



ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER

2015-2016 REPORT

1. Local Authority Overview

- 1.1 The Social Work (Scotland) Act 1968 as amended requires every local authority to have a professionally qualified Chief Social Work Officer.
- 1.2 This is the eighth annual report from Orkney Islands Council's Chief Social Work Officer and covers the period April 2015 to March 2016.
- 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 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.
- 1.4 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 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 21,570.¹ In the last 10 years, births have been outnumbered by deaths and the population has been boosted by inward migration. 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, 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, as Orkney's workforce may become increasingly international and multi-cultural.
- 1.7 An example of the service impact arising from demographic pressures is that at the time of the scheme's inception in 2010, there were around 200 Community Care Alarms transferred from Age Concern to the Telecare service. There are now more than 700 Community Care / Smoke Alarms installed across the County, with the mainland based Responder service receiving an average of 152 calls per month (up from 120 per month last year) to individuals needing assistance in their own homes.
- 1.8 Orkney offers a high quality of life to its residents and has amongst the longest life expectancy in Scotland, recently estimated at 76.5 years for men and 80.5 for women. Child poverty rates and unemployment rates are amongst the lowest in Scotland, and it is one of the safest places to live, with some of the lowest long term crime rates and highest detection rates in Scotland. 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 is predicted to have reached pension age compared with the Scottish average of 23%, and our working age population is expected to fall, creating a demographic imbalance. This would 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 at times unhealthy relationship with alcohol, and in recent times it has had the highest alcohol related hospital admission figures in Scotland. This impacts on the support people require. Orkney also has a growing issue of childhood obesity and there has been a recent upturn in substance misuse, most notably use of 'New Psychoactive Substances' (NPS), which is a particularly challenging area to address but can have significant impacts on individuals, families and services.
- 1.9 Welfare reform has 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 in all likelihood contributed to an

¹ General Register Office for Scotland

<http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/mid-2013/index.html>

increased demand on the Food Bank that is now established in Kirkwall. In 2014-15, this scheme provided food on 522 occasions to individual adults and children, whereas in 2015-16, the scheme saw an 18% increase in demand, providing for 615 adults and children. As changes such as the shift from fortnightly to monthly benefit payments proceed, it is anticipated that levels of distress and consequent demand from people who struggle with budgeting, for a variety of reasons, will rise.

- 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. The new policy landscape with the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Councils and NHS Boards to integrate adult health and social care services. It also allows them to integrate other services, such as children's health and social care services and criminal justice social work services. In Orkney it was agreed to include children's services and criminal justice social work services in the new integration arrangements. The new 'Integration Joint Board' which continues to be known as Orkney Health and Care, was formally established in February 2016 and will become fully operational from 1 April 2016.
- 2.4 Governance arrangements for the Council's social work and social care services throughout 2015 – 2016 have been through the Orkney Health and Care Committee. The Committee is a formal committee of the Council and is scheduled to meet five times each year to consider policy and service developments, performance and service delivery issues.

- 2.5 The role of CSWO is held at the level of Head of Service and, in addition to reporting directly to the Chief Officer of the Integration Joint Board 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 linked Child and Adult Protection Chief Officers' Groups 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.
- 2.6 During the year the CSWO was successful in being appointed to the post of Chief Officer of the new Integration Joint Board. The role of CSWO was undertaken on an interim basis by senior professional social workers in the Council until the conclusion of the recruitment process for the new CSWO. This was successfully achieved during the year, and the new CSWO will take up post on 1 June 2016.

3. Social Services Delivery Landscape

- 3.1 2015 – 2016 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 The year saw much work taking place in 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. The year before saw key decisions, in relation to the model of integration and the range of services to integrate, taken in partnership with NHS Orkney. The year 2015 – 2016 saw efforts move on to finalisation of the required Scheme of Integration, recruitment of a Chief Officer and a Chief Finance Officer, and work to agree and establish the governance structures and processes to support the new Board and the new ways of working. The concerns that were raised in 2014 – 2015 about how well the requirements of the legislation 'fit' such a small area remained, and to some extent were heightened as the emerging picture of the additional processes, structures, scrutiny and audit requirements became clear. The CSWO will have a key role to play in ensuring the quality, governance and profile of social work services within this new structure.
- 3.3 Preparations for the implementation of the Children and Young People (Scotland) Act 2014 continue, in partnership with health and education. Difficulties in relation to information sharing were identified locally and nationally but local interim solutions are in place, while joint and shared information systems between health and social care are explored. The Integrated Children's Services Plan is currently being updated with front line staff being an instrumental part of this work, as well as using questionnaires to engage the views of children, young people and parents.

