Children and Families Social Work and Criminal Justice

The business case for delegating social work services into Moray Integration Joint Board

Health & Social Care Moray

Table of Contents

1. Version History

Version	Date	Details
0.1	30/06/21	Initial draft created by Carmen Gillies
0.2	08/07/21	Amendment by SBI
0.3	07/03/22	CG added Appendix 3. IJB Integrated Functions + National Care Service information

2. Executive Summary

2.1 Delegation of Children and Families Social Work and Criminal Justice to Moray Integration Joint Board (MIJB).

2.1.1 This business cases provides the opportunity to undertake a comprehensive analysis of the preferred option, to delegate children and families social work and criminal justice to the MIJB. The two viable options include Option 1, to delegate children and families social work and criminal justice to the MIJB or option 2, to reposition children and families social work and criminal justice into the Council structure. An options appraisal is at Appendix 1.

Background

2.1.2 The integration of Scottish public services is a policy agenda with deep roots and multiple drivers. Eager to accelerate the rate of cooperation and joint strategic planning the Scottish Government introduced Local Government (Scotland) Act 2003 (establishing community planning partnerships) and in the following year the National Health Service Reform Act (Scotland) mandating Community Health Partnerships. However, these statutory structures did not deliver the central policy objective of "integrated" working, particular in respect of the experiences of service users.

2.1.3 Integration from the perspective of the service users was one of the overarching conclusions of the Christie Commission 2010 to consider the delivery of service in the future, with an orientation decisively towards prevention rather than crisis response.

Statutory Requirements

2.1.4 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act'), and its associated regulations, provide the legislative framework within which Scotland's adult health and social care services are endeavouring to realise the Christie Commission's vision. In summary, the legislation requires NHS Boards and local authorities to integrate the governance, planning, and resourcing of adult social care services, adult primary care community health services, and some hospital services. The legislation allows NHS boards and local authorities to integrate other areas such as children health and social care services, criminal justice at their discretion.

Integrated Authority

2.1.5 Integration Authorities are responsible for planning, designing, and commissioning services in an integrated way from a single budget in order to take a joined-up approach, more easily shifting resources to best meet need. These Integration Authorities are jointly accountable to Scottish Ministers, Local Authorities (Elected members) and NHS Board Chairs for the delivery of nationally agreed outcomes.

2.1.6 Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and they have the power and authority to drive real change.

<u>Moray Integrated Joint Board (MIJB)</u>

2.1.7 The first integration scheme for Moray was approved by the Scottish Ministers in 2016 following the establishment of the Morays Integration Joint Board (MIJB) with a legal duty to publish a strategic (commissioning) plan for integrated functions and budgets under their control. MIJB manages £141m (£12.6m set aside)of resources with the delegated authority to manage adult social care services, and latterly manage within the partnership but not delegated the function the of Dr Gray's hospital (although the set-aside for unscheduled adult care is part of the original delegation to the MIJB).

<u>Context</u>

2.1.8 Moray is committed to improving outcomes contained in the Children Service Plan 2020-2023 for children, young people, and families. http://www.yourmoray.org.uk/downloads/file136160.pdf . This 3 year strategy clearly articulates the commitment to working collaboratively with children, families and communities to tackle the 4 priorities:
- The wellbeing of children, young people and families is improved
- The impact of poverty on children, young people and families is mitigated
- Children and young people feel safe and free from harm
- The outcomes and life chances of looked after and care experienced children and young people are improved

2.1.9 The Children services inspection in 2016 demonstrated a need for considerable improvements across the partnership. Nevertheless, Moray's performance for Looked After Children has over recent years been very close to the bottom of the local government benchmarking framework.

<u>Social Work Transformation</u>

2.1.10 To address the need for improvement, a transformation business case was approved with the aim to deliver a service that provides the best possible outcomes for the children and families in Moray to meet their full potential and aspirations. To achieve this aspirational aim, Moray must place children and families at the centre of decision making, which is one of the foundations of The Promise (voice) and focus on a strengths-based practice. This will be achieved by focusing on 3 themes for improvement:
- Social work practice
- Commissioning
- Out of area placements

2.1.11 Morays collective commitment to The Promise, following the independent care review and continuing to embed local improvements has acknowledged the need for a responsive and agile workforce particularly recognising the need to support more vulnerable children, young people and families as a priority throughout the pandemic.

Principal Recommendations

2.1.12 To achieve improvements both effectively and meaningfully, there needs to be a foundation of nurturing and strengthening of the social work workforce which is identified as one of the 3 themes for improvement.

2.1.13 As evidenced in this business case, the workforce is under considerable pressure led by local improvement agendas, driven by national policies such as implementation of the Promise and Self-Directed Support standards as well as operating under the shadow board of the MIJB for over 2 years.

2.1.14 The first critical response to address is the stabilisation of the workforce with regards to identifying where the "best fit" is for children and families and criminal justice social work workforce. Identifying specific beneficial outcomes to human learning systems via a business case is challenging given the subjectivity and complex mix of factors which influence the operations of a human led system.

2.1.15 The proposed delegation initially came from a review undertaken by Mr John W Mundell, OBE as part of the Council's response in considering the transformation required to be able to deliver its priorities while also significantly reducing budgets and managing the impact of this on services.

2.1.16 One of the proposed organisational structure changes recommended suitable governance arrangements associated with vesting all the Chief Social Work Officer services in the MIJB. In conjunction with the Mundell review, Health and Social Care Moray (HSCM) reviewed and recommended a change to the HSCM workforce structure to be agile and adaptable to accept the future delegation of additional services as required.

2.1.17 By focussing on a stable and strengthen workforce through the proposed delegation of services to the MIJB, improved benefits can be achieved, ultimately reducing need, creating a real opportunity to reduce the level of expenditure and develop a more sustainable financial model for supporting children to remain in Moray. To date financial savings have accrued over £900,000 from the reduction of out of area placements.

