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# NORTH AYRSHIRE COUNCIL

30<sup>th</sup> November 2021

## Cabinet

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**Title:** Chief Social Work Officer Annual Report

**Purpose:** To provide the report of the Chief Social Work Officer to Cabinet as required by the Scottish Government's Guidance

**Recommendation:** That Cabinet note and endorse the report set out at Appendix 1.

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### 1. Executive Summary

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board this report will also be presented to North Ayrshire's Integration Joint Board.
- 1.4 This is the twelfth annual report covering the period of April 2020 to March 2021. It is attached as Appendix 1.

### 2. Background

- 2.1 In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
- 2.2 Due to Covid-19 and the additional pressures this has put on services and CSWO's, it was agreed that the template for the report should be a shortened version, which was also used last year.
- 2.3 The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking,

reviewing the preparation for key legislative changes that will impact on our delivery and outlining the key challenges the service will be facing in the forthcoming year as we deal with the impact of Covid-19.

2.4 The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of note, the following three areas should be highlighted:

2.4.1 The most recent Scottish Index of Multiple Deprivation (SIMD) figures have reaffirmed the deep structural challenges faced by many communities in North Ayrshire despite steady progress by North Ayrshire Council and partners in their ongoing commitment to eradicate poverty. North Ayrshire is ranked as the 5<sup>th</sup> most deprived area of Scotland, which is the same position it held in the previous SIMD of 2016. Disadvantage experienced in North Ayrshire in the domains of Income, Employment, Education and Housing are likely to increase the demand for Social Work interventions. There are significant challenges for Social Work due to a combination of the financial pressures, demographic changes and the cost of implementing new legislation and policy. Although the North Ayrshire population is set to fall by around 2% by 2025, we will experience an ageing population. Between 2018 and 2025, those aged between 65 and 74 years of age will increase by 0.7% and an increase of 2.3% for those aged 75 years and above. We do have a shrinking population in relation to 0–15 year olds and also our working aged population (16–64-year-olds).

2.4.2 The impact of Covid-19 on people and communities in North Ayrshire is still being experienced. At the beginning of “lockdown”, in March 2020, we saw a reduction of referrals in both child and adult protection as well as other areas of Social Work. As the lockdown measures have become less stringent and children have returned to school, referrals to Social Work Services have started to increase across all aspects of our work. In the last year, we have seen an increase in the number of children requiring Child Protection Orders in order to keep them safe. However that said, we have seen a decrease in the number of children who have become newly accommodated away from home. This is the lowest number of children being received into alternative care since 2017-2018.

2.4.3 The Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to the delivery of Social Work Services.

### **3. Proposals**

3.1 It is proposed that the Integration Joint Board notes the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The report highlights the role of Social Work in helping the Partnership and Council achieve their priorities. Examples from the report that I would like to highlight are as follows:

3.1.1 Our Service Access team working more closely with our Drug and Alcohol Recovery Service to identify more appropriate pathways of support for those impacted by

substances, through a test of change pilot whereby Recovery Development Workers with lived experience responded to referrals received into Service Access related to addiction-based difficulties. This proved to be highly effective and although the test of change has come to an end, a funding application has been made to continue this approach to allow the team to build on the success experienced.

The introduction of Practice Reflective Improvement Dialogue sessions as a response to learning identified from previous initial and significant case reviews in relation to children and young people has also been launched in the last year. These are multi agency reflective sessions which seek to ensure that children are at the heart of all decision making, that adult voices are not over privileged and that we enhance opportunities for professional reflection and that we increase professional curiosity of those who support our children and young people.

In April of this year, we also launched our Child Sexual Abuse (CSA) Strategy – the first of its kind in Scotland. This will ensure that people become more knowledgeable and confident about CSA and will know what to do if they suspect it is happening. We are also hopeful that children and young people will become more comfortable and confident about talking about this topic if they see that others around them (adults) are talking about it.

3.1.2 At the outset of the pandemic, a joint inspection of services for children at risk of harm across North Ayrshire was due to commence, however it was understandably postponed. At the time of completing the CSWO report for 2020-2021, services in North Ayrshire were getting ready for this inspection activity to be reinstated.

3.1.3 Justice Services continue to have a positive impact on the local community. Our service user group, MAD (Making a Difference) continues with weekly activities and has been particularly supportive of service users during the Covid-19 lockdown. Our Community Payback Order (CPO) Unpaid Work scheme has shown continuous performance improvement for the eighth year. We had 100% of our service users complete Level 1 orders within the required timescale and 100% of our Level 2 service users.

3.1.4 The response of social work services to the Covid-19 crisis has been outstanding. Staff in both Children & Family and Justice Services alongside Adult Services have worked tirelessly and have gone the extra mile, to ensure that those most in need continued to be provided with essential services. This achievement would not have been possible without the undeniable support which has been afforded to us by partner agencies and by family members and also the wider community. As we emerge from the pandemic, we can see the impact it is having on health, wellbeing and public protection.

### 3.2 **Anticipated Outcomes**

That the Council and the Scottish Government are made aware of the positive impact of Social Work Services in North Ayrshire as well as the significant challenges that are being faced.

### 3.3 **Measuring Impact**

Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.

## **4. Implications/Socio-economic Duty**

### **Financial**

4.1 None.

### **Human Resources**

4.2 None.

### **Legal**

4.3 None.

### **Equality/Socio-economic**

4.4 None.

### **Environmental and Sustainability**

4.5 None.

### **Key Priorities**

4.6 This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire and the Council and IJB Strategic Plans.

### **Community Wealth Building**

4.7 Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

## **5. Consultation**

5.1 The Chief Executive of North Ayrshire Council and members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.

Caroline Cameron  
Director of HSCP/Chief Officer

For further information please contact **Elizabeth Stewart, Interim Chief Social Work Officer/Senior Manager, Children and Families**, on **01294 317750**.

### **Background Papers**

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North Ayrshire Council  
Comhairle Siorrachd Àir a Tuath

# Chief Social Work Officer Report



**NORTH AYRSHIRE**  
Health and Social Care  
Partnership

2020 – 2021

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## Introduction

Welcome to the annual Chief Social Work Officer (CSWO) report for North Ayrshire for the year 2020/2021.

This report comes at a time when I have been appointed in the role as Interim Chief Social Work Officer, after the retirement of David Macritchie in May 2021. I welcome the opportunity to lead and support with the continued enhancement of both Social Work and Social Care services in North Ayrshire. Like last year, this report is a shortened version of the standard annual report as directed by the Office of the Chief Social Work Advisor to all CSWO's.

Similar to our previous CSWO, I currently hold the post of Senior Manager within Children and Families and Justice Services. However, in recognition of the pivotal and crucial role which the CSWO plays, the North Ayrshire Health and Social Care Partnership (NAHSCP) are currently in the process of recruiting a standalone CSWO who will be in post late 2021.

The speed and scope of the coronavirus crisis has posed extraordinary challenges for everyone across the world. The successes I am reporting on over the last 12 months could not have been achieved without the commitment of our entire Social Work and Social Care workforce, as well as the commitment shown from our multi agency partners throughout North Ayrshire. I am immensely proud of the selfless commitment which has been shown by those mentioned already.

Elizabeth Stewart

Interim Chief Social Work Officer

North Ayrshire Health and Social Care Partnership

## North Ayrshire Demographics

North Ayrshire is home to over 134,740 people, (National Records for Scotland, 2020) all living in its many towns, villages, and islands, with slightly more females (52.4%) than males (47.6%). 16.7% of the population are aged 0 to 15 years, 10% are aged 16 to 24 years, 21.3 % are aged 25 to 44%, 29.4% are aged 45 to 64 years of age, 12.8% ages between 65 to 74 years of age, with 9.9% of our population aged 75 years and above.

The latest update of the Scottish Index of Multiple Deprivation has reconfirmed the deep structural challenges faced by many communities in North Ayrshire, despite steady progress by North Ayrshire Council in its ongoing commitment to eradicate poverty. North Ayrshire is ranked as the fifth most deprived council area in Scotland. Some of the area's most heavily affected by deprivation are concentrated in the Three Towns and Irvine areas but areas in Kilwinning and the Garnock Valley also have above average deprivation.

All our communities in North Ayrshire have their own characteristics and needs and we recognised that a one size fits all approach to service delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another.

Therefore we are now designing local services based on local need, identifying the health and social care priorities in communities, and developing services that help people access the right services at the right time.



## 1. Governance and Accountability

The requirement for each Council to have a CSWO was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector.

Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The post of CSWO should assist authorities in understanding the complexities of social work service delivery and the role which social work plays in contributing to the achievement of local and national priorities and outcomes. The post provides professional advice to local authorities, elected members, and officers on the authority's provision of social work services which are delivered across children's, adults, and justice services.

Since the advent of HSCPs, the role of the CSWO remains complex, given the diversity of governance and accountability structures. The responsibility for the operation of social work services was devolved to the IJB and in recognition of the continued importance of this role, the CSWO is a standing member of the IJB as one of the professional advisors.

We continue to work across professional boundaries in the partnership. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their professional lead.

Within the NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers, and other professional leads for health disciplines. The PSMT meets on a weekly basis. Outwith these meetings, I meet regularly with the NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance. Regular meetings with the Chief Executive, to whom I am directly accountable, as well as attendance at strategic forums of the local authority and Community Planning Partnership (CPP), allow me to effectively deliver the functions of the CSWO in North Ayrshire. As CSWO, I sit on several steering groups and strategic partnership forums that look to deliver on the CPP's priorities.