3.4 Work on the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 continues. The significant changes to assessment and service provision structures have bedded in however the legislation continues to bring significant ongoing financial challenges. There continue to be no economies of scale to make use of to deliver fundamental service change to support implementation and it is increasingly the case that it is clear that the legislation is not a cost neutral activity, as the Scottish Government envisaged. Concern in this area is such that the Chief Officer of the Integration Joint Board has commissioned an independent review of the local implementation of this Act, with a view to ensuring every possible step is being taken to understand and manage the financial risks associated with it, while still delivering the purpose of the Act. The review will report in early 2016-17.

3.4.1 In the first year a total of 25 people elected to receive an "Option 1" direct payment. In total this equated to 296 hours per week of care, 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 was significantly higher than the previous year's direct payment total and is therefore of concern given the financial challenges we face. Further increases in 2015-16 saw a caseload as at 31 March 2016 of 135 direct payment packages being administered, totalling 1,695 hours of care being delivered in this manner, and further pressure on the budgets. The increase in packages has seen an overspend of £172,000 in 2015-16.

3.5 Criminal Justice Social Work Services continue to prepare for the replacement of the eight Regional Community Justice Authorities in 2017, with the 32 new Community Justice Partnerships. The structure of this locally has now been agreed, as has the relationship with the Community Planning Partnership. A transition plan is now in place, and initial meetings of the Shadow Orkney Community Justice Partnership have been scheduled for 2016-17, in anticipation of the formal commencement of the Orkney Community Justice Partnership in April 2017. 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.

3.6 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 2015-2016 was £33.8 million. This was split as follows:-

	Spend	Budget	Over/Under		Annual
			Spend	%	Budget
Services	£0	£0	£0	%	£0
Social Care*	18,186	17,695	491	102.8	17695
NHS	16,335	16,142	193	101.2	16,142
Service Totals	34,521	33,837	684	102.0	33,837

* Provisional figures pending finalisation of OIC Annual Accounts.

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

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 2015/16 for the aspects of the Orkney Health and Care service delivered by the Council. As part of the work on the Strategic Commissioning Plan during 2015-16, officers have been working with colleagues from the NHS National Services Scotland Information and Statistics Division to create a Joint Strategic Needs Assessment; this detailed consideration of the population's health will further aid our future determination of priorities.

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 2015 - 16 include, but are not limited to the following:

- 5.2.1 The long awaited new Children's House was completed and is now open.
- 5.2.2 The new All Age Learning Disability Service Lifestyle Centre, for day activities, at the Pickaquoy Centre in Kirkwall was opened and the service has settled into its new location. This provides an excellent environment for the provision of services in the heart of a busy community building.
- 5.2.3 After extensive and careful consideration the Council decided to build a new larger replacement care facility in Kirkwall instead of extending the current St Rognvald House. This decision was welcomed by all involved in delivery of the service, and will undoubtedly produce a better quality environment for this essential service in the longer term.
- 5.2.4 Work has continued on the capital project to replace St Peter's House in Orkney's second-largest town, Stromness, with a 40 bed Care Home on a new site. The site has been selected and the design contract awarded.
- 5.2.5 Work to progress the development of a new intensive fostering service continues. This work aims to enhance local capacity and minimise use of out of area placements, which have seen an upturn in recent times. Some families have now been successfully recruited.
- 5.2.6 Getting it Right in Practice for Orkney's Children and Families - a Scottish Government funded programme of multi-agency systemic practice training that aims to result in an improved 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. Backed up by a comprehensive, independent research and evaluation project to inform impact and further development.
- 5.2.7 A joint project via Aqua (Advancing Quality Alliance) to ensure "The right care at the right time" started in January 2016, with aims to prevent inappropriate hospital admissions and promote effective in-hospital pathways to discharge. Work is ongoing across community and hospital settings to analyse patient pathways, illustrative reports have been published and work will continue into 2016/17.
- 5.2.8 The Child and Adult Protection Committees continue to work in an aligned way, to enable streamlining of functions. The respective training and awareness raising sub groups have also been aligned.
- 5.2.9 The Criminal Justice Service contributed to a national joint thematic review of MAPPA (Multi Agency Public Protection Arrangements) processes led by the Care Inspectorate in conjunction with HM Inspectorate of Constabulary in Scotland. Detailed case file material from Orkney was considered as part of