Outcomes

2.1.18 The delegation of children and families and criminal justice social work will individually and collectively create a flexible, responsive social work service ensuring consistency of outcomes and approaches in SDS practice across Moray, experienced by children and adults and carers, whilst continuing to maintain and support existing partnerships across Education and other external agencies. Delegation will lead to the outcomes below which will create strong and effective social care foundations by strengthening the

workforce to deliver the step change required to increase capacity across the system, to scale up and spread promising practice much more effectively and be empowered and proud to be part of a capable and successful team. Specific measures will be developed to assess progress against the following outcomes.

Outcome for Children and Families:
- Moray's children and families have more choice, control and flexibility of their care through the implementation of national legislation (The Promise, SDS standards)
- Morays looked after children remain in Moray where practical
- Morays families feel supported, valued and heard
- Engagement with children and families to support continuous improvement is regular and welcomed
- Preparing for adulthood is embedded across the disciplines to improve outcomes for the young people and their families
- Support and understanding of the transition pathway is seamless through joint processes driven by SDS standards and a collective workforce.

Outcomes for the Workforce:
- Improved sense of belonging and work satisfaction
- Staff are empowered and motivated
- Workforce is supported to become positive risk enablers
- Workers are enabled to exercise professional autonomy in support planning and set personal budgets within agreed delegated parameter
- Engagement with children and families to support continuous improvements is regular and welcomed

Outcomes for the Business:
- Improved performance data through good recording practices clearly capture conversations between people and workers identifying what matters to the person
- Commissioning is flexible and personal centred across the system
- Robust self-evaluation is systematic, robust and comprehensive
- Resilient workforce through shared learnings, training and processes
- Economies of scale through shared resources

2.1.19 These outcomes will drive the redesign of the system to address the need to transform the way we plan, commission, and procure social care support. This will develop and build trusted relationships rather than competition and to build partnerships not marketplaces.

Literary Review

2.1.20 A comprehensive literature review followed by engagement from IJBs across Scotland was undertaken to identify the benefits and barriers on the potential effects of delegating children and family services, reflecting on the Public

Services (Joint Working) (Scotland) Act 2014 as a mechanism for real transformational change.

2.1.21 In relation to children, young people, and families, the original literature review explored how changes to adult health and social care services could have implications for four groups: (i) young people transitioning to adult services, (ii) young carers, (iii) care leavers, and (iv) vulnerable children, whose parents are in receipt of adult services, such as mental health support, or drug and alcohol services. The review concluded that, while the integration of adult health and social care in Scotland was likely to impact on these groups of children and young people, there was the potential for that impact to be positive if children and young people's specific needs were properly considered in local service planning and delivery.

2.1.22 Nearly six years on from the commencement of the Act, Moray has taken the opportunity to reflect on how the needs of Morays children, young people and families can be best served to achieve positive outcomes through the potential delegation of children and families' services to the MIJB.

3. The Strategic Case
3.1 The Strategic Context

<u>Introduction</u>

3.1.1 The care system is enshrined in ground-breaking legislation offering a mechanism to implement real change to those people who need support. It is without a doubt that multiple, regulation-driven integration agendas are now underway such as SDS standards. A coherent, consistent, and evidenced based policy approach underpins them all, but at a practical level re-alignment of planning, resourcing and workforce structures will need to be addressed to bring services closer together to maximise on improving outcomes for children and families. It is the legislation and policies below which aid the benefits of being one workforce through delegation in order to build trust, understand and practice implementation of policies through shared learning, co-location and other formal and informal opportunities to encourage the development of workforce relationships.

<u>Legislative Drivers</u>

Integration Authority - Public Bodies (Joint Working) (Scotland) Act 2014

3.1.2 To facilitate the process of joint strategic commissioning, the local authority and health board must delegate a range of functions to an 'Integration Authority'. These Integration Authorities are jointly accountable to Scottish Ministers, local authorities (i.e., elected councillors) and NHS Board Chairs for the delivery of nationally agreed outcomes. To understand the picture of integration across Scotland, Please referent to the table in Appendix 3.

3.1.3 The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations

under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 namely:

1. People are able to look after and improve their own health and wellbeing and live-in good health for longer.
2. People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Self-Directed Support - Social Care (Self-Directed Support) (Scotland) Act 2013

3.1.4 Scotland's approach to social care and support places human rights and independent living at the heart of delivery. The aim of self-directed support is to ensure that care and support is centred around a person's own care and wellbeing outcomes, and that people exercise the level of choice and control they desire over that support

3..15 Major changes required by legislation on Social Care (Self-Directed Support) (Scotland) Act 2013 introduced the new SDS standards to support the for the support personalised outcomes for children, young people and adults experiencing care. The three assumptions involved include:
- taking a strengths-based, asset-based approach to assessment support planning and review processes
- focusing on community supports
- systems and processes being aligned to SDS values and principles

3.1.6 SDS standards have been developed to ensure consistency of outcomes and approaches in SDS practice across Scotland experienced by supported people (children and adults) and carers, building a framework of good practice in assessments for support, support planning and in provision of care and support resources. These standards are instrumental in the transformation of social work practice across both children and adult services, aiding the decision to delegate so one consistent approach can be embedded with uniformity.

3.1.7 Eleven SDS Standards are across children and adults to promote:
   i. **Independent Support and Advocacy** - Within every Local Authority/ Health and Social Care Partnership area there are independently funded

organisations able to provide independent advice, support, information and advocacy for anyone who needs it and in ways which are accessible to everyone

ii. **Early help and support -** Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.

iii. **Strength and asset-based approach -** Trust-based relationships and good conversations between workers and people are at the heart of assessment, support planning and review practice and processes, recognising people's strengths, assets, human rights, community, and funded supports. Personal outcomes are agreed on the basis of what matters to the person

iv. **Meaningful and measurable recording practices -** Recording practice and information systems demonstrate the extent to which practice is carried out in line with the values and principles of Self-directed Support. Records show how the person's lived experience and preferences have been acknowledged and expressed in their support plan and connect personal outcomes to the subsequent review process. Recording systems are designed such that data can be aggregated and used for continuous improvement, resource planning and commissioning purposes

v. **Accountability** Processes ensure that people's legal rights are upheld. Human rights underpin practice, policy and processes, and actively provide opportunities for constructive feedback, learning and improvement.

