

Item: 6

Orkney Health and Care Committee: 4 April 2019.

Social Work in Scotland Impact Report by Audit Scotland.

Report by Chief Officer/Executive Director, Orkney Health and Care.

1. Purpose of Report

To present Audit Scotland's Social Work in Scotland Impact Report.

2. Recommendations

The Committee is invited to note:

2.1.

The Social Work in Scotland Impact Report, prepared by Audit Scotland and published in December 2018, attached as Appendix 1 to this report.

It is recommended:

2.2.

That the workstreams, noted at section 3.3 below, be supported, which address local issues identified within the report particularly the move to early intervention and exploration of generalist practice.

3. Social Work in Scotland Impact Report

3.1.

The Impact Report, attached as Appendix 1, summarises the impact made by the Audit Scotland Performance Audit 'Social Work in Scotland', which was published on 22 September 2016 which can be found [here](#). For reference, key messages from the 2016 report were as follows:

- Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

- Councils Social Work Departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).
- The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.
- With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

3.2.

For clarity the context of Social Work service delivery in Orkney covers the following areas:

Children's Social Work.	Support for Families.
	Child Protection.
	Adoption Services.
	Kinship Care.
	Fostering.
	Child Care Agencies.
	Looked After Young People.
	Day Care.
	Residential Care.
	Child and Adolescent Mental Health.
	Supporting Child Refugees.
	Supporting Trafficked Children.
Support for Young People involved in Offending Behaviour.	

	Support for children with disabilities and their families.
Adult Social Work.	Residential Care.
	Care at Home.
	Day Care.
	Hospital Discharge Coordination.
	Adult Support and Protection.
	Mental Health and Addiction Services.
	Dementia and Alzheimer's Services.
	Supporting People with Disabilities.
	Services to Support Carers.
	Provision of Aids and Adaptions.
	Re-enablement Services.
	Supported Living.
	Supporting Refugee Families.
	Supporting victims of People Trafficking.
Intermediate Care.	
Criminal Justice.	Offender Services.
	Providing Social Enquiry Reports.
	Supervision of Community Payback and Unpaid Work.
	Supporting Families of Prisoners.
	Supervision of Offenders on Licence.

3.3.

In response to the key messages of the 2016 report, a number of workstreams are currently being implemented to support the IJB and elected members:

3.3.1.

Sustainability: The long-term funding of services is subject to a number of areas of action including a review of looked after children services, community led support and tech enabled care. Along with these direct pieces of work the Social Work service is making a clear move to identifying its strategic approach to early intervention which includes planning how to free funds committed to traditional approaches and how to free up social worker time through the reduction of bureaucracy. Alongside this the service is exploring the concept of generalist practice as a way to strengthen service delivery which has already attracted some

interest from other local authorities who are also beginning to explore alternative models of delivery.

3.3.2.

Financial Pressures: Both adult and children's Social Work services have had eligibility criteria approved in the recent past which has had the direct result of protecting services for those most in need within a context of diminishing resources. This approach is very pragmatic in limiting access to services but is counter intuitive to our desire to switch to early intervention which we know delivers better and more enabling outcomes for the majority of social work service users.

3.3.3.

Governance: The local clinical and care governance committee has been reviewed and provides oversight for a group consisting of elected members, NHS Orkney non-executive board members, carers representation and associated managers from Orkney Health and Care and NHS Orkney. The local professional Social Work and Social Care governance structure was reviewed in 2018 and as a result a new single integrated Social Work and Social Care governance group was established to replace the two previous professional advisory committees. The annual Chief Social Work Officer report is also presented to committee every September to ensure elected member oversight of the social work function.

3.3.4.

Role of the Chief Social Work Officer: The role of CSWO is recognised at present as constituting 40% of time for the post of Head of Children and Families and Criminal Justice. There is growing recognition nationally with recent developments in other authorities seeing the CSWO function either becoming a stand-alone post or moved out of operations to allow the time required to support the agenda. The CSWO in Orkney is confident of access to the Chief Executive of Orkney Islands Council should this be required as a statutory function. Alongside this the Chief Executive, NHS Orkney and Area Commander, Police Scotland as the other constituent members of the Chief Officers Group have also been readily available when required.

3.4.

While these workstreams are in the process of attending to some of the key challenges facing the profession in Orkney, a number of significant issues remain, being cognisant of the impact report:

3.4.1.

Sustainability: Changing the focus of service delivery from crisis intervention to early intervention is going to provide a number of challenges to Council services and across the broader health and social care system in Orkney. We need to continue to develop pace in our commissioning activity to ensure we are supporting the modernisation of the whole sector and develop a range of interventions across the life course. Central to this will be the role of communities in the coproduction of these services.

3.4.2.

Financial Pressures: The demographic challenge in relation to our ageing profile is well acknowledged and understood. However, we also have a spike in relation to adolescents in the next five years which could place additional demands on children and families services.

3.4.3.

Governance: This is a key area; the commissioning of services lies with the integration joint board as per legislation. Orkney Islands Council however retains statutory responsibility for the delivery of Social Work Services. Elected members via the CSWO should satisfy themselves as to the quality and level of service provision available to our residents.

4. Human Resource Implications

In line with the national reports, local social work and social care services continue to have difficulty in recruiting to both first line positions and key management posts. Challenges in recruitment can be for a variety of reasons and may relate to rates of pay compared to other available jobs, particularly for front line care staff, coupled with increasing registration and qualification requirements. Attracting middle and senior managers can be challenging due to the perceived professional attractiveness of a career move to an island community coupled with practical challenges in relation to competition from other authorities, housing availability, and other relocation implications.

