



## **Follow-up report for Performance Inspection: The Moray Council**

### **Introduction**

The Social Work Inspection Agency (SWIA) was established in April 2005 to undertake performance inspections of all of Scotland's local authority social work services. Each inspection has focused on the approach of the local authority to continuous improvement.

SWIA subsequently monitors the implementation of recommendations made in performance inspection reports and undertakes a follow-up inspection visit.

SWIA uses a six-point scale in its evaluation of social work services. It does not re-evaluate these when completing the follow-up report but does indicate if satisfactory progress has or has not been made for each recommendation. This follow-up report also highlights any key issues which have arisen since the inspection.

### **The inspection of The Moray Council in 2007**

The main part of the performance inspection took place in June 2007 and the inspection report was published in December that year.

The inspection found that Moray Council's Community Services delivered some good outcomes for people who use their services. People who responded to our survey were generally positive about their experience of using social work services. There were some excellent services available for adults with learning disabilities. Children who had been looked after and accommodated were able to access a good level of on-going support.

The workforce was committed and motivated with many staff enjoying their jobs. Community Services had a strong belief in the importance of working in partnership with other statutory agencies and the independent sector.

A performance management culture was developing and there was a commitment to service improvement combined with a good capacity to achieve this.

A number of key areas for improvement were identified, including that:

- some of the data collected in measuring outcomes for service users was inaccurate;
- communication with staff was better in some areas than others;

- there was not enough scrutiny of social work practice by managers;
- there were some shortcomings including the level of recording in the assessment and management of risk to service users;
- the workforce planning and development strategy needed to be better integrated with staff training and professional development; and
- commissioning and contracting required further development.

### **Context**

The political make-up of the council and the structure of the Community Services department remained essentially the same at the time of the follow-up inspection as it had been at the time of the performance inspection.

The council had received a very critical best value and community planning report in 2006. A progress report in 2007 identified some improvement in the corporate direction of the council. A final follow-up report in February 2009 concluded that the council continued to move in the right direction and had shown a real willingness to progress the improvement agenda. It said the council needed to ensure that progress worked through to continuous improvement in services.

In October 2009 a follow-up report was published by the multi-agency inspection of substance misuse services in Grampian. In respect of Moray, the follow-up found that there had been slow progress in improving its performance management and in commissioning to develop appropriate services for the area. It said the newly agreed Alcohol and Drug Partnership offered Moray the framework to develop integrated services and to respond to identified need.

In February 2009 HMle published its joint child protection report. This was a very critical report in a number of areas. An interim follow-through inspection report published in October 2009 was more positive. We say more about these reports later.

Community Services completed a self-evaluation as part of SWIA's performance inspection. It contributed to a similar exercise as part of the joint child protection inspection. The findings of both of these inspections suggested that Community Services needed to develop its ability to undertake effective self-evaluation. Senior managers told us of the arrangements they had in place to undertake self-evaluation work around community care in early 2010 using the Public Service Improvement Framework (PSIF).

### **Basis of the follow-up report**

We made 16 recommendations aimed at improving services. This report describes progress made in relation to each recommendation. This is based on the following activity since the application:

- consideration and approval of the action plan which the council moved quickly to prepare to implement the inspection recommendations;

- consideration of the progress reports on a quarterly basis by the council; and
- follow-up inspection activity in Moray in June and in August 2009. In June this included joint inspection activity with HMIE in respect of child protection (see recommendation 9). – see Appendix 1 for details of the follow-up inspection.

## Recommendations

**Recommendation 1: Community Services with education colleagues should take action to improve the educational outcomes for looked after children and young people. The use of plans to address individualised learning and additional support needs should be part of this process.**

The most recent nationally reported data (2007/08) showed a very marked improvement for the educational attainment of looked after children in 2006/07, compared to that available at the time of the inspection. In most areas, performance was well above the national average. However, we would exercise the same word of caution as we did in the original report, namely that the small numbers of young people involved means there can be significant year-on year variations.

Managers said that greater stability in foster placements and in residential placements had been an important factor in this improvement. Action for Children (AFC) provided corroboration of this in respect of the children in the residential units. The external manager of the units spoke of young people who had gone onto higher education and of a changing culture of trying to keep more young people in mainstream school.

