



## **Dundee City Council Scrutiny Report**

**Publication code: OPS-0811-068**

**August 2011**

### **1. Introduction**

On 1<sup>st</sup> April 2011 the functions of the Social Work Inspection Agency (SWIA), the Care Commission and the section of her Majesty's Inspectorate of Education (HMIE) responsible for inspecting services to protect children were transferred to a new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS).

SCSWIS decides how much scrutiny a council's social work services will need by carrying out an Initial Scrutiny Level Assessment (ISLA). This considers potential areas of risk at strategic and service levels. SWIA carried out an initial assessment of Dundee City Council's social work services between December 2010 and April 2011.

#### **Dundee Council**

Since the performance inspection in November 2007, social work services and Dundee City Council have continued to experience major change. With the appointment of a new Chief Executive in 2009 alongside financial constraints facing the public sector and Dundee Council, a review of the corporate structure was carried out. In 2010 the Council's Changing for the Future programme was approved which included 33 projects, one of which was to look at structures. The proposed new organisational structure for Dundee Council was approved March 2011 with the main departments being reduced from nine to seven. It is expected that this will not have a significant effect on the delivery of social work services. The social work department remained an integrated service with the current director of social work still in post. Within the social work department itself restructuring of services, service reviews, and redesign of some services were being carried out during the period of scrutiny.

We carried out an ISLA by:

- analysing published national key performance and statistical data;
- examining 100<sup>1</sup> case records from across all care groups. Four staff from Dundee social work department were co-opted onto the file reading team;
- analysing documents provided by the council or sourced by SWIA relating to the ISLA questions;
- noting the contents of SWIA's performance inspection report (November 2007) and follow-up report (April 2009) to track progress made on recommendations;
- noting the contents of HMIE reports on the joint inspection of child protection (February 2010 and March 2011);
- noting the contents of Best Value 2 pathfinder audit completed by Audit Scotland in March 2010;
- analysing information provided by the Mental Welfare Commission (MWC) and the Care Commission during the scrutiny period; and
- participating in shared risk assessment activity led by Audit Scotland during 2010 and early 2011. This activity included all relevant scrutiny bodies.

Our analysis of risk was based on nine questions (Appendix 1).

- Is there evidence of effective governance including financial management?
- Is there effective management and support of staff?
- Is there evidence of positive outcomes for people who use services and carers across the care groups?
- Is there evidence of good quality assessment and care management?
- Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
- Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
- Is there effective partnership working?
- Do policies, procedures and practices comply with equality and human rights legislation and are there services, which seek to remove obstacles in society that exclude people?
- Are there any areas which require urgent attention and improvement

## **2. Initial risk assessment findings (summary of ISLA findings)**

Our risk assessment considered how social work services in Dundee were identifying and actively managing risk. Based on the available evidence, we considered five of our nine assessment areas presented no significant concerns.

- Leadership of social work services was good with a clear vision for social work set out. Financial governance was good with plans being developed for council wide restructuring which included the social work department taking on further responsibilities.
- There was effective management and support of staff. Strengths identified during the performance inspection in 2007 had been sustained and

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<sup>1</sup> 48 adult files, 20 high risk offenders files, 32 children and family files.

developed. There was an excellent learning and workforce development strategy in place with an accompanied range of policies and procedures. Succession planning was being undertaken with good development opportunities for staff.

- The service had a very good level of self awareness and a well developed and embedded programme of self-evaluation based on European Foundation Quality Management (EFQM). It had a rigorous approach to performance management and quality assurance. Regular and clear reports were submitted to elected members on performance and improvement plans. Staff were using data collected from information systems to improve services.
- The service had good equality policies in place and provided a range of services to meet the needs of marginalised groups with monitoring data in place to support continuous improvement.
- There were no areas requiring urgent attention.

