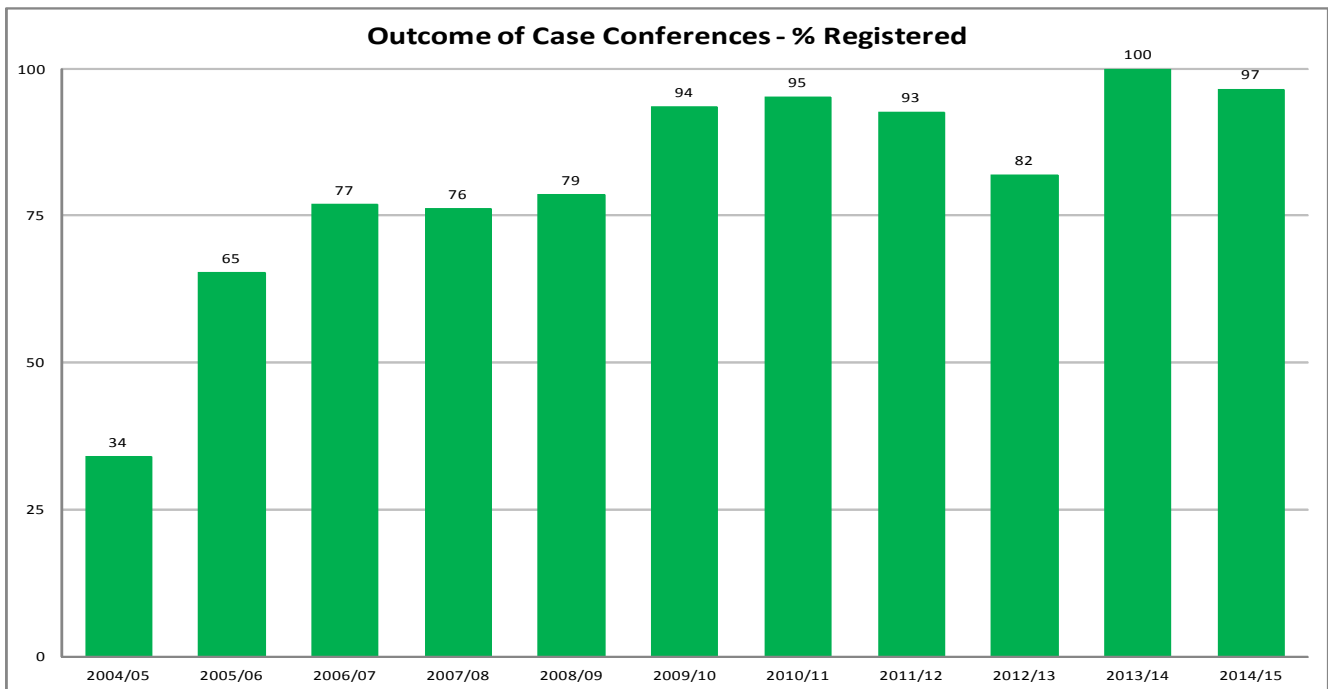
Child Protection

There has been a continuing reduction in child protection referrals in 2014/15 down to 107 children. The number of child protection investigations is comparable with previous periods with 109 this year and 101 last year. There were 30 children on the Register at 31st July 2015 as illustrated below, throughout the year there were 93 registrations involving 88 children. In 97% of Case Conferences,

the outcome for the child was registration. The average time spent on the Register for those children de-registered was between eight and nine months this year.



100% of children/young people subject to registration at the time of the initial case conference have wellbeing plans in place (SHANARRI). This measure is key to providing assurance concerning the impact of GIRFEC on systems, culture and practice.



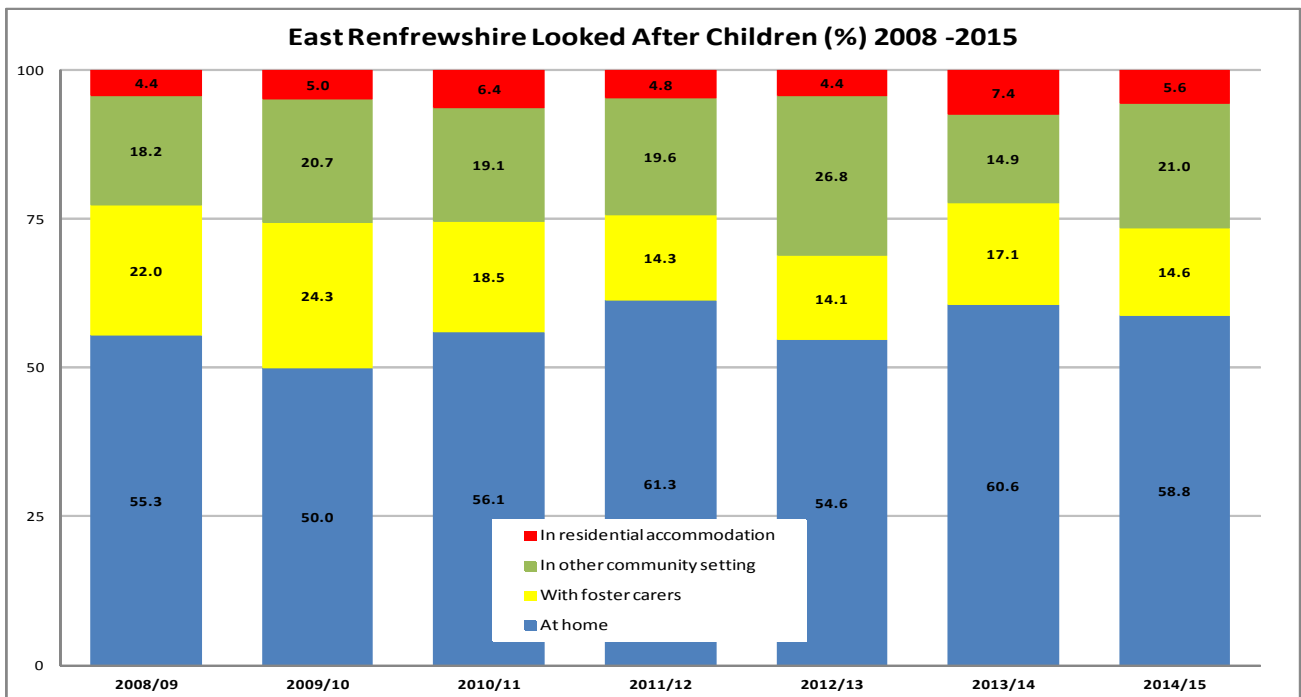
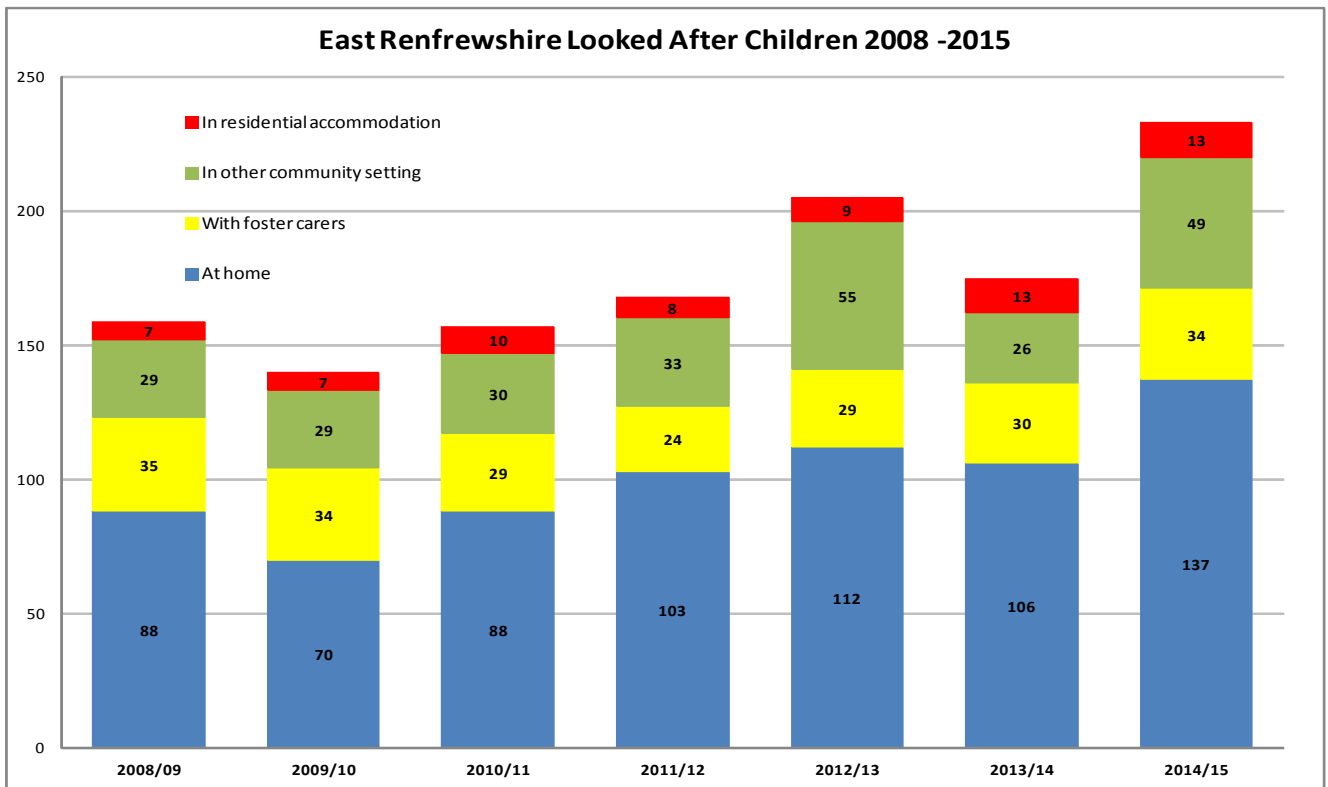
Children affected by domestic abuse incidents have doubled in the last ten years from 230 in 2003 to approximately 560 this year. East Renfrewshire activity in some ways reflect the emerging national picture and may be attributed to the national spotlight on domestic violence and the improvement of reporting as a consequence of victim confidence. During 14/15, the arrangements for interagency working on domestic abuse between Police Scotland, CHCP and partner agencies have been revised in line with the Police hub model and new information systems for managing responses to vulnerable people have been developed. The DARG specifically looks at the impact for children and over a six month period 57% of all children and young people received an intervention by a partner agency that would have improved their well being. The data supporting this area of activity will be developed over the forthcoming year to provide further measures concerning affect and impact.

