

Moray Council  
Chief Social Work Officer  
Annual Report  
2017/2018

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## Moray Profile

Geographically Moray is the 8<sup>th</sup> largest Council area in Scotland, covering an area of 2,238 square kilometres, from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. However, in terms of its population, it ranks 22<sup>nd</sup> out of 32 with a population of 96,070<sup>1</sup>. The average population density is low at just 43 people per square kilometre, compared with 69 people per square kilometre nationally. Approximately 57% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith, where the population density is approximately 2,500 people per square kilometre.

Low population density indicates that Moray has a high proportion of people living in rural areas. The Scottish Governments 6 fold Urban/Rural classification<sup>2</sup> (Mid 2016) shows that 42% of the population live in either “Accessible” or “Remote”<sup>3</sup> rural areas, the 10<sup>th</sup> highest in Scotland and more than twice the national average (17%).

High proportional populations living in rural areas can pose challenges for services such as locality of essential services and time taken to travel to them. In terms of distance from a settlement of 10,000 or more, more than a quarter of Moray’s population reside more than 30 minutes travel away. Only three other mainland authorities have higher levels.

The mid-2017 population estimates for Scotland<sup>1</sup> put Moray’s population at 95,780 – 48,305 females (Decrease of 112 from 2016) and 47,475 males (Decrease of 178 from 2016). In the past 30 years there has been only one year (2003) where the male population has exceeded the number of females, in recent years however the gap has closed. With the expected influx of RAF personnel in the coming years it is likely that the gap will close further. Time trends show that Moray’s population continues to grow at a slightly higher rate than the national average with the largest growth rate witnessed within the 65+ age group. In the 20 years since 1997 Moray has witnessed a 49% increase in the number of 65+ aged people (13,446 in 1997 to 20,054 in 2017). It is likely that the numbers in this age bracket will continue to rise in future years which will place significant strain on the resources required to meet their needs. In contrast the 6-29 age group has witnessed a reduction from 19% in 1997 to 16% in 2017; between 1997 and 2017 there was a reduction of 1,235 of people aged 16-29 in Moray.

Population Breakdown <sup>1</sup>			
<i>Ages</i>	<i>Male</i>	<i>Female</i>	<i>%</i>
<b>0-4</b>	2,431	2,258	4.9%
<b>5-11</b>	3,883	3,665	7.9%
<b>12-17</b>	3,264	3,067	6.6%
<b>18-24</b>	4,103	3,322	7.8%
<b>25-44</b>	11,133	11,091	23.2%
<b>45-64</b>	13,590	13,919	28.7%
<b>65+</b>	9,071	10,983	20.9%
<b>TOTALS</b>	<b>47,475</b>	<b>48,305</b>	

<sup>1</sup> National Records of Scotland, Mid-2017 Population estimates Scotland

<sup>2</sup> <http://www.gov.scot/Publications/2018/03/6040>

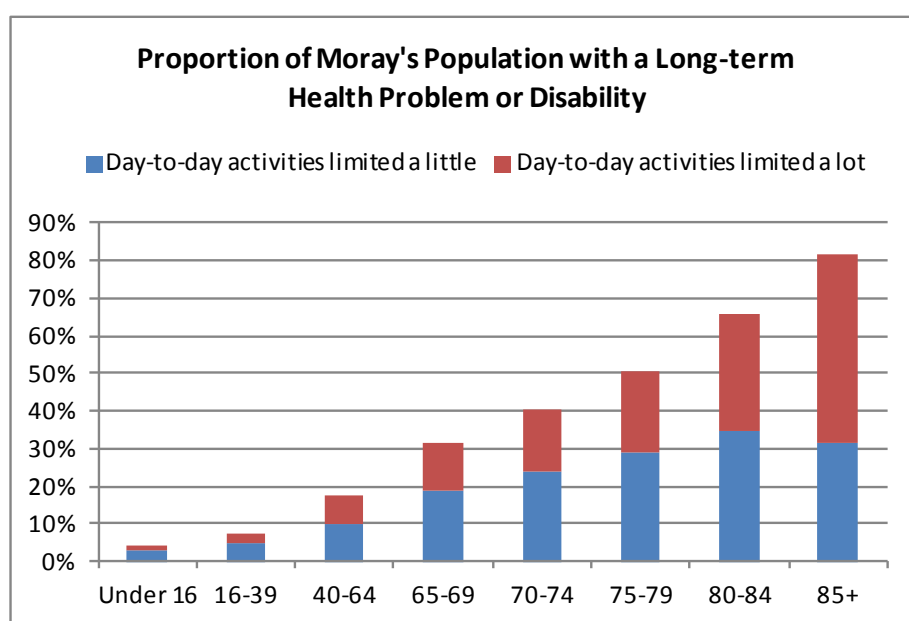
<sup>3</sup> Accessible & Remote rural areas are classed as settlements of less than 3,000 people.

Between June 2016 and June 2017 there were 867 births in Moray and 1,007 deaths, for the third consecutive year deaths have exceeded births, this change has also been replicated nationally. With Scotland's population continuing to increase year on year, and Moray increasing at a higher rate, these increases are heavily influenced by net civilian migration from within Scotland, the rest of the UK and overseas.

The latest census (2011) data shows that Moray has a very small proportion of residents (5.2%) from out with the British Isles. "White Scottish" account for 77.7% of Moray's overall population which is significantly less than the national figure (84.0%). The "White – Other British" residents contribute 18.0% of Moray's population which is proportionately double the national figure (7.9%). This is likely due to the large transient populations at the two large military bases in Moray and others who have retired to the area after finishing their service.

The largest non-white ethnicity in Moray is Asian, accounting for 0.6% of the population, the majority of who are Pakistani or Chinese. People of mixed or multiple ethnicity account for 0.25% of Moray's population, while those of African or Caribbean ethnicity each account for about 0.1%. Other ethnic groups account for the remaining 0.1%.

At the time of the 2011 census a total of 16,520 people in Moray are limited to some extent in their day-to-day activities by a long-term health problem or disability. About 7,050 are limited "a lot" and about 9,470 are limited "a little". This equates to 7.5% and 10.2% of the population respectively. An age breakdown illustrates the increasing incidence of limiting conditions with age. In all age groups the proportion limited a little is larger than the proportion limited a lot, except for those aged 85yrs and over. So not only do a much greater proportion of older people have their day-to-day activities limited by a long-term health problem or disability but the extent of that limitation is also greater. With Scotland's and Moray's population aging this trend is likely to continue which in turn will place increasingly more pressure on health care services.



## Moray's Children

As of September 2017, in Moray there were 1,688 children registered for ante pre-school/pre-school<sup>4</sup> an increase of 41 from 2016. This includes 64 under 3yr olds (identical to 2016) and 119 deferred entry pupils (31 more than 2016). At the same time there were 7,049 children on the primary school roll and 4,856 on the secondary school roll (59 less than 2016). School roll numbers are forecasted eight years in advance. Forecasts for 2025 show an increase in Primary by 10% and Secondary schools by 21%.

At the end of March 2018 there were 218 looked after children in Moray, 172 (83.5%) of whom were accommodated in community placement, 23 (10.5%) in a residential placement within Moray, 21 (9.6%) in an out of area residential placement and two children in an out of area secure placement.

In December 2017<sup>5</sup> there were 447 school children in Moray for whom English is not their first language, an additional 100 attend nursery<sup>5</sup>; 47 different languages are spoken. Long-term trends show that these numbers are increasing which is reflective of the increasing migrant population of Moray; in the past year however numbers have reduced which may be reflective of the impact of Brexit.

As at December 2017 there were 3,951 school aged children with recorded additional support needs (ASN) – 1,843 in Primary school and 1,493 in Secondary, this equates to a third of the total school population. In addition there were 200 children in Early Years Education with ASN, equating to 12% of all registrations. All areas have shown increases since December 2016; children with ASN in Early Years Education by 0.5%, Primary school children by 6.8% and Secondary school children by 3.1%.

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<sup>4</sup> Early Years & childcare Statistics 2017

<sup>5</sup> Pupils in Scotland 2016

## Key challenges and developments during 2017/18

2017/18 continued to be a challenging year for Integrated Children's Services in terms of both embedding developments from the previous year and continuing the improvements identified following the inspection of children's services with Community Planning Partners in 2016 and the subsequent progress review in September 2017.

