



# **Annual Report by Local Authority Chief Social Work Officer**

## **Report for 2016 to 2017**

### **1. Summary Reflections - Key challenges and developments during the past year**

1.1. This is the ninth annual report from Orkney Islands Council's Chief Social Work Officer, covering the period April 2016 to March 2017.

1.2. The Council's social work and social care services enable, support, care for and protect people of all ages in Orkney, by providing or commissioning services designed to promote their safety, dignity and independence and by contributing to community safety by reducing offending and managing the risks posed by known offenders. Those services, which are required to meet national standards and provide best value, are delivered within a framework of statutory duties and powers imposed on the Council. Where possible, services are delivered in partnership with a range of stakeholders, including the people who use them.

1.3. The Chief Social Work Officer provides professional governance, leadership and accountability for the delivery of social work and social care services provided by the local authority or commissioned from the voluntary or private sector in each local authority area, and is responsible for duties and decisions relating to the curtailment of individual freedom, and the protection of both individuals and the public. The specific role and functions of the CSWO are set out in guidance issued by Scottish Ministers, first issued in 2009, and updated in July 2016, for which a link is provided [here](#).

1.4. The year 2016 to 2017 saw the publication of two very significant reports in relation to social work and social care, one national, and one local.

1.5. In September 2016, Audit Scotland published "Social Work in Scotland". The full report can be found [here](#).

1.6. In March 2017, the Care Inspectorate and Healthcare Improvement Scotland published a major local inspection report on services for older people in Orkney,

based on fieldwork undertaken from June to August 2016. The full report can be found [here](#).

1.7. **Audit Scotland's report** was blunt in its key messages; that a combination of sustained and increasing financial pressures, demographic change, and the additional cost of delivering new legislation and policies has created an imminent crisis in the provision of social work and social care services, such that "current approaches will not be sustainable in the long term". Whilst the report provided a very clear picture of the scale of the challenges faced, (such as that increase in demand for services for older people, and implementation of the Children and Young People (Scotland) Act 2014, the Carers (Scotland) Act 2016, and the Living Wage will lead to cost increases of over half a billion pounds by 2019 to 2020 – and these are not the only cost pressure factors), many commentators noted that tangible solutions were very much less in evidence. In some respects, Orkney's services have already had some success in deploying solutions of the sort that Audit Scotland identified, such as re-ablement initiatives, using technology such as care alarms, promoting early and effective intervention with children and families, and seeking to reduce the need to place looked after children outwith the area. Other suggestions, such as reducing costs via competitive tendering in home care, have been met locally with clear indications of absence of public support to date, and limitations on potential scope through scale, geography and the need to sustain a duplicate infrastructure to provide a safety net in case of market failure.

1.8. Among the key messages issued in the Audit Scotland report, elected members are urged to assure themselves that service quality is maintained and risks are managed effectively, and to engage with the public about service priorities and managing affordable expectations of social work and social care services.

1.9. **The joint inspection report on services for older people in Orkney**, published in March 2017, gives cause for assurance in relation to service quality as mentioned above, stating "The findings from previous inspections of health and of social work services in Orkney have been mixed and have included comments about services struggling to manage necessary changes in a timely fashion. The limited size of the partnership's workforce, especially the small number of staff who had a dedicated service planning role, had been and remained a challenge for the partnership's capacity to deliver on a significant change and development agenda. In terms of this inspection, we have evaluated four of the nine quality indicators as good and five as adequate. Overall, given the historical context of health and social care provision in Orkney, we consider that the inspection findings are reasonably positive, notwithstanding the significant challenges the partnership faces moving forward".

1.10. These findings echo the most recent full joint inspection of services for children and families in Orkney in 2013, which stated "Services are making a very positive impact on children and young people in Orkney, including children and young people at risk, who are looked after and those whose family circumstances mean they need the help of a number of services to meet their needs. Many families are receiving helpful support from a range of services to strengthen their parenting skills and increase their confidence". The absence of further intensive scrutiny for these services since 2013 (in contrast to some other local authority areas) reflects the

proportionate risk-led approach taken by the inspection agencies, although a further joint inspection for children and families should be expected within the next two years.

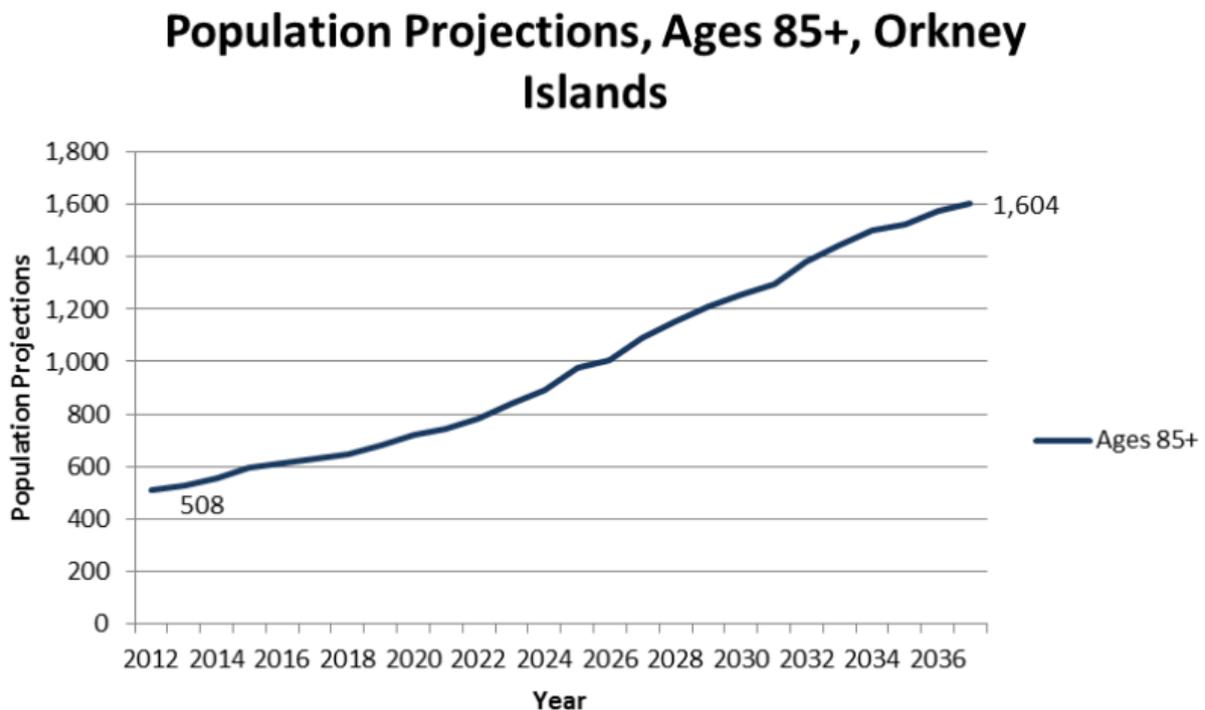
1.11. Similarly, local Criminal Justice Social Work services have benefitted in terms of assurance from data gathered for the new local Community Justice Partnership (local Needs Assessment document accessible [here.](#)), which revealed:

- The lowest crime rate in Scotland.
- Reconviction rates that have fallen over time, and are among the lowest in Scotland.
- Sustained exceptionally low levels of Youth Offending.
- Low levels of drug (especially opiate) misuse.
- Consistently high successful completion rates for Community Payback Orders imposed by the Courts compared with other Local Authority areas.

