



# Annual Report by Local Authority Chief Social Work Officer

## 2014-2015 Report

### 1. Local Authority Overview

1.1. The Local Government (Scotland) Act 1994 requires every local authority to have a professionally qualified Chief Social Work Officer.

1.2. This is the seventh annual report from Orkney Islands Council's Chief Social Work Officer and covers the period April 2014 to March 2015.

1.3. The Council's social work and social care services enable, support, care for and protect people of all ages in Orkney, by providing or purchasing 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.

1.4. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of social work and social care services. These are provided by the local authority or purchased from the voluntary or private sector and is responsible for duties and decisions relating to the curtailment of individual freedom and the protection of both individuals and the public. The role and functions of the CSWO are set out at Appendix 1.

1.5. 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 are inhabited, depending on the time of year.

1.6. A century ago, Orkney had a population of around 29,000. It is now estimated to be 21,570 (General Register Office for Scotland). In the last 10 years, births have been outnumbered by deaths and the population has been boosted by inward migration, much of which has been linked to growth of the renewable energy sector in Orkney and the population is expected to remain fairly stable for the remainder of the decade. However, over the next 25 years Orkney's population is predicted to age dramatically, ahead of the rate of increase predicted for the Scottish national average (<http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CareData>), which will place additional demands on health, social work and social care services at a

time where our working age population is expected to fall. In addition, we must prepare to meet the needs of an increasingly diverse population too, as Orkney's workforce becomes increasingly international and multi-cultural.

1.7. An example of the service impact arising from demographic pressures is that at the time of its inception there were around 200 Community Care Alarms transferred from Age Concern to the Telecare service in 2010. To date there are now some 750 installations across the County with the mainland based Responder service receiving an average of 120 calls per month to individuals needing assistance in their own homes.

1.8. Orkney offers a high quality of life to its residents and has amongst the highest life expectancy in Scotland, 76.5 years for men and 80.5 for women (Office for National Statistics, 2004). Child poverty rates and unemployment rates are amongst the lowest in Scotland (Loughborough University Centre for Research in Social Policy 2014) and it is one of the safest places to live, with some of the lowest crime rates and highest detection rates in Scotland. In addition, crime rates, of all kinds, are lower than in previous reporting periods, as are numbers of people seriously injured on our roads. Rates of detection of supply of controlled drugs are up (as reported to the Police and Fire Sub Committee). However, health and quality of life can be and are adversely affected by rural poverty, caused by a range of factors including under employment, low wages and high cost of living, lack of affordable housing, fuel poverty, and isolation from access to services, all of which have a considerable impact. In addition, by 2024, 30% of Orkney's population will have reached pension age compared with the Scottish average of 23% (General Register Office for Scotland, 2005) and our working age population is expected to fall, creating a demographic imbalance. This will particularly impact on the delivery of health, social work and social care services through the impact on the available workforce in Orkney. Orkney also has an ongoing significant and unhealthy relationship with alcohol, with the highest alcohol related hospital admission figures in Scotland, which impacts on the support people require, and a growing issue of childhood obesity. There has also been a recent upturn in other substance misuse, most notably use of 'legal highs' which is a particularly challenging area to address but can have significant impacts on individuals, families and services.

1.9. Welfare reform has also brought a variety of changes to the benefits system, some of which have already been implemented and others which are due to be introduced over the next few years by the UK Government. The impact of the changes has been and will continue to be felt by people in the community through reductions in, or loss of, benefit income. The changes have been marked by an increased demand on the food bank that is now established locally and is expected to also lead to an upturn in referrals for support services.

1.10. While Orkney has a wide variety of third sector services, estimated to be in the region of 600 when all non-governmental and not for profit organisations or associations, charities, voluntary and community groups and co-operatives are taken into account, the majority of health and social care services are delivered by the statutory bodies.

## 2. Partnership Structures/ Governance Arrangements

2.1. Orkney Health and Care is a partnership arrangement between Orkney Islands Council and NHS Orkney, delivering community health, social work and social care services.

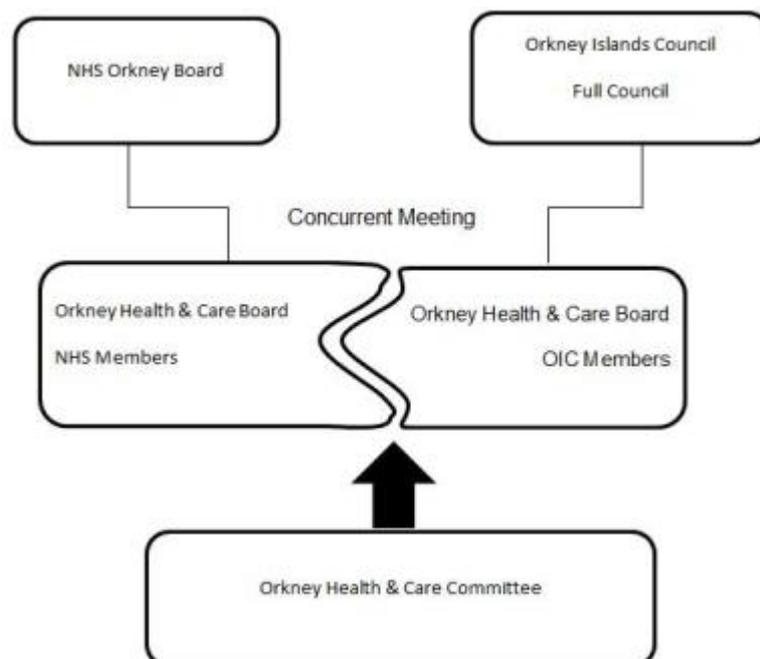
2.2. Orkney Health and Care was established as a shadow Community Health and Social Care Partnership on 1 April 2009 and became a substantive arrangement on 1 April 2010. In November 2010 work began on restructure plans to develop and implement a fully integrated management structure and a professional support structure. The restructure process was completed during 2012.