In the remaining four of our nine assessment areas, the level of risk was uncertain. Further scrutiny was required because we had insufficient evidence or information to draw conclusions and some developments were at too early a stage to make an evaluative judgement. Our initial findings were that:

- Many proxy indicators for children, adults, and criminal justice services were at or above the Scottish average. There had also been improvements made in older people's services. Performance had improved in the submission of Scottish Children's Reporter Administration reports (SCRA) being provided on time and in addition, there had been a reduction in the number of young people referred to SCRA on offence grounds. The few exceptions were in relation to the number of children looked after at home being excluded from school which was considerably higher than average and the number of people in receipt of direct payments which was amongst the lowest in Scotland. It was unclear what the department's strategic approach to personalisation was.
- The department was taking a positive and systematic approach to audit and analysis of the quality of practice. However results from the file reading suggested that the council needed to improve the quality of assessments and the delivery of services to some adult groups.
- File reading also highlighted that risk assessment and risk management planning were inconsistent with the need to improve the quality of care management for children in need. The council had its own secure and close support unit and had high numbers of admissions to these units. The department's use and purpose of these specialised resources and related risk assessments was unclear.
- Strategic partnerships were improving as was partnership working with providers of service but the social work department had yet to finalise a comprehensive commissioning strategy and strategic commissioning was limited to purchased services, focusing largely on community care.

The areas of uncertainty outlined above, formed the focus for our targeted scrutiny activity, which we carried out during April 2011. This included meetings with people who used services, young carers, staff and managers. (See Appendix 2 for details of the scrutiny sessions undertaken).

### **3. Areas not included in scrutiny**

Our scrutiny is targeted and proportionate and does not constitute a full assessment of all social work services. Based on the ISLA findings we did not scrutinise the areas of practice listed below.

#### **3.1 Effective governance and financial management**

Leadership of social work services was good with a clear vision for social work set out which outlined outcomes agreed in partnership with others. The Social Work Service Plan 2010-2012 linked council outcomes to departmental objectives. Financial governance was in place. Plans were being developed for council wide restructuring with the social work department taking on further responsibilities in areas of protecting people and GIRFEC<sup>2</sup>.

A Changing for the Future Board had been set up to identify savings and efficiencies to support the council through financial challenges. The director of social work was a member of the council's corporate management team and a smaller strategic management team. The department had its own senior management team that dealt effectively with all relevant business.

Unlike many councils, Dundee produced financial information on jointly provided services with NHS Tayside and the Community Health Partnership (CHP) with funding set out clearly.

#### **3.2 Effective management and support of staff**

In the 2007 performance inspection, we concluded that management and support of staff was very good with major strengths. At the ISLA assessment this position had been maintained and strengthened. The social work department had a robust system in place for recruitment and induction. There was an excellent learning and workforce development strategy, which linked learning to objectives and to local and national outcomes. There were protocols and procedures in place for social work service workload allocation and management.

There was a communication strategy in place and a range of ways to engage with staff, including the director and head of service holding "town hall" meetings.

A practitioner forum met monthly and the council had been carrying out staff surveys since 2001 and dealing with issues that arose by establishing short life working groups.

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<sup>2</sup> GIRFEC – Getting it right for every child is a national policy for child care agencies so that they can work better together to support children.

### **3.3 Self-evaluation and improvement**

The service had a good level of self-awareness and a well-developed programme of self-evaluation based on EFQM. It had a rigorous approach to performance management and quality assurance. Regular, clear reports were submitted to elected members on performance and improvement plans.

The most recent self evaluation process involved a range of departmental staff and included focus groups across services and leadership events. A project plan was in place with identified evidence sources. The work was being overseen by a steering group and a team formed to undertake the self-evaluation.

The social work department made a submission to Quality Scotland in 2009 for a Recognised for Excellence Award. Feedback identified a number of strengths and areas for improvement and the service achieved a bronze award. The focus on people who used services was described as “all pervading” with staff described as highly motivated and involved in improvements.

The social work department carried out their own regular case file audits with evidence provided to show that these audits resulted in improvements to practice. Dundee’s audit results were similar to our own file reading results.

### **3.4 Equality and human rights**

The service had good equality policies in place and provided a range of services to meet the needs of marginalised groups. Ethnicity was well recorded in the files read and monitoring data in place to support continuous improvement. The social work service plan 2010-2012 identified shared outcomes, which included making a commitment to delivering projects that ensure people experience few social inequalities. The department adopted a service user involvement policy and a departmental equality champion was in place.

The development of digital stories and translation of questionnaires into a DVD in BSL were innovative and had been positively evaluated by service users. Policies were screened for equality and monitored at a departmental and corporate level. Their submission for Care Accolades awards described consultation events for hard to reach groups, eg those who were homeless.