## 1.12. Summary of Key Challenges Specific to Orkney

### 1.12.1. Demographics

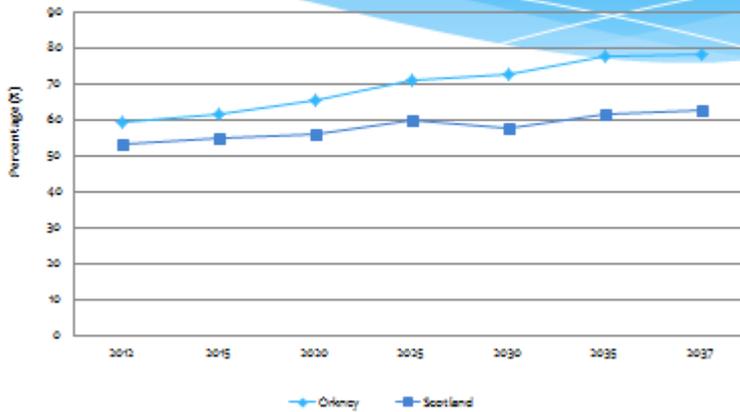
1.12.1.1. The impact of population projections, particularly relating to the proportion of the population in the older age range, is graphically presented below.



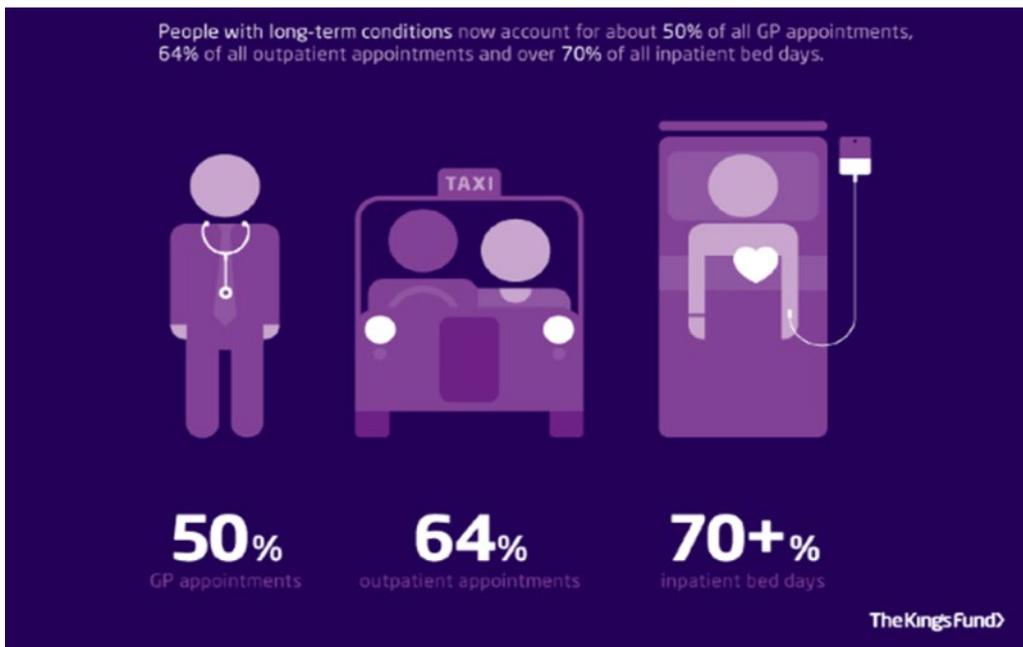
### 1.12.2. Changes in health and wellbeing profiles

The table below shows a breakdown of Orkney's dependent and independent population projected up to 2037. There is a continuous increase in the dependent population over the years while the independent population decreases.

## Dependency ratio - projection



Source: NRS



### 1.12.3. Financial pressures

1.12.3.1. Orkney's Integration Joint Board (IJB) risk register was updated and approved on 10 March 2017.

1.12.3.2. The highest risks are as follows:

- Financial instability, due to the wider economic climate, resulting in failure of IJB to make big decisions.
- The expectations of the Scottish Government cannot be achieved in an Orkney context.

- The public expectations are high, due to previous models of care, leading to inability to progress.
- Debate about realistic care leading to reputational damage.
- Both partners continue with their strategic planning and decision making without recognising the strategic role of the IJB.
- Inability to fully integrate pathways and use the resources as effectively as possible.
- Workforce planning within partner organisations does not align with IJB's vision.
- Funding is not based on long term basis resulting in outcomes and targets not being delivered.

#### **1.12.4. Geography**

1.12.4.1. The task of delivering social work and social care services in Orkney has to take account of the population and the geography of our islands. Orkney consists of approximately 100,000 hectares spread over 70 or so islands and skerries, up to 19 of which may be inhabited, depending on the time of year. As the only true archipelago in Scotland, Orkney faces unique and substantial internal costs and geographical inhibitors to the delivery of services, with a population of around 22,000 split roughly 75 – 25 percent between The Mainland, Orkney's largest island, and the other inhabited isles. There are also substantial costs in time and money travelling to and from the Scottish Mainland, such that attendance at the great majority of nationally-arranged meetings and training events, which might be taken for granted by Scottish Mainland authorities, cannot be contemplated by Orkney based staff. The adoption of a robust network of video-conferencing links, long advocated by the Islands Authorities, has made little perceptible progress in the last decade.

#### **1.12.5. Staffing availability / Increased regulation**

1.12.5.1. It has become clear during 2016 to 2017 that the ability to attract and retain staff is problematic across a number of areas. The Children and Families social work team has carried vacancies throughout the year; the number of available social workers with an additional specialist Mental Health Officer award has continued to be fewer than optimal, and continues to be projected to reduce; nationally and locally advertised vacancies at Service Manager level have persistently generated little or no interest; during holiday periods, relief home care workers have had to be sourced from agencies in order to meet minimum necessary needs.

1.12.5.2. At the same time, registration requirements for staff, who have to pay registration fees and meet and sustain qualification and other criteria, have been steadily increasing since the formation of the Scottish Social Services Council (SSSC) in 2003. By 2020, all home care workers will require to be registered. Whilst there are many benefits to registration, it is undoubtedly the case that for workers who for various reasons wish to work only a small number of hours per week, registration can be seen as a hurdle that does not feature for other comparably paid jobs. Another example of potentially unintended consequence has been the national aspiration for workers in residential childcare to attain degree level qualifications. In 2016, representation was made from Orkney via Social Work Scotland that this well-intentioned development could have the effect of compromising the viability of services that have always, and will always, rely on a certain proportion of relief staff,