This said, some continuing difficulties about school exclusions were identified by social work staff, their managers and by the AFC manager. We also noted that Moray Council had not been able to report on the number and rate of exclusions of looked after and looked and accommodated children in 2007/08. The period of time when the service manager's post in Community Services had been vacant was said to have limited the progress made on the strategic approach to improving educational attainment. In a focus group with children and families staff, they said that the issue identified in the original inspection of schools varying significantly in their commitment to supporting looked after children was still the case.

We saw the revised draft of the looked after children policy which had been prepared on an inter-agency basis. This had been in draft form for some considerable time, but it did provide a good basis for meeting the educational and well-being needs of looked after children.

We also saw that the education service had issued an instruction to all head teachers about the provision of information to LAC/LAAC reviews. We also saw that a subsequent audit carried out by an independent reviewing officer identified better attendance by teachers at reviews, better submission and quality of reports and more information about children's education in LAC minutes.

We concluded that Community Services had made generally good progress in implementing this recommendation

**Recommendation 2: Community Services should systematically gather information on outcomes for people who use services. It should check the accuracy of the data used when measuring and reporting outcomes. It should also ensure that staff understand the importance of management information in general.**

As with other councils, Moray was in the early stages of trying to measure outcomes at the time of the performance inspection. In the follow-up, we saw that Community Services had put considerable effort into developing its outcomes approach. This included:

- aligning its activity in this area with the Single Outcome Agreement (SOA) and with the community care national outcomes framework;
- increasing its focus on performance management and looking at how the performance management framework could measure and report on outcomes as well as processes; and
- using opportunities to communicate with staff, such as the divisional days in children and families and the community care strategy days to develop a culture around personalised approaches and an outcomes approach.

Children and families were continuing to use Realtime in an effort to get feedback from children on progress towards care plan objectives. In community care, staff from Moray had visited some of the councils who were early implementers of UDSET/Talking points. The community care staff and managers we met in focus groups had a much more developed understanding of personalised approaches and outcomes than had been the case at the time of the original inspection.

The inspection report had commented on data accuracy problems. We saw that considerable efforts had been made to address this. The infrastructure to support CareFirst had been strengthened by the appointment of additional staff and with additional funding to implement improvements to the system and associated training. The staff and managers we met said there were still some data accuracy problems and the need for better use to be made of the range of performance information generated. However they agreed there had been a significant improvement overall in these areas, and in particular in respect of CareFirst.

We considered that Community Services had made some good progress in respect of this recommendation.

**Recommendation 3: Community Services should review how it consults and communicates with service users and carers in respect of reductions in service as a result of service reconfiguration, budget constraints and the application of revised eligibility criteria.**

This recommendation was prompted by comments made by people who used services and carers in a number of focus groups. They complained about reductions in service being made, sometimes abruptly, which were communicated by letter and without proper consultation. Reductions in home respite care and home care were the ones most frequently referred to.

Community Services responded to this recommendation by preparing a process and protocol for communicating with people who use services and carers in respect of proposed service reductions. This included the requirement for both face to face meetings and written communication. This process was agreed in May 2008. Since then, Community Services said there had been no service reconfiguration exercises or budget constraints which had required service reductions to take place.

Community Services decided to use this recommendation to look at a more comprehensive approach and strategy to involving people who use services and carers in service planning and development. We saw documentation which confirmed that the MCHSCP (Moray Community Health and Social Care Partnership) had drafted a service user engagement policy. Community Services told us that carers had been involved in the development of the specification for the carers contract and that the physical disability and sensory disability forum had been re-established.

In children and families a service user engagement strategy had also been prepared and some one-off consultation exercises had been done. A Project Officer (Policy and Modernisation) had been appointed and Community Services said this would now allow a more strategic approach to be taken forward to the involvement of children and carers in children's services.

We concluded that Community Services had taken the necessary action to implement this recommendation. We were pleased to see that they had also decided to look more broadly and strategically at service user and carer involvement.