The Children's Services Strategic Partnership has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2020-2023 makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

Our current Children's Services Plan builds on the previous plan's priorities and the themes which it focuses on are: -

- Young peoples' rights and views are respected and listened to
- Early Intervention and Prevention
- Reducing inequalities and improving outcomes
- Supporting social, emotional, and mental wellbeing
- Physical activity and healthy weight.

The Corporate Parenting Strategy places responsibility on partners for working together to meet the needs of looked after children and young people.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health, without poverty, and by giving our children and young people an opportunity to have the best start in life.

I am also an advisor to North Ayrshire's Chief Officers' Group for Child and Public Protection and I'm a member of both the Child and Adult Protection Committees.

As professional lead for social work in NAHSCP, I chair a monthly Social Work Governance Board which focuses on the quality and support required by our social work staff, both registered and non-registered, to ensure we deliver effectively to the people in North Ayrshire. The inception of the Health and Social Care Partnership has seen this governance board sit amongst one of many that have been set up to establish necessary accountability in the health professions. As health and social care services have become integrated, it has been important to maintain a forum in which the professional integrity of the social work discipline is a key focus. However, it is equally important to have mechanisms by which learning can be shared and scrutiny robustly delivered on cross-cutting issues. The Clinical Care and Governance Board, of which I am a member, is the overarching governance group to which all other governance groups report.

## 1.1 Overview of the North Ayrshire Health and Social Care Partnership

### Visions, Values and Priorities

North Ayrshire Health and Social Care Partnership is working towards a vision where:

**“All people who live in North Ayrshire are able to have a safe, healthy and active life”**

Our Partnership includes health and social care services within Health and Community Care Services, Mental Health and Learning Disability Services and Children, Families and Justice Services.

We are in the final year of our three-year Strategic Plan. This Strategic Plan allowed us to confirm with the people who use our services, North Ayrshire residents and staff, that we should continue to focus on these five priorities:



### North Ayrshire Needs Assessment

To better understand the health and care needs of North Ayrshire, we produced a Strategic Needs Assessment. The following summary provides some of the key areas for action.

In addition to the demographics provided earlier in this report, population projections continue to suggest two population changes which will have an impact on health and social care in the future.

- The North Ayrshire population continues to decrease and is expected to shrink by 2% between 2018 and 2025
- Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Between 2018 and 2025, those aged between 65 and 74 years will increase by 0.7% to account for 13.3% of the population. However, those aged 75 plus will increase by 2.3% over the same period and will account for 11.9% of the population in 2025 (or 15,757 people).

North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index

of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live within areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.

27% of local people are living with a long-term condition (LTC) (which could include Arthritis, Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD)). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. Only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s.

Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 years or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. When taking this in context with the population projections, a growing population of those aged 75 years plus is likely to place additional demands on local health and care services.

However, those aged 75 years plus also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year.

In 2018, 21.7% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are amongst adults aged 18-44 years, suggesting a demand within this age group for mental health services.

In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental concerns. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

A further priority for action is in relation to substance use. While alcohol related admissions to hospital appear to decrease year on year, North Ayrshire reports higher volume of admissions compared to the Health Board Area and Scotland as a whole.

In addition, alcohol related deaths were reported as increasing (at the latest reported data) with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area and Scotland as a whole.

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared with the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both the Health Board area and Scottish average.

## 2. Service Quality and Performance

### 2.1 Children, Families and Justice Services

Regular performance reports are readily available within Children and Families which includes activity data and management information which allows staff to see how our teams are performing and responding to risk. Key data in relation to Child Protection Referrals, Investigations and Case Conferences are collated, alongside data in relation to Adoption and Permanence.

The number of child protection concerns this year compared to last year has increased by 4%. Concerns which have progressed onto Child Protection Investigations remain largely static to last year with a conversion rate around 42%. 65% of cases subject to a CP investigation then progressed to case conference. With 78% of children subject to a case conference then being placed on the Child Protection Register. Risk factors most commonly associated with Child Protection Registrations this year are Emotional Abuse, Parental Mental Health problems and Neglect. During 2020/21 there were 253 de-registrations and 169 of these were due to improved home situations.

This year the Partnership has seen a rise in the number of Child Protection Orders being applied for and granted. An increase on last year of around 23%, with a total of 39 Child Protection Orders being authorised.

In the last year, there has been a decrease in the number of children and young people newly accommodated. In this reporting period, 63 young people were newly accommodated, a decrease of 21 children from the year before. This is the lowest number of young people requiring alternative care since 2017/2018.

As expected, due to the impact of the pandemic on court functions, the number of children either being legally secured through adoption or permanence has also decreased, as did the number of children who had decisions made about their long-term future. There were 4 successful adoptions in 2020/21

Children and young people requiring the intensive safety which secure care brings, also decreased significantly during 2020-2021, with only 1 young person requiring this level of care. This is a decrease of 75% from the year before.

Our number of in-house foster carers has risen from 98 to 103 over the last year, with 9 new foster carers being approved. As at the 31/03/2021, there were 168 children with Foster Carers provided by the Local Authority. The number of children in Kinship care has remained at 343.

See appendix for full statistical information.

Outwith Child Protection and Adoption and Permanence work, our Children and Families Teams have been involved in a variety of other work to support our children and young people over the last 12 months.

## **The Promise**

North Ayrshire Council has committed to fulfilling “The Promise” to ensure that children and young people who are care experienced are listened to and experience a less fractured and bureaucratic system during some of the most difficult times of their lives.

To date the partnership has progressed initial works in relation to: -

- Developing a Communications Plan
- Developing Stakeholder analysis
- Promise Roadshows underway
- Application for funding for co-ordinator role
- Recruitment ongoing for two posts (Youth Worker & Engagement/Participation lead)
- Training (Signs of Safety, Safer & Together, Trauma Informed) – we see such approaches as being instrumental to creating cultural shifts in practice focussing on family strengths and engaging the family network in wider safety plans whilst still holding the child’s safety and voice at the heart of any plan
- Review of key documentation underway
- Meeting (and follow up) with The Promise national team
- Informal national Promise group meeting monthly – chaired by the Head of Services within HSCP

## **Summer Hubs**

The Partnership worked closely with colleagues from Education over the summer of 2020 to, in a very short period, create hubs for both children of key workers and those who were vulnerable. This required careful planning for accommodation, transportation, staffing, food, and resources. These hubs provided environments for children to thrive in, whilst promoting resilience at a time of national anxiety through positive play and inclusion. Please follow the attached link for some of the [memories of summer 2020](#).

Our emergency childcare provision for these children commenced on Monday 23rd of March across all nine secondary schools. This moved to six locality hub school buildings on Wednesday, 25th March. This provision was staffed by volunteers from across the services.

## The Ghillie Dhu Crew

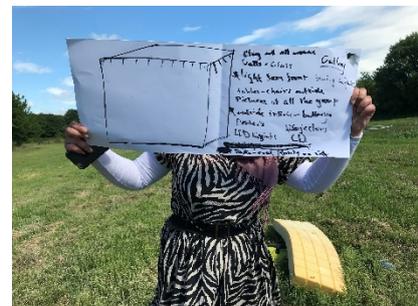
The Ghillie Dhu Crew is a group set up in 2017 by our Family Placement Team for children permanently in foster care in North Ayrshire, to provide an alternative to organisations such as Brownies or Scouts which can sometimes feel challenging to young people with care experience. During the last year, one of the challenges set by the facilitators and presented by the Chief Ghillie Dhu, was to do something to lift spirits in the local community. The children were given a card that they wrote a personal message on and produced Hug Bugs - a small wooden heart with "hug" on it that could be hung up – and together with a poem and a handwritten note, these were distributed to older or isolating and shielding people in North Ayrshire. 94 Hug Bugs have since cheered up residents, while the children had great fun focusing on the task and talking about what lockdown meant for other people. Some members of the community wrote back to the children.

This has helped to engage, entertain, and distract children during lockdown, with them learning, connecting, and taking on new challenges. Carers also enjoyed spending time on these projects with the children, and group members have created a separate online facility where they can share achievements, worries and concerns during these unprecedented times

*"Just to let you know I received my card with message – sending you a hug from a little bug – I was quite impressed. When you stay by yourself (Especially during lockdown) you do feel lonely at times but knowing that some one is thinking of you makes a big difference. So thank you, keep up the good work"*

## National Portrait Gallery

A joint funding submission with the National Portrait Gallery, North Ayrshire Alcohol Drug Partnership, North Ayrshire HSCP and North Ayrshire Youth Services was successful in securing £60,000 from the Youth Recovery Fund. The Youth Recovery Fund has been set up to support the wellbeing of all children and young people impacted by COVID-19. This funding has supported an exciting range of art programmes, initiatives and exhibitions in North Ayrshire which had a choose life message and encouraged positive mental health & wellbeing amongst our children & young people.



Work from our children and young people featured in The National Portrait Galleries exhibition, 2020 Stories, Portraits and Visions.

During the second period of lockdown, our Children and Families teams worked in partnership with families to offer one off funding to promote any care experienced child or young person's attainment. This involved a spend of up to £250 where the child and family could identify an area of interest or passion for the child or young person to promote their attainment in some way. This allowed for creative thinking and flexibility and a range of opportunities were identified for children young people and their families. This ranged from a National Trust subscription promoting the child's interest in history alongside family activity offering the whole family an opportunity to spend time supporting this interest. Equally we have had young people being included in equine opportunities and other sporting opportunities. In turn these opportunities have often benefitted the young person's overall health and wellbeing.