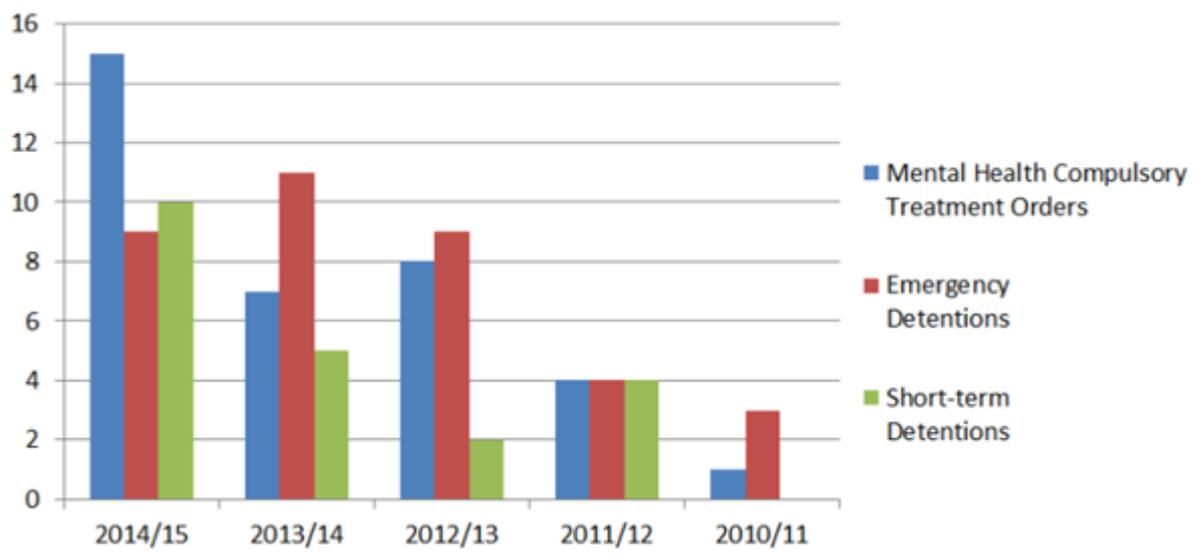
for whom graduate training may not be an attractive option. In February 2017, the Scottish Government indicated that implementation of this initiative would be delayed in light of potential difficulties around cost and “workforce appetite to undertake a Level 9 qualification”.

### 1.12.6. Rise in statutory interventions

1.12.6.1. As the Audit Scotland report noted:

“Since the Scottish Parliament was established, there has been an increase in the volume of legislation related to social work. Councils are currently implementing several important pieces of legislation. This legislation is designed to improve services and the outcomes for people who use them, for example by bringing about increasingly personalised services to meet individuals’ needs. However, implementing legislation can increase financial pressures and staff workload in the medium term.”

1.12.6.2. An example of the sort of trends local services have been dealing with is provided in the graph below. Year-on-year figures are not always a reliable indicator in a small population context, but the example of increased pressure on services set out below is quite clear



### 1.12.7. Public expectations

1.12.7.1. Audit Scotland has conveyed a clear message that in the medium to longer term, public expectations based on the availability of services during the period of economic expansion up to the onset of the global financial crisis in 2008 will need to be re-examined. Orkney is as vulnerable to the pressure created by assumptions based on previous experience, as anywhere else.

### 1.12.8. Summary Reflections; Conclusion

1.12.8.1. As Chief Social Work Officer in a small island based local authority, I have undoubtedly had more opportunity than most to observe at first hand the work that has gone on from staff at all levels in achieving the levels of assurance outlined in

the inspection and self-evaluation processes referred to in this Report. It is my strongly held view, backed up by countless examples of individual selfless and dedicated service, sometimes in the most challenging circumstances imaginable, that the staff working to provide and support social work and social care services in Orkney (and many others working alongside in a multitude of partner agencies) deserve the highest praise and unstinting support from the community as a whole, and the Council in particular. The individual stories of willingness to go well beyond expectations in meeting the needs of service users are often hidden, especially in a small island community, by necessary considerations of privacy and confidentiality. Nevertheless, such stories are abundant, and reflect a prevailing ethos of care from which Orkney has benefitted over many years.

## **2. Partnership Structures/Governance Arrangements**

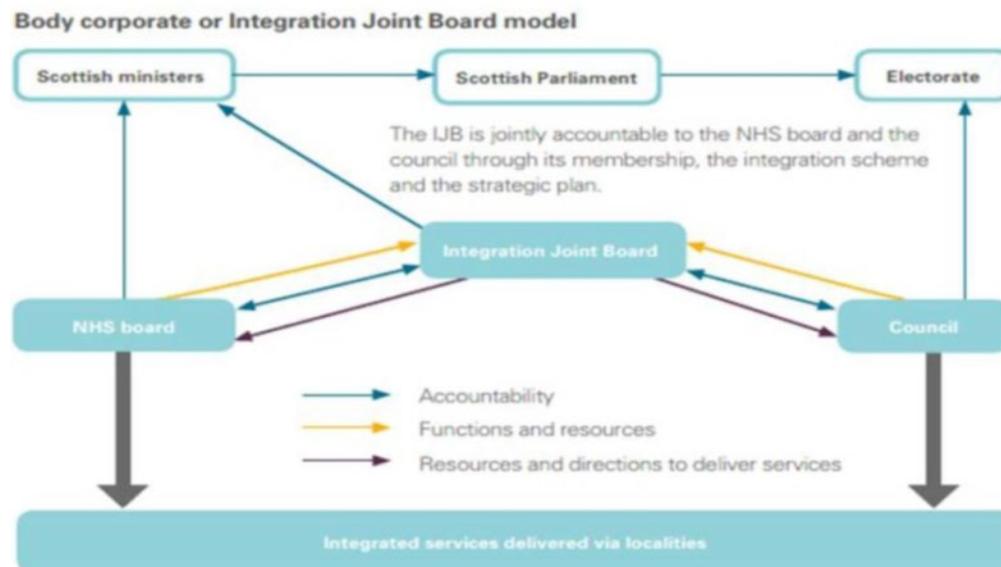
2.1. As with all 32 of Scotland's Local Authority areas, 2016 saw the culmination of work started over a decade ago on integration of Health and Social Care services, with the establishment of the Orkney Integration Joint Board (IJB) in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014, going "live" as a new legal body from 1 April 2016. This has involved fundamental change to social work governance structures in Orkney, to an extent arguably not seen since implementation of the Social Work (Scotland) Act 1968.

2.2. Across Scotland, a number of different permutations relating to the span of responsibility of the IJBs have been selected by individual Councils and Health Boards. In Social Work terms, this ranges from the legally required minimum of services for adults, to what has become known as the "All In" model, in which all Social Work and Social Care services are included. Orkney chose the latter approach, and the Orkney IJB (branded as "Orkney Health and Care" or "OHAC") covers the following services:

- Midwifery.
- Health Visitors.
- School Nurses.
- Children and Families Social Work and Child Protection functions.
- Residential and Respite Childcare.
- Fostering and Adoption.
- Through-care and After-care for Looked After Children.
- Paediatric Allied Health Professional Services.
- Child and Adolescent Mental Health Services.
- Criminal Justice Social Work Services.
- Adult assessment and case management services.
- Adult Social Work and Adult Protection functions.
- Allied Health Professional Services - Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetic Services.
- Community and Specialist Nursing.
- Residential and respite care for older people and people with learning and/or physical disabilities.
- Day care for older people and people with learning and/or physical disabilities.