We progressed and embedded developments started in 2016/17:

- Locality Management Groups became increasingly significant in responding to localised need.
- We completed and published our ASN strategy.
- We contributed to the review of the Children's Service Plan –



- We continued to progress the improvement priorities identified through inspection.
- We responded to the continuing financial pressure facing the authority.

## Improvements from Inspection

A joint inspection of services for children and young people in Moray under the auspices of Moray's Community Planning partners was carried out between August and November 2016. As a result of the inspection 6 areas for improvement were identified by the Care Inspectorate, as below:

- Improve standards of operational practice, by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision.
- Improve initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing neglectful parenting, or cumulative harm.
- Strengthen collective vision and collaborative leadership, to direct the delivery of integrated children's services. It should be underpinned by a strategic needs assessment and robust performance information and demonstrate

measurable improvements in outcomes for children, young people and families.

- Strengthen the governance, leadership and accountability of the child protection committee.
- Implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection.
- Strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.

Recognising that these improvements would take time to deliver the following priorities were identified across the partnership:

- To protect children and young people from the risk of neglect and cumulative harm.
- To strengthen performance management, self-evaluation and quality assurance to demonstrate improved outcomes for children and young people.
- To improve operational practice through strengthening support and supervision of staff.

A progress review was carried out by the Care Inspectorate in September 2017; the report published in December 2017 can be accessed [here](#)

The inspectors acknowledged that the findings of the original report had been taken seriously and there had been a lot of hard work undertaken, however they also recognised that *"Partners recognise they need to maintain the current momentum and energy levels if they are going to achieve sustained improvement and change. Given the limited number of officers and many competing demands, partners will need to invest in building capacity at all levels within services to do so."*

Following on from the original inspection and subsequent review ICS have been very involved in the ongoing implementation of the improvement plan to address the issues identified.

In addition we have:

- Developed and agreed a transitions policy with adult services
- Returned services previously delivered through third sector partners and redirected the resources to invest in and improve the standard of social work assessment.
- Streamlined internal allocation processes.
- Carried out an audit of young people's pathways through services in order to identify further improvement.
- Supported teams around children with risk management and risk enabling policies and practice in order to increase the number of additional resource packages and reduce the risk of young people going out of area.

### **During 2017/18, the key challenges for Community Care were:**

Common themes emerged - the need to create the conditions of effective inter-disciplinary working; the need for empowered localities to provide a stronger

connection between how resources were used and the needs of the community; the need to redesign the system of care to sustain the independence of the people who use services.

Meeting the care needs of the people of Moray longer-term requires focusing on the following key challenges:

Demographically, the projected population of older people in Moray increased (a continual trend). The ageing population and increasing numbers of people with long term conditions and complex generated demand demonstrated a pressure which cannot be met long-term unless alternative service delivery models are generated. Based on the pressure in 2016/17, the population increase almost certainly means a shortfall in budget to meet the needs of the elderly population.

Staff recruitment and retention was a key area of concern within community care, taking into account the complex nature of care models and the number and skill mix of professionals involved in meeting the needs of people that we provide services to. A particular area of concern was within learning disabilities and meeting the needs of individuals with intensive complex care needs. Pressures also existed within home care and the recruitment and retention of staff which presented capacity issues.

The financial challenges in 2016/17 to meet our priorities, in parallel with managing the risks of an increasing population and providing safe and effective care to those with more complex health conditions cannot be underestimated and is a high risk on the MIJB's Strategic Risk Register, with zero appetite for risk of harm to people. In Mental Health a detailed multi-agency scoping exercise took place to inform a retendering process for flexible recovery focussed community support services. The retendering and recommissioning exercise is planned for Autumn 2018. Part of the tender will focus on people with high and complex support needs.

In home care the first stage of a service redesign resulted in home carers being provided with new job titles; social care assistants and with salaried roles that regularise their income.



## **2. Partnership Working - Governance and Accountability Arrangements**

The Chief Social Work Officer in Moray is the Head of Integrated Children's Services. The CSWO is responsible for monitoring Social Work service activity across the Council and Integration Joint Board to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes. The CSWO also has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

The Head of Integrated Children's Services fulfils her responsibility as CSWO by:

- Reporting directly to the Corporate Director (Education and Social Care) to ensure that he is appropriately advised on Social Work issues;
- Reporting to Moray Council's Corporate Management Team on areas that directly relate to social work services, including highlighting areas of potential risk;
- Meeting regularly with elected members (including chairs/vice chairs, group leaders and leading briefings on critical developments) to ensure that they are appropriately advised on Social Work matters;
- Providing regular reports on Social Work practice and performance to appropriate committees;
- Contributing to the Integration Joint Board, the Community Planning Partnership, and the Public Protection Partnership; and Moray Chief Officer's Group;
- Meeting regularly with the Head of Community Care and the Chief Officer for Moray Health and Social Care Partnership.

### **Moray Council Governance**

#### **Children and Young People's Committee**

It is the role of the Children and Young People's Committee to exercise the functions of the Council:

- As an Education Authority within the terms of relevant legislation with regard to school education, nurseries and child care, Gaelic and children's services.
- With regard to leisure, libraries and museums, sport and the arts, CLD and lifelong learning.
- With regard to the Children (Scotland) Act 1995, and to determine the Council's policies in regard thereto, including youth justice.
- In respect of looked after children and young people leaving care.
- To deal with Child Protection issues.
- In respect of the Adoption and Fostering of children in terms of the Adoption (Scotland) Act 1978. The Adoption and Children (Scotland) Act 2007 and the Foster Children (Scotland) Act 1984.

As a Local Authority, Moray Council has a statutory duty to provide services to young people and their families who are in need across the Council area. The responsibility for overall delivery of this service in Moray lies with the Department of Education and Social Care which comprises the following sections;

- Integrated Children's Services
- Schools and Curriculum Development
- Lifelong Learning, Culture and Sport

The department is led by the Corporate Director (Education and Social Care), assisted by three Heads of Service, each leading one of the sections above.

### **Integrated Children's Services**

In addition to the Head of Integrated Children's Services the department has the following managers each with specific responsibility for their section:

- Corporate Parenting and Commissioning Manager – responsible for Commissioning and Placement Services.
- Children's Wellbeing Service Manager – responsible for early engagement, intake and assessment and outreach teams.
- ASN Manager – responsible for Additional Support Needs, English as an Additional Language, Pinefield parc, Autism and Communication Disorders, Beechbrae and the Sensory Teams.
- Justice Services Manager – responsible for the Criminal Justice, and Out of Hours Social Work Teams.
- Principal Educational Psychologist – responsibility for Educational Psychology Team.
- Strategy Manager – responsible for policy and strategy development.
- Continuing Support Service Manager – responsible for the Reviewing team and longer term intervention through the Continuing Support Teams.

### **Moray Community Planning Partnership (CPP) Children's and Young People's Services Governance Structure**

Following the outcome of the 2016 joint services inspection a new governance structure was put in place for children's and young people's services at a Community Planning Partnership (CPP) level.

#### **Moray Chief Officers' Group (MCOG)**

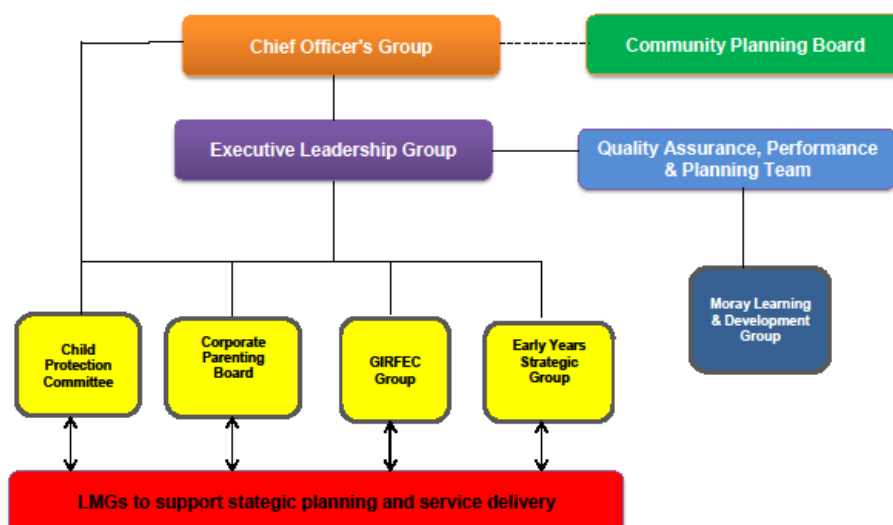
The MCOG was formed to provide a collective vision and collaborative leadership to direct the delivery and improvements of children's services in Moray.