Throughout the pandemic, several other initiatives have been taken forward by NAHSCP staff to limit the impact of inequality and poverty.

Utilising the "Get Connected Fund" and "Connecting Scotland" for several children and families to enhance participation in learning and provide ongoing connection with those offering them essential support. To ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed, alongside dongles to allow free internet access for two years, to vulnerable children and young people, as well as care leavers attending college.

Additionally, we assisted some of our more vulnerable families to make online applications for free school meals boxes. Children and Families staff also provided a range of activities to our children and families including arts and crafts activities, scavenger hunts and booklets with activities that would cost under £1 to take part in.

Applications to the Cash for Kids Emergency Grant Fund raised £10,500 for our most vulnerable families, providing them with essential items during the lockdown period.

Donations of bicycles were received and distributed to families, assisting them with mobility and outdoor opportunities to enhance their wellbeing and donations of children's clothing were collected and distributed to families who required them.

## **Community Hubs**

When the country first went into lockdown, our Service Access team (our social services front door) did not receive the anticipated increase in referrals and instead discovered that our Community Hubs were overwhelmed with referrals. These Community Hubs were set up for those who do not have existing family or community support and needed help with tasks such as getting groceries, access to finances, paying bills, getting their prescribed medications, or generally ensuring a person's wellbeing. These Hubs were not open to the public but were used as a base for a small, coordinated team of volunteers.

This presented an opportunity to encourage collaboration and connection across services in response to the pandemic. Within 5 days, the Service Access team realigned their service to attach a staff member to each locality hub. From here,

through shared vision, values and commitment, the team built on existing relationships and delivered a scaffolding of help and support to those most in need.

### **Recovery Development Workers (RDW's)**

It was recognised that at the pre-contemplative stage for change, that people were reluctant to become involved with services to address their addiction issues. Additionally, when people agreed to address their addiction, with the existing referral processes at the time, coupled with continued chaotic lifestyles, appointments were often declined.

Therefore, it was agreed by Service Access and our North Ayrshire Drug and Alcohol Recovery Service (NADARS) that RDW's may be a useful way to attempt to offer necessary support, at the earliest stage possible to mitigate risk to individuals

A test of change was initiated on 17th December 2020 to set up a process that would enable Service Access to access RDW's from NADARS to provide an Early and Effective Intervention for adults within our local communities to address their addictions and therefore improve their living environments/mental health & wellbeing and their life chances. This would be an earlier, softer, and more appropriate and person-centred approach to engage individuals with any addiction issues and to encourage individuals to consider a recovery pathway.

14 individuals were supported by the process, 12 adults living in the community and 2 parents residing with children. Outcomes for service users have supported opportunities to address their addiction. However, it has also addressed other issues such as loneliness, mental health issues, offered practical support within their homes as well as directing them to other services such as Money Matters, DWP and Utility Companies. As well as benefits to the Service User, this pilot brought services together, all gaining a better understanding of each other's roles and responsibilities. The staff were extremely positive due to the outcomes achieved and the positive working relationships established.

#### **Case Study**

*“A young female aged 17, who has had family issues, was referred to the Mental Health Worker within the GP Surgery by Service Access worker. (A) has struggled with low self esteem and appears to have been using alcohol/at times substances as a means of coping. She lives at home with her mum and her boyfriend is mainly there also. (A) had also agreed to a visit from the RDW”*

*“(A) engaged during initial joint visit with SA and RDW, agreeing to continued short term engagement. She was supported with referral to Money Matters Team and now in receipt of Universal Credit, alleviating poverty and stress. She has been able to reflect on underlying reasons for alcohol consumption and has refrained from consuming alcohol or taking drugs since intervention commenced. This has improved her physical and mental health and her family relationships”*

The test of change has come to end, however owing to the success, a funding application has been made to the Corra foundation whereby we are looking to secure

funding to recruit a RDW who would be based within our Service Access Team in order to build on the success during the test of change period.

### **Rosemount Crisis Intervention Team**

The Rosemount Crisis Intervention Team deliver individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. The work of the service ties-in closely with The Promise (Scottish Government, 2020) in that the five foundations of the promise – Voice (child-centred approach that advocates for the needs/rights of young people), Family (taking a whole family approach to ensure residential accommodation is a last resort), Care (where children can't remain with birth parents, we seek to promote Kinship care), Scaffolding (building networks of support within local communities) and People (fostering positive relationship between our workforce and those we support) – is reflected in the work we do. During the year 2020-21, Rosemount supported 276 young people and their parents/carers. This figure is down from 324 from the previous year, however, it is recognised that COVID-19 will have impacted on our numbers, and the team had two staff members who relocated to new roles, taking their respective caseloads with them.

Of those 276 cases (95%), of young people were maintained with their families – an increase from the 94% the previous financial year. This increase comes despite it being identified at the point of referral that 88% of cases had significant difficulties in relation to family dynamics, whilst deficits in parenting capacity had been identified for 92% of referrals. The team offer 7-day support and covered 34 out of 52 (65%) weekends during the year. The success of the service in the past year is testament to the relationship-based values the service is predicated on, as well as the ability of the team to upskill and empower families to resolve their differences and stay together.

### **Practice Reflective Improvement Dialogue**

Practice Reflective Improvement Dialogue is a multi-agency initiative which has been introduced within North Ayrshire this year in response to the learning from Initial Case Reviews and Significant Case Reviews. The learning from these case reviews has highlighted that a cultural shift is required which puts children at the heart of all decision making and ensuring that adult voices are not over privileged, enhancing opportunities for professional reflection and leaders supporting workers to be accountable for their practice and increase professional curiosity. PRI Dialogue sessions are multi-agency sessions to reflect on Child Protection cases, with the following 3 main objectives:

- Workers in North Ayrshire increase their professional curiosity and appropriately challenge colleagues to protect children and young people
- Workers have opportunities to professionally reflect to ensure that practice is centred around protecting and meeting the needs of the child
- Workers have an improved understanding of the child's experience and ensure that adult's voices are not over-privileged

## **Inspection of Children's Services**

A joint inspection of services for children at risk of harm across North Ayrshire was due to commence at the outset of the pandemic, understandably it was postponed, however inspection activity has now been reinitiated and North Ayrshire's joint Children's Services will be inspected over a 6-month period, commencing as of August 2021.

## **Justice Services**

Our Justice Service works in partnership with the justice system. It liaises with court staff, informs and monitors court proceedings, and ensures non-custodial options are available that can reduce re-offending and address underlying causes of offending.

We recognise for those people who have been through the justice system that they want to be productive and make positive contributions to their communities, we work together to help them achieve better outcomes. We aim to:

- Help people to make the move from prison to the community
- Prevent re-offending
- Enable people to give back to their community

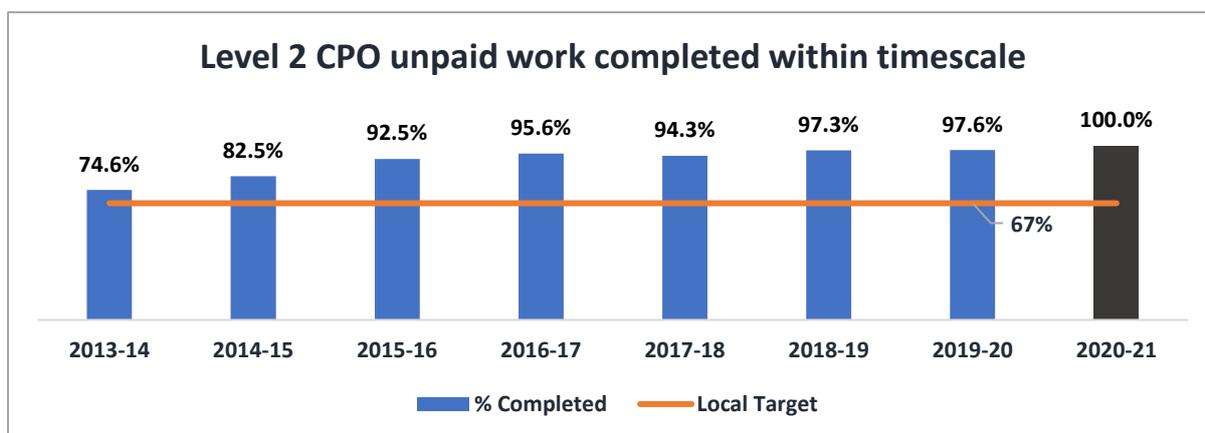
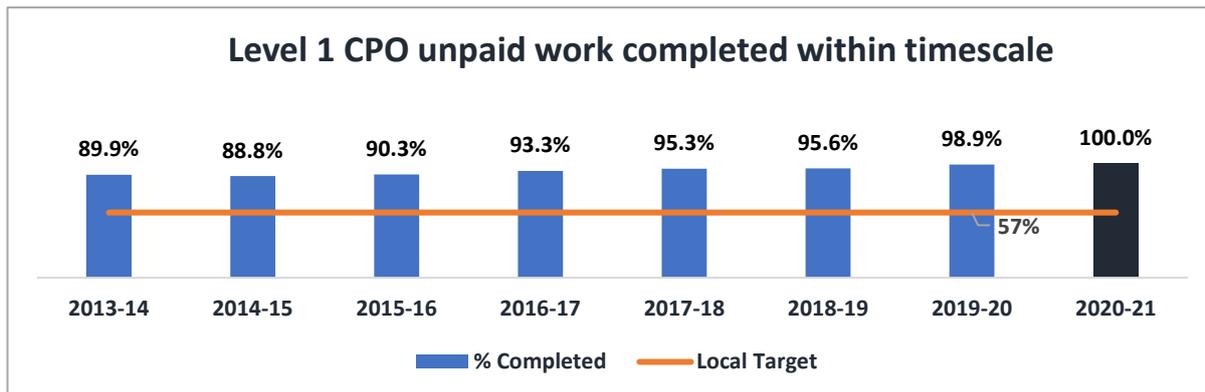
We work with other agencies, organisations and stakeholders such Youth Justice, Adult Support and Protection and MAPPA (Multi Agency Public Protection Arrangements.)