vi. **Risk enablement -** People will be regarded as experts in their own lives and how they wish to meet their own personal outcomes. This needs to be taken into account and a shared responsibility to risk agreed. Self-directed Support is not separate from safeguarding. Self-directed Support is used creatively to enhance people's and families' resilience towards preventative, protective and positive outcomes.

vii. **Flexible and outcome focused commissioning -** Social care services and supports are planned, commissioned, and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes. Provision of services and supports start with the good conversation that has been had with the person, what matters to them and what they need to help them live their best life.

viii. **Worker autonomy -** Workers feel trusted, confident and resilient, and are enabled to be autonomous in exercising their professional judgement, and using their own knowledge, skills and abilities, in partnership with supported people. Workers have the authority to plan support and set personal budgets within agreed delegated parameters

ix. **Transparency -** People are helped to understand that Self-directed Support allows for maximal choice and flexibility in using a budget to achieve what matters to the person in the form of agreed personal outcomes. The process leading to decisions about a person's social care budget and support, and their level of financial contribution, is recorded, shared and explained in ways that make sense to the person.

x. **Early planning for transitions -** Transition planning processes have the person's wellbeing, aspirations, and personal outcomes at the centre. People are given the time, information and help they need to make choices and have control of their care and support as they move into new phases of their lives.

xi. **Consistency of practice -** To reduce inconsistency of experience across the country, a consistently high-quality approach to practice is required, including assessment, support planning and review; eligibility; charging and contributions; commissioning and procurement, and the process by which budgets are calculated.

3.1.8 Policy Drivers which can bring improvements to the new world of care have the child or adult at the centre of their support, making their own decisions through a workforce culture of trust, care, and respect.

Independent Review of Adult Social Care – Feely Report

3.1.9 At the centre of the review was the voices and the stories of many people with lived experiences of social care support, unpaid carers and staff working in the sector.
Three fundamental changes must occur to secure better outcomes.
These can be summaries as:

Shifting the paradigm Adult social care support does not stand alone. It has strong links to social work, children's services and the wider services. But we can do better. There is a gap between how we want things to be and how it is done. The system we have now is not getting the results we want. So we need a new system. We need to start by changing the way some people think about social care support. Good social care is important for everyone in Scotland. It is a good investment in our economy and citizens.
Strengthening the foundations – There are many strengths in the Scottish systems of social care support. The need is to build on the foundations of self-directed support, health and social care integration and the Independent Living Fund. The challenge is the implementation.
Redesigning the System – A new delivery system through the National care Service to drive national improvements where they are required, to ensure strategic integration, to set national standards, terms, and conditions.
The transformation of the way planning, commissioning, and procurement of social care support is accrued. Building trusted relationships rather than competition. Whilst providing a stronger voice of the unpaid carer.

The review has not made recommendations about the Social Work workforce in the proposed new arrangements as these will require careful consideration

alongside the implementation of The Promise and any changes planned for criminal justice.

National Care Service

The IRASC recommended the establishment of a National care Service, with Scottish Ministers being accountable for the delivery of consistent and high standards in health and social care services. Whilst building on the recommendations of the IRASC to create a social care system which is rights-based, and people powered. Consultation has concluded on the NCS within the first 100 days of Parliament and has set up a social covenant steering group, including people with living, and lived experience of social care. Both pledges have been met.

- **Children Services**

There were 521 responses to the question on whatever the NS should include both adults and children social work and social care services. The majority of individual, 75% and 78& of organisations agreed that it should include both adults and children's services. For those that agreed, commonly cited reasons were:
  - o An alignment with a "cradle to grave" approach
  - o It would help ease the transition between children services and adult services, and create a more joined up approach
  - o Greater standardisation across Scotland.

- **Criminal Justice Services**

Nearly two thirds agreed that Justice Social Work should be included within the remit of the NCS. Reasons given included the need to keep all forms of social work together and the fact that offending behaviour is often linked to other care needs. Those who disagreed tended to say that the proposed NCS is too large and centralised and there is a need to reflect local requirements. The main benefit was thought to be "more consistent delivery of justice social work services"

At the time of writing this report, a decision has not yet been made on the composition of the NCS. However, to aid decision making, Moray is consistent with the national policy for the direction of travel for future improvements for citizens of Moray through the delegation of children and families and justice service to MIJB. Notwithstanding the improvements this will potentially offer across the health and social care system

Independent Review of Children Services – The Promise

3.1.10 The promise is responsible for driving the work of change demanded by the findings of the independent care review. The seven publish reports narrate a vision for Scotland built on 5 foundations to make sure that Scotland's children grow up "loved, safe and respected".
Voice is central to the foundations of Family, People, Care and Scaffolding

   I. Children and young people must be listened to and meaningfully involved
   II. When living with a family is not possible, children must stay with their brothers and sisters

III.   Whenever children are safe in their families and feel loved, they must stay

IV.   All of the people involved in the care of children must be supported to develop relationships with them, and those children must also be supported to develop relationships with the wider community

V.   We need an infrastructure and system around all this that's responsive and accountable

The strength of pulling together one social work workforce to deliver a consistent approach from childhood to adulthood will not only aid outcomes for children and young people but also create a consistent system for the unpaid carer