Looked After Children

The number of children *looked after* has risen from 205 in 2012/13 to 233 in 2014/15. We have continued to reduce the proportion of children who are looked after away from home who experience three or more placement moves. On this we score 95% and we rank first in Scotland where the average across all areas is 91%.

74% of our looked after children are within either at home or in kinship and over the last year we have increased the latter placements by 88% which means that children and young people remain in their own communities, attending their schools and remaining with or being close to family or friends. Whilst the use of foster care has increased by 13%, children were placed through additional capacity being identified through our in-house service.

In 2013/14, there were 3 young people, all young males, who were subject to a Compulsory Supervision Order with secure requirement through the Children's Hearing. In 2014/15, this changed to only one young person being held in secure and reflected the partnership working between services and the third sector around the development of more anticipatory interventions that keep young people supported in their own communities.



GIRFEC

The Children's and Young People Act (2014) enshrines Getting It Right For Every Child (GIRFEC) in legislation and within East Renfrewshire, the Getting It Right For Every Child Leadership Group has already begun the process of change concerning systems, practice and culture to future proof the impact of the guidance that will support the implementation of the Act.

Continued progress is being made implementing GIRFEC across early years services and this work is supported by the Healthy Child Programme, a universal pathway that supports the 28-30 months assessment. At NHS Greater Glasgow and Clyde level, a National Practice Model has been developed for health visitors which is based on SHANARRI indicators and this has now begun to be rolled out in a phased way.

The Child's Plan was implemented in January 2014 and was a key feature of The Care Inspectorate's inspection of Children Services. Over the last year the GIRFEC Implementation Group further developed local practice guidance for the named person, although this may require to be amended subject to the finalised National Practice guidance.

In November 2014, to ensure our pathways were consistent with the implementation of the legislative requirement on the named person in August 2016, we set up our Request for Assistance Team to improve service delivery at the first point of contact. The objectives were to:

- Improve pathways to allow for effective and proportionate earlier intervention.
- Refresh data collection linked to GIRFEC to inform service re-design.
- Skill-up Senior Practitioners to make decisions - increase their knowledge and partnerships with the third sector.
- Continue to provide a quality Child Protection back-up system and continue to improve our practice around investigations ensuring timescales are adhered to.
- Map business regarding requests pre-birth to 8 and link with the family navigators as part of the early years collaborative
- Analyse our business and amend/adjust our project management plan/process to better meet the needs of children and families.
- Link with key partners in third sector mainly Enable, Partners in Advocacy, Woman's Aid and the Carers Centre to sign post families to appropriate Community Resources promoting inclusion.
- Deal with requests promptly on the day of enquiry.
- Ensure the public and families receive a thorough and prompt response and that they are given excellent information and guidance regarding a range of issues from children's wellbeing to child care concerns.
- Ensure team members contribute effectively to developing a quality service and participate in the evaluation and development of the team.

The outputs from the data collected and analysed show that we are improving outcomes for children and their families by ensuring a more consistent and prompt response to well being concerns. The analysis has also given us the opportunity to strengthen our pathways for those identified as requiring targeted intervention and the learning has been integrated into partnership implementation, governance and scrutiny arrangements. It has reassured us that existing good multi-agency working continue; demonstrated that particularly our colleagues in education pick up well being concerns early and take forward their responsibilities as a named person.

Awareness raising for all agencies concerning the impact of continuing care and aftercare for young people has been a key feature and there is currently work ongoing to consider how best we redesign services to ensure that the principles of the Children and Young People Act are reflected in all of our services. In 2015-16 Children Services will be redesigned to further imbed integration within the service and will reflect the statutory duties placed on all agencies particularly health as the named person.

Fostering Campaign

One of our key areas of improvement activity has been to increase our in house fostering service by 50%. This is in light of one of two recommendations made by the Care Inspectorate.

Whilst the children services inspection evidenced the good educational outcomes for looked after children who continue to live within the authority, there was an action to improve educational outcomes for our children who were living in out of authority placements. To achieve this action, we designed a media campaign with our communication team within the council to recruit local foster carers and at the end of March 2015 we launched it. To date, the campaign has generated incredible results with more enquiries than we have ever had. We have seen a 525% increase than in previous years and we expect to recruit between 4/6 new carers by the spring 2016. The success of the campaign has been due to excellent partnership working across a range of key agencies including our media, economic development, education and our housing colleagues. Additional funding was provided by council to remodel the service on a "spend to save" basis with the expectation that this is paid back over time as the balance of care will be provided by increased capacity within in-house services. The plan going forward is to target Barrhead, recruit more carers for teenagers, offer incentives through housing allocation and introduce Foster Care recruitment through employability networks and employability strategy.

