

Notice of Meeting and Agenda Social Work, Health & Well-being Policy Board

Date	Time	Venue
Tuesday, 19 May 2015	12:00	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM
Head of Corporate Governance

Membership

Councillor Maria Brown: Councillor Lorraine Cameron: Councillor Andy Doig: Councillor Christopher Gilmour: Councillor Roy Glen: Councillor Jim Harte: Councillor Jacqueline Henry: Councillor John Hood: Councillor Eileen McCartin: Councillor Cathy McEwan: Councillor Stephen McGee: Councillor Jim Sharkey

Councillor Iain McMillan (Convener): Councillor Derek Bibby (Depute Convener)

Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at www.renfrewshire.gov.uk/agendas.

For further information, contact
democratic-services@renfrewshire.gov.uk.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to the customer service centre where they will be met and directed to the meeting.

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

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| 1 | Revenue Budget Monitoring Report | 5 - 10 |
| | Report by Directors of Finance & Resources and Children's Services. | |
| 2 | Capital Budget Monitoring Report | 11 - 16 |
| | Report by Director of Finance & Resources. | |
| 3 | Integration of Health and Social Care Services in Renfrewshire - Update | 17 - 22 |
| | Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership. | |
| 4 | Social Work Service Improvement Plan 2014/17 Year 2 Update | 23 - 28 |
| | Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership. | |
| 5 | Social Work Adult Services Risk Management Plan 2015/16 | 29 - 48 |
| | Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership. | |
| 6 | Annual Health and Safety Report 2014/15 and Plan 2015/16 | 49 - 76 |
| | Report by Director of Children's Services. | |

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| 7 | Inspection of Registered Services by the Care Inspectorate 2014/15 | 77 - 88 |
| | Report by the Director of Children's Services. | |
| 8 | Carers (Scotland) Bill | 89 - 96 |
| | Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership. | |
| 9 | Section 10 Grant Application 2015/16 | 97 - 102 |
| | Report by Director of Children's Services. | |

EXCLUSION OF PRESS AND PUBLIC

The Board may by resolution exclude the press and public from the meeting during consideration of the following items of business as it is likely, in view of the nature of the business to be transacted, that if members of the press and public are present, there could be disclosure to them of exempt information as defined in paragraphs 5 and 6 of Part I of Schedule 7A of the Local Government (Scotland) Act, 1973.

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| 10 | Social Work (Complaints Review) Appeals Panel |
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To: Social Work, Health and Wellbeing Policy Board

On: 19 May 2015

Report by: Director of Finance and Resources and Director of Children's Services

Heading: Revenue Budget Monitoring to 27 February 2015

1. Summary

- 1.1 Gross expenditure is £254,000 higher than budgeted, and income is £102,000 under recovered resulting in an overspend of £356,000.

Division / Department	Current Reported Position	% variance	Previously Reported Position	% variance
Social Work	£356,000 overspend	0.5%	£293,000 overspend	0.5%

- 1.2 In the revenue monitoring reports to board in August and November 2014 and January 2015, the Service set out a number of very significant budget pressures being experienced, and indicated that measures were being taken to work towards achieving a year end breakeven position, including, the use of non-recurring funding totalling £1.2m. This non recurring funding is reflected in the above reported position.

The report to board in November 2014 highlighted an increased level of risk to the achievement of a year-end break even position. As reported to board in January 2015, and in March 2015, close monitoring of continuing pressures indicated that it was prudent to forecast a potential year end overspend of around £400,000 (0.5% of the budget), this remains the position.

The key pressure areas are highlighted in paragraph 3 below.

2. **Recommendations**

- 2.1 Members are requested to note the budget position, and the forecast year end overspend of around £400,000 (0.4%)
- 2.2 Members are requested to note that monies used to help to mitigate the current budget position are available in the current year only.
- 2.3 Members are requested to note there have been net budget realignments of £116,059 processed since the last report primarily related to training funds drawdown from General Fund reserves together with Early Years funding transferred from Education and partly offset by procurement savings.
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3. **Social Work**

Current Position: *£356,000 overspend*
Previously Reported: *£293,000 overspend*

3.1 **Children and Families**

Current Position: *Net overspend of £465,000*
Previously Reported: *Net overspend of £337,000*

As previously reported, the over spend within children and families continues to reflect higher than anticipated payroll costs offset by an under spend within external placement budgets.

There are however, ongoing pressures within childcare placement budgets reflecting the continuous requirement to respond to need along with the need to provide support for young adults who have reached the age of 18.

3.2 **Older People**

Current Position: *Net overspend of £377,000*
Previously Reported: *Net overspend of £459,000*

The overspend within Older People services continues to reflect significant pressures within the care at home service due to the shift in the balance of care to support people remaining safely at home for as long as possible, along with the councils commitment to reducing bed days lost to delayed discharges from hospital.

This pressure is partially mitigated by one off in-year flexibility monies, reflected in the current reported position, along with a significant underspend in the external care home placement budget.

In addition to the pressures within the care at home service there is also a large under recovery of income from the Council's residential Care Homes due to the current levels of under occupancy.

3.3 **Physical Disabilities**

Current Position:	Net overspend of £60,000
<i>Previously Reported:</i>	<i>Net overspend of £37,000</i>

As previously reported this overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

3.4 **Learning Disabilities**

Current Position:	Net underspend of £620,000
<i>Previously Reported:</i>	<i>Net underspend of £595,000</i>

This under spend is due to the time taken to recruit to new posts within the Learning Disability day services, along with a degree of slippage in Adult planned placements.

3.5 **Mental Health**

Current Position:	Net overspend of £112,000
<i>Previously Reported:</i>	<i>Net overspend of £82,000</i>

This overspend reflects the temporary need to use agency workers to cover vacancies within the mental health service, which have now been filled.

3.6 **Projected Year End Position**

As detailed in paragraph 1.2, the Social Work year end projection is currently an overspend of around £400,000. As detailed in the main body of the report, the current year position is being significantly supported by the application of in year non recurring balances.

Implications of the Report

1. **Financial** – The current net revenue projection is a year-end overspend of around £400,000.
2. **HR & Organisational Development** - none
3. **Community Planning** - none
4. **Legal** – none
5. **Property / Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** – none

List of Background Papers

None

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RENFREWSHIRE COUNCIL
REVENUE BUDGET MONITORING STATEMENT 2014/2015
1st April 2014 to 27 February 2015

POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK						
Description (1)	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)
	£000's	£000's	£000's	£000's	£000's	%
Employee Costs	40,152	35,312	35,733	0	35,733	-1.2% overspend
Property Costs	2,176	1,412	1,457	0	1,457	-3.2% overspend
Supplies & Services	2,005	1,695	1,810	0	1,810	-6.8% overspend
Contractors and Others	60,054	57,183	56,792	0	56,792	0.7% underspend
Transport & Plant Costs	862	640	688	0	688	-7.5% overspend
Administration Costs	7,046	722	753	0	753	-4.3% overspend
Payments to Other Bodies	6,380	4,056	4,041	0	4,041	0.4% underspend
CFCR	0	0	0	0	0	0.0% breakeven
Capital Charges	1,747	0	0	0	0	0.0% breakeven
GROSS EXPENDITURE	120,422	101,020	101,274	0	101,274	-0.3% overspend
Income	(28,716)	(32,240)	(32,138)	0	(32,138)	-0.3% under-recovery
NET EXPENDITURE	91,706	68,780	69,136	0	69,136	-0.5% overspend
<div> <div>Bottom Line Position to 27 February 2015 is an overspend of</div> <div>Anticipated Year End Budget Position is an overspend of</div> </div> <div> <div>£000's</div> <div>(356)</div> <div>(400)</div> </div> <div> <div>-0.5%</div> <div>-0.4%</div> </div>						

RENFREWSHIRE COUNCIL
REVENUE BUDGET MONITORING STATEMENT 2014/2015
1st April 2014 to 27 February 2015

POLICY BOARD : Social Work, Health & Well Being : SOCIAL WORK						
Description (1)	Revised Annual Budget (2)	Revised Period Budget (3)	Actual (4)	Adjustments (5)	Revised Actual (6) = (4 + 5)	Budget Variance (7)
£000's	£000's	£000's	£000's	£000's	£000's	%
Children & Families	26,605	23,083	23,548	0	23,548	-2.0%
Older People	32,911	33,617	33,994	0	33,994	-1.1%
Physical or Sensory Difficulties	5,678	5,330	5,390	0	5,390	-1.1%
Learning Difficulties	12,167	15,264	14,644	0	14,644	4.1%
Mental Health Needs	978	3,026	3,138	0	3,138	-3.7%
Offenders Services	0	(100)	(96)	0	(96)	-4.0%
Addiction Services	1,076	393	351	0	351	10.7%
Management & Support Services	11,439	(12,094)	(12,094)	0	(12,094)	0.0%
Adults Change Fund	852	261	261	0	261	0.0%
NET EXPENDITURE	91,706	68,780	69,136	0	69,136	-0.5%
						overspend

Bottom Line Position to 27 February 2015 is an overspend of	£000's	-0.5%
Anticipated Year End Budget Position is an overspend of	(356)	-0.4%
	(400)	

To: SOCIAL WORK, HEALTH & WELL-BEING POLICY BOARD

On: 19 MAY 2015

Report by: Director of Finance and Resources

Heading: Capital Budget Monitoring Report

1. Summary

- 1.1 Capital expenditure to 27th February totals £0.069m compared to anticipated expenditure of £0.069m for this time of year. This results in a breakeven position for those services reporting to this board, and is summarised in the table below:

Division	Current Reported Position	% Variance	Previously Reported Position	% Variance
Social Work	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend
Total	£0.000m u/spend	0% u/spend	£0.000m u/spend	0% u/spend

- 1.2 The expenditure total of £0.069m represents 45% of the resources available to fund the projects being reported to this board. Appendix 1 provides further information on the budget monitoring position of the projects within the remit of this board.

2. Recommendations

- 2.1 It is recommended that Members note this report.

3. **Background**

- 3.1 This report has been prepared by the Director of Finance and Resources in conjunction with the Chief Executive and the Director of Children's Services.
- 3.2 This capital budget monitoring report details the performance of the Capital Programme to 27th February 2015, and is based on the Capital Investment Programme which was approved by members on 13th February 2014, and adjusted for movements since its approval.

4. **Budget Changes**

- 4.1 Since the last report there have been no budget changes.

Implications of the Report

1. **Financial** – The programme will be continually monitored, in conjunction with other programmes, to ensure that the available resources are fully utilised and that approved limits are achieved.
2. **HR & Organisational Development** – none.
3. **Community Planning** –
Greener - Capital investment will make property assets more energy efficient.
4. **Legal** – none.
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers

- (a). Capital Investment Programme 2014/15 & 2015/16 – Council, 13th February 2014.

The contact officers within the service are:

- *Paul Davies (Finance and Resources)*
- *Anne McMillan (Social Work)*

Author: *Paul Davies, Principal Accountant, 0141 618 7211, paul.davies@renfrewshire.gov.uk.*

Appendix 1

CAPITAL PROGRAMME 2014/15 - BUDGET MONITORING REPORT TO 27 FEBRUARY 2015 (£000s)

POLICY BOARD Department	Council Approved Programme	Current Programme	Share of Available Resources	Year to Date Budget to 27-Feb-15	Spent to 27-Feb-15	Variance to 27-Feb-15	% variance	Unspent Cash Flow For Year	% Cash Spent
<i>Social Work, Health & Well-Being</i> Social Work	0	155	155	69	69	0	0%	86	45%
TOTAL	0	155	155	69	69	0	0%	86	45%

To: **Social Work, Health and Well-Being Policy Board**

On: **19 May 2015**

Report by: **Chief Officer Designate, Renfrewshire Health and Social Care Partnership**

Heading: **Integration of Health and Social Care Services in Renfrewshire - Update report**

1. Summary

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.
- 1.2. The main implications of the legislation were set out in reports to Council on 19 December 2013, 9 October 2014 and 26 February 2015.
- 1.3. This report provides a further update on work being taken forward in Renfrewshire to prepare for the practical implementation of integrated working arrangements in relation to the following issues:
 - The establishment of the Integration Joint Board (IJB)
 - The development of the Strategic Plan for approval by the Integration Joint Board (IJB)
 - The programme of work, in addition to the Strategic Plan to progress the other key elements of integration, which the Council and the Health Board committed to in Renfrewshire's Integration Scheme
 - The appointment of the Chief Finance Officer to the Integration Joint Board (IJB)

2. Recommendations

Elected Members are asked to note:

- 2.1. The Integration Scheme has now been submitted to the Scottish Government. Once approved by Scottish Ministers, the Renfrewshire Integration Joint Board (IJB) will be formally constituted.
 - 2.2. A Shadow Integration Joint Board (IJB) has been established to ensure continuity in governance arrangements and oversight of integration arrangements during the period prior to the Integration Joint Board (IJB) being formally constituted.
 - 2.3. The work being undertaken to develop the Strategic Plan and a supporting programme of work which will ensure all the key elements of integration, which the Council and the Health Board committed to in Renfrewshire's Integration Scheme, are progressed.
 - 2.4. The recruitment process for the Chief Finance Officer is now underway.
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3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care services in Renfrewshire.
- 3.2. The main implications of the legislation were set out in reports to Council on 19 December 2013, 9 October 2014 and 26 February 2015, and the Council agreed the following:
 - The establishment of a Partnership (Body Corporate) model for local integrated service delivery for adult services in terms of the Act in consultation with NHS Greater Glasgow and Clyde from April 2015.
 - There would be 8 members of the Integration Joint Board (IJB) with voting rights, 4 from each partner organisation. The Council would be represented on the Integration Joint Board by the Depute Council Leader, the Convener and Vice-convenor of the Social Work, Health and Well-being Board, and the Convener of the Education Policy Board.
 - The delegation of all social care services for adults and older people to the Integration Joint Board (IJB), being the minimum requirement set out in the Act. In terms of the legislation this also included services which do not sit within the Adult Services division of service in Renfrewshire i.e. services related to Addictions, and to Domestic Abuse both of which currently sit within Children's Social Work Services, and to Aids and Adaptations which currently sits with Development and Housing Services.