**Recommendation 4: Community Services and the MCHSCP should review how they communicate with staff. In doing so, they should consider lessons to be learned from those service areas where communication is effective.**

The performance inspection, through the staff survey and focus groups identified some staff concerns around communication. These concerns were noticeably more pronounced in community care. We found that Community Services had taken a number of actions in response to this:

- the service's intranet site Sharepoint had been significantly further developed and was supported by a users group;
- a communications seminar was held in May 2008 by the MCHSCP at which staff views about their communication needs and preferred methods for communication were explored;
- the partnership produced a media and communication strategy. As well as dealing with external communication, it also addressed communication within the partnership;
- the partnership introduced a newsletter called News Beat; and
- children and families had reviewed its communication strategy. Team days and divisional days had continued and a bi-monthly newsletter "Bullet in" had been introduced shortly after the inspection.

Community Services had not done its own staff survey. However, its staff had contributed to a council wide survey in 2008. Most of the results of this showed

improved communication from the previous survey two years earlier. The focus groups we held during the follow-up inspection provided some confirmation of this. In children and families, the generally positive picture in respect of communication appeared to have been sustained. In the survey, 74% of the children and families staff who responded agreed that they "feel well informed about what is happening in my part of the council"

In community care, there appeared to have been a significant turn around. Both the staff and first line/middle managers we met spoke of much improved morale and communication. The development of Sharepoint was spoken about in positive terms at all of the focus groups and comments were made about the increased visibility of senior managers. They identified the lead systems manager as having played a key role in this.

We considered that Community Services had made good progress in implementing this recommendation.

**Recommendation 5: Community Services should review arrangements for initial access to services. It should ensure that the variety of existing arrangements, and those being developed both reflect and meet, and are properly co-ordinated and consistent with each other.**

In the performance inspection we found that there were a number of local variations in duty arrangements. In some offices duty was generic, although provided only by children and families staff.

Community Services initiated a review of its duty arrangements. The initial audit phase of this was not successful; a questionnaire given out to people using the duty service generated very few responses and a proposal for a researcher to undertake some telephone survey work did not proceed after advice from legal services that this would be an infringement of data protection legislation. An internal mapping exercise was undertaken. This concluded that "there is no consistency around access and method of communication".

Progress on this recommendation had since been largely overtaken by a corporate "Designing Better Services initiative" which included customer access in its remit. However, some individual improvement actions have been taken in the interim:

- work had been done to improve the council's website including the children's services pages. The council told us its website had been given a positive grading by SOCITM (Society of Information Technology Management);
- a daily social work presence had been introduced at Ward 4 of Dr Gray's hospital to speed up starting of single shared assessments; and
- Community Services had taken action so that from 2008 each community care area team operated its own duty system. We heard from focus groups during the follow-up that this had addressed the previous position in some offices, whereby members of the public presenting with community care needs were seen by children and families staff. They said an increase in staff in community care had helped to resolve this.

We concluded that Community Services had made some progress in implementing this recommendation.

**Recommendation 6: Community Services should review its out-of-hours service as a matter of priority. This should include health and safety, written procedures, management arrangements, and planning for the future.**

Analysis of progress on implementing this recommendation was included in our follow-up inspection activity in June 2009.

We met with two of the three out-of-hours staff, three duty managers and the manager for the service. We also discussed this recommendation with the Director of Community Services.

In response to this recommendation, the service made early contact with Aberdeenshire and Highland councils in order to explore the potential of shared service arrangements. However, it was concluded that the existing models did not lend themselves to a shared service.

Written operational procedures were developed further to the inspection and we were provided with a copy. The procedures manual was a step forward in that it covered the main referral pathways. However, whilst we thought it would meet the needs of the existing experienced staff group, we did not think it had sufficient detail or information for any new staff members to the service. At interview, the manager agreed this was the case and that the procedures needed to be re-visited.

We also noted that the procedures left some discretion about whether the out-of-hours worker needed to contact the duty manager where child protection procedures were under consideration or deemed necessary. This was concerning, especially since the HMIE child protection inspection had identified issues about some aspects of child protection practice out-of hours.

The HMIE inspection had also led to the service introducing new out-of-hours management cover arrangements. Duty managers had access to CareFirst at home and this had also recently been enhanced by a "shared drive" which provided them with access to the most recent reports. In addition, whereas their role was previously to provide advice and guidance, they were now required to go out and deal with urgent child care referrals where the out-of-hours worker was already tied up with another high priority referral (eg child protection or MHO matter). When we met with the duty managers, they advised that they had not yet had to go out to deal with a referral. We also heard that the review of home care management arrangements might lead to some change in the management of home care out-of-hours.