2.3. The partnership includes all Council social work and social care services and the NHS community based health services. Services for all ages are included in the partnership.

2.4. Governance arrangements for the partnership are through the Board of Orkney Health and Care. The Board is a concurrent meeting of Council and NHS members and it meets five times each year to consider policy and service developments, performance and service delivery issues. The decisions of the Orkney Health and Care Board are further considered by the Council and NHS as part of the wider governance arrangements for the parent bodies.

2.5. The Orkney Health and Care Board is supported by the Orkney Health and Care Committee, which has representation from key stakeholders including professional advisory groups, service leads, public, carer and third sector input and Union and staff side representation.

2.6. The structure can be represented as follows:



2.7. The role of the Chief Social Work Officer (CSWO) is held at the level of Head of Service and, in addition to reporting directly to the Chief Executives of both parent

organisations for operational matters, also reports directly to the Chief Executive of the Council specifically in relation to CSWO matters. The CSWO is a member of the Public Protection Chief Officers' Group and is also a member of the Council's Senior Management Team, thereby ensuring the ability to provide professional advice and support to the wider functions of the Council.

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

3.1. 2014-2015 has been a year of ongoing change in social work and social care services, with challenging new pieces of legislation to take account of.

3.2. During the year work to respond to the findings of the evaluation of the Orkney Health and Care restructure was undertaken. This largely focussed on clarifying the role and responsibilities relationships between the generic management structure and the professional support structure which was implemented as part of the restructure. Staff reported that the benefits of integration with health colleagues were beginning to be seen, although all acknowledged that the full benefits would take further time to develop.

3.3. The year also saw preparation for the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, which provides a platform for formally integrating health and social care services across the country. Key decisions in relation to the model of integration and the range of services to integrate were taken in partnership with NHS Orkney. It would be fair to say that this was a challenging process, with a deal of concern that the details of this very significant piece of legislation do not translate well to small remote and rural areas and do not allow for account to be taken of the significant progress that has already take place in Orkney on integrating health and social care services. The coming year will be a critical one in terms of preparing the new structure and arrangements to undertake the task ahead. The Chief Social Work Officer will have a key role to play in ensuing the quality, governance and profile of social work services within this process.

3.4. Preparations for the implementation of the Children and Young People's Act 2014 are progressing, in partnership with health and education. Difficulties in relation to information sharing have been highlighted locally and nationally but it appears that local solutions are required and this is being investigated. The Integrated Children's Services Plan is due to be updated and a group has been identified to progress this work in a multi-agency forum, with front line staff being an instrumental part of this work.

3.5. Another significant area of work during the year implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 which brought with it significant change to the community care assessment and service delivery process and required the development of comprehensive new policies, procedures and guidance, a staff training programme and extensive changes to how services are understood and delivered in order to make a shift from service led processes to service user led, and outcomes focussed processes. We were able to successfully launch our revised approach and implement the legislation in full from the enactment date of 1 April 2014. The legislation does however bring with it ongoing financial challenges as delivery within the local context where there are no economies of scale to make use

of to deliver fundamental service change to support implementation, is not a cost neutral activity, as the Scottish Government envisaged.

3.5.1. From April 2014, all teams within Orkney Health and Care were ready to meet the requirements of the Social Care (Self-Directed Support) (Scotland) Act 2013. A programme of training had been designed locally, based on national guidelines, and delivered to assessment and service provision teams along with third sector organisations. Local procedures, including risk assessment and management protocols were in place and the Paris business system revised to ensure that the assessment tools available for workers met the requirements of the Act.

3.5.2. Over the course of this initial period of working under the Act, we are now better aware of the continuing structural changes that need to take place involving how support is funded and equitably allocated. Culturally, however, we are confident that the principles of the Act, involving choice and innovation along with co-production, have been assimilated.

3.5.3. In the first year a total of 25 people have elected to receive an option 1 direct payment. In total this equates to 296 hours per week of care. These packages were delivered at an additional cost of £104,500. As at 31 March 2015 this meant a rise in service delivery from 66 packages to 91. This amount is significantly higher than the previous year's direct payment total and is therefore of concern given the financial challenge described above.

3.6. Criminal Justice Social Work Services have been the subject of preparations for the replacement of the eight Regional Community Justice Authorities in 2017, with a new arrangement based on the 32 local Community Justice Partnerships linked to the Community Planning Partnerships, guided by a new central body. Initial discussions on transition arrangements continued in 2014-2015. In the meantime, Orkney's Criminal Justice Services are the subject of regular scrutiny via quarterly performance reports submitted to and considered by the Northern Community Justice Authority, evidencing a high level of continuing adherence to the sampled performance measures.

3.7. Looking to the very near future, work is also underway to understand the implications of the new Carers Bill which is currently progressing through Parliament. It will have a significant impact on how we assess and support carers. At this stage the details of the likely changes are not fully known however there is a clear major cost implication and a concern that the levels of additional funding attached to the Bill will be insufficient to meet the local demands. To date Orkney Health and Care has fed back on the consultation of the draft Bill.