- The submission of the Integration Scheme (the formal legal partnership agreement between Renfrewshire Council and NHS Greater Glasgow and Clyde) to the Scottish Government for approval.
- 3.3. At its meeting on 26 February 2015 Council noted the appointment of David Leese as the Chief Officer Designate for the Renfrewshire Health and Social Care Partnership. It was acknowledged that this post is interim or “designate” as under the legislation it must be formally endorsed by the Integration Joint Board once it is formally established. It is anticipated that this will take place by the end of June 2015.
- 3.4. At its meeting on 9 October 2014 Council was advised of a new statutory role, Chief Finance Officer, which was not envisaged in earlier iterations of the Bill. This role reflects advice to Scottish Government from the CIPFA Scotland Directors of Finance in relation to the need to ensure robust financial governance of the IJB’s combined resources.
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4. The establishment of the Integration Joint Board (IJB)

- 4.1. Following approval from Council on 26 February 2015 and the Greater Glasgow Health Board on 17 February 2015, the Renfrewshire Integration Scheme was submitted to the Scottish Ministers on 16 March 2015. It is anticipated that the approval process will take up to 12 weeks to complete.
- 4.2. The Integration Joint Board (IJB) cannot be formally constituted until the Scottish Ministers have approved the Integration Scheme for Renfrewshire. Work is however underway to prepare for its establishment.
- 4.3. A Shadow Integration Joint Board (IJB) has been created to ensure continuity in governance arrangements and oversight of integration arrangements during the period prior to the Integration Joint Board (IJB) being formally constituted.
- 4.4. The first meeting of the Shadow Integration Joint Board (IJB) took place on 20 March 2015 where the voting members agreed their remit and membership, Procedural Standing Orders for meetings, support arrangements for the Board and plans to establish a 2015/16 Integration Joint Board (IJB) Development Programme.
- 4.5. Once formally established, the Integration Joint Board (IJB) must appoint non-voting members from the groups prescribed in the legislation. It may also appoint such additional members as it sees fit, provided they are not additional Councillors or non-executive directors of the Health Board, as the maximum number is prescribed in the Regulations. In anticipation of the Board being established, the Shadow Integration Joint Board (IJB) has requested the Chief Officer Designate in cooperation with the Council’s Head of Corporate Governance identify suitable representatives.

5. The development of the Strategic Plan

- 5.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards (IJB) to develop a Strategic Plan. The Strategic Plan is the document that will set out the arrangements for the carrying out of integration functions in the Renfrewshire area.

- 5.2. The first Strategic Plan must be prepared for approval by the Integration Joint Board (IJB) once formally constituted in order to allow functions to be delegated to it by April 2016.
- 5.3. The Act states that the IJB must establish a Strategic Planning Group (SPG) before it prepares its first strategic plan. The IJB must seek the views of the SPG on its proposals for what the Strategic Plan should contain and take account of the views expressed when it prepares a first draft. The SPG is then consulted in the same way on the first draft and thereafter, the IJB must undertake wider consultation on a second draft.
- 5.4. The Strategic Planning Group must have the following representation:
- Users of health care
 - Carers of users of health care
 - Commercial providers of health care
 - Non-commercial providers of health care
 - Health professionals
 - Social care professionals
 - Users of social care
 - Carers of users of social care
 - Commercial providers of social care
 - Non-commercial providers of social care
 - Non-commercial providers of social housing
 - Third sector bodies carrying out activities related to health or social care
- 5.5. In addition to these representatives, the Council and the Health Board will each nominate at least one representative to the Strategic Planning Group. Furthermore, during the period of developing a Strategic Plan the Group must also include a person to represent the interests of each locality as set out in the Plan.
- 5.6. The Shadow Integration Joint Board has asked the Chief Officer Designate, in consultation with the Chair and Vice-Chair of the IJB, to progress the appointment of members of this group prior to approval by the Shadow Integration Joint Board (IJB) at its 19th June 2015 meeting.
- 5.7. An Officer group, overseen by the Chief Officer Designate, has been established to develop preferred options for identifying or appointing appropriate individuals to the Strategic Planning Group (SPG). A report detailing the progress made and recommendations will be submitted to the Shadow Integration Joint Board (IJB) at its 19th June 2015 meeting.
- 5.8. In accordance with Scottish Government guidance, work is underway to develop and agree a strategic framework, which will provide the Health and Social Care Partnership with an overall planning structure to support its other plans, particularly the strategic plan. A report detailing the progress made and recommendations will be submitted to the Shadow Integration Joint Board (IJB) at its 19th June 2015 meeting.

6. The programme of work

- 6.1. In addition to the development of the Strategic Plan, work is also underway to scope and develop plans for the other key elements of integration, which the

Council and the Health Board committed to in Renfrewshire's Integration Scheme, including:

- Governance
- Finance
- Workforce including Organisational Development and Learning and Development
- Delivering for Localities
- Clinical and Care Governance
- Consultation, communication and engagement
- Outcomes and Performance Management
- Information sharing and ICT

Further information on the wider Integration Programme for 2015/16 will be shared with the Board as it is developed.

7. The appointment of the Chief Finance Officer (CFO)

- 7.1. The recruitment process to appoint a Chief Finance Officer is now underway.
- 7.2. The post holder will work with the Director of Finance and Resources as the Council's Section 95 Officer to ensure compliance with all applicable Standing Orders and Financial Regulations, and in order to support the Council's financial strategy and maintain budget stability for the council as a whole.

8. Progress Reports to Elected Members

- 8.1. Reports will be brought to future meetings of the Social Work, Health and Well-Being Policy Board or Council to update Elected Members on the progress achieved towards integrated arrangements for adult services in line with the Public Bodies (Joint Working) (Scotland) Act 2014, and to seek any necessary approvals pending formal delegation of functions to the Integration Joint Board by April 2016.

Implications of this report

1. **Financial Implications** - The proposed model of integration through integrated budgets, will have significant implications for how the budget of adult services and addictions is governed.
2. **HR and Organisational Development Implications** – existing terms and conditions will remain in place as staff move into the new integrated arrangements.
3. **Community Plan/Council Plan Implications** – Integrated service arrangements will require to link effectively to community planning structures and to the local authority to ensure appropriate levels of scrutiny and

accountability are maintained.

4. **Legal Implications** – Integrated service arrangements for adult health and social care services will be developed in accordance with the legislation.
5. **Property/Assets Implications** – Opportunities for further consolidation of the existing asset base may arise through new integrated service arrangements.
6. **Information Technology Implications** – appropriate data sharing supported by IT systems will be required under new integrated arrangements as these are developed.
7. **Equality and Human Rights Implications**
The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health and Safety Implications** - none.
9. **Procurement Implications** – Integrated service arrangements will need to be supported by flexible, yet robust procurement systems.
10. **Risk Implications** – Risk management arrangements would require to be developed on an integrated basis.
11. **Privacy Impact** -

List of Background Papers

- (a) Background Paper 1: Report to Council 19 December 2013 - Integration of Health and Social Care Services in Renfrewshire
- (b) Background Paper 2: Report to Council 9 October 2014 - Integration of Health and Social Care Services in Renfrewshire
- (c) Background Paper 3: Report to Council 26 February 2015 - Integration of Health and Social Care Services in Renfrewshire

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To: Social Work, Health and Wellbeing Policy Board

On: 19 May 2015

Report by: Chief Officer Designate, Renfrewshire Health and Social Care Partnership

Heading: Social Work Service Improvement Plan 2014-17 Year 2 Update

1. Summary

- 1.1 The Social Work Service Improvement Plan 2014-17 was approved by the Social Work, Health and Wellbeing Policy Board in March 2014. The plan set out the priorities for the development of the service over a three year period and detailed the actions which will contribute to the implementation of the Council Plan and Community Plan
- 1.2 2015/16 is a transition year for social care services. Services for adults now fall under the strategic and operational responsibility of the Chief Officer Designate as part of Renfrewshire Health and Social Care Partnership, whilst services for Children & Families and Criminal Justice Social Work form part of the new Directorate of Children's Services. However, the functions of Social Work cannot be delegated to the Integration Joint Board until that Board has approved its strategic commissioning plan.
- 1.3 This report provides an update on the 2014-17 Plan in relation to Adult Social Work Services only and sets out the priorities for services over the next six to twelve months.
- 1.4 Key achievements for Social Work services were detailed in the outturn report to this Board on 3 March 2015.

2. **Recommendations**

2.1 It is recommended that the Social Work, Health and Wellbeing Policy Board:

- Notes the priority areas for adult social care over the next six to twelve months
- Agrees to review progress on these priorities in November 2015, if functions have not been delegated to the Integration Joint Board.

3. **Background**

3.1 The Service Improvement Plan 2014/17 provided a comprehensive statement of the outcomes Social Work aimed to achieve, and the actions required to achieve these. The plan is framed within the context of the Council Plan and the Community Plan. It enables elected members to have oversight of developments within the service and to consider and develop policy options which reflect customer need and resource availability.

3.2 As 2015/16 is a transition year for the former Social Work service, this report provides elected members with an update on activity within adult social care. This board will continue to have oversight of this area of service until functions transfer to the Integration Joint Board, which cannot occur until that board has agreed a strategic commissioning plan.

3.3 A further update will be provided to Board in November 2015, if functions have not been delegated to the Integration Joint Board.

4. **Service Update**

4.1 Elected members will be aware from previous reports that the service is actively working to address a range of demand pressures and financial pressures. Increasing numbers of adults are living longer with more complex conditions, at a time when services are aiming to support people to live as independently as possible within their own homes.

4.2 Almost one-third of Renfrewshire residents reported in the Census that they had at least one long-term health condition. This includes 7.2% of people reporting a physical disability, 6.9% with a hearing impairment, 5.2% with a mental health condition and 2.4% with a visual impairment. These are not mutually exclusive and some people report multiple conditions. National figures indicate that 27% of people aged 75-84

have two or more long-term conditions, and there is evidence that multi-morbidity increases with deprivation.

- 4.3 Social care services are also undergoing significant structural change. On 1 April 2015, strategic and operational responsibility for adult social care transferred to the Chief Officer Designate of the Health and Social Care Partnership.
- 4.4 Senior managers and officers within the Council are actively engaged in supporting the development of integrated services. A number of workstreams have been established to take forward arrangements in terms of governance, finance, workforce development, clinical and care governance, strategic planning, performance measurement, communications and engagement, locality planning and IT and information sharing.

5. Priorities over the next six months

- 5.1 As noted above, services are undergoing significant structural transformation. The development of strong governance arrangements will be a key priority in the next six months, and a range of workstreams have been established to take forward integrated arrangements.
- 5.2 The development and implementation of strategic commissioning plans for all care groups within adult services remains a key priority, and initial scoping work has been undertaken. The work to date will inform the strategic commissioning plan being developed for integrated adult health and social care.
- 5.3 Social care services will continue to prioritise the development of telecare and telehealth services, in partnership with neighbouring local authorities. Training in reablement, palliative care and dementia care will continue to be rolled out across Care at Home services.
- 5.4 A number of pilot projects in relation to community capacity building are underway, with third sector groups as active partners and leaders in these projects. Support will continue to be offered to develop these.
- 5.5 The Carer's Strategy will be fully implemented by the end of this financial year, and services are preparing for the requirements of the Carer's Bill currently progressing through the Scottish Parliament. A separate paper on this Bill has been provided to Board.

- 5.6 Planning arrangements will change as the new structures are embedded and governance arrangements confirmed.

Implications of the Report

1. **Financial** – The report highlights resourcing pressures on adult social care services arising from increasing demand for services and the current financial environment
2. **HR & Organisational Development** - none
3. **Community Planning** – The report highlights issues which relate to each of the six Community Planning themes.
4. **Legal** - none
5. **Property/Assets** – none
6. **Information Technology** – Service developments relating to mobile/remote working and information technology are key enablers of service improvement and modernisation and support service-level and corporate objectives
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – the report details the activities being undertaken to promote more efficient and effective commissioning and procurement
10. **Risk** – Risks related to the delivery and management of Social Work services are regularly monitored by the service and included in the Social Work Risk Register.
11. **Privacy Impact** – none

List of Background Papers

- (a) Social Work Service Improvement Plan 2014-17
- (b)** Social Work Service Improvement Plan 2014-17 Outturn Report

Author: Lisa Fingland, Principal Officer, Planning & Performance

To: **Social Work, Health and Wellbeing Policy Board**

On: **19 May 2015**

Report by: **Chief Officer Designate, Renfrewshire Health and Social Care Partnership**

Heading: **Social Work Adult Services Risk Management Plan – 2015/16**

1. Summary

- 1.1. In keeping with 'Risk Matters', the council's combined risk management policy and strategy, the service risk management plan is refreshed on an annual basis.
 - 1.2. As responsibility for adult social work services has not yet transferred to the Integrated Joint Board, this report presents a risk management plan for this area of service to the Board for approval. A separate risk management plan for Children's Services (incorporating services formerly provided by Education & Leisure Services and elements of Social Work) has been prepared for the Education and Children Policy Board.
-

2. Recommendations

- 2.1. It is recommended that the Board approves the social work adult services risk management plan for 2015/16.
-

3. Background

- 3.1. The business and social environment that the service operates within and provides services under continues to be a challenging and dynamic one and the proposed service risk management plan going forward from April 2015 must continually evolve in order to keep pace with, and accurately reflect, the national policy and legislation and the service's key priorities and key challenges.