Risk assessment and lone working procedures to cover the out-of-hours service had been introduced. Amongst other things, these required staff to contact Cameron Brae when going out and returning from singleton visits. The out-of-hours staff told us they were aware of the procedures, but did not always comply with them, instead exercising their "professional judgement". Managers were unaware of this.

We saw no evidence of progress being made in terms of forward planning in terms of the workforce. The impression we were given was that little could realistically be done in advance of a staff member resigning. We were not convinced that this was the case.

There have now been two external scrutiny inspections which have raised issues about the out-of-hours service. Whilst progress has been made in a number of areas there have been some limitations to this. Although the staff group is an experienced one, proper arrangements are still required for quality assurance and accountability. We noted that managers had not routinely received or analysed performance and management information about the service.

We raised these issues with Community Services and noted that in response by the time we returned in August 2009:

- a much more detailed set of operational procedures/toolkit had been developed;
- the procedures had been amended to make consultation with the duty manager a requirement in respect of child protection referrals;
- an instruction had been issued to the out-of-hours staff about the need to comply with the lone working policy; and
- proposals had been developed for the management information which would be reported in the future.

We concluded that Community Services had made some progress in implementing this recommendation, but needed to do more to address the workforce planning issues and around quality assurance.

**Recommendation 7: Community Services should ensure that case files are routinely scrutinised and signed off by first line managers and periodically checked by more senior managers in order to raise the quality of assessment and care management.**

The file reading findings from the inspection highlighted that there was little evidence of files being scrutinised by first line managers or senior managers. Community Services said that managers had recently been instructed to start signing off the files they had reviewed.

We saw that after the inspection action was soon put in place for the audit of child protection work and we were provided with evidence this. This identified some areas for improvement, for example in respect of checks to the child protection register and the inclusion of the views of children and parents. However, it did not identify significant concerns about the effectiveness of risk assessment and management.

A number of serious concerns about these were identified in the HMIE joint child protection inspection. This caused Community Services to further review (an earlier review had been done in April 2008) its internal audit arrangements. This was completed in July 2009 and concluded the approach adopted after the SWIA inspection had been too broad ranging and too focused on auditing the levels of activity/processes rather than the quality and outcomes of these. It identified the

need to move to “a stronger focus on quality and follow-through, rather than quantity of files/cases checked”. It was agreed that 10% of all children’s files should be audited within teams per quarter, with a further 10% of these files being sampled by a service manager. Staff confirmed that case files were being scrutinised. They understood the need for this, although some commented that there was not enough recognition of good practice, alongside discussion of any improvements needed. Senior managers said that consideration was also being given to the introduction of “quasi inspectorial visits”

In community care, improvements in file and record scrutiny had been supported by some important structural changes. At the time of the inspection, a significant number of council community care staff in the MCHSCP had been line managed by health staff. This was subsequently changed and all the community care staff now had social work line managers. As part of this supervision arrangements were strengthened and line managers and staff confirmed at focus groups that line managers scrutinise three files as part of each supervision session. Managers and staff told us that the Lead Systems Manager had audited some files when visiting offices and meeting staff. Community Services also said that file audits had been done of the files of people with learning disabilities. However, there had as yet been no broader structured practice audits in community care, although we heard that there plans for this as part of a Practice Governance Initiative.

It was clear that children and families had invested considerable effort in implementing this recommendation, although their initial approach was not as focused as it should have been. A more measured approach had been taken in community care, but there was a need for more structured scrutiny by senior managers.

**Recommendation 8: Community Services should ensure that carers assessments are offered on a consistent basis.**

We saw that Community Services had taken some important steps to strengthen carer support since the original inspection.

The decision was taken to re-tender the carers contract. The aim was to ensure that carer support was increased, but better targeted to support those carers most in need of support. A further aim was to move to a support service available across Moray, rather than a service based around the centre in Elgin. The contract was awarded to a new provider – the Quarriers Moray Carers Support Service. The previous provider was still operating and Community Services said that after a difficult period, it was now part of the recently established carers provider network. They were looking to establish a co-ordinated approach to meeting carers needs in Moray.