5. Links to Council Plan

The proposals in this report support and contribute to improved outcomes for communities as outlined in the Council Plan strategic priority themes of Caring Communities and Quality of Life.

6. Links to Local Outcomes Improvement Plan

The proposals in this report support and contribute to improved outcomes for communities as outlined in the Local Outcomes Improvement Plan priority of Strong Communities.

7. Financial Implications

There are significant financial implications attached to continuing to deliver services in the current manner that are unsustainable for Orkney Islands Council.

8. Legal Aspects

Orkney Islands Council retains statutory responsibility for the delivery of the statutory Social Work Services, delivered by Orkney Health and Care, which are commissioned by the Integration Joint Board.

9. Contact Officers

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10. Appendix

Appendix 1: Social Work in Scotland Impact Report (2018).

Social work in Scotland

Impact report

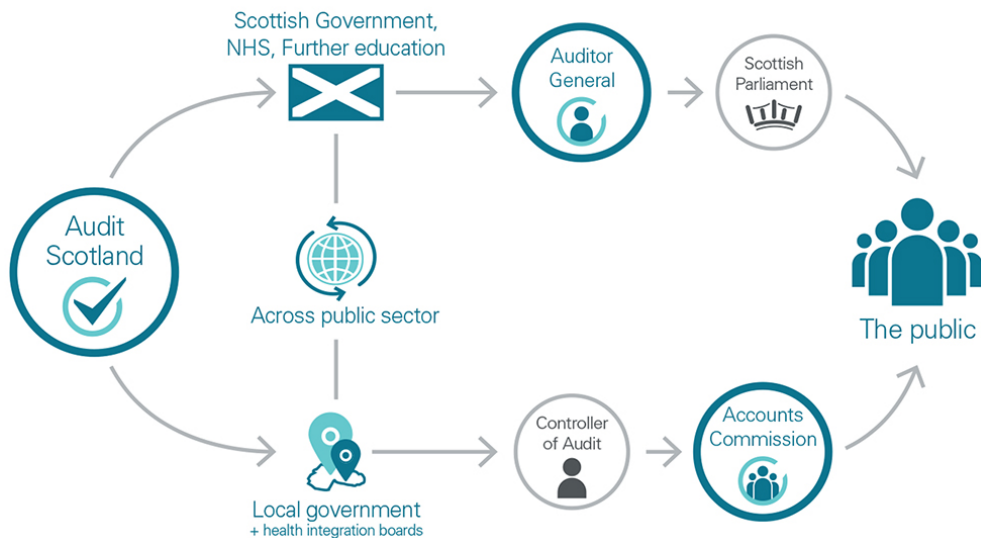
ACCOUNTS COMMISSION 

Prepared by Audit Scotland
December 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



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Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Summary of overall impact

1. Our Social Work in Scotland audit was well received by stakeholders and achieved a good level of media attention which reflected our key messages well. It was highlighted at 11 national events, including conferences, and meetings of different stakeholder groups.

2. The report was considered by a council and/or Integration Joint Board (IJB) committee in 21 council areas and 12 councils and/or IJBs produced a local summary as part of their consideration. The report was also referenced in nine chief social work officers' reports for 2016/17.

3. There has been lots of activity in response to the report including promotion of the key messages. However, given the long-term nature of many of the recommendations in the report, progress against these to date remains ongoing (see [Appendix 1](#)). For example:

- a review of clinical and care governance arrangements in integrated health and social care services is underway.
- the Scottish Government and COSLA have published a national health and social care workforce plan, with recommendations to improve workforce planning. This includes a commitment to produce, by March 2019, workplans for developing workforce planning tools.
- there is evidence of some local discussions with communities about priorities around the budget setting process. However, we know from our wider audit work (e.g. the Local Government Overview, local Best Value Assurance Report and our audit work on health and social care integration) that councils and IJBs still need to develop longer-term strategies that fully address the scale of the need to do things differently in order to meet future needs in a sustainable way. Councils will need to involve local communities in these conversations.

4. There has not yet been enough done to address the scale of the challenges and there are some outstanding areas where action is needed. For example, arrangements to address the longer-term sustainability of social work services still need to be urgently addressed by COSLA and the Scottish Government. The lack of progress in this area may reflect the significant challenges identified in the report, and the amount of focus on implementing health and social care integration since we published the report. However, as we set out in the 2016 report, there needs to be major changes to the way in which social work services are provided to ensure future sustainability.

5. The key messages and recommendations in the report were relevant to all the Accounts Commission's strategic priorities ([Exhibit 1](#)).