Moray Policy Context

3.1.11 Morays Children's Services Plan is connected into the wider planning landscape. Given the requirement to plan for children's services and other related services, children's services planning relates to the duties included in Part 1 (Children's Rights), Part 6 (Early Learning and Childcare) and Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014, as well as the Public Bodies (Joint Working) (Scotland Act) 2014, Community Empowerment (Scotland) Act 2015, Carers (Scotland) Act 2016 and the Community Learning and Development (Scotland) Regulations 2013. This complex landscape requires the plan to set out a joint visions and partnership approach to improving outcomes for children and young people and families in Moray. The scope of Morays plan includes all children's services provided locally by the Local Authority, Health Board and other Service Providers which falls into the categories "children's service" e.g., schools, health visitors, youth group, children and families social work or "related service" e.g. leisure services, drug and alcohol service. This includes services delivered by private or third sector organisations on behalf of, or in partnership with, the local authority, relevant health board or "other service providers" e.g., Police Scotland, Scottish Fire and Rescue Service. It spans the age range of birth to
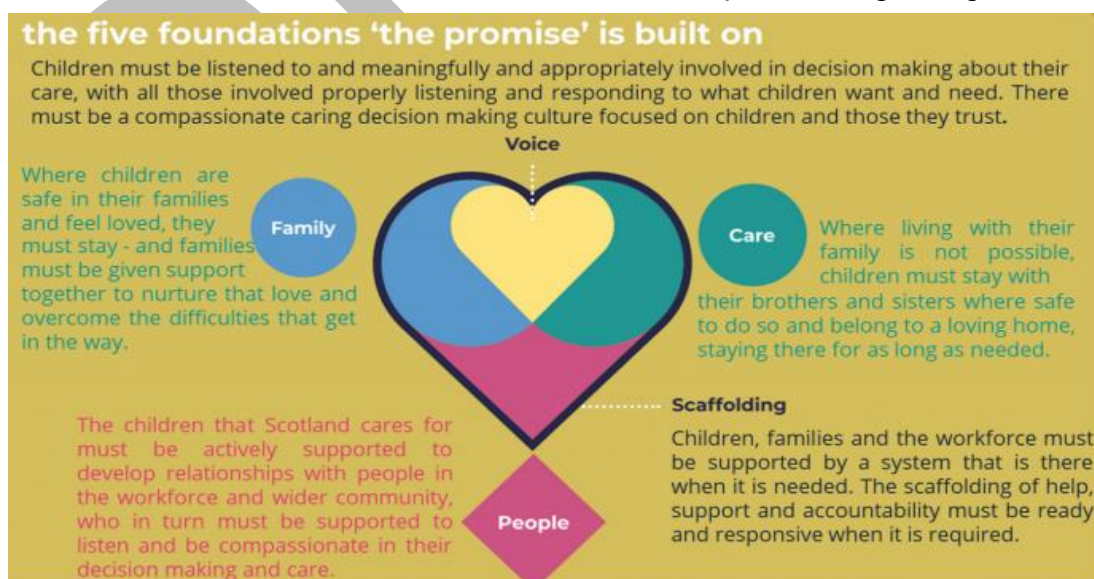
eighteen years old and extends to age twenty-five for young people in the care system. Spanning both adults and services belonging on the young

persons criteria aid the decision to create a delegated workforce operating under one reporting structure.

3.1.12 The Moray Local Outcome Improvement Plan (LOIP) reflects the above principles of building a better future for our young people, with the ambition that Moray is a place where all children and young people thrive, have a voice and are able to reach their full potential. The Moray Council Corporate Plan (2019-2024) prioritises supporting people to be the best they can be, with a strong and sustained focus on those individuals and groups in society who experience the most disadvantage and discrimination.

3.1.13 The Council Improvement and Modernisation Programme provides a number of design principles to guide service transformation and the two recently added principles are highlighted below as particularly relevant to the project:
- Targeting early intervention and prevention;
- Developing the skills, knowledge, and capacity of the workforce to deliver better

3.1.14 Morays Health and Social Care Strategic Plan – Partners in Care reflects the national drivers by focusing on the 3 Strategic Outcomes:
- BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing
- HOMEFIRST - Being supported at home or in a homely setting as far as possible.
- PARTNERS IN CARE - Making choices and taking control over decisions

3.2   Aim and Benefits of Social Work Delegation

3.2.1 The strategic aim for children and families is to deliver a service that provides the best possible outcomes for children and families to achieve their full potential and meet their aspirations. To contribute to the success of the aim, it is recognised that the "best fit" for the service should be included within functions to be delegated to the Integration Joint Board.

3.2.2 The separate business case for social work transformation focuses on the three main themes to achieve the strategic aim. In summary, these include improving social work practice, commissioning, and reducing out of area placements. This will introduce whole systems change which is aligned with the changes in adult services. For further details refer to the transformation of children services business case.

Benefits - Aligned with Adult Services

3.2.3 In 2017 the direct link between local health and social care integration arrangements and the strengths of local services for children and young people cannot be definitively established from the self-evaluations and inspection framework. The time frame was still too early to establish a confirmed trend. However, the strength, effectiveness, and maturity of strategic leadership and partnership working have tangible positive impacts on outcomes for children and young people. Where strong leadership exists,

the inspection partners are beginning to see how the benefits of integration can be maximised.

3.2.4 Recent consultation with IJBs who have their services delegated have responded with the following benefits:

- **Improved Health and Social Care Outcomes for Children:** Looked after children have high levels of health and social care needs, linked to their background of neglect and maltreatment. Through supporting the direct needs of the parents/carers improved outcomes can be directed achieved by the children.
- **Creating better outcomes for Families:** Where there is a vulnerable child these is often a vulnerable adult - Supporting the family as a whole entity creates better outcomes and less dependency on services.
- **Greater Control of the Budget:** Children and family's budget was nearly always overspent. Integration can create a collective budget and track spend easier, whilst creating new opportunities.
- **Building Workforce Capacity**: Streamline and development of workforce capacity and capability by creating the skills to deliver agreeable outcomes across the system. For example, train SW to be multiskilled across all SW disciplines.
- **Strengthening Workforce Relationships:** Through creating stronger relationships Social Work and Health can build capacity through supporting each other's needs for example Health Visitor can offer a brief intervention, making every opportunity count.
- **Professional Identity and Sense of Belonging**: All SW together is a "no brainer". Professionals (SW) are able to support each other and focus on early prevention and intervention creating efficiencies cross the system. Moreover, clients are experiencing a positive value transfer by accessing services/support without having to go through a different pathways or departments.
- **Enhanced Professional Leadership and Development:** By creating CPD and training for all, equity is given to allow those who want to progress the opportunity to try. This can offer new energy and capacity increases with willingness and a view to advance.
- **Stronger Working Relationships with Public Protection Committee:** By reporting to IJB and Council, relationships are stronger and can support faster outcomes and speedier involvement
- **Support the Direction of Travel for the National Care Service:** Data from the NCS consultation showed three quarters of individuals agreed with the delegation of children's and two thirds agreed to criminal justice services. Benefits identified mirrored those identified as to why Moray wishes to delegated services to MIJB. This endorses Morays approach to delegate locally as this support the national thoughts.