the national Review, which concluded in November 2015 that “We are confident that MAPPA is working effectively, and as a result, makes a critical contribution to keeping people and communities safe”. In anticipation of the implementation of the “MAPPA Extension” to encompass offenders who pose a high risk of inflicting harm, two Orkney staff undertook specific 3-day training on the Scottish Mainland, provided by the Risk Management Authority.

- 5.2.10 The care at home service has progressed with a pilot scheme to introduce pooled cars for the Homecare staff. A report on the pilot is due in early 2017, and if the pilot is adopted there is the potential for considerable savings to be achieved with no reduction in front line service.
- 5.2.11 An independent review of the local mental health services was commissioned by NHS Orkney. The service is integrated, and hosts OIC social workers and support workers. The recommendations of the review are being further considered with an expectation of implementing the priority actions early in 2016/17.
- 5.2.12 We prioritised some funding from the Integrated Care Fund as an opportunity to introduce Modern Apprenticeships within Homecare. Due to the lone nature of the work this had not previously been possible, however the fund enabled us to create a “double up” team for service users who always require two staff to safely provide care. One member of the team is an experienced carer and works alongside the modern apprentice for a six month period. At the end of the study period the apprentice will have undertaken an SVQ2 qualification as well as benefitting from on the job experience including some development time.

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 CSWO becomes the legal guardian. Work of this nature has increased year on year. Further information is provided at Appendix 2.

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. Further information is provided at Appendix 3.

6.1.3 **Mental Health Officer Service** - this year did not benefit from the increase in workforce that had been anticipated. While one additional staff member successfully qualified, one also left the service. Workforce challenges in this growing area of demand therefore remain.

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 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 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 been a very busy year in this regard.

6.1.4 **Fostering, Adoption and Permanence Panel.** 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 2015 it met on four occasions. Three families were recommended as foster carers, including two as our first approved intensive

foster carers, and two foster carer reviews were completed. All of these were approved and ratified by the Agency Decision Maker.

6.1.4.1 No permanence plans were submitted for approval, a significant reduction from eight children in the previous year. Four children were formally matched with prospective adoptive parents in this period. Orkney Islands Council is named as the Legal Guardian for 14 children and young people with the Council having parental rights for these children until their 16th birthdays and parental responsibilities until their 25th birthday.

6.1.5 **Emergency Social Work Services.** The CSWO has a duty to ensure that Social Work Services are available 24 hours per day, 365 days per year, so that emergencies outside 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 an in-house social work emergency on call service. This service continues to be busy, with 268 referrals to Emergency Duty Social Workers requiring recording or action in 2015-16 (compared with 285 last year), as well as many non-emergency matters leading only to brief advice or direction elsewhere.

6.1.6 **Commissioned Services.** 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 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, MHO services, emergency support services (emergency planning), calls handling system support and calls handling services, meeting facilitation services and agreement to make payments in accordance with the fostering allowance for one child placed outwith 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 and the Orkney Adult Protection Committee. 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 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/N 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 (SCSWIS), 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 2015 - 16. A summary of the inspection grades received during the year is attached at Appendix 5.
- 7.2 **Complaints and Compliments.** The CSWO 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 2015 – 16 twelve formal complaints were received. None (0) were upheld in full, five (5) were partly upheld, four (4) were not upheld and three were abandoned or redirected to another service or agency. In 2014/15 the service received 35 compliments in writing regarding the quality of service provided.