#### **Executive Leadership Group (ELG)**

The Executive Leadership Group (ELG) was formed to lead, develop and drive forward the joint services agenda for children, young people and families in Moray.

The following four strategic groups will oversee the delivery of the strategic and improvement priorities across the partnership: -

- GIRFEC (including Mental Health and Wellbeing)
- Child Protection Committee
- Early Years
- Corporate Parenting



### Moray Integration Joint Board

The key governance structures are: Practice governance, achieved through the Practice Governance Board (PGB) which meets every 5/6 weeks. The PGB now reports to the Clinical & Care Governance Committee.

The Chief Social Work Officer is present, or represented at the Integrated Joint Board and the Health & Care Governance Committee.

Health and Social Care Moray was formally established in April 2016 and brings together a wide range of health and social work services into a single operational system. The Moray Integration Joint Board (MIJB) is responsible for planning and overseeing the delivery of a full range of community health and social work/social care services and is also responsible for a number of Grampian health services relating to primary care.

Throughout the course of 2016/17, the MIJB has taken key decisions in relation to the establishment of the Partnership including the appointment of Officers, the delegation of functions and operating and governance arrangements. The MIJB's strategic vision is:

*“To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals.”*

### 3. Social Services Delivery Landscape

The societal context shows that Moray is experiencing pressure from demographic change, both in terms of ageing population and a net loss of young people. These factors combined can create a sometimes challenging labour market for social care. The social care sector in Moray is delivered by the public sector and independent sector in both voluntary and commercial organisations. The sector is coordinated through commissioning activity in Community Care and Integrated Children's Services.

Provision of residential care for Looked After Children (LAC) in Moray is provided by Moray Council, Action for Children, Aberlour and by Scottish Autism. Prior to the contracts coming to an end procurement activity, consistent with The Moray Council financial regulations, will commence in line with the method detailed within the ICS Commissioning Framework.

#### **Adult Social Care**

Adult services are delivered by a range of service providers both internally by Moray Council and externally through contracted arrangements.

There were no changes in the number of residential care homes or placements available and the number of placements made remained relatively static.

In partnership with Hanover (Scotland) Housing Ltd, we also reported on a substantial extra care development at Varis Court, Forres. The new build provided housing with care for older people; including people with care.

Although the benefits of the test site are in the process of being fully evaluated, it is clear that important insights and learning can be gained from this project that will inform the future design of health and social care services in the Forres Area.

The benefits of Health & Social Care Moray's partnership were further demonstrated last year with the opening of the Linkwood View Development at Glassgreen, Elgin.

Following its opening in 2017, all units are filled and the development is making an important contribution to the delivery of extra care housing for a wide mix of tenancy groups in the Moray area. The age range is more diverse than other developments with older people, learning disabilities, mental health and dementia tenancies being accommodated and supported.

In May 2017, 6 vacant houses were opened, transformed into halfway homes for people ready to leave hospital. The £120,000 project provides a homely environment where people can work on regaining their independence. During their short stay in the cottages, they are supported by a team of staff to manage everyday living tasks such as getting in and out of bed and preparing meals. The specific rehabilitation aimed at the Jubilee Cottages differs from standard rehabilitation in the way that the service is provided in a low risk, controlled home environment through high intensity and collaborative rehabilitation to foster an encouraged independence to return home in a maximum of 6 weeks. The rehabilitation service is provided free of charge by the Community Care Department and cottages are equipped with a

telecare service to provide a 24-hour on call response. The project has accommodated 12 residents throughout the year.

### Scottish Living Wage

When the Scottish Living Wage (SLW) was introduced in 2016/17 care staff from different organisations were on different hourly rates, therefore to ensure any increase in funding was fairly distributed it was agreed that the SLW increase should be factually based on the actual workers hourly rates. To obtain accurate information care providers were asked to complete a spreadsheet detailing the hourly rates paid to their staff and an uplift based on the employer's spreadsheet was then applied. It was then concluded that having applied the uplift for 2016/17 all staff should now be in receipt of the Scottish Living Wage and therefore any further increase in the Scottish Living wage should be offered to care providers as a percentage increase of their contract value.

After consulting with other Health & Social Care partnerships across Scotland, Health & Social Care Moray have agreed the SLW uplift for 2018/19 should be in line with the National Care Home increase of 3.39% and applied from the 1<sup>st</sup> May 2018. The uplift rate will be reviewed on an annual basis.

### Tribunal ruling on the Sleepover rate

In March 2017 at an Employment Appeal Tribunal it was ruled that if a carer is required to be present through the night, and that there's an agreement between parties that the carer would work in the night if needed, then this period counts as work time and should be paid for accordingly. This is true even if the carer is not physically needed and sleeps all night, because the job itself is to be present. All care providers whose staff are currently paid at a sleepover rate are considering the implications of this ruling and deciding whether there is a need to continue to provide sleepover cover and if so which members of staff will now be entitled to the SLW hourly rate. Consultation is currently taking place with the care providers to ascertain which members of their staff will continue to be required through the night and thus entitled to the hourly rate. Once this information has been obtained it is proposed to offer an uplift to those care providers affected by the ruling to enable them to pay the Scottish Living Wage from the 1<sup>st</sup> September 2018 to staff who were previously paid at the sleepover rate.

## 4. Resources

Moray Council continues to experience severe financial pressure. Work has been progressed to identify potential areas for savings from 2016 onwards. The CSWO has been very involved in the discussions in respect of Integrated Children's Services; however this does pose a dilemma for those who hold the CSWO post as Head of Service. There are occasions when obliged to offer up savings as Head of Service which may mean a reduced service provision which, as CSWO, you would advise against in terms of risk.

### **2017/18 Gross Social Work Expenditure**

	£000's
Children's Panel	18
Service Strategy	900
Criminal justice social work services	1,055
Adults with physical or sensory disabilities	4,205
Adults with Other Needs	1,148
Mental Health	2,318
Learning Disabilities	16,625
Older Persons	27,917
Children & Families	20,645
	<b><u>74,831</u></b>

### **Integrated Children's Services Financial Position**

The most significant overspend for Integrated Children's Services is in the Out of Area budget. The spend in 2016/17 was £6,017,922 and for 2017/18 the spend was £6,615,182.

The pressures the department faces include:

- Our children and young people need cared for more usually on a permanent basis.
- For example of 89 children in foster care placements 40 are in permanent care arrangements and for 18 further children or young people care planning is concerned with permanence.
- Of local fostering provision there are currently 5 households with placement available (depending on matching considerations) for 5 children.
- During the session 2018/19 we will be working on developing a new foster scheme and seeking committee approval for this. We consider that with a fee based scheme skilled carers are more likely to identify themselves as have the necessary ability, with training, to fulfil the caring role.
- Following due process and certain other changes, including adoption or need for residential accommodation, the number of children placed in independent foster care has reduced from the reported 19 placements in the 2016/2017

report to 14. 12 of that number of 14 are matched placement, or in the process of becoming matched, given planning being concerned with permanence.

- We have a number of residential placements in Moray to meet a range of needs including complex learning and autism needs as well as what is referred to as social emotional behavioural needs. Residential provision in Moray is supplied by Moray Council, Action for Children, Aberlour Child Care Trust and Scottish Autism: the total number of beds available are 21 plus an assessment bed.
- There were a further 22 residential beds out of Moray placement being made on a number of needs. Placement breakdown, especially adoption or long term fostering breakdown is increasing and we are undertaking an audit into this issue.
- The increase in activity in the education development of the SEBN provision will ensure planning is effective for young people returning to Moray. This takes time and planning to ensure alternative education package paired with appropriate care placement.