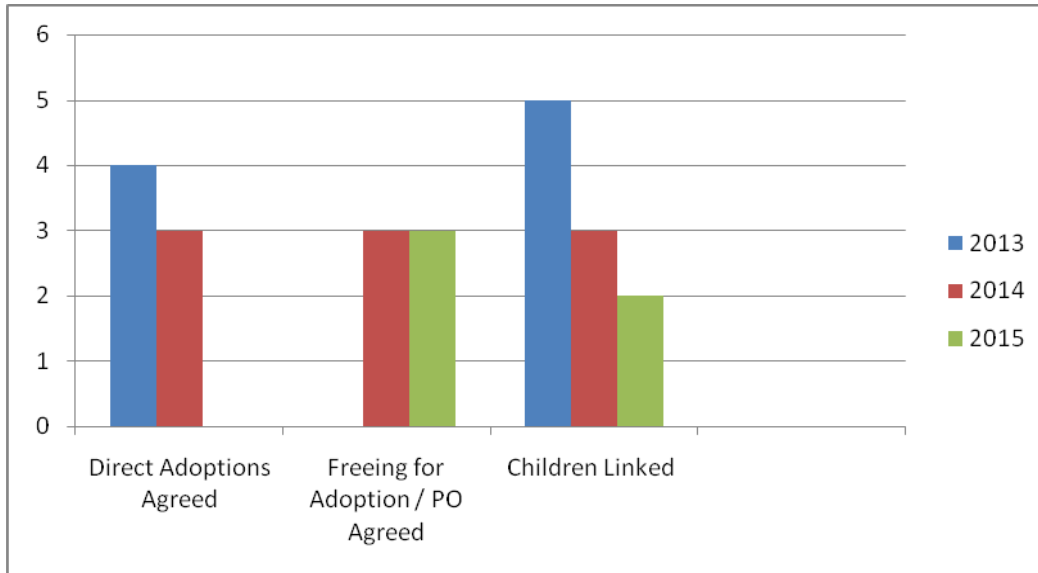
The Care Inspectorate Report for our fostering service in 2015 highlighted the work and impact of engaging with young people and foster carers in the campaign and as a consequence the work of the team has been acknowledged in the recent fostering and adoption inspection and as a consequence there has been an improvement in the grades.

	2014	2015
Quality Care & Support	Very Good	Very Good
Quality of Staffing	Very Good	Very Good
Quality of Management/ Leadership	Good	Very Good

Adoption and Family Placement

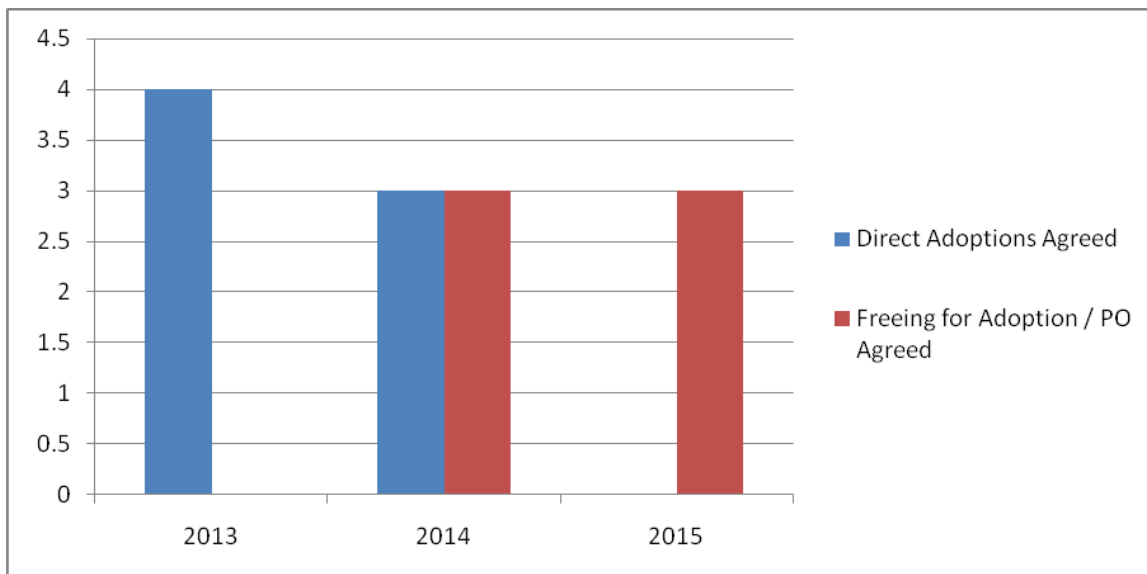
The tables below provide information on activity in this area:

Approved Assessment by Type of Resource 2012 - 2015



	2013	2014	2015
Approved Assessments	4	3	2
Adoption age 2+	3	1	1
Foster Care	1	1	0
Adoption 0-2 years	0	1	1

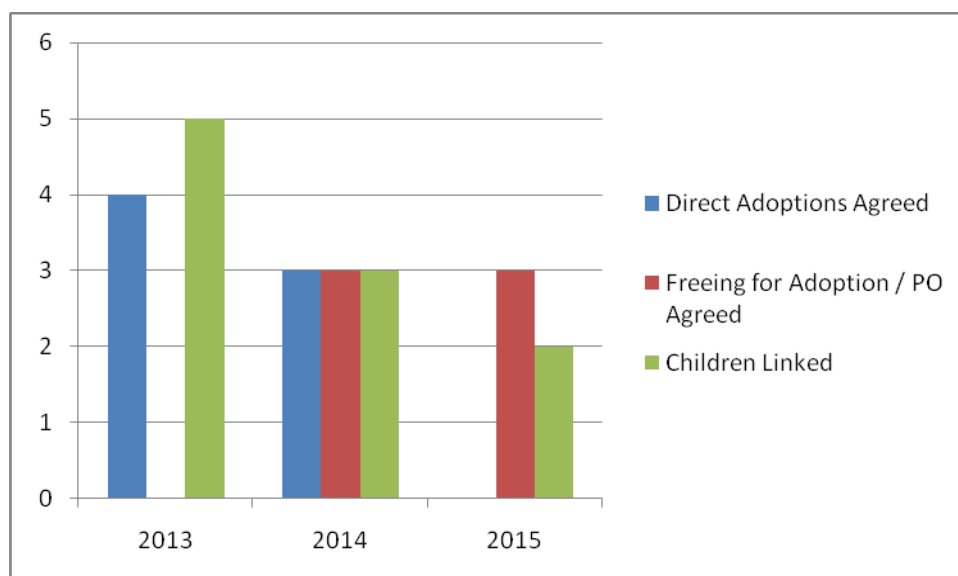
Permanent Plans Approved Through panel 2012 - 2015



	2013	2014	2015
PO/POA	3	1	3

Children Linked to Permanent Carers	3	2	1
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Type of Adoption Route 2012 - 2015



	2013	2014	2015
Direct Adoptions Agreed	4	3	0
PO/POA Agreed	0	3	3
Children Linked	5	3	2

As illustrated above, the numbers of approved plans continues to reflect the size of the authority. Significantly the number of resources for older age children remains scarce and there is a shortfall in resources for foster carers. As previously outlined, we have embarked on a social marketing campaign to recruit foster carers.

SDS Implementation

Assessment and planning in children's services differs from that in adult services. All activity is underpinned by Getting it Right for Every Child and the wellbeing indicators of Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. In testing Self Directed Support approaches in Children's Services, the aim is both to provide choice, control and improve outcome focused planning for children.

