



Cunninghame House,  
Irvine.

13 October 2016

## **Cabinet**

You are requested to attend a Special Meeting of the Cabinet of North Ayrshire Council to be held in the Council Chambers, Cunninghame House, Irvine on **TUESDAY 18 OCTOBER 2016** at **2.30 p.m.** to consider the undernoted business.

Yours faithfully

Elma Murray

Chief Executive

### **1. Declarations of Interest**

Members are requested to give notice of any declaration of interest in respect of items of business on the agenda.

## **GENERAL BUSINESS FOR DECISION**

### **Reports by the Director (Health & Social Care Partnership)**

#### **2. Chief Social Work Officer Annual Report (Page 5)**

Submit report by the Director (Health & Social Care Partnership) on the Chief Social Work Officer to North Ayrshire Council's Cabinet as required by the Scottish Government's guidance (copy enclosed).

#### **3. Urgent Items**

Any other items which the Chair considers to be urgent.



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## Cabinet

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Sederunt: **Elected Members**

Joe Cullinane (Chair)  
John Bell (Vice-Chair)  
Alex Gallagher  
Peter McNamara  
Louise McPhater  
Jim Montgomerie

Chair:

Attending:

Apologies:

Meeting Ended:



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## **NORTH AYRSHIRE COUNCIL**

### **Agenda Item 2**

**18 October 2016**

#### **Cabinet**

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<b>Title:</b>	<b>Chief Social Work Officer Annual Report</b>
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<b>Purpose:</b>	To provide the report of the Chief Social Work Officer to North Ayrshire Council's Cabinet as required by the Scottish Government's guidance.
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<b>Recommendation:</b>	Agree 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 The CSWO Annual Report sets out for elected members the extent of the delivery of social services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the registered social worker and care services delivered on behalf of the local authority.
- 1.4 This is the seventh annual report covering the period April 2015 to March 2016. The report 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 Association of Directors of Social Work (ADSW) and others, identified a more standardised approach to prepare the annual report.

- 2.2 This 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 market 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 reviewing the key challenges the Service will be facing in the forthcoming year.
- 2.3 The report highlights the range of social work activity throughout the year and places that in the context of the socio-economic challenges faced locally. Of particular note, the following three areas should be highlighted.
- The most recent SIMD figures (2012) shows a worsening position in North Ayrshire in the domains of income, employment, education and housing. All of these domains are likely to impact on the demands for social work interventions and this appears to be borne out particularly in relation to increased Adult Protection activity, mental health, disabilities and destitution presentations.
  - There has been increased social work focus on prevention and early intervention, funded and supported by Council over the last few years. Many of these programmes involve significant partnership working and appear to be delivering successful outcomes.
  - The new 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.

### **3. Proposals**

- 3.1 It is proposed that Cabinet note and endorse the report set out at Appendix 1.

#### 4. Implications

<b>Financial:</b>	There are none.
<b>Human Resources:</b>	There are none.
<b>Legal:</b>	There are none.
<b>Equality:</b>	There are none.
<b>Environmental &amp; Sustainability:</b>	There are none.
<b>Key Priorities:</b>	This report covers matters which contribute to the key priorities of the Single Outcome Agreement, A Working North Ayrshire, A Safer North Ayrshire and A Healthier North Ayrshire.
<b>Community Benefits:</b>	There are none.

#### 5. Consultation

5.1 No consultations were required in the preparation of this report.

STEVEN BROWN  
Chief Social Work Officer

Reference : SB/KS

For further information please contact Stephen Brown, Head of Service, Children, Families and Criminal Justice on 01294 317804.

#### Background Papers

None







# **North Ayrshire Council**

## **Chief Social Work Officer Report 2015-16**

Presented: September 2016

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# Executive Summary

- Demand for social care services continues to rise with a 15% increase in referrals to our Service Access teams over the year.
- The impact of Welfare Reform continues to take its toll with a 22% rise in destitution presentations.
- Our Money Matters team helped mitigate some of the effects of an increasingly complex and stringent benefits system by helping North Ayrshire residents claim a total of £7.6 million of previously unclaimed benefits.
- Numbers of children requiring to be accommodated have reduced three years running.
- Young people who do require to be accommodated have ever-increasing complexity of need, particularly relating to their mental health.
- There has been a 35% increase in the number of people subject to Compulsory Treatment Orders as a result of mental ill health.
- For the second year running, we have seen a reduction in domestic violence and our Multi-Agency Domestic Abuse Response Team continues to deliver positive outcomes.
- The general trend of numbers of children on the child protection register is a downward one.
- 2.4% of all North Ayrshire's children are 'Looked After', significantly higher than the 1.5% Scottish average.
- Our Children with Disabilities Team has seen a 54% increase in caseloads over the last two years.
- The number of service users receiving Care at Home Services has increased by 11%.
- Our performance with partners around youth and criminal justice continues to see year on year reductions in crime in North Ayrshire.
- Like the rest of Scotland, however, we are seeing an increasing number of internet-related sex offences.
- Our regulated services have continued to perform well with 48% of all Care Inspectorate Grades sitting at Very Good or above (an improvement on 37% last year).
- Balancing prevention and early intervention with the needs of those already vulnerable and at risk is increasingly difficult as budgets constrict further.

# Introduction

The law<sup>1</sup> requires the Chief Executive of a local authority to appoint a professionally qualified Chief Social Work officer (CSWO). The CSWO holds professional and operational accountability for the delivery of safe and effective social work services.

The creation of this role was to reflect 'the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not.

In April 2015, the Integration Joint Boards were established and Health and Social Care partnerships (HSCP) formed across Scotland. The appointment of CSWO is not delegated to the Integration Joint Board, and as a qualified social worker and the Head of Service Children and Families I was appointed by the Chief Executive, NAC, in September 2014 to the role that is laid out in guidance <sup>2</sup>

The responsibility for the delivery of all social work services were delegated to the NAHSCP by the Local Authority as well as delegation by the NHS Ayrshire & Arran of all community health Learning Disability, Mental Health (including the inpatient services at Woodland View, Ayrshire Central Hospital ), Psychological Services and Child and Adolescent Mental Health Services.

It is one of the three Ayrshire partnerships formed with the NHS Ayrshire and Arran and has lead Partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services. The partnership has an integrated management structure, with Heads of Service having line management responsibility for both health and social work staff as do the Senior Managers for community services.

As CSWO I present this year's report in the context of the considerable change that has taken place which sets the scene for the future delivery of health and social care in the context of the vision of NAHSCP.