- 3.2. The Council actively promotes good and sensible risk management practice. In doing so the Council aims to deliver high quality services for all service users, achieve high standards of performance, make the most of opportunity, and provide a safe environment for those it employs, contracts or partners with in providing a wide range of services.
- 3.3. Good risk management is about seeking to prevent harm or loss, seeking to ensure the right things happen and that 'risk-aware' not 'risk-averse' decisions are made in all aspects of council business.
- 3.4. The process to identify key service risks seeks to focus on the significant challenges and uncertainties that may impact on the service's ability to deliver its key priorities and the risks are aligned to the themes of the council's business plan. The resulting service risk management plan is used to record, monitor and review the management of these risks.
- 3.5. A number of methods are used and information sources reviewed to ensure a broad and thorough approach to identifying the service's risks and these methods include but are not limited to:
- Consultation and benchmarking within and outwith the service
 - Review of key reports (internal and external) specific to the service responsibilities
 - Review of new/emerging legislation and extension of provisions
- 3.6. In presenting the service risk management plan to the Board, the interim Senior Leadership Group would wish to draw the Board's attention to a number of specific matters:

The service risk management plan continues to bring to sharp focus the significant risk facing the service and this should be balanced with recognition of the benefits that also continue to be delivered.

This report only reflects the risks which pertain to adult social care services currently provided by Renfrewshire Council. Once established, the Integration Joint Board will be responsible for risk management in relation to adult health and social care.

The risks have been evaluated using the council's risk matrix (final appendix) and involves multiplying the likelihood of occurrence of a risk by its potential impact. This produces an evaluation of risk as either 'low', 'moderate', 'high' or 'very high.' High/ very high risks are viewed as significant. The profile of the service's risk going forward from April 2015 is shown in the table below:

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	8	4	1	13

In appraising the service risk management plan, senior managers have identified those risks that they perceive to be the 'top five' for the service and these relate to:

Financial and demographic pressures: If these pressures on the service are not effectively planned for and managed over the medium- to long-term, it would impact on the ability of the service to deliver services to the most

vulnerable people in Renfrewshire. This is deemed a very high risk. **(Very high risk)**

Public protection: As the strategic and operational lead for adult social care services, the Chief Officer Designate is responsible for ensuring services fulfil their role in relation to adult protection, and maintains effective partnerships in relation to child protection and protecting the public from offending behaviour. These multi-agency arrangements are critical to ensuring risk is appropriately managed. **(High risk)**

Integration of Health and Social Care: Failure to be fully prepared for full implementation from April 2016 could result in significant challenges to the delivery of effective integrated services and to financial governance, and result in serious reputational risk to both agencies. These preparations include establishing clear and robust interfaces with Children's Services to ensure strong links between children's health and social care, and between social work services for adults and children. **(High risk)**

Self-directed support: Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require. **(High risk)**

Workforce Planning & Organisational Development: A flexible, skilled workforce is essential to the delivery of high quality social care services. If planning and development activity is not prioritised, it could lead to short- and long-term workforce difficulties. **(High risk)**

- 3.7. In preparing this paper for the Board, senior managers consider that the proposed corporate risk register suitably reflects the service's risk management focus for the forthcoming year.
- 3.8. In relation to individual risks recorded, senior managers believe that appropriate control measures are in place to prevent and/ or mitigate adverse effects and that further planned action is appropriate to the level of risk. Where no new actions are defined for any particular risk, this is indicative of a level of confidence in the current control measures in place and a consequent decision to tolerate the risk at this time. Robust monitoring arrangements are in place to track the progress of planned actions.

Implications of this report

1. Financial Implications

Recurring costs associated with the measures in place for each risk are considered proportionate to the level of risk, and new planned actions are also considered to be cost effective.

The financial requirements to support the service risk management plan should be met within the service budget allocations. Any unplanned and unbudgeted cost pressures that arise in relation to any of the risks identified will be subject to review in consultation with the Chief Executive and the Director of Finance and Resources.

2. HR and Organisational Development Implications

Any risks relating to HR and Organisational Development issues are reflected within Appendix 1.

3. Community Plan/Council Plan Implications

Children and Young People -

Community Care, Health and Well-being -

Empowering our Communities -

Greener -

Jobs and the Economy -

Safer and Stronger -

Any risks relating to the Community Planning themes are reflected within Appendix 1.

4. Legal Implications

Any risks that may have legal implications are reflected within Appendix 1.

5. Property/Assets Implications

Any property-related risks are reflected within Appendix 1.

6. Information Technology Implications

Any risks relating to ICT are reflected within Appendix 1.

7. Equality and Human Rights Implications

- (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications

Any risks relating to health, safety and wellbeing are reflected within Appendix 1.

9. Procurement Implications

Any risks relating to procurement are reflected within Appendix 1.

10. Risk Implications

For member assurance, all areas of the service have been consulted to ensure that the relevant risks have been identified.

The risk scores are believed to be as realistic as possible taking account of the type of risks recorded and the effectiveness of the measures in place to manage them.

The risk profile shows there are significant risks being managed by the service. However, for assurance, senior managers believe that this risk can be managed and contained (in relation to the council's risk capacity and tolerance).

Although the risks require close monitoring and scrutiny throughout the year, many are longer term risks that are likely to be a feature of the risk management plan over a number of years.

11. Privacy Impact

Any risks relating to procurement are reflected within Appendix 1.

List of Background Papers

(a) Background Paper 1: Service Risk Management Plan 2015/16

The foregoing background papers will be retained within Renfrewshire Council for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer for Adult Social Work services is Lisa Fingland, Principal Officer Planning & Performance, Tel 0141 618 6812 or email Lisa.Fingland@renfrewshire.gcsx.gov.uk

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Appendix 1



**Renfrewshire
Council**

Social Work Adult Services

Risk Management Plan

April 2015

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Service:	Social Work	Lead Author	Principal Officer, Planning and Performance	
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1. Risk management arrangements within Social Work

- 1.1 Social work services have a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire. This includes a public protection role relating to child and adult protection and offending behaviour and works with partners to ensure risk to and by individuals is effectively managed.
- 1.2 Since 1 April 2015, the Chief Officer Designate for the Renfrewshire Health and Social Care Partnership has held strategic and operational responsibility for the delivery of adult social care services in Renfrewshire. However, the Integration Joint Board has no formal role in relation to these services until it has approved a strategic commissioning plan and can legally have responsibility delegated to it. As such, risks in relation to adult social care services will continue to be reported to this Board until the Integration Joint Board has formally been delegated responsibility for services. The Director of Children's Services, in his role as Chief Social Work Officer, will continue as the professional practice lead for all social work services.
- 1.3 During 2014/15, the Social Work Service implemented a range of standard procedures in keeping with the council's risk management strategy, 'Risk Matters'. This includes using the agreed risk management process and the standardised risk matrix for analysis and evaluation of risk within the service.
- 1.4 Previously, the Social Work Service developed and published a Risk Management Plan on an annual basis, and provided six-monthly updates on the plan to the Social Work, Health and Wellbeing Policy Board. The Risk Management Plan for Children's Services (which includes Criminal Justice Social Work) will now be reported to the Education and Children Policy Board.
- 1.5 Each service risk identified within the plan is allocated to a responsible officer. Information updates are provided through the Covalent performance management system, to inform quarterly reports made by the Council's Risk Manager to the Corporate Risk Management Group. Internal arrangements to manage risk on a joint basis will be developed during this transition year.

2. Report on service's contribution to relevant strategic risk management objectives

- 2.1 Risk assessment and management is central to the range of tasks encompassed by Adult Social Care, whether the service is supporting people to live as independently as possible in their own homes or communities, or working with key partners such as the Police and Health to discharge its public protection role.
- 2.2 Social care services contribute to the Council's strategic risk management objectives by:
- Implementing robust procedures in relation to adult and child protection activities in partnership with other organisations such as the Police, Education and Health.
 - Promoting awareness of risk management, training on which is an integral part of the service's continuous professional development programme.
 - Working with partners to identify and manage risks to and from individuals and communities.
 - Embedding risk management into the service improvement planning process.
 - Having clear lines of responsibility for the management of risk.

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- Monitoring the effectiveness of risk management through reports to senior managers
- Reporting on risk management arrangements to elected members on a six monthly basis.
- Participating actively in the Corporate Risk Management Group, and in all development work flowing from that group.

3. Report on previous year's Risk Management Plan

- 3.1. Social Work's Risk Management Plan 2014/15, which was approved by the Social Work, Health and Wellbeing Policy Board on 6 May 2014, identified 14 service risks at that time. The risk profile of the service in relation to the 14 identified risks, was as follows:

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	9	4	1	14

- 3.2. A number of required actions were identified and carried out as planned throughout the year. These actions were believed to be proportionate and cost effective in relation to the level of each risk. The Board received a midyear report on the progress being made in relation to this activity.

4. Current business context for Social Work Service

- 4.1. The development of this risk register was undertaken in tandem with the development of the service improvement plan update in order to ensure that appropriate risk management considerations were embedded into the service's key planning and financial prioritisation processes.
- 4.2. In preparing the service improvement plan update, the views of employees, service users, carers, key stakeholders and partners, which were gained on an ongoing basis during 2014/15, were taken into account. Key consultation methods include:
- Engagement with staff through the roll-out of the Public Service Improvement Framework across the service, which has generated a number of improvement actions to be progressed by the service.
 - Consultation on future developments with health partners through the Joint Planning and Performance Implementation Groups (JPPIGs).
 - Engagement with the Extended Senior Management Team in the former Social Work Service and through that services' Strategic Risk and Review Group, chaired by the Director of Social Work.
- 4.3. The Adult Social Care Service Improvement Plan Update and Risk Management Plan for 2015/16 reflect a dynamic and transitional environment in which the service is currently operating. Strategic and operational responsibility for adult social care now rests with the Chief Officer Designate of the new integrated partnership; however, the Integration Joint Board currently operates in shadow form and will not assume responsibility for services until its strategic plan is approved. As such, this Board will continue to have oversight of risk in relation to adult social care services.
- 4.4. In addition to planned integration and enhanced partnership working, the policy landscape, changing demographics and increasing demands on resources suggest a dynamic operational

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environment for social care services going forward. A number of key priority areas have been identified by senior managers:

Priority	Description
Maintaining appropriate levels of service provision	One of the key challenges for the Social Work Service over recent years has been the development of strategies and approaches which allow the service to continue to provide high quality outcome-focused services to individuals in the community who require them within the resources which the Council has available. Preventative and rehabilitative approaches will continue to be mainstreamed as business as usual across the whole service serving both to protect or improve outcomes for local people and to achieve financial sustainability.
Developing integrated service arrangements with health services	<p>The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.</p> <p>Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management.</p> <p>The Renfrewshire Development Programme, linked to the NHS Greater Glasgow & Clyde Clinical Services Review, continues to take forward service developments targeted at reducing hospital admissions through enhanced working between community health, social care, GP and hospital services.</p>
Developing person-centred approaches to service delivery, including self-directed support	<p>The Social Care (Self-Directed Support)(Scotland) Act 2013 ensures that service users and carers can benefit from a personalised approach to social care services by providing a range of options including Direct Payments and individualised budgets to choose the best way in which their assessed needs can be met. The legislation came into force on 1 April 2014.</p> <p>The greater choice and control offered to service users may have an impact on the demand for internal services and will require the Council to work proactively with the local providers and to provide information to service users about community based supports which may meet some of their lower level care needs.</p>
Promoting independent living and supporting reablement of service users	<p>The Reablement Service has been rolled out over recent years, and since 2014 has been available to adults aged under 65. It works with partners to support people to live at home or in a homely setting for as long as possible, including investment in reablement, preventative and early intervention services.</p> <p>Work in relation to employability services will remain a key focus for the service partners, with specific initiatives being progressed</p>

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	to develop opportunities for adults with learning disabilities and for adults with addictions issue through a recovery cafe.
Reshaping Care for Older People	<p>This remains a key strategic priority and is a critical element of partnership working. The 10 year Plan for Older People was published in May 2014.</p> <p>Significant changes are required across the partnership to shift the balance of care from bed based to community based services. The ageing population, increasing prevalence of dementia and other complex health conditions will require services to refocus both care home and care at home services to meet the needs of the local population. Participation in the European funded telehealthcare development programme with several other local authorities and health boards will ensure that local services continue to be developed as national best practice.</p>
Effectively discharging our public protection role	<p>Public protection remains a core duty of social care services provided by the Directorate of Children's Services and by the Health and Social Care Partnership.</p> <p>The Adult Protection Committee will continue to promote and develop practice across partner agencies and work on implementing a self-evaluation framework.</p>
Supporting vulnerable people affected by the current programme of welfare reform	The UK Government introduced wide-ranging reforms to the benefits system from April 2013 which have had a major impact on the Council and on the people who use our services. Social Work has been working closely with other services across the Council and with health to ensure that local people have access to information and practical support. The new partnership will continue this support.
Strategic commissioning	<p>It is a legal requirement that health and social care partnerships agree a strategic commissioning plan for adult health and social care services before responsibility can be delegated to the Integration Joint Board. These plans should be informed by robust needs assessments across partnerships, which inform appropriate decision making regarding the future shape of services for local people.</p> <p>Strategic commissioning plans for individual care groups will also be developed in partnership as part of the planning and delivery of integrated services, and this will build on the best practice established from the production of a strategic commissioning plan for older people's services.</p>
Wider partnership working	The service recognises that no single agency can meet the needs of local people in isolation. A range of partnership opportunities will continue to be progressed , particularly in relation to developments supported by the Integrated Care Fund.