An initial test 'Taking the first steps' self-directed support programme for children, young people and families took place in East Renfrewshire during summer 2014. Families were offered a small budget to use in a way that was most useful to them and their son or daughter with additional support needs and were encouraged to consider how using the budget enables them to achieve the well being indicators. Families found that planning together with other families and their social workers was a good way to begin to think about what might be possible, to find out local information and even develop new friendships and connections

The second test built on the first test of providing flexible resource and planning by focusing on longer term planning underpinned by an agreed individual budget. A key outcome the CHCP wanted to achieve from the pilot was to involve families in the development of a fair and transparent method

of determining the Individual Budget. Families who had just approached the CHCP for support were invited to take part in the development work. Social workers and families worked along with an experienced planner talking about what made a good day and a bad day, what they would like to achieve and what would improve wellbeing for the child and the family as a whole. From this 'What Better Looks Like,' an assessment (CMAP) based on the wellbeing indicators was produced. In parallel with this, the CHCP looked at a model for determining individual budgets based on work in North Lanarkshire. This model is based on levels of need based around the wellbeing indicators. Families are now carrying out their support plans using their resource flexibly. Initial reports are that families feel more in control of their lives and are clear and focused on the outcomes they want to achieve for their children. This has been a key success for us in the last year. In 2015/16, we have identified 3 parent mentors who will support the training and help other families develop their plan for their child. This is a very positive example of co-production in action and the assistance of our local carers centre has been invaluable. With some small funding initiative, we are moving into a partnership arrangement with families and carers to further develop our planning model that we hope will improve long term outcomes for children with additional needs.

It is worth noting that we have benefited from the assistance of North Lanarkshire Council, Housing and Social Work Services and I wish to thank them for their support.

Criminal Justice

Criminal Justice Social Work Services

Overall, East Renfrewshire residents enjoy low levels of crime. Violence, disorder and anti-social behaviour has fallen significantly over 2013-2014 in East Renfrewshire. The figure for all serious crimes of violence over the last twelve months has shown a fall from 43 to 33 this year a drop of 23.3% this includes murder, attempted murder, serious assaults and robberies. Robberies fell by 41.7% from 12 to 7; there has been a 10% reduction in assaults across the authority area, which relates to 41 less victims. This follows on from a drop of 125 in 2012/13. Reported crime is lower than the national average although demand for criminal justice social work services has increased and the number of persistent young offenders is very small.

During 2014-15, courts included unpaid work and other activity requirements in 85 of 99 CPOs (86 of all new CPOs). A total of 9453 hours of unpaid work were completed during 2014-15 within a range of unpaid work projects and activities seven days per week. East Renfrewshire Criminal Justice Social Work Services employs one full time supervisor and five sessional supervisors, who have a range of skills and experience in landscaping, construction, decorating and health & safety.

Supervision requirements were included within 50% of orders, thus being the second most used requirement by courts and reflecting a 13% increase from 2013-14.

Conduct, compensation, alcohol treatment and programme requirements were used in 20 CPOs, up from 14 orders in 2013-14, largely reflected in increased use of conduct requirements.

Alcohol treatment requirements were met by referral and engagement with East Renfrewshire Community Addiction Team.

A number of other sex offenders sentenced to community based supervision during 2014-15 however, were provided with accredited intervention on an individual basis, as they did not meet the criteria for the group-work setting.

Whilst use of Community Service and Probation continues to be minimal, three probation orders (or equivalent) were transferred from English jurisdictions. Figure 3, below, compares disposals between 2014-15 and 2013-14:

Fig. 1 New CPOs, probation and Community Service orders 2013-14 and 2014-15

Disposal	2013-14	2014-15	Variation 2013-14 to 2014-15
Probation – Including English Orders	0	3	+3
Section 229	2	0	-2
CPO with supervision requirement	37	49	+12
Community Service	2	1	-1
CPO orders with unpaid work requirement	93	85	-8
Total orders with supervision	39	52	+13
Total orders with unpaid work	97	86	-11

Community Payback Orders (East Renfrewshire offenders) and requirements

Requirement	Total	Percentage of total requirements
Supervision	37	25.7
Unpaid work and other activity	93	64.6
Conduct	2	1.4
Programme	3	2
Drug Treatment	0	0
Alcohol Treatment	2	1.4
Mental Health Treatment	0	0
Compensation	7	4.9
Residence	0	0
TOTAL	144	100%

New cases with supervision requirements increased by 13, whilst those with unpaid work requirements reduced by 11 from 2013-14, representing a negligible overall change in workload within these categories of service delivery.

As CPOs are now fully established within social work services and are applicable to the vast majority of community-based disposals imposed by courts, rates of new probation and Community Service orders have again reduced considerably from the previous year. The table below provides a comparison between 2012-13 and 2013-14:

New CPOs, probation and Community Service orders 2012-13 and 2013-14

<i>Disposal</i>	<i>2013-14</i>	<i>2012-13</i>	<i>Variation 2012-13 to 2013-14</i>
Probation	0	0	0
Section 229	2	3	-1
CPO with supervision requirement	37	42	-5
Community Service	2	7	-5
CPO orders with unpaid work requirement	93	93	0
Total probation orders/section 229 orders/CPO with supervision requirement	39	45	-6
Total Community Service orders/section 229 orders/CPO with unpaid work requirement	95	103	-8

In regard to Criminal Justice Social Work Services, strong partnerships across the Community Health and Care Partnership have enabled a clearer understanding with partners about the requirements and expectations inherent within Community Payback Orders. Links with the Alcohol and Drug Partnership, Child and Adult Protection Committees have enabled multi-agency partners to consider their role in offender intervention.

Supporting other activity

Offenders have been supported with the 'other activity' component by various means, including referral, where appropriate to the Community Addiction Team. Established positive working relationships have ensured immediate access to services for offenders, as part of drug/alcohol treatment requirements or within 'other activity' where an additional drug or alcohol treatment requirement is not warranted.

Other activity has also benefited from partnership between East Renfrewshire and Renfrewshire Criminal Justice Social Work Services in the provision of groupwork services to women who offend. Furthermore, the SHINE women's mentoring service provided by SACRO has supported a small number of women with community integration following release from, or at high risk of, custody.

The Turnaround service, provided by Turning Point (Scotland) across the North Strathclyde Community Justice Authority area, includes staff (co-located with criminal justice staff in Paisley). They work on a group-work or individual basis to support offenders subject to 'other activity' and supervision requirements from East Renfrewshire to address matters such as anger management, drug awareness, alcohol and behaviour, thinking and offending, victim empathy, impulse control and exploring offending behaviour.

Partnership arrangements between criminal justice and Adult Learning services provide an innovative approach to support offenders with literacy/innumeracy and employability needs. The 'No Barriers' project provides educational input, explored employment and training opportunities (making CVs/ applications to college etc.) to improve outcomes for offenders subject to CPOs. Agencies supporting service delivery with No Barriers clients, including Economic Development Unit (WorkER), Voluntary Action and Skills Development Scotland, 14 new service users were referred to this project by the criminal justice team.

Outcomes from No Barriers were reported within reports to NSCJA and East Renfrewshire CHCP Committee as well as within staff development sessions. It is hoped that engagement with community planning partners as part of the transition to the new community justice model will include examination of resources (financial or otherwise) that could enable continuation of No Barriers that reflects both local demand and equal access to the service.

Community Justice

The national model for community justice has progressed over the past year – the Community Justice Bill was introduced to the Scottish Parliament in May 2015, which allows for Community Justice Authorities to be disestablished and new arrangements as follows:

- local strategic planning and service delivery as part of Community Planning Partnerships (CPPs)
- duties on a defined set of partners including local authorities, NHS and Police Scotland for local strategic planning/delivery, with accountability for planning and performance
- a national body ('Community Justice Scotland') to provide independent professional assurance to Ministers on the achievement of community justice outcomes alongside responsibility for national arrangements for commissioning, managing and evaluating services.

Work is ongoing with the CJA to support a number of national steering and working groups to develop a new national strategy and performance framework.