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

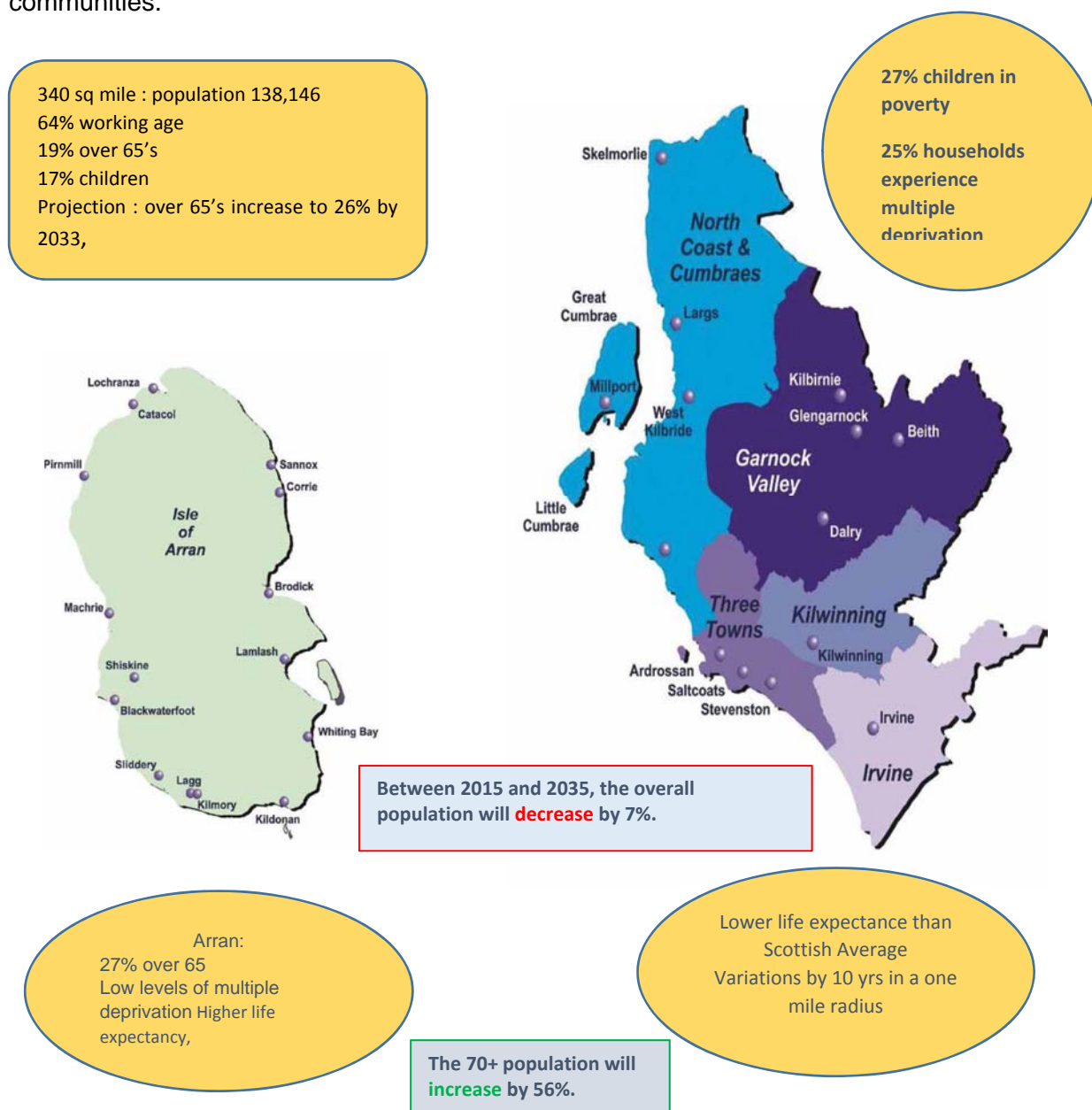
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<sup>1</sup> Section 3 of the Social Work Scotland Act 1968 , as amended by Section 45 of the Local Government (Scotland) Act 1994

<sup>2</sup> The Role of Chief Social Work Officer: Guidance July 2016

# Local Authority

The vision has to be set into the context of the facts of the North Ayrshire situation. North Ayrshire is one of five local authorities with the highest concentration of multiple deprivation in Scotland, but there are significant variations both within and between communities, this is particularly notable in the overall demographic difference between our mainland and island communities.



Deprivation impacts on all generations within our communities. In examining the various domains that contribute to measures of deprivation, nearly a third of the local population are affected by poor health and low incomes (either unemployed or in working poverty). Life expectancy is increasing, but so is the incidence of chronic and multiple health conditions, a challenge to health and social care services in providing responsive support. There are evidenced links with child poverty and poor outcomes in educational attainment and future

opportunities. The solution to these issues demands a whole system response and this is evident in the planning to address issues that cross cut Local Authority partnerships.

The challenges presented by the demography are addressed through the priorities identified in Community Planning Partnership Single Outcome Agreement and the North Ayrshire Council Plan.

### **Community Planning Partnership**

- **a Working North Ayrshire**
- **a Healthy and Active North Ayrshire**
- **a Safe and Secure North Ayrshire**

### **North Ayrshire Council**

- **Growing our economy**
- **Working Together to develop stronger communities**
- **Ensuring that people have the right skills for learning , life and work**
- **Supporting all our people to stay safe, healthy and active**

In developing the HSCP Strategic Plan in 2014/15, widespread consultation with the people of North Ayrshire confirmed our strategic priorities.

### **North Ayrshire Health & Social Care Partnership**

- **Tackling inequalities**
- **Engaging communities**
- **Bringing services together**
- **Prevention & early Intervention**
- **Improving mental health and well-being**

There lies many variations in experience between and within communities, and working in partnership with localities will enable local solutions to be developed. The past year has witnessed the CPP establish Locality Networks and the HSCP developing Locality Forums. Six localities are identified in North Ayrshire: North Coast, Garnock Valley, Three Towns, Kilwinning, Irvine and Arran.

# Partnership Structures/Governance Arrangements

## Role of CSWO

- To provide professional advice to the Chief Executive and elected members on the discharge of statutory duties including corporate parenting; child protection; adult protection; managing high risk offenders.
- To maintain effective governance arrangements for the management of complex issues, including risk
- Ensure strong links exist between social care services and the corporate business of the organisation clarifying responsibilities, formalising reporting lines, accountability arrangements and performance management processes including internal audit programmes.

## Links to corporate business

- As CSWO, I have a direct line of accountability to the Chief Executive in North Ayrshire and appraise Senior officers in the council on any issues, risk and developments within the service. Much of this is now done through the establishment this year of a Heads of Service monthly meeting.
- Elected members are similarly appraised, by meetings with the health and social services portfolio holder, attendance and provision of reports to Council and various Members Briefings throughout the year. This regular communication and information flow supports close working links with other local authority services and a consistent approach adopted by the Council to address cross-cutting issues. Through these forums we have been able to hold full and open examination of the distribution of the limited financial resources available to the council and, in particular, those impacting on the delivery of social care services. The council has responded in maximising funds available to areas of most pressure – seen last year in kinship care payments following the introduction of new legislation
- I am a member of, and adviser to, North Ayrshires Chief Officers Group for Public Protection, bringing to it perspectives from a position as vice chair of the Child Protection Committee, member of the Alcohol and Drug Partnership and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In that way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements.
- I am involved with Community Planning Partnerships e.g. sitting on the board of the Children's Services Strategic Partnership that 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 2016-20 was developed following extensive analysis of the views of Children in North Ayrshire with the

Dartington Social Research Unit and all CPP partners. Innovative in its approach, it is based on the life course of children, describing the developmental needs and behaviours of all children and young people as opposed to specific groups. It is both informative and makes explicit a series of promises on what services will do. [Link here](#)

- As CSWO I also act as advisor to the Integration Joint Board (IJB) about all issues relating to social work and social care, informing board members about the social work role – a role that is central to shifting the balance of care to the community.