Exhibit 1

Impact against Accounts Commission strategic priorities

Strategic priority and relevant recommendation	Impact / update
<p><i>Councils should have clear priorities and better long-term planning.</i></p> <p>Relevant recommendation:</p> <p>Councils and IJBs should develop long-term strategies for services funded by social work.</p>	<p>The recommendation includes a series of sub-points about how councils and IJBs should develop long-term strategies. The local summaries produced by councils and IJBs were not always clear on whether they were developing long-term plans, with many focusing on if and how they are carrying out, or planning to carry out, the detailed sub-points.</p>
<p><i>Councils need to recognise that incremental savings are not enough, and thus evaluate options for more significant changes in how they deliver services.</i></p> <p>Relevant recommendation:</p> <p>The report gave a clear message that current approaches to delivering social work services will not be sustainable in the long term. Councils and IJBs should work with others to review how to provide social work services for the future.</p>	<p>The Social Work Scotland summit in December 2017 was a direct response to the report, and particularly the conclusions on the sustainability challenges.¹ We are exploring the possibility of working with Social Work Scotland on a further event for leaders in the sector.</p> <p>There is no evidence of councils and IJBs working with others to carry out this fundamental review to look at the future of social work services.</p> <p>In September 2018 the Scottish Government and COSLA issued a consultation paper on developing a national programme to support local reform of adult social care to a number of stakeholders. This paper recognises that current models of care are not sustainable.²</p>
<p><i>Ensuring their people – members and officers – have the right knowledge, skills and support to design, develop and deliver effective services in the future.</i></p> <p>Relevant recommendation:</p> <p>Councils should work with others to put in place a coordinated approach to resolve workforce issues in social care.</p>	<p>The Scottish Government and COSLA published <i>The national health and social care workforce plan part 2: a framework for improving social care in Scotland</i> in December 2017. Councils are involved in the working groups taking forward the actions from this. This work is in the early stages. It includes agreeing, by March 2019, workplans to develop workforce planning tools for adult care homes and for integrated, multidisciplinary workforce planning.</p>
<p><i>Involving citizens more in making decisions about local services and empowering local communities to identify and help deliver services they need.</i></p> <p>Relevant recommendations:</p> <p>Councils and IJBs should instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area.</p> <p>In developing long-term strategies, councils and IJBs should work with people who use services, and they should work with local communities to build their capacity.</p>	<p>Our review of council and IJB papers prepared in response to our audit, indicates that discussions with communities have more focussed on consultation as part of budget setting.</p> <p>However, we know from our wider audit work (e.g. the Local Government Overview, local Best Value Assurance Reports and our audit work on health and social care integration) that councils and IJBs still need to develop longer-term strategies that fully address the scale of the need to do things differently in order to meet future needs in a sustainable way. Councils will need to involve local communities in these discussions.</p>

¹ *President's report to the Annual General Meeting*, Social Work Scotland, May 2018

² <http://www.ccpscotland.org/resources/adult-social-care-reform-paper-scottish-government/>

Strategic priority and relevant recommendation	Impact / update
<p><i>Reporting their performance in a way that enhances accountability to citizens and communities</i></p> <p>Relevant recommendation:</p> <p>The report did not include a specific recommendation about public performance reporting, but it included recommendations about the information provided to elected members and their scrutiny of that information, particularly chief social work officer (CSWO) annual reports.</p>	<p>Our review of a sample of CSWO reports showed that they did not always cover all the points in our recommendation. For example, they did not always include information on weaker service areas and plans to address them. CSWOs felt that the annual reports may not be the most appropriate place to report this to support appropriate scrutiny. The Chief Nursing Officer, Chief Social Work Adviser and the National Clinical Director are leading a review of clinical and care governance arrangements of integrated health and social care services.</p>

Introduction

6. This report summarises the impact made by the Accounts Commission performance audit '*Social work in Scotland*' published on 22 September 2016. We examine progress with the recommendations made by the audit. This impact report does not assess progress in implementing health and social care integration, this is covered in our recent report *Health and social care integration: Update on progress*.³

7. The Social work in Scotland audit looked at:

- the scale of the financial and demand pressures facing social work
- what strategies councils and their partners are adopting to address these challenges
- whether councils have effective governance arrangements, including elected member leadership and oversight of social work services
- the impact of financial and demand pressures on service users and carers and how councils involve users and carers in service design.

8. The key messages in the report were:

- Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.
- Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils'

³ *Health and social care integration: Update on progress*, Audit Scotland, November 2018.

social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).

- The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.
- With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

9. The report made recommendations covering four different areas: social work strategy and service planning; governance and scrutiny arrangements; workforce; service efficiency and effectiveness.

10. The report aimed to provide an independent assessment of the scale of the challenges facing social work services and how councils were addressing these challenges. The intention was to be timely as councils moved into new integrated health and social care arrangements. The report also planned to identify areas for improvement and examples of good practice.

11. The increasing demand for and pressures on social work services were highlighted in the report. We highlighted the financial pressures caused by a real-terms reduction in overall council spending, demographic changes, and the cost of implementing new legislation and policies. In the 2016 report, we estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase), if councils and IJBs continue to provide services in the same way. We also reported that between 2012 and 2037, Scotland's overall population is projected to increase by nine per cent, and the number of people of pensionable age by 27 per cent.⁴ Life expectancy is increasing faster than healthy life expectancy, potentially increasing pressures on services.

12. Our report emphasised the complexity of governance arrangements in place for social work following health and social care integration. Councils delegate to the integration authority (IA) their responsibility for strategic planning for adult social care services and for any other services they decide to include. This excludes Highland Council which has a lead agency model. A number of IAs also include children's services and criminal justice services within the schemes of delegation. Governance arrangements vary locally, dependent on the level of operational responsibility delegated to the IA. In this context, elected members need to assure themselves that the council is meeting its statutory responsibilities.