## **4. Finance**

4.1. Orkney Health and Care's total approved net budget for 2014-2015 was £33.0 million. This was split as follows:

	Spend	Budget	Over/Under		Annual Budget
			Spend	%	
Services	£0	£0	£0	%	£0
Social Care	17,567	17,312	255	101.5	17312
NHS	15,624	15,709	-85	99.5	15,709
<b>Service Totals</b>	<b>33,191</b>	<b>33,021</b>	<b>170</b>	<b>100.5</b>	<b>33,021</b>

4.2. The full details of spending in Orkney Health and Care, including details of expenditure on the NHS aspects of the service, are routinely reported on through the Orkney Health and Care Board.

4.3. The service recognises the demographic pressures, particularly the projected growth in numbers of older people, numbers of people with dementia, and numbers of people with complex conditions living longer. There will also be a continuing shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions and complex needs. These will all impact on demand for services and it was noted that The Biggar Economics study of 2006, which set out to independently assess and quantify the social services needs of Orkney and the likely cost of providing these services over the next five to ten year period, identified the requirement for a total budget of £18 million by 2015-2016 for the aspects of the Orkney Health and Care service delivered by the Council.

## 5. Service Quality and Performance

5.1. This section does not set out to reproduce performance information that has been presented to members in separate reports throughout the year in line with agreed reporting processes. It highlights key achievements during the year and singles out a few representative developments to indicate the direction of travel across the spectrum of social care and social work services. These make a significant contribution to the service and Council priorities and to the Community Planning Partnership outcomes.

5.2. Achievements in 2014-2015 include, but are not limited to:

5.2.1. Progress on the build programme for the new Children's House, with completion expected early in 2015–2016.

5.2.2. Completion of the new build All Age Learning Disability Service short breaks service to provide more respite and assessment capacity.

5.2.3. Progress on the build for the new All Age Learning Disability Service Lifestyle Centre, for day activities, at the Pickaquoy Centre. A move in date early in 2015-2016 is anticipated.

5.2.4. Agreement to progress the development of an extension to St Rognvald House to provide much needed additional high dependency residential care home capacity.

5.2.5. Approval to progress a capital project to replace St Peter's House with a 40 bed Care Home on a new site.

5.2.6. Completion of a review of our fostering and adoption services.

5.2.7. Work to progress the development of a new intensive fostering service to enhance local capacity and minimise use of out of area placements, which have seen an upturn in recent times.

5.2.8. Our ongoing role as part of the Head, Heart, Hands Social Pedagogy national project.

5.2.9. Single point of referral work undertaken with the Help Desk going live on 1 April 2015.

- After 18 months of analysis and planning, the Orkney Health and Care Helpdesk will start on 1 April 2015. The helpdesk project originated from a hypothesis that scattergun referrals for the same case, across multiple teams, was wasting scarce resources, causing delays and confusion for our client groups. We gathered baseline data, analysed patterns of referrals and took external consultant support. The outcome is a helpdesk hosted by the Adult Social Work Assessment Team which can take referrals for most of the health and social care teams along with third sector organisations across the adult sector. We will review the efficacy of the helpdesk at intervals over the first year.

5.2.10. The Child and Adult Protection Committees have been aligned to enable streamlining of functions and the training and awareness raising sub groups have also been aligned.

5.2.11. Equipment and Adaptation reviews were concluded during 2014 for adult services. Service users offered positive comment about the service they received and the positive impact the change had on their life. The work was externally commended by JIT.

5.2.12. The Criminal Justice Service took part in preparations for a national joint thematic review of Multi Agency Public Protection Arrangement processes led by the Care Inspectorate in conjunction with Her Majesty's Inspectorate of Constabulary in Scotland.

5.2.13. The care at home service is consulting with staff on a pilot scheme to introduce pooled cars for the Homecare staff. If the pilot is adopted there is the potential for considerable savings to be achieved with no reduction in front line service.

## 6. 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.** 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 Chief Social Work Officer becomes the legal guardian. Work of this nature has increased over the previous year. Further information is provided at Appendix 2.

6.1.2. **Compulsory treatment.** In hospital or in the community, this 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). MHO's are experienced, additionally qualified Social Workers. There are also compulsory measures available in respect of mentally disordered offenders. The Council retains MHO 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. Further information is provided at Appendix 3.

6.1.3. **Mental Health Officer Service.** This year has seen a Mental Health Officer (MHO) trainee working towards qualification. On completion of the course, this will expand the MHO team to six workers. There continue to be regular requirements for MHO work under the Adults with Incapacity Act and this largely planned work is managed within current capacity.

- The bulk of the statutory Adults with Incapacity work are taken up by the Mental Health Officer's (MHO) in the form of reports for local authority and private welfare guardianships. As in previous years the number of request 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.
- Advice and information is provided in a wide range of mediums to members of the public, service users, and other professionals. A lot of work is routinely done as part of a 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 section 13ZA 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 on-going training and regular updates on all legal aspects are provided to social work practitioners in the form of peer support meeting, discussions in team meetings, and specific training.
- Work under the Mental Health Care and Treatment Act is generally unplanned, resulting from the need to assess with regard to emergency detentions.

**6.1.4. Fostering, Adoption and Permanence Panel.** The role of Agency Decision Maker for the Panel and the Council is delegated by the Chief Social Work Officer (CSWO) to the Principal Social Worker for Children's Services. Appeals are heard by the CSWO. The Panel has an independent Chair and in 2014-2015 it met on five occasions. Four families were recommended as foster carers and one foster carer review was completed. All of these were approved and ratified by the Agency Decision Maker.

- Permanency planning was approved for eight children, of whom three were formally matched in the period. Orkney Islands Council is named as the Legal Guardian and this will continue to be in force with the Council having parental rights for these children until their sixteenth birthdays and parental responsibilities until their twenty-fifth birthday.