### **Involvement of Service Users and Carers & Communities**

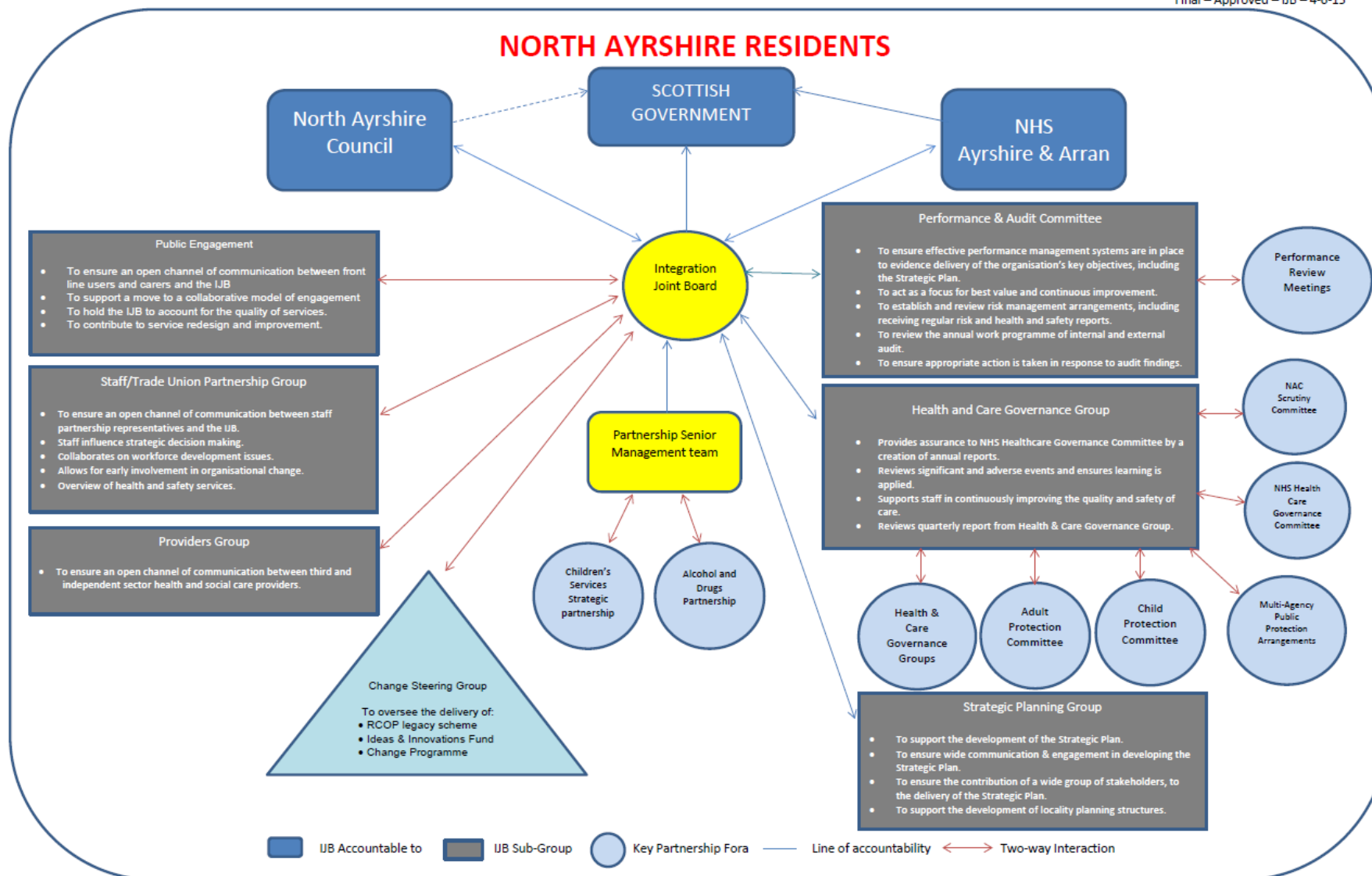
- The engagement with and involvement of service users, carers and the community has been a cornerstone to all developments. The NAHSCP Strategic Plan was based not only on strategic needs analysis, but also in consultation with the people of North Ayrshire as to our strategic priorities. Consultation took many forms, electronic, structured feedback, focus groups and peer researchers conducting face to face interviews.
- The development of the Children Service Plan incorporated citizen leadership where we upskilled peers who took forward in depth interviews and focus groups that were active in defining the finalised plan prepared at the end of March 2016.
- The diversity of needs across the Local Authority demands that solutions are co-produced with the community and partner organisations on a Locality level. The past year has seen considerable activity by the CPP in establishing 6 Locality Partnerships and by the HSCP in establishing 6 Locality Forums. These are firmly setting the direction of travel to fully engage and involve local people in planning and co-producing local solutions.

### **Governance**

Over the past year, I have reviewed the scope and remit of our Social Work Governance Board. Output of this board is now one of several that feed into the Health and Social care Governance Group which in turn reports to the (IJB).

The complexity of the inter-relationships of health and social care governance has demanded that we are able to capture learning and initiatives from a variety of sources. I am pleased to report that we have worked with business support in recognising this fundamental need and have created a dedicated administrative support team whose role is to channel all relevant issues and adverse incidents into a standardised format to allow cross-service learning.





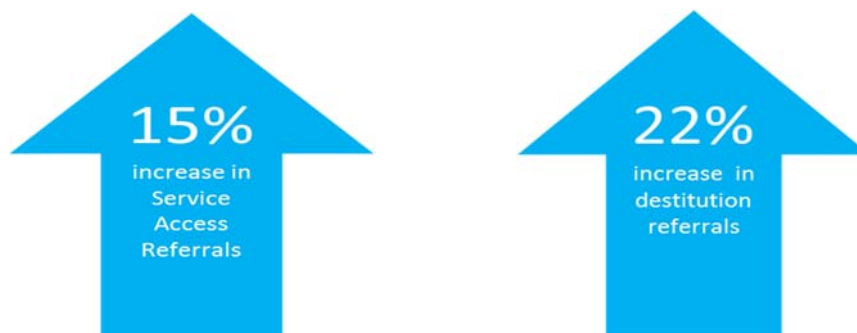
**IJB GOVERNANCE MAP (Final)**

# Social Services Landscape/ Market

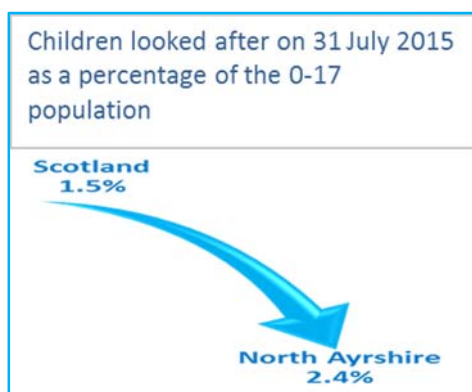
## Role of CSWO

Provide a strategic and leadership role in the delivery of social work services

As is evident across Scotland we have a population that can enjoy greater life expectancy, but many have to cope with multiple and often complex health problems. This is seen across the service delivery areas. Also evident is stark facts relating to the demographic profile of North Ayrshire, resolutions that demand political as well as local resolutions.



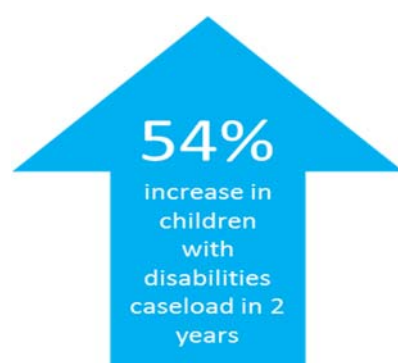
Our Service Access teams operate as a single point of contact for public, housing, police and agencies as required. Over the past year there has been a 15% increase in referrals and within those a 36% increase of referrals in relation to older people. The impact of Welfare reform has seen in a 22% increase in destitution referrals. The team has worked in partnership with Housing, education and health in settling 8 Syrian families seeking refuge in North Ayrshire.



27% of North Ayrshire children live in poverty, and the evidence is clear that this links to poor outcomes. We delivered a range of services both statutory and support through our Fieldwork and Intervention services to 1515 young people. Over 48% of these young people were from areas of greatest deprivation. The impact of demographic disadvantage and the complexity of problems faced by families is reflected in the high number of looked after children, a rate of 2.4% in North Ayrshire, second only to Glasgow. It is also reflected by North Ayrshire having the third

highest level of Police referrals to the Scottish Children's Hearing Administration (SCRA), and contributing to North Ayrshire having overall highest rate of referrals to SCRA, 55 per 1000 compared to the Scottish Average of 15 per thousand. We are working with partner agencies to understand the reasons behind these facts and develop early intervention processes that will respond to concerns and avert the need to refer to statutory measures.