## Health & Social Care Financial Position

### **MORAY INTEGRATED JOINT BOARD**

#### **SOCIAL CARE SERVICES OUTTURN**

**2017/18**

#### **MORAY INTEGRATION SERVICES FINANCIAL OUTTURN 2017/18**

	£ 000'S
<b>Learning Disabilities</b>	5,585
<b>Mental Health</b>	962
<b>Addictions</b>	1,003
<b>Adult Protection &amp; Health Improvement</b>	144
<b>Care Services provided in-house</b>	13,427
<b>Older people &amp; PSD - Assessment &amp; Care</b>	16,945
<b>Intermediate Care &amp; OT</b>	1,508
<b>Care Services provided by External Contractors</b>	11,024
<b>Admin &amp; Management</b>	708
	<b>51,306</b>

Due to the focussed structure of the IJB this is presented as outturn rather than budget against actual as this would distort things given that the funds that flow to the IJB from the Council aren't the same as those that flow back to the Council.

However, key financial pressures remain in domiciliary care for older people and complex learning disability.

## 5. Service Quality and Performance including delivery of statutory functions

### Service Quality and Performance

Social work services contribute to the development of Moray as identified in Moray 2026, which provides a strategic context for the delivery of social work services in Moray.

### Health & Social Care Moray

Moray Council has been imbedding the ethos of Self-Directed Support (SDS) since 2012. Since the enactment of the Social Care (Self-Directed Support)(Scotland) Act 2013, all individuals who are eligible for long term support are assessed through the SDS processes alongside the values and principles which underpin the legislation. The legislation has enabled individuals to take greater control over their care and support, allowing them to live the life they want having their support delivered in a personalised way.

Budgets are allocated to individuals through the use of a Resource Allocation System (RAS) with work currently being undertaken to review the current price point to ensure that this is still set at a sufficient level to allow individuals to meet their outcomes in line with rising costs of provision.

For the reporting period of 2017/18 there were a total of 1,315 individuals who were in receipt of SDS, this can be broken down as follows:

SDS Option	No. of clients
Option 1	199
Option 2	212
Option 3	892
Option 4	12

The number of individuals in receipt of a Direct Payment fluctuates throughout the reporting period; however the number of individuals opting to receive their care and support through Option 1 has steadily increased since the implementation of the SDS legislation.

A pilot project has been undertaken to specifically look at Individual Service Funds (ISF's) which form part of Option 2 of SDS. The project was coproduced in conjunction with potential ISF providers to enable widespread learning and the development of a provision which allows for greater flexibility similar to that afforded to a Direct Payment. The project showed that, despite the numbers of individuals opting to have an ISF being low, those that did receive an ISF, did so to have the choice and flexibility afforded with a Direct Payment yet without the direct control of their personal budget. The project has produced valuable learning and development for both Moray Council and the ISF providers to be able to take this into mainstream delivery of SDS. A final report has been written highlighting the outcomes of the



project and next steps to continue our learning and development of ISF's to enable greater choice to be offered through SDS.

Moray Council were one of two test sites for the Scottish Government with the aim to explore and test the use of all SDS options to those individuals living in residential care. At present this group of individuals are not able to receive Option 1 of SDS within the current SDS legislation, with the question being as to whether this option of SDS should be made available to those in residential care. The two year project explored what this would look like for the individual, and the impact that this would have on both them and the care home itself. A final report has been written for submission to the Scottish Government and recommendations will be made to the Minister in due course based on the findings from Moray and our partner test site in East Renfrewshire in due course. The reports will help determine as to whether there should be a legislative change to allow the use of Direct Payments to those individuals in residential care. Local learning which we can draw upon is the value in having meaningful conversations with individuals residing in care homes in Moray and the positive impact that this can have on them. Personalised outcomes can be developed regardless of any legislative change relating to the use of Direct Payments until such a time when there may be a change in legislation.

A revised action plan is being developed following on from a series of workshops with staff and service users, taking on board their views as to where we are in the implementation of the SDS legislation and the steps which we still need to take to successfully implement the ethos behind SDS. The aim is to ensure that our systems and processes support the principles of SDS, allowing for choice, control and flexibility to underpin the work we do in recognition of the 10 year strategy (2010-2020) for embedding SDS. This has required a cultural change both in the workforce and with the individuals we support to allow for a change in the way in which assessments are undertaken and outcomes identified.

## **Health & Social Care Moray Performance**

Health & Social Care performance is monitored and reviewed monthly on a formal basis. The following statistics demonstrate activity over period 2017/18:

- The rate of those in Permanent Care has gone from 23.42 in Q1 March 2017 to 23.24 as of March 2018. There has been a raw figure increase for the respective quarters of; 454 to 459.
- For the personal outcome "Having Things To Do", where in 2016/17 the question was met 66.7% times, partially met 30% and not met 3.3%. In 2017/18 these numbers were 66.4% met, 29.8% partially met and 3.8% not met. As a result the direct rate of not met has been increased by 0.5%.
- For the personal outcome "Feeling Safe", where in 2016/17 the question was met 78.7%, partially met 19.8% and not met 1.5%. In 2017/18 these numbers are 77.3% met, 20.7% partially met and 2.0% not met. This is an increase of 0.5% not met. This demonstrates a reasonable stability in terms of outcome reporting.

<b>Balance of Care</b> <b>(Number of Service Users Receiving Permanent Care and Homecare)</b>				
	<b>Permanent Care</b>	<b>Homecare</b>	<b>Receiving less than 10 hours of Homecare</b>	<b>Receiving 10+ hours of Homecare</b>
<b>Jun-17</b>	<b>467</b>	<b>888</b>	<b>551</b>	<b>337</b>
<b>Sept-17</b>	<b>483</b>	<b>900</b>	<b>557</b>	<b>343</b>
<b>Dec-17</b>	<b>469</b>	<b>894</b>	<b>557</b>	<b>337</b>
<b>Mar-18</b>	<b>459</b>	<b>919</b>	<b>574</b>	<b>345</b>

The number of Older People in Permanent Care has fluctuated this year and for the first time in 4 years the numbers of those receiving care increased year on year. Despite the increasing numbers, however, there was a noticeable reduction from June onwards in those receiving Permanent Care. This resulted in an end of year rate per 1000 in permanent care being lower than last year despite a slightly higher figure, due to the increase in the 65+ demographic.

### Integrated Children's Services

In 2016 Education and Social Care adopted a departmental service improvement plan. This plan included further detail in relation to the national position -

<b>Indicator</b>	<b>2015/16</b>	<b>2016/17</b>	<b>Change</b>	<b>Performance Against Comparators / National</b>
<b>Integrated Children's Services</b>				
The gross cost of "Children Looked After" in residential based services per child per week	<b>£3,792</b>	<b>£4,018</b>	<b>+£226</b>	<b>Moray</b> –gross cost of "Children Looked After" in residential based services per child per week - <b>£4,018 (Rank 9<sup>th</sup>)</b> ( <i>Rank 1<sup>st</sup> highest gross cost</i> ) <b>Scotland - £3,404</b>
The gross cost of "Children Looked After" in a community setting per child per week	<b>£393</b>	<b>£435</b>	<b>+£42</b>	<b>Moray</b> –gross cost of "Children Looked After" in a community setting per child per week - <b>£435 (Rank 3<sup>rd</sup>)</b> ( <i>Rank 1<sup>st</sup> highest gross cost</i> ) <b>Scotland - £313</b>
Balance of care for looked after children: % of children being looked after in the community	<b>83.6%</b>	<b>82.3%</b>	<b>-1.3%</b>	<b>Moray</b> – looked after children: % of children being looked after in the community – <b>83.6% (Rank 31<sup>st</sup>)</b> ( <i>Rank 1<sup>st</sup> highest proportion in foster/family placements rather than residential accommodation</i> ) <b>Scotland– 89.9%</b>