- 7.3 **Complaints Review Committee.** Four complaints were referred to the Complaints Review Committee in the year. In three cases the Complaints Review Committee upheld the original decision of the investigating officer. In a fourth case the Committee overturned one part of a complex complaint.
- 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 multi-disciplinary group comprising health, social and third sector 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. Adult assessments under the SDS Act continue to follow the Talking Points format which is proactive in seeking the views of people and their carers about the services they receive. These are predominantly favourable.
- 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 (as part of the local contribution to the 2015 national Joint Thematic Review of Multi Agency Public Protection Arrangements, or MAPPA), and in relation to our care services web site. 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. A significant case review in relation to learning disability and adult protection was undertaken by a local multi-agency review group. The analysis of issues arising will inform the Mental Health Services review.
- 7.7 Residential Care Homes in OHAC took up the opportunity to take part in a quality improvement pilot supported by Quality Improvement Scotland, 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 ongoing work using the improvement methodology, which is being supported by a cohort of Trainers, building on the successes staff have reported to date, and the outcomes of the initial evaluation.

- 7.8 We have continued with a piece of work in relation to the administration of medicines across social care settings. Procedures have also been updated to take cognisance of current best practice; this includes a consistent approach to error management. We have introduced a new training format which involves a practical session with an NHSO pharmacist; we have also improved governance arrangements so that all medicine administration incidents will be considered by the Professional Social Care Advisory Committee.

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 The Public Bodies (Joint Working) (Scotland) Act 2014 requires direct inclusion and involvement of services users and carers in the planning and scrutiny processes for services. This is very welcome and 2015 – 2016 saw the structures and processes to support this put in place for the new Integration Joint Board. The coming year will see this system bed in and the benefits of such direct involvement coming to light particularly through the development of our locality approach.
- 8.3 The year also saw extensive consultation on the Integration Joint Board's newly developed Strategic Commissioning Plan. Consultation with the public took place in a number of different ways and the comments received informed and helped to shape the plan. On line and particularly, social media based consultation opportunities proved to be most effective. We will look to use this approach more in the future.

9. Workforce Planning and Development

- 9.1 Workforce is one 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 continued to develop the professional social work and social care advisory committees. These forums provide an opportunity, and proper space, for focussed discussion of professional practice matters, sharing of learning, discussion of workforce issues, and developing and sharing good practice.

- 9.3 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.
- 9.4 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 (SSSC).
- 9.5 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.
- 9.6 In line with this agenda we continue to assist staff through SVQs 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 discussing this issue with the Scottish Social Services Council who acknowledged our challenges, they are not able to offer any alternative approach for remote and rural areas.
- 9.7 We have continued to host social work student placements, which are important and valuable to our staff, the academic institutions and the students themselves. Adult Social Work has developed a social work trainee post to contribute to the challenge of local recruitment. In addition, we continue to make use of a graduate trainee opportunity and support the Skillseekers and Modern Apprenticeship programme.
- 9.8 We have continued to drive forward with dementia training and now have 296 staff who have 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 are commonly involved in more complex care.
- 9.9 187 staff have completed the oral hygiene programme. This number continues to be increased with staff undertaking the programme on induction.
- 9.10 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 Changes stemming from new legislation such as the Children and Young People (Scotland) Act 2014 will bring additional challenges for services and the services of partner agencies. It will be important in the coming year ensure that staff are equipped to respond.
- 10.2 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.
- 10.3 Further key work in 2016 – 2017 will be to continue to progress service developments such as the creation of effective locality planning groups, to support the work of the IJB's Strategic Planning Group, to move on to the next stages of the additional care home places in Stromness and Kirkwall, progress the implementation of the agreed recommendations from the review of mental health services, and consider the review of self-directed support.
- 10.4 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 2014 - 15, 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.
- 10.5 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 is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. The Chief Social Work Officer 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: an officer 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:
 - a) 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;
 - b) ensure that these values and standards are communicated on a regular basis, adhered to and reviewed periodically;
 - c) 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;
 - d) support and advise managers in maintaining and developing high standards of practice and supervision;
 - e) ensure that only registered Social Workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
 - f) 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;

- g) 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;
- h) 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;
- i) oversee the quality of practice learning experiences for Social Work Students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Services Workers;
- j) 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 should work with Managers to ensure these systems are effective and, where this is not the case, the Chief Social Work Officer has the responsibility for bringing this to the attention of the Chief Executive and contributing to the development or improvement of such systems;
- k) ensure that significant case reviews are undertaken into all critical incidents either resulting in, or which may have resulted in, death or serious harm;
- l) 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;
- m) contribute to reports to the Chief Executive and elected members providing independent comment where necessary on the findings of relevant performance reports, setting out:
 - i. implications for the local authority, for services, for service users and carers, for individual teams/members of staff/partners as appropriate;
 - ii. implications for delivery of national and local outcomes;
 - iii. proposals for remedial action;
 - iv. means for sharing good practice and learning;
 - v. monitoring and reporting arrangements for identified improvement activity;
- n) report to the local authority on any other social work related issues;
- o) prepare an annual report to the local authority on all of the statutory, governance and leadership functions of the role;

- p) from September 2010, authorise the specification for the procurement of commissioned services.