13. Since we published our report there have been further changes which add to the complexity of governance arrangements for social work, including changes to arrangements for criminal justice and children's services. The Community Justice Act 2016 established a new model for delivering community justice services, through community justice partnerships that were established from April 2017. These partnerships are responsible for local planning and monitoring of community justice services along with their partners, including councils and NHS boards. The

⁴ *Scotland's Population, The Registrar General's Annual Review of Demographic Trends 2014*, published August 2015.

partners have a duty to collaborate in preparing a strategic plan and are accountable for delivering it. For councils, this accountability remains to their local communities.⁵

14. The Children and Young People (Scotland) Act 2014 places a duty on councils and NHS boards to jointly plan and report on children's services. The legislation requires that the first plan must run for three years from April 2017.⁶

15. Alongside these increasingly complex governance arrangements, councils retain their duties for the delivery of social work services that comply with the legislation. Elected members retain a key leadership and scrutiny role to ensure this happens through councils, IJBs and other partnerships.

Raising awareness and communication of key messages

Media coverage

16. The report received good coverage in national and local newspapers. The Chair of the Accounts Commission gave a broadcast interview to the BBC and was interviewed on BBC Radio Scotland's Good Morning Scotland show.

17. Most media coverage focussed on the following key messages:

- Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and IJBs need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future.
- Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).

18. There were almost 43,000 downloads of the full report in the two years following publication ([Exhibit 2](#)).

Presentations by the audit team

19. The audit team gave presentations on the report to various stakeholder groups:

- Strategic Forum (chaired by the Minister for Early Years)
- Health and Social Care Alliance Scotland (Alliance)
- Alliance, Coalition of Care and Support Providers, Scottish Care and The Institute for Research and Innovation in Social Services
- Social Work Scotland

⁵ *Guidance for Local Partners in the New Model for Community Justice*, Scottish Government, November 2016.

⁶ *Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 3: Children's Services Planning*, Scottish Government, December 2016.

- Cross-Party Group on Learning Disability
- Care Inspectorate Policy Committee
- Social Work in Scotland summit

20. Members of the team also presented on the report as part of wider presentations on our range of audits on health and social care:

- 'Strategic challenges for health and social care' to the Coalition of Care and Support Providers / Scottish Commission for Learning Disability, February 2017
- 'Pressures on social care and health' to a social work summit at Shetland Council, January 2017
- 'Pressures on social care and health' to CIPFA, May 2017.

Exhibit 2

Media coverage and downloads of the report

Media items/downloads	Number of items: two years after publication
National press	16
Local press	3
Television	2
Radio	12
Specialist press	1
TOTAL MEDIA ITEMS	34
Report downloads	42,815
Summary downloads	1,276
Gathering the views of users and carers downloads	922
Audit methodology downloads	1,652
Governance arrangements for councils and IJBs downloads	1,621
Self-assessment checklist downloads	1,324
Podcast downloads	271
TOTAL DOWNLOADS	49,881

21. Members of the team also gave presentations on the report and other audits at two conferences:

- Scotland Policy Conference on health and social care integration, March 2017
- Holyrood Social Care Event, February 2017.

Parliamentary consideration

22. The report was highlighted during First Ministers Questions on the day of publication. Discussion focussed on funding levels for health and social care, the levels of service provided and future service delivery.

Local consideration of the report

23. The report made recommendations for both councils and IJBs. We reviewed committee minutes and agendas to assess local consideration of the report. We reviewed local position summaries of the report prepared for committees but did not carry out audit work at any councils or IJBs. We also reviewed CSWO annual reports for reference to our report. We carried out a more detailed analysis of a sample of six CSWO reports. In addition, we held a focus group discussion with a number of CSWOs and senior social work colleagues.

24. We found evidence of both council and IJB committees considering the report, and in seven areas committees from both bodies scrutinised the report ([Exhibit 3](#)). Of the 14 council committees which discussed the report, 11 were audit or scrutiny related.⁷ Six of the fifteen IJB committees which discussed the report were audit related, with the remainder discussing the report at the IJB itself. Some councils provided information about the report to elected members in other ways, for example through seminars.

25. Although there was evidence of some local consideration of the report at a high level, it was harder to determine what, if anything, had changed locally as a result of the report. We identified that committees in 12 areas were provided with information on the local position against our recommendations and plans for future work to address this. However, information presented to committees was not always detailed enough to allow us to determine whether the recommendations in our report had been addressed, what the current position is and what specific plans, if any, there are to address this.

26. Some of our recommendations used bulleted sub-points to illustrate multiple examples of an overall strategic recommendation. Some councils and IJBs appear to have misinterpreted the intention of recommendations in this format. For example, by interpreting the examples provided as specific requirements or focussing more on the detail in bulleted sub-points rather than the overall strategic recommendation. Future reports could consider whether there is a clearer way of presenting multiple recommendations to minimise the likelihood of this happening again.

27. All CSWOs produced reports in 2016/17 and nine of these referred to our report. They generally set out the key messages around the challenges facing social work services and the risks to sustainability, and the risks around the role of the CSWO.

⁷ The report was discussed at two committees in one council.

Exhibit 3

Local consideration of the report

Action taken	Number of council areas
Report considered at committee	21
Of these, reports were considered at:	
• An IJB committee only	8
• A council committee only	6
• Both IJB and council committees	7
Produced a summary of the local position against recommendations	12
Of these, summaries were reported at:	
• An IJB committee only	4
• A council committee only	5
• Both IJB and council committees	3

National consideration of the report

28. In November 2016, Health and Social Care Alliance Scotland, the Coalition of Care and Support Providers, Scottish Care, The Institute for Research and Innovation in Social Services and other partners ran a discussion event focusing on the report.

29. Social Work Scotland's annual conference in 2017 focussed on meeting the future challenges for social work, drawing on the report. Social Work Scotland are keen to work with us on another event for leaders in the sector.