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	A key strand in 2015/16 will be to work with the third and community sector to continue to build community capacity to shape and deliver services with support from other organisations where appropriate.
Tackling inequality in Renfrewshire	The Equality Act (2010) was passed in October 2010 and came into force in April 2011. Regulations on specific duties came into effect in May 2012 and they set out a framework to assist public authorities to meet the general duty. Statutory services in Renfrewshire serve an increasingly diverse range of people, all of whom have different needs and requirements and deserve to be treated in an equal and fair way.

- 4.5 On the basis of the above review of the business context for adult social care services, the following key risks have been identified for 2015/16.

5. The service risk profile and top risks going forward from April 2015

- 5.3 The detailed service risk management plan from April 2014 is provided in the attached appendix. The risks are aligned to the themes of the council's business plan, "Better Future, Better Council, a High Performing Council."
- 5.4 By way of summarising the information contained within the appendix, the remainder of this section provides:
- Table 5.2.1: the service risk profile in terms of low, moderate, high and very high risks
 - Table 5.2.2: all service risk areas ranked in descending order of significance;
 - Table 5.2.3: the top 5 risks with a brief narrative overview.
 - Table 5.2.4: an overview of how risks relate to the themes of the council's business plan.

Table 5.2.1: Service Risk Profile

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	8	4	1	14

Table 5.2.2: Risk Areas in Order of Significance

Risk areas	Likelihood	Impact	Score	Evaluation
Financial and demographic pressures	04	05	20	Very High Unacceptable and significant
Public protection	03	05	15	High Tolerable and significant
Integration of Health and Social Care	03	04	15	High Tolerable and significant
Self directed support	03	04	12	High Tolerable and significant

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Risk areas	Likelihood	Impact	Score	Evaluation
Workforce planning and organisational development	03	04	12	High Tolerable and significant
Failure of major providers	03	03	9	Moderate Tolerable
Health Inequalities	03	03	9	Moderate Tolerable
Equality Act	03	03	9	Moderate Tolerable
Data Protection	03	03	9	Moderate Tolerable
Developing self-evaluation arrangements	03	03	9	Moderate Tolerable
Health and Safety	02	04	8	Moderate Tolerable
Incident response management	02	03	6	Moderate Tolerable
Business continuity	02	03	6	Moderate Tolerable
Investment in services to support independent living	01	04	4	Moderate Tolerable

Table 5.2.3: TOP Risks

Title	Score	Risk	Overview
Financial and demographic pressures	20	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.	Effective management of the adult social care budget is critical. Whilst this area of service has made a substantial contribution in terms of the council's efficiency programmes principally around service redesign and effective procurement, the council has also committed significant levels of additional funding to the social work service in recognition of the real demographic pressures it faces across all client groups: <ul style="list-style-type: none"> in adult services where people with disabilities are living longer and more independent lives in the community with significant support from the social work service and often from ageing carers, in relation to the increasing numbers of older people requiring a range of supports to continue to live independently in their own homes, and, where this is no longer possible, requiring residential or nursing care.
Public protection	15	Services providing social care have a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.	Public protection remains a critical duty of the Social Work service. Work in relation to adult protection is also subject to continuous development with partners through the multi-agency Adult Protection Committee. An Adult Protection Officer leads on social work practice in this area, and a Lead Officer works with the committee.
Integration of Health and Social Care	15	The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.	Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management. A significant number of joint teams and joint working arrangements between health and social care have operated for a number of years and partner agencies will build on existing experience in this area to develop a full range of integrated adult health and

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Title	Score	Risk	Overview
			social care services.
Self directed support	12	Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require.	The Social Care (Self-Directed Support)(Scotland) Act 2013 aims to ensure that service users and carers can benefit from a personalised approach to social care services by using a range of options including Direct Payments and individualised budgets to choose the delivery of their care services. The legislation came into force on 1 April 2014/15 and is now being embedded into day to day operational practice.
Workforce planning and organisational development	12	A flexible and skilled social care workforce is essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.	Given the challenges facing the service and the Council more widely, it is more important than ever that our staff have the abilities, skills and flexibility to take forward planned service improvements, and that they are supported to do this. Central to this is ensuring that staff receive the information and training they need.

Table 5.2.4: Relationship with council business plan

1: A Better Future

Investment in services to support independent living	Encompassing (1) Service developments (2) Implementation of new structures and approaches across services
Public protection	Encompassing (1) Adult and child protection (2) Effective risk management (3) Management of high-risk offenders (4) Multi-agency training and procedures
Self directed support	Encompassing (1) Social Care (Self-Directed Support) (Scotland) Act 2013 (2) Personalised approach to social care services (3) Individual budgets
Health Inequalities	Encompassing (1) Health Improvement (2) Partnership

2: A Better Council

Failure of major providers	Encompassing (1) Monitoring of external commissioning / procurement activity
Workforce planning and organisational development	Encompassing (1) Workforce planning: structural change and having a flexible, motivated and skilled workforce (2) Organisational development: management development, individual personal / employee development and performance management (3) Leadership and culture
Equality Act	Encompassing (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups
Health and Safety	Encompassing (1) Employee safety and wellbeing in the community
Financial and demographic pressures	Encompassing (1) Medium and longer term financial planning (2) Corporate and service review activities

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	(3) Strategic commissioning approach (4) Development of cost care models
Data Protection	Encompassing (1) Subject Access Requests (2) Data sharing agreements (3) Information governance

3: A High Performing Council

Integration of Health and Social Care	Encompassing (1) Development of integrated services across adult health and social care (2) Establishing strong links between services which remain the responsibility of Renfrewshire Council and those transferred to the Integration Joint Board
Incident response management	Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.
Business continuity	Encompassing (1) Non-availability of premises, employees or systems impacting on services/functions
Developing self-evaluation arrangements	Encompassing (1) Public Service Information Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme

- 5.5 The risk treatment activity planned for the risks will be detailed in the mid year progress report to Board. A risk management plan for integrated adult health and social care is in development and will be reported to the Integration Joint Board from 2016/17. Information on specific significant risks will be reported to the Corporate Risk Management Group and the Corporate Management Team as required on an exceptional basis.

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Risk Matrix for Adverse Impact

Introduction

Risk should be analysed consistently across the council in terms of the significance of its impact and the likelihood of occurrence. The Risk Matrix is therefore the tool that is to be used for this purpose. The impact element of the same matrix may be used for the grading of adverse events, complaints or claims.

Impact

When considering the consequences of a potential risk, all scenarios must be considered. It may even be appropriate to consider the worst case scenario, however, those undertaking the risk analysis must be able to provide a robust rationale and have evidence to support their selection. For example, if 'death' could be the ultimate potential impact in relation to a specific problem, the risk assessors must have knowledge that this outcome has occurred in the past either internal or external to Renfrewshire Council. (A full list of descriptions to assist in analysing consequence is contained on the following two pages of this appendix);

Likelihood

Similarly when considering the likelihood of occurrence, the risk assessor's judgement must be based on the prevalence of the event/ circumstance and outcome, backed up by experience and data such as relevant incidents/ events, complaints and/ or claims.

Evaluation

As shown in the matrix below, Impact x Likelihood produces an evaluation of the significance of risk, described as 'Low', 'Moderate', 'High' or 'Very High'.

How a risk is evaluated will determine how the risk is then treated:

Likelihood	Consequent Impact				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Low (1-3), Moderate (4-9), High (10-16), or Very High (17-25)

Consequence Impact

"Domains"	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and Projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to clients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Client experience / outcome	<ul style="list-style-type: none"> Reduced quality of client experience / outcome not directly related to service delivery. 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome directly related to service provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to direct service provision 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving inappropriate service. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to service. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of client care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training/ implementation of training.

Service / business interruption	<ul style="list-style-type: none"> ▪ Interruption in a service which does not impact on the delivery of client care or the ability to continue to provide service 	<ul style="list-style-type: none"> ▪ Short term disruption to service with minor impact on client care. 	<ul style="list-style-type: none"> ▪ Some disruption in service with unacceptable impact on client care. ▪ Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> ▪ Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> ▪ Permanent loss of core service or facility. ▪ Disruption to facility leading to significant "knock on" effect.
"Domains"	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Financial	<ul style="list-style-type: none"> ▪ Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> ▪ Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> ▪ Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> ▪ Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> ▪ Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> ▪ Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> ▪ Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> ▪ Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> ▪ Enforcement Action. ▪ Low rating. ▪ Critical report. 	<ul style="list-style-type: none"> ▪ Prosecution. ▪ Zero Rating. ▪ Severely critical report.
Adverse publicity / reputation	<ul style="list-style-type: none"> ▪ No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> ▪ Local Media – short term. ▪ Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> ▪ Local Media – long term. ▪ Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> ▪ National Media (< 3 days). ▪ Public confidence in the organisation undermined. ▪ Usage of services affected. 	<ul style="list-style-type: none"> ▪ National Media (> 3 days). ▪ MP / MSP Concern (Questions in Parliament).
Council / Personal Security, and Equipment	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£>1m).

Likelihood

	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> ▪ Will only occur in exceptional circumstances 	<ul style="list-style-type: none"> ▪ Unlikely to occur but definite potential exists 	<ul style="list-style-type: none"> ▪ Reasonable chance of occurring – has happened before on occasions 	<ul style="list-style-type: none"> ▪ Likely to occur – strong possibility 	<ul style="list-style-type: none"> ▪ The event will occur in most circumstances

To: Social Work, Health and Well-being Policy Board

On: 19 May 2015

Report by: Director of Children's Services

Heading: Annual Health and Safety Report 2014-15 and Plan 2015-16

1. Summary

- 1.1. The Council's Health and Safety Policy requires each Service to prepare an annual Health and Safety Plan. A report on the Plan is required to be submitted annually to the relevant Policy Board.
- 1.2. The Social Work Service's report for 2014/15 is attached as Appendix I. It sets out the arrangements for the management of health and safety within the Service and demonstrates the Service's commitment to continuous improvement in health and safety performance. It summarises the achievements to March 2015. Appendix 2 details the health and safety related training provided during 2014/15 and Appendix 3 outlines the actions which the Service aims to take by March 2016 for social work adult services to consolidate and improve health and safety practice.
- 1.3. The Social Work Service has had a proactive approach to health and safety. This is evidenced by the attainment of accreditation and certification to BS OHSAS 18001: 2007 with a recommendation that the registration be continued during the recent visit by NQA's representative in October 2014. The standard measures the suitability and effectiveness of the Service's occupational health and safety management systems.

2. Recommendations

- 2.1 It is recommended that the Social Work, Health and Well-being Policy Board:
 - (a) approve the content of the report at Appendix 1;
 - (b) note the health and safety training figures at Appendix 2; and

- (c) approve the 2015-16 health and safety plan at Appendix 3 as it relates to adult services and addictions.

3. Background

- 3.1 Social work offers guidance, care and support to adults and children. It ensures the range of needs experienced by vulnerable people, their families and communities are effectively met. This is achieved through close working relationships across services for children, young people, adult care and criminal justice social work, with other Council Services, other local authorities, public agencies, users and carers, their representatives, the independent and voluntary sectors.
- 3.2 The Council's Health and Safety Policy requires each service to prepare an annual Health and Safety Plan. A report on the Plan is required to be submitted annually to the relevant Policy Board, including a review of performance for the previous year.
- 3.3 This report covering 2014/15 is the last health and safety report which covers the whole social work service. Health and Safety plans which relate to 2015/16 onwards will be submitted for consideration by the Education and Children Policy Board in respect of Children's and Criminal Justice Social work services, and to the Integration Joint Board, once formally established, in respect of Adult and Addiction services. Pending the formal establishment of the Integration Joint Board, reports for 2015/16 relating to adult and addictions services will be submitted to the Social Work, Health and Well-being Policy Board which will remain in place until services are formally delegated to the IJB.

Implications of the Report

1. **Financial** – Continuing to improve health and safety performance will reduce accidents/occupational ill health and associated costs.
2. **HR & Organisational Development** - This report supports the Council's commitment to the health, safety and well being of employees.
3. **Community Planning –**

Children and Young People – protecting and supporting children and young people at risk in a safe environment.

Community Care, Health & Well-being - Improving the physical and emotional wellbeing of service users and employees across the Council through effective health and safety management and practice.

Empowering our Communities - Promoting learning and encouraging employees to fulfil their individual potential, and ensure that the council delivers high-quality Services in the most effective and efficient way to meet the needs of local people.

Jobs and the Economy - Recognising that Council employees are its most valuable asset and providing training and support to allow them to develop within the organisation and gain the skills and experience necessary to provide top quality services to service users.

Safer and Stronger - Facilitating the health, safety and wellbeing of our service users and employees by ensuring appropriate policies and procedures are developed and adhered to and that all legal requirements for health and safety are fulfilled.