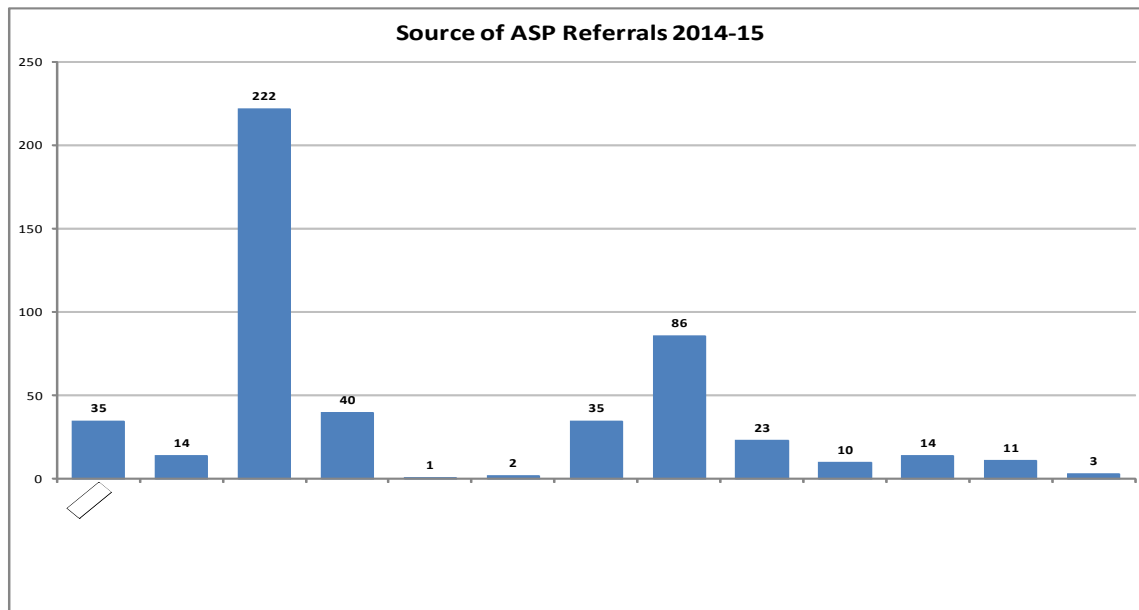
Locally, the implications for the Council are significant in particular a duty upon partners within community planning arrangements to develop a transition plan for 2016-17, after which a three year strategic plan for the local area will be required which reflects national outcomes to reduce offending.

Work is progressing in East Renfrewshire, by HSCP and Community Planning colleagues, to develop governance and operational models to support the transition to the new community justice arrangements. Managers from each service will participate in regional and national events to inform this process, supported by advice to the East Renfrewshire Chief Officers Group.

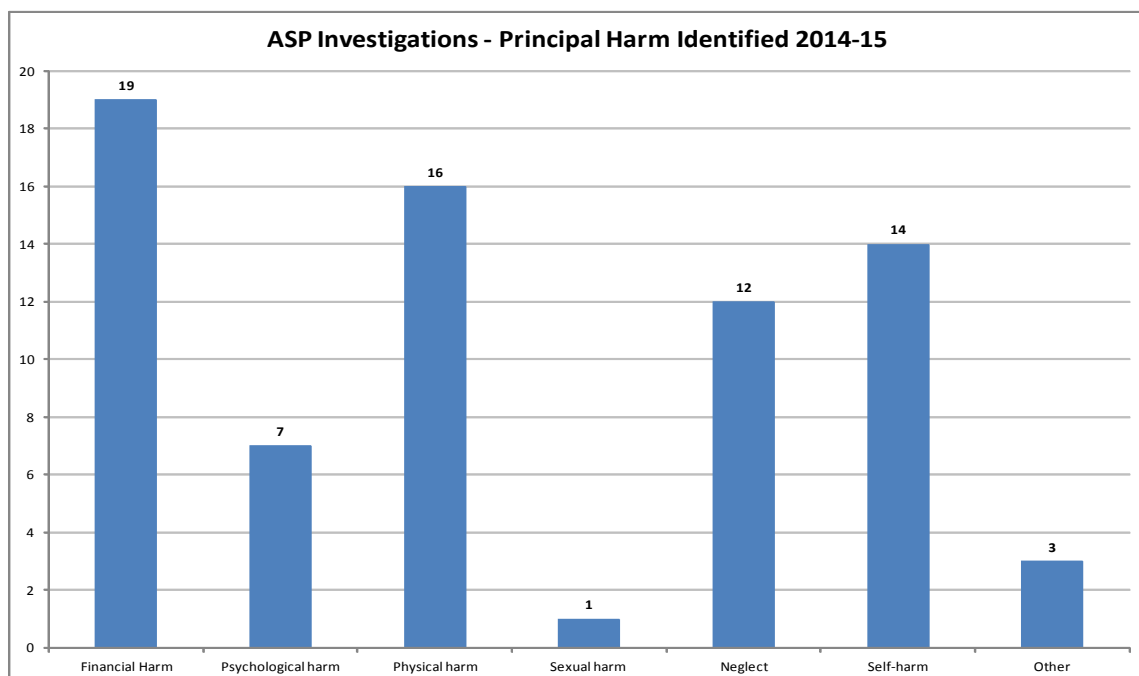
Work on revised financial arrangements has continued, with local authorities providing unit cost information on statutory criminal justice provision. The Scottish Government has also provided £50,000 per annum for three years to each local area to support the transition to the new national model. The work of the Reducing Reoffending Programme 2 will continue to develop a new model for funding to support statutory criminal justice functions and wider community justice responsibilities.

Adult and Older People (Reablement Service) Services

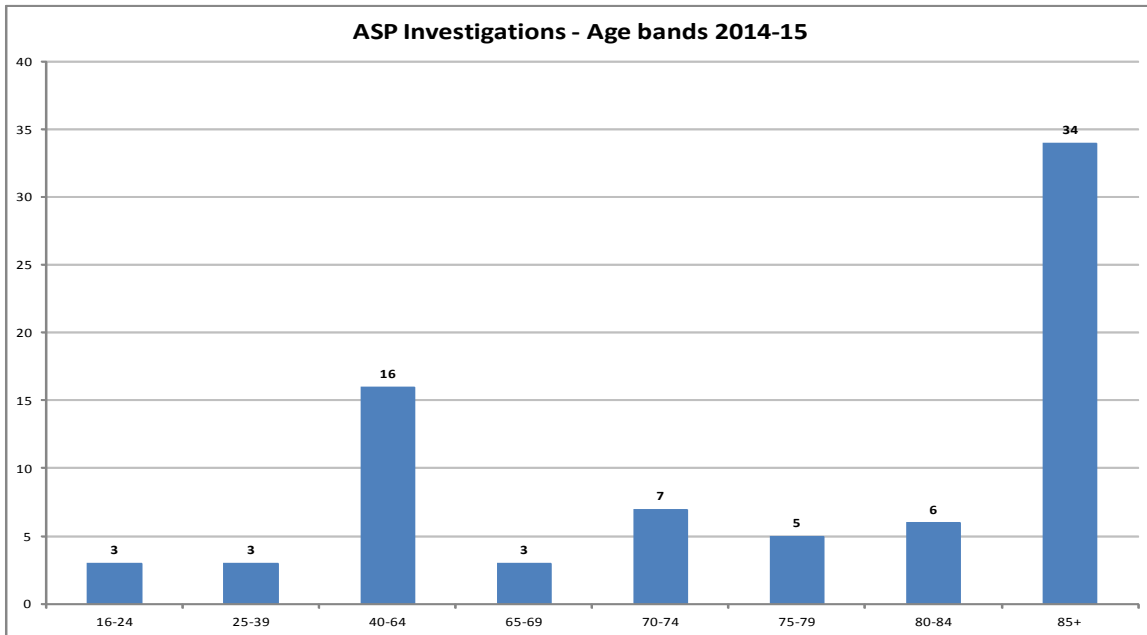
Adult Protection



During 2014-15, there were 496 ASP referrals, of these 72 resulted in ASP investigations. In addition there were two Large Scale Investigations during the year. 45% of all referrals came from the Police with the second highest refer being social work 17%. Fire and rescue provided over 10% of referral reinforcing the effectiveness of their fire safety visits in identifying potential harm.