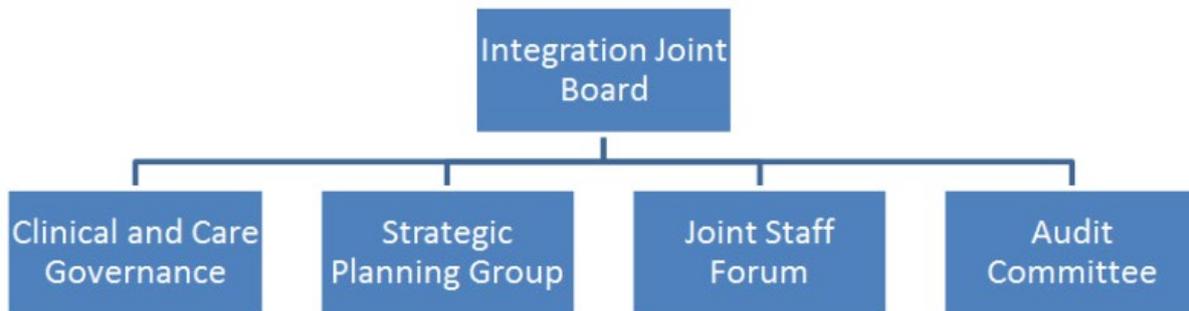
- Extra care and supported housing for older people and people with learning and/or physical disabilities.
- Home Care.
- Telecare, Equipment, Aids and Adaptations.
- Mental Health Services.
- Substance Misuse Services.
- Housing Adaptations.
- General Practitioners.
- Dental Services.
- Emergency Out of Hours services.
- Emergency / unplanned hospital care – a joint planning responsibility for NHS and IJB, delivered by NHS.

2.3. The governance framework within which the Integration Joint Board sits includes reporting routes to the Board of NHS Orkney and Orkney Islands Council's Committee structure, and direct representation of Health Board members and Council Elected Members on the IJB itself, in line with the following model:

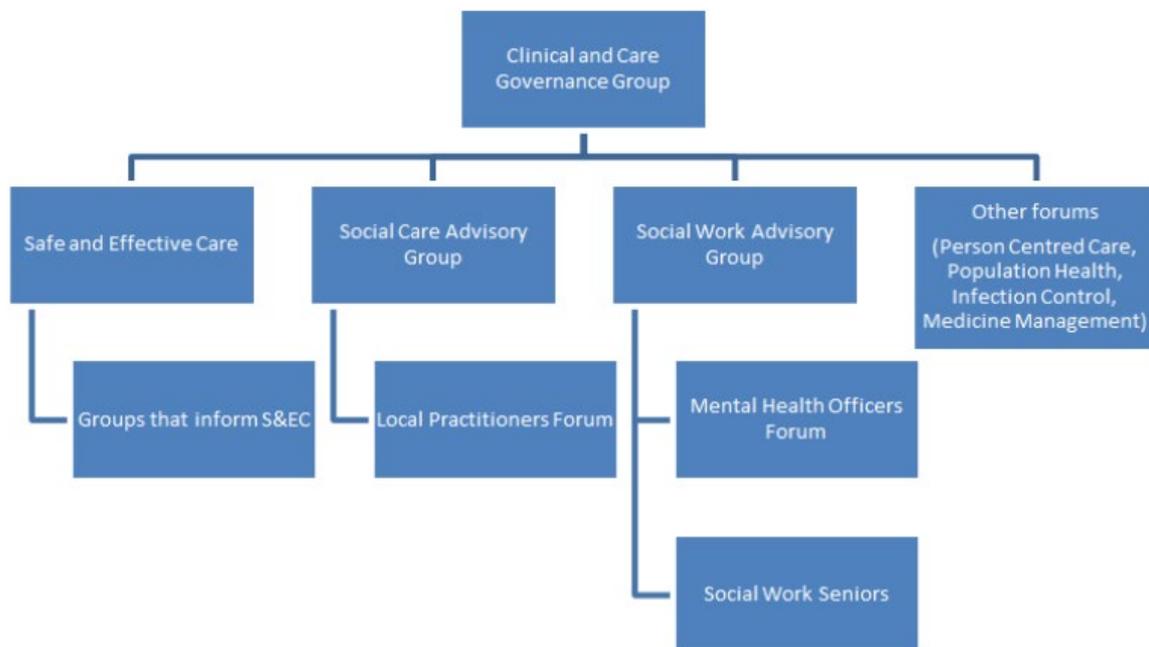


2.4. As a small and geographically isolated authority area, Orkney can face disproportionate costs and demands on very limited marginal staff resources, when bespoke governance structures need to be established. Thus, for instance, in establishing the IJB, more than 15 individual reports had to be prepared and approved to underpin the minimum legal, financial and procedural issues required for the IJB to operate.

2.5. From April 2016, the following governance structure for the IJB has been in place:



2.6. The newly established Clinical and Care Governance Committee (CCGC) plays a crucial role in relation to Social Work and Social Care governance and assurance functions. In anticipation of the need for an integrated Clinical and Care Governance structure, work was undertaken to build on and expand the work of the former NHS Quality and Improvement Committee, to create the CCGC, with an expanded membership to include Council Elected Members alongside NHS Board members, and additional input relating to Social Work and Social Care. Local Professional Social Work Advisory and Professional Social Care Advisory Committees were established in 2015. These Committees, chaired by the CSWO, represent an attempt to take learning from the long-established statutory and non-statutory assurance structures in the NHS, and to harmonise with parallel (non-statutory) Social Work and Social Care structures, in the interests of development of best practice, efficient communication and joint work. The structure is depicted below.



2.7. The Chief Social Work Officer brings regular quarterly reports on the work of the Professional Social Work and Professional Social Care Advisory Committees to the

Clinical and Care Governance Committee, as well as advising on emerging risks or issues that may not yet have been picked up through these routes, providing information and assurance.

2.8. The Chief Social Work Officer is also a standing member of the IJB's Strategic Planning Group (SPG). In Orkney we have ensured that the SPG has a wide membership including people who use services and their unpaid carers, health and social care professionals, third sector bodies carrying out activities related to health and social care, commercial and non-commercial providers of health and social care services, people involved in housing services and people who can represent the interests of each locality.

2.9. The IJB has sought the views of the SPG to inform the proposals that are contained within its Strategic Commissioning Plan. The SPG also plays a key role in the annual review of the plan. NHS Orkney and Orkney Islands Council provide support for strategic planning through their respective strategic planning and corporate service support systems.

2.10. In addition, both the Council and NHS Board will inform the IJB where they intend to make a change to one of their own services which may have an impact on delivery of the Strategic Commissioning Plan. The Plan will be reviewed to fit with Council and NHS Board planning cycles so that we begin to better align our activities within a wider community planning context.

2.11. The Chief Social Work Officer is a member of the Orkney Child Protection and Adult Protection Committees (CPC and APC). In recent years the work of CPC and APC has been harmonised, with the assistance, guidance and input of an Independent Convener. The CSWO and the Independent Convener then report to the Orkney Chief Officers Group (COG), which provides leadership, governance and ensures local accountability for all aspects of public protection, including:

- Child protection.
- Adult protection.
- Offender management (MAPPA processes for sexual and violent offenders).
- Public protection, including MARAC processes in respect of risks of domestic abuse.

### **3. Social Services Delivery Landscape**

3.1. In October 2016, the CSWO and the Chief Officer of the IJB presented a seminar for Elected Members and IJB NHS Board members. The following "snapshot" information is provided around staffing and workload in Orkney's Social Work teams (NB this information relates to the specific staff and workload for qualified and registered Social Workers, whose tasks may be summarised as "protecting and promoting the welfare and wellbeing of children, adults at risk and communities, where statutory powers may require to be exercised to address very serious, complex issues").