We saw that Community Services had reviewed its carers strategy, its action plan and also its carer assessment pro-forma and procedure. A checklist had been developed which had started to be given to carers before their assessment began. This was to help carers to start to think about their own needs, rather than just about the needs of the person they care for. Forms had also been developed to get feedback from carers after their assessment had been completed and for keeping

their needs under review. Much of this work had been done by the carer strategy and development officer. This was a new post which was created and then filled in March 2008. We met the postholder who said that she had also been working closely with staff in the local teams to promote their role in carer support.

Arrangements had been agreed with the Quarriers service about when assessment would be completed by the area team and when this would be done by Quarriers. At the time of the follow-up inspection, the Quarriers service had completed 5 carer assessments since the start of its contract in April 2009 and had another 12 in process. Unfortunately, Community Services was unable to tell us exactly how many carers had been offered assessments and how many assessments had been completed. This was due to a deficiency within CareFirst, but we were told this would be addressed as part of the next version of the system (CareFirst 6) in December 2009. The fact that the Quarriers Service had been able to pick up a backlog of assessments would appear to confirm an improvement in this area.

We concluded that Community Services had done well in the strategic approach it had taken to improve carer support in Moray.

**Recommendation 9: Community Services should urgently review its approach to assessing and managing risk in both adult and children's services. This should include auditing the implementation of multi-agency child and adult protection procedures, ensuring frontline staff in all services are aware of their responsibilities. A systematic approach should be taken to training in risk assessment which should be mandatory.**

SWIA's performance inspection identified a number of concerns in respect of risk assessment and risk management in both adult and child protection by Community Services. In February 2009, HMle published the report of its joint inspection to protect children and young people in the Moray Council area. This report also identified concerns about how well the agencies involved were able to provide the necessary help and support to children in need of protection.

HMle undertook an interim follow-through inspection in June 2009 (the report of this was published in October 2009) in which SWIA inspectors participated given that SWIA's performance inspection had included a recommendation on child protection. SWIA undertook its inspection activity in respect of adult protection in August 2009.

**Child protection:** In response to SWIA's recommendation Community Services took three main actions:

1. it initiated an audit programme of child protection work (referred to in more detail earlier at recommendation 7);
2. with Grampian police decided to establish a co-located child protection unit to which the staff were appointed and which became operational in November 2008; and
3. it commenced a range of relevant staff development activities, including training on revised child protection guidelines and prioritised risk assessment training.

We saw that Community Services had taken steps to improve its approach to risk assessment. We noted that the risk assessment framework included a numerical scale which is attached to the level of assessed risk. Community Services need to be mindful of the potential danger of numerical scales, namely of staff's intervention becoming governed by the numerical indicator, rather than the real and sometimes changing evidence around risk.

Whilst recognising the differences in the SWIA and HMle inspections (the findings in the former were specific to social work, but were multi-agency in the latter), it was concerning that despite the action taken in response to SWIA's performance inspection, the HMle inspection almost 12 months later also identified significant concerns in relation to child protection. We met with children and families staff in a focus group who said that the focus on service improvement in children and families had become more intense after the HMle report was published. Senior managers stated that this view did not properly reflect the work that had been done prior to this and further to the SWIA inspection, for example the preparation of the risk assessment manual (and the other actions listed above).

The interim follow-through report's findings were more positive. The co-located unit was seen to be working well and making a difference. There was also an increased acceptance by senior managers from the key agencies of the need to take collective responsibility for child protection.

**Adult protection:** An adult protection committee (initially on a shadow basis) had been put in place in August 2007. In our follow-up we heard that initially the main emphasis of the committee had been around developing and revising procedures and around training. Much of this work had been taken forward on a Grampian wide basis.

The speed with which the adult protection agenda had been taken forward had been affected to a degree by delays in the appointment of an adult protection co-ordinator and because of some difficulties in attendance at the adult protection committee. Performance reporting was cited as an example of an area which had been delayed. The lead officer for child protection described the committee as being at a transitional stage. An independent chair had recently been appointed.

We saw Moray's community care risk assessment manual and noted that the risk matrix table was different to the one in the recently revised adult protection procedures. This was as a consequence of a Grampian wide decision to include the NHS matrix in the revised procedures. A conversion table had been produced for the two matrixes. At a focus group, community care managers said they were happy with the community care risk assessment manual. However, we had some concerns that the existence of two different risk matrices had the potential to cause confusion and inconsistency in risk assessment practice.