## **Community Payback Orders**

The latest Government statistics on Community Payback Orders (CPO) (2019-20) show that North Ayrshire has the third highest number of CPO's imposed per 10,000 population in Scotland at 63.5 per 10,000 population. The Scottish average is 43.3 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said numbers are again on the decline in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2019-20 reveal North Ayrshire sitting at 82.7 per 10,000 population. The Scottish average is 73.7 per 10,000 population.

Numbers of those subject to a Level 1 CPO varied greatly from 2019-20 due to COVID-19. For example, 2019 saw 92 out of 93 completed within timescale, whereas 2020-21 saw 21 out of 21. This is like the Level 2 CPO's which saw 161 out of 165 in 2019-20, whereas 2020-21 saw 24 out of 24 completed within timescale.



Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the eighth year we have continuously over-achieved against targets for CPO level 1 and level 2.

We currently have 189 people of all ages and abilities undertaking unpaid work. The unpaid work teams generally undertake a variety of tasks for the benefit of local communities, due to coronavirus government guidelines, restrictions and health and safety, this year has looked slightly different regarding the variety of tasks we have been able to undertake.

Reintegration into communities remains the ethos of Community Payback Orders, and with that aim in mind, we continue to have Employability Mentors based within the Community Payback, Unpaid Work Team. Since coming into post, the mentors have been successful in supporting 31 service users into full time employment, 7 in the last year. Training opportunities has reduced during the last year due to Government restrictions on the types of courses that are generally sourced however training resumed in limited capacity during March 2021.

### **Caledonian Women’s Service**

The Caledonian Women’s Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including Education, Housing, Police Scotland and the voluntary sector, so that women

and their families are better supported. In 2020-21, the team worked with 165 individuals across Ayrshire (an increase of 25 from the previous year). Offering a variety of services and support, from safety planning sessions to longer term interventions and support, the team currently continue to support 42 women across North Ayrshire. The Caledonian Women's Service previously piloted women's well-being groups as a means of reducing isolation, these were however suspended due to lockdown. The Caledonian team have also recruited a children's worker whose primary role will be supporting children who have been exposed to domestic abuse.

### **Moving Forward Making Chances**

The Moving Forward Making Chances programme is a cognitive behavioural programme designed to assist participants who have been convicted of sexual offences to lead a satisfying life that does not involve harming others. Within the rehabilitative framework of the Good Lives model, practitioners work with group participants to lead a better life, reduce their problems, and lead an offence free life. This programme is framed within a strength based theoretical approach that recognises the relevance of dynamic risk factors. It views completion of group work as something that will benefit the individual and highlights their role as the primary agent of change. This focus on building an offence free lifestyle means public protection and community safety is increased. COVID-19 restrictions have meant groups have been suspended, however work has continued a one-to-one basis, with 39 men completing the programme in 2020-2021. A new service has been developed for men convicted of sexual offending and a desistance officer has been recruited to promote social inclusion and accountability with a view to creating a reduction in social isolation amongst this offender group.

### **Drug Treatment and Testing Order Team**

The Drug Treatment and Testing Order Team have secured Corra funding for 2 Recovery Development Workers. These additional members of staff with lived experience will allow the team to develop an active outreach approach to encourage service users to be retained within the service and support them in building resilience for longer-term change.

In the past 5 years, prior to the pandemic, the number of DTTO assessments requested increased by 41% and the number of DTTOs imposed by 92% at the peak in 2017-18. This reduced in 2019-20 but still represents an overall increase of 52% compared to the previous review period (2014-17). In 2020-21, we have noted a 28% decrease in assessments requested and a 33% decrease in impositions. This was due to Court activity being affected throughout this period. As Courts are now beginning to resume daily business, assessments and impositions are increasing once again and it is expected that by September 2021 caseloads will increase significantly.

## Making A Difference (MAD)

North Ayrshire's Making A Difference (MAD) service user involvement group, provides a positive platform for our members to become included in the development and delivery of Justice Services. Service users can have their voices heard, continue to learn new skills, increase their confidence, and become involved in the on-going development of activities. Participation in the groups or activities are entirely voluntary and service users can essentially decide which part of MAD they would like to become involved in. We have some members who join the football activity every week but do not participate in other aspects and then we have other members who enjoy lots of different parts of the MAD group.



The pandemic presented Justice Services with several barriers to supporting service users throughout lockdown. As a service, we were forced to think 'outside the box' and adapt our approach to lockdown restrictions. These restrictions exacerbated existing issues that service users experienced, such as isolation, mental health problems, substance use and accessing services. Accordingly, we created socially distanced activities, like

cooking challenges, where members were provided with a bag of individual ingredients and a recipe and would compete online to see who would win the challenge. We also set walking challenges asking our members to take photos when they went out for their daily walk and then the group would vote on whose photos was the best. Our members confirmed these activities helped them feel more connected throughout lockdown and helped to reduce their feelings of isolation.

## MAPPA

There has been an overall drop in the number of people being placed on the register. That is likely due to the delays in the court system. Over the past decade the number of people on the register has grown by an average of 6% each year. It is expected that once the courts return to normal things will rebound back to that trajectory.

## 2.2 Health & Community Care

### **Adult Support and Protection**

Throughout 2020/2021, 2215 Adult Concern reports were received by the Partnership, this represents a 5% decrease in the numbers of referrals received from the year before.

558 Adult Protection Referrals were made, which also represents a slight decrease on the year before. 132 Adult Protection Investigations were started with 64 Case Conferences being convened. Most Adult Concerns reports were made by the Police Scotland and the majority of Adult Protection Referrals were also made by Police Scotland. Of the 132 Adult Protection Investigations undertaken, Financial Harm featured as the highest single area of concern.

### **Care at Home**

Throughout the year significant pressures remained on Care at Home Services with continued levels of high demand for the delivery of Care at Home supports from both Community and Hospital settings. During periods of high COVID-19 positivity, inhouse workforce was significantly impacted with shielding for frontline staff and increased levels of self-isolation. This has been compounded by the continued reduction in available external Care at Home provision in North Ayrshire with one Care at Home provider facing significant challenges at the end of the year, requiring the Partnership's inhouse Care at Home services to support with the provision of Care at Home services to service users in the Irvine and Kilwinning area. The Community Alarm and Telecare service in North Ayrshire has seen an increase in demand with alarm activations remaining at high levels since the beginning of the pandemic.

### **Respite Services**

Anam Cara is our specialist dementia respite centre based in Kilbirnie. It has continued to provide critical respite provision to service users deemed most at risk in the community and has also continued to be utilised as a step-down facility for individuals being discharged from acute settings as part of the Partnership's response to the COVID-19 pandemic.

### **Day Services**

Older People's Day Services have been closed temporarily, with physical and virtual outreach being delivered to those in the community identified as most in need of critical support. A review of older people's Day Services commenced at the end of the year in consideration of remobilisation of day service delivery.

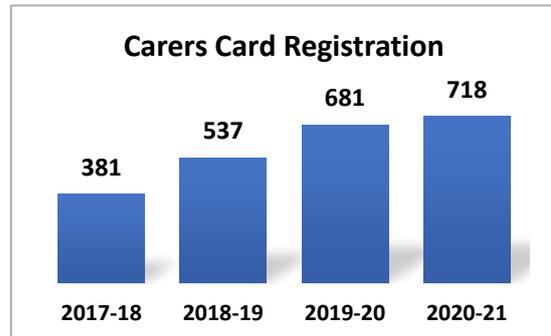
### **Dirrans Centre**

The Dirrans Centre rehabilitation facility provides personalised community-based supports to build independence, self-management, and activity for service users across North Ayrshire. The Dirrans Centre has once again held onto its Platinum Investor's In People status – beating off competition from nine other entries. The

Platinum Award is the highest accolade available through the internationally recognised Investors in People scheme.

### The Carers Team

The Carers Team compiled a COVID-19 Guide to make it easier for carers to find the right information in relation to the pandemic. Additionally, they provided different breaks from caring with Scottish Government funding received by Unity (Our local Carers Centre) – supporting 46 carers with a laptop, meals out, gardening equipment, sports equipment, electronic tablets, and exercise equipment. There was also a wellbeing fund which supported 41 carers with fuel and food parcels. Carers Week continued to run 8 – 14<sup>th</sup> of June 2020 with the aim of Making Caring Visible. Many carers and carer organisations continued to celebrate, provide, and receive support with and from their carer peers during this week.