4. **Legal** - The Council will continue to comply with current health and safety legislation.
5. **Property/Assets** - None.
6. **Information Technology** - The Health and Safety Databases are facilitated through the Council's email server system.
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - This report supports and demonstrates the Council's commitment to ensuring effective health and safety management.
9. **Procurement** – None.
10. **Risk** - This report supports the overarching management of risk within the Council.
11. **Privacy Impact** – None.

List of Background Papers

None.

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Social Work Services

ANNUAL HEALTH AND SAFETY REPORT

2014/15

This annual report is prepared for the Social Work Service in accordance with Renfrewshire Council's Health and Safety Policy and Plan, the purpose of which is to evaluate the health and safety performance of the Service and set future health and safety objectives.

1. Management of health and safety within the Service

1.1 Broad context of health and safety policy

The objective of Social Work Services is to ensure that health, safety and well being is an integral part of its business. The Service seeks to continually improve its health and safety performance and to further develop the positive response amongst its staff and service users.

2. Organisation for implementing health and safety management

2.1 Health and Safety Planning

The senior management team (SMT) monitors and reviews all Service health and safety issues. It has been chaired by the Director of Social Work with senior representatives across the Service. This group considers the formulation and implementation of the Service's health and safety policy and plan, determines and prioritises Service issues and monitors the health and safety plan. This group meets on an approximately six weekly cycle and health and safety is a standing agenda item.

The Head of Resources or a suitable representative attends the Corporate Health and Safety Committee.

The quarterly Social Work Health and Safety Committee comprised of wide representation across the service and is chaired by the Head of Resources. Progress of the service's health and safety plan is monitored by this group and updated every quarter.

The operational responsibility for maintaining and progressing actions within the annual health and safety plan is through the Finance and Resources, HR and Organisational Development, (FACS, H.R. and O.D.) health and safety section.

The service's health and safety plan outlines the key objectives and related actions which require attention within the Service. This dictates the main health and safety focus of the SMT in order to ensure continuous improvement in health and safety matters.

Within the agreed key objectives in the Service's current health and safety plan, a programme of specified risk assessments has been undertaken and is maintained on an ongoing basis.

2.2 Consultation mechanisms

The Social Work Health and Safety Committee has been chaired by the Head of Resources and both management and trade unions are represented. Consultation takes place at these meetings on the development of any health and safety policies or initiatives being planned across the Service. Following the achievement of the Healthy Working Lives Gold Award, the Corporate Health Improvements Group continues to be instrumental in highlighting health issues to employees and to the community. The group is chaired by the Health Improvement Manager and made up of a cross-section of council employees and representatives from the occupational health service.

Health and safety is a standing item on the agendas of every team meeting across the service.

The Violent Incident Review Group met regularly and representatives from various sections attend including Older Adults, Home Care, Training, Child Care and Renfrewshire Learning Disabilities Service. Service updates are provided and the quarterly violence and aggression statistics are reviewed/discussed. The group acknowledges that, due to the nature of the service, it would not be possible to stop all violent and aggressive incidents occurring but it is possible to seek to reduce the incidence and severity.

The Service cascades relevant information, advice and guidance which is received from the Health and Safety team and other relevant organisations.

Local communications have been produced at unit level, for example within residential units, staff notice boards are used to convey local safety arrangements.

3. Planning and setting standards

3.1 Setting of health and safety objectives

The service's accreditation to BS OHSAS 18001: 2007 measures the suitability and effectiveness of the Service's health and safety management systems. The accreditation process continued on a sampling basis during 2014/15 as part of the overarching Council's BS OHSAS 18001: 2007 assessment plan. Social Work Services were audited during May and October 2014.

Inspections are carried out in all the residential, day care and home care services by the Care Inspectorate. Inspections are either announced or unannounced and address national standards which include health and safety arrangements within each of the units.

Further to this, Scottish Fire and Rescue also undertake inspections within residential units as well as other units to ensure compliance with the requirements of the Fire Scotland Act 2005. The health and safety section assist on request. Refer to paragraph 5.4 for further information.

Risk assessments are undertaken by trained staff within the Service with support and advice from the health and safety section where required. Areas covered include moving and handling, violence and aggression including lone working, fire safety, display screen equipment and general office/working environment.

Personal Emergency Evacuation Plans will continue to be undertaken by management representatives with guidance from the health and safety section when required.

Use of the General Risk Assessment Database (GRAD) has been increasing across the service. A total of 304 risk assessments were approved/reviewed on the GRAD during the period. The total can be attributed to the following:

- Increasing awareness by regularly monitoring the service's related Performance Indicator and related actions within the 2014-15 health and safety plan at the Social Work Health and Safety Committee;
- Managers/supervisors utilising the corporate training courses namely general risk assessment and IOSH Supervising/Managing Safely;
- highlighting risk assessments to managers during planned inspections, audits and site visits; and
- providing training/mentoring on the GRAD on request.

Portable appliance testing continues to be undertaken in line with Corporate Guidance Document HR Circular 06/11 – Revised Guidance on Inspection, Maintenance and Use of Portable Electrical Appliances. Testing is organised by the Corporate Landlord Section currently based within Development and Housing Services.

3.2 Training

The training undertaken within Social Work Services supports the outcomes of the Service requirements, individual training needs and the result of risk assessments. To enable this, the Service has a dedicated training section which offer bespoke training courses that address the needs of the staff and complement the courses offered corporately. The training section is an accredited provider of SVQ training and within the curriculum there is a requirement to provide adequate health and safety knowledge to enable participants to evidence and practice their acquired knowledge for assessment purposes. This training has been further developed to incorporate Dealing with Violent Incidents, Moving and Handling, Health Emergencies and Infection Control training.

The Service has been proactive in the use of the Institute of Occupational Safety and Health (IOSH) accredited courses. 2 employees attended the

IOSH Managing Safely course in November 2014. 7 employees attended the IOSH Supervising Safely Course held which were held during September and December 2014. Feedback from those who attended the courses was positive.

The Service is fully committed to staff training and this is reflected in the table attached as appendix 2 which details training for staff during the year 2014-2015.

Training needs analysis and individual development plans are also part of the Service's processes and this supports the identification of health and safety training needs.

4. Measuring performance

4.1 Active monitoring

An audit is a systematic examination of the health and safety management systems in place including implementation of policies, procedures, training and safety awareness of staff. An inspection is the physical examination of the workplace including tools and equipment. The service is externally audited in line with the Council's overarching plan to ensure standards meet those required to continue accreditation to BS OHSAS 18001:2007.

The BS OHSAS 18001:2007 audits conducted during 2014-15 focused on the health and safety management system within individual units. Support was provided to unit managers in preparation for the audits which took place during May and October 2014.

A formal inspection programme for 2014-15 was compiled by the health and safety section for all Council premises. Within Social Work, premises are assigned either a high, medium or low risk rating. Residential units were assigned a high risk rating given the vulnerable nature of the clients and the residential setting. There is a constant focus on various aspects of health and safety within residential units.

Inspections were undertaken on a sampling basis and service managers are asked to consider sharing findings with all other unit managers. Areas of the service which received a formal inspection were:

- Community Mental Health Team (Mile End Mill);
- Spinners Gate;
- 1-3 Beech Avenue;
- Physical Disability Day Services (Disability Resource Centre); and
- Renfrew Day Centre.

The Service's 2014-15 proactive health and safety performance indicators (PI) are discussed/monitored at the extended SMT and the Service's health and safety committee. They are detailed below along with their performance during the period:

PI Description	Planned Reporting Frequency	Monitoring Frequency	Performance
Increase number of generic risk assessments captured on the General Risk Assessment Database (GRAD) by 100%	Annual	Performance is monitored quarterly by the Social Work Health and Safety Committee	A total of 304 approved risk assessments were reviewed/added during 2014-15. This is an increase of 93% from the previous year's total which was 157.
Ensure at least 1000 health and safety training places are taken up by employees during 2014-15.	Annual		809* training places were taken up during 2014-15, and therefore below target. .
Number of Health and Safety inspections undertaken/reviewed on time.	Annual		6 inspections were scheduled and all were carried out.
% of actions resulting from Health and Safety inspections carried out within agreed timescales	Annual		67%*. Priority 1 recommendations are a key focus.

****provisional figures***

4.2 Re-active monitoring Accidents/Incidents

Accident/incident statistics are reviewed on a regular basis by the Service's ext SMT and at the service's health and safety committee in order to develop appropriate accident prevention programmes and/or campaigns.

Employees:

The total number of accidents reported involving employees during 2014-15 are detailed within the table below:

Category	Number	%
Incident	17	22%
Major injury	2	3%
Major injury not riddor reportable	2	3%
Minor	49	63%
Near Miss	6	8%
Over 3 days	1	1%
Over 7 days	1	1%
TOTAL	78	100%

Please note these figures are provisional.

The above figures can be explored further by accident type as follows:

Accident Type	Number	%
Another kind of accident	14	18%
Injured by an animal	2	3%
Lifting and handling injuries	14	18%
Near miss	6	8%
Road Traffic Accident	2	3%
Slip, trip, fall same level	27	35%
Struck against	6	8%
Struck by moving vehicle	3	4%
Struck by object	4	5%
TOTAL	78	100%

Please note these figures are provisional.

The number of accidents reported involving employees has increased by 13 from 2013-14.

Non-Employees:

The total number of accidents reported involving employees during 2014-15 are detailed within the table below:

Category	Number	%
Incident	335	56%
Major injury not riddor reportable	12	2%
Member of public taken directly to hospital	1	0%
Minor	241	40%
Near miss	10	2%
TOTAL	599	100%

Please note these figures are provisional.

The above figures can be explored further by accident type as follows:

Accident Type	Number	%
Another kind of accident	47	8%
Exposure to harmful substance	1	0%
Fall from height	41	7%
Injured by an animal	2	0%
Lifting and handling injuries	3	1%
Near miss	15	3%
Slip, trip, fall same level	459	77%
Struck against	16	3%
Struck by object	14	2%
Trapped by something collapsing	1	0%
TOTAL	599	100%

Please note these figures are provisional.

The number of accidents reported involving non-employees has decreased by 140 from 2013-14.

Accidents and incidents reported within the service are largely client based, many of which are caused by slips, trips and falls within Older Adults services. The majority of these have an underlying cause of physical and/or psychological capability.

The introduction of a falls strategy in the Council's 3 care homes has reduced the overall number of resident falls and the severity of injuries resulting from falls. The strategy has now been fully implemented. Initial training was delivered by health partners and care home managers. Each care home has a 'falls champion' who is competent in training new staff, can apply risk assessments relating to falls and records falls histories within the care home. A care home manager represents care homes on the Community Falls Group, which is a multi disciplinary group led by health partners. Monitoring and analysis of falls within each care home will continue with actions for improvement being identified from the analysis. New equipment, which is intended to reduce the risk of falls, for example sensor beams, bed and chair alarms, has been purchased for use by residents where there is a high risk. Employees are alerted, via the nurse call system, to when residents are mobilising. They can then provide an appropriate level of supervision.

Violence and Aggression

When violence and aggression incidents involve clients, care plans are reviewed after each violent or aggressive incident and clients encouraged to talk to staff about issues they have which could lead to the violent behaviour towards staff or their peers. Violent incidents involving employees are also discussed at the Violent Incident Review Group (VIRG).

Employees

Category	Number	%
Incident	122	61%
Minor	76	38%
Over 7 days	2	1%
TOTAL	200	100%

Please note these figures are provisional.

The number of violent incidents towards employees have decreased by 22 from 2013-14. The Violent Incident Review Group analyses statistics throughout the year.

Social Work Services has a re-active health and safety performance indicator (PI) which is monitored and discussed at the SMT and the Service's health and safety committee:

Health and Safety Objective	Planned Reporting Frequency	Monitoring Frequency	Performance
Number of planned Social Work Health and Safety Audits undertaken (both internal and 3 rd party)	Annual	Quarterly by the Social Work Health and Safety Committee	2 audits were scheduled and undertaken by a third party (NQA). There were no in-house audits undertaken during 2014-15.

5. Review of Health and Safety Management

5.1 Health and safety activities

The implications of the Scottish Manual Handling Passport on the Council as a whole have been considered and a plan has been developed.

The violent incident review group (VIRG) met throughout the year. Its purpose is to analyse violent and aggressive incidents occurring within the service, identify potential trends and develop best practice to avoid or reduce incidents aimed at staff/clients. Regular reports from the group are provided at the SW health and safety committee. The VIRG was instrumental in testing the online violence and aggression reporting prior to it being formally launched.

The Service worked in partnership with Finance and Resources and the occupational health service to promote health and well being for staff. The Health Improvement manager was a key contributor to the Council's Healthy Working lives award maintenance programme.

The health and safety section provided support in various areas. Various site visits were undertaken throughout the year. The old Rowanlea Children's Home was safely demolished (a number of pre-demolition meetings were held to discuss this). Online violent Incident reporting went live and various support was given to managers including on-site training. An audit was undertaken on Fire Risk Assessments to ensure every applicable unit had one in place. Once results of the audit were collated, support and advice was provided to managers.

One of our care homes required modifications to be made to the roof, during which the sprinkler system required to be decommissioned for a very short period of time. The health and safety section provided support in terms of advice and guidance to the unit manager before and during the works to ensure all health and safety arrangements were suitable and sufficient.

During the year there were various moves within the service and support/advice given when required. There were two refurbishments within the Mile End Centre and Charleston Centre. Various pre-start meetings were held with Development and Housing Services, the unit managers and the health and safety section to discuss and finalise H&S arrangements.