We also found that whilst an audit had been done of the community care team's awareness of the risk assessment and management procedures, no audits had yet been done of adult protection practice, including investigations. Community Services said a format which would allow for this to happen was now in place.

We concluded that progress in implementing this recommendation had been variable.

**Recommendation 10: Community Services should complete the development of a strategic plan for services for older people.**

We saw that Community Services, through its membership of the MCHSCP had completed its strategy for older people for 2009-2014. It was entitled "Living longer and living better" and was completed in July 2009. Although it had taken some time to complete, we saw it had involved extensive engagement and consultation with older people and other stakeholders.

We were impressed with the plan. It was comprehensive in its scope and had a strong emphasis on improving community based services, including on proactive anticipatory services, enabling rehabilitative services and on personalisation. It was supported by a SMART implementation plan.

Community Services told us that the completion of a local dementia strategy for 2010 was on track.

We concluded that Community Services had successfully implemented this recommendation.

**Recommendation 11: Community Services should further engage with NCH to agree how outstanding improvement actions arising from the SIRCC report will be taken forward.**

In response to this recommendation, a revised service level agreement (SLA) had been developed incorporating actions from the SIRCC review. The service told us that any outstanding recommendations were discussed at regular meetings with NCH/AFC (Action for Children) and that the revised SLA had been agreed and signed off.

We met with AFC who were able to confirm this. They identified a number of improvements including the re-configuration of the children's units to provide a mix of provision. All the SIRCC recommendations which were not on-going in nature had been concluded.

We were satisfied that Community Services had taken the necessary action to implement this recommendation.

**Recommendation 12: Community Services should ensure that the work to take forward the workforce planning and development strategy is integrated with other relevant areas, such as training and professional development. Lead roles and responsibilities should be clearly understood and consistent with an integrated approach. A wider review should be done of staff skills and deployment to ensure that the right staff are in the right place.**

Community Services told us that a combination of capacity issues and the corporate Delivering Better Services (DBS) agenda had limited the extent of progress which the department had been able to make on this recommendation.

We saw that as part of DBS, Community Services had undertaken a workforce mapping exercise. We also saw the council's draft workforce strategy. We concluded that they provided a useful basis for the development of a workforce development strategy. However, more work was required to develop the detail of the actions needed to address some of the challenges identified, eg an ageing workforce and the need to attract more males into Community Services.

Community Services had taken some specific actions to address workforce issues. As we commented at recommendation 5, additional posts of qualified social workers (five posts) had been established and filled to increase the staff available within community care to deal with complex work. More recently, 4 Assistant Community Care Officers had been appointed in order to trial the para-professional role. The staff and managers we met in focus groups said these changes were putting the community care workforce in a stronger position to meet the demands on the service.

We comment in more detail about training in the next recommendation. However, we saw that the considerable work which Community Services had done in this area should be able to be well integrated with the ongoing work on workforce planning and development.

We were satisfied with the action taken by Community Services to implement this recommendation.

**Recommendation 13: Community Services should develop a training strategy which addresses service priorities, is based on a training needs analysis and links to the workforce planning and development strategy.**

We saw that the training executive which had only recently been re-established at the time of the original inspection had taken a strategic approach to implementing this recommendation (and recommendation 12). In particular we noted that:

- a business processes and cycle had been agreed for dealing with training and workforce development;
- the previous strategic learning framework had been reviewed and a social work training strategy for 2008-2010 had been produced;
- this was based on a training audit (which will now be done annually) and which had also informed the completion of the annual training plan for 2008/09; and
- the training schedule was now available on Sharepoint.

Given the progress made, the decision had been taken to disband the training executive. Instead training and workforce development are now dealt with as part of the remit and agenda of the senior management team, of which the training manager is a member.

We concluded that Community Services had done well in implementing this recommendation.

**Recommendation 14: The council should ensure that service plans are clearly linked to and supported by available resources as identified in detailed financial plans.**

In the performance inspection, SWIA found that whilst there were strengths in overall budget management and control, the links between financial plans and operational service plans needed improvement.

We saw evidence that this had been addressed. In part this was related to the council's approaches towards the Single Outcome Agreement and towards best value and community planning.