### **3.2. Children and Families Team**

- 1 FTE Principal Social Worker.
- 1 FTE Senior Practitioner.
- 1 FTE Social Work qualified Operational Manager.
- 8.2 FTE Children and Family Social Workers (3 FTE of which have been vacant for most of 2016 to 2017).
- 2.8 FTE Fostering and Adoption Social Workers.

3.2.1. Currently working with 60 to 70 families.

- 12 children in foster care (3 intensive).
- 16 children looked after at home or in kinship care.
- 4 children in residential care in Orkney.
- 4 children in residential care outwith Orkney.
- 4 children placed for and pending adoption.

### **3.3. All Age Learning Disability Service**

- 1 FTE case-holding Senior Practitioner.
- 3 FTE Social Workers.

3.3.1. Working with 80 – 100 cases on average.

### **3.4. Criminal Justice Social Work Service**

- 1 FTE case-holding Service Manager.
- 2 FTE Social Workers.

3.4.1. Average 80-90 open cases at any time, covering:

- Diversion.
- Bail.
- Court Reports.
- Community Payback Orders.
- Through-care during prison sentence.
- Post-release supervision or voluntary support.

### **3.5. Adult Social Work**

- 1 FTE Principal Social Worker.
- 1 FTE Case-holding Senior Practitioner.
- 5.6 FTE Social Workers.

3.5.1. Around 170 active cases, plus 250 “community care” cases which may be held by Occupational Therapists etc.

### **3.6. Community Mental Health Team**

- 1 FTE Case-holding Senior Practitioner.
- 1 FTE Social Worker.

3.6.1. Indicative workload by specific pieces of work carried out over the year, up from 73 Orders and Assessments in 2011 to 2012 to 152 in 2015 to 2016.

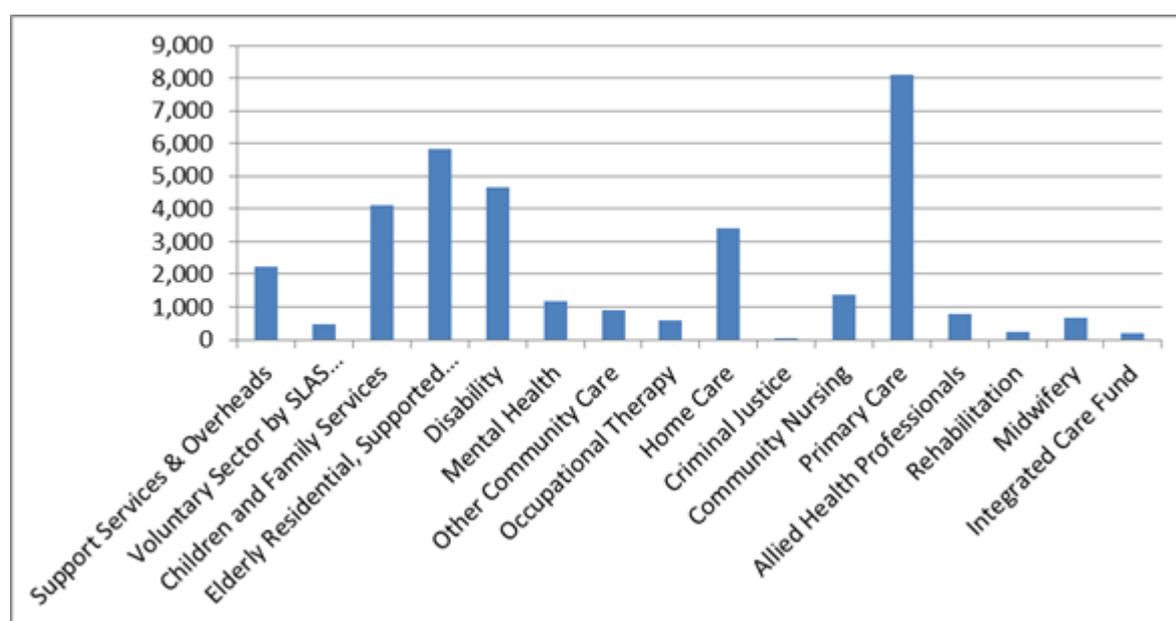
## 4. Finance

4.1. Orkney Health and Care's total net budget for 2016 to 2017 was £34,500,00. This was split as follows:

Services.	Spend.	Budget.	Over / Under Spend.	%.
Social Care*.	£17,727,000.	£17,649,000.	£78,000.	100.4
NHS Orkney	£17,020,000.	£16,840,000.	£180,000.	101.1.
Service Total.	£34,747,000	£34,489,000.	£258,000.	100.7

\*Provisional figures pending finalisation of Orkney Islands Council's annual accounts.

4.2. The funds spent provided:



4.3. As functions, strategies and services are reviewed and integrated, it is likely that the current pattern of spend will alter as the OIJB seeks to operate in accordance with the Integration Planning Principles and takes steps, along with the two statutory partners and other sectors, to shift the balance of care from reactive to preventative and early intervention spend.

4.4. In relation to the year end position as per the integration scheme both partners are required to make additional payments to the IJB. The Finance and Performance Committee of NHS Orkney has stated that any deficit will be carried forward into the baseline budget for the next financial year. Within Orkney Islands Council the shortfall has been covered by an additional payment.

## 4.5. Financial Outlook.

4.5.1. Demand is rising significantly whilst in real terms, available public spending is reducing. Over the next few years the IJB will require to balance its commissioning decisions to support change alongside a decommissioning strategy that enables NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services.

4.5.2. Demographic pressures are a real challenge in Orkney as persons aged 60 and over make up 29.7% of the population compared to Scotland which is 24.4%.

4.5.3. There has been a baseline increase in regards to Homecare in the sum of £156,000 for 2017 to 2018 onwards. This will increase capacity within the service in recognition of the increasing numbers of service users continuing to be cared for in their own homes.

4.5.4. Over the next 5 years the Council will replace two residential care homes for older people. Both new builds will increase the capacity such that there will be 24 additional residential care places. This will improve Orkney's care home places for over people over 65 to be closer to the Scottish average than the current provision.

## 5. Service Quality and Performance

5.1. Selected Performance Indicators relating to Social Work and Social Care are reported on a quarterly basis to the IJB and Orkney Islands Council's Orkney Health and Care Committee. This section does not set out to reproduce performance information that has been presented to elected members in separate reports throughout the year in line with agreed reporting processes. Rather it highlights key external evaluations from the year in question. Particular examples of improvement activity are highlighted in Section 9 below.

5.1.2. There are a large number of routine Care Inspectorate inspections of units and services in Orkney as set out below:

Current Inspections.	Last Inspection Date.	2016-2017 Inspection Report Grades.							
		Care and Support.	Environment.	Staffing.	Management and Leadership.	Requirements.	Recommendations.	Enforcements.	Other Information.
Adoption Service.	25/11/15.	5.	N/A.	5.	5.	0.	0.	None.	N/A.
Aurrida House.	08/09/16.	5.	5.	N/A.	N/A.	0.	1.	None.	N/A.
Braeburn Court (Care Home Services).	09/12/15.	4.	4.	4.	4.	0.	0.	None.	N/A.