A review of lone working health and safety arrangements is still underway within the service. It is anticipated this will continue in 2015-16.

5.2 Occupational Health

The Service utilises the occupational health service to assist with the managing absence process within the Council. The Service recognises that early intervention can support staff return to work, reducing absence levels and the associated costs.

There were no notifiable diseases reported to the HSE.

5.3 Corporate Landlord

The Corporate Landlord arranges statutory testing within Council owned properties. Their remit includes managing Legionella checks, periodic testing of electrical hardwiring as well as gas boilers. Repairs are now logged by each unit via the Corporate Asset Management Information System (CAMIS)

5.4 Joint Working with Scottish Fire and Rescue (SFR)

The SFR are responsible for enforcing the Fire (Scotland) Act 2005. Some joint inspections/visits were held between the health and safety section and SFR during 2014-15.

5.5 Training

Fire wardens training was requested by various sections within the service. This included training for night shift staff in one of our children's units.

As well as health and safety training being made available by the health and safety section via the corporate training planner, unit managers can request on site training if required. A range of training has been provided on request (figures are listed within appendix 2).

6. Future objectives – Health and Safety Plan for 2015-16

The health and safety plan for 2015-16 is attached at Appendix 3 to this report and covers the main objectives set out below.

Audits/Inspections 2015-16

An internal audit plan has been devised for the service for 2015-16 the health and safety team in order to assess the existing health and safety management system (on a sampling basis).

An inspection programme for 2015-16 has been arranged and communicated to relevant unit managers on a sampling basis according to the risk rating of premises. Inspections will be undertaken by the health and safety team. In order to encourage unit managers to undertake an annual Workplace Observation Inspection Reports (WOIRs), a WOIR programme has been compiled for 2014-15 and is monitored within the health and safety plan to aid implementation.

Risk Assessments

The process of migrating paper based general risk assessments onto the General Risk Assessment Database (GRAD) will continue during 2015-16. It is recommended this remain as a performance indicator within the 2015-16 health and safety plan to enable monitoring of progress which will include monitoring reviews of risk assessments already on the GRAD system.

Electronic Display Screen Equipment (DSE) Assessment

The online DSE self-assessment was launched in September 2013. It is recommended uptake of this tool continues to be monitored by the SW Health and Safety Committee during 2015-16.

Lone Working Procedures

Due to various structural changes throughout the service a review will be undertaken of the lone working procedures to ensure they remain suitable and sufficient.

APPENDIX 2

Provision of Health and Safety Training 2014-15*

No of employees

Section 1	Apr – June	Jul – Sept	Oct– Dec	Jan– Mar
Health and safety training courses (training planner)				
Accident investigation	-	-	-	-
Fire risk assessment	-	2	4	-
Fire wardens training	11	1	6	56
Risk assessment	-	3	-	-
Manual handling - (objects) risk assessment	11	-	-	-
Violence and aggression	-	-	-	-
Working safely accredited by IOSH	-	-	2	3
Supervising safely accredited by IOSH	-	2	5	-
Managing Safely accredited by IOSH	-	-	2	-
COSHH awareness	-	-	-	-
Section 2				
Health and safety training courses available on request				
Construction safety awareness	-	-	-	-
Manual handling risk assessment (people)	-	-	-	-
Quality of working life (stress) risk assessment	-	-	-	-
Corporate policy on alcohol and substance misuse	-	-	-	-
Safety representatives	-	-	-	-
Manual handling (objects) practical training	-	-	-	-
Manual Handling Toolbox Talk	-	-	-	-
Health and safety relocation awareness	-	-	-	-
Section 3				
Any other appropriate health and safety training courses, or bespoke courses				
Emergency First Aid at Work	-	15	26	11
Food Hygiene	18	20	13	36
Moving and Assisting Refresher	-	24	23	11
Moving and Assisting (2 day)	-	9	63	51
Behavioural Support Strategies (BSS)	-	-	-	-
- Older and learning disability (2 day)	-	-	-	-
- Learning disability (full course)	-	-	-	-
- Learning disability refresher	-	-	-	-
- Older People Refresher	-	-	-	-
Extended Personal Care	41	10	34	9
Dealing with Violent Incidents	20	11	-	-
Site specific Fire Warden training	-	9	-	-
Promoting Positive Behaviour (PPB)	52	-	16	6
Promoting Positive Behaviour Transition Course	75	50	-	32
Reporting accidents/incidents/V&A on AIRD	-	16	-	-
Sub Total	228	172	194	215*
Total	809*			

***Provisional figures**

APPENDIX 3 **Health and Safety Plan 2015-16**

<p>Social Work Services Health and Safety Plan 2014-15</p>
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Health and Safety Objective
01- Undertaking planned Health and Safety Audits and managing any arising non-conformities

Linked PI Code and Title	Description	Values		Short Term Trend	Long Term Trend	Status	Latest Note
No of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	No of planned Social Work Health & Safety Audits undertaken (both internal and 3rd party)	2015-16					
		Value	Target				
			2				

Linked PI Code and Title	Description	Values		Short Term Trend	Long Term Trend	Status	Latest Note
% of actions, resulting from SW H&S audits, carried out on time	% of actions, resulting from Health and Safety audits, carried out on time	2015-16					
		Value	Target				
			100%				

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
BS OHSAS 18001:2007 standard	Ensure BS OHSAS 18001:2007 standard is retained by the service during 2015-16	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Undertaking internal audits	Review the strengths and weaknesses of the service's health and safety management system by undertaking audits within Social Work Services in accordance with the Corporate Audit Plan.	Karen Flood	31 Mar 2016			

Health and Safety Objective	
02 - Monitor and review risk assessment programmes	

Linked PI Code and Title	Description	Values		Short Term Trend	Long Term Trend	Status	Latest Note
Increase number of general risk assessments captured on the General Risk Assessment Database (GRAD)	Increase number of approved general risk assessments captured/reviewed on the General Risk Assessment Database (GRAD) by 50 during the course of 2015-2016	2015-16					The amount of risk assessments approved on the GRAD during 2013-14 exceeded expectation. A target of 50 has been set for 201516.
		Value	Target				
			+ 50				

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Generic Risk Assessments	Increase number of existing risk assessments due for review and new risk assessments onto the GRAD	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Display screen assessments	Monitor the implementation and management of display screen equipment self assessments for appropriate employees via the Social Work Health and Safety Committee	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Manual handling activities	Ensure manual handling activities within home care,	tbc	31 Mar 2016			

	residential services and RLDs have been identified and suitably risk assessed via the Social Work Health and Safety Committee					
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Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Fire risk assessments	Monitor the implementation and management of fire risk assessments within premises occupied by Social Work Services employees via the Social Work Health and Safety Committee.	tbc	31 Mar 2016			

Health and Safety Objective	
03 - Ensure health and safety training and development is identified and appropriate courses are available	

Linked PI Code and Title	Description	Values		Short Term Trend	Long Term Trend	Status	Latest Note
Ensure sufficient numbers of Social Work Services staff receive H&S training	Ensure at least 750 health and safety training places are taken up by employees during 2015-16	2015-16					
			Value	Target			
				1000			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Fire related training requirements	Monitor fire related training requirements for staff located in all premises occupied by Social Work Services employees via the Social Work Health and Safety Committee.	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Manual handling training	Monitor and provide training for employees undertaking manual handling activities via the Social Work Health and Safety Committee.	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Any additional health and	Monitor any additional	tbc	31 Mar 2016			

safety training including first aid and in-house IOSH courses	health and safety training requirements for Social Work Services employees as deemed necessary via the Social Work Health and Safety committee.						
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Health and Safety Objective	
04 - Undertake a health and safety inspection programme in partnership with Social Work Services Unit Managers	

Linked PI Code and Title	Description	Values			Short Term Trend	Long Term Trend	Status	Latest Note
No of Social Work Services health & safety inspections undertaken/ reviewed on time	No of H&S inspections undertaken/reviewed on time	2015-16						
			Value	Target				
				100%				

Linked PI Code and Title	Description	Values			Short Term Trend	Long Term Trend	Status	Latest Note
% of actions resulting from SW H&S inspections carried out on time	% of actions identified during Health and Safety inspections due for completion in 2015-16 carried out on time	2015-16						
			Value	Target				
				100%				

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Undertake annual health and safety inspections in accordance with the Corporate Inspection Programme 2015-16	Monitor the implementation of the annual corporate health and safety inspection programme for Social Work Services.	Karen Flood	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
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Ensure actions identified from health and safety inspections due for completion during 2015-16 are closed out on time.	Monitor the implementation of actions at the Social Work Health and Safety Committee.	tbc	31 Mar 2016			
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Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Unit managers to undertake an annual Workplace Observation Inspection Report (WOIR)	Monitor the implementation of the 2015-16WOIR programme within Social Work Services via the Social Work Health and Safety Committee	tbc	31 Mar 2016			

Health and Safety Objective						
05 – Monitor and Improve Health and Safety Management Across the Service						
Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Review Lone Working Procedures	Due to various structural changes throughout the service a review will be conducted of all lone working procedures to ensure they are current and suitable and sufficient.	tbc	31 Mar 2016			
Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Arrange and convene 4 quarterly meetings of the Social Work Health and Safety Committee	Hold quarterly service specific health and safety committee meetings after the Corporate Health and Safety Committee meetings	tbc	31 Mar 2016			
Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Distribute accident and VI incidents specific within the service	Prepare quarterly statistics for discussion at the SMT meetings	tbc	31 Mar 2016			
Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Ensure corporate policies and guidance are disseminated throughout the service	When documents are issued/revised ensure they are communicated to unit managers to add to health and safety folders	tbc	31 Mar 2016			
Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note

	Description								
Evaluate the ongoing health and safety performance of the service	Prepare and submit a quarterly report to the Corporate Health and Safety Committee	Karen Flood	31 Mar 2016						

Health and Safety Objective	
06 – Ensure communication of health and safety issues throughout the service	

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Develop the intranet site to ensure health and safety information is accessible for employees	Add a service specific section to the intranet containing information (policies, procedures) for use by employees	tbc	31 Mar 2016			

Related Action Code	Related Action Description	Assigned To	Due Date	Progress	Status	Latest Note
Take part in European Week and other safety/health related campaigns	Communicate forthcoming external and internal h&s campaigns to the Social Work Health and Safety Committee and participate where appropriate.	Karen Flood	31 Mar 2016			

To: Social Work, Health and Wellbeing Policy Board
On: 19 May 2015

Report by: Director of Children's Services

Heading: Inspection of registered services by the Care Inspectorate

1. Summary

- 1.1 Social Work services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups. The last service-wide inspection took place in 2012 and the service has made good progress in implementing the improvement plan which followed that inspection. A multi-agency inspection of integrated children's services took place in January 2015 and an inspection report is expected in the first quarter of 2015/16. A national inspection of Criminal Justice Multi-Agency Public Protection Arrangements (MAPPA) will also be undertaken in 2015.
- 1.2 In addition to service-wide and multi-agency inspection, individual registered services are subject to regular inspection by the Care Inspectorate. Typically, residential facilities will be subject to two inspections per year, including at least one unannounced inspection. Other services are likely to be inspected once a year or less frequently.
- 1.3 Inspections are undertaken by the Care Inspectorate and the model of inspection is based on proportionate risk. Services which are graded as 'Good' or above are subject to low-intensity inspections. Services are assessed on up to four quality themes:
- Quality of Care and Support
 - Quality of Environment
 - Quality of Staffing
 - Quality of Management and Leadership

- 1.4 Renfrewshire Council Social Work currently provides 24 registered services, broken down as follows:
- Children's services – 8 services
 - Learning disability services – 5 services
 - Older adult services – 8 services
 - Other registered services – 3 services
- 1.5 Gradings which can be awarded to each service against the four themes are as follows:
- 1 – Unsatisfactory
 - 2 – Weak
 - 3 – Adequate
 - 4 – Good
 - 5 – Very Good
 - 6 – Excellent
- 1.6 The Care Inspectorate may impose requirements and/or make recommendations in its inspection reports. Requirements are legally enforceable and set out what is required by a care service to comply with the Regulation of Care (Scotland) Act 2001 or with the conditions of registration. A recommendation will set out an action that would improve or develop the quality of the service, but failure to meet a recommendation would not result in enforcement.
- 1.7 This report summarises the latest findings from inspections conducted since the previous update to the Social Work, Health and Wellbeing Board in November 2014. In the future, inspection reports relating to Children's Services will be provided to the Education and Children Policy Board, and those relating to adult social care will be provided to this Board until such time as functions are legally delegated to the Integration Joint Board.

2. **Recommendations**

- 2.1 It is recommended that elected members:
- Note the strong performance of Renfrewshire Council Social Work registered services, with all services graded as Good, Very Good or Excellent for Quality of Care and Support
 - Agree that performance in registered service inspections will, in future, be reported to the most relevant Policy Board, reflecting the split between the governance of services for children and those for adults
 - Notes the arrangements for future reporting.

3. **Overview of Inspection Activity**

- 3.1 Renfrewshire Council Social Work continues to provide a high standard of care and support in its registered services, as evidenced in the gradings awarded by inspectors. All services are graded on Quality of Care and Support, and all continue to be graded as 'Good', 'Very Good' or 'Excellent' in this regard, with most also demonstrating this high standard of achievement across all measures.