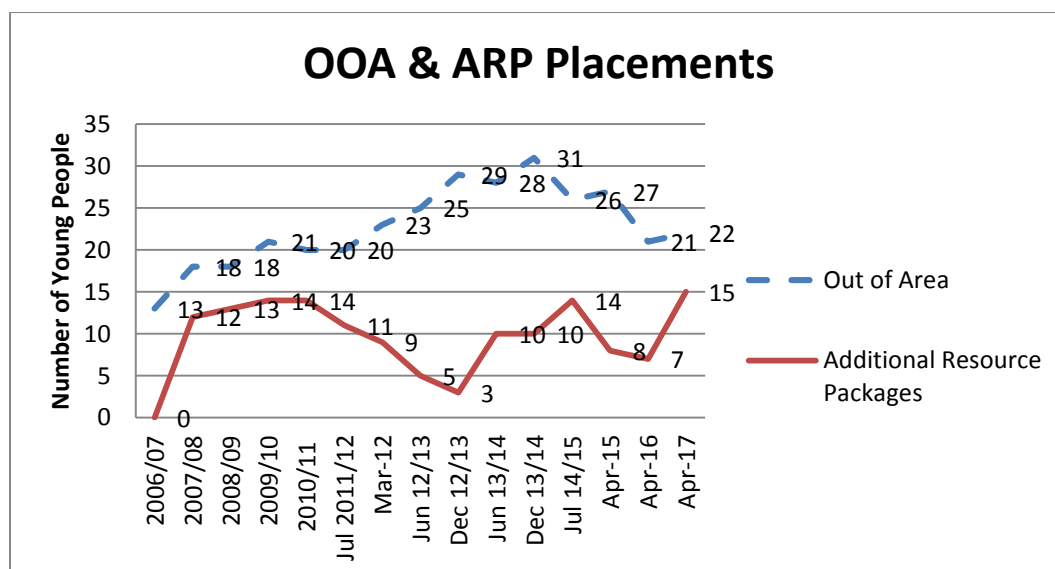
At the end of March 2018 the overall rate of Looked After and Accommodated Children (LAAC) in Moray stood at 9.3 (per 1,000 of the child population), the target rate of 8/1,000 has not been achieved since quarter 2 of 2015/16. The majority of children are accommodated in a family placement (73.4 %); however this proportion has consistently reduced throughout the course of the year from 79.9 % at the end of quarter 1, and, continues to remain below the 80% target. The percentage of LAAC accommodated in a residential placement within Moray has increased to 13.3%, an increase of 1.3% from the same period last year and well above the target threshold of 8.5%. The percentage of LAAC accommodated in a residential placement outwith Moray has increased to 13.2%, an increase of 4.3% from the same period last year and well above the target threshold of 10.5%. It was envisaged that with the

provision of an additional six spaces within the new build Cala unit need for out of area placements would reduce, this however has proven not to be the case. Although occupancy levels in the Cala unit are high, as are the other Third Sector units, there clearly remains the need to accommodate children in units' outwith Moray which places pressure on budget resources.

Data is not available for 2017/18 in relation to young people involved in crime, however data from 2016/17 for young people aged 8-17 shows an increase in offences and in the number of young people committing these offences. Between 2015/16 and 2016/17 the number of offences increased from 617 to 731 (18%) and the numbers involved in committing these offences increased significantly from 252 to 326 (29%). This increase in offenders is a reversal of the trend over the previous five years where numbers have steadily decreased from a high point of 473 in 2011/12.

Criminal Justice performance indicators are now included within the Integrated Children's Services suite of indicators. Throughout the course of 2017/18 a total of 503 Criminal Justice social work reports were submitted to courts, all of which were submitted by the due date. 2017/18 has witnessed a significant rise in the number of Community payback orders issued. In 2017/18 there was a 25% increase in orders issued in comparison to 2016/17 (163 – 205).

#### Number of Out of Area Residential Placements & Additional Resource Packages – April 2017



The April 2017 figure represents: -

- A. Out of area residential placements consisting: -
  - (i) 20 residential placements for Looked After Children; 3 of which are expected to end no later than July 2017;
  - (ii) 2 educational placements requested by parents for children with specific educational needs each of which will end by July 2017.

A total of 22 residential placements, which is an increase of 1 since April 2016.

- B. Additional resource packages consisting of 15 additional resource packages, 7 of which maintain looked after children in school/education.

Apart from the joint children's services inspection progress review the service had four further inspections:

Moray's Supported Lodgings Project was inspected in September 2017 by the Care Inspectorate. The service provides an Adult Placement Service to young adults in the Moray area who have been Looked After Children. The aims and objectives of the service are to help young people currently aged 16 - 21 move from a care setting into a supportive environment to help them prepare to live independently in the community.

Inspectors reported on the following quality indicators and the evaluation for the Moray Project was as follows: -

- |  |              |           |
|--|--------------|-----------|
| • Quality of Care and Support          | Grade 5      | Very Good |
| • Quality of Staffing                  | Grade 5      | Very Good |
| • Quality of Management and Leadership | Not assessed |           |

Moray's Adoption Service was inspected in August 2017 by the Care Inspectorate. The Moray Adoption Service provides an adoption service for children and young people assessed as being in need of permanent care away from home and recruits and supports adoptive families to provide adoption placements.

Inspectors reported on the following quality indicators and the evaluation for the adoption service was as follows: -

- |  |              |           |
|--|--------------|-----------|
| • Quality of Care and Support          | Grade 5      | Very Good |
| • Quality of Staffing                  | Grade 5      | Very Good |
| • Quality of Management and Leadership | Not assessed |           |

Moray's Fostering Service was inspected in August 2017 by the Care Inspectorate. The Moray Fostering Service provides a fostering and family placement service for children and young people aged 0 -18 years. The Council recruits, assesses, approves, supports and trains carers to provide a fostering service to a range of children throughout Moray. This includes long-term and short-term care as well as respite care.

Inspectors reported on the following quality indicators and the evaluation for the fostering service was as follows: -

- |  |              |           |
|--|--------------|-----------|
| • Quality of Care and Support          | Grade 5      | Very Good |
| • Quality of Staffing                  | Grade 5      | Very Good |
| • Quality of Management and Leadership | Not assessed |           |

Moray's Residential Service, managed by the council, Cala, was inspected in July 2017 by the Care Inspectorate. The service provides 6 residential placements for young people 11 and over with the aim of providing a therapeutic setting to support recovery from trauma and positive movement towards independence.

Inspectors reported on the following quality indicators and the evaluation for Cala was as follows: -

• Quality of Care and Support	Grade 4	Good
• Quality of Staffing	Grade 4	Good
• Quality of Management and Leadership	Grade 4	Good
• Quality of Environment	Grade 5	Very Good

This represents considerable improvement against previous inspections.

2017/18 has seen considerable drive and energy across all agencies pulling, and pooling, together resources and we are now beginning to achieve a number of the asks of the young people, asks which should thereafter evidence positive difference to the lives and experiences of our Care Experienced Young People. Three main achievements were: -

- The launch of the Champions Board;
- The launch of the Corporate Parenting Strategy for Moray Community Planning Partnership;
- Moray signing up to the Care Leavers Covenant.

With clear vision and leadership the focus areas for Corporate Parenting in Moray for the next year will be:-

- Continue to work in partnership to deliver on our 10 Guarantees - which is consistent with leading and implementing Moray's Corporate Parenting Strategy;
- Focus on staff training so that all Corporate Parents feel competent and confident – this is consistent with ensuring Moray is fully undertaking its duties with regards the Children and Young People (Scotland) Act 2014 and providing support and guidance to all corporate parents;
- Continue to have Champions Board meetings every 4 months – which will reflect our active engagement with our CECYP, by hearing and acting on their views which should continue to support us to improve our approaches to corporate parenting;
- Embed the PACE improvement methodology;
- Be SMARTER with our measurements – we will revisit and refresh those listed in the Strategy.

## Complaints 2017/18

	Number of Complaints	Number and % responded to in target timescale	Number Upheld / Part Upheld / Not Upheld or Lack of Evidence
Integrated Children's Services	18	7 (39%)	3 / 9 / 6
Community Care	28	24 (86%)	7 / 9 / 12
<b>Total</b>	<b>46</b>	<b>31 (67%)</b>	<b>10 / 18 / 18</b>

A total of 18 ICS complaints were responded to and closed within the reporting year. Of these complaints three were frontline complaints, none of which were upheld. 15 complaints were resolved at investigative stage. Three investigative complaints were upheld, six were part-upheld and the remaining three were not upheld. The three frontline complaints were all responded to within the 5 day target. Of the 15 investigative complaints only 4 (26%) were responded to within the 20 day timescale.