**6.1.5. Emergency Social Work Services.** The Chief Social Work Officer has a duty to ensure that Social Work Services are provided 24 hours per day, 365 days per year. This is provided by day time services on a duty basis during office hours and outwith office hours, by an in-house social work emergency on call service. This service continues to be busy, with 285 referrals to Emergency Duty Social Workers requiring recording or action in 2014-2015 (compared with 316 last year), as well as many non-emergency matters leading only to brief advice or direction elsewhere.

**6.1.6. Commissioned Services.** The Chief Social Work Officer 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 33 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 total of six miscellaneous contractual arrangements are in place for the provision of social care placements, Mental Health Officer services, emergency support services (emergency planning), calls handling system support and calls handling services, meeting facilitation services and agreement to make payments for one child in accordance with the fostering allowance placed out with Orkney in a permanent placement.

**6.1.7.** 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.

**6.1.8. Protection and Risk Management.** 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 offenders 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 following multi-agency mechanisms have been established in Orkney:

- The Orkney Child Protection Committee.

- The Orkney Adult Protection Committee.

The Chief Social Work Officer (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 governance of Multi Agency Public Protection Arrangements (MAPPA) in relation to high risk offenders was based on policing boundaries and held at Northern Constabulary level by the Chief Constable and the MAPPA Northern Community Justice Authority Area Strategic Group. The advent of Police Scotland from 1 April 2013 effectively left these arrangements unchanged. The CSWO is a member of this Strategy Group. At an operational level within Orkney, MAPPA arrangements have been implemented by the Criminal Justice Social Work Team and the Orkney Area Command/ North Division of Police Scotland, reporting to the Highland and Islands MAPPA Management Group. The CSWO participates in individual planning meetings under the MAPPA arrangements for high risk offenders. Further information about protection and risk management is provided at Appendix 4.

## 7. Improvement Approaches

7.1. Social Work and Social Care Services are subject to external scrutiny and inspection. The emphasis on quality, responsiveness, service user involvement and continuous improvement provides a framework for improved service user focused outcomes. From 1 April 2011, the Care Commission and the Social Work Inspection Agency were integrated into Social Care and Social Work Improvement Scotland, now known as the Care Inspectorate. This is the unified independent scrutiny and improvement body for care and children's services and has a significant part to play in improving services for adults and children across Scotland by the regulation and inspection of care services and the inspection of social work and child protection. Inspections take place regularly and are reported upon, together with plans for improvement actions. There were no Enforcement Notices served on any Council services during 2014-2015. A summary of the inspection grades received during the year is attached at Appendix 5.

7.2. **Complaints and Compliments.** The Chief Social Work Officer is required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. These are also considered by senior and service managers on a regular basis. During 2014-2015, twelve formal complaints were received. Five were upheld, one was partly upheld, six were not upheld and one was withdrawn. Eight complaints were regarding Children and Families services, five complaints were regarding services for older people. In 2014-2015 the service received 28 compliments in writing regarding the quality of service provided.

7.3. **Complaint Review Committee.** Two complaints were referred to the Complaints Review Committee in the year. In both cases the Complaints Review Committee upheld the original decision of the investigating officer.

7.4. Orkney Health and Care provides a wide range of services and also commissions services to meet care needs. Quality of service and the delivery of identified outcomes are key aspects of service delivery and a range of approaches is used to ensure this is at the heart of what we do. Feedback from public consultations

highlighted that people had difficulty finding their way to the most appropriate services especially at times of transition or crisis. A multidisciplinary group comprising health social and third staff was set up to develop a Help Desk to assist with signposting or where appropriate a single point of referral to third sector, health and social care services in the community. This is a key strand of continuous service improvement, reflecting as it does the views of service users, patients and carers at the heart of our processes. This is reflected in a range of services that regularly seek service user and carer feedback in relation to how they have experienced key processes such as processes for Looked After Children and episodes of direct care services.

7.5. We have undertaken a range of self-evaluation processes utilising best value methodology. We have also undertaken a range of supported self-evaluation processes, in our community equipment and aids and adaptation services, our criminal justice services, and in relation to our care services website. We have sought support and 'critical friend' style challenge from relevant agencies such as the Care Inspectorate and the Scottish Government's Joint Improvement Team and this has contributed to service quality and improvement. More recently, in recognition of our developing service integration, we have also been working across the traditional boundaries of disciplines and have for example been working with NHS Education Scotland on supported self-evaluation and service improvement in our integrated teams.

7.6. In relation to our key protective services there are also regular processes of case review and case audit by a multi-agency group, to ensure both scrutiny of practice with a focus on quality and delivery of key outcomes, and sharing good practice and learning opportunities. Practice guidance is now being developed in response to audit recommendations.

7.7. We will continue to focus on this area in the coming year and will particularly be working with the Care Inspectorate on supported self-evaluation of risk assessment and risk management approaches in child and adult services.

7.8. Residential Care Homes in Orkney Health and Care took up the opportunity to take part in a quality improvements pilot supported by Quality Improvement Scotland to using the Releasing Time to Care toolkit from the Productive Series to support service improvement and integrated working. The feedback from the pilot, which finished in March 2015, was very positive. There is continued support from a cohort of Trainers the Trainers to build on the successes staff has reported to date and the outcomes of the evaluation.

7.9. We have undertaken a piece of work in relation to the administration of medicines across social care settings. This has enabled us to agree a standardised Medicine Administration Record sheet for all adult services. Procedures have also been updated to take cognisance of current best practice. This includes a consistent approach to error management. We are also introducing a new training methodology involving NHS Orkney hospital pharmacists.

## **8. User and Carer Empowerment**

8.1. This is a significant time of change in health and social care services with a range of legislative development to respond to and accommodate as well as significant demographic pressures, financial pressures and policy drivers impacting on services.