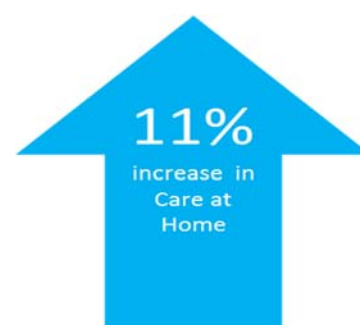
We recognise that North Ayrshire citizens continue to be affected by the impact of drug and alcohol addiction and is reported to be amongst the eight worst council areas. We have seen the further problematic impact of New Psychoactive Substances, often, and incorrectly referred to as 'legal highs', with increased incidence of A & E presentations of people suffering significant side effects, some with enduring impact on mental health and cognitive ability.



Our Children with Disabilities services have seen a 54% increase in their client numbers over the past two years and have active involvement with 211 young people and their families. Improvements in health care in, for example, neonatal disorders and foetal alcohol syndrome, contribute to this increasing demand. Working closely with education and health colleagues, the team provide respite and parental support, creating person centred solutions to complex situations.

The complexity of health issues faced by individuals with complex Learning Disabilities has also increased and demand on adult services continues to rise. Transition issues are apparent not only from childhood to adulthood, but also within adulthood as carers age and many who have chosen to provide this care themselves, find they can no longer cope with the demands placed upon them.

Improvements in health care also sees people living longer, but many having to cope with Chronic and multiple health problems. We have had an 11% increase in the number of Care at Home service users from that reported last year.



The island of Arran has pronounced differences in demographics, with 27% of residents being over 65 compared to the North Ayrshire rate of 19%. Enjoying a population a greater life expectancy than the rest of North Ayrshire, but doing so with similar rates of complex and co-morbid disorder. Developing a co-ordinated and integrated response to this has highlighted the fundamental role of the Third and Independent sector in co-producing solutions.

The delivery of social services in the context of personalisation has been the impetus for our strategic direction. It is one where services are co-ordinated around the individual, taking full account of their immediate networks of support and working in partnership to deliver the right response at the right time. The best way to do this is to create teams that respond to local need, diverse services that can be accessed through a single point of contact. The challenge will be co-producing solutions that will harness and develop the assets already available and support the market in identifying and creating solutions where there are gaps.

# Finance

## Role of CSWO

To inform and make decisions during the budgetary planning process, highlighting risks and developing mitigating solutions

Financial information is part of our performance management framework with regular reporting of financial performance to the Integrated Joint Board. Strong financial planning and management needs to underpin everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. This section summarises the main elements of our financial performance for 2015/16.

### **Partnership Revenue Expenditure 2015/16**

Partnership services saw continued demand growth, particularly in Children and Families, Learning Disability and Physical Disability. The Partnership was able to reduce the cost of care services across all services but in many areas the increased demand led to in year overspends against the original approved 2015/16 funding. These were partially offset by early delivery of future savings around Older People services and income generation.

	<b>2015/16 Budget £000</b>	<b>2015/16 Actual Spend £000</b>	<b>Variance (Fav) / Adv £000</b>	<b>Notes</b>
Learning Disabilities	15,625	15,844	219	(1)
Older People	41,483	41,320	(163)	
Physical Disabilities	5,405	5,734	329	(2)
Mental Health Community Teams	5,436	5,437	1	
Addiction	2,362	2,253	(109)	
Community Nursing	3,754	3,761	7	
Prescribing	30,049	30,699	650	(3)
General Medical Services	17,344	17,164	(180)	
Resource Transfer, Change Fund, Criminal Justice	2,194	2,209	15	
Non District General Hospitals	6,561	6,496	(65)	
Lead Partnership Services – Mental Health	46,678	46,577	(101)	
Children and Families	26,669	28,346	1,677	(4)
Direct Overheads and Support Services	7,298	7,127	(171)	
<b>TOTAL NET EXPENDITURE</b>	<b>210,858</b>	<b>212,967</b>	<b>2,109</b>	
North Ayrshire Council Funding	84,674	86,783	(2,109)	
NHS Ayrshire & Arran Funding	126,184	126,184	0	
<b>TOTAL INCOME</b>	<b>210,858</b>	<b>212,967</b>	<b>(2,109)</b>	
<b>SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>	

The final outturn in respect of the Partnership was £2.109m on the Council side of spend. This related, in the main, to ongoing pressures in our Children with Disabilities Services and unfunded additional costs relating to creating parity for Kinship Carers with our Foster Care rates. The Council agreed to fully off-set the overspend in 15/16 (Cabinet 24 May 2016).

## **Financial Outlook, Risks and Plans for the Future**

The UK economy continues to show signs of recovery with UK growth levels being amongst the strongest of any G7 country and with growth forecasting to continue over the next three years. Despite this, pressures continue on public sector expenditure at a UK and Scottish level with significant reductions in government funding experienced for 2016/17 and further reductions predicted for 2017/18 to 2019/20. In addition to economic performance, other factors will influence the availability of funding for the public sector including financial powers coming from the Scotland Act 2012 and the demographic challenges that North Ayrshire is facing. Added to this is the uncertainty around the 'Brexit' vote and the impact this will have longer-term on our access to European funding.

Additional funding of £250m was announced for Health and Social Care Partnerships across Scotland for 2016/17 to address social care pressures. Although this has been welcomed, all of North Ayrshire's share of the additional money (£7.2m) has gone to plugging the funding gap in Kinship Care and Children with Disabilities, covering the costs of the Living Wage for providers and allowing the Council to contribute to its own challenging savings targets.

The 2016/17 budget was agreed for the Partnership in August 2016/17 and contained savings of £4m from the Council and £2.871m from the NHS. The links provided at the end of this section provide the full detail behind the savings.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the socio-economic and health inequalities prevalent in North Ayrshire;
- the increased demand for services alongside reducing resources;
- the wider financial environment, which continues to be challenging;
- the impact of Welfare Reform on the residents of North Ayrshire;
- the impact of demographic changes;
- the impact of the Living Wage and other nationally agreed policies;
- the risk that the Change Programme is not progressed within the desired timescales or achieve the desired outcomes; and
- the costs associated with meeting new legislative requirements without adequate resources being put in place

We have begun to see some of the benefits of more integrated system working, for example, in supporting older people to remain at home or to return home from hospital as soon as possible. Our delayed discharge rates have been markedly improved and IJB investment in Care at Home services has contributed greatly to making this improvement. Many of our prevention and early intervention strands of work have begun to demonstrate significant improvements with Stop Now and Plan, Multi-Agency Domestic Abuse Response Team and our Early Years developments all evidencing positive impact. Protecting the investment in all

of this work will be difficult at a time of significant funding pressures but crucial given these are the very initiatives which are helping us off-set future demand for high-cost services.

Our significant change programme continues with projects on track including the opening of Woodland View in May, our integrated addictions service (NADARS) and the development of community connector roles in primary care. Our Change programme contributes to and is aligned to the pan-Ayrshire programmes. Our Locality Planning Forums have held initial meetings and are beginning to identify their initial areas of work.

## Performance & Service Quality

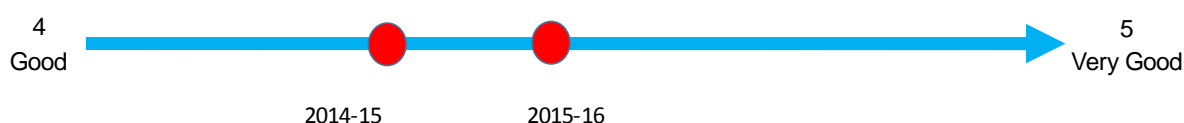
### Role of CSWO

Ensure the quality of the social service workforce and set the standards for delivery and demonstrate the contribution to National and Local Outcomes.

Our delivery against national and local outcomes is monitored, internally through our ASPIRE (All Service Performance Information Review and Evaluation) performance reporting framework. This framework assesses performance delivery against efficiency, quality and outcomes dimensions. It is reviewed internally amongst service senior management teams and presented for further review on two levels, quarterly by peer review under the chair of the Chief Officer and also peer review across Council and NHS under the chair of the Chief Executives to the Council and the Health Board. The outcome of the review is an action plan and identification of development areas.