Complaints in Community Care were higher in number, reflecting the larger size of the service. Of these complaints 18 were frontline complaints, 5 of which were upheld. There were 6 investigative complaints, 2 of which were upheld and 4 escalated investigation complaints, none of which were upheld.

The complaints process has changed following National requirements and there will no longer be the option of a Review Committee. People not satisfied after formal investigation and response will be advised to refer their complaints to the Ombudsman.

## STATUTORY FUNCTIONS

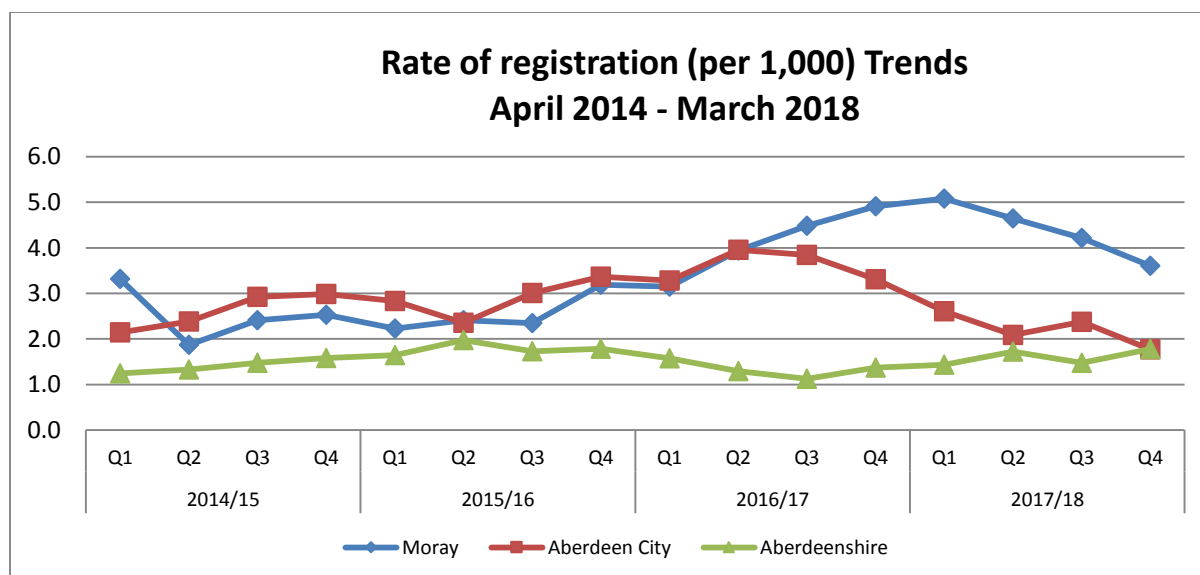
### Child Protection

The Moray Child Protection Committee (CPC) has updated several key multi-agency documents over the past year including the role and remit of the Child Protection Co-ordinating Group, implementing the Significant Case Review procedure and refreshing the IRD procedure. The updated resources can be found here:

[http://www.moray.gov.uk/moray\\_standard/page\\_90286.html](http://www.moray.gov.uk/moray_standard/page_90286.html)

The Moray CPC regularly receives performance management information which is derived locally and from the North East of Scotland Child Protection Register (CPR) which covers Aberdeenshire, Aberdeen City and Moray and is managed by the Child Protection Partnership (CPP). This information provides data trends across Moray in relation to risk indicators and comparisons to previous quarters throughout the year. The number of children recorded on the CPR in Moray has risen to 70 plus as can be seen in the chart below which is above the national average as of 31 March 2017.

Moray CPC is currently reviewing all performance management information in order to gather and present meaningful information that can help identify both good practice and areas for improvement. Most importantly Moray CPC is looking to provide rich analysis behind the performance management information so that this can be used to improve outcomes for children and direct targeted resources accordingly.



Over the past year the Moray CPC has:

- Strengthened its Governance through the creation of Chief Officers Group and subsequent revised structure across the Moray Partnership
- Successfully held a development day with all staff connected to Moray CPC and actioned the key feedback
- Developed and implemented the Significant Case Review procedure for all staff
- Updated guidance for all staff on the process for Police Concern Reports under the Children and Young People (Scotland) Act 2014

- Successfully conducted an IRD audit and taken the learning into the new IRD procedure which was launched and will be subject to review in 2018 is set for a multi-agency launch later in 2017
- Introduced a Neglect sub group of the CPC to take forward the Neglect agenda across Moray
- Published guidance and training for staff on accessing Legal Services.

Moray CPC is considering how it can take help take forward the outcomes from the recent Joint Children's Service Inspection carried out by the Care Inspectorate, its own improvement plan, and the recommendations from the National Child Protection Improvement Programme set out by Scottish Government. The ongoing audit and review of IRDs and Childs Planning Meetings will further enhance the CPCs ability to keep children safe and improve outcomes for all children cross Moray.

The Moray CPC has played a key role in the progress of the Moray Learning and Development Group (MLDG). The MLDG consists of experienced professionals from Health, Education, Social Work, Police, and Third Sector. It is the responsibility of the MLDG to develop and deliver a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray. After a successful year the MLDG are currently rolling out 3 monthly training calendars to address multi-agency training gaps and, importantly, will quality assure the training to measure its impact on practice. There are various training courses available which can be found [here](#)

A key development area for the Moray CPC moving forward is how best to engage children, young people, families and their communities in the child protection agenda and the wider consideration of protecting children. We are working with the third sector and services to progress this.

This will allow us to consider the effectiveness of the work of the CPC and ensure that our work meets locally identified priorities and supports a safer family/safer community approach.

## **Adult Support & Protection**

The previous report identified areas required to promote better awareness of Adult Support & Protection:

Continue to raise public awareness and for NHS staff, work continues on promoting awareness across Moray. The ASP trainer has completed in excess of 40 training sessions in the last year. Modules 1 and 2 focus on those working directly with service users both in the community and within a care home setting. Modules 3 and 4 specifically target social workers who have a minimum of 1 year experience – this enables them to become Council Officers and able to complete ASP investigations on behalf of Health and Social Care Moray. A variety of public information is made available with all relevant information being displayed on council web site, leaflets, and posters. Data collected for the Moray Adult Protection Committee (MAPC) and Scottish Government statistics indicate another increase in referrals over the past year. The number of referrals from Police Scotland have also increased; however, these involve a large number of people with known addictions along with those who are at risk of suicide. In most circumstances there is evidence to suggest people being referred have mental health related issues.



In particular the MAPC has focussed on raising the profile of, and awareness of financial harm.

Additionally, the APU consultant practitioner attends the weekly public safety hub established in January 2015 and led by the community safety team based in Elgin. It is attended by all statutory agencies and relevant information is shared proportionately. There have been improvements in agencies attending ASP case conferences and it is felt this is due to the sharing of information and the introduction of these weekly hub meetings.

The Interagency Grampian Working Group (representatives from Moray, Aberdeen City and Aberdeenshire) has updated the Interagency Grampian Policy and Procedures for ASP and this has been approved by all three APC's. To assist MAPC in fulfilling its multi-agency functions and responsibilities, a series of short life working groups have been established to take forward the work of the Committee. In addition there are now three sub groups which meet on a regular basis to address the key functions of MAPC:

- The Grampian Working Group;
- The Grampian Joint Training Group; and
- The Financial Harm Group

In addition, recognition is also taken of the outcomes from national reports on adverse events.

In raising the profile of financial harm there are many challenges for Adult Support and Protection across all agencies, one being co-operation from the many financial institutions and Moray have distributed leaflets, posters to be displayed in business premises and it is hoped this will enhance awareness across Moray. The introduction of the updated and Scotland wide approved form - Re: Request for Information from Financial Institutions - Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA) has now been implemented. It is anticipated this will encourage financial institutions to participate more willingly in the ASP process therefore reducing the risk to Adults at Risk of financial harm or exploitation.