8.2. In the coming year we will continue to work on embedding and refining our approach to the Self-directed Support legislation and preparing for implementation of the Public Bodies (Joint Working) (Scotland) Act 2014. Both require the inclusion of services users and carers at the heart of planning services both on a strategic level and an individual level. We will make use of our Public Partnership Forum as part of this process.

8.3. We are also actively engaged in public consultation and engagement on a range of service area changes including our approach to day opportunity services and developing our plans for a new children's residential house. We also have a very active multi-agency and multi-disciplinary group taking forward service delivery in our early years and early intervention services. All of this work is set out in our Service Plan and monitored through our performance management system, with regular reports to our Orkney Health and Care Board.

## **9. Workforce Planning and Development**

9.1. Workforce is one of the 4 Key Pillars set out in the Christie Commission's Report on Public Service Reform with a particular emphasis on improving leadership at all levels in social services.

9.2. Over the year we have built on our senior social workers forum to ensure shared learning, planning and reflection across services areas. This forum ensures leadership in terms of social work is cascaded through the professional support structure.

9.3. In addition, the professional social work and social care advisory committee continues to work on the development of standardised systems and processes across different services where possible to ensure consistency of approach and expectation.

9.4. Leadership in terms of the new Self Directed Support legislation has been collaborative and distributed with a steering group comprising representation from staff at a range of levels and from different agencies. This group has worked together to develop the local approach to the legislation and the recommendations of the group have been translated into policy, procedure and practice through the Orkney Health and Care Board.

9.5. Registration of the social care workforce is an important factor in skill development and professionalisation of the service, and a key contributor to overall quality assurance. Over time, registration of all categories of social work and social care staff will be a statutory requirement.

9.6. All social workers, managers and staff in residential child care, managers of adult day care services, practitioners and support workers in children's day care,

managers of housing support services and care at home services are registered with the Scottish Social Services Council.

9.7. Dates for compulsory registration are set by the Scottish Government and extend to 2020. Failure by an employee to achieve or maintain compulsory registration will result in their removal from post, in line with employer responsibilities. Inevitably this has the potential to impact on our capacity to deliver services.

9.8. In line with this agenda we continue to assist staff through Scottish Vocational Qualifications (SVQ) and other forms of qualification. While this is a positive approach, there are some future challenges associated with it. When the registration agenda reaches home care staff we anticipate that there may be a drop off in workforce numbers as some staff opt out of the role rather than embark on an SVQ. In discussed this issue with the Scottish Social Services Council who acknowledged our challenges, but are not able to offer any alternative approach for remote and rural areas.

9.9. During the year we continue to host social work student placements. This is very welcome. In addition, we continue to make use of a graduate trainee opportunity and support the Skillseekers and Modern Apprenticeship programme.

9.10. We have continued to drive forward with dementia training and now have 296 staff who has undertaken dementia training through Stirling University, Orkney College or Promoting Excellence and a further 20 undertaking skilled level training at present. In order to ensure continued viability, three more facilitators have been recruited which increased the number by one as two facilitators have moved on. The resource will be updated and enhanced to ensure accuracy and relevance to practice. This will include elements at the enhanced level for stress and distress with cognisance that care staff is commonly involved in more complex care.

9.11. 187 have completed the oral hygiene programme. This number continues to be increased with staff undertaking the programme on induction.

9.12. The quantity of staff training is detailed at Appendix 6. A revised approach is in development for the delivery of training to the staff of the integrated Orkney Health and Care.

## **10. Other Issues**

10.1. The Welfare Reform Act continues to take effect and it is likely that service users of Orkney Health and Care Services will be impacted by the changes and may seek additional advice, support and possibly assistance as a result.

10.2. Changes stemming from updated children and young people legislation will also place additional challenges on services and the services of partner agencies. It will be important in the coming year to fully understand the implications of these legislative changes and ensure that staff is equipped to respond.

10.3. There is a need to ensure that training requirements continue to be monitored and met for the social work and social care workforce. As part of the management

restructure there is no longer a training manager with a dedicated remit for social work and social care. Further work is required on how to manage the practicalities of the aspects of training that it is proposed to integrate. Consideration also requires to be given to the question of how far to take the integration of training overall and whether that integration is with NHS Orkney or with the Council's corporate centre. There will also be ongoing pressures in meeting the requirements of the Scottish Social Services Council's registration requirements, which are now well rolled out through the workforce but with the highest volume areas still to follow for example registration of Home Carers.

10.4. Further key work in 2015-2016 will be to continue to progress service developments such as the creation of a Strategic Commissioning Plan which will be the cornerstone of future developments and the next stages of the additional care home places in Kirkwall, and following capital programme approval to build the replacement St Peter's House in Stromness with a 40 bedded Care Home on a new site. In addition, the goal is to have the new children's residential house completed in the coming year and to have reviewed and developed the services that are provided to children in the community and in the children's house.

10.5. A further challenge is that the needs of service users living in either their own home, supported accommodation or indeed residential care continue to rise significantly. People with particularly complex needs are being cared for by our social care staff supported by primary care colleagues. Whilst this meets the choice of the existing service users' living preferences the complexity is such that in the long term it will not be possible to safely maintain more people at this end of the care spectrum without increasing staff volumes and skill mix. Coupled with the additional staff required for the planned, extended or additional care facilities, there are worrying challenges in recruiting sufficient staff locally. As with 2013-2014, we continued to have to use national social care staffing as we simply could not find enough care staff locally. This is an expensive and unsatisfactory short term solution and a concerted, multi service, collaborative approach is required to workforce planning for the medium to long term in care services in Orkney.