Our internal services that underwent Care inspections in 2015-16 were graded very well. We saw an improvement across most areas with only staffing showing a slight drop in average gradings. 48% of inspected services were graded 5 or above in 2015-16 compared to 37% in 2014-15.

Average Care Inspectorate Gradings		
	2014-15	2015-16
Care and Support	4.23	4.36
Environment	4.25	4.75
Staffing	4.36	4.10
Management & leadership	4.14	4.55
<b>Overall Average</b>	<b>4.25</b>	<b>4.44</b>



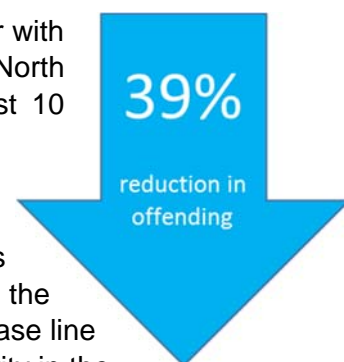
Our full Annual Performance review can be accessed [here](#) but the purpose of this report I will focus on the progress we have made in meeting our strategic priorities.

## Tackling Inequalities



- Our Money Matters Team, has supported vulnerable residents in North Ayrshire to bring in over £7M in previously unclaimed benefits.

- Our criminal justice and youth justice services have worked together with partners, contributing to year on year reductions in crime in North Ayrshire, seeing a 39% reduction in reported crime over the last 10 years.
- We have maintained our focus on improving the employability status of disadvantaged clients in Learning Disabilities and have increased the number on voluntary placements to 78, an 80% increase over our base line target and placing us at the second highest performing Local Authority in the 2015 annual return.
- Our corporate parenting approach has resulted in giving care-experienced young people a guarantee of interview if they meet the essential criteria for a post, and a further guarantee of interview for the council's modern apprentice posts. We are looking to extend this approach to our partner organisations.
- We have led in the development of an innovative Ayrshire wide project in partnership with Macmillan Cancer care, Transforming Care after Treatment Employability Project to work with businesses to take positive action to support employees with cancer in the workplace.
- Locally, we are developing social inclusion models in line with the Mental Health Strategy for Scotland. Examples of this include the launch of Positive Steps, utilising peer support and an outcomes focused approach for community engagement and employability



## Engaging Communities-

- We have consolidated the key role of Community Connectors in identifying unmet need and facilitating solutions in the local community. This has resulted in numerous



examples of service and activity development including the implementation of a befriending service in Largs and the development of a Mental Health support group in Three Towns. Where organisational development is required, close linkages with partners TSI North Ayrshire enable support to be provided through a Third Sector or social enterprise solution.

- Community Connectors are working on a pilot with 8 GP surgeries offering a Social prescribing model as a way of enabling primary care services to refer and support patients with social, emotional or practical needs with non-medical services and activities available in the community.



- A fundamental part of the role of the Community Connector is to develop an intelligence and information base of services and activities and this is achieved through the innovative website Carena. This allows residents to browse or search their options, enabling them to make informed choices within their own localities or beyond. This has not only benefitted individuals, but has also raised the profile of many organisations and provides them with a more prominent position in the market. There is also evidence that social prescribing contributes to capacity building opportunities locally as the market adapts to more informed choice and increased demand for local solutions.

- In January 2016 we established 6 Locality Forums to improve links with the local communities in Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran. Each forum has a core group of members, a Chair who is a member of the IJB, a senior manager responsible for services in the locality and a GP. Each forum also has membership from the Third and Independent Sector and a Community Connector. Together over this past year they have identified priorities. Common to all localities are issues of social isolation and low level mental health issues. We are at the stage of jointly identifying the facilities, resources and networks available at the local level and look to work in partnership with the community to resolve gaps in these areas

## Bringing Services Together



- We have brought together our social work and health teams in addictions into a North Ayrshire Drug and Alcohol Service (NADARS). NADARS continues to achieve 96% of referrals seen in 3 weeks, above the Scottish average
- We have developed a number of initiatives with in-patient services at frail and elderly acute wards and have remodelled rehabilitation and enablement services developing a multidisciplinary hub and an enhanced role of Intermediate Care Enablement & Reablement services. Health and social care workers have been working together to proactively targeting patients who would benefit for rehabilitation at home, saving the equivalent of 3,082 bed days.
- We developed a pilot project between Community Alarm and Scottish Ambulance Service which effectively responds to falls in the home and together with our Care at Home services achieved 6,749 unrequired bed days in acute hospital wards and a further 13,276 unrequired bed days in frail elderly wards.

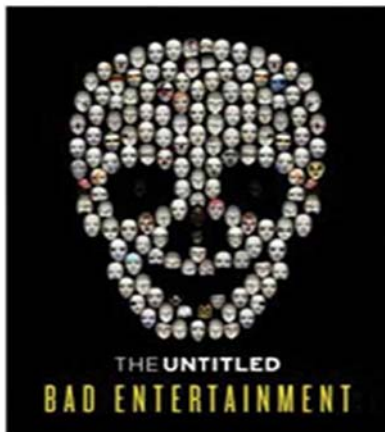
**20,025 bed days**  
saved in acute and frail  
elderly wards



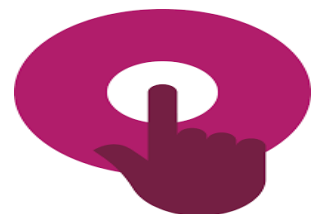
- Working with Housing colleagues and the Third Sector Interface we have created a social hub model in an upgraded sheltered housing development. This social hub offers a lunch club, socialisation and the opportunity for support via visiting services such as District Nursing. The social hub is run and co-ordinated by the voluntary sector on behalf of Housing and HSCP.
- We have had a full review of Arran services and go forward into 2016/17 with a much more co-ordinated and streamlined system which will realise a vision of co-ordinated care which is responsive, preventative and promotes independence.
- Through responsive and co-ordinated deployment, our Care at Home Service were central to meeting the Winter Plan, providing safe and effective care for older people, most vulnerable in this season, to stay safely at home. The dedication and commitment of this service has resulted in a zero delayed discharge for those requiring this service.
- MADART (Multi Agency Domestic Abuse Response Team) continues to demonstrate the success of bringing services together and there is not only a 5% reduction in domestic violence, but success in averting children and young people being brought into the Hearing systems with supports given to the victim and family when it is most needed. We are now building on this work by developing a pan-Ayrshire Police Concerns Hub.

## Prevention & Early Intervention

- Early decision making about future care is vital in situations where children are accommodated as a result of risks at home being assessed as too great. We opened our contact centre, Pathways for a Positive Future, in June 2015. A small trained social work staff group focus on robust parental capacity assessments to inform decision taking with regard to future care situations of children under one who are looked after and accommodated. A formal evaluation is currently being undertaken, but early indications are positive. One mother who had a poor relationship with social work benefitted from this structured and supported contact, engaged well and has had her child returned. She has now volunteered to be a peer researcher to further inform the evaluation of this initiative.
- We continue to see the benefits of our Stop Now and Plan (SNAP) programme here targeted at 8-11 year olds where anger and aggression is a problem and again maintained 100% of participants in their schools and their parental homes.



- Our Rosemount project for older children provides intensive support to young people to avert going into an accommodated situation. It provides parenting programmes, co-ordinates mentoring programmes and activity agreements to enhance employability and training opportunities. It also works to promote the growth of talents and confidence in expressing these talents with young people and this was realised in The Untitled: Bad Entertainment Exhibition which opened at the Scottish National Portrait Gallery in January 2016. This exhibition was the output of work from 4 young people who worked with artists from the National Galleries, a working project that spanned 18 months.
- We have evaluated The Flexible Intervention Scheme (FIS) which was set up in 2014 has provided early intervention and crisis support for people experiencing mental health problems at periods of greatest need. It has evaluated well with many individuals successfully exiting support after twelve weeks input and for others has supported a more accurate assessment of need for longer term intervention. Mainstream funding has now been identified to continue the service.
- We have continued to increase the use of community alarms to help 3060 people stay safe at home. Our use of telecare and assistive technology has increased by 5% over this past period, from 591 to 622 units.