Additionally, 718 people have registered for the Carers -Appreciation Card. The North Ayrshire Carers Appreciation Card entitles unpaid carers of all ages to a range of discounts, offers and concessions. The card can also be used to identify the individual as a carer to their doctor, when visiting their pharmacy or even in school or university.

### Money Matters

Our Money Matters Team once again supported the most vulnerable people in our communities accessing entitled benefits to the incredible sum of £15,901,265.76, an increase of £595,351.33 from 2019-20. This is a great achievement against a backdrop of austerity/welfare reform cuts and is testimony to everyone’s work in the Money Matters Team. Additionally, Money Matters received 3,601 enquires/referrals, with a 76% success rate for appeals which proceeded.



### Health and Wellbeing Hubs

Five library buildings in North Ayrshire were set up as Health and Wellbeing Hubs for care home staff and care – at – home staff. These hubs provided a bridge between work and home life, a space where staff could take time out to recharge their batteries, talk to colleagues and line managers about the impact of the COVID-19 pandemic on themselves and their service users and access

*“...safe environment for staff to talk about personal stress...”*

*“Very relaxing and welcoming space ...”*

*“I think this is a fantastic resource!”*

support information on a range of health and wellbeing topics. Feedback from the carers has been positive and they have enjoyed the light, airy and calm library spaces situated within their own locality. Library staff have been very supportive and empathetic with the carers and have seen many repeat visits – around 560 each week – with new relationships being forged. The use of the public library buildings in this way reflects the safe, non – judgmental third space that these buildings provided communities pre - lockdown

**Arran Services** – The Arran Social Work Team is an integrated team which deals with all matters from services to children and families and adults and older people.

### **Arran COVID-19 Vaccination Programme**

The Arran Vaccination team is an integrated team demonstrating true partnership working across our health and social care teams. Nurses and GPs from Primary, Community and Hospital have delivered over 3,500 vaccines to residents on Arran.

Following a successful bid to the Cora foundation for a 2-year research project into the Drug and Alcohol pathway on Arran in 2018, a new Drug and Alcohol Outreach worker has been agreed and funded by North Ayrshire ADP for 2 years. This is a great example of close working with our third sector partners Arran CVS and a huge step forward in improving this aspect of our service model on Arran.

### **Health and Wellbeing Supports**

Health and well-being support for Arran High School, through the joint Health and Social Care and Locality Planning Forum has meant that a new project to support pupils at Arran High School has been awarded. This example of partnership working has contributed to Arran High School becoming a finalist in the National Teaching Awards for Impact through Partnership and we have our fingers crossed for the outcome which will be announced soon.

### **Staff Wellbeing Hubs**

Arran services established a staff wellbeing rest area where staff can go and have quiet time and make use of relaxation areas which have been established. Access to Counselling sessions on Arran have been well used and staff have found the chance for 1-2-1s beneficial. The staff helpline and occupational health support have also been invaluable, as well as access to vouchers for Heather Lodge on Arran that provides a range of physical and psychological support.

### **Personal Protective Equipment (PPE)**

The COVID-19 pandemic required an immediate logistical response to the continuation of service provision while ensuring the safety of both workers and service users. The distribution of Personal Protective Equipment (PPE) ensured as safe a response was possible. As of March 31st, 2021, we distributed 4,151,054 pieces of equipment from gloves to masks and hand sanitiser to Health and Community Care Services.

## 2.3 Mental Health

There has been a total of 81 emergency detention requests. Of which, 66 were carried out by either out of hours Mental Health Officers or without Mental Health Officer consent. This is an increase of 27 from the previous year. There has also been a significant increase in the number of short-term detention requests with 134 being recorded to the previous year's 67. Of the 134 consent was given to 119, with the other 15 being assessed but no consent given. There was a slight increase in compulsory treatment orders granted with 59 being recorded to the previous year's 51. Of the 59 26 had been interim CTO's, with 13 of these moving to full CTO following a further Mental Health Tribunal. Warrants undertaken remained at 6.

Compulsion Order and Restraining orders (CORO) (3), Compulsion orders (6), Hospital Directions (1), assessment orders (2) and Treatment orders (2) all remained the same from the previous year. Transfer for treatment orders, however, increased from 1 to 3.

Private Welfare Guardianships increased from 272 (67 new) to 314 (57 new). As did CSWO Guardianships from 64 (24 new) to 71 (24 new). Mental Health Officer Report Private Welfare Guardianship Applications decreased from 104 to 75.

In North Ayrshire our MHO service has always been integrated and managed as part of the Mental Health Social Work team, with MHO duties being carried out in addition to the MHOs fulltime role.

As the amount of work has steadily increased over the years, the waiting times for allocation of an MHO to complete a suitability report for both Local Authority and Private Guardianship applications has increased. We are currently piloting a test of change to look at improving our waiting times and reducing waiting lists for our MHO tasks. This will also improve services received for both service users and their families.

In July 2020, we started a pilot MHO service to allow a small number of MHOs to focus solely on MHO work instead of their dual role of MHO and Care Manager, this also involved a change to how we prioritise requests for Guardianship reports.

The outcomes of the Pilot so far: -

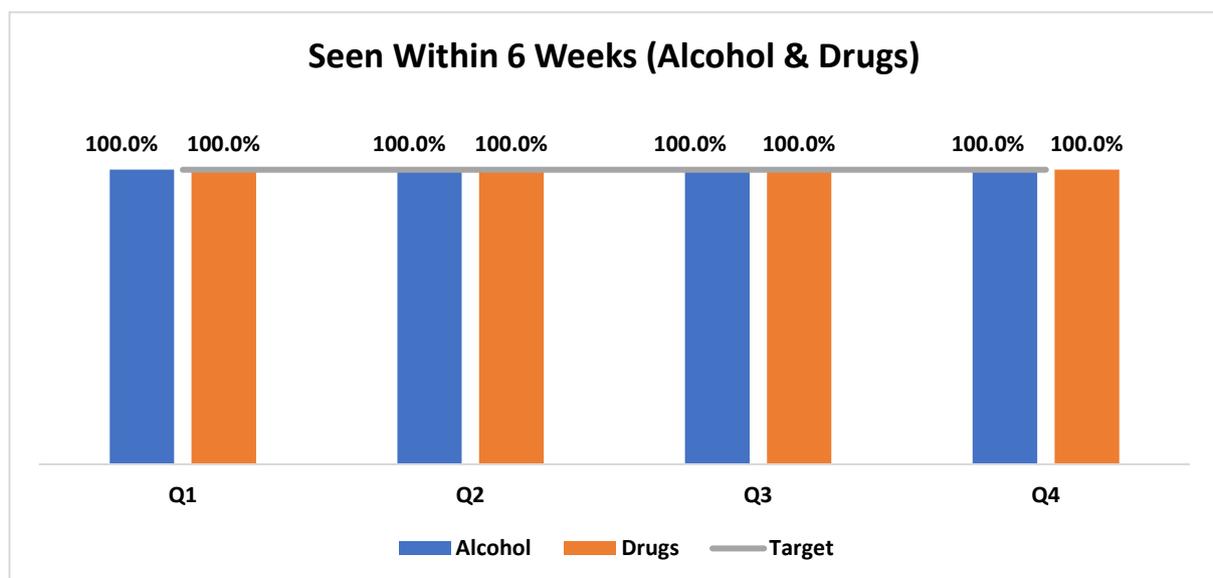
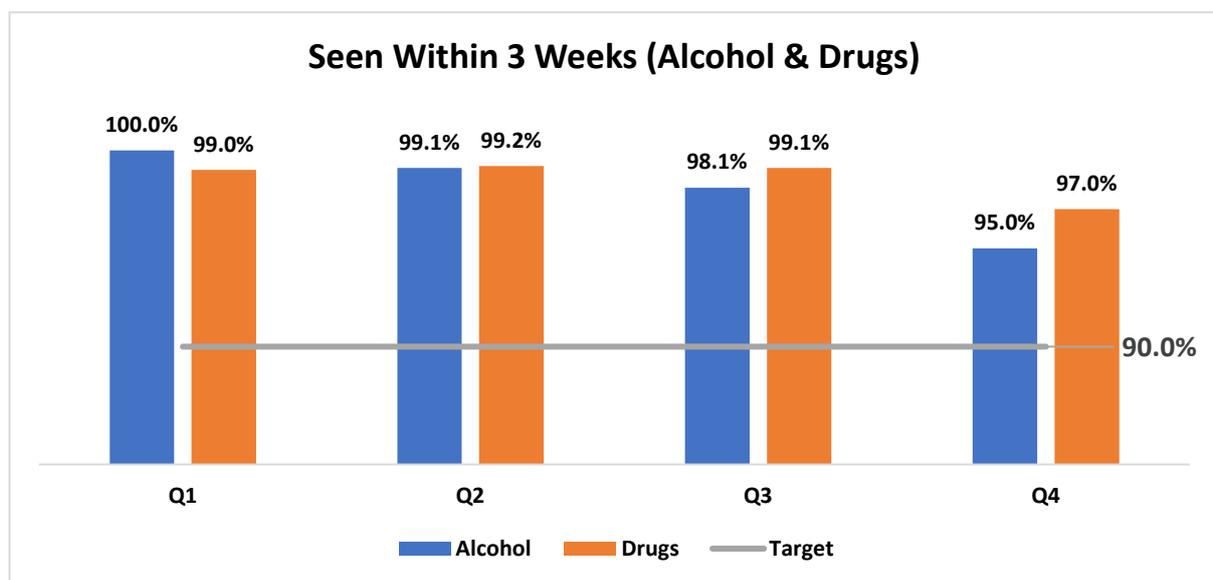
- AWI waiting list has reduced
- MHO work is allocated quicker – reducing waiting times
- Delayed discharge times have reduced for patients waiting on Guardianship to move them on from hospital
- We are meeting its statutory requirements quicker

The impact of the pilot on both our MHO service and on our Mental Health Social Work team is currently being evaluated and consideration is being given to the potential of two distinct teams. These being a MHO service and Social Work Mental Health/Care Management team. Not all MHOs within North Ayrshire Council will work within the MHO service and there will continue to be MHOs located in other Social Work Teams carrying out a dual role.