10.6. All of the above must be achieved in the context of significant change coupled with high levels of daily operational service demand. In order to create the conditions for success, it is important that the integration restructure takes account of the capacity of staff at all levels to deliver on their objectives. There must be both sufficient strategic and senior leadership capacity and sufficient front line and first line management resources in order to ensure safe, effective services.

## **Appendix 1: The Role and Function of the Chief Social Work Officer**

1.1. The Chief Social Work Officer (CSWO) is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. The CSWO should be positioned at a level of seniority commensurate with being able to advise the local authority and undertake the complex duties described in the Guidance.

1.2. The Chief Social Work Officer is a 'proper officer' in relation to the social work function. This is an officer who is given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

1.3. The post holder must be a qualified Social Worker, registered with the Scottish Social Services Council. The Chief Social Work Officer should demonstrate extensive experience at a senior level of both operational and strategic management of Social Work and Social Care Services.

1.4. The scope of the role relates to all Social Work and Social Care Services, whether provided directly by the local authority or in partnership with other agencies. Where services are purchased on behalf of the authority, including from the private or third sector, the Chief Social Work Officer has a responsibility to advise on the specification, quality and standards of services commissioned.

1.5. The Chief Social Work Officer's responsibilities are to:

1.5.1. Promote values and standards of professional practice, including relevant National Standards, and provide a clear statement of expectation of Social Services Workers and employers, consistent with the Scottish Social Services Council Codes of Practice, to be agreed with the Chief Executive and Elected Members.

1.5.2. Ensure that these values and standards are communicated on a regular basis, adhered to and reviewed periodically.

1.5.3. Work with Human Resources to ensure that all Social Services Workers meet the requirements of the Scottish Social Services Council Code of Practice and that all registered workers meet the requirements of their regulatory body.

1.5.4. Support and advise managers in maintaining and developing high standards of practice and supervision.

1.5.5. Ensure that only registered Social Workers undertake those functions reserved in legislation or are accountable for those functions described in guidance.

1.5.6. Ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards. Where the council's corporate policy on risk does not reflect this balance, the Chief Social Work Officer is required to bring this to the attention of the Chief Executive and to contribute to the development of appropriate governance arrangements.

1.5.7. Ensure appropriate advice is provided on corporate workforce planning and quality assurance, including safe recruitment practice, probation/ mentoring arrangements, managing poor performance and promoting continuous learning and development for staff.

1.5.8. Actively promote continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of the service user.

1.5.9. Oversee the quality of practice learning experiences for Social Work Students and effective workplace assessment arrangements, in accordance with the Scottish Social Services Council Code of Practice for Employers of Social Services Workers.

1.5.10. Ensure that appropriate systems are in place both to promote good practice and to identify and address weak and poor practice. The Chief Social Work Officer (CSWO) should work with Managers to ensure these systems are effective and, where this is not the case, the CSWO has the responsibility for bringing this to the attention of the Chief Executive and contributing to the development or improvement of such systems.

1.5.11. Ensure that significant case reviews are undertaken into all critical incidents either resulting in, or which may have resulted in, death or serious harm.

1.5.12. Take final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions required from time to time.

1.5.13. Contribute to reports to the Chief Executive and elected members providing independent comment where necessary on the findings of relevant performance reports, setting out:

- Implications for the local authority, for services, for service users and carers, for individual teams/members of staff/partners as appropriate.
- Implications for delivery of national and local outcomes.
- Proposals for remedial action.
- Means for sharing good practice and learning.
- Monitoring and reporting arrangements for identified improvement activity.

1.5.14. Report to the local authority on any other social work related issues.

1.5.15. Prepare an annual report to the local authority on all of the statutory, governance and leadership functions of the role.

1.5.16. From September 2010, authorise the specification for the procurement of commissioned services.

## Appendix 2: Welfare Guardianship and Intervention Orders

Type of Order / Intervention	2014 / 2015	2013 / 2014	2012 / 2013	2011 / 2012	2010 / 2011
Adults with Incapacity.					
New Welfare guardianship orders where CSWO is the Guardian.	1.	3.	3.	0.	3.
Total orders for which the Chief Social Work Officer is Guardian.	11.	11.	8.	5.	4.
Number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO applications.	7.	13.	10.	10.	8.
Other assessments completed by Mental Health Officers in relation to Adults with Incapacity leading to non-Adults with Incapacity Act outcome.	75.	64.	47.	40.	30.
Number of private Guardians being supervised by Officers of the Local Authority.	34.	32.	22.	18.	11.

### Appendix 3: Compulsory Treatment

Type of Order / Intervention	2014 / 2015	2013 / 2014	2012 / 2013	2011 / 2012	2010 / 2011
Mental Health Compulsory treatment orders.	15.	7.	8.	4.	1.
Emergency detentions.	9.	11.	9.	4.	3.
Short-term detentions.	10.	5.	2.	4.	0.
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.	36.	26.	57.	12.	6.
Mental Health Tribunals attended.	7.	4.	6.	4.	1.

## Appendix 4: Protection and Risk Management

Orders/ Protection related activity.

Category	2014 / 2015	2013 / 2014	2012 / 2013	2011 / 2012	2010 / 2011
<b>Children</b>					
Child protection referrals (per child).	45.	53.	46.	30.	34.
Child protection initial case conferences.	9.	12.	8.	7.	3.
Children on child protection register.	8.	9.	5.	5.	7.
<b>Adults</b>					
Adult protection referrals (per adult).	205.	117.	39.	51.	54.
Inter-agency referral discussions.	205.	117.	39.	51.	53
Further ASP processes.	14.	4.	0.	1.	0.
<b>Offenders in the community</b>					
Drug treatment and testing orders.	0.	0.	0.	0.	0.
Bail supervision.	4.	5.	5.	5.	11.
Statutory supervision: life licence, parole, extended	4.	5.	3.	3.	1.