4. Inspection Activity in Children's Services

- 4.1 Four services for children and young people have been inspected since the last update to Board – the Supported Carers Scheme and three Children's Houses (Beech, Barochan and Longcroft). As is regularly evidenced in these updates to Board, the children's houses continue to offer very high standards of care. Beech and Barochan are rated 'Very Good' on all four dimensions, and Longcroft is 'Very Good' in terms of Care and Support and Environment, and 'Excellent' for Staffing and Leadership. The Supported Carers Scheme has also demonstrated high standards and is graded 'Very Good' for Care and Support.
- 4.2 There were no requirements made in respect of any of these services. Beech had no recommendations, whilst Barochan had one relating to the inspection process, Longcroft had five (covering planning documents, food storage, risk management and privacy) and the Supported Carers Scheme had two (covering stakeholder engagement and quality assurance measures). Action has already been taken to address all areas covered by the recommendations.

5. Inspection Activity in Adult Services

- 5.1 Five services for older adults have been inspected since the last update to Board – Hunterhill and Renfrew Care Homes for older adults, the Weaver's Linn respite unit for adults with learning disabilities, the Intensive Support Service for adults with learning disabilities, and the Care at Home service. This was the first inspection for the recently registered Intensive Support Service, and it was graded 'Very Good' on all dimensions. The Care at Home service and Weaver's Linn are also 'Very Good' on all dimensions; Hunterhill is 'Excellent' for Environment and 'Very Good' in all other areas; Renfrew Care Home is 'Good' in all areas.
- 5.2 Both care homes have a requirement in relation to medication practice, and additional training and a robust audit procedure are in place. There are no requirements in respect of the other three services. Inspectors have also made a recommendation in respect of Renfrew Care Home that staff take responsibility for improving their own medication practice.

- 5.3 Other recommendations across the five services cover the development of specific guidance for particular areas of practice, formal auditing of some personal planning documents, building on existing good practice in relation to dementia care in residential homes, and incorporating learning from current practice into future consultation. Action to address all recommendations is in place. Full details of the recommendations for each service are given in Appendix 1.

6. Recurring Themes

- 6.1 The findings of recent inspections demonstrate continuing high standards of care and support across Social Work's registered services and the commitment to continuous improvement.
- 6.2 Two units had requirements and recommendations pertaining to staff practice in the administration of medication. This is an area which is increasingly complex as the care needs of service users increase. The Care Inspectorate's increased focus on this area is welcome in light of the growing complexity and support the service in improving practice in light of changing needs. In response to this, a system of regular audits is in place and an electronic system for monitoring medication errors is being piloted so that any service-wide issues relating to practice are identified more quickly.
- 6.3 Going forward, updates on inspections will continue to be provided for elected members. As structural and governance arrangements are developed during this transitional year, senior officers will establish new systems for sharing cross-service learning arising from inspection activity. The Chief Social Work Officer will continue as the professional practice lead in this area.

Implications of the Report

1. **Financial** - None
2. **HR & Organisational Development** - None
3. **Community Planning** – None
4. **Legal** - None
5. **Property/Assets** – None
6. **Information Technology** – None

7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - None
9. **Procurement** – None
10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
11. **Privacy Impact** - None

List of Background Papers

- (a) None

Author: Lisa Fingland, Principal Officer, Planning & Performance

Appendix One: Summary of Care Inspectorate Reports

Date of last inspection	Grades	Number and Detail of Requirements	Number and Summary of Recommendations	Progress since inspection
Barochan Road Jan 2015	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	One The service should ensure that an appropriate action plan is submitted to the Care Inspectorate, where requirements and/or recommendations are made during inspection.	Progress against recommendations: The service will ensure that action plans are submitted timeously. It is the manager's view that this recommendation is met.
Beech Avenue Oct 2014	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	None	Relevant recent developments: The service has been developing the way it gathers feedback from stakeholders, and now asks social workers to complete quarterly questionnaires about the quality of the service Beech provides to children and their families. The manager is also asking staff and the children resident to contribute to the completion of the annual self-assessment. Key workers will offer support with this.
Longcroft Aug 2014	Care: 5 Environment: 5 Staffing: 6 Leadership: 6	None	Five The provider should review personal planning systems to ensure that plans are clear and linked directly to the individual needs of each young person.	Progress against recommendations: The content of care plans has been reviewed to ensure that needs are clearly identified and that repetition is reduced. The service is also considering the option of moving to electronic recording.

Renfrew Care Home Nov 2014	Care: 4 Environment: 4 Staffing: 4 Leadership: 4		<p>The provider should ensure that personal planning systems don't involve staff in inefficient, repetitive administrative tasks.</p> <p>The provider should ensure that staff only enter young people's bedrooms during the night where there is an assessed risk to be monitored, rather than as a routine event.</p> <p>The provider should ensure that any food items used in preparing meals for young people are stored and used in line with the manufacturer's instructions.</p> <p>The provider should ensure that risk assessments and individual crisis management plans are brief, clear and concise so that they can be quickly and clearly understood by all staff.</p>	<p>Requirement is partially met. Due to waiting on the decision re: electronic recording system.</p> <p>Staff are clear that they will only enter a bedroom when required or requested by the young person. In the event of any assessed risk, a common sense decision will be taken by staff.</p> <p>All food items are labelled and dated when opened, and staff have been reminded to check manufacturer guidelines in relation to use and storage. This is monitored by senior staff.</p> <p>Behaviour management plans have been reviewed. These are now more precise and easy to understand for all staff. Risk assessment will be used in general terms within the house and not on individual young people as risks will be incorporated into their individual management plans.</p> <p>It is the manager's view that recommendations have been met.</p>	<p>Progress against requirements:</p> <p>The service has established robust monitoring systems in relation to medication and implemented a series of regular audits to monitor practice. The findings of these audits are fed back to staff to help improve practice. Additional training by the link pharmacist has been delivered to 40 frontline staff</p>
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		<p>up to date training in Moving and Handling is completed by all staff.</p> <p>The provider must ensure that all relevant notifications are sent to the Care Inspectorate.</p>	<p>sensor mats should be completed and signed by the resident or their representative.</p> <p>Staff must take responsibility for improving their practice and actions when administering and recording medication.</p> <p>Regular supervision should be established for all staff.</p> <p>The provider and management must maintain a more robust overview of the medication practice within the home</p> <p>They must support staff to improve their practice in line with best practice.</p>	<p>within the unit. It is the manager's view that this requirement has been met.</p> <p>Moving and Handling training is offered to all staff and the manager will ensure that training is up to date. The service will ensure timeous notification to the Care Inspectorate as required.</p> <p>Progress against recommendations:</p> <p>The issue in relation to temperature control is being progressed with the corporate landlord. Risk assessments for sensor mats are in place.</p> <p>All members of staff have an individual training plan to improve practice in relation to medication, and regular staff supervision is in place as per Council procedures. It is the manager's view that these recommendations have been met. The monitoring system noted above is another way in which staff are supported to improve practice.</p> <p>Progress against recommendations:</p> <p>Revised guidance is in development; the service is currently reviewing the content and considering how best to issue this to service users. The guidance also needs to be agreed by health and social care staff outwith the Care at Home service. The target completion date is August 2015.</p> <p>The content and style of care diaries is being reviewed, with reference to good practice from other providers in relation to communicating</p>
Care at Home Service Dec 2014	Care: 5 Staffing: 5 Leadership: 5	None	<p>Three</p> <p>The service should provide revised guidance to service users and staff about the recording of decisions made following review of support. The guidance should make clear what the process is and what documentation will be produced.</p> <p>The service should review and</p>	

			<p>develop the way in which care diaries are used to improve information about the effectiveness of support.</p> <p>The service should review the results of training in dementia awareness for staff and translate this into future support plans for people who live with dementia</p>	<p>outcomes simply and effectively. The target completion date is August 2015.</p> <p>Following the delivery of specialist dementia care training to staff, work is ongoing to determine how service user plans can best reflect need and inform the delivery of support. The target completion date is October 2015.</p> <p>It is the manager's view that all recommendations are partially met, and that agreed deadlines will be met.</p>
Hunterhill Care Home Nov 2014	Care: 5 Environment: 6 Staffing: 5 Leadership: 5	<p>One</p> <p>The provider of the care service must ensure:</p> <ol style="list-style-type: none"> 1. The recording of medicines administered must follow best practice guidance. 2. That staff understand their responsibility to keep accurate and current records of medicines including quantity for the use of service users which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service. 3. That staff administration practice is evaluated and where identified refresher training on medicines 	<p>Two</p> <p>The service should consider how the experience gained through the recent consultation exercise can be used to develop the participation of residents and relatives in any future decision-making.</p> <p>The service should review the current strategy for supporting people living with dementia. The current best practice advice should be considered to improve communication and outcome for people.</p>	<p>Progress against requirement:</p> <p>The service has established robust monitoring systems in relation to medication and implemented a series of regular audits to monitor practice. The findings of these audits are fed back to staff to help improve practice.</p> <p>Progress against recommendations:</p> <p>The service involves service users and carers in decisions in a number of ways, as evidenced by the inspection report. The recent consultation aimed to be inclusive and meaningful; the service will consider the learning from the exercise in any future consultation activity.</p> <p>The service has developed a range of activities and therapies to support people with dementia and is developing a dementia strategy which will inform further developments in this area.</p>

		management provided. 4. That robust auditing measures are put in place to reduce errors and improve practice. 5. That the provider and the management team within the home seek further guidance and support from external agencies to improve practice.		
Intensive Support Service Jan 2015	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	Three The manager should ensure that there is always clear evidence of family involvement (and other interested parties where appropriate) in reviewing personal plans on a minimum six monthly basis. The manager should introduce a formal auditing process to ensure appropriate standards of personal plan recording were maintained. Policy and procedural guidance should be developed for when a service user would be placed in a quiet room or other service users would be removed from the room, in order to help the	<p>Progress against recommendations:</p> <p>Staff guidance has been clarified to ensure that carer involvement in the review of personal plans is clear. Senior staff within the service have responsibility for reviewing care plans to ensure consistency and quality. Draft guidance on removing or restraining service users within the care environment is currently with senior management with approval. It is the manager's view that these recommendations have been met.</p>

			individual calm down.	
Supported Carers Scheme Nov 2014	Care: 5 Staffing: 4 Leadership: 3	None	Two The service should develop a clear protocol for all stakeholder engagement to improve and develop the service. The service should improve quality assurance measure to review and develop the overall quality of work.	<p>Progress against recommendations:</p> <p>Renfrewshire Council has recently published a 'Participation Strategy for Integrated Children's Services' in December 2014. The service is currently in the initial stages of further developing stakeholder engagement in partnership with young people, carers and other services through reviews, carer consultation and policy review / updates.</p> <p>The service holds structured reviews annually and has a programme of regular supervision visits and audits. A needs-led development plan, in line with the 'Staying Put' agenda has been produced. It is the manager's view that the recommendations have been met.</p>
Weaver's Linn Nov 2014	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	One A protocol should be written giving guidance when a specific internal door may be locked to protect the safety of staff and service users. The use of this protocol must be reflected in specific support plans of any individual affected.	<p>Progress against recommendation:</p> <p>The Unit Manager has produced a guidance note on the use this protocol. This is operational as of April 2015 and will be reviewed in April 2016. It is the manager's view that this recommendation is met.</p>

To: **Social Work, Health & Wellbeing Policy Board**

On: **19 May 2015**

Report by: **Chief Officer Designate, Renfrewshire Health & Social Care Partnership**

Heading: **Carers (Scotland) Bill**

1. Summary

- 1.1. In October 2013 the Scottish Government announced plans to bring forward legislation intended to enhance the level of care and support available to carers and young carers in Scotland, through the publication of a Statement of Intent. Consultation on proposals for carer's legislation was published by the Government in early 2014 and a joint Social Work and Community Health Partnership response was homologated by the Social Work, Health and Well Being Policy Board on 6th May 2014.
 - 1.2. This report provides information on the Carers (Scotland) Bill which was introduced in Parliament on 9th March 2015. The Bill covers a range of areas relating to supporting carers including a number of new duties and requirements which impact on the Council.
-

2. Recommendations

- 2.1. The Social Work, Health & Wellbeing Policy Board is asked to:
 - a) Note the main provisions of the Bill
-

3. Background

Local Context

- 3.1 The Renfrewshire Carers Strategy 2013-16 acknowledges the significant role carers play in supporting people and recognises carers as partners in the delivery of care. According to the recent 'Scotland's Carers' publication 17,760 (10%) people in Renfrewshire identify themselves as carers, however the figures demonstrate a considerable shift towards high intensity caring based on the number of hours each week that people provide unpaid care.

¹ <http://www.gov.scot/Publications/2015/03/1081>

3.1.1 The Strategy recognises the significant amount of work being driven locally by a partnership of carers, the Council, Renfrewshire CHP, NHS Greater Glasgow and Clyde, Renfrewshire Carers Centre and other local voluntary organisations through the Carers Joint Planning Performance and Implementation Group.

3.1.2 Key developments and achievements include:

- Increasing number of carers assessments completed
- Funding from both local health and social care services to enhance the support that this provided to young carers and young adult carers. As well as promoting the valuable role of young carers and working with schools to identify young carers, the funding to Renfrewshire Carers Centre supports young carers groups, participation in activities such as the Duke of Edinburgh awards scheme and support for young adult carers to access employment, training and education.
- Increase in the number of carers receiving training to ensure they have the knowledge and skills to continue in their caring role;
- Support for early identification and better information for carers;
- Support for specialised carer support groups;
- Increased respite provision

Carers (Scotland) Bill

3.2 The Carers (Scotland) Bill was introduced in the Scottish Parliament on 9th March 2015. The Bill covers a range of areas relating to supporting carers including a number of new duties and requirements which impact on the Council, the Bill:

- gives a broader definition of ‘carer’ and ‘young carer’;
- replaces the current carer’s assessment with a new adult carer support plan and provides a young carer statement for all young carers
- provides for the establishment of an information and advice service for carers in each local authority area which must include a short breaks services statement
- introduces a duty to support carers whose needs cannot be met by general services in the community (including the information and advice service). The carer’s needs must meet local eligibility criteria in order for the duty to apply;
- requires local authorities, in determining which support to provide carers, to consider in particular whether the support should take the form of, or include, a break from caring;
- requires local authorities to prepare local carer strategies for their areas; and
- requires local authorities and health boards to involve carers in carer services meaning services provided by the local authority or health board to carers and cared-for persons.