- We have a recovery focused approach in our addictions services and have successfully utilised SMART (Self-Management and Recovery Training) for Family and Friends aimed at developing effective coping strategies and improve their own well-being.



- NADARS staff have worked with Recovery at Work and established a very successful eatery in Ardrossan, Café Solace, staffed by volunteers in recovery from addiction issues, it is an excellent example of the effectiveness of peer support. It has had over 3000 'customers' and the benefits are such that another Café Solace is due to be open in the Irvine area

- We successfully opened Woodland View, the new Mental Health & Community Hospital in Irvine with community benefits realised in employment and volunteering initiatives
- Partnership with AIMS advocacy service in relation to the use of narrative has further developed with the establishment of a second Write to Recovery group. These groups have been established with the support of the Scottish Recovery Network, and are now co-facilitated by peers. A singing group has also now been established, involving people who use services and mental health workers.
- We have a CAMHS nurse now embedded in our Throughcare team, providing support to care-experienced young people.
- We have also employed two teachers to work with CAMHS utilising them to build confidence and capacity within our schools to more effectively manage low level mental health issues.

# Statutory Functions

## Role of CSWO

- Ensure only registered social workers undertake functions on behalf of the council that are reserved in legislation for these grades, specifically in relation to the Children's hearing System, child protection and criminal justice Mental Health Officer Services, or delegated by the council as in Adult Support & Protection services.
- to make a final decision on behalf of the local authority on a range of statutory social work matters including adoption, secure accommodation and Guardianship.

Registered social workers make up approximately 10% of the full work force in social services. Their professional role and responsibility often sees them working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of and to the individual and the wider community. The registered social worker retains full accountability for the recommendations they make to Tribunals and Courts and it is essential that they strike an appropriate balance between managing risk and encouraging self - determination.

## Mental Health Officer Services (MHO)

MHO's are experienced, registered social workers who have completed further approved training and have a particular role and responsibility in legislation relating to individuals with a mental disorder. MHO's operate across three pieces of legislation that significantly impact on individual liberty.

MH C & T (S) 2003	13/14	14/15	15/16
Emergency detentions	30	29	24
Short Term detentions	71	72	75*
Compulsory Treatment	48	40	54
Warrants undertaken	2	1	3
* 3 orders applied to young people under 16 yrs of age.			

## Mental Health (Care & Treatment) (Scotland) Act 2003

These civil measures of compulsory detention require the MHO service to operate a duty system for consent to Emergency Detentions (ED) lasting up to 72 hours, Short Term Detentions (STD) lasting up to 28 days and make application to the Mental Health Tribunal system for Compulsory Treatment Orders (CTO) that initially can last up to 6 months. Alongside this the MHO is required to apply to courts for warrants to enact emergency protective measures.

## Criminal Justice Scotland Act 1995 (as amended)

<b>(CPSA 95) as amended</b>	<b>13/14</b>	<b>14/15</b>	<b>15/16</b>
CORO	4	4	4
Compulsion orders	4	4	6
Hospital Directions	1	1	1
Assessment Orders	4	1	2
Treatment Orders	2	1	1
Transfer for Treatment	1	0	3

There are a range of measures that apply when individuals who are considered to have a mental disorder are involved in the Criminal Justice System. When risk to the public is deemed high, this can result in the added scrutiny of Scottish ministers in terms of Compulsion Order and Restriction Order (CORO) . These individuals also become subject to MAPPA processes. Others might be subject to a custodial sentence and require treatment in a secure hospital for mental disorder, becoming subject to a Transfer for Treatment Direction. Others again might be directed to begin a custodial sentence in hospital and once stable complete a custodial sentence in prison. The processes involved require full assessment (Assessment Orders) and Treatment (Treatment Orders) prior to the MHO working with the multi-disciplinary team to recommend to Court a final disposal.

## Adults with Incapacity Act (Scotland) 2000

<b>Adults With Incapacity Act</b>	<b>13/14</b>	<b>14/15</b>	<b>15/16</b>
Private Welfare Guardianships*	204	291	255 (60)
CSWO Guardianships **	44	47	59 (19)
Financial Intervention Order (LA)***	42	58	53
MHO report: PWG application	79	86	68

\*Supervision of the welfare guardian \*\* MHO or Social Worker Delegated responsibility

\*\*\* Order is made to Chief Finance Officer – number includes 30 granted and 23 in progress

( ) indicate new orders made this year.

The nature of orders for which the Local Authority has a direct responsibility is seen within the Financial Intervention Orders and applications to Court for CSWO Welfare Guardianships. We work closely with our colleagues in Finance and Corporate Support e.g. Our Finance team has established a dedicated worker who , together with MHOs, and legal colleagues, prepare exit strategies at the point of considering application for each Order. This allows more precise and detailed measures to be sought at Court and further improves the effective implementation and completion of tasks to safe guard and protect adults beyond the lifespan of the Order.. Our legal team are fully involved in decisions relating to the need for Welfare Guardianship when no other person can apply.

Demands on the service continue to grow, with times of peaks, which inevitably place a challenge on MHO capacity. Complexity of work is also apparent in the range of age and situations which are presented. The MHO workforce does not have full time designations, and MHO's have duties in front line social work teams and/or in managerial positions. Recruitment is ongoing and we successfully supported 3 new MHO's last year with a further 3 accepted to the course this year.

## Adult Protection

	13/14	14/15	15/16
ASP Referrals	631	812	697
ASP Case Conferences	24	44	73
Protection Orders	9	7	6
Adult Concern Reports	0	1,039	1,349

Whilst the numbers of ASP referrals has reduced over the period, the number of Adult Concern Reports, introduced in March 2014 (primarily from Police Scotland, but including a relatively small number from Scottish Fire and Rescue and NHS 24) has risen.

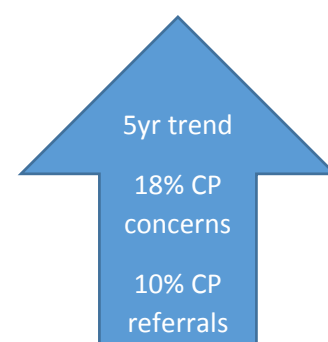
In 2011 – 2012 Police Scotland ASP referrals accounted for 75% of all ASP referrals submitted. It was a stated aim of the North Ayrshire Adult Protection Committee to expand the range of agencies who make ASP referrals. During 2015 – 2016 Police Scotland accounted for 36% of all ASP referrals submitted. The much broader range of agencies now making ASP referrals has provided the North Ayrshire Adult Protection Committee with reassurance that their ASP awareness raising strategy and training programmes are having the desired effect and ensuring local agencies know how to identify harm to adults, and the process for making an ASP referral.

- In 2013/14 4% of all ASP referrals progressed to an ASP Case Conference and this increased to 5% in 2014/15. This figure doubled to 10% in 2015/16. There was a 66% increase in case conferences held from the previous year from 44 to 73.

