

Item No: 11

Meeting Date: Wednesday, 21st September 2016

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer Strategy, Planning and
 Commissioning / Chief Social Work Officer

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CHIEF SOCIAL WORK OFFICERS ANNUAL REPORT

Purpose of Report:	This is the Chief Social Work Officer's report, submitted to Glasgow City Council, for the year 2015/16, prepared in line with Scottish Government guidance.
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Recommendations:	The Integration Joint Board is asked to note the report.
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Implications for IJB:

Financial:	None
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Personnel:	None
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Legal:	The report is prepared in line with Scottish Government Guidance.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To provide the Integration Joint Board with an annual report from the Chief Social Work Officer for the year 2015/16, prepared in line with Scottish Government guidance.

2. Background

2.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply.

2.2 The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities in relation to the provision of Social Work Services. The Changing Lives report concluded there was a need to strengthen the governance and professional leadership roles of the Chief Social Work Officer to oversee Social Work Services and ensure the delivery of safe, effective and innovative practice.

2.3 The Scottish Government has put in place statutory guidance relating to the role of the Chief Social Work Officer that clarifies:

- a) role and function
- b) competencies, scope and responsibilities
- c) accountability and reporting arrangements

2.4 The Scottish Government has also preserved the statutory role of the Chief Social Work Officer within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.5 A report was taken to Executive Committee in 17 April 2009 which confirmed the above role and functions of the Chief Social Work Officer and a direction to bring forward reports to Committee on an annual basis, in line with this guidance.

2.6 The format for this current report has altered from previous reports in line with new guidance from the Office of the Chief Social Work Adviser to the Scottish Government.

3. Summary Reflections – Key Challenges and Developments during the Past Year

3.1 There have been a number of challenges and opportunities developing in Social Work practice over the last year, relating to changes in legislation, organisational structure, pressures in the public sector, and specific local issues which provide the context of the presentation of this report. These are personal and professional reflections from the Chief Social Work Officer in Glasgow, albeit based on a number of discussions with national and local colleagues.

3.2 Amongst these reflections are:

- The challenge and opportunity presented by the establishment of the Integration Joint Board and Health and Social Care Partnership. Traditionally health colleagues have been much clearer about clinical and professional governance and the need to take cognisance of professional views in making decisions about service delivery, and in providing professional leadership for staff separate from general management than local authority social work services. Consequently, in the context of the integration of health and social work services, now required by legislation, there has been some anxiety across social work services in Scotland that the less well developed professional identity in social work services may lead to social work not being afforded the same status as professionals within partnerships. However, in Glasgow, as a result of our previous exposure to those well-developed systems of professional clinical governance in health services, we had, in fact, developed social work professional governance structures, mentioned later in this report, which created opportunities to consider issues of social work practice, education, and improvement outwith existing line management structures. In addition to these pre-existing structures, in the new Partnership the Chief Social Work Officer role is held by a senior manager, with a network of managers across the system with clear responsibility for professional social work governance. This has created the circumstances in our Partnership in Glasgow, where professional social work issues, and the need for leadership, is equal to that afforded to clinical professional governance.
- Connected to the above issue, is the development of a view from the Chief Social Work Officer that while there are clear statutory functions that must rest with an individual, the scale and complexity of the social work task in Glasgow means that professional social work leadership has to be provided across the whole system. In recognition of that the Partnership has identified five other senior managers across the city in localities and specialist services who have professional social work

leadership roles, meeting with the Chief Social Work Officer on a regular basis, with responsibilities to provide leadership on practice issues, ensure clear connections with front line social work staff, contribute to national and local discussions on social work practice and policy, and lead learning from self-evaluation, audit, inspection and significant case reviews.