Appendix 2: Welfare Guardianship and Intervention Orders

Type of Order / Intervention	2015/16	2014/15	2013/14	2012/13	2011/12
Adults with Incapacity	*	*	*	*	*
New Welfare guardianship orders where CSWO is the Guardian	*	*	*	*	*
Total orders for which the Chief Social Work Officer is Guardian	14	11	11	8	5
Number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO applications	10	7	13	10	10
Other assessments completed by Mental Health Officers in relation to Adults with Incapacity leading to a non Adults with Incapacity Act outcome	90	75	64	47	40
Number of private Guardians being supervised by Officers of the Local Authority	34	34	32	22	18

Appendix 3: Compulsory Treatment

Type of Order / Intervention	2015/16	2014/15	2013/14	2012/13	2011/12
Mental Health Compulsory treatment orders	6	15	7	8	*
Emergency detentions	17	9	11	9	*
Short-term detentions	*	10	5	*	*
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	68	36	26	57	12
Mental Health Tribunals attended	14	7	*	6	*

Appendix 4: Protection and Risk Management

Orders / Protection related activity

Category	2015/16	2014/15	2013/14	2012/13	2011/12
Children					
Number of Children referred for child protection	30	45	53	46	30
Child protection initial case conferences	8	9	12	8	7
Children on child protection register as at 31 March each year	*	8	9	5	5

Adults	2015/16	2014/15	2013/14	2012/13	2011/12
Number of Adults referred for adult protection	176	205	117	39	51
Inter-agency referral discussions	176	205	117	39	51
Further ASP processes	6	14	*	*	*

Offenders in the community	2015/16	2014/15	2013/14	2012/13	2011/12
Bail supervision	5	*	5	5	5
Statutory supervision: life licence, parole, extended sentences, supervised release orders etc.	7	*	5	*	*
New Community Payback Orders (only for offences committed after 1 February 2011)	53 11 Supervision only 16 Unpaid Work only 26 combination of Supervision with Unpaid Work.	23 3 Supervision only 6 Unpaid Work only 14 combination of Supervision with Unpaid Work.	36 5 Supervision only 12 Unpaid Work only 19 combination of Supervision with Unpaid Work.	41 5 Supervision only 22 Unpaid Work only 14 combination of Supervision with Unpaid Work.	43 2 Supervision only 14 Unpaid Work only 27 combination of Supervision with Unpaid Work.
Imprisoned Offenders who will be subject to statutory supervision on release e.g. life licence, parole, extended sentences, supervised release orders, etc.	7	6	5	6	6

Secure Accommodation

Two children required placements in secure accommodation in 2015 - 2016.

Moving Looked After Children

Two looked after children required authorisation by the Chief Social Work Officer in 2015 - 2016.