Within East Renfrewshire, there were 72 investigations and financial harm constitutes 26% of the reason for progressing to investigation. This has been an area of significant activity for the APC and the partnership with local banks engaged in the financial harm agenda through the efforts of the council's preventative services and this has seen a huge rise in awareness raising and early identification of harm. Neglect, Physical and Self Harm at 58% still remain in combination the largest risk factor.



The over 85 population remain by most likely to be at risk.

Redesign of Learning Disability Supported Living Services

The East Renfrewshire CHCP has long recognised the benefits of working within a Public Social Partnership (PSP) model, and in doing so identified an opportunity to use this approach to review and redesign or Supported Living service for those with Learning Disabilities.

The Supporting Living PSP was initiated as a result of a number of important factors being identified. These included:

- The Self Directed Support agenda that promoted people having greater choice and control over the design and delivery of services they receive.
- The transition to a provider only model for Supported Living, moving away from the current mixed service provision which incorporates both provider delivery and the more traditional in-house delivery;
- The awareness that multiple differing models of care exist both locally and nationally. It was recognised that there was an opportunity to deliver an innovative approach to the future delivery of services – incorporating both national best practice and innovative, locally focused models of care which can benefit the people using the service the most;
- The recognition that demographic changes were impacting increasingly upon the services delivered;
- The growth in professionalism, quality service delivery and the increased role the Third Sector can, and is, playing in the delivery of Health and Social Care services.

The challenge for the CHCP therefore was to develop an approach that addressed these factors in an innovative and inclusive manner and ensure that future design and the delivery of services were fit for purpose and sustainable in the long term.

The following key principles were set out by CHCP and their PSP partners will be the guiding path throughout the lifetime of the partnership and are:

- **Efficiency:** The PSP project would establish baseline data that illustrated the current costs associated with Supported Living services and develop options for how services could be delivered in the future.;
- **Self-Directed:** The PSP project members would develop models that are self-directed and that are focused upon the personal outcomes that are detailed within each person's assessment/review;
- **Capacity Building:** The PSP Partners would be supported to understand how change would impact upon their operations locally through the agreed change process and would have to consider the risks for their business as the process evolves;
- **Relationships:** The PSP process would support partner organisations and the CHCP to build strong working relationships and would encourage a more collaborative approach to service design;
- **Internal Stakeholders:** The PSP would focus on the development of internal skills and capabilities in terms of outcome focused assessments; risk enablement within assessment and care planning; and resource management.

When the redesign started we had identified a total of 125 people who used Supported Living Services:

- 65 people have had their services redesigned;
- 24 individuals are currently undergoing the redesign journey;
- 36 people still have to commence the redesign journey.
- The redesign has resulted in an average reduction in support costs of 24% per person to date.

Mental Health

MENTAL HEALTH (CARE AND TREATMENT)(SCOTLAND)ACT 2003	
Section 36 - Emergency Detention	32
Section 44 - Short term Detention	49
Section 57 - Compulsory Treatment Order applications(CTO)	21
Section 84/95 - Extension/Variation reports for CTO's -	16
MENTALLY DISORDERED OFFENDERS	
Adults subject to Compulsion Order/Conditional Discharge/Assessment/Treatment order	26
ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000	
Local Authority (L. A.)	
Number of L. A. Welfare Guardianships in place (including new orders granted from April 2015)	27

Private Guardianship applications	
Adults currently subject to Private Welfare Guardianship Orders (including those granted after April 2015)	101
Number of Private Welfare Guardians subject to supervision (including those from April 2015)	169

Mental Health Improvement

Over the past year there has been considerable local activity in developing recovery approaches in mental health. We have established a medium-term programme - management plan to be completed by April 2017; the final phase of which will comprise a one year's Public Social Partnership (PSP). The programme management process has been supported by nine short-life working groups that underpin the key service areas.

Over the next three years through a comprehensive programme-management plan, we will develop Recovery Oriented Systems of Care (ROSC), Self-Directed Support (SDS), Community Referral/Social Prescribing and annually reviewed care-pathways. Care pathways are being strengthened through the development of community referral and a specific care-pathway from CAMHS to adult mental health services.

A multi-agency Adult Mental Health Service Improvement Steering Group is overseeing the development and implementation of the programme ensuring that it is in line with the policy direction set in 'Towards a Mental Flourishing Scotland'. We have established an inclusive process for service user and carer involvement in the improvement planning arrangements and have developed working brief for service user and carers groups. We also provided support in order to ensure that user and carer views were collated, analysed and presented with final recommendations to the steering group. Service users and carers are represented on the steering group to ensure transparency of process and co-production.

Substance Misuse

The impact of alcohol and/or drug-related harm extends across all communities and is associated with crime, anti-social behaviour, ill-health and premature death. In East Renfrewshire, the number of people discharged from hospital with an alcohol-related diagnosis has decreased from 512 in 2004 to 355 in 2014. The number of people with problem drug misuse increased from an estimated 543 in 2006 to 870 in 2009. Recent prevalence data has showed a slight reduction in problem drug prevalence to 850 in 2013 (aged 15-64). There have been 39 drug-related deaths over the last ten years locally. At 6.9 drug deaths per 100,000 in 2014, East Renfrewshire is significantly lower than the rate for Scotland at 11.6 drug deaths per 100,000. We have demonstrated a positive improvement in performance in relation to drug and alcohol prevalence in children and young people with a 13% reduction in the percentage of 15 year old pupils reporting illicit drugs use in the last year and 11% reduction in the percentage of 15 year old pupils reporting drinking on a weekly basis between the last two survey periods 2010 and 2013 (Scottish Schools Adolescent Lifestyle and Substance Use Survey).

Meeting waiting times targets is a key component to improving access to our services. This includes ensuring the barriers to accessing services are addressed. Locally, community addiction services have exceeded performance in relation to both Scotland and our benchmarking partners. We have continued to exceed local waiting times performance targets with 100% of individuals accessing recovery focussed treatment within three weeks. We have delivered continuous

improvement through service redesign to support the implementation of a Recovery Orientated System of Care (ROSC) and demonstrated positive improvement and increase in the number of people moving from treatment to recovery. The service redesign is now fully embedded and has resulted in better service integration and provision to ensure a comprehensive range of services, with a focus on quality of delivery and recovery, is available.

We continue to ensure young people are able to access alcohol and drugs services appropriate to their needs - prevention, harm reduction and treatment support is provided through a range of services to ensure a clear pathway and co-ordinated response for children and young people. The Youth Addiction Service is now aligned within the new Youth Intensive Support Service. This has increased the opportunity to implement a whole systems approach to service delivery, increasing partnership working and information sharing to better meet the needs of the young people as part of an early intervention approach.

Rehabilitation and Enablement services

For Adults and Older Peoples access to assessment and planning services is through an integrated cluster model located within the three main localities. These teams deliver all the non specialist community care functions and one of the key benefits for service users and families is that they are integrated and provide a single point of access and planning for all primary health and social care needs.

Demand is high and in next 12 months a further refinement of locality/cluster SPOA and Action team roles it over 2015-16 more work will be undertaken to identify more partnership working with the 3 rd sector to ensure earlier prevention so that people get the right supports at the times they need. This may include signposting to other services. For people that require more complex interventions, they will get the help they need at the time they need. This will include a strengthened approach to the opportunities provided through digital and assistive technology.

We recognise that within East Renfrewshire, our older population are our greatest assets.