Update on key trends

Workforce

30. Since the publication of our report, there has been a 0.7 per cent increase in the number of people working in social work and social care services, to around 202,000 people overall.⁸ Around 35 per cent of care services overall in Scotland reported vacancies in 2016, a slight increase from 34 per cent in 2014.⁹ Increasingly, care services are reporting that vacancies are hard to fill, with 41 per cent of services with vacancies reporting this in 2016, compared to 36 per cent in 2014.¹⁰ The main reasons for hard to fill vacancies relate to a lack of applicants and a lack of suitably qualified or experienced applicants.

31. Our audit highlighted skills and staffing shortages in several areas of social work and social care, including homecare and nursing. Recent figures show that these trends are largely continuing. The percentage of homecare services reporting

⁸ *Scottish Social Service Sector: Report on 2017 Workforce Data*, Scottish Social Services Council, 2018.

⁹ These figures include all care services which is broader than social care services. For example, this includes vacancies in day care of children services. *Staff vacancies in care services 2016*, Care Inspectorate, 2017.

¹⁰ These figures exclude services reporting not applicable. *Staff vacancies in care services 2016*, Care Inspectorate, 2017.

vacancies increased from 46 per cent in 2014 to 58 per cent in 2015 and 57 per cent in 2016. Almost two thirds of homecare services reported that these vacancies were hard to fill each year. The number of services reporting nursing vacancies has also increased from 18 per cent in 2014 to 21 per cent in 2016.¹¹ Similar to the findings of our audit, this particularly impacts care homes, with 49 per cent of care homes for older people reporting nursing vacancies. Private care homes for older people faced particular recruitment challenges with 58 per cent of services reporting nursing vacancies, compared to 20 per cent in the voluntary/not for profit sector and only seven per cent of council care homes for older people.¹²

32. Our audit also highlighted staffing and skills shortages in mental health officers (MHOs). Recent figures indicate some improvement, with around a nine per cent increase in the number of practising MHOs between 2015 and 2017. Nonetheless, just over two thirds of councils still reported a shortfall in MHO staff resource in 2017. The total additional hours per week required to address these shortfalls reduced by around five per cent from 2015, although they remain high, requiring the equivalent of approximately 41 additional full time, exclusive MHOs to fill the shortfall.¹³

33. In July 2018 the Scottish Government published an assessment of the contribution of non-UK EU workers to the social care workforce in Scotland.¹⁴ This research estimates that 5.6 per cent of people working in adult social care and childcare are non-UK EU nationals, around 9,830 workers. This varies from an estimated 0.3 per cent of people working in childminding services to 16.5 per cent of agency nurses. Most managers involved in the research said they had not experienced any change in either staff retention or in the number of applications from non-UK EU nationals over the last 12 months. The report highlights difficulties recruiting and retaining staff in the social care sector but found that the UK's decision to leave the EU was not seen as having a significant impact. However, managers noted the uncertainty and potential impact for the future, particularly in services that rely more on non-UK EU workers.

Finance

34. Exhibit 5 in our audit report demonstrated how social work spending was distributed between client groups. It showed that around 44 per cent of the £3.1 billion net social work spending in 2014/15 was on services for older people. [Exhibit 4](#), below, demonstrates the distribution of net social work spending between client groups between 2014/15 and 2016/17. The distribution of spend between client groups is similar across the three years, with the highest proportion of spend on older people, followed by children and families and adults with learning disabilities.

35. Changes to the way in which health and social care services are structured following legislation to integrate health and social care services, makes comparison of spending on social work over time more challenging. Gross expenditure is total expenditure on a service, whilst net expenditure is total expenditure minus any income received. Net revenue expenditure on social work in Scotland in 2016/17 was £3.136 billion, a slight reduction from 2015/16. However, this probably reflects the changes in the way that social care is funded following integration, as gross expenditure has increased and income (including payments from health boards) has also increased. The Scottish Government has set up a working group to improve the accuracy and usefulness of the 2017/18 figures, which are due to be published in 2019

¹¹ These figures exclude services reporting not applicable. *Staff vacancies in care services 2016*, Care Inspectorate, 2017.

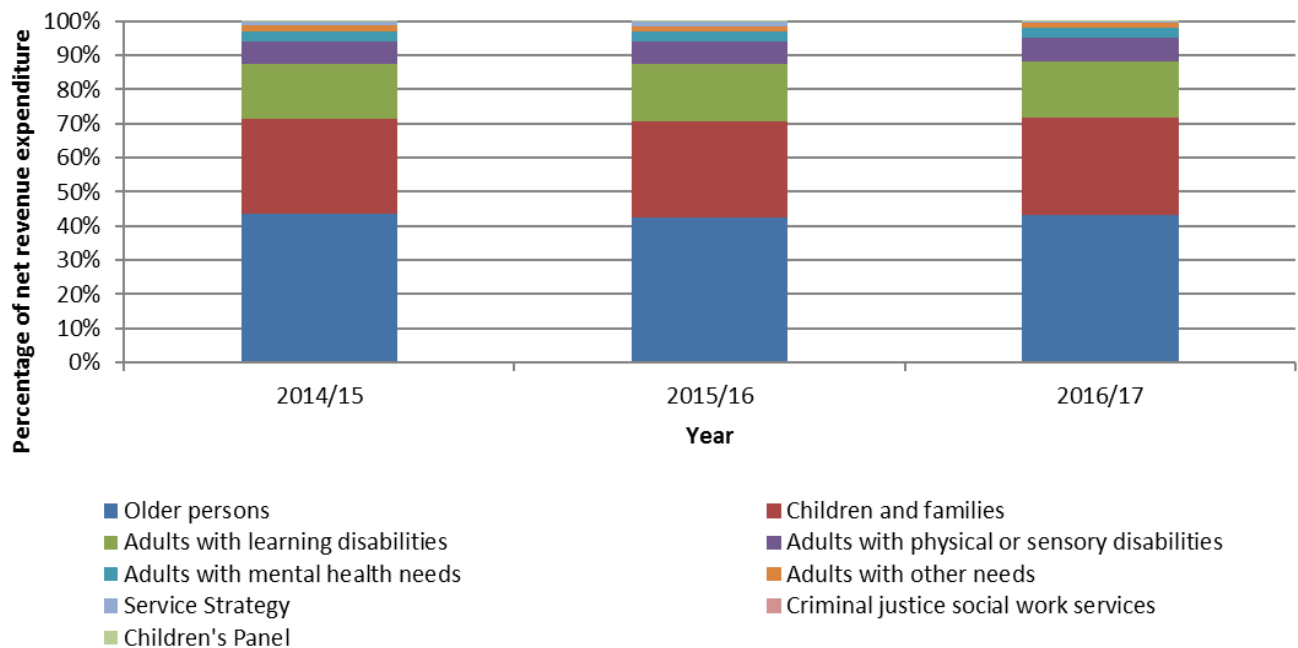
¹² *Staff vacancies in care services 2016*, Care Inspectorate, 2017