Appendix 5 – Inspection Findings

Current Inspections	Last Inspection Date	2015-2016 Inspection Report Grades							
		Care & Support	Environment	Staffing	Management & Leadership	Requirements	Recommendations	Enforcements	Other Information
Adoption Service	25/11/2015	5	N/A	5	5	0	0	None	N/A
Aurrida House	24/09/2015	5	5	4	5	0	0	None	N/A
Braeburn Court (Care Home Services)	09/12/2015	4	4	4	4	0	0	None	N/A
Braeburn Court (Support Services)	09/12/2015	4	N/A	4	4	0	0	None	N/A
Braeburn Court (Housing Support Service)	09/12/2015	4	N/A	4	4	0	0	None	N/A
Camoran Children's Resource Centre	04/11/2015	5	4	4	4	0	3	None	N/A
Care at Home Services (Housing Support Service)	09/03/2015	2	N/A	3	2	2	4	None	N/A
Crossroads Orkney	06/11/2014	5	N/A	5	5	0	1	None	N/A
Disability Resources Support Accommodation (Glaitness HS)	11/06/2015	3	N/A	3	3	3	5	None	N/A
Enable Scotland leading the way - Old Scapa Road	15/06/2015	4	4	4	4	0	5	None	N/A
Eunson Kloss Respite Unit	16/09/2014	3	3	4	3	1	3	None	N/A
Family Focus Service (Aurrida House)	15/01/2016	4	N/A	5	5	0	0	None	N/A
Fostering Service - Kirkwall	25/11/2015	5	N/A	5	5	0	0	None	N/A
Gilbertson Day Centre	28/02/2013	4	4	4	4	2	1	None	N/A
Glaitness Centre (Care Home)	11/02/2016	3	3	3	3	2	5	None	N/A
Glaitness Centre (Support Service)	11/06/2015	4	3	3	3	1	8	None	N/A
Glaitness Summer Playscheme	18/08/2015	4	5	4	4	0	0	None	N/A
Hoy & Walls Day Centre	13/03/2015	3	3	3	3	1	3	None	N/A
Kalisgarth & Very Sheltered Housing	12/03/2015	4	N/A	4	4	1	3	None	N/A
Kalisgarth Care Centre	12/03/2015	4	4	4	4	0	3	None	N/A
Kalisgarth Day Centre	12/03/2015	4	4	4	4	0	4	None	N/A

Keelylang Day Centre	18/09/2014	5	5	5	5	0	0	None	N/A
Orkney Blide Trust	16/01/2015	4	N/A	4	4	0	1	None	N/A
Orkney Responder Service	16/03/2016	5	N/A	5	5	0	0	None	N/A
Papdale Halls of Residence	16/12/2015	4	5	5	4	0	1	None	N/A
Smiddybrae House	01/10/2015	4	4	5	5	1	1	None	N/A
Lifestyles Service (formally St Colm's Day Centre)	19/09/2013	4	5	4	4	1	1	None	N/A
St Colm's Respite Bungalow (Care Home) (Moved to 32/34 Pickaquoy Loan)	12/02/2016	3	3	3	3	0	5	None	N/A
St Peter's House	03/12/2015	4	4	4	4	1	6	None	N/A
St Rognvald's House	17/12/2015	3	3	4	4	3	4	None	N/A
Sunnybrae Centre	09/06/2015	3	N/A	4	4	1	2	None	N/A
West Mainland Day Centre	14/01/2015	4	4	4	3	0	3	None	N/A
Women's Aid Orkney	10/06/2014	4	N/A	4	4	0	1	None	N/A

Appendix 6: Training Overview

This programme aims to ensure that all staff develop 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 have attended a range of corporate training events arranged by Orkney Islands Council's Learning and Development team. This has ensured that senior staff are 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 OHAC Admin Worker tasked with co-ordination of training 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 up-date 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, this commenced 1 April 2016.

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 undertook Studio 3 training to be fully accredited by March 2016.

Training around Dementia has continued throughout 2015 - 16 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, over 100 staff from Older People's Services have 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 who live and work on the smaller islands of Orkney in terms of transport and weather conditions.

The 2015 - 16 core and induction training delivery is detailed below:

Training	No. of Courses	No. of Staff Trained
Caring for Smiles	1	7
First Aid	22	167
Basic Life Support	5	36
Food Hygiene Introduction – this course is done via iLearn	10	125
Food Hygiene Elementary – this course is no longer required following review of Food Hygiene Training	3	27
Introduction to HAACP & Hazard Analysis	1	4
People Handling	55	359
Manual Handling – this course is done via iLearn	1	5
Epilepsy & Rescue Medication	14	125
Studio 3	11	130
Medication	4	44
REHIS Controlling the Risk of Cross Contamination	1	1

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 SVQ 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 have self-funded a Health and Social Care qualification via Orkney College and we were fortunate enough in 2015-16 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 2015 - 16 is shown below:

Qualification	Number of Sponsored Staff
HNC Social Care combined with SVQ 3 Health and Social Care	0
SVQ 4 Health and Social Care	0
SVQ 3 Health and Social Care	0
SVQ 3 Health and Social Care Partially Funded	3
SVQ 2 Health and Social Care	5
SVQ 2 Health and Social Care Partially Funded	1
PDA in Health and Social Care Supervision	1

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 SSSC 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 ASIST, (suicide intervention training);

Throughout 2015 - 16 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 up until January 2016.