Ongoing practice and service highlights

- The teams have, though earlier implementation of personal outcomes and Talking Points, developed a practice base that is more creative, solution focussed and person centred. This is well evidenced.
- Work is ongoing to disentangle current practice and guidance to ensure that it reflects the aspirations of the HSCP to deliver outcomes and not outputs hence the need for devolved decision-making by increasing professional autonomy within a framework of accountability is compelling. Earlier indicators around this work are that Team managers and their staff are skilled and enthusiastic about change and have the skill set and experience to develop this.
- My Life My Way- the SG SDS care home pilot- steering group includes RES managers and others within the service, and will help guide the shape of supports in the future, and provide a route map to a different type of relationship with and use of the private care home sector in East Renfrewshire.
- Pilot light- Aging Well with Self-directed Support in East Renfrewshire- being undertaken with IRISS, Scottish Care and Dementia Scotland with our staff , 3rd sector and other provider users and cares. This is funded for 2 years by Scottish Government.
- Safe and Supported(Delayed discharge SG funding to support the imminent 72hr discharge target)This is overseen by multi-professional steering group, with 4 work streams charged with enhancing and changing the processes and outputs needed to avoid admission to hospital where appropriate and the developing a more outcome focussed pathway that provides a safe and sustainable return home. This links to the projects above, and also embeds the digital and assistive living technology.

- Smart care /United for health- will be a significant and valuable resource for prevention and self care through use of technology, tele-health, website and web enabled support this will enable independence and personal control.
- Day Care Redesign- this is a key priority due to multiple morbidity issues which are higher than the national average in our older population within East Renfrewshire. The further development of day care and strengthening partnership opportunities are key to sustaining older people in their own homes.

The Bonnyton service is an Older Peoples Residential and Day Service and is part of the transformational programme to achieve budget savings and over 2014-15 there has been considerable activity to provide options as to the way forward that ensures that the residents continue to be cared for to a high standard. This will be a significant area of activity for 2015-16. The final decision will be made by the Integrated Joint Board in October 2015.

5. FINANCE

The 2014/15 Social Work revenue budget of £43.676 million included approved savings of £1.412 million and ended the financial year with an under spend of £0.160m being 0.24% of the budget.

Within the revenue budget there were significant issues and pressures for some services:

Older Peoples ended the year with an overspend of £0.122m which is 0.6% of the £21.338 million budget, primarily due to increasing numbers of homecare and, to a lesser degree, nursing and residential care clients, reflecting the national trend. Additional pressure funding of £0.317 million has been included in the 2015/16 budget to address this pressure.

Learning Disability ended the year with an under spend of £0.171million which is 2.5% of the £6.8 million budget due to the cost of client care packages.

Children & Families under spent by £0.077 million which is 1% of the £7.738 million budget mainly due to the non filling of vacant posts. In addition to this there was a significant under spend of £ 0.297 million within purchased placements including foster care allowances. Included within 2014/15 were payments totalling £0.601m in respect of the Auchenbach Early Years Centre.

Over this year the CHCP had to identify 1.42m social work savings. This is year one of a three year budget cycle, with a further 1.2m target for 2015-16. In 2016-17, 1.8m is indicative as figures dependent on budget settlement. The savings to date have been achieved through a transformation programme including redesign of services, commissioning activity, modernising processes.

In the forthcoming year, the challenge by the European Human Rights Commission concerning equivalence of payments for fostering and kinship allowances will be a significant risk for the local authority. Financial modelling as to the risk and the impact for the local authority is currently being progressed.

There are ongoing significant demographic pressures for young people with disabilities, as well as our older people. The above pressures have all been highlighted to the council as possible risks.

6. STATUTORY FUNCTIONS

Key achievements and areas of strength

- Our Early Years work in general and some strong examples of improvement and community engagement;
- the implementation of Getting it Right for Every Child (GIRFEC) and the improvement in measures for the most vulnerable children and young people;
- Improvements in the grades of our Fostering service.
- Development of a single point of access for childrens services and the move to a fully integrated management structure.
- Fostering campaign
- Self Directed Support (SDS) and the increasing number of people exercising choice and control over their support; including the implementation of a childrens RAS.
- the consistent delivery of positive outcomes on our Talking Points - Personal Outcomes measures;
- Reduction in delayed discharge bed days;
- the delivery and planning for roll-out of our successful home care re-ablement model;
- the work of our Alcohol and Drugs Partnership (ADP) - especially the recovery service and work with communities on hidden population and alcohol; with our action plan being commended by Scottish government as an example of
- continued delivery of high standard Criminal Justice services, and;
- Re-design and efficiency work within services including Rehabilitation and Enablement Services, child health services, dementia post-diagnostic support and public social partnership work.

Within the CHCP, there has been a rationalisation of a senior management post that reports directly to CSWO. This post previously had delegated responsibilities for CSWO providing cover arrangements to mitigate any risk concerning the functions of the role. Two middle management posts within the CHCP share these delegated responsibilities. Whilst this is intended to be a temporary arrangement, an unintended consequence is that it has developed a succession planning arrangement and has encouraged the current CHCP to consider developing a similar strategy for this across the workforce due to the economies of scale as a consequence of being a smaller organisation.

7. CONTINUOUS IMPROVEMENT

Continuous Improvement and Self Evaluation

The CHCP is committed to delivering positive outcomes for people and promoting effective and reflective practice to continuously improve on how we achieve this. A core part of this is the involvement of staff and stakeholders in evaluating our current position and how we can improve on this. Self-evaluation is an integral component of development and improvement.

Self-evaluation can be defined as a comprehensive, systematic review by the organisation of its activities and results referenced against a model of excellence which allows the organisation to discern its areas of strength and improvement.

The model of excellence drawn on here is based on EFQM and fits with that developed under the Public Sector Improvement Framework (PSIF), and former regulatory bodies SWIA, HMIE, QIS (see Appendix 1). The model fits with the CHCP Transformation Programme under East Renfrewshire Council's Public Sector Excellence approach and NHS Greater Glasgow and Clyde's Facing the Future Together (FTFT) initiative.

Self-evaluation is part of a 'golden thread' throughout the organisation and links to the development and delivery plans of the CHCP, to strategies, service and team plans and to individual performance and development. Self-evaluation is not a one-off event but part of an ongoing process of evaluation, review and action.

The CHCP views self-evaluation as a shared and collaborative activity and one which should be approached as a developmental opportunity. For this reason, it is desirable that, where possible, self-evaluation should form part of wider team development activity. This approach to self-evaluation complements external scrutiny arrangements under the Public Sector Reform (Scotland) Act 2010 in particular the work of the Care Inspectorate and Education Scotland.

Complaint Handling and Learning

During 2014/15 54 complaints from CHCP service users and carers were logged. This was an increase from the 19 received the previous year. 32 (59%) of complaints were responded to within the required 20 working days timescale. 26 (48%) complaints were not upheld, 11 (20%) partially upheld and 17 (31%) upheld.

All complaints received are categorised to assist with analysis of data and identified trends. Data analysis for the year 2014/15 shows the main areas of concern as being:

- Standard and quality of service
- Attitude of staff
- Policy and procedure

The quality and content of complaint responses has been identified by the senior management team as an area that could be improved. To support managers improve complaint responses we will be engaging with the Scottish Public Service Ombudsman, who will provide complaint handling training and guidance.

The Social Work complaints process is currently under review by the Scottish Government and consultation on changes to the process ends December 2015.

8. USER AND CARER EMPOWERMENT

The purpose of this section is to show the progress being realised in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

In April 2014, the CHCP committee agreed the approach to Self-Directed Support for adults based on the talking points/personal outcomes approach. The agreed approach to assessment explores the strengths, capacity and resilience of individuals rather than their deficits. Self Directed support planning builds upon these natural supports and includes considering wider community-based resources. CHCP staff was offered a series of training and information sessions. In addition detailed practice guidance was issued. We are aware that whilst SDS builds on our outcome focused approach it is a considerable practice change and staff will continue to be supported through Practice Forums.