Braeburn Court (Support Services).	09/12/15.	4.	N/A.	4.	4.	0.	0.	None.	N/A.
Braeburn Court (Housing Support Service).	16/02/17.	5.	N/A.	5.	N/A.	0.	1.	None.	N/A.
Camoran Children's Resource Centre.	11/08/16.	5.	5.	N/A.	N/A.	0.	4.	None.	N/A.
Care at Home Services (Housing Support Service).	24/03/16.	4.	N/A.	4.	4.	0.	3.	None.	N/A.
Crossroads Orkney.	16/03/16.	5.	N/A.	5.	4.	0.	0.	None.	N/A.
Disability Resources Support Accommodation (Glaitness HS).	25/01/17.	4.	N/A.	4.	4.	0.	0.	None.	N/A.
Enable Scotland leading the way - Old Scapa Road.	02/12/16.	5.	N/A.	N/A.	4.	0.	0.	None.	N/A.
Family Focus Service (Aurrida House).	09/11/16.	4.	N/A.	5.	N/A.	0.	2.	None.	N/A.
Fostering Service – Kirkwall.	25/11/15.	5.	N/A.	5.	5.	0.	0.	None.	N/A.
Gilbertson Day Centre.	07/07/16.	3.	3.	3.	3.	1.	3.	None.	N/A.
Glaitness Centre	25/01/17.	N/A.	N/A.	N/A.	N/A.	N/A.	N/A.	None.	See Report

(Care Home).									t.
Glaitness Centre (Support Service).	16/06/16.	3.	3.	4.	3.	0.	10.	None.	N/A.
Glaitness Summer Playscheme.	18/08/15.	4.	5.	4.	4.	0.	0.	None.	N/A.
Kalisgarth and Very Sheltered Housing.	08/03/16.	4.	N/A.	4.	3.	0.	5.	None.	N/A.
Kalisgarth Care Centre.	08/03/16.	4.	4.	4.	3.	0.	5.	None.	N/A.
Kalisgarth Day Centre.	12/03/15.	4.	4.	4.	4.	0.	4.	None.	N/A.
Orkney Blide Trust.	01/12/16.	5.	N/A.	N/A.	5.	0.	0.	None.	N/A.
Orkney Responder Service.	28/02/17.	5.	N/A.	N/A.	5.	0.	0.	None.	N/A.
Smiddybrae House.	17/11/16.	5.	4.	5.	5.	0.	0.	None.	N/A.
Lifestyles Service (formally St Colm's Day Centre).	21/06/16.	5.	5.	5.	5.	0.	0.	None.	N/A.
St Colm's Respite Bungalow (Care Home) (Moved to 32/34 Pickaquoy Loan).	12/02/16.	3.	3.	3.	3.	0.	5.	None.	N/A.
St. Peter's House.	09/02/17.	4.	N/A.	N/A.	4.	0.	2.	None.	N/A.
St. Rognvald	16/09/16.	3.	3.	4.	3.	0.	12.	None.	N/A.

s House.									
Sunnybrae Centre.	29/11/16.	5.	N/A.	4.	4.	0.	0.	None.	N/A.
West Mainland Day Centre.	25/07/16.	3.	3.	3.	3.	0.	4.	None.	N/A.
Women's Aid Orkney.	18/07/16.	5.	N/A.	5.	N/A.	0.	0.	None.	N/A.

5.1.3. These are monitored throughout the year, and where there was a grade of 3 in more than one assessed area, or 2 in any area, plus more than one requirement, exception reporting is undertaken to the Clinical and Care Governance Committee. Where inspection outcomes have been particularly positive (such as for Adoption and Fostering above), the Care Inspectorate do not necessarily return to re-inspect on an annual basis.

## 5.2. Joint inspection of adult health and social care services.

5.2.1. During 2016 to 2017, a major joint inspection of adult health and social care services was undertaken. The full Report on the Inspection can be found [here](#).

5.2.2. The outcome of the inspection was positive, with grades awarded as follows:

Quality Indicator.		Evaluation.	Evaluation Criteria.
1.	Key Performance Outcomes.	GOOD.	<p><b>Excellent</b> – outstanding, sector leading.</p> <p><b>Very Good</b> – major strengths.</p> <p><b>Good</b> – important strengths with some areas for improvement.</p> <p><b>Adequate</b> – strengths just outweigh weaknesses.</p> <p><b>Weak</b> – important weaknesses.</p> <p><b>Unsatisfactory</b> – major weaknesses.</p>
2.	Getting help at the Right Time.	ADEQUATE.	
3.	Impact on Staff.	GOOD.	
4.	Impact on the Community.	ADEQUATE.	
5.	Delivery of Key Processes.	ADEQUATE.	
6.	Policy Development and Plans to Support Improvement in Service.	ADEQUATE.	
7.	Management and Support of Staff.	GOOD.	
8.	Partnership Working.	ADEQUATE	
9.	Leadership and Direction.	GOOD.	

## 6. Delivery of Statutory Functions

6.1. The Chief Social Work Officer or his/her delegate is required to intervene to protect the public and individuals in the following circumstances:

6.1.1. Welfare Guardianship or Intervention Orders under the Adults with Incapacity Act – these are used primarily to provide a legal basis for the provision of care and support to people who lack the mental capacity to consent themselves, where this appears to be necessary. In most cases, a family member will apply. The local authority then has a duty to supervise the family member guardian in their use of their powers. Where an order appears to be necessary and there is no person able or willing to apply, the Local Authority has a responsibility to do so. In this case, the CSWO becomes the legal guardian. Work of this nature has shown a substantial increase in recent years as the following table indicates:

Type of Order / Intervention	2016/2017.	2012/2013.
New Welfare Guardianship orders where CSWO is the Guardian.	*.	*.
Total orders for which the CSWO is Guardian.	13.	8.
Number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO applications.	*.	10.
Number of private Guardians being supervised by Officers of the Local Authority.	35.	22.

6.1.2. Compulsory treatment in hospital or in the community can be ordered under the Mental Health (Care and Treatment) (Scotland) Act 2003. This generally requires the consent of a Local Authority Mental Health Officer (MHO). MHOs are experienced, additionally qualified Social Workers. There are also compulsory measures available in respect of mentally disordered offenders. The Council retains Mental Health Officer responsibility for Orkney citizens in the Royal Cornhill Hospital Aberdeen and other out of Orkney placements. Work of this nature continues to increase. This trend is reflected across the north of Scotland and Royal Cornhill Hospital has been under considerable pressure in terms of available beds and nursing staff to escort unwell patients from Orkney.

Type of Order / Intervention.	2016/2017.	2011/2012.
Mental Health Compulsory treatment orders.	13.	*.
Emergency detentions.	12.	*.
Short-term detentions.	*.	*.

Other Mental Health Officer assessments includes those not leading to detentions, assessments to extend and/or vary orders, social circumstances reports and reports for court disposals for mentally disordered offenders.	26.	12.
Mental Health Tribunals attended.	9.	*.

### **6.1.3. Mental Health Officer (MHO) Service.**

6.1.3.1. The bulk of the statutory Adults with Incapacity Act work is taken up by the MHOs in the form of reports for local authority and private welfare guardianships. As in previous years the number of requests for MHO reports has been steady. In addition to this, much of the day to day work undertaken by social workers within the adult teams involves duties under the Act.