Benefits Identified for Moray

3.2.5 Through engagement with partners, benefits to Moray through delegation have been identified as:

- **Whole systems approach**: is relevant to considering the family as a system. As integration should be person centred, this allows for a shared vision and shared practice to be achieved between professionals across children and adults' services.

- **Transitions:** Close attention has to be paid to the transition points both between service areas (e.g., from health to social care) and between child and adult service. Transitions planning and work around the family rather than families being passed from service to service, using a consistent model will add value to the system and improve outcomes for the supported person and family.

- **Supporting young people** who are leaving care and meeting our corporate parenting responsibilities in ensuring young people have a foot up and smooth transitions into adulthood, getting what they need when they need it.

- **Better alignment with adult services** means that children living in chronic neglect, substance misuse or households where mental health prevents children reaching their potential can be minimised and children's rights can be upheld.

- **Shared models of working** with families, e.g. three conversation model and SDS standard approach created a consistent and equitable share of resources and services, which are underpinned by human rights.

- **Changing the model of conversation with children and families "T*hree conversation model"* allows social workers to stick with families for as long as they need us. Through adopting a model as a whole system, this will offer consistency across the workforce and support to those who are in crisis.

- **Shared commissioning** to support SDS options and joint creation of a market facilitation strategy.

- **Social workers will have a sense of belonging** and able to share best practice with colleagues whilst supporting each other though change management.

- **Increase in morale** to be part of the social work family.

- **Lifetime support** for people living with a disability.

- **Locality models** to support communities can be aligned and reducing duplication of effort.

- **Transformational journey** through process of change together with adult services to implement the independent care review of adults and The Promise can be achieved as a partnership. Both independent care reviews and the SDS standards are all supportive and mirror each other, creating ease and drive to implement change in a uniformed manner.

- **Creating better outcomes for children** through supporting the vulnerable adult through closer working relationships and information sharing. Interagency collaboration becomes part of day-to-day practice. Many vulnerable adults require support due to the effects from substance and

alcohol use. Supporting the family to reduce a child's exposure to Adverse Childhood Experience and build family resilience will create a positive impact for the children and young people within the family unit. In turn potentially reducing the need for long-term services from children and young people, through adulthood.

- **Strategic decision making** can enhance the long-term resilience of the partnership particularly in the changing landscape due to the independent reviews offering an improved world.
- **Joint strategic planning** based on the long-term vision and a deep understanding of the MIJB core proposition for children and families and adults generate more value to reputation and most importantly better outcomes for our children and adults in Moray.
- **Building capacity** into the social work system in Moray through joint training, initiatives, and shared learnings, in turn improving performance.
- **Enhanced risk management** – collective responsibility with a proactive approach to the long-term strategic vision.
- Active and regular **re-evaluation of resource** allocation across the system, based on sound assessments of risk and statutory responsibilities. Creates more value in the system.
- **Increased service user/ public confidence** in the partnership through a collective vision and leadership.
- **Scottish Government SDS transformation funds** along with Carers funds can create more value and better return on investment by building on the existing scaffolding across all ages in a unified approach.
- **Belonging is empowering,** which is key to creating a flexible workforce ready to collaborate, innovate, mentor and support each other.

3.2.6 For integration to be effective in its aim of improving the availability and quality of services, the Social Work Scotland 2018 review suggests that:
- Government and local partners must keep the focus of integration squarely on improving the lives of service users and the wider community; enabling service users to shape changes, to be part of the process, sharing their insight and expertise. Cost savings should be a welcome by-product, not the central purpose.
- Government and local partners should bring together leadership teams who can address, simultaneously, the technical and adaptive challenges associated with major change processes (addressing specific, boundary issues (such as contract terms and conditions) at the same time as on-going issues, like staff morale, change fatigue, etc.
- Policy and leaders must build trust and understanding between different professional groups and organisations, through shared learning, co-location, and other formal and informal opportunities that encourage the development of relationships.
- Data sets that give insight into people's outcomes, not just service inputs and outputs, must continue to be developed.

<u>Delegated Authorities</u>

3.2.7   There is no consistent approach to the decision to delegate further functions to the integrated authority. Ten local authorities have delegated their children and families social work services with 15 delegating criminal justice. No integrated authority has amended their scheme of delegation post the first iteration except for North Lanarkshire who originally positioned children's social care services and criminal justice social work into their integrated authority, to later 'undelegated' in 2019, bringing it in line with South Lanarkshire. Appendix 3 shows which Local Authorities have delegated their services.

<u>Workforce</u>

3.2.8   Children Services is split into number of teams, Criminal Justice, Placement Services, Children and Families review team, existing support, east west teams and self-directed support. Admin support staff are not included as they are all part of the business support team across the former Education and Social Care Directorate.
Total budget Children Services **£19,858,986**
Total Staffing costs **£7,604,930**

3.3   Business Needs – Current Needs, Risk and Issues

3.3.1   Issues and challenges to be addressed in potential delegation include:

<u>Delegation of Functions</u>

3.3.2   To comply with statutory requirements there is an obligation on the NHS Board and Local Authority to consult with prescribed consultees on the content of any revised Integration Scheme in according with the provisions set out in Scottish Statutory instrument 2014 No.283. A period of 4-week consultation is standard prior to seeking final approval from respective parties and final sign off by the Scottish Ministers.

3.3.3   The integration scheme comprises of 4 main sections, and it is proposed that 4 short life working groups containing appropriate officers from the partnership to focus on:
• Scope and Governance
• Provision of support services, including but not limited to planning, performance, workforce, OD, information sharing and complaints;
• Clinical and Care Governance and Risk; and
• Finance

3.3.4   Joint working and quality assurance within and across the services will be needed to ensure consistency and compliance around the ethos, culture and practice required to model and evidence positive outcomes for the workforce and supported person in line with the SDS standards and independent care reviews.