<b>Category</b>	<b>2014 / 2015</b>	<b>2013 / 2014</b>	<b>2012 / 2013</b>	<b>2011 / 2012</b>	<b>2010 / 2011</b>
sentences and supervised release orders.					
New Community Payback Orders only for offences committed after 1 February 2011.	23; 3 supervision only, 6 unpaid work only and 14 combination of supervision with unpaid work.	36; 5 supervision only, 12 unpaid work only and 19 combination of supervision with unpaid work.	41; 5 supervision only, 22 unpaid work only and 14 combination of supervision with unpaid work.	43; 2 supervision only, 14 unpaid work only and 27 combination of supervision with unpaid work.	1.
<b>Imprisoned Offenders who will be subject to statutory supervision on release</b>					
Life licence, parole, extended sentences and supervised release orders.	6.	5.	6.	6.	6.

### **Secure Accommodation**

One child was placed in secure accommodation in 2014-2015.

### **Moving Looked After Children**

Two looked after children required authorisation by the Chief Social Work Officer in 2014-2015.

## Appendix 5: Inspection Findings

2014-2015 Inspection Report Grades.

Current Inspections	Last Inspection Date	Care and Support	Environment	Staffing	Management and Leadership	Requirements	Recommendations	Enforcements
Adoption Service.	13/03/2014.	5.	N/A.	5.	5.	0.	1.	None.
Aurrida House.	16/07/2014.	4.	4.	4.	4.	5.	1.	None.
Braeburn Court (Care Home Services).	05/11/2014.	4.	4.	4.	4.	1.	1.	N/A.
Braeburn Court (Support Services).	05/11/2014.	4.	N/A.	4.	4.	1.	1.	N/A.
Braeburn Court (Housing Support Service).	05/11/2014.	4.	N/A.	4.	4.	1.	1.	None.
Camoran Children's Resource Centre.	08/07/2014.	4.	4.	4.	4.	6.	6.	None.
Care at Home Services (Housing Support	21/11/2013.	3.	N/A.	4.	4.	1.	3.	None.

<b>Current Inspections</b>	<b>Last Inspection Date</b>	<b>Care and Support</b>	<b>Environment</b>	<b>Staffing</b>	<b>Management and Leadership</b>	<b>Requirements</b>	<b>Recommendations</b>	<b>Enforcements</b>
Service).								
Crossroads Orkney.	06/11/2014.	5.	N/A.	5.	5.	0.	1.	None.
Disability Resources Support Accommodation.	06/11/2014.	3.	N/A.	3.	3.	4.	7.	None.
Enable Scotland leading the way - Old Scapa Road.	20/08/2014.	4.	4.	4.	4.	2.	7.	None.
Eunson Kloss Respite Unit.	16/09/2014.	3.	3.	4.	3.	1.	3.	None.
Family Focus Service (Aurrida House).	14/01/2015.	4.	N/A.	4.	3.	0.	1.	None.
Fostering Service – Kirkwall.	13/03/2014.	4.	N/A.	5.	5.	0.	1.	None.
Gilbertson Day Centre.	28/02/2013.	4.	4.	4.	4.	2.	1.	None.
Glaitness Centre (Care Home).	06/11/2014.	3.	3.	3.	3.	5.	5.	None.
Glaitness Centre	06/11/2014.	3.	3.	3.	3.	2.	6.	None.

<b>Current Inspections</b>	<b>Last Inspection Date</b>	<b>Care and Support</b>	<b>Environment</b>	<b>Staffing</b>	<b>Management and Leadership</b>	<b>Requirements</b>	<b>Recommendations</b>	<b>Enforcements</b>
(Support Service).								
Glaitness Summer Playscheme.	31/07/2012.	3.	2.	3.	N/A.	2.	3.	None.
Hoy & Walls Day Centre.	28/02/2013.	4.	N/A.	4.	4.	0.	0.	None.
Kalisgarth and Very Sheltered Housing.	27/03/2014.	4.	4.	4.	4.	0.	4.	None.
Kalisgarth Care Centre.	16/10/2013.	4.	5.	N/A.	N/A.	0.	0.	None.
Kalisgarth Day Centre.	15/08/2011.	5.	5.	5.	5.	0.	0.	None.
Keelylang Day Centre.	18/09/2014.	4.	N/A.	4.	4.	0.	1.	None.
Orkney Blide Trust.	16/01/2015.	5.	N/A.	5.	5.	0.	0.	None.
Orkney Responder Service.	03/09/2014.	4.	4.	5.	5.	0.	2.	None.
Smiddybrae House.	04/09/2014.	4.	5.	4.	4.	1.	1.	None.

<b>Current Inspections</b>	<b>Last Inspection Date</b>	<b>Care and Support</b>	<b>Environment</b>	<b>Staffing</b>	<b>Management and Leadership</b>	<b>Requirements</b>	<b>Recommendations</b>	<b>Enforcements</b>
St Colm's Day Centre.	19/09/2013.	4.	4.	4.	4.	1.	6.	None.
St Colm's Respite Bungalow (Care Home) (Moved to 32 / 34 Pickaquoy Loan).	22/08/2014.	4.	4.	5.	4.	0.	4.	None.
St Peter's House.	16/10/2014.	4.	4.	4.	4.	1.	3.	None.
St Rognvald House.	02/12/2014.	4.	4.	4.	3.	0.	3.	None.
West Mainland Day Centre.	14/01/2015.	4.	N/A.	4.	4.	0.	1.	None.
Women's Aid Orkney.	10/06/2014.	3.	2.	3.	N/A.	2.	3.	None.