- Thirdly, through these networks and the Chief Social Work Officer role, it is becoming increasingly important that there is visible support and value placed on the front line social work task in the increasingly pressurised environment in the public sector and in Social Work Services. As Chief Social Work Officer, it is important that there is strong engagement in the Council's transformation agenda, and this is articulated later in the report, to ensure that there is a professional social work perspective provided to inform transformation, both to protect professional standards and practice, but also to ensure that the opportunity presented by transformational change to challenge and develop social work practice is fully exploited.
- Over the last year there here have also been some professional debates regarding practice emerging from the need to consider transformational change, which have, I believe, strengthened social work practice in Glasgow. Firstly the identification, assessment and management of risk in supporting older people in our communities. As Chief Social Work Officer, I have actively promoted debate and discussion about how front line staff and the systems of care best support older people to live at home, challenging behaviours and cultures that seek to mitigate all risk for older people, when best practice suggests we should promote a risk enabled approach to support older people to live at home in their own communities. This has, and will involve difficult discussions with a range of people, not least families and other professionals. However, this approach to developing social work practice in older people services is a good example of how it is possible to use the financial and demographic challenges to develop improved social work practice. Similarly, in children's services, as Chief Social Work Officer I have promoted and encouraged discussion and debate on the impact of neglect on children, the role of social work in mitigating the impact of neglect and supporting social work in acknowledging that again we can't mitigate all risk and we need to work to ensure there is recognition that, particularly for those children who do not meet the threshold for care, they will still experience adversity and risk at home, and with other agencies, communities and families we need to provide support to children which acknowledges this.

3.3 These are reflections on some of the significant considerations in the exercising of the Chief Social Work Officer responsibilities in Glasgow, and reflect that despite the significant pressures of the daily job of social work in Glasgow, we continue to work hard to ensure time and space for consideration of key issues in the development of social work practice in Glasgow.

4. Partnership Structures/Governance Arrangements

- 4.1 Social Work Services is engaged in a number of strategic partnerships to support development and delivery of effective services across Glasgow. Key partners include Education Services, NHS Greater Glasgow and Clyde, Glasgow Community Planning Partnership and the third and independent sectors.
- 4.2 The Glasgow City Integration Joint Board was established in February 2016, with a significant range of health and social care functions delegated to it from the Council and Health Board with effect from 1 April 2016. It is a key priority for the Integration Joint Board and the Glasgow City Health and Social Care Partnership to ensure that relationships with key partners are strengthened through the integration of health and social care.
- 4.3 The Chief Social Work Officer is a member of the Partnership Executive and Senior Management Teams and leads the Social Work Services Professional Governance Board; is a statutory member of the Integration Joint Board; and, sits on a number of other Partnership boards and committees. In this way, the Chief Social Work Officer has a significant degree of involvement in the governance and accountability structures of the service and key partnerships which ensures a professional social work perspective on all strategic and operational decisions.
- 4.4 The Chief Social Work Officer, as a member of the Health and Social Care Partnership Senior Management Team and the Council Management Group, with lead corporate responsibilities on key service reform areas, has a significant involvement in budgetary decisions of the service, and of the council as a whole as they relate to social care functions.
- 4.5 Within Glasgow, the Chief Social Work Officer has established a Chief Social Work Officer Group made up of professional social work leads from each of the Partnership's three localities. In this way, the Chief Social Work Officer is directly linked to local professional practice and service delivery.
- 4.6 The Chief Social Work Officer works closely with Elected Members and Council committees as necessary to ensure appropriate scrutiny of social care functions at a political level. In June 2016 the Council agreed a number of revisions to its scrutiny and governance arrangements with regard to health and social care following the establishment of the Integration Joint Board. These revisions are detailed in the report available at <http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=80124>. Within these revised arrangements it is acknowledged and understood that the Chief Social Work Officer retains responsibility to provide the Council with effective professional advice regarding the provision of social work services.