3.3.5 Organisational structure must be designed to deliver the service required and the workforce skilled and equipped to ensure that curricula are progressive and appropriately delivered and the quality of service is assured.

Issues - Managing and Responding to Demand

3.3.6 Partnerships are fully aware that current models of care are not sustainable and that new models of care are required to address the pressures of growing demand and limited finances. The prioritisation process must therefore be able to facilitate the local review of existing services and existing resource allocation, bringing decommissioning and commissioning decisions within the same process. This will provide a basis for developing new models of care, redesigning existing services, phasing out services and the redirection of resources to ensure these are better focused on meeting need and improving outcomes. All of which is built on the foundation of legislative change and transformational redesign of the whole system of care.

3.3.7 With redesigning the whole system this will require consideration of flexible and responsive staff structures that can accommodate service and individual needs that changes over time. It also requires an integrated response from all partners, and the adoption of the three-conversation model which will support this transformation redesign of social work services in Moray.

Issues - Culture and Workforce

3.3.8 The workforce has continued to operate under the shadow arrangements of the Health and Social Care Partnership for almost 3 years. This current situation is non tenable in the longer term as an interim arrangement, and a decision needs to be made in the very near future as to where the "best fit" is for children and families and criminal justice. Workforce fatigue and motivation has been tested with three interim Heads of Service in 3 years. Workforce succession planning requires attention as recent recruitment of vacant posts proved unsuccessful, almost certainly as they were fixed term posts because of the knock-on effect of the interim arrangements for the Head of Service post.

Issues – Loss of Professional Identify

3.3.9 As the social work profession is fragmented across two reporting parties, delegation is designed to strengthen and enhance the professional capabilities of social workers in Moray aligning person centred outcomes, strengthen the foundations of social work practices whilst collectively redesigning the system to complement The Promise and the Independent review of adult social care in Scotland.

3.3.10 Supportive and collective response to funding for innovation spanning across all ages for Self-Directed Support and the implementation of the Carers Act can drive change at pace through a system supported and facilitate by the MIJB. This in turn can support the collective identify of social work and drive

a uniformed approach to social work practice whilst having the person at the heart of the decision-making process.

3.4   Main Risks

3.4.1   The main challenges and risks associated with the identified issues and the successful delivery of delegation are:

Delegation of Functions
  i.   Resources delegated from the partner organisations are insufficient for the IJB to carry out its functions, mitigated by financial strategic planning.
  ii.   Failure to deliver delegation through actions not agreed by all 3 parties to move from a shadow board to delegated authority, mitigated by the development of a Programme Board.
  iii.   Service model of integration does not facilitate continued partnerships working with agencies, organisations and services that are out with the new integrated arrangements, mitigated by structured partnership meetings e.g., GIRFEC Leadership Group.

Managing and Responding to Demand
  i.   Lack of resource sharing through funding received to span across children's and adults' services can create duplication of funding and efforts.
  ii.   Fragmented transitions.
  iii.   Managing escalation of needs, exacerbated by covid pandemic.
  iv.   Reluctance to support the new model of practice, embedding SDS and 3 conversation model.

Culture and Workforce
  i.   Deliver a front facing workforce whilst restructuring.
  ii.   Recruiting skilled staff to vacant positions.
  iii.   Training – to ensure Continuing Professional Development is delivered, and time is allocated to staff
  iv.   Effective consultation with timescales, mitigated by realistic timeframe for delegation.

Loss of Professional Identify
  i.   Shadow arrangements give no sense of belonging, mitigated by programme board driving forward a decision
  ii.   Shift in practice requires to use an asset-based approach, mitigated by working as one social work department from shared learnings across adults and children social work
  iii.   Professional identity continues to erode through lack of robust structure

3.4.2 A risk and issue log can be found at Appendix 2 specifically associated with high level risk as identified through engagement with key stakeholders.

3.5   Dependencies

3.5.1 The success of delegation is dependent on:

    i.   All parties agreeing the direction for delegation
    ii.   All financial due diligence is agreed
    iii.   Integrated work with staff from all partners (Education, Police, Health Third sector to name a few) continue to operate in a partnership approach
    iv.   The creation of a committed, empowered, skilled social work workforce is operating to offer best outcomes for all.
    v.   The embedding and quality assurance of assets-based approach is throughout children and adults social work practice.
    vi.   The management of social work staff being aligned to the ethos and principles and SDS and 3 conversation model is standardised to ensure clarity and consistency.
    vii.   Resilience and commitment to the vision of The Promise aligned with the independent Adults Care review is essential to drive the improvements across children services as well as aligning with the transformation change across the whole of the system.
    viii.   Joint training and CPD is offered to staff to aid succession planning and continuous learning.
    ix.   The embracing of SDS standards including worker autonomy to empower social workers in their roles.

3.5.2 These dependencies will be mitigated through the Programme Board and then thereafter through planning, monitoring, partnership work and the use of relational approaches, consultation and effective communication across partners, teams, communities, and families.

4.   The Recommendation

4.1.1. As part of this business case, the driver to make any decisions on delegation must be based on improving and delivering better outcomes for people, including children and their families. Appropriate evidence to support the recommendation to delegate Children and Families Social Work and Criminal Justice to the MIJB as the most robust solution has been driven by the data offered from a literary review, data identifying key legislative drivers for change, recognising outcomes not only for children and families but also for the social work workforce and overarching business benefits. Engagement with IJBs across Scotland and consultation with key partners supported the benefits and risk analysis in order to recommend the proposal of delegation.

4.1.2 Across the 32 Local Authorities, there is not a standardise approach to the delegation of children and families and criminal justice, which creates a conundrum

as to identifying the right mechanism to guarantee improve outcomes for children and families. Although there was widespread acceptance and positive outcomes from those that chose to delegate, there was a shortage of hard evidence on the direct causal relationships between social work delegated to an IJB. In part because of the infancy of IJBs and the complexity to evidence direct correlation within a human learning system.