3.2.1 Accompanying the Bill is a Financial Memorandum setting out funding for relevant bodies to implement the proposals.

3.3 Part 1 – Key Definitions

Meanings of “carer”, “young carer” and “adult carer”

3.3.1 A **carer** is an individual who provides or intends to provide care for another individual.

- 3.3.2 'Carer' does not apply
- in the case of a cared-for person under 18 years old, to the extent to that the care is or would be provided by virtue of the person's age;
 - if the care is provided by virtue of a contract;
 - or as voluntary work.

3.3.3 A **young carer** is a carer under 18 years old or who has reached 18 years while a pupil at school and remains a pupil at that or another school.

3.3.4 An **adult carer** as a carer who is at least 18 years old but who is not a young carer.

Meaning of responsible authority: young carers

3.3.5 Where the young carer is a pre-school child, the responsible authority will be the health board for the area in which the child resides. In any other case, the responsible authority will be the local authority for the area in which the young carer resides.

3.4 **Part 2 – Adult Carer Support Plans and Young Carer Statements**

Duty to prepare Adult Carer Support Plan

3.4.1 An Adult Carer Support Plan is a plan prepared by a responsible local authority that sets out an adult carer's identified personal outcomes, identified needs and any support to be provided by the responsible local authority to meet those needs.

3.4.2 The responsible local authority is required to prepare an Adult Carer Support Plan for a person if the responsible local authority itself identifies the person as an adult carer, if an adult self-identifies as a carer and the responsible local authority agrees.

3.4.3 The responsible local authority is the local authority for the area in which the carer lives. This will still be the case where the adult carer lives in a different local authority area to one in which the cared-for person lives.

Content and review of Adult Carer Support Plan

- 3.4.4 An Adult Carer Support Plan must contain:
- the adult carer's personal circumstances;
 - the extent to which the adult carer is able and willing to provide care;
 - the adult carer's personal outcomes;
 - the adult carer's needs for support;
 - the support generally available;
 - the support that the responsible local authority provides or intends to provide;
 - whether support provided should take the form of a short break; and
 - the circumstances for review.

The second and subsequent Adult Carer Support Plan prepared for a carer must contain information on the extent to which any support provided under a previous plan has assisted in achieving the carer's identified personal outcomes.

Provision of information about plan

3.4.5 The responsible local authority should provide the information contained in the Adult Carer Support Plan to the adult carer to whom the plan relates and where appropriate, to any other person(s) at the carer's request, as soon as practicable after the revised plan is prepared.

Duty to prepare Young Carer Statement

- 3.4.6 A Young Carer Statement is a statement prepared by the responsible authority that sets out a young carer's identified personal outcomes (with reference to the safe, healthy, achieving, nurtured, active, respected, responsible, included [SHANARRI] well-being indicators), identified needs and any support to be provided by the responsible local authority to the young carer to meet those needs. This will apply whether or not the young carer also requires a child's plan.

Content and review of young carer statement

- 3.4.7 A Young Carer Statement must contain:
- the young carer's personal circumstances, including the impact of caring;
 - the extent to which the young carer is able and willing to provide support;
 - the extent to which the care provided by the young carer is appropriate;
 - the young carer's personal outcomes;
 - the young carer's needs for support;
 - the support generally available;
 - the support which the responsible local authority provides or intends to provide;
 - whether support should be provided in the form of a break from caring for the cared-for person;
 - the circumstances for review.

Provision of information about statement

- 3.4.8 The responsible authority must provide the information contained in the Young Carer Statement to:
- the young carer to whom the young carer statement relates,
 - the young carer's named person, and
 - where appropriate, any other person the young carer requests.

Where the responsible authority, in relation to a young carer, is not the responsible local authority, the responsible authority must not provide the young carer statement to the young carer without the approval of the responsible local authority.

3.5 Part 3 – Provision of Support to Carers

Local eligibility criteria

- 3.5.1 The local authority is required to set the local eligibility criteria which it is to apply for its area. The local authority should consult with persons and bodies representative of carers and the eligibility criteria should be published. Scottish Ministers have the power to make regulations setting out national eligibility criteria.

Duty to provide support to carers

- 3.5.2 The responsible local authority has a duty to provide support to the carer to meet identified eligible needs.
- 3.5.3 The local authority should consider whether support should include support which provides a break from caring.
- 3.5.4 Scottish Ministers have the power to make regulations about the forms of support that would constitute a break from caring. Such regulations may make specific provision to deal with cases where the support is delivered through the provision of replacement care or other services or assistance to the cared-

for person. This includes provision about the role of the cared-for person in relation to how that care or those services or assistance are provided and whether that care or those services or assistance are to be regarded as support to the carer or to the cared-for person.

- 3.5.5 A local authority can make appropriate charges when providing services which support carers.

3.6 **Part 4 – Carer Involvement**

- 3.6.1 Local authority and health boards should involve carers and such persons and bodies representatives of carers in carer services.

- 3.6.2 The carer must have as much involvement as he or she wishes in relation to the preparation of the adult carer support plan or young carer statement.

- 3.6.3 The authority preparing care assessments should take into account the care which is provided, or to be provided by any carer.

3.7 **Part 5 – Local Carer Strategies**

- 3.7.1 Each local authority must prepare a local carer strategy, including information relating to the particular needs and circumstances of young carers in its area.

- 3.7.2 The strategy must include:

- the local authority plans for identifying carers in its area and how it will obtain information about the care they provide or intend to provide;
- the authority's assessment of the demand for support to carers in its area;
- the support which is available to carers in the authority's area, whether from the authority itself, the relevant health board or any other persons or bodies that the local authority deems appropriate;
- the authority's assessment of the extent of unmet need for support in the area;
- the authority's plans for supporting carers in its area;
- the authority's intended timescales for preparing adult carer support plans and young carers statements; and
- any other information that the authority considers to be appropriate.

3.8 **Part 6 – Information and Advice for Carers**

Information and advice service

- 3.8.1 Each local authority must establish and maintain an information and advice service for carers in its area.

Short breaks services statements

- 3.8.2 Each local authority to prepare and publish a short breaks services statement relevant to the persons who live in that area.

3.9 **Part 7 – General Provision**

- 3.9.1 Allows grants and loans to be made to voluntary organisations in connection with things they do which assist local authority in exercising their functions under this Bill.

- 3.9.2 Parts 2 to 6 of this Bill should be considered as part of provisions relating to the performance of functions by local authority for the purposes of that section. This will then allow local authority to make arrangements with voluntary organisations so that such organisations can provide assistance to local authority exercising functions under the Bill.

3.10 **Financial Memorandum**

- 3.10.1 The financial memorandum accompanying the Bill sets out the estimated costs associated with implementation of the Bill, including the duties on local authority.
- 3.10.2 The Government estimates that total funding of between a minimum £11 million in 2017-18 to £72 million in 2021-22 and a maximum of £12 million to £84 million in the same period will support carers, and includes funding for the Adult Carer Support Plan and Young Carer Statement, information and advice service (including a short breaks service statement), the duty to support carers, additional short breaks component and local carer strategies. However the Government does not give an indication of funding levels for individual Councils.

Waiving of charges for support to carers

- 3.10.3 The Government recently published regulations on the charging for support for carers which required local authority to waive charges for certain types of support, the regulations were published to clarify the position in respect of Self Directed Support. The regulations however are proving challenging for local authorities in relation to 'replacement care' as, "it is not always clear if replacement care is provided to the carer following a carer's assessment in order to meet the needs of the carer (where charges would be waived) or provided to the cared-for person in order to meet their assessed needs (and, therefore, chargeable)"². The Government expects to publish new regulations regarding this matter alongside a financial memorandum if there are cost implications.

² <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/86987.aspx>

Implications of this report

- 1. Financial Implications**
The duties and requirements set out in the Bill will have financial implications, the accompanying financial memorandum sets out Government funding.
- 2. HR and Organisational Development Implications**
None.
- 3. Community Plan/Council Plan Implications**

Children and Young People	- The Bill sets out a range of duties and requirements aimed at supporting young carers.
Community Care, Health and Well-being	- The Bill sets out a range of duties and requirements aimed at supporting carers.
- 4. Legal Implications**
The Bill sets out new definitions of 'carer' and 'young carer' as well as a number of new duties.
- 5. Property/Assets Implications**
None.
- 6. Information Technology Implications**
None.
- 7. Equality and Human Rights Implications**
An Equality Impact Assessment has been carried out by the Government and the impact of the Bill locally will be monitored and reviewed and any implications will be reported as appropriate.
- 8. Health and Safety Implications**
None.
- 9. Procurement Implications**
None.
- 10. Risk Implications**
None
- 11. Privacy Impact**
None.

List of Background Papers

(a) none

Author: Shiona Strachan, Head of Adult Services, 0141 618 6828

To: **Social Work, Health & Wellbeing Policy Board**

On: **19 May 2015**

Report by: **Director of Children's Services**

Heading: **Section 10 Grant Application 2015-16**

1. Summary

- 1.1. Social Work has the delegated authority to provide financial support to voluntary organisations under Section 10 of the Social Work (Scotland) Act 1968.
 - 1.2. At its meeting on the 5th March 2015, the Social Work, Health and Wellbeing Policy Board approved a total amount of £17,050 to 10 voluntary organisations, leaving a balance of £13,010 still to be awarded.
 - 1.3. This report proposes an award of £11,000 to Engage Renfrewshire. Detail of the application is provided in schedule 1, appended to this report.
-

2. Recommendations

- 2.1. The Social Work, Health & Wellbeing Policy Board is asked to:
 - a) Approve funding in respect of Engage Renfrewshire, of £11,000.
-

3. Background

- 3.1. Social Work has the delegated authority to provide financial support to voluntary organisations under Section 10 of the Social Work (Scotland) Act 1968, and this report proposes an award of £11,000 to Engage Renfrewshire. Detail of the application is provided in schedule 1, appended to this report.
- 3.2. Grant awards can only be made to organisations accepting the Council's conditions of grant. In addition, inter-agency organisations which are applying for funding from other local authorities and sources of funding will require to demonstrate viability as part of the grant award conditions.
- 3.3. If the recommendation is approved, the total amount awarded in 2015/16 will be £28,050. This would leave a balance of £2,100.

Implications of this report

1. Financial Implications

The report deals with the allocation of the approved Section 10 budget for 2015/16.

2. HR and Organisational Development Implications

None.

3. Community Plan/Council Plan Implications

Children and Young People	- The distribution of grant monies support a number of local organisations improve the lives of young people, and contribute to maximising their potential.
Community Care, Health and Well-being	- The distribution of grant monies support a number of local organisations provide support and services which contribute towards improving the health and wellbeing of Renfrewshire residents.
Empowering our Communities	- The distribution of grant monies support a number of local organisations provide support and services which contribute towards building community capacity.
Jobs and the Economy	- The distribution of grant monies support a number of local organisations to provide advice and services which contribute towards addressing issues of poverty and inequality.
Safer and Stronger	- The distribution of grant monies to specific organisations contributes to safer, stronger more resilient communities in Renfrewshire.

4. Legal Implications

Organisations receiving Section 10 grants in accordance with this report's recommendations will require to comply with the Council's conditions of grant.

5. Property/Assets Implications

None.

6. Information Technology Implications

None.

7. Equality and Human Rights Implications

The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts

on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website. (Report author to arrange this).

8. Health and Safety Implications

None.

9. Procurement Implications

None.

10. Risk Implications

Minimal. Financial assessments are undertaken by Social Work Finance on the current financial situation of organisations and all organisations in receipt of a grant are required to comply with the Council's Standard Terms and Conditions of Grant.

11. Privacy Impact

None.

List of Background Papers

(a) none

Author: Anne McMillan, Head of Resources, 0141 618 6826

Section 10 Grant Aid 2015-16 - Schedule 1: LOCAL & INTER - AUTHORITY INITIATIVES
Social Work, Health & Wellbeing Policy Board 19th May 2015

	Name of Organisation	Statement/Aims of Organisation	Purpose of Grant and Recommendation	2014-15		2015-16	
				Grant Requested	Payment Received	Grant Requested	Payment Recommended
	ENGAGE Renfrewshire	Engage Renfrewshire aims to support the community and voluntary sector in Renfrewshire and work in partnership with other voluntary and statutory bodies to address relevant issues and seeks to ensure representation of the community and voluntary sector in relevant decision-making processes.	The grant will be used by Engage Renfrewshire to develop and implement a strategy for effective communication across the sectors – private, public and voluntary, and across sub groupings of the voluntary/community sector. It will provide ongoing support to the social economy and the health and social care networks. It will also facilitate working with partner agencies to develop, identify and report on additional needs and gaps within the voluntary sector.	£11,000	£11,000	£11,000	£11,000
			RECOMMEND				
					Total		£11,000