Staff were involved in local community planning partnerships and contributed to the work of Dundee Equality and Diversity partnership.

## **4. Scrutiny Findings**

### **4.1 Scrutiny of positive outcomes for people who use services and carers**

#### ***Reasons for scrutiny***

During the initial Scrutiny Level Assessment (ISLA), we compared trends against nationally reported statistics and found that the majority of proxy outcome indicators

for looked after children were in keeping with the Scottish average. One of the few exceptions was in relation to the number of children looked after at home being excluded from school which was considerably higher than average.

Gathering and using outcomes information was still at an early stage within social work services. Outcome focused care planning tools were being developed and were being used for children's and adult services. Our case file reading showed that 90% of case files contained evidence of positive outcomes for people using services. Although recording of outcomes in assessment and care planning was improving only 26 out of the 74 care plans<sup>3</sup> we read as part of the case file audit explicitly set out desired outcomes for the individual service user.

Proxy indicators for older people's services showed an improving picture over the last five years. These included key areas such as the provision of intensive home care and people receiving evening, weekend and overnight care. Overall, improvements were still required to continue to shift the balance of care towards home based services to promote wider choice for older people using services.

There were other indicators where the council was performing less well or where there had been recent deterioration. Whilst the number of people receiving direct payments had gradually increased from 44 in 2008, 47 in 2009 to 55 in 2010 the overall rate of people in receipt of direct payments remained amongst the lowest in Scotland (30/32). There appeared to be long waiting times for occupational therapy and some learning disabilities services. The department's strategic approach to personalisation was at a very early stage of development.

There remained above average numbers of adults with learning disabilities in care homes although marginal improvement had been made on this over the last three years. It was unclear as to whether there were any plans in place to provide more housing and support options.

## **Scrutiny findings**

Our scrutiny confirmed that the council had been working to improve performance in relation to looked after young people and in particular in relation to those excluded from school. We met a group of officers from education and social work who were responsible for monitoring and reducing the number of young people who were looked after and excluded from school. The Looked After Children Group and Education Attainment and Achievement Group were themed groups that linked into the Integrated Children's Services Planning and implementation structure. They were able to produce statistical information to show that from 2009-2010 to 2010-2011 there had been reductions in the number of young people excluded and a narrowing of the gap between looked after and non looked after young people excluded from school. Staff spoke of the positive relationships between education and social work describing a shared commitment to meeting the needs of looked after children.

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<sup>3</sup> Not all case files read were assessed as requiring a care plan therefore this figure is lower than the overall number of files read.

HMIE child protection inspection confirmed in their report (February 2011) that the revised education policy and improving partnership working between social work and education was beginning to reduce the number of looked after children excluded from school.

The council also produced statistical information showing that the percentage of care leavers in education, employment or training as a percentage of those with known economic activity had increased from 37% in 2009-2010 to 46% 2010-2011. The council commissioned support for pathway planning with young people from a voluntary sector provider.

The Scottish Government's Change Fund provides bridging finance to support the shifting in the balance of care from institutional to primary and community care settings and influencing decision making of partnerships. The Dundee partnership submission for Dundee's change fund plan set out how core budgets will be influenced and in particular how funding will shift from institutional settings to community settings.

Dundee detailed a range of improvements which they were in the process of putting in place to continue to shift the balance of care towards home based services to promote wider choice for older people using services. The model of ongoing care in Dundee was under review and alternatives to geriatric long stay units were going through a procurement process. The intention was to remodel and improve the current service for those with continuing care needs with the revised models of care focusing on rehabilitation and promoting independence. Enablement services for home care were developing well with wide coverage and a stated aim that all new community and hospital in patients would receive an enablement service.

People with learning disabilities we met who used the council's services were very positive about the range of opportunities available and thought these were flexible and of a good standard. The majority of people described how things had got better over the last few years explaining that they believed they were being listened to, involved in planning and had better work and college opportunities. Most knew about direct payments but whilst they liked the idea, they preferred to receive services from the social work department.