5. Social Work Services Delivery Landscape

- 5.1 Glasgow's social and economic position in relation to its most vulnerable citizens is well known and frequently reported in detail elsewhere, however some key demographic and contextual information is below:

- Glasgow is the largest of Scotland's 32 local authorities, with a population of almost 600,000
- Children (0-17 years) make up 108,259, or 18.2%, of the population
- Adults (18-64 years) make up 402,821, or 67.9%, of the population
- Older people (65+ years) make up 82,165, or 13.9%, of the population
- There are 238,029 people in Glasgow who live in Scotland's most deprived areas
- 38,663 children (35.7% of all children) and 44,949 older people (46.6% of all older people) in Glasgow are classed as vulnerable
- Social Work Services have around 50,000 service users (8.6% of Glasgow population), approximately 10,000 children, 20,000 adults and 20,000 older people
- Approximately 3,400 looked after children
- Approximately 500 children on the child protection register
- Approximately 10,000 open Addictions cases
- Just under 5000 households were assessed as homeless or potentially homeless during 2015/16

5.2 Demand for services has increased over the reporting period across all age groups. Some indicative figures reflecting this are:

- A significant increase in the number of children on the child protection register
- A national annual average increase of 3-5% in the adult learning disability population
- Increasing numbers of frail older people delayed in returning home from hospital care and pressures on social care budgets

5.3 This increasing demand, particularly in the context of reducing budgets, highlights the need for structural re-balancing within the delivery model of health and social care services in Glasgow.

5.4 With effect from 1 April 2016, almost all of the Council's social care functions, along with a number of housing functions, were delegated to the Glasgow City Integration Joint Board, in line with the Public Bodies (Joint Working) (Scotland) Act 2014. As required by the Act, the Integration Joint Board develops the Strategic Plan for health and social care services in Glasgow, and directs the Council and Health Board to deliver services to support delivery of the Plan. The Glasgow City Integration Joint Board's Strategic Plan is available at <https://www.glasgow.gov.uk/index.aspx?articleid=17849>

6. Finance

6.1 The net expenditure for Glasgow City Council Social Work Services in 2015/16 was £400.3m

6.2 Social Work Services had a budget pressure of £2.4m in 2015/16 arising primarily due to pressures in older people's residential care and within Children's Services. Although overspent, the year-end budget position for 2015/16 is significantly improved from that of previous years, reflecting the management action taken in this area.

6.3 In terms of the Social Work budget, the Glasgow City Health and Social Care Partnership continues to manage and review the budget across all areas of the Service

in conjunction with the Senior Management Team. The Chief Social Work Officer is actively engaged in this activity.

6.4 A number of actions are in place to mitigate the budget pressures outlined in this report, including, but by no means limited to:

- Bring back children/young people within high cost placements in Children's Residential Units outwith Glasgow to new provided Residential Units within the city
- Alternative arrangements will be investigated with a view to procuring appropriate accommodation for young adults to facilitate their transition from residential care, thus creating capacity within this service
- Review of Purchased and Provided Day Care for Older People
- Actions to reduce agency and overtime use in Residential Units

6.5 Glasgow City Council has undertaken a wide ranging Transformation Programme in an effort to ensure that the Council can continue to meet its statutory duties in the face of unprecedented reductions in public funding. The Glasgow City Integration Joint Board is also committed through its Strategic Plan to delivering transformation across the city and to working with the Council and Health Board to achieve this.

6.6 The Council's contribution to the overall budget for the Glasgow City Integration Joint Board for 2016/17 is £394,970,500. This is made up of the following:

	Gross	Income	Net
Social Work Services	£570,739,900	£179,057,600	£391,682,300
Development and Regeneration Services Aids and Adaptations	£2,000,000	£0	£2,000,000
Land and Environmental Services Assisted Garden Maintenance	£1,288,200	£0	£1,288,200
Total	£574,028,100	£179,057,600	£394,970,500

6.7 Financial pressures on health and social care services in Glasgow include:

- Reduced levels of funding from central government
- Disproportionate funding allocations for new National Allowance for Foster Care and Kinship Care
- Increasing costs of medications and purchased care services
- An ageing population with a corresponding increase in multi-morbidities and individuals with complex needs
- Increasing rates of dementia
- Increases in hospital admissions, bed days and delayed discharges

6.8 Significant service redesign activity is underway in response to these and a range of other pressures. Such activity will clearly continue for several years to come, with increasing demographic demands; increasing legislative duties from the Scottish

Government; the impact of welfare benefit reform; and the continued Westminster austerity programme in respect of the public sector.