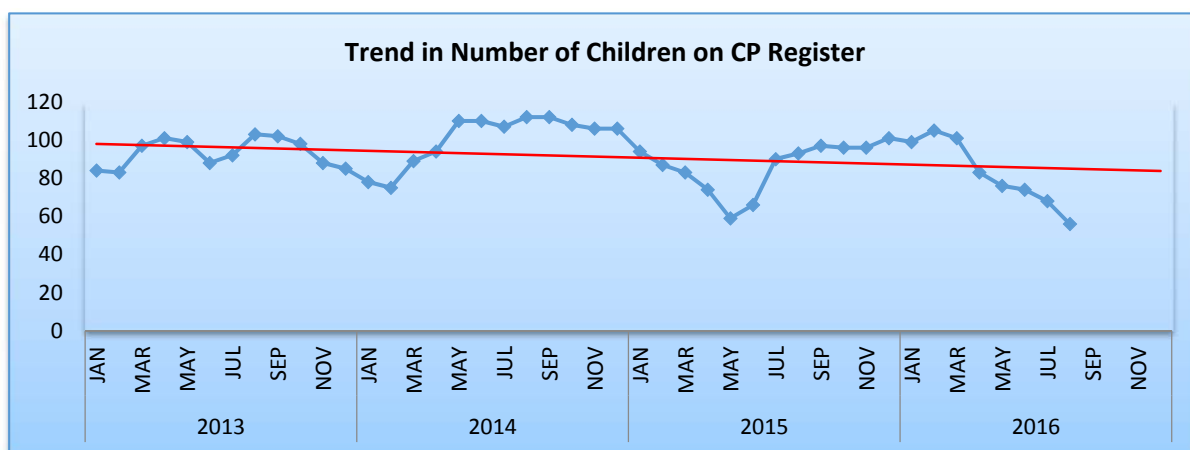
During February and March 2016, North Ayrshire took the lead in developing and implementing pan-Ayrshire training for key Police Scotland Personnel. It is hoped that this training, along with the proposed new multi-agency Police decision making Hub (currently scheduled for early 2017 for adults) (see Continuous Improvement) will impact positively on ASP and Adult Concern Report referrals from Police Scotland, going forward.

## Child Protection

	11/12	12/13	13/14	14/15	15/16
Child Protection Concerns:	761	971	885	858	901
Child Protection Referrals (CPIs):	390	504	578	526	430
Child Protection Initial Conferences:	145	193	81	176	162
Pre Birth Conferences	33	39	26	32	31



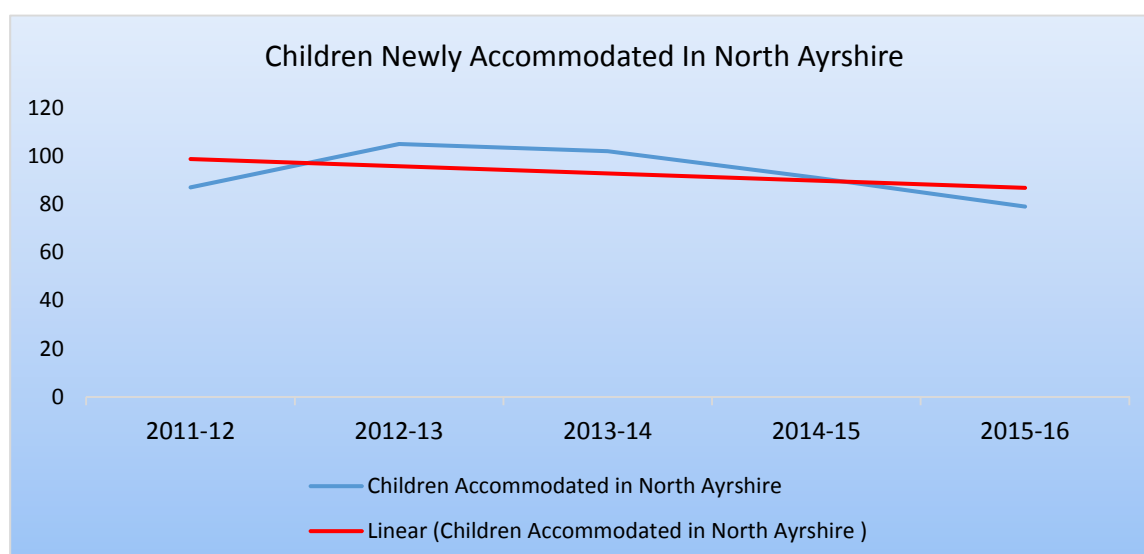
Despite an overall upward trend in referrals, we can demonstrate the impact of the support services we have and the working together of all agencies to address risks and enable families to remain together. The graph below demonstrates a downward trend over the past two and a half years in the numbers of children who require the additional protective framework of registration.



This improved situation is also reflected in upward trends - a 13% increase in deregistration being due to risks being managed at home, such that this year 73% of children previously on the register have remained in the family home.

## Looked After Children

We have to acknowledge the context of the North Ayrshire situation of high referral to the Children's hearing and look to examine this negative situation in light of how we respond. This can be seen in the National picture which tells us that a higher proportion of our Looked After Children, 36 % remain in the family home than the Scottish average of 25% and reflected in the trend of fewer children becoming newly accommodated. We are finding that those children who do require to be accommodated have ever increasing complexity of need, particularly in relation to their mental health.





When there is a need to accommodate it is vital that children have a consistently good care experience and not be subject to changes in carers and environment to achieve the best outcomes. As at the end of 15/16 we have 97 foster carers in the area, a 14% increase on the previous year. Ongoing recruitment is necessary as foster carers increasingly apply to be adopters of the children in their care and, of course, retire. The impact of our impetus to ensure that children are provided with the best possible avenues to realise positive outcomes in their own communities is seen in a 42% drop in residential school placements this year and a 40% increase in Foster placements.

Permanency Planning	13/14	14/15	15/16
Number of Permanency Plans Approved	25	38	22
Adoption – Approved and Placed	3	15	13
Adoptions Granted	9	3	15
Permanence Orders Approved	27	7	11
Permanence Orders Granted	12	14	6

The majority of children for whom permanency options are being created are in foster care. The increase in adoptions granted this year represents the culmination of work to achieve future stability in a child's life

## Emergency Placements

There are always times when there is a need to take immediate emergency measures to safeguard a child or young person . 13 Child Protection Orders were granted at court and a further 21 children had to be removed by the powers vested in the CSWO in terms of s143 of the Children's Hearings (Scotland) Act 2011, largely to respond to Placement breakdowns, a further reflection of the complexity of issues that young people bring with them.

## Secure Placements

Three secure placements have been required this year. In all three cases there is a complex interplay of challenging behaviours, risk and on least one occasion, significant mental health issues.

## Criminal Justice

In 2014/15, the Criminal Justice team submitted 943 reports to Court and 113 reports to Scottish Ministers in consideration of home leave and early discharge supervisory requirements for sentenced prisoners. A total of 649 (a 48% increase on last year) commenced unpaid work as part of their orders through the year. These are either at level 1 where the condition on the order should be completed within 3 months, or level 2 with completion within 6 months. The service meets this demand by ensuring 5 teams of 5 offenders are employed 7 days a week.

## Multi- Agency Public Protection Arrangements (MAPPA)

The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on responsible authorities (Local Authorities, Scottish prison Service (SPS), Police and health to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public. MAPPA was introduced in 2007

Level 1: normally low to moderate risk of serious harm offenders described as "ordinary risk management", requiring only one agency to manage the risk; .



Level 2: normally moderate to high risk of serious harm offenders, requiring Multi Agency Public Protection Arrangements, MAPPA Level 2 meetings are chaired by a Team Manager or Police Inspector;

Level 3: described as the “critical few”, normally high to very high risk of serious harm offenders, requiring Multi Agency Public Protection Panels (MAPPPs), meetings are normally chaired by a Head of Service or Police Superintendent

Level 1		Level 2		Level 3	
2014/15	2015/16	2014/15	2015/16	2014/5	2015/16
130	377	10	36	1	1

There has been a significant rise in internet-related offences, something which is being replicated nationally. Many of the offenders involved in such offences have not been found guilty of any ‘contact’ offences with children and the emerging prevalence of this type of offence has proved challenging in relation to risk assessment and management. Research and literature is beginning to emerge and we will be keen to learn from this to ensure that staff are appropriately supported to assess and safely manage risk related to this area of work. These offences have been largely responsible for the increased number.