An officer working group within the social work department had been set up to develop a planning and implementation framework for the delivery of more personalised services in Dundee. A report prepared for the Social Work and Health Committee in the spring of 2011 provided information on the social work department's development of a personalisation strategy. The department had established a personalisation project board and project team and the director and staff we met were clear as to why they had taken a staged approach towards development of personalisation. A financial framework was being developed to support the implementation of self-directed support and the personalisation strategy. The phasing of this should be accelerated as part of the wider personalisation agenda. The link inspector will monitor progress.

## 4.2 Scrutiny of assessment and care management

### Reason for scrutiny

Our case file audit indicated an improving picture with assessments generally being completed on time and with the appropriate level of partnership involvement. Our case file reading also indicated that service users were involved in developing their care plans. The quality of these assessments was more variable.

Of the case files we read we judged that 95% had an assessment on file with the quality of 56% of these rated as “excellent”, “very good” or “good”. The department had set their own time standards for completion of assessments with their performance data showing that these had been met consistently over the last 3 years.

A recommendation from the performance inspection in 2007 stated that the department and its partners should ensure that all relevant users of community care services be given a single shared assessment. From our file reading we found that whilst there were some good examples of assessment documents (CCA) which were comprehensive other assessment tools were also being used. It was unclear whether the use of the single shared assessment had been fully adopted across teams or if there was a range of processes in place.

Of the case files we read 89% had a care/supervision plan in place with 73% of these being subject to regular review. Care assessment and management standards were in place covering single shared assessments but it was unclear as to how well this was used with partners.

In 84% of files there was no unreasonable delay in receiving services following completion of the assessment. However waiting times appeared to be on the increase for a few adult services including those waiting for an occupational therapy service and for some people with learning disabilities. Where there were waiting lists these were being monitored. Reasons given by the social work department for these long waiting lists included resource pressures.

Whilst there was evidence of a drive to improve the number of carer assessments being offered, how the department was performing in supporting young carers was less clear.

Our file reading results indicated that further work was required to improve the overall quality of assessments and care plans and that more care plans needed to be presented in a SMART<sup>4</sup> format. There remained scope for developing the quality and content of reviews carried out for adults under 65 receiving services. The social work department’s own recent file audit identified similar areas for improvement. For example, the directorate agreed that all team leaders needed to support staff to improve the use and content of chronologies confirm timescales for action, update and review care plans. These case file audit performance reports were presented to the directorate on a six monthly basis.

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<sup>4</sup> SMART – specific, measurable, achievable, reliable and time limited.

The department had been aware for some time of the need to improve the quality of the information stored in its data information systems and was in the process of doing this. However until this work was completed it remained unclear as to the accuracy of some of the information held on the system, particularly in relation to the number of pending cases.

### **Scrutiny findings**

We found that each service had a range of assessment tools and frameworks to identify needs and risks that informed the formulation of care plans. Within children and families, GIRFEC was at an early stage of being implemented with the piloting of the integrated assessment framework within children's services. Staff told us they had yet to receive training or guidance on the use of the framework.

Managers and staff within adult services confirmed that not all community care staff were using the same assessment tool. Dundee, in partnership with neighbouring authorities and NHS Tayside had agreed three years ago to use the multi Agency Tayside Adult Assessment Tool (TAAT) in order to adopt a common format across all organisations. This had not happened. Senior managers acknowledged that the TAAT was no longer fit for purpose and were working towards identifying a local solution. However they said that their priority was to establish an electronic version within the next few months and any changes would be made to the format after this had happened and after consultation with staff. This process needs to be accelerated to provide a fit for purpose tool for staff to be able to use.

In adult services care plans were recorded on a separate document and did not flow naturally from the assessment. Whilst training was in place to support staff involved in assessment and care management more emphasis was needed on delivering improved quality and outcome focused assessment and planning. The reviewing systems and the reviewing team for older people were working well. Staff told us that the reviews were now evidencing some positive outcomes and more detailed information was being shared during discussions.

The assessment and care planning tools developed by social work were available to health colleagues. However, these were not routinely used or completed by health staff. Managers acknowledged that, in common with many other councils, the lack of an agreed electronic solution for accessing and sharing information remained an issue.

There was evidence that the department was taking a positive and systematic approach to auditing of files and was trying to improve the quality and consistency of assessments and care plans but had yet to agree a consistent format for assessments.