7. Service Quality and Performance

- 7.1 The vision for Social Work Services in Glasgow is simply expressed in terms of 'protecting vulnerable children and adults; promoting independence; and ensuring positive outcomes from our intervention'. The Glasgow City Integration Joint Board's vision is detailed in its Strategic Plan, available at <https://www.glasgow.gov.uk/index.aspx?articleid=17849>
- 7.2 Areas of work that are mainstays of social work provision in Glasgow are incorporated within the 'Vulnerability' theme of the Council's Strategic Plan which is reported to the Council's Operational Delivery Scrutiny Committee on a regular basis. The last report, dated 14 January 2016 is available at <http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=77714>
- 7.3 A particular highlight for Glasgow over the past year has been our considerable success in achieving reductions in delayed discharge from hospital through our Intermediate Care approach.
- 7.4 Intermediate Care is provided within dedicated units in Glasgow care homes, and is for older people who need a short-term step between hospital and home after hospital treatment.
- 7.5 Older people can spend up to 4 weeks in intermediate care, which enables the individual to undergo further rehabilitation and assessment in a homely setting. This care supports and prepares the older person for a return to their own home or alternative care within their own community, and is connected to the issues of risk enablement identified in Section 3 of this report.
- 7.6 Along with the clear benefits and improved outcomes for service users, the impact of Intermediate Care is clearly demonstrated when considering that in June 2014 the number of older people delayed in acute hospitals for over six weeks in Glasgow stood at 254, however by 30 May 2016 this figure has reduced to just 37 people delayed by over 72 hours.
- 7.7 The Scottish Government has regularly praised our work on Intermediate Care and noted the sustained reductions in the number of people who are delayed in hospital. The Cabinet Secretary for Health and Wellbeing has on a number of occasions highlighted Glasgow's approach as an example of excellent practice and a model to be replicated across Scotland.

8. Delivery of Statutory Functions

- 8.1 Social Work's performance over the range of statutory functions is outlined in the department's Annual Service Plan and Improvement Report (ASPIR), which is appended to this report.

8.2 Public Protection

The Multi Agency Public Protection Arrangements (MAPPA) report for 2014/15 was presented to the Health and Social Care Policy Development Committee in November 2015, and is available at

<http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=76932>. The report notes that Glasgow's performance against the national performance framework is good and exceeding target in a number of areas.

- 8.3 The MAPPA report provides a number of case studies to display the impact that partnership working can have and the progress that individuals can make through the system. One such case study is reproduced below:

Case Study of Mr C

Mr C has been known to the Social Work Department since age 11 as a result of his offending behaviour in the Community. He was convicted of lewd and libidinous practices at the age of 16. The length of his sentence restricted the time available to undertake structured work and at the point of his release from custody Mr C was assessed as still presenting a significant risk to himself and others in the community. Mr C was referred to MAPPA at a Level 2. This was in acknowledgement that the risk of repeat behaviour was initially assessed as very high. The other reason that Mr C was referred as a Level 2 was that he was unable to return to the family home but lacked the skills to sustain independent living and a support package would be required to sustain Mr C in the community. As a Level 2 MAPPA case Mr C's was reviewed by MAPPA every three months

Progress with Mr C was slow. He displayed little victim remorse and greatly minimised the index offence. Psychology reports highlighted that he had little internal controls. He appeared reluctant to look at training or work programmes. He remained at a MAPPA Level 2 and the risk management plan was reviewed to consider whether it met the needs of Mr C and also whether the controls in place were sufficient for public protection.