An ASP protocol for 16 – 18 year olds was agreed early in 2018 and rolled out in the first instance to Access team where it is triaged. Consideration is given to whether it meets the three point test or if it is a wellbeing issue within the GIRFEC agenda. It is then forwarded to the appropriate service for attention.

Our focus for the year 2018 to 2019 will be;

- Develop new training methods that will focus on more joint training between partner agencies
- Ensure policies and procedures are relevant and robust
- The APC will develop a risk register in response to the recent introduction of inspections carried out across 6 local authorities across Scotland
- Large Scale Investigation policy will be reviewed by the Grampian Working Group.

## **Criminal Justice**

Over the past year Criminal Justice staff have continued to be involved in contributing to the Improvement Plan associated with the National Multi Agency Public Protection Arrangements (MAPPA) Inspection.

Moray Criminal Justice Service acted as a pilot area in relation to the introduction of the new MAPPA templates. We provided feedback to the Risk Management Authority which helped shape the roll-out of the planned national training of the templates by the RMA.

Following the training given to all staff the Moving Forward Making Changes case management pack is now delivered to High Risk Sex Offenders.

Joint work with Police, Youth Justice and other Council Services continues in order to improve outcomes for young people at risk of offending.

Officers have been involved in preparing for and addressing the changes to Community Justice which resulted from the Scottish Government's Community Justice Re-design. Following considerable consultation with the public and across the partnership the new Community Justice Partnership (CJP) held its first meeting on 13<sup>th</sup> January 2017; the CJP also submitted its first plan to government in line with the statutory requirements.

## **Integrated Mental Health Services**

Good Mental Health for All in Moray 2016-2026 was launched in September 2016. The strategy was developed by people with lived experience of mental health problems, their families and those involved in mental health service delivery. It focusses on protection, promotion, prevention and early intervention as well as treatment and care services. It is recovery focussed and promotes a strengths based perspective.

Phase 1 of the implementation plan focussed on mental wellbeing and early intervention and much was achieved in 2016/17 including: the commissioning and opening of the Mental Health and Wellness Centre operated by Penumbra; the employment of Link Workers attached to GP practices for people experiencing distress; the commissioning of Peer Support Workers to increase community capacity and to improve self- management skills; the delivery of Wellness Recovery Action Planning (WRAP) and Living Life to the Full courses led by Community Recovery and Wellbeing Champions. In 2017/18 these services have become established and embedded into the range of community wellbeing supports.

In 2017/18 phase 2 of the implementation plan focused on care and housing support for people who have continuing mental health support needs. The Partnership has undertaken a highly detailed multi-agency scoping exercise to inform a retendering process for flexible recovery focussed community support services. The retendering and recommissioning exercise is planned for autumn 2018. Part of the tender will be for services for people with high and complex support needs with the intention of reducing the number and duration of admissions to hospital.

The coming year will see a review of the function of the Community Mental Health Team.

Specific achievements in Mental Health care are:

- The newly commissioned Mental Health and Wellness Centre has opened. It is operated by Penumbra and located in a shop premises in the centre of Elgin. Members of the public can access it directly to receive short term support and/or information about mainstream and targeted activities in Moray to promote mental wellbeing and it provides a first contact for people in distress.
- Link workers attached to GP practices are employed to provide direct access for GPs to time limited help and support for people experiencing mental distress.
- Peer Support Workers have been commissioned in Moray to increase community capacity and to improve self- management skills.
- The Making Recovery Real Initiative has progressed throughout the past year, with Recovery Café events and Recovery Roadshow events taking place in Moray.
- The Partnership has supported delivery of Wellness Recovery Action Planning (WRAP) and Living Life to the Full courses. These are led by Community Recovery and Wellbeing Champions contracted through the Scottish Recovery Network. The Wellbeing Hub also runs these programmes.
- A recovery service improvement exercise is planned throughout the mental health service using SRI2. This will inform future developments in recovery focussed service delivery.
- A review of commissioning for residential based care and housing support for those who have high and complex support needs is being progressed and will continue into the coming year.
- The coming year will see a review of the function of the Community Mental Health Team

## **Mental Health Social Work Team**

In the past year has been a development towards a re-enablement approach which results in shorter term interventions. There continue to be challenges around differing thresholds for the secondary service and understanding of social workers' roles within the wider service.

One of the priorities for the Mental Health Social Work Team for the coming year is a focus on strengthening a recovery approach to the support that is provided to individuals who live with mental ill health. The team is keen to develop their skills in evidence based ways of working with people and are undergoing training in Mindfulness techniques.

The acute mental health ward has limited bed capacity due to staff recruitment difficulties and this has had an effect on the mental health team who have had to be more creative in their support of service users experiencing deterioration in their mental health. This has included using provider hours flexibly to provide intensive support to individuals at times of crisis.

## Mental Health Officers

The Mental Health Social Work Team Manager and Consultant Practitioner have an overview of all casework undertaken by the Mental Health Officer service.

Accountability for the service has been strengthened and the MHO Governance Group including Mental Health Team Manager, Consultant Practitioner, Service Manager Learning Disability and Chief Social Work Officer now meet biannually to discuss issues arising from the MHO provision.

In the past year four MHO candidates successfully completed the MHO course and three are practicing as MHOs on the daytime rota. One of the new MHOs is working as an MHO out of hours.

In 2017/18 there were no experienced social workers interested in training to be an MHO and for this reason a call for notes of interest was relayed to the teams in autumn 2017 which brought a positive response. A meeting was held with the individuals who expressed an interest and they had chance to find out about the role and about the course prior to formal recruitment in spring 2018. Two social workers who noted interest have now been recruited to the 2018/19 programme and some social workers have indicated their interest for future years.

There are currently 15.87 FTE MHOs in Moray. It is positive to note that 6 MHOs (35%) in the service are aged under 40. However 6 MHOs (35%) are 55 or over and are likely to retire within the next 12 years. Retirement is not the only aspect that needs to be considered as some MHOs are promoted and cease to practice and others may not fulfil all aspects of MHO duties due to their specific post or occasionally for health reasons. However unless there are a number of MHOs leaving the service then Moray should continue to be able to meet its statutory mental health responsibilities without difficulty.

The Mental Health Officer Forum is well established and is well attended. Peer supervision groups have been introduced in 2017 and these groups meet quarterly to discuss cases and share learning. Enhanced support for newly qualified MHOs has been introduced.

## Mental Health Care and Treatment Scotland Act 2003

Orders granted

Year	EDC	STD	CTOs granted	CO	Live CTOs as at year end
2016/17	11	66	10	1	29
2017/18	13	57	11	1	33

**EDC** = Emergency Detention Certificate, **STD** = Short Term Detention Certificate, **CTO** = Compulsory Treatment Order, **CO** = Compulsion Order

Comparing figures from previous year the numbers of Short Term Detentions have reduced which is difficult to explain with any certainty but possibly reflects the reduced number of beds available in Scotland for acute psychiatric admissions. However the variance for orders is small and this does not necessarily indicate any particular trend. MHOs are involved in mandatory reviews for people on a Compulsory Treatment Order so end of year figures in the table above give an indication of the level of MHO involvement required.

## Adults with Incapacity (Scotland) Act 2000

Table 4 - MHO reports requested

Type of order	2017-2018			2016-2017		
	CSWO	Private	Total	CSWO	Private	Total
<b>Welfare</b>	2	7	9	3	18	21
<b>Welfare+finance</b>	2	24	26	8	35	43
<b>Welfare+ intervention order</b>	7	7	14	3	3	6
<b>Welfare+finance +intervention order</b>	0	1	1	0	0	0
<b>Intervention order</b>	3	2	5	0	1	1
<b>Variation</b>	0	2	2	0	0	0
<b>Variation +intervention order</b>	1	0	1	0	0	0
<b>Renewal</b>	2	1	3	2	1	3
<b>Total</b>	<b>17</b>	<b>44</b>	<b>61</b>	<b>16</b>	<b>58</b>	<b>74</b>

The rate of requests for Adults with Incapacity MHO reports has levelled out from the previous year's high. There were 61 requests for guardianship reports in 2017/18 and 74 requests in 2016/17.