¹³ *Mental Health Officers Report 2017*, Scottish Social Services Council, 2018.

¹⁴ *The Contribution of Non-UK EU Workers in the Social Care Workforce in Scotland*, Scottish Government, 2018.

Exhibit 4

Distribution of net social work spending between client groups between 2014/15 and 2016/17



Source: LFRs, Scottish Government 2016, 2017, 2018

Rates of homecare

36. Our audit found that focussing services on people with higher needs meant the rate of homecare provided to older people had reduced between 2006 and 2015. [Exhibit 5](#) demonstrates this trend is continuing with the rate decreasing again in 2016 and 2017. Over the same period, the number of people aged 65 and over receiving homecare decreased from 57,190 in 2006 to 48,810 in 2017.¹⁵

Contribution to national policy developments

37. The Carers (Scotland) Act 2016 Statutory Guidance, refers to the report as highlighting the need for transformation in health and social care to take forward preventative approaches to supporting people, including carers, in order to reduce costs and promote health and wellbeing.¹⁶ As part of the Carers (Scotland) Act 2016, councils and NHS boards will assess the extent to which support may meet carers' identified needs in order to achieve their personal outcomes. They will also assess the extent to which preventative support may prevent, delay or reduce carers' needs, or potential needs, for support.

38. Social Work Scotland and the Improvement Service have produced a briefing note for elected members on the role of the CSWO.¹⁷ The stated purpose of this briefing includes addressing the recommendations of our report. Social Work Scotland have also produced a briefing note for senior leaders on the CSWO role, which also references our report.¹⁸

¹⁵ *Social Care Statistics*, Scottish Government, December 2017

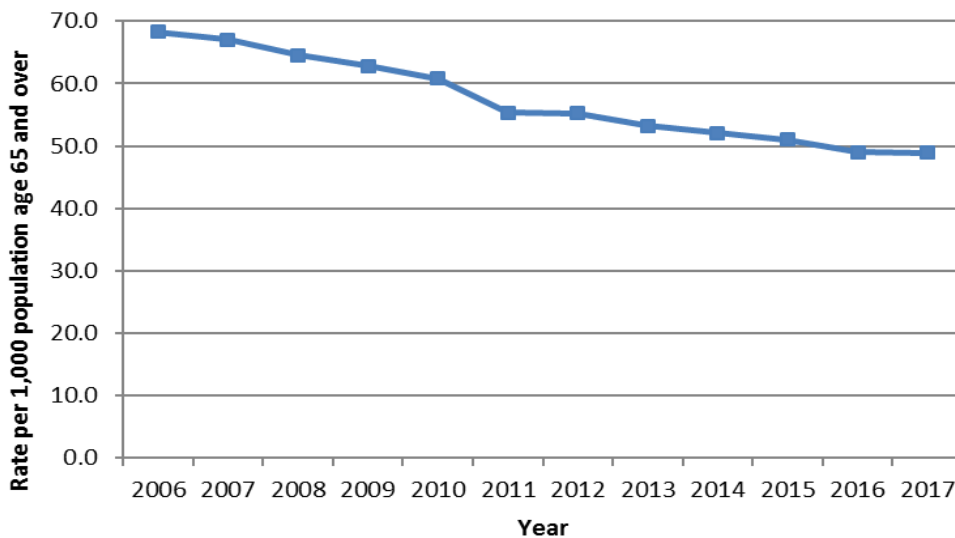
¹⁶ *Carers (Scotland) Act 2016 Statutory Guidance*, Scottish Government, March 2018.

¹⁷ *Elected member briefing note: Chief Social Work Officer*, Improvement Service and Social Work Scotland, September 2017.

¹⁸ *The role of Chief Social Work Officer: Briefing note for senior leaders*, Social Work Scotland, December 2017.

39. The Scottish Government and COSLA have published a national health and social care workforce plan. The social care aspect of this plan sets out recommendations to improve workforce planning in social care. These include recommendations to develop workforce planning guidance for partnership working and agreeing plans to implement workforce planning tools for social care and multi-disciplinary workforces.¹⁹ Workplans for developing workforce planning tools are due to be produced by March 2019.