4.1.3   In relation to children, young people, and families, the original literature review explored how the development of integrated authorities could have implications for four groups: (i) young people transitioning to adult services, (ii) young carers, (iii) care leavers, and (iv) vulnerable children, whose parents are in receipt of adult services, such as mental health support, or drug and alcohol services. The review concluded that, there was a potential for that impact to be positive if children and young people's specific needs were properly considered in local service planning and delivery cutting across adult's services. Where these is a vulnerable child, there is a vulnerable adult. Focusing on the adult will support the improved outcomes of the child through a whole family approach to social work delivery.

4.1.4   The development of SDS standards are the pillars on which social work practice is built. They represent the thread which ties distinct processes together into a broader strategic agenda, by empowering the workforce and communities to use an asset-based approach underpinned by human rights. SDS policy cuts across children and adult services to ensure consistency of outcomes and approaches in practice experienced by supported people (children and adults) and carers, building a framework of good practice in assessments for support, support planning and in provision of care and support resources. These standards are instrumental in the transformation of social work practice across both children and adults' services, aiding the decision to delegate so one consistent approach can be embedded with uniformity.

4.1.5   Linking the decision to delegate with the business care for improvements in children services is welcomed through creating a coordinated approach to offer local based services that enables young people to remain in Moray combined with working on all young person's strengths and skills through asset-based plans to ensure when young people reach adulthood, they are able to be as independent as possible and be active members of their communities. This requires integrated working with commissioning, health, education and adult services to create a pathway for transitions which meets the outcomes of the young person and their family. Families and young people receive good support and understanding of the transition pathway due to the strong co-production of plans and mirrored processes across children and adult services, aiding the decision to delegate children services and criminal justice to the IJB.

4.1.6   To date partnership working is considered strong between strategic partners including Education and Health. Respectful relationships and a sense of reciprocity characterised a positive response to the working relationships which already exist. These will not change with the delegation of services.

4.1.7   In conclusion, nearly six years on from the commencement of The Public Bodies (Joint Working) (Scotland) Act 2014, Moray has taken the opportunity to reflect on how the needs of Morays children, young people and families can be best served to achieve positive outcomes. Through the delegation of children and families' services to the Moray Integrated Joint Board, we have the opportunity to be

bold and create a system of support where children and families in Moray have the opportunity to flourish. If not now, when?

5.0 APPENDICIES

Appendix 1   Option Appraisal

Option 1: To Delegate to MIJB – *Preferred Option*	
Description	The management of Children and Families and Criminal Justice Social Work is to be managed and delegated to the MIJB with scheme of delegation updated accordingly
Pros/Benefits	**Whole systems approach**: is relevant to considering the family as a system. As integration should be person centred, this allows for a shared vision and shared practice to be achieved between professionals across children and adults' services. **Transitions:** Close attention has to be paid to the transition points both between service areas (e.g., from health to social care) and between child and adult service. Transitions planning and work around the family rather than families being passed from service to service, using a Pod model will add value to the system and improve outcomes for the supported Person and family. **Supporting young people** who are leaving care and meeting our corporate parenting responsibilities in ensuring young people have a foot up and smooth transitions into adulthood, getting what they need when they need it **Better alignment with adult services** means that children living in chronic neglect, substance misuse or households where mental health prevents children reaching their potential can be minimised and children's rights can be upheld **Shared models of working** with families, eg three conversation model and SDS standard approach created a consistent and equitable share of resources and services **Changing the model of conversation between children and families "*The Three conversation model"*** allows social workers to stick with families for as long as they need us. Through adopting a model as a whole system, this will offer consistency across the workforce and support to those who are in crisis.

	- **Shared commissioning** to support SDS options and joint creation of Markey facilitation strategy
- **Social workers will have a sense of belonging** and able to share best practice with colleagues whilst supporting each other though change management.
- **Increase in morale** to be part of the social work family.
- **Lifetime support** for people living with a disability
- **Locality models** to support communities can be aligned
- **Transformational journey through** process of change together with adult services to implement the independent care review of adults and The Promise can be achieved as a partnership. The independent care rereviews and the SDS standards are all supportive and mirror each other, creating ease and drive to implement change.
- **Creating better outcomes for children** through supporting the vulnerable adult through closer working relationships and information sharing. Interagency collaboration becomes part of day-to-day practice. Many vulnerable adults require support due to the effects from substance and alcohol use. Supporting the family to reduce a child's exposure to ACE and build family resilience will create a positive impact for the children and young people within the family unit. In turn potentially reducing the need for long-term services from children and young people.
- **Strategic decision making** can enhance the long-term resilience of the partnership particularly in the changing landscape due to the independent reviews offering an improved world.
- **Joint strategic planning** based on the long-term vision and a deep understanding of the MIJB core proposition for children and families and adults generate more value to reputation and most importantly better outcomes for our children and adults in Moray.
- **Building capacity** into the social work system in Moray through joint training, initiatives and shared learnings, in turn improving performance.

	• **Enhanced risk management** – collective responsibility with a proactive approach to the long-term strategic vision. • Active and regular **re-evaluation of resource** allocation across the system, based on sound assessments of risk and statutory responsibilities. Creates more value in the system. • Increased service user/ public confidence in the partnership through a collective vision and leadership. • **Scottish Government SDS transformation funds** along with Carers funds can create more value and better return on investment by building on the existing scaffolding across all ages in a unified approach. • **Belonging is empowering,** which is key to creating a flexible workforce ready to collaborate, innovate, mentor and support each other.
Cons/Risks	• **Financial Risk** – Resources delegated by partners are insufficient for the IJB to carry out its functions • **Failure to staff governance;** systems and processes are not sufficiently robust to support effective CPD and supervision to ensure delivery of practice that promotes public protection and meets health & Social Care need. • **Service model** of integration does not facilitate continued partnerships working with agencies, organisations and services that are out with the new integrated arrangements • **Damage to reputation** - Failure to meet local and national priorities and indicators for the additional delegated services, or conduct in a manner that brings the Partnership into disrepute • **Failure to identify and manage risks** arising from shared services, commissioned services, support services • Failure to work to the ethos and principles of **SDS and The Promise**