Managers confirmed that there were some people with a physical disability waiting for an assessment. There was a prioritisation system in place for occupational therapy with no one waiting more than 6-8 weeks for a service. Those who needed a service urgently were seen within 24 hours. We heard from staff and saw other

evidence that confirmed that occupational therapy waiting lists had improved and they were meeting their assessment targets.

Dundee community care services were restructured during spring 2010 with further changes occurring during the scrutiny period. The revised management structure reduced social work centres from seven to five with staff believing that this allowed potential to deliver services that are more flexible. Other changes had altered the way services were delivered, e.g. three hospital teams had been reduced to one large team now managed by one service manager. It was too early to assess the impact these changes were making on improved outcomes for people who used services.

The social work department had experienced difficulties with storage, filing and retrieval of records for some years. Senior managers acknowledged these difficulties and we saw evidence of issues being addressed. A number of staff were working to improve the accuracy and quality of the data. Members of the Social Work Information Group (SWIG) recognised that further work was required and had implemented a records, information and technology development framework for records management and information management. It was partly because of inaccurate data collection that there was a recorded long waiting list for some learning disabilities services. Managers advised us that a screening tool was now being used which will provide more current and accurate information. Work was also being progressed in developing learning disabilities services with consultation underway on a new strategy and outcomes framework. There was evidence that the learning disability review had helped to develop more supported employment with college placements linked to enhancing employment opportunities.

There were still 100 people with learning disabilities in care homes and managers explained that priority was to look at individual needs in order to inform the commissioning of alternative services. Dundee social work department intended to complete a rescoping exercise to look at all support and services for people with a learning disability with a report going to directorate summer 2011.

Young carers we met were very positive about the support they received from the Carers Centre and youth workers. The young carers valued the weekly groups available and having mobile numbers they could contact in times of emergency. Staff supporting young carers had a good level of awareness of the needs of young carers and described good partnership working with stakeholders and the social work department. The Carers Centre was a key agency in the network both in terms of making first contact with young people and in providing a response. A new Carers Strategy was being planned at the time of our visit. Whilst there was initially no strategic lead identified to take this work forward, this had recently been rectified.

#### **Recommendation for improvement 1**

The social work department should develop and implement frameworks for assessment and care planning which identify personalised outcomes for all service users.

### **4.3 Scrutiny of risk assessment and risk management for individual service users**

#### **Reasons for scrutiny**

There was comprehensive multi agency guidance to support staff working with adult and child protection. The adult protection guidance included multi agency risk assessment and management documents for adults with a learning disability. It was unclear how well these were being used to inform practice.

There were a range of risk assessment and risk management tools being used by staff across services although some of these were not yet fully implemented. Our file reading highlighted that risk management plans needed to be further developed. We had concerns relating to the quality of care management for some children in need.

Chronologies are an important aid to monitoring and managing risk over time. The file reading results highlighted that of the 80% of cases where it would have been appropriate to have a chronology these were of an acceptable standard in 33% of cases. The use of chronologies needed to improve.

We recognised that the social work department had improved how they assessed and managed risk since the performance inspection. In 66% of cases where risk was evident there was a protection type risk assessment on file. The quality of the majority of these were of a very good or good standard with only 9 % ( 2) recorded as weak. There was an up to date protection type risk management plan on 58% of files with 77% of files showing that concerns regarding protection type risk had been dealt with adequately. In 70% of cases, there was non-protection type risks recorded on file with timing of the most recent non-protection type risk assessment in keeping in 84% of cases.

Substance misuse featured significantly during the case file audit. Tayside had created a child protection post in substance misuse services and HMIE child protection inspection found that there was significant improvement in processes now in place to support early recognition. File reading confirmed the findings from HMIE report that whilst the framework for carrying out comprehensive assessments had been improved, a joint approach to fully assessing the risks associated with parental substance misuse had yet to be put in place.

In December 2008, the social work department carried out a Best Value Review of residential schools and external residential placements. It made 13 recommendations, which included accepting the outcome of the option appraisal that had been completed of their own secure and close support unit. The department had high numbers of admissions to these resources. It was unclear as to how this recommendation had progressed.

## Scrutiny findings

In our case file reading there were some good risk assessments and risk management plans being completed but assessments did not always identify the risks and plans were not SMART. Staff and managers were confident that they had improved risk assessment for children and adults involved in adult and child protection processes. They told us that during supervision with staff and through randomly selecting case files on a monthly basis they were able to audit and monitor the use of the tools. Although managers recognised that they needed to be clearer about the use of risk assessment and risk management tools.