In 2017/18, 34.5% of all applications included intervention orders as opposed to 9.5% of all applications in 2016/17. Intervention orders require a separate report so where welfare powers and intervention orders are part of the application this increases workload. The increase in Intervention Order applications in 2017/18 is inflated because of the need to sign tenancies on behalf of users of the learning disability service who moved accommodation as a result of the accommodation review.

The table above shows that 39% of all applications in 2017/18 were local authority applications whereas in 2016/17 only 22% of all applications were local authority applications. This increase in 2017/18 may also reflect the need to authorise accommodation moves for people who have no family members able or willing to apply for powers.

## Local authority and private welfare guardianships

<b>Service user groups subject to welfare guardianships as at 31/03/18</b>	<b>Private welfare guardianships</b>	<b>Local authority welfare guardianships*</b>	<b>Total welfare guardianships</b>
<b>Learning disability</b>	108	12	120 (55%)
<b>Dementia</b>	61	26	87 (40%)
<b>Mental Health</b>	0	3	3 (1%)
<b>Acquired Brain Injury</b>	6	1	7 (3%)
<b>Total</b>	<b>175</b>	<b>43</b>	<b>217 (100%)</b>

\*excludes cross border placements where guardianship is held by another local authority

The table above reflects the statutory workload for community care teams who supervise private guardians and are delegated welfare powers from the CSWO. The supervision of guardians within the time scales is difficult to achieve. A prompt from the AWI administrator notifying social workers of review is in place and it has been recommended to social workers that they schedule reviews to coincide with annual social work reviews of the support plan.

The table shows that where possible families are encouraged to apply for powers rather than the local authority, as the legislation requires. In consequence the CSWO holds only 25% of all welfare guardianships in Moray.

The table shows that people with learning disability are the highest service user group (55%) subject to welfare guardianship but only 10% of these are held by the local authority. People with dementia is the second largest service user group and accounts for 40% of all welfare guardianships of which the local authority holds 43%. The trigger for action under AWI for older people tends to be a health crisis where the person is admitted to hospital. Often an older adult being admitted to hospital receives a capacity assessment and the conclusion is reached that the adult does not have capacity to make decisions about their future care. Consequently, the person remains in hospital until action can be taken under AWI. The length of time that private guardianships in particular take to complete is contributing to the delays in hospital discharge.

Section 13ZA Social Work Scotland Act 1968 is used only occasionally to place older adults with incapacity in care homes. Factors that preclude its use include complex family relationships, financial and property matters exceeding the level at which access to funds would be appropriate or the adult had indicated that they would never wish to go into a care home. Discussions continue to find a solution to reduce long stay hospital admission where there is capacity.

## **Complex Needs – Learning Disability**

The work done by the Accommodation Review highlighted a number of improvement opportunities in LD services, in addition to this there was additional pressure on resources from the people, many with high cost care needs, coming into adult services following transition from school. There was also an acknowledgement that there were high levels of existing expenditure on support for people who have a learning disability and there were opportunities around the integration of health and social care in learning disability services. It was acknowledged that a new operational model was needed and Alder Associates were identified as consultants to support both the development of a new model and health and social care integration in LD services. A series of workshops were held leading to the adoption of the progression model which incorporates longer term planning, working to individual outcomes and the development of a range of sustainable housing options. Early indicators are that the adoption of the model is supporting a number of individuals to enjoy improved outcomes and is leading to benefits realisation in terms of improved lifestyles, living arrangements and cost saving.

### **Woodview (Urquhart Place, Lhanbryde)**

The decision to decommission a care home at Maybank, Forres for service users with severe autism and to commission a new build on the outskirts of Lhanbryde was taken in 2013. This was a time when a critical report had been published by the Care Inspectorate in relation to the quality of care provided at Maybank for 4 service users with severe autism.

The report reflected Adult Community Care's concerns regarding the overall suitability of the Maybank property to support people with challenging behaviour and the related impact that this had on recruitment and the retention of staff.

During the week of 14 August 2017, Maybank was decommissioned as a care home residence and the 4 service users became tenants at a £2.5m new build development consisting of 8 bungalows, an office and communal area at Woodview on the outskirts of Lhanbryde.

Although, this represents the initial phase of the project, there has been a significant drop in the recorded incidents and a reduction in the medication for the tenants. Staff retention rates also remain high. Overall, this project has already had a significant positive impact on the lives of the tenants and members of staff.

Plans are in place to support a further 4 service users from Moray and out of area to move to Woodview in the Spring of 2018.

## **6. Workforce**

### **a) Planning**

### **b) Development**

Moray Council's corporate workforce strategy sets out the council's overarching approach to developing a skilled, motivated and flexible workforce able to deliver efficient high quality services that will make a difference to the community of Moray. The main themes for 2017-18 continued to be workforce transformation and change, employee engagement, leadership development and capacity with the addition of recruitment and skills development and while these broad themes are set at a corporate level, there is an expectation that they are cascaded throughout the organisation and embedded within all workforce development activity. Underpinning this, Moray Council continued to promote and develop a positive workforce culture in line with the values set out in Working Together for a Positive Workforce incorporating the corporate plans and aspirations.

As part of the Council's Organisational Development Service the social work training team have continued to support employees within the social work disciplines across services and teams to meet their registration requirements as well as developing, delivering, facilitating and promoting a range of learning and development opportunities.

The learning and development delivered has been based on the information gathered from managers via the annual training needs analysis (derived from supervision, individual casework, team meetings and for some employees from the corporate employee review and development programme). Discussions with heads of service about the strategic requirements for the workforce and responding to demand arising from the Care Inspectorate Joint Inspection of Services for Children and Young People in Moray and partnership arrangements with the Moray Integrated Joint Board also strongly influence the learning and development that is delivered. This has included contributing to the review of supervision, development of a self-evaluation tool within Children's Services Social Work, training on Adverse Childhood Experiences and adolescent brain development.

Training and development support continues to be provided to the residential services for children and young people to facilitate the learning and development of the team as well as ensuring attainment of SSSC registration requirements mainly with regard to SVQs in Children and Young People. This has included a number of specific development days for team building which has improved the overall cohesiveness of the teams. SVQs and Professional Development Awards are also provided for workforce development across Adult Services.

The training team continues to sponsor and co-ordinate the attainment of the practice teacher qualification for a number of social workers across the organisation both financially and through facilitating and supporting access to social work students through placements at various points throughout the year.

Work also continues to support newly qualified social workers to evidence their post registration training and learning (PRTL) ensuring that core competencies are embedded, specialist skills are developed and effective learning is promoted.



Placements and support continues to be provided to a number of Social Workers in training on a regular basis.

Work has progressed on our response to the Foster Care Standard that has been developed based on one of the outcomes of the 2013 National Foster Care Review. A review of the training calendar to ensure the new standards are met has taken place with a new programme of training produced for Placement Services and some areas for development identified.

A number of post-graduate qualifications continue to be sponsored including the Post-Graduate Certificate in Child Welfare and Protection and the Mental Health Officer Award to ensure the council's capacity for knowledge and skill within these specialist areas is kept up to date.

Workforce development activity has also been delivered through the multi-agency Moray Learning and Development Group (MLDG) which works on behalf of the Community Planning Partnership and is responsible for the development, delivery and quality assurance of a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray.

In 2017 the MLDG successfully delivered its a full and varied programme of multi-agency training calendar which also incorporated developing training to address the key training needs emerging from the afore mentioned Care Inspectorate Joint Inspection of Services for Children and Young People in Moray as well as training needs emerging from the Moray Children's Services Plan 2017-2020.

As part of the response to the training and development needs arising from the joint inspection of services for children and young people, an organisational development strategy has been drafted. The purpose of this strategy is to create and develop a learning organisation approach across the partnership.

Work to support the learning and development of the social work workforce within adult services continues as part of the social work training team's standard training catalogue. This is largely focused on the workforce development aspects of rolling out the Progression Model within the Learning Disabilities Service.

Instruction in Behaviour Support Strategies and Safer People Handling continues to be a core element of the training delivered to the workforce as required.