Costs	The financial arrangements will be part of the due diligence process for delegation with a permanent head of service for children and families to be considered.
Equalities Impact	The proposal will impact on children and young people and families both children in need and children in care as they move into adulthood. The focus of the proposal is on improving outcomes for this group of young people

Option 2: To Manage Services in Moray Council Structure

Description	The management of Children and Families and Criminal Justice Social Work is to be managed and restructured into the Moray Council. It is unclear what the future arrangements would look like if this option was to proceed.
Pros/Benefits	**Easy of working** with Education through same reporting structure **Provides a defined identity** embedded within the local authority **No change management** required to establish additional support functions **No risk to status quo** **Staff priorities** will remain the same as they have now and no integration planning will take place **Safe and predictable** **Easy of communication and sharing data** with Council Officers
Cons/Risks	**No capacity** in present structure to ensure robust enough changes to new systems to embed SDS standards, 3 conversation model and The Promise **Added management coordination** between children's and adults to ensure new practices are adopted across the whole system,

	- **Is not consistent** with other LA who have good Care Inspectorate inspections - **No shared commissioning** - **No seamless** system for children transitioning into adulthood - **Lack of consistency** with different approval systems - **Teams will have little influence** in designing a whole family approach - **Transitions will remain challenging** and fragmented under different reporting structure - **Pooling of budgets will be challenging** - **Loss of professional identity** by segregation with adult social work - **Reduced shared learnings** though siloed structures - **Little opportunity** to develop trusted relationship with adult social workers - **Reduced links to shared resources** including adults SDS and carers team - Limitations to address **workforce capacity**
Costs	Additional funding required to establish a head of service through a restructure plan to reposition services back into the Moray Council portfolio will need to be considered.
Equalities Impact	The proposal will impact on children and young people and families both children in need and children in care as they move into adulthood. The focus of the proposal is on improving outcomes for this group of young people

Appendix 2   High Level Risk and Issue to Potential Delegation

	Risk Category	Risk Description	Likelihood	Consequence	Score	Overall Risk	Mitigation
				Risk Register			
1a	Financial Risk	Resources delegated from the partner organisations are insufficient for the IJB to carry out its functions	3	3	9	Red	Strategic plan supports financial governance
2a	Workforce – Failure to manage succession planning/loss of key staff	Failure to staff governance; systems and processes are not sufficiently robust to support effective CPD and supervision to ensure delivery of practice that promotes public protection and meets health & Social Care need.	3	3	9	Moderate	Work force review strategy and delivery plan and with organisational development strategy and delivery plan to be in place.
2b	Workforce – Failure to manage delegation	Failure to deliver delegation – Actions are not agreed by all 3 partners to move from a state of uncertainty/transition to a state of final delegation	3	4	12	High	Project plan with define dates and actions for accountability and monthly Board meetings with appraisal of risk. All 3 partners will require signoff before formal delegation can proceed.
3a	Service Delivery & value for money/Effective Delivery	Failure to staff governance; systems and processes are not sufficiently robust to support effective CPD and supervision to ensure delivery of practice that promotes public protection and meets health & Social Care need.	3	3	9	Moderate	Public protection systems are in place through Children Support and Protection Committee, Adult Support and Protection Committee, MAPPA.
3b	Service Delivery & value for money: Partnership Arrangement	Service model of integration does not facilitate continued partnerships working with agencies, organisations and services that are out with the new integrated arrangements	2	3	6	Moderate	Strategic and locality planning groups are now in place. LOIP cover interagency working relationships.

4a	Damage to Reputation – National and Local Outcomes	Failure to meet local and national priorities and indicators for the additional delegated services, or conduct in a manner that brings the Partnership into disrepute	2	4	8	**Moderate**	Core suite of measurements and indicators to be clearly defined and measured.
4b	Damage to Reputation – Integration Process	Failure to deliver scheme of delegation to meet requirements of Public Bodies Act and other relevant legislation including Children's and Families	2	4	8	**Moderate**	Policies and procedures to be updated: training, integration plan to be implemented
5a	Failure to identify and Manage risks arising from shared services, commissioned services, support services	Commissioning; appropriate and sufficient capacity available across sectors to deliver a range of supports to meet parentship priorities. The IJB required legal assurance from the Council and NHS as to shared use of services/resources	2	4	8	**Moderate**	Commissioning / Procurement/ Contract monitoring arrangements are put in place to manage supply and demand.

Appendix 3   Integrated Joint Board Integrated Functions

Integrated Joint Board	Children's Health Services	Children's Social Care Services	Criminal Justice Social Work	All Acute Services
Argyll and Bute (1)	**Delegated**	**Delegated**	**Delegated**	**Delegated**
East Ayrshire, North Ayrshire, South Ayrshire, West Dunbartonshire, East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Orkney (9)	**Delegated**	**Delegated**	**Delegated**	**Minimum Services Delegated**
East Lothian, Shetland, North Lanarkshire, Eilean Sair (3)	**Delegated**	**Not Delegated**	**Delegated**	**Minimum Services Delegated**
Dumfries and Galloway (1)	**Delegated**	Not Delegated	Not Delegated	**Delegated**
Fife, Renfrewshire, North Lanarkshire, South Lanarkshire, Midlothian (5)	**Delegated**	Not Delegated	Not Delegated	**Minimum Services Delegated**
Aberdeen City, Aberdeenshire (2).	Not Delegated	Not Delegated	**Delegated**	**Minimum Services Delegated**
Scottish Boarders, Clackmannanshire/Stirling, Falkirk, Moray, Edinburgh, Angus, Dundee City, Perth and Kinross, West Lothian (9)	Not Delegated	Not Delegated	Not Delegated	**Minimum Services Delegated**

Highland Health and Social Care Partnership have adopted a lead agency model. This has seen NHS Highland assume responsibility for Adult Health and Social Care Service and Highland Council assume responsibility for Children's Health and Social Care Services