A range of staff we met acknowledged that chronologies did not always include appropriate information. As a result of their own file audit exercises managers had produced more detailed guidance to staff on the appropriate use of chronologies.

There had been a department wide piece of work to look at the implementation of risk assessments and this was to include guidance on when and how risk assessments were to be completed. We considered that managers needed to make sure that robust processes and support were in place to ensure that staff assess and set out plans to manage identified risks.

Within learning disabilities, managers acknowledged that whilst policies and procedures were in place, they needed to develop guidance that made explicit the different levels of risk assessment and management planning.

The Elms was originally designed as a secure care and close support unit for young people who were placing themselves at risk. There was criteria in place to guide the use of the secure unit and staff were clear about appropriate use. However as a result of changing service demands and a recommendation within their Best Value Review report of residential services, an agreement was made to change of usage of the close support unit. A few staff we met said that the close support unit had been functioning as a short term unit and knew of these planned changes. There was evidence that work was progressing in changing the close support unit into an emergency/short term resource for young people needing residential care. The refurbishment of the building is near to completion. The use of the redesigned unit needs to be closely monitored by managers to ensure appropriate use.

### **Recommendation for improvement 2**

The social work department should fully implement formats for risk assessment, risk management plans, and make sure that staff are trained and competent in producing these to a good standard.

## 4.4 Scrutiny of partnership working

### Reasons for scrutiny

There was a range of partnerships in place across children's services, criminal justice and community care, that were operating well and linked to strategic community planning arrangements. The council showed evidence of good partnership working at an operational level with strong local community planning partnerships established.

The original performance inspection in 2007 identified the need for the development of a commissioning strategy for community care and children's services. Whilst the department now had a commissioning strategy, this remained in draft form and although commissioning frameworks had been included in a number of joint strategies, these lacked detail, including on financial information. The frameworks were mostly focused on external purchasing rather than strategic commissioning of services across direct provision and purchased services.

Commissioning frameworks and more general work on strategic commissioning was limited to community care services with a joint commissioning group between the CHP and community care adult services receiving financial reports.

### Scrutiny findings

Senior managers were well represented on strategic planning groups and had delegated strategic leads, which included chairing of the joint health and local authority management team. The Dundee Health and Local Authority Management group met regularly and had oversight of shared areas of responsibility.

Senior staff throughout the organisation were given opportunities to be involved in planning and in joint commissioning networks shaping future services. Interagency, multi disciplinary groups were establishing patterns of need and were using this to inform future commissioning practice.

Staff and stakeholders we met described much improved partnership working between the NHS and council. The Chief Executive of Dundee council and the new Chief Executive of NHS Tayside had established constructive working relationships. The Chief Executive of Dundee council had used the integrated commissioning statement to inform the allocation of funding. The CHP and the council had worked well together and with other partners to develop a comprehensive and relevant change fund application to shift the balance of care in older people's services. The Joint Improvement Team<sup>5</sup> had highlighted the partnership application as an example of a good strategic partnership plan. Much of the application had drawn on work already underway, including the pilot work being carried out using the Integrated Resource Framework<sup>6</sup>. Existing strategic and financial plans had been used to

<sup>5</sup> The Joint Improvement Team was established to work directly with local health and social care partnerships across Scotland.

<sup>6</sup> The Integrated Resource Framework is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and local authorities to be clearer about the cost and quality implications of local decision making about health and social care.

inform the application. This broader approach to strategic commissioning required to be implemented across all care groups.

There were multiple providers of home care, support, residential and advocacy services. There were also areas of service subject to review and redesign across the partnership. External tenders were reviewed on a rolling programme in line with commissioning intentions. The most recent large scale re-tendering in adult services was the home care contract which resulted in five providers being awarded contracts in an expanded service. There were regular collective monetary meetings with providers of home care, residential care, learning disability and mental health services.