The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.

### North Ayrshire Drug and Alcohol Recovery Service (NADARS)

The North Ayrshire Drug and Alcohol Recovery Service (NADARS) has continued to demonstrate high levels of performance by meeting national and local standards and targets, such as, access to treatment waiting times (see below), provision of alcohol brief interventions (ABIs) (See below), the roll out of Naloxone supplies and increasing patient choice regarding Opiate Substitution Therapy (OST) medication.



The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and Antenatal) and wider settings.

Target set by Scottish Government – Priority Settings	<b>3,420</b>
Total ABI delivery in Priority Settings (Ayrshire & Arran)	<b>5,920</b>

Target set by Scottish Government in Wider Settings	<b>856</b>
Total ABI delivery in Wider Settings (Ayrshire & Arran)	<b>1,025</b>

People being supported by NADARS during 2020-21 is evidenced further by:

- **71%** of service users reported reduction in alcohol intake
- **61%** of service users reported a reduction in non prescribed drug use
- **55%** of service users reported an improvement in physical health
- **56%** of service users reported an improvement in physiological health
- **55%** of service users reported an improvement in social functioning

NADARS are currently implementing a localised test of change, utilising a quality improvement project charter in relation to the delivery of new Medication Assisted Treatment (MAT) standards. The initial focus is in the ‘Three Towns’ locality area.

This initial test of change will be evaluated in September 2021 to test out internal and external pathways and processes to ensure that they are safe, high quality, timely and person centred. Agreed outcomes will be evaluated and the next stage of this development will be dependent on the learning from the evaluation, outcomes and additional funding being secured. A funding application to the national MAT Implementation Support Team will be submitted when we have been advised of the detail of the application process.

The vision for North Ayrshire is to deliver the MAT standards ensuring there are no barriers to accessing treatment and care that supports an individual’s recovery. This project will focus specifically on improved access to appropriate MAT to prevent deaths, reduce harms and promote recovery opportunities. This project will also deliver harm reduction interventions to those identified as high risk of drug related harm and provide relevant support to remain in treatment for as long as required. Accompanying psychological and social care support will be available to all individuals.

Our Joint Performance report with the ADP (covering 2020-2021) highlights a trend of increase in drug deaths in North Ayrshire – 2016 sadly saw 32 deaths, 2017 saw 25, 2018 saw 38 and 2019 saw 41 deaths and most recently for 2020 there were 39 confirmed drug deaths. Our Addiction service has conducted 19 reviews for individuals who have died. 2 of the reviews identified learning, which will be taken forward. However, many elements of good practice have also been identified.

During the last year, 352 Naloxone kits were supplied to the community, this builds on previous distribution rates. There were 22 reports of Naloxone uses in the community to reverse the effect of overdose, therefore indicating that 22 lives were saved.

## Learning Disability Services

As we know people with learning disabilities often require extra support and help to have a safe, healthy, and active life. Since our integration in 2015, we have been working hard to make sure that the right support is available to those who need it. One of the most important pieces of work which we have been involved in has been the development of Trindlemoss.

In consultation with people who use our learning disability services, we have redeveloped the property, gardens and grounds formerly known as Red Cross House, Irvine to provide person centred, wrap around care that focusses on each individual's personal outcomes and keep people in the heart of their community.

The accommodation includes:

- A new learning disability day facility
- Supported accommodation for people with complex learning disabilities (20 houses)
- A small care home for people with learning disabilities who have very high support needs (6 houses)
- Community based mental health rehabilitation (9 houses)



The people we support have lots of different interests and talents, as well as needs. We will help develop those. And if they want, we will help share these things with other people through work, volunteering or finding people who share the same interests.

A brief survey was prepared and circulated around all active clients known to the integrated Learning Disability Service in North Ayrshire. On the basis of there being a lot of commonality amongst various completed pieces of work regarding the impact of COVID-19, it was intended that the survey, while providing opportunity to share experiences to date, would be more focused on what people were looking forward to, and what they needed the service to do differently in the future.

In line with the findings of other exercises, it is the impact on social connections that has been the biggest issue for respondents. Reduced contact with friends and family was a significant challenge for people, and consequently was the thing that they were most looking forward to.

Some significant issues were not frequently highlighted within responses but were still of note. Bereavement was experienced by some, while others highlighted the impact of lockdown on carers, and indeed, its potential impact on relationships put under pressure by lack of a break.

In terms of people's expectations of services, it is encouraging that so many respondents were either ok with their current situation, or otherwise happy with the input from services.

### 3. Resources

#### 3.1 Financial Pressures

In October 2018, the Scottish Government published the Medium-Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities. The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.
- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The above framework was published pre- Covid-19. The Scottish Government's Medium-Term Financial Plan published in January 2021 outlined:

- While it is too early to fully assess the impact of Covid-19 on spending trajectories for 2021-22 and beyond, the pandemic has caused significant additional costs and impacted on non-Covid-19 related healthcare in order to provide the necessary capacity in the system.
- Recovering from wider impacts of Covid-19 will take time and will also come with additional costs that create pressures on medium-term spending growth for the sector.
- We are currently revisiting the performance and financial assumptions that underpin the Financial Framework. This will set out the anticipated next steps in the financial arrangements for our health and care services for future years and will provide further detail on our delivery of the outcomes in the Programme for Government and the Scottish Budget for 2021-22.

## The Scottish Budget for 2021-22 highlighted:

- investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to Covid-19.
- Primary Care is central to our health and care services, and we will further increase our Primary Care Fund from £195 million to £250 million in 2021-22. This includes support for delivery of the new GP contract and for wider Primary Care reform.
- Direct investment in mental health services will increase to £139 million, taking overall spending in mental health to over £1.1 billion.
- Recognising the continued importance of the care sector, a total of £883 million will be passed from the Portfolio in 2021-22 to support social care and integration. Note that only £72.6m of this is new funding and is tied to Scottish Government policies.
- Additional £50 million in 2021-22 to support our national mission to reduce drug deaths.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of the Covid-19 pandemic. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit and the Covid-19 pandemic. An area of risk to the partnership is the consequence of the funding pass through from the Council and NHS and the availability of workforce. The implementation of new policy initiatives and the lifting of the public sector pay cap also impact on the funding available for core services and the flexibility to use resource in line with local requirements.

The main areas of pressure area continue to be care at home, looked after children and learning disability care packages. In general, these areas overspend due to this provision being demand led and subject to fluctuations throughout the year. These services are at times difficult to deliver within budget as some can be low volume but very high cost.

Financial balance has been achieved in 2020-21 and significant progress has been to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

### 3.2 Financial Modelling for Service Delivery

It is recognised that we must deliver services within its financial envelope for 2021-22 and our transformation programme will continue with delivery of the savings plan and service redesign, albeit with some delays due to services prioritising the Covid-19 response.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided. The scale and pace of change will be accelerated as services need to adapt to 'the new normal' following the Covid-19 pandemic, however

the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial and pandemic pressures.

Within North Ayrshire we have developed a whole system approach to issues affecting our communities, involving all relevant members of our Community Planning Partnership.

There is an expectation that within North Ayrshire the pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The whole system approach provides a unique opportunity to change the way services are delivered. It is an opportunity to put people at the heart of the process, focussing on the outcomes they want by operating as a single Community Planning Partnership and not as a collection of individual services.

Our Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “all people who live in North Ayrshire are able to have a safe, healthy and active life”. Moving into 2021-22, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership is committed to the whole system approach and will continue to strengthen relationships with colleagues within the Community Planning Partnership to ensure a joint approach to improving the lives of local people.

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire. 2021-22 will see the development of the longer-term Strategic Plan which will allow for a period of reflection on the Covid-19 response and a timely opportunity to engage with communities over the future of our Health and Social Care services.

We will also further develop independent living and self-directed support, instilling an enablement ethos promoted by our professionals, collaborating with the third and independent sector to design and commission appropriate models of service and working with housing partners to deliver on this commitment.

## 4. Workforce

### 4.1 Workforce Planning – Staffing and Recruitment Issues

The NAHSCP have a workforce of 3,508 staff –1,816 are NAC and 1,692 are NHS.

The Partnership continue to progress with recruitment plans to strengthen our workforce to enable us to provide the best care and support we can to those who need it. Over the last year we have experienced some significant challenges in our services, both in relation to staffing, recruitment and retention.

Most significantly, our Care at Home service has seen significant staffing difficulties within the inhouse Care at Home service as a result of the COVID-19 pandemic. Increasing levels of staff self-isolation and COVID sickness, in addition to already high levels of sickness absence, have been extremely challenging for the service. To manage the significant increase in demand the Care at Home Service has grown throughout the pandemic with ongoing recruitment campaigns to continually enhance capacity.