## Appendix 6: Training Overview

This programme ensures that all staff develops and maintain essential knowledge appropriate to their post of health and safety issues, fire safety, first aid, people handling, food hygiene, medication protocols, managing challenging behaviour and awareness of epilepsy and rescue medication.

The core and induction training programme continues to be enhanced by a wide variety of service led training arranged by individual staff teams. For example, infection control, palliative care and stoma care. In addition, senior and managerial staff has attended a range of corporate training events arranged by Orkney Islands Council's Learning and Development team. This has ensured that senior staff is knowledgeable on issues surrounding corporate policies and procedures such as performance review and development, recruitment, selection and redeployment, managing sickness absence, grievance policies and procedures, capability, induction, risk assessment and fire safety.

Throughout the period, the Training Co-ordinator has been working continuously with the Corporate Learning and Development team, Orkney College staff and Voluntary Action Orkney staff to promote ad hoc training opportunities for Orkney Health and Care staff locally.

Since the inception of Orkney Health and Care, a People Handling Working Group has been convened with representatives from NHS Orkney, Orkney College, Corporate Services and Orkney Health and Care to look at streamlining the delivery of People Handling training across NHS Orkney and Orkney Health and Care. This is still ongoing in line with the development and implementation of the Scottish Manual Handling Passport. This work is progressing with plans to update a cohort of EDGE trained workers to support the introduction of the skills passport for staff and to give rapid access to manual handling assessments in services.

Studio 3 - managing challenging behaviour training is currently being jointly developed by an accredited Studio 3 trainer from the Orkney Islands Council Education Service and an accredited Behavioural Support Strategies (BSS) trainer from Orkney Health and Care and will be delivered to staff across both these services to ensure consistency and continuity of managing challenging behaviour training in Orkney. The Orkney Health and Care BSS trainer is currently undertaking Studio 3 training and should be fully accredited by early 2016.

Training around Dementia has continued throughout 2014-2015 with a move away from the Stirling Dementia Centre Best Practice in Dementia Care course to the NHS Education for Scotland Dementia Skilled Improving Practice training. Delivered by in-house trainers, approximately 77 staff from Older People's Services has completed this course to date.

A training programme in the area of oral hygiene has continued at a lower level due to a reduction in the number of staff requiring this training.

In 2014, 10 senior supervisory staff carried out the People Handling and Risk Assessment Key Trainer's Certificate via Edge Services of York for the purpose of increasing the number of knowledgeable staff able to undertake risk assessments in

care settings and in the community. This training will be valid for two years. The nine Orkney Health and Care trainers completed refresher training in July 2015.

Delivery of the core and induction training programme to Orkney Health and Care staff has been challenged by issues typical of a remote island community for example, delivering training to staff that live and work on the smaller islands of Orkney in terms of transport and weather conditions.

The 2014-2015 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.	2.	25.
OHAC Fire Safety.	5.	95.
First Aid.	19.	171.
Basic Life Support.	4.	34.
Food Hygiene Introduction.	8.	95.
Food Hygiene Elementary.	8.	69.
Food Hygiene Intermediate.	1.	1.
Introduction to HAACP & Hazard Analysis.	0.	0.
People Handling.	47.	420.
Manual Handling.	0.	0.
Epilepsy & Rescue Medication.	10.	86.
Behavioural Support Strategies.	1.	17.
Studio 3.	10.	123.
Medication.	6.	96.
REHIS Controlling the Risk of Cross Contamination.	1.	2.
Introducing IRISS (The Institute for Research and Innovation in Social Services).	1.	22.
Achieving a Better Life – Older People’s Services.	1.	19.

Personnel working in children’s services and adult residential care services are required to undertake national qualifications appropriate to their work role. The number of qualification sponsorships has again been less than in previous years due to an already well qualified workforce, a reduction in the training budget allocation and the winding up of the Orkney Scottish Vocational Qualifications Partnership.

There is also the Children's Services Learning Passport that is being developed, again on a multi-agency basis, for all local colleagues working with children and

young people and highlights workshops that practitioners have offered to provide on a rolling programme. The idea is to have staff working in the same way and with the same ethos.

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 has self-funded a Health and Social Care qualification via Orkney College and we were fortunate enough in 2014-2015 to secure six Modern Apprenticeship places at the 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.

The detail of qualification sponsorship for 2014-2015 is shown below:

<b>Qualification</b>	<b>Number of Sponsored Staff</b>
HNC Social Care combined with SVQ 3 Health and Social Care.	3.
SVQ 4 Health and Social Care.	2.
SVQ 3 Health and Social Care.	3.
SVQ 3 Health and Social Care Partially Funded.	1.
SVQ 2 Health and Social Care.	6.
PDA in Health and Social Care Supervision.	5.

During the past year, particular attention has been paid to intelligence gathering in respect of appropriate qualifications for support workers in adult residential care services, due to the 30 September 2015 Scottish Social Services Council registration deadline. One of the challenges ahead will be to fund the large number of SVQ 2 Health and Social Care qualifications which will be required for this staff group.

Joint training programmes undertaken with NHS Orkney and other partner agencies, including Police Scotland, Voluntary Action Orkney and the Education Service included:

- Inter-agency child protection training.
- Inter-agency adult protection training.
- Training around mental health issues, including Applied Suicide Intervention Skills Training.

Throughout 2014-2015 training relationships with partner agencies such as Enable Scotland, Crossroads Orkney and the Independent Living Project have continued to develop with these agencies participating in some of our in-house training courses. For example, epilepsy training.