The model of ongoing care in Dundee was under review and alternatives to long stay care were going through the procurement process. Service redesign was well underway and a number of successful pilots were due to be rolled out. There was joint work on commissioning underway in adult services and to a lesser extent in children's services; this included a review of spending patterns in occupational therapy services. The partners signed off proposals for service redesign and the reshaping of care, together with spending decisions. The broader and longer term approach to strategic commissioning was understood by the joint partners. The joint dementia strategy and commissioning framework 2010-13 made what the department referred to as strategic promises and other strategies identified commissioning intentions. However these continued to lack financial detail and were largely focused on external purchasing.

The strategic partners had established good working relationships with people who used services and their carers at both service and individual planning. There were regular consultations with people who used services and carers, often undertaken on a joint basis with other partners including, NHS Tayside, the police and the voluntary sector. Consultation events included innovative ways of engaging with hard to reach groups such as homeless people and people affected by substance misuse.

Within children's services, staff were using an outcomes framework to monitor contracts of external placements although some staff remained unclear as to who had the lead role for commissioning of children's services. We thought this needed to be clarified.

There was no public documentation that explicitly brought together strategy and financial plans for directly provided or jointly provided services along with plans for purchasing services from the voluntary and private sectors. The social work department working with new key partners needed to build on the high level of activity by producing and publishing strategic commissioning plans.

Overall social work services in Dundee were making steady improvement and managers and a wide range of staff were involved in taking forward a well-planned improvement agenda.

The link inspector will continue to monitor how these plans and reviews are progressed.

**Recommendation for improvement 3**

The social work department should work with its partners to agree strategic commissioning strategies that reflect longer-term priorities across all care groups. These should incorporate directly provided and purchased services for all care groups and contain clear financial information.

**5. Summary of recommendations**

In addition to the range of improvement work already underway, we identified a number of areas for improvement.

We recommend that Dundee social work department should carry out the following improvement activities:

**Recommendation for improvement 1**

The social work department should develop and implement frameworks for assessment and care planning which identify personalised outcomes for all service users.

**Recommendation for improvement 2**

The social work department should fully implement formats for risk assessment, risk management plans, and make sure that staff are trained and competent in producing these to a good standard.

**Recommendation for improvement 3**

The social work department should work with its partners to agree strategic commissioning strategies that reflect longer-term priorities across all care groups. These should incorporate directly provided services, purchased services for all care groups, and contain clear financial information.

We will ask the council to draw up a SMART action plan, based on these recommendations.

As part of our commitment to promote and encourage self-evaluation (through the role of the link inspector and the use of SCSWIS self-evaluation guides<sup>7</sup>), there will be an option of supported self-evaluation and improvement activity available to the council. The following activity is under consideration:

- supported file audits to review assessment, chronologies, care management, risk assessment and risk management planning; and
- development of the commissioning strategy.

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<sup>7</sup>Guide to Supported Self-Evaluation, SWIA, January 2009

## **6. Next steps**

Continued involvement of the link inspector with the council will provide direct support and assistance.

The link inspector will;

- maintain regular contact with the social work department;
- monitor the performance of the service, including progress made with recommendations for improvement identified above;
- offer support to the department to improve the appropriate use and standard of chronologies;
- continue to offer support for self-evaluation, improvement activity; and
- monitor the social work department's action plan.

Information from the scrutiny report and subsequent SCSWIS activity will be fed into the annual review of the council's Assurance and Improvement Plan (AIP), by the link inspector or other SCSWIS representative, as part of the shared risk assessment process.

Martha Shortreed  
Senior inspector

## Risk Based Questions

### Appendix 1

1. Is there evidence of effective governance including financial management?
2. Is there effective management and support of staff?
3. Is there evidence of positive outcomes for people who use services and carers across the care groups?
4. Is there evidence of good quality assessment and care management?
5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
7. Is there effective partnership working?
8. Do policies, procedures and practices comply with equality and human rights legislation and are there services, which seek to remove obstacles in society that exclude people?
9. Are there any areas which require urgent attention and improvement?

**Scrutiny – Sessions List****Appendix 2**

<b>Scrutiny Activity</b>	<b>Number of sessions undertaken</b>
Case file audit and analysis	6
Focus groups with people who use services	1
Focus groups with Carers	1
Meetings with Front Line Staff, First Line Managers & Middle Managers	9
Meetings with Senior Social Work Managers and Partner Agencies	7
Observation of Meetings	1
<b>Total</b>	<b>25</b>