Exhibit 5 Rate of people aged 65 and over receiving homecare



Source: *Social Care Statistics*, Scottish Government, December 2017

Conclusion

40. Overall, there has been lots of activity in response to the report including promotion of the key messages. However, given the long-term nature of many of the recommendations, progress against these is ongoing. Reviewing how to provide services for the future and future funding arrangements to address the longer-term sustainability of social work services still need to be progressed. There have been some developments in governance and scrutiny arrangements since we published the report, with more work in progress, but there are still opportunities to enhance these. Work is underway to address our recommendations around workforce, but it is too early to report progress in this area. With regards to our recommendations on service efficiency and effectiveness, there has been limited local progress in taking these forward.

41. We remain concerned about the limited progress in some fundamental areas where councils, COSLA and Scottish Government need to take action as a matter of urgency to ensure social work services are sustainable for the future.

42. [Appendix 1](#) provides details of all the recommendations and a summary of progress for each.

¹⁹ *National health and social care workforce plan: Part 2 – A framework for improving workforce planning for social care in Scotland*, Scottish Government and COSLA, December 2017.

Appendix 1: Progress on implementing the recommendations in Social work in Scotland

Social work strategy and service planning recommendations

Councils and IJBs should instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges

There is some evidence of local progress, but this mainly focusses around the budget setting process, rather than a broader discussion on the longer-term future of social work and social care services. (Amber)

The Accounts Commission's report *Local government in Scotland: Challenges and performance 2018* made a similar recommendation for all council services to work with communities so that they are actively involved in decision making, know the effect decisions are expected to have on services and communities and see the impact of community empowerment.²⁰

The Social Services Strategic Forum, chaired by the Minister for Childcare and Early Years, commissioned research into public perceptions of social work services.²¹ The research notes our report's key message around the importance of working with people using services and their carers and communities. The research has gathered information on people's knowledge, understanding and attitudes towards social services, as well as the reasons for these views.

Councils' local position reports set out some local examples of discussions with communities around demand for services, often around the budget setting process for adult services.

Our Best Value Assurance Reports highlight examples of engaging with communities, including as part of budget setting processes. East Ayrshire Council Best Value Assurance report highlights that discussions on the challenges for all council services are happening at a council level. There have been events for councillors, staff and communities, as well as online consultation on topics including reducing demand and costs and increasing income. These discussions have resulted in actions that the council is taking forward.

Our recent *Health and social care integration: Update on progress* audit identified scope to improve work with communities. It recommended that Integration Authorities, councils and NHS boards continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered

²⁰ *Local government in Scotland: Challenges and performance 2018*, Accounts Commission, April 2018.

²¹ *What the public think about Scottish social services and why*, McCulloch, Webb & Clarke, 2017.

Councils and IJBs should work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements

Some evidence that discussions around meeting the challenges have started (Amber)

Social Work Scotland's annual conference in 2017 focussed on meeting the future challenges for social work.

Social Work Scotland referenced our report in relation to the risks to the quality of services from further reducing costs in a written submission to the Education and Skills Committee's Poverty and attainment inquiry. The submission highlights a shift towards early intervention in children's services, but notes current challenges investing in new approaches, despite the potential for longer term savings.

There has been no agreement on a future model for social work services and how these will be funded. (Red)

We are not aware of the Scottish Government or COSLA leading any specific work on this.

Councils and IJBs should develop long-term strategies for the services funded by social work by:

- carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services
- developing long-term financial and workforce plans
- working with people who use services, carers and service providers to design and provide services around the needs of individuals
- working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services
- considering examples of innovative practice from across Scotland and beyond
- working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies

Some councils and IJBs are addressing aspects of this recommendation, however, we found a lack of evidence that they are developing long-term strategies. (Amber)

Our recent *Health and social care integration: Update on progress* audit sets out some local examples of approaches where the contribution of preventative approaches has been evaluated.

Councils and IJBs' local summaries of progress against our recommendations provide examples of detailed analysis of demographic change, often as part of the strategic planning process. It is not always clear whether the contribution of preventative services to reducing demand fed into these analyses.

The Scottish Government and COSLA have published a national health and social care workforce plan. The social care aspect of this plan sets out recommendations to improve workforce planning in social care. These include recommendations to develop workforce planning guidance for partnership working and workforce planning tools for social care and multi-disciplinary workforces. Workplans to develop workforce planning tools are due to be produced by March 2019.

Our recent *Health and social care integration: Update on progress* audit found that financial planning in integration authorities is not integrated, long term or focussed on providing the best outcomes for people who need support. It recommended that Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level

As part of the Carers (Scotland) Act 2016, the local carer strategy is required to set out an assessment

of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers' health and wellbeing. This means councils and NHS boards will assess the extent to which support may meet carers' identified needs in order to achieve their personal outcomes. They will also assess the extent to which preventative support may prevent, delay or reduce carers' needs, or potential needs, for support.²²

Local summaries of progress against our recommendations highlight councils and IJBs working with people using services and their carers, as well as communities more broadly. Examples of this include as part of locality planning for integrated services and in developing children's services plans. However, our recent *Health and social care integration: Update on progress* audit identified scope to improve this work with communities. It recommended that Integration Authorities, councils and NHS boards continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

Some local summaries of progress against our recommendations include examples of councils and IJBs considering innovative practice from across Scotland and beyond.