The CHCP has been undertaking a redesign of supported living services for people with learning disabilities as part of the implementation of the Learning Disability Strategy. When the redesign began there were 122 people with a learning disability living in East Renfrewshire in either an individual or shared tenancy with support provided by third sector providers and East Renfrewshire CHCP. The models of care were very traditional with high levels of support. Demographic changes were impacting on service delivery and demand for services. Recognising the important role the Third Sector is playing in delivery of care and support, the CHCP committed to redesign in

partnership with the Third Sector, using a Public Social Partnership (PSP) approach. Use of the PSP approach has delivered a number of key benefits to date. These have included:

- **Better Outcomes for People:** The overarching message from the PSP has been that the focus is on developing innovative services to meet the outcomes which defined and directed by the people using the services. People receiving services, along with those who care for them, have taken part in detailed planning meetings in which they set out their desired outcomes and were supported in understanding how their support arrangements could be improved to help them achieve these outcomes. They have been supported to interview for their own providers and take control of their supports.
- **New Way of Working:** The process has allowed the CHCP and partners to develop their knowledge of the PSP model and how it operates. This will impact upon future commissioning ensuring that it is inclusive and consultative.
- **Stronger Relationships:** The co-productive partnership created between organisations and will encourage future collaboration. This includes greater sharing of learning, resources and expertise across providers.

The Public Partnership Forum (PPF) has been the mechanism for the formal voice of users, carers, patients and public to be heard within the CHCP. In preparing for the new Health and Social Care Partnership the PPF has reviewed its membership to ensure that all community care, equality group and local communities are represented in its structures. The new PPF is a network of local individuals and organisations that are interested in health and social care services and want to be kept informed and involved in how they are designed and delivered in East Renfrewshire. The PPF intends to engage local service users, carers and the public in discussion about how to improve services. This will inform the HSCP Strategic Plan and help identify local priorities for service improvement. IT will also support wider public involvement in council planning and decision making about public services.

9. WORKFORCE PLANNING AND DEVELOPMENT

In order to fulfil the requirements in respect of promoting the values and standards of practice, and ensure compliance with this, the Chief Social Work Officer has in place appropriate arrangements for:

- Induction programme for newly qualified social workers;
- workforce planning and safe recruitment and retention of staff;
- support, supervisory and management processes at all levels;
- policy and procedures for the assessment of need, management of risk and health and safety;
- Organisational and Employee Development plan.
- Organisational Development programme in place for all Children Services and Criminal Justice.
- Further development of Senior Practitioners by using their skills and experience in redesigning services to ensure that we have the strategic thinkers of the future.
- In house development sessions for staff led by CSWO that focuses on strength based working and associated redesign developments.
- The use of social media platforms such as Yammer to develop conversations for improvement and allow more focussed interface with CSWO.

93% of CHCP local authority staff has a Performance Review and Development (PRD) plan. This is the highest number ever reported.

In the main the significant majority of learning opportunities for social work staff are delivered through multi agency training and development and partnership with other organisations such as CELCIS.

10. KEY CHALLENGES FOR YEAR AHEAD

On 19th August the CHCP became an HSCP and whilst East Renfrewshire has a long and successful history of integration, the requirements of the Public Bodies Scotland Act require significant changes to the governance and financial systems. The role of the Chief Social Work Officer will be an essential conduit to the parent local authority in fulfilling their social work statutory responsibilities, obligations and requirements and as such this role is key to the new functions of the Integrated Joint Board. Clinical and care governance will provide the operational scrutiny and quality assurance processes and will be critical to the influencing the learning and development of the organisation. The role of the Chief Social Work Officer will be significant to embedding improvements into social work practice and leading on the transformation of culture, system and practice.

As outlined in the 2013-14 report, the impact of continuing efficiency savings for 2015-18 will be a significant challenge for the HSCP and any risks associated for service users will require to be mitigated. The Chief Social Work Officer will be central to addressing these challenges and will be required, alongside her fellow management team to develop strategies to address this. Whilst these savings have been achieved in 2014-15, it is not without risks as we move forward considering the significant demographic pressures already outlined in the report and the impact of policy such as Kinship Care.

For children's services by far the most challenging policy implication is the implementation of the Children and Young People's Act "named person" and published guidance. The new act which enshrines Getting it Right For Every Child (GIRFEC) approach and will become statutory for the provision of the remaining parts of the act such as named person, Child's plan in August 2016. *The GIRFEC* implementation plan will further embed culture, systems, and practice change into children and young people's services with the introduction of the named person role and the one child, one plan approach. Whilst the principles are clearly supported, there will be a need for clear protocols for information and a local technological solution, in the likelihood that one may not be found nationally. Although the specific role social workers hold has not been outlined in the act i.e. lead professional, as a professional workforce, they will be central to supporting the named person transition into their statutory roles and within the act are referred to as targeted intervention.

Furthermore the implementation of the act will require all services within the children's partnership arrangements to measure the likely impact and there is work ongoing to review systems and practice to make the changes to support this function. As a consequence of this and the need to transform services due to budgetary pressures and efficiencies, the HSCP are embarking on a Children's Service Re-design in 2015-2016 to meet the demands of the new legislation and other associated pressures and improvements.

For Children's Services in 2015-16 we will be reviewing our the participation of children and young people in key decision-making process and intend to work with another local authority to develop this. This is an area that we would wish to improve upon in how we meaningfully measure the impact of our interventions on the child and young people and ascertain that their views are captured throughout this.

In partnership with Education, we have secured funding for the delivery of Psychology of Parenting programmes which targets 3 and 4 year old children who exhibit behavioural difficulties. This links directly to our agenda of prevention and early identification of need.

The Fostering campaign as previously outlined aims to recruit carers within East Renfrewshire to ensure that children and young people can continue to have their needs met within their own environment maintaining relationships in the community and attending their current school and we hope to recruit at least three additional carers over this year.

We intend to develop a champions board that improves life outcomes for our looked after children and young people.

Services for children and young people who experience emotional wellbeing and mental health will be reviewed and pathways will be developed that enhances capacity into tiered two and three services for mental health.

As previously outlined in the report, the delivery of criminal justice services will likely be the responsibility of the community planning partnership in 2017 and for 15-16 we will be required to develop a transition plan that moves us into our shadow year prior to the disaggregating of the Criminal Justice Authority. Currently there are internal discussions as to the delegated responsibilities between the governance and operation delivery of the Integrated Board and the Community Planning Partnership.

For Community Care there will be considerable work facing the HSCP. Significant progress has been made in the redesign of learning disability services by working in partnership with providers using a PSP model. Substantial savings have already been realised although we accept that further work is required to ensure that all supports are reviewed and that provision is based on jointly agreed outcomes for all individuals.

We are working with families and service users to change how we deliver day services for adults with learning disabilities, building on progress we have made to involve and include people more in their communities rather than providing support entirely in day centres.

Across our provision for older people, including our dementia services, we are working to support people to remain at home for as long as possible and to avoid unnecessary hospital admission. We are involved in a range of initiatives to test different ways of working, looking to build a stronger relationship with a range of third sector and community based groups.

Our approach is to intervene early, diverting people away from statutory services towards flexible, community based services that offer support to people at home and in their own communities. Self Directed Support will be at the heart of achieving this outcome.

This has been a year of many achievements and solutions to the challenges that we have faced by financial austerity and without effective partnership working throughout the Council, this would not have been possible. I would particularly wish to thank CELCIS, University of Strathclyde for the work they have done and will continue to do with us to redesign children's services.

Furthermore, as an established integrated organisation, I do not foresee the difficulties that others are nationally facing concerning change management as the shared vision and values have been our key stones to making it work to improve the lives of all our citizens. What makes the difference to service users' lives, is the staff who work hard to ensure that the citizens of East Renfrewshire are kept safe, are healthy, included and respected. This and the support provided by elected members and partners, have in my view improved the outcomes for many service users.

Kate Rocks

31 October 2015