6.1.3.2. Advice and information is provided across a wide range of media to members of the public, service users, and other professionals. A lot of work is routinely done as part of general practice including advising and supporting people to put in place welfare and financial power of attorneys; implementing the principles of the Act; and advising in relation to statutory guidance when intervening in the lives of people who lack capacity and deprivation of liberty issues. A lot of work has been done with NHS colleagues around consent to medical treatment where it is identified a person may lack capacity to consent. The Senior Adult Social Work Practitioner has been delivering regular training sessions to medical staff. In addition to this, ongoing training and regular updates on all legal aspects are provided to social work practitioners in the form of peer support meetings, discussions in team meetings and specific training.

6.1.3.3. Work under the Mental Health Care and Treatment Act is generally unplanned, resulting from the need to assess with regard to emergency detentions. It has again been a busy year in this regard. It has not proven possible to increase the number of Mental Health Officers available locally, and numbers are projected to reduce, possibly in the near future. There is an appreciable concern that, like most other local authority areas in Scotland, Orkney may not be able to sustain a generally achieved record of a 100% response rate to requests for Mental Health Officer input to statutory detention processes. In law, a detention can proceed if a Mental Health Officer cannot be found, but this is not an ideal situation, and does not reflect the aspirations of the service over many years.

### **6.1.4. Fostering, Adoption and Permanence Panel.**

6.1.4.1. The role of Agency Decision Maker for the Panel and the Council is delegated by the CSWO to the Principal Social Worker. Appeals are heard by the CSWO. The Panel has an independent Chair and, in 2016, it met on five occasions. Two families were recommended as foster carers and nine foster carer reviews were completed. In addition two children's plans were presented for permanence and one child was matched with their prospective adopters. All of these were approved and

ratified by the Agency Decision Maker. Orkney Islands Council is named as the Legal Guardian for 11 children and young people with the Council having parental rights for these children until their 16<sup>th</sup> birthdays and parental responsibilities until their 25<sup>th</sup> birthday. Four of these children are subject to Permanence Orders with Authority to Adopt.

#### **6.1.5. Emergency Duty Social Work Services.**

6.1.5.1. The CSWO has a duty to ensure that Social Work Services are available 24 hours per day, 365 days per year, so that emergencies outwith normal working hours can be responded to promptly and appropriately. This is provided by day time services on a duty basis during office hours and outwith office hours, by a social work emergency on call service staffed by qualified Social Workers, Social Work qualified Duty Managers, and Social Workers with an additional Mental Health Officer qualification, from their homes, and in addition to their daytime work. This service continues to be busy, with 296 referrals to Emergency Duty Social Workers requiring recording or action in 2016 to 2017 (compared with 268 last year), as well as many non-emergency matters leading only to brief advice or direction elsewhere.

#### **6.1.6. Commissioned Services.**

6.1.6.1. The CSWO has to be satisfied that specifications for commissioned services have been reviewed and are fit for purpose. Services are commissioned from organisations in the independent and voluntary sectors. During the reporting year the Council had contractual arrangements in place for 23 social care based services for individuals both locally and outwith Orkney. Grant funding was awarded to 26 organisations to contribute to the provision of advice and support services, including lunch clubs in Orkney run by locally based charitable organisations. A small number of contractual arrangements or ongoing agreements are in place for the provision of miscellaneous services, such as Mental Health Officer hospital based services in Aberdeen, calls handling system support and calls handling centre services in relation to Care Alarms, and meeting facilitation services.

6.1.6.2. A framework for a procurement strategy which includes an options appraisal has been developed and is now routinely carried out to assess the most appropriate procurement route. Further staff training and awareness raising on this matter is planned.

#### **6.1.7. Protection and Risk Management.**

6.1.7.1. The assessment and management of risk posed to individual children, adults and the wider community are part of the core functions of social work. Risk management for the key service user groups in Orkney is located primarily in three service areas: Adult Social Work for adults at risk of harm, Criminal Justice for the management of people who have committed offences; and Children and Families for child protection. In view of the importance of joint working, and the statutory requirement to have an adult protection committee with an independent Chair, the work of the Orkney Child Protection Committee and the Orkney Adult Protection Committee has been harmonised, with meetings under the same independent chair held consecutively on the same day, with an overlap period to consider issues of

joint relevance such as Multi Agency Public Protection Arrangements (MAPPA) primarily relating to the supervision of sex offenders, and Multi Agency Risk Assessment Conferences (MARAC) addressing domestic abuse. The CSWO is a member of the Chief Officers' Groups for both these committees. This allows the CSWO to have an overview of related risk management activity, both within the Council and across agency boundaries. The CSWO participates in individual planning meetings under the MAPPA arrangements for high risk (Level 3) offenders.

## **7. User and Carer Empowerment**

7.1. Adult Social Work services in Orkney have used outcomes focussed techniques since 2007, based on the Talking Points approach; an evidence based organisational approach based on quality of life, process and change, that puts people using services and unpaid carers at the centre of the support they receive. [Click here](#). Ten years of working in this way has resulted in the focus on outcomes being embedded in assessment and support planning practice. The introduction of Self Directed Support (SDS) with its associated national guidance helped to consolidate this.

7.2. Assessment templates in our Paris business system are built to support assessors making sure that client outcomes inform their support plans. We are challenged in managing our data collection, analysis and reporting on SDS compliance and in being able to use data for local service planning by significant long term difficulties in resourcing of systems support for our business system. The authority plans to address this issue in 2017.

7.3. We continue to be challenged in providing personalised services to clients via SDS because budgets are invested in fixed services which are valued by local people, are each one of a kind and are essential to allow us to provide services to those who choose them and for people whose individualised packages fail for whatever reason. SDS packages are, for the most part, an addition to existing budget expenditure, not a replacement of a fixed service. Because there are no savings to devote to non-authority provided services, allocation panels struggle to fund SDS options 1 and 2. This results in limitations to the choice and control aims of the SDS Act.

7.4. To better manage limited resources, the authority plans to consider consulting on providing paid services only to those in Critical and Substantial eligibility criteria, removing entitlement for those whose needs are assessed as Moderate.

7.5. The use of outcomes focussed assessment and review tools provides the authority with client and carer views about services which are favourable, with satisfaction rates over 70% across adult service areas.

7.6. The authority is preparing for the requirements of the Carer's (Scotland) Act 2016 and looks forward to seeing Scottish Government guidance on practical application of the Act, which is due for implementation in April 2018. We have some concerns that the volume of new carers' assessments, and the requirement to provide support services without additional finance, will be a serious challenge to our staffing and budgetary resources across all service areas.

## **8. Workforce**

### **8.1. Planning**

8.1.1. Fifty percent of qualified social work staff/managers are approaching traditional retirement age, as are the Mental Health Officer cohort. A quarter of this group are key managers. The Adult Social Work Team has been working through a no additional cost succession planning programme with the aim of offering social workers opportunities to progress to more senior positions whilst current senior staff are still in post but working reduced hours.