Mr C undertook work with a specialist project to explore his sexual offending and gradually he assumed greater responsibility for his part in the offence and demonstrate some victim empathy. He agreed to a work training scheme and his level of support was gradually reduced as his independent living skills increased. He remained at a MAPPA Level 2 because of the number of agencies involved although his risk level reduced to medium.

Mr C became involved in a relationship. Knowledge checks were made with his partner to ensure she was aware of his offending. Mr C then secured paid employment. Again employers were aware of his status. Mr Cs attitude became far more positive and he was able to develop coping/managing strategies to avoid re-offending.

In recognition of the progress made by Mr C combined with the fact that his risk of causing further serious harm was assessed as diminished, Mr C was reduced to a MAPPA Level 1. From the point of his release from custody to him being managed at a Level 1 took over two years. Mr C was then allocated permanent accommodation.

8.4 Risk Management

Risk management is a key focus of the Senior Management Team, with the Social Work risk register being reviewed and updated on a quarterly basis and all risks having a mitigation strategy in place. An integrated approach to risk management has been developed following the establishment of the Integration Joint Board, in recognition of the fact that a risk to any of the Council, Health Board and Integration Joint Board can have a significant impact on the other partners.

8.5 Child Sexual Exploitation

Following the publication of the Jay Report (2014) in to the extent of Child Sexual Exploitation in Rotherham, work was undertaken to benchmark Glasgow against the recommendations of the inquiry.

8.6 Glasgow Child Protection Committee has, for many years, prioritised, through the Vulnerable Young Person's Sub-Group, the protection and well-being of children and young people exposed to sexual abuse through sexual exploitation. The Child Protection Committee agreed that further work should be undertaken to ensure that all partner agencies and third sector organisations have an awareness of Child Sexual Exploitation and are clear with regard to their roles and responsibilities.

8.7 Glasgow Child Protection Committee established the Child Sexual Exploitation working group in mid-2015 and a plan of work was developed, available at <http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=79241>.

8.8 Adult Support and Protection

Adult Support and Protection developments continue, with the emphasis on greater awareness raising and clearer processes to ensure we are meeting our statutory duties. Following the appointment of a dedicated Service Manager for Adult Support and Protection, we have strengthened and started to promote the interface with statutory and voluntary/third sector partners to review and develop strategies specific to Adult Support and Protection.

8.9 The Adult Support and Protection committee has supported the development of a service user leaflet, which will be published over the next month, and a newsletter and revamped website, to support service users involved in the Adult Support and Protection process.

8.10 To fulfil the statutory duty placed on the Local Authority to ensure we have trained and skilled officers to undertake Adult Support and Protection investigations, we launched a revised five day training course for investigators. Initial evaluations of this course have been excellent, and we will formally report on the progress of the training programme later this year.

8.11 Following as Significant Case Review which was published in September 2015, a multi-agency action plan was produced. Two City Wide learning events were held to consider

the findings of this Significant Case Review, to ensure that learning was disseminated to front line practitioners.

- 8.12 The action plan will be monitored and measured by a newly formed Quality Assurance Group chaired by the Head of Public Protection and Quality Assurance. This group will report directly to the Adult Protection committee and in this way we will continue to place a strong focus on our fulfilment of statutory duties.

9. User and Carer Empowerment

- 9.1 Social Work Services and the Glasgow City Integration Joint Board are committed to engagement with the people who use our services. We recognise that services cannot be shaped around the needs of individuals if individuals do not have the opportunity to contribute their views on the services they receive.
- 9.2 The primary method of engagement with service users, patients, and carers is on an individual and personalised basis through for example co-produced assessment and care planning activity. Referrals are received from all quarters and all sources including self-referrals at the point of identified need.
- 9.3 Glasgow already has an extensive network of engagement forums, including - but by no means limited to - service user and carer representation on the Integration Joint Board and Strategic Planning Groups, and we continue to develop these networks as integration of health and social care progresses.
- 9.4 The Glasgow City Integration Joint Board's draft Participation and Engagement Strategy is currently out for public consultation, with a final version due to be concluded by late autumn 2016. This strategy outlines how the Integration Joint Board, and by extension the Council and Health Board, will engage with individuals and communities to support development of effective health and social care services which meet the needs of the population.