A group, chaired by a representative from the Scottish Government, is looking at the technical aspects of synchronising budgets. The identified issues are still to be fully addressed and some barriers remain to agreeing budgets in some IJBs. Our *Health and social care integration: a progress update* report found that agreeing budgets for integrated health and social care services remains problematic in part due to the differences in the timing of budget settlements between councils and NHS boards.

Governance and scrutiny arrangements recommendations

Councils and IJBs should ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change

Some work has started to address this, but it is not yet complete (Amber)

Our *Health and social care integration: progress update* audit highlighted a lack of clarity and misunderstanding over governance arrangements in health and social care integration even amongst people working at senior levels.

Scottish Government and COSLA are leading a review of integration, reporting to the Ministerial Steering Group. This is looking at three areas: finance; governance and commissioning arrangements; delivery and improving outcomes. Interim recommendations are due by the end of

²² *Carers (Scotland) Act 2016 Statutory Guidance*, Scottish Government, March 2018.

October 2018, and the review will conclude in January 2019.

The Chief Nursing Officer, Chief Social Work Adviser and the National Clinical Director are leading a review of clinical and care governance arrangements in integrated health and social care services. This aims to identify any national action required to support effective local clinical and care governance for integrated services. Meetings with key stakeholders are due to take place in late 2018 and early 2019.

Local summaries of progress against our recommendations often outlined the governance arrangements in place. It was not always possible to tell whether these arrangements differed from those in place at the time of our audit, or whether there were plans to continue to review these in line with our recommendation.

Councils and IJBs should improve accountability by having processes in place to:

- measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
- monitor the efficiency and effectiveness of services
- allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
- measure people's satisfaction with those services
- report the findings to elected members and the IJB

Evidence of some local progress in some of the areas covered in this recommendation. (Amber)

There were some examples, in local summaries of progress against our recommendations, of specific services where outcomes are measured. Some areas also indicated they planned to extend this approach to other services.

The Improvement Service worked with Social Work Scotland to develop a briefing note for elected members on the role and functions of the CSWO, including suggestions to strengthen the relationship between elected members and the CSWO and good practice examples. The purpose of this briefing includes addressing the recommendations of our report.

Local summaries of progress against our recommendations detailed some examples of measuring service satisfaction.

Councils should demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance

We did not do local follow-up audit work with all 32 councils, so we lack evidence to assess progress with this recommendation. (No evidence)

Social Work Scotland has developed a briefing note for senior leaders on the role of the CSWO to help senior leaders and CSWOs in discussions at local level on how the CSWO role can best be supported and delivered. This refers to our report.

Councils should ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively

We did not do local follow-up audit work with all 32 councils, so we lack evidence to assess progress with this recommendation. (No evidence)

Social Work Scotland has developed a briefing note for senior leaders on the role of the CSWO to help senior leaders and CSWOs in discussions at local level on how the CSWO role can best be supported and delivered. This refers to our report.

A report into child protection arrangements in March 2017 made a similar recommendation that the Chief Executive of each council, working with the Chief Officers' Group, ensures that CSWOs have sufficient support to provide professional leadership, advice and scrutiny across all public protection matters (including child protection), given their key statutory responsibilities.²³

In a focus group meeting, some CSWOs highlighted local examples of greater demands on their time, particularly following changes to governance arrangements as part of health and social care integration.

The Chief Nursing Officer, Chief Social Work Adviser and the National Clinical Director are leading a review of clinical and care governance arrangements in integrated health and social care services.

Councils should ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members

CSWO reports do not cover all aspects of the recommendation. However, some CSWOs felt that aspects of the recommendation were not appropriate and are looking at other ways to provide this information to elected members. (Amber)

The Scottish Government issued guidance on CSWO annual reports for 2016/17 in May 2017. This guidance is in line with our recommendation. However, it is a decision for local councils as to whether they follow this guidance and the suggested template for their report.

Our review of six CSWO reports for 2016/17 found that these did not all cover all the points included in our recommendation. For example, the reports did not always include information on weaker areas of service delivery and plans to improve these.

Some CSWOs felt that there may be some difficulties in including information on this level of risk in these public reports. Local arrangements may allow elected members to receive separate briefings to raise awareness of local risks, without placing this level of sensitive information into the public domain, for example thought IJB care governance arrangements.

Workforce recommendations

Councils should work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care

There is some evidence of progress, and work is ongoing. (Amber)

National health and social care workforce plan part 2: A framework for improving workforce planning for social care in Scotland was jointly published by COSLA and the Scottish Government in December 2017. Workplans for developing workforce planning tools are due to be produced by March 2019.

²³ *Child protection improvement programme report*, Scottish Government, March 2017.

Councils should as part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised

We did not do local follow-up audit work with all 32 councils, so we lack evidence to assess progress with this recommendation. (No evidence)

Local summaries of progress against our recommendations do not provide enough information to assess progress against this recommendation.

Service efficiency and effectiveness recommendations

Councils and IJBs should when planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money

Some evidence of this approach being used locally. (Amber)

Some local summaries of progress against our recommendations contained examples of evaluation criteria being used and decisions on whether to continue with initiatives being dependent on their success.

Councils and IJBs should work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes

We did not do local follow-up audit work with all 32 councils, so we lack evidence to assess progress with this recommendation (No evidence)

There is no evidence of this being taken forward at a national level.

Councils should benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services

Some evidence of this approach being used locally. (Amber)

Local summaries of progress against our recommendations referred to benchmarking through the local government benchmarking framework. Examples of wider benchmarking across the UK were less frequent.

Social work in Scotland

Impact report

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