8.1.2. Orkney has low unemployment levels which affect recruitment from the local workforce into areas such as Home Care and unit based staff. There is little or no availability of professional grade social work staff seeking employment in Orkney and there has been chronic and sustained difficulty for a number of years in recruiting to vacancies across all social work posts. The Children and Families Social Work team in particular, with a notional full staffing compliment of 11.0 Full Time Equivalent (FTE) front line social work staff, has carried vacancy levels around 3.0 FTE for a number of years. The Adult Social Work Team has recruited a social work trainee as a route to managing this issue and support is given to social work student placements across all teams with a view to increasing the local qualified worker pool.

8.1.3. Audit Scotland gave prominence in its 2016 Report to the specific risk, “That Chief Social Work Officers may become over-stretched”. Locally, the role of Chief Social Work Officer has been established as a 0.6 Full Time Equivalent within the post of Head of Service, Children and Families and Criminal Justice, spanning Health and Social Work services across the IJB. The post was appointed to in June 2016, after interim cover had been provided at Service Manager/Principal Social Worker level. In early November 2016 the postholder resigned, but by mutual agreement has agreed to an extended notice period, covering the role until at least July 2017, pending a further recruitment exercise.

8.1.4. A major achievement in 2016 to 2017 has been development and refinement of the Council’s Employee Review and Development process particularly for OHAC employees. The template for use in annual Employee Review and Development meetings has been harmonised with the Common Core of skills, knowledge and values published by the Scottish Social Services Council, to assist staff in demonstrating suitability for professional registration.

### **8.2. Development**

8.2.1. The requirement for Local Authorities to have adequate workforce planning arrangements in place is covered in the national audit report “Scotland’s Public Sector Workforce” published in November 2013, and supported by the Best Practice Guidance published in March 2014. Since the Best Practice Guidance was released Orkney Islands Council has put in place an updated Human Resources Strategy and subsequently officers have been engaged in more systematic work in developing workforce development plans for each service.

8.2.2. The Workforce Plan was presented to the Orkney Health and Care Committee in February 2017, and covers:

- The key challenges facing the Service in terms of its workforce in the medium term, including those involving Learning and Development as well as areas of service pressure and demand.
- Planning for future scenarios where funding for services continues to decrease in line with the possible scenario projections contained in the Council's Medium Term Resource Strategy.

8.2.3. The need to support staff with the right training and skills development remains a priority and, for Orkney Health and Care, there are a number of ongoing challenges as well as new requirements to meet. Key service priorities are:

- Requirement to continue to support front line staff to achieve Scottish Social Services Council (SSSC) registration requirements, including all front line Care at Home staff achieving SVQ2.
- Requirement to support those working within residential Childcare to achieve SVQ 4/Degree level qualifications in line with new registration requirements.
- Development of a programme for possible reskilling/retraining of staff at risk of redundancy or redeployment from other areas of the Council to meet the increasing level of front line care requirements in the future.
- Development of Modern and Foundation apprenticeships to help ensure sufficient availability of front line care staff to maintain service provision.
- Ensuring support in place for continuing professional development of staff where required as part of their professional registration.
- Provision of support and development to staff to enable them to effectively and positively deal with a period of significant change.
- Provision of training for staff in a variety of new automated technology systems given the increased emphasis of technology to support new electronic ways of working.

8.2.4. The 2016 to 2017 core and induction training delivery is detailed below:

<b>Training.</b>	<b>Number of Courses.</b>	<b>Number of Staff Trained.</b>
Caring for Smiles.	1.	7.
Basic First Aid.	30.	231.
People Handling.	44.	247.
Epilepsy and Rescue Medication.	1.	96.
Studio 3 Managing Challenging Behaviour.	10.	117.
Medication.	16.	152.
Intermediate Food Hygiene.	1.	1.

8.2.5. Staff turnover in residential care services for children has impacted on waiting lists for qualification sponsorship for workers in this area. However, quite a number of Orkney Health and Care staff have self-funded a Health and Social Care qualification via Orkney College and we were fortunate enough in 201 to 2017 to secure up to six Modern Apprenticeship places at Orkney College for the SVQ 2 Health and Social Care qualification. Some of these Modern Apprentices have automatically progressed onto the SVQ 3 Health and Social Care Modern Apprenticeship.

8.2.6. The detail of qualification sponsorship for 2016 to 2017 is shown below:

<b>Qualification.</b>	<b>Number of Sponsored Staff</b>
HNC Social Care combined with SVQ 3 Health and Social Care.	0.
SVQ 4 Health and Social Care.	2.
SVQ 3 Health and Social Care.	2.
SVQ 3 Health and Social Care Partially Funded.	3.
SVQ 2 Health and Social Care.	10.
SVQ 2 Health and Social Care Partially Funded.	7.
CPD Leading and Managing Care Services.	1.

## **9. Improvement Approaches and examples/case studies of improvement activities**

9.1. As noted above, a major achievement in 2016 to 2017 has been development and refinement of the Council's Employee Review and Development process particularly for OHAC employees. The template for use in annual Employee Review and Development meetings for Council employed OHAC staff has been harmonised with the Common Core of skills, knowledge and values published by the Scottish Social Services Council, to assist staff in demonstrating suitability for professional registration. This initiative came from staff collaboration involving the Local Practitioner Forum, and involved significant contributions of time and effort, resulting in a template which has been generally well received and is likely to offer organisational benefits for some years to come.

9.2. During 2016 to 2017, Orkney Islands Council made a major investment commitment to build a new 40-bed care home at Garson, Stromness, The "New St Peter's House" will replace the current 32-bed facility, and public consultation was undertaken on the initial plans in August 2016. The care home is planned to open early in 2019. The total project cost is around £9,000,000.

9.3. During 2015 to 2016, staff across a range of services in Orkney put a huge amount of effort into a Scottish Government funded programme of multi-agency "Systemic Practice" training aiming to improve service delivery methodology in

children's case work services and deliver better outcomes for looked-after children and children at risk of becoming looked after. From Orkney Health and Care, 19 staff enrolled in the 200-hour "Foundation Level Course", and 15 successfully completed. During 2016 to 2017, continued funding was sourced for 'Consult to Practice' with a qualified systemic family therapist supporting supervisors to progress systemic practice and ideas through supervision of practitioners. An evaluation of this is to be reported by the Principal Social Worker for Children and Families services by October 2017.

9.4. As referred to in the section on the challenges around geography above, Orkney faces disproportionate challenges around sustaining links with national and regional organisations, and progress in developing routine video conferencing has been slower than hoped – indeed, availability of video links to Scottish Prison Service establishments has reduced over the last year. In partial response to this, however, Social Work Scotland has started filming some key events, sending an electronic link for Islands staff to view when they have time, which can make the receipt of key information much more flexible and useful. Whilst not a complete solution, this is a welcome response to consistent messages provided from the isles over a number of years.

9.5. Working in a small isolated island community is recognised as setting unique challenges, which require careful consideration of personal and professional roles and boundaries. Living and working in the same small community has both positive and problematic aspects which can affect us all potentially in both our professional working lives as well as in our private and personal lives, as private citizens and as service users. With this in mind, practitioners have developed a local protocol on boundaries, which articulates some of the challenges and puts forward sound practical ways to ensure that, as far as possible, roles and boundaries are respected. The draft paper was considered via the Local Practitioner Forum and the Professional Social Work Advisory Committee before being distributed more widely as an aid to staff.