10. Workforce Planning and Development

- 10.1 Social Work Services has a workforce of approximately 3,200 full time equivalent staff, roughly 100 fewer than in the previous year. The majority of our staff work directly with service users. Social Work Services remain committed to the professional development of staff, with the activity of the Learning & Development Team based at our Brook Street training centre focussed on the core needs of the service. The team continues to deliver a wide variety of training programmes to support the delivery of high quality social care services in Glasgow.
- 10.2 We regularly communicate with staff, particularly through our bi-monthly Health and Social Care Integration Newsletter, copies of which are available at <https://www.glasgow.gov.uk/index.aspx?articleid=17852>. A range of staff engagement sessions have been carried out over the last year to promote two-way dialog between the management team and staff. The Chief Social Work Officer attends or is represented at all such sessions, to ensure an appropriate perspective and focus on the professional practice implications of any items discussed.

- 10.3 The Council carried a Staff Survey early in 2015, and findings from this survey were published later that same year. Key issues identified in the survey include:
- Bullying and harassment in work
 - Staff experiencing violence at work
 - Morale and staff pride in their role
- 10.4 All of the above are issues of significant interest to the Chief Social Work Officer, as they have a direct impact on the Council's social care provision. Social Work Services have developed an action plan in response to the findings of the survey at service level to ensure that staff feedback continues to be acted on and staff supported in all aspects of their employment.
- 10.5 The financial situation of the Council and the corresponding effect on capacity to recruit to vacant posts is well known and widely reported. To ensure appropriate staffing levels remain in place, the service has undertaken a programme of workforce planning, including the training and redeployment of staff where appropriate. In this way, the service can make best use of existing resources.
- 10.6 The Council has established a redeployment policy to ensure that all staff who wish to continue working in the Council family can continue to do so. A range of redeployment opportunities have been identified and published across the Council family, including the opportunity for staff from other parts of the Council family to consider a new career as a Residential Worker within Children's Services.
- 10.7 The integration of health and social care has led to the establishment of a revised management structure within integrated health and social care services. The Chief Social Work Officer remains a member of the senior management team of the newly established Glasgow City Health and Social Care Partnership, with professional social work representation on the senior management team of each locality, which ensures a strong link between the Chief Social Work Officer and front line staff.

11. Improvement Approaches

- 11.1 To maintain a focus on continuous improvement and quality assurance, Social Work Services has an ongoing programme of internal audit and self-evaluations; in addition there are external inspections carried out on parts of the service. Recent and planned audit, self-evaluation and inspection activity is outlined in the table below.

Audit/ Review/ Self Evaluation / External Inspection	Service Area	Completion Date
Audit	Working with providers of Unpaid Work	April 2015
Audit	Social Work Practice in Unpaid Work	May 2015
Self Evaluation	Families for Children Fostering	September 2015

	service Families for Children Adoption service (re-audit planned for March 2017)	March 2016
Joint Inspection by Care Inspectorate and Healthcare Improvement Scotland	Joint Inspection of Social Work and Health Services for Older People	May 2015
Peer Review	Child Protection chairs, Quality of case conferences	Dec 2015
Multi agency Self Evaluation	Adult Support and Protection Self Evaluation (ASP Committee)	July 2015
	Small scale Adult Support and Protection Re- Audit	Feb 2016
Audit	Effectiveness of Non Offending Carers Risk Assessments	September 2015
Audit	Personalisation Outcomes	January 2016
Self- Evaluation	NE Children and Families Children's safeguards	March 2016
Audit (Re-audit)	Re-Audit permanence planning for children	May 2016
Audit	Report on Eligibility Criteria	May 2016
Audit	Housing Options	Ongoing
Audit	Countersigning Practice	July 2016