The Accounts Commission published an audit of best value and community planning progress report in February 2009. This commented on the positive feedback given to the council's SOA by the Improvement Service and that the council had agreed a four-year financial plan which linked future expenditure to both local and national priorities. The council had also started to look beyond the medium term to the longer term.

Much of this work had been led by the council's Service Development Group (SDG), of which the Director of Community Services is a member. This group considers the plans developed by individual departments to ensure that they are consistent with the council's wider priorities and objectives and are affordable. Only after this has been done can individual plans be signed-off and published. Community Service's improvement plan, the integrated children's services plan and the older people's strategy had all gone through this process.

We concluded that the council and Community Services had made good progress in implementing this recommendation.

**Recommendation 15: Community Services and the council should ensure that recommendations contained in the voluntary sector review designed to make commissioning and contracting arrangements fit for purpose are taken forward as a matter of urgency. The additional resources necessary to achieve this should be quantified and put in place.**

In the performance inspection we found that commissioning and contracting were under-developed. In the follow-up we saw that the Community Services with the support of the council had taken a number of positive steps to address this:

- the staffing structure to support this work had been strengthened by the appointment of a contracts manager and an additional contracts officer in April 2008;
- further to consultation with and visits to a number of other local authorities, a commissioning strategy was developed. The strategy and accompanying action plan received committee approval in February 2009. We saw these

documents and concluded they provided a good basis for taking forward joint commissioning;

- reviews were completed of the large number (130) of contracts whose reviews had been outstanding;
- two important services, namely the carer support contract and sensory impairment services had been successfully re-tendered; and
- training had been provided for the voluntary sector in February 2009 on how to engage when the council tenders for services.

We considered that Community Services had made very good progress in implementing this recommendation.

**Recommendation 16: Senior managers should consider ways to improve their engagement with staff and how to engage them more in Community Services' development agenda.**

As we commented at recommendation 4, we saw some signs and evidence of improved communication and engagement with staff. At focus groups, most staff and first line managers commented that senior managers were visible and that efforts had been made to review and improve different ways and methods of communication and engagement.

In children and families, the Divisional Days remained an important focus for this and an emphasis was being given to achieving an increased and more consistent level of staff participation in the preparation of the Performance Improvement Plans.

We saw that significant progress had appeared to have been made in community care. The staff and managers we met in our focus groups spoke very positively about the strategy days which had been held and most were able to offer an individual example where they had been able to participate in some aspect of the service development agenda.

We concluded that overall Community Services had made good progress in respect of this recommendation.

**Conclusion**

SWIA's performance inspection report contained 16 recommendations. The council moved quickly to produce an action plan.

We found that as part of the follow-up arrangements and inspection that overall Community Services had put considerable effort into implementing the recommendations.

Generally, we concluded that they had made good progress. A few had been implemented in full and for the majority good or reasonable progress had been made. In some areas more progress was required. More specifically:

- some of Community Services' improvement activity, including some of its performance management and quality assurance arrangements needed to

have a SMARTER (Specific, Measurable, Achievable, Realistic and Time bound) focus;

- Community Services needed to improve its ability to undertake effective self-evaluation;
- the workforce planning needs of the out-of-hours service remains an outstanding issue; and
- Community services needs to retain a strong focus on assessing and managing risk in both children and adult's services.

SWIA will maintain its interest in these and other matters in the course of our on-going link with Moray Council.

## **Appendix 1**

### **Management meetings**

meeting with Senior Management Team

### **Focus groups**

children and families frontline staff

children and families managers

community care frontline staff

community care managers

out-of-hours staff and duty managers

### **Interviews**

interview with Director of Community Services and Commissioning and Contracts Manager

interview with the Acting Head of Community Care

interview with the Head of Children of Families and Criminal Justice

interview with the Carer Strategy and Development Officer and with the external manager of the Quarriers Moray Carers Support Service

interview with the Chair of the Adult Protection Committee

interview with the Lead Officer – adult protection

interview with the two Performance and Quality Assurance officers

interview with Training Manager

interview with the manager of the out-of-hours service

interview with Action for Children Manager

interview with Lead Officer for Education and the Support Services Manager

interview with Director of Community Services and Head of Children of Families and Criminal Justice