Any available capacity within the Care at Home service is directed to facilitating hospital discharges, support for service users who are at end of life and those who are considered as having the most significant risks to their independent living or well-being. During 2020-21 there has been an increased demand for Care at Home supports via the Community Alarm and Telecare service with call volume and the demand for physical responses to Alarm activations increasing by approximately 30%.

The Care at Home service in partnership with the Council's employability and skills team are piloting a care training academy to address recruitment difficulties in the health and social care sector. The care training academy offers a tailored programme of care and employability qualifications and will be delivered by local training provider CEIS Ayrshire using a blended model consisting of online qualifications and 1-2-1 key worker support. On successful completion of the programme each candidate will be guaranteed an interview with the care at home team. We hope this model will offer an effective and reliable route into a care career for locals who are unemployed or are looking for a career change.

We work closely with The Open University in order to “grow our own” Social Work qualified workforce by sponsoring existing staff to undertake their Social Work degree course – as a Partnership, we sponsor, a minimum of 2 social work degree university places per year in order to enhance our existing workforce. This year sees the graduation of 3 Social Work students – they will join Justice Services, Learning Disability and Children and Families teams as qualified Social Workers in November of this year.

Establishing the ‘new norm’ is crucial as we emerge from the pandemic. A redesign of services and home working supports will continue ensuring service delivery and that all staff are able to undertake their duties as safely and efficiently as possible. Reviewing the flexibility of remote/ home working will take place aligned to corporate policy reviews to flexible and blended working approaches. However, recognising that

there will be capacity challenges for the foreseeable future, we will ensure that we develop agile and responsive approaches to meet demand.

## 4.2 Workforce Development

As ever, we remain committed to the continuous professional development of our workforce to increase skills and confidence whilst delivering quality services. We have 61 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 13 courses ran with 551 delegates attending over 2020/21. This is a significant decrease on last year as a result of the Pandemic.

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 53 candidates to achieve an SVQ Award to meet registration requirements as per the Scottish Social Services Council. (SSSC). We deliver SVQ Social Services and Health Care Awards and the Care Services Leadership & Management Award.

We also supported a Foundation Apprenticeship in Social Services & Healthcare programme for 13 6th year pupils across North, East and South HSCP's as well as a National Progression Award class for 5th and 6th year pupils.

Practice learning is an essential component of social work training and the NAHSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). NAHSCP is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the LNW, Institute for Research and Innovation in Social Services (IRISS), the Social Work Scotland Learning and Development subgroup and the SSSC.

North Ayrshire led on the development of new Multi-agency Ayrshire Hoarding Disorder Guidance for staff and volunteers across Ayrshire. The Guidance is now supported by multi-agency training (currently delivered electronically via Teams) which allows delegates to work through some Case Studies and use the Guidance to assist with best approaches. The training is being facilitated by the ASP Learning and Development Adviser in North Ayrshire; however, we are currently offering places to colleagues across Ayrshire, to support Learning whilst the other Ayrshire Authorities are undergoing change in relation to their ASP training delivery. To date, the training has been very well received and evaluations show that those in attendance feel that it is a very worthwhile use of their time. Understanding this newly designated Mental Health condition and the best approaches to trying to minimise the impacts on those living with the condition, the staff trying to support them, families, neighbours and the wider community has been a challenging, but very rewarding piece of work.

Following the emergence of two cases in 2020 which led to learning - arising from Initial Case Reviews, a series of Learning Events for each of the cases were implemented as part of an Improvement Plan. The anonymised background of each case was provided for context and those attending these events were given the opportunity to hear about the learning which had been implemented because of the lessons learned, in addition delegates were encouraged to adopt new approaches and

practices in relation to these cases, as best suited their roles. 18 events were held, and evaluations confirmed that whilst the subject matter was difficult to hear about, the events had been felt to have been very valuable in highlighting positive changes required across roles and agencies.

The Senior Officer within ASP and the Child Protection Committee Lead Officer worked together with colleagues from Health and Police Scotland to jointly audit a case highlighted by myself in terms of encapsulating issues relating to both Adult Support and Protection and Child Protection. Moving forward, the resulting finalised report will be presented to the North Ayrshire Adult Protection Committee, the Child Protection Committee and the Chief Officers' Group.

Hosted by John Paterson - the Convenor of both the North Ayrshire Adult Protection Committee and the North Ayrshire Child Protection Committee, a multi-agency Short Life Working Group was developed to take forward the work around Missing People. North Ayrshire was successful in being accepted to engage in a piece of Scotland wide pilot work with Missing People UK. As a result of the work of the Short Life Working Group, a North Ayrshire Guidance document has been produced, providing clarity on local processes for missing children and adults and access to resources to assist when people are missing. Access to Return Discussions (a conversation offered to the person who has been missing to support them and try to prevent or minimise future episodes and any harm which may have occurred while the person was missing) training has been offered by Missing People UK and has been offered to various staff and services across North Ayrshire.

Following a case which arose in South Ayrshire, and which highlighted the importance of those first becoming aware of a potential adult or child at risk of harm, giving the correct initial responses, the North Ayrshire Chief Officers' Group requested training be offered to those who might require this. An input on Child Protection and Adult Support and Protection was jointly presented to North Ayrshire Council, Customer Services Staff to ensure that the issues which might be raised to them, are recognised as Child Protection or Adult Support and Protection and responded to in a way which will help to minimise future harm.

Transitions, for example a young person moving from Children's Services to Adult Services can be particularly challenging for both the person undergoing the transition and the staff trying to support a move. The Guidance Document in relation to this interface between Child Protection and Adults Support and Protection required to be revisited, to ensure that the processes in place and staff understanding about the interface between the two remains clear and up to date. The Senior Officer - ASP and Child Protection Committee Lead Officer jointly revised this document.

E learning modules have been developed and can be accessed through ilearn and Child Protection Committee (CPC) website. Virtual sessions took place in December and members of the public/community have accessed training for the first time, in relation to child protection awareness. 175 social work staff completed training in the following areas:-

- Child Sexual Exploitation and trafficking
- Keeping children and young people safe online

- Chronology workshop
- Child protection awareness
- Trauma informed practice

## 5. COVID – 19

### 5.1 Early Indications of Impact on Workforce and Services

A key component during the pandemic was to ensure the continued health and wellbeing of staff, care providers and carers. Staff wellbeing hubs were established at the Ayrshire Central Hospital site and four community sites using library buildings.

The psychology service also provided support via the Listening Service which provided support to staff across all sectors and carers. The Partnership created and maintained a website with information on and links to, mental health and wellbeing resources for staff, carers, and volunteers.

#### **Children, Families and Justice Services**

Children and Families staff worked with dedication and enthusiasm throughout the pandemic to support children and young people within our communities. Many staff were redeployed into critical areas e.g. Child Protection, Children's Residential Houses and Summer Hubs, their flexibility and willingness to do so enabled vital support to be provided at the right time to children who required it.

The facilitation of face-to-face family time for care experienced children and their parents has been a critical area of practice to ensure the needs of these children and the impact of separation from their family has been lessened. Staff across Children and Families have been engaged to ensure this face-to-face family time is promoted positively and there has been incredible creativity shown in providing disposable arts and crafts activities, games etc for families to enjoy, safely, within family time sessions.

Very recently, a partnership working audit was completed for one of our Children's Houses - The Meadows. The audit highlighted how the care team have been tremendous throughout the pandemic in supporting young people and retaining a nurturing environment despite the difficult times we are in. The team regularly organised activities for the young people from campfires, swimming and gardening to completing Joe Wicks fitness classes. They ensured birthdays were celebrated with slight changes so that young people still had fun and could create memories of their special day despite everything else that was ongoing.

We worked with Connecting Scotland to ensure digital devices were provided for ongoing support of vulnerable children and those who are looked after. A range of work was also undertaken by Justice Services to support offenders and their families.

#### **Mental Health Services and Learning Disability Services**

Inpatient services at Woodland View continued but have faced significant pressures due to covid community prevalence and the high acuity of patients. People identified as being at highest risk receive care in their homes or at day centres. Risk stratification helps teams make contact on a weekly basis with individuals receiving partnership support. During periods of closure for Day Services for Learning Disability, outreach

has been supported via redeployed HSCP staff and digital technology to continue supporting service users.

## **Health and Community Care**

Delivery of home visiting services (e.g., Care at Home and District Nursing Services) and Community hospital services on the mainland and to our islands have continued during the pandemic. Staff have been very flexible to ensure that support continued to be delivered to those most in need e.g., working in other service areas and delaying leave. The locality social work teams continued visits in people's homes and responded to Adult Support and Protection work effectively. Hospital social work teams worked with acute hospital colleagues to support safe hospital discharges. To ensure the safety of staff, service users, care home providers, carers and unpaid carers a Personal Protective Equipment (PPE) hub was developed.

The teams also made contact on a weekly basis with individuals receiving partnership support and where Day Services were closed outreach was put in place, including working with Alzheimer Scotland for people affected by dementia. GP practices redesigned their services to ensure safe access for patients and greater access for patients through technology. The practices continue to be supported by Mental Health Practitioners and Partnership Community link workers. Working with Connecting Scotland ensured that digital devices and access was provided to support older people in our supported accommodation.