11.2 Learning from all of these activities is communicated by the Chief Social Work Officer through the Senior Management Team and Social Work Professional Governance Board, with action plans developed to meet any recommendations or identified areas for improvement. Practice Audit reports are widely presented and disseminated to staff. All reports have confirmed areas of positive practice as well as areas that require further development. Examples of positive findings included:

- A re-audit of permanence planning for children showed improvement in the quality and implementation of plans to ensure that we arrange stable and permanent care for children who become looked after and accommodated and who cannot return to their parent's care. This audit also showed improvement in multi-agency planning for these children.
- A practice audit scrutinising the impact of the Personalisation process on the assessment and care planning for service users' needs showed improving assessment and meeting of needs across a number of dimensions of care with particular improvements in helping people stay safe , managing any risks people may pose to others and helping with personal care and the maintenance of households.
- Self- evaluation activity within the adoption and fostering teams highlighted some strong practice in assessing, supervising and supporting adopters and fostering

households. These teams have formulated improvement action plans based on their audit findings.

- 11.3 It is notable that approximately 70 social work practitioners have contributed directly to the current audit program, lending expertise in relation to the audit topics by assisting with file reading exercises and by attending focus groups. Practice Audit has become an accessible method of quality assurance and practice development. In addition to the formal city wide practice audit programme some managers have undertaken audit locally to improve practice in their own area of work, contributing to the services capacity for self-evaluation.
- 11.4 The professional governance arrangements within the Glasgow City Health and Social Care Partnership are detailed in a paper approved by the Integration Joint Board in May 2016 and available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33434&p=0>. The Chief Social Work Officer is a key part of these arrangements.
- 11.5 Social Work Services continues to make service improvements based on learning from complaints received via service users or their representatives. In the period April – September 2015, of 26 complaints which were fully upheld, all but three resulted in some further action and improvement in provision of service for the client.
- 11.6 The most recent Social Work complaints report to the Operational Delivery and Scrutiny Committee, covering the period April to September 2015 is available at <http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=79518> . The next report, covering the period October 2015 to March 2016 will be presented to Committee later in 2016.

12. Other Issues

12.1 Good Practice and Successes

This report outlines a number of examples of good practice and outstanding achievement across Social Work Services in Glasgow, but there are many such examples, and it would be impractical to outline them all.

- 12.2 Our work on Intermediate Care, in collaboration with partners in NHS Greater Glasgow and Clyde, won the Leader's Choice award at this year's Flourish Team Excellence Awards, further highlighting the significant and high-profile impact this work has had on improving health and care outcomes for the people of Glasgow.
- 12.3 Equally as important as the contribution of teams and specific projects to delivery of health and social care services in Glasgow, if not more so, are the individual contributions of our employees.
- 12.4 All of our staff do an exceptional job in often very difficult circumstances, and their commitment, dedication and drive to deliver positive outcomes for service users is a credit to the Council and to the city. The contribution of our staff means that the Council can be assured that we are delivering high quality, effective services to the best of our ability.

12.5 **Looking Forward**

Projections for the next few years continue to indicate an increased level of demand for social care services in Glasgow, along with reductions in funding potentially greater than those experienced in recent years. The current economic and political uncertainty across the United Kingdom will inevitably have an impact on social care in Glasgow, however the nature and full extent of any impacts is unclear at this point.

12.6 In the face of significant resource pressures and service user demands, as a service department we must not shy away from asking the difficult questions, nor from making the right decisions, however difficult they may be.

12.7 Social Work Services, the Glasgow City Health and Social Care Partnership and the Integration Joint Board are committed to delivering the transformational change required to ensure a health and social care service in Glasgow which is fit for the future. Achievement of this objective will be the key focus for Social Work Services over the next number of years. We have a huge responsibility towards the people of Glasgow, particularly to the most vulnerable people who rely greatly on our support. As a professional Social Work service we need to reflect on the values that bring people in to our profession and live up to those values in everything that we do.

13. **Recommendations**

31.1 The Integration Joint Board is asked to note the report.