Every Health Board and Local Authority were directed to put in place a multi-disciplinary team comprised of key clinical leads and the area's Chief Social Work Officer to enhance oversight of care homes over the period. The focussed oversight discussions include the quality of care in each care home in the area, with a particular focus on implementation of infection prevention and control, and the provision of expert clinical support to residents who have Coronavirus. This enhanced oversight remains in place but has reduced in frequency from the daily discussions at the outset of the pandemic to the current arrangement of twice weekly meetings. The oversight arrangements have enabled the HSCP to successfully support care homes with challenges, to have oversight and assurance of the safe care of residents and also to provide support where required. North Ayrshire membership includes social work, nursing, public health, commissioning and the Care Inspectorate. It is the intention in North Ayrshire to maintain the oversight arrangements in future.

During the last year, we have maintained contact with our link Inspector from the Care Inspectorate in order to provide assurance and confidence in relation to how service delivery has continued, albeit in a different format to anything we have ever seen before.

## 5.2 Key Priorities for Recovery

North Ayrshire's Health and Social Care Partnership response to COVID 19 has seen amazing resilience, commitment, and creativity. All our services have adapted to different ways of working and have done so whilst promoting everyone's safety and protection. Moving forward recovery planning from COVID 19 will be a main priority for all services.

In addition to this our Bridging Strategic Commissioning Plan 2021-2022 captures our key priorities.

Mental Health, Learning Disability and Addiction Services, the following priorities have been identified:

- Collaborative leadership and relationship building
- Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services
- Community mental health services supporting people within their communities
- North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues
- Review of unscheduled care mental health services, supporting individuals within their own communities, or as close to home as possible
- Provision of a community based Brief Intervention Service
- Lead Partnership Allied Health Professionals providing rehabilitation support
- Psychological support for staff wellbeing across our whole system including third and independent sectors and carers
- Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health
- Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery

To support the remobilisation of Children, Families and Justice Services, the following priorities have been identified:

- Protect and invest in Early Intervention and Prevention work (e.g. scoping extended families/family group conferencing and signs of safety approaches and wrap – around interventions at an earlier stage);
- The Promise – continue plans to reduce external placements and support young people back to North Ayrshire
- Grow fostering and kinship placement
- Build on partnership working with a wide range of services to support young people and families
- Transitions of care to be planned and improved
- Refocus the role of school nursing to ensure timely, effectively and joined up responses to support young people.

To support the remobilisation of Health and Community Care services, the following priorities have been identified.

- Unscheduled Care – Investment & Improve Delays
- Re-design of Older Peoples Services - 'Home First' Approach
- Grow Care at Home Capacity
- Care Home Commissioning Strategy
- Day Services Model and Support for Carers
- Step up and step-down beds
- Integrated Island services, including unscheduled care
- Rehabilitation
- Sustainability of services (including providers) and workforce
- Caring for Ayrshire – including Primary Care improvement plan
- Locality Multidisciplinary teams

## Appendix

### MHO Service

Mental Health (Care and Treatments) 2003	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Emergency Detentions	30	29	24	44	44	54	54	There have been a total of 81 requests (of which 66 were carried out by either Out Of Hours MHOs or without MHO consent)
Short Term Detentions	71	72	75	87	69	74	67	There have been a total of 134 requests (of which consent was given to 119, with the other 15 being assessed but consent not given)
Compulsory Treatment	48	40	54	25	52	38	51	There have been a total of 59 new CTOs granted (of which 26 had been Interim CTOs, with 13 of these moving to full CTO following a further Mental Health Tribunal)
Warrants Undertaken	2	1	3	1	2	1	6	6

Criminal Justice Act Scotland 1995	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
CORO	4	4	4	4	4	4	3	3
Compulsion Orders	4	4	6	5	6	2	6	6
Hospital Directions	1	1	1	1	1	1	1	1
Assessment Orders	4	1	2	2	2	2	2	2
Treatment Orders	2	1	1	2	2	4	2	2
Transfer for Treatment	1	0	3	3	3	2	1	3

Adults with Incapacity Act (Scotland) 2000	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Private Welfare Guardianships	204	291	255(60)	287 (67)	367 (92 new)	411 (58 new)	272 (67 new)	314 (57 new)
CSWO Guardianships	44	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)	64 (24)	71 (24)
Financial Intervention Order (LA)	42	58	53	41 & 21 in process	57	26	31	
MHO Report PWG Application	79	86	68	96	100	38	104	75

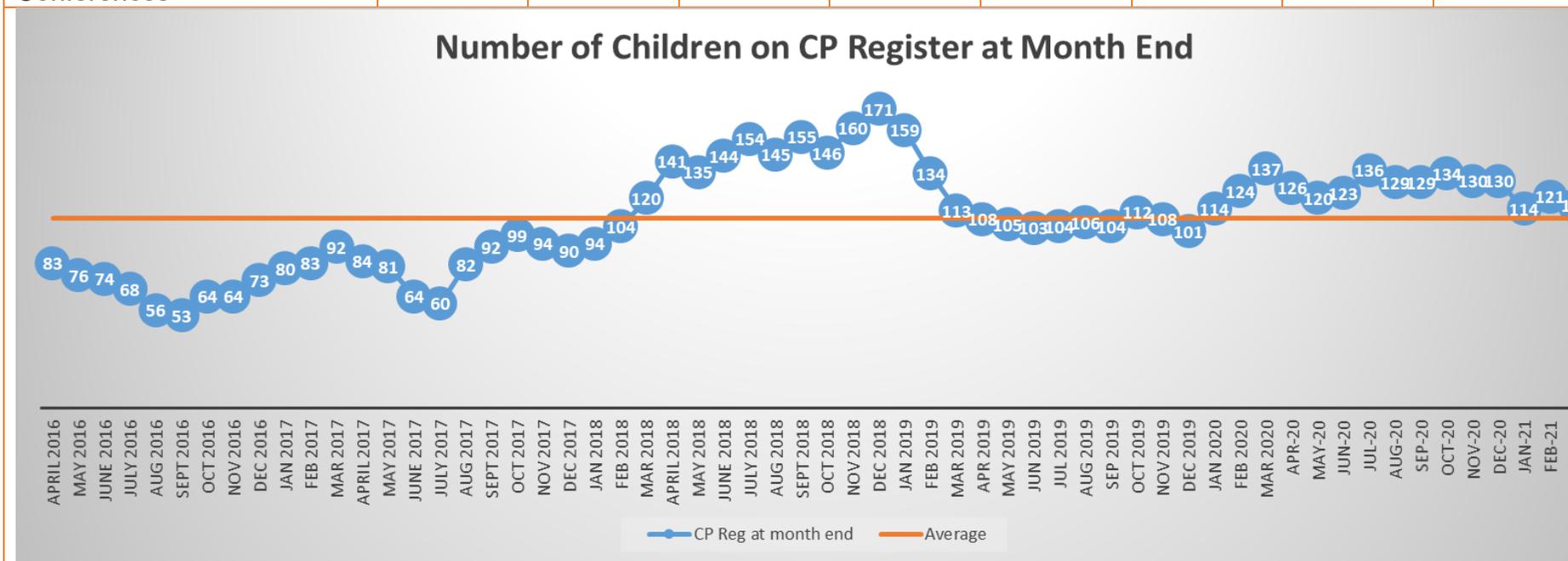
#### Adult Protection

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
ASP Referrals (AP1)	631	812	697	654	512	457	568	558
ASP Investigations (AP2)	-	61	91	65	53	88	108	132
ASP Case Conferences	24	44	73	48	40	47	66	64
Protection Orders	9	7	6	4	4	1	0	3
Adult Concern Reports	0	1039	1349	1446	1609	1838	2335	2215

#### Child Protection

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Child Protection Concerns	885	825	889	810	972	920	849	885
Child Protection Investigations (CP1s)	578	443	402	406	538	374	447	443
Child Protection Initial Conferences	81	101	82	74	103	126	123	121

Pre – Birth Conferences	26	32	30	15	36	43	41	29
CP Initial/Pre-Birth Conferences							4	7



### Looked after Children

	2013 –	2014 –	2015 –	2016 –	2017 –	2018 –	2019 –	2020 –
	14	15	16	17	18	19	20	21
Children newly accommodated in North Ayrshire	100	91	81	64	63	69	84	63

\*\* Where the number of children accommodated = the number of children either admitted into any placement type except “At Home with Parents”/”With Friends/Relatives” OR moved from “At Home with Parents”/”With Friends/Relatives” to any other placement type

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Foster Carers		85	97	100	103	104	98	103

Permanency Planning	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of permanency plans approved	25	38	22	37	35	-	30	10
Adoption – approved and placed	3	15	13	10	10	10	3	8
Adoptions granted	9	3	15	13	8	7	8	4
Permanence orders approved	27	7	11	16	14	7	11	3
Permanence orders granted	12	14	6	9	12	9	8	0

### Emergency Placement

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Child Protection Orders	13	12	15	25 (17 family groups)	32	39
S143 of the Children’s Hearing (Scotland) Act 2011	21	24	-	-	-	-

### Secure Placements

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of secure placements	3	1	0	1	4	1

Justice Service

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826	754	763	430
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)	114 leave reports – 49 background - 65	151 (66 leave reports, 85 background reports)	114 (39 leave reports, 75 background reports)
Unpaid Work Requirements	579	480	403	360	94

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Level 1 Mappa	130	142	155	153	181	163	152
Level 2 Mappa	10	14	4	7	2	7	10
Level 3 Mappa	1	1	1	2	1	5	3