The inclusion of violent offenders to the arrangements will be something which will further impact on these figures and will be monitored over the coming year

## Continuous Improvement

### Role of CSWO

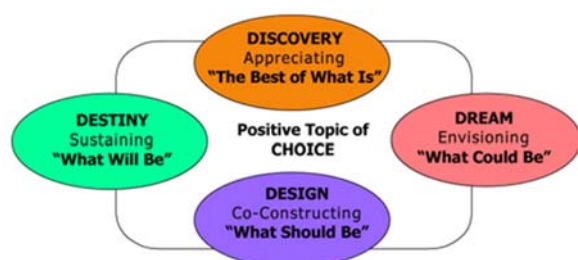
Our approach to Improvement is one of Learning Together

### Governance

We have a suite of approaches for self-assessment and improvement and through the operation of our Governance boards, policy and guidance is established.

- We operate a case file audit system that has a tiered managerial approach, involving Senior Managers and Heads of Service to ensure checks and balances are in place. Identifying areas of strength and weakness in practice and informing improvement actions and plans.
- We have robust mechanisms for reviewing serious incidents and near misses through our Adverse Events Review Groups.
- We have created short-life **Quality Improvement teams** that are afforded time out from their substantive roles to drill deeper. The result is an action plan based on the findings of what we have learned together and incorporates an asset based approach to development. An example of this is child protection which highlighted a need to review working practice in the duty system where the lead worker is unavailable.

### Learning Together



We have used **Appreciative Inquiry** in the Change Programme focussing on service development and re-design to deliver positive outcomes.

The model involves all relevant disciplines, partners and stakeholders coproducing a

plan for future delivery. The approach has been used in diverse areas e.g., the review of Arran services, making preparation for the opening of Woodland View to devising older people rehabilitation care pathways from hospital .

Having created the design to realise the vision we progress this to service change in a number of ways. For some projects it has been appropriate to deliver **pilots** e.g.,

- aids and adaptations, where recycling of goods realised a saving of £19,278 during the pilot period,
- developing Locality teams based around a GP practice which is being piloted in Largs, a locality which has a high proportion of older people,

For others, a **rapid test of change** has been used e.g.,

- for one week Intermediary Care & Enablement Services in rehabilitation, Care at Home Services and the hospital social work service worked with our clinical colleagues in actively delivering a dynamic and proactive assessment process in acute and frail elderly wards , daily evaluation and modification. The result is the establishment of a much more effective care pathway that has been revised and is part of standard practice – a change process delivered within one year and has not only saved the equivalent of 3,082 bed days, but also delivered positive outcomes in enabling continued rehabilitation to be delivered where people most want it – in their own homes and communities.

**We learn from the feedback** that service users, carers and the wider community give us and looking to ensure that there are several avenues for them to do so.

- Our Child Protection Committee sponsored a project to elicit the views of young people and their carers involved in the process. One of the main learning points identified that we should judge less and listen more. We have incorporated this into awareness and improvement training of workers, managers and chairs.
- We use web-based systems, linking into national sites, such as **Care Opinion** and our own site **CareNA** to monitor and respond to feedback

North Ayrshire Health & Social Care Partnership is working with [www.careopinion.org.uk](http://www.careopinion.org.uk) and [www.patientopinion.org.uk](http://www.patientopinion.org.uk) to make sure '**Every voice matters**'



- We maintain a register of formal complaints and compliments and regularly use the learning from this to improve response and services. In 2013/14 70.8% of all complaints were in relation to the conduct and action of individual employees in Children and Families fieldwork. As CSWO, I have responsibility to support the development of a confident, professional, high quality social work force. I have worked together with teams and in social work induction sessions and discussed the fundamental importance of dignity and respect in all interfaces. The benefits of this has been that this area of complaint is now decreased to 58.8% and reflected in the reduction from 58.8% of complaints upheld in 2014/15, to 38.2% upheld in 2015/16.

We **learn by our experience** of what works well.

- Evidence in the referrals into social services in relation to adult and child concerns shows these to be high from police. We have identified the benefits of co-location and integrated decision making within MADART and are set to build on this model by establishing a Multi Agency Assessment and Screening Hub (MAASH) to process all police concerns. Initially we will develop the model in relation to children and in early 2017 extend this to adults. We hope that this will impact positively on the high levels of referrals noted.

We **learn together with providers of commissioned services**

- Our **care and contract management** framework with its focus on delivering intended and improved outcomes requires regular provider self-assessment that are assessed against information from key partners, users and carers and care managers. A risk register is maintained and the level of any remedial action and support is agreed between the NAHSCP and the provider.

## Planning For Change

Change is a process and to drive change forward to achieve the principles behind the integration of services demands that our staff, who operate at the direct interface with users and carers, and our partners in the third and independent sectors share their experience and are involved at each step. We have hosted a number of partnership events over the past year and will continue to do so as the Change Programme Develops.

NAHSCP recognised that investing Integrated Care Fund monies into a planned programme was required to realise the principles behind the Public Services (Scotland) Act 2015, and the public service reform agenda and create integrated opportunities to make change happen. We established a three pronged approach, creating an Ideas and Innovation Fund in co production with the 3<sup>rd</sup> and Independent Sector, a fund to continue the Reshaping Care for Older People agenda and the third to drive forward partnership redesign to integrated services, delivered by the right people at the right time. As Chief Social Work Officer I sit on the Change Steering Group.

The full report on this years' activities can be accessed [here](#) and some of the benefits already seen are identified in the Performance section of this report.

With evidence of the success of this approach and methodologies used, we continue the Change Programme with a renewed focus on year two.

### Year 2 priorities (16/17)

- Build teams around children
- Develop Primary Care services in local communities
- Support the needs of older people and adults with complex care needs
- Develop and deliver a new strategy in Mental Health & Learning Disability

Alongside this, we also continue to progress plans for integrating health and social care teams. We have done this successfully in the creation of NADARS and are progressing similarly in our Mental Health and Learning Disability teams.

- During the past year, the management teams of health and community services have been integrated and relationships have developed. In mental health a Change Steering Group has been established involving a range of NHS disciplines, social work, voluntary sector representatives and mental health service users. The steering group has identified three priority areas to take mental health integration forward. These are accommodation for mental health services, management of referrals and waiting lists in a joined up approach, and integrated service outcomes. Work on these priorities will continue into the next year and will inform the shape of mental health service delivery in North Ayrshire

We have recognised the complexity of issues faced by many of our service users which demand the development of a range of supported accommodation options and work in partnership with housing to develop long term solutions. For some, these solutions are in traditional individual tenancies, but we are now seeing that this might not be appropriate in all cases and neither are alternatives of residential care or nursing homes. Our mental health and learning disability services work on a pan-Ayrshire basis as befits the role of Lead partner, and are preparing a strategy for future direction and adopting a model of graded support will assist our housing colleagues to identify innovative building solutions.



The introduction of new legislation also demands our attention. The Community Justice (Scotland) Act 2016 came into force in March 2016. Work already undertaken within Ayrshire will see the development of a joint Ayrshire Community Justice Board which will report into and be directed by each CPP. This year will be one of transition and within it further developments to strengthen engagement with the third sector through the Strengthening Engagement Transition Project, funded by the Scottish Government.



We have progressed and are ready to deliver on the proposed introduction of the Named Person through the Children and Young People (Scotland) Act 2014. We already have established mechanisms and processes, including Ayrshare and the concept of lead professional, that embodies the principles of GIRFEC and have worked closely with partner agencies to develop policy and procedures to support this legislation.

## User & Carer Empowerment

Empowerment is a fundamental value of social work and seen in initiatives to maximise opportunities for individuals to retain/regain control of their lives and co-produce solutions,

### Social Enterprise and Peer support



The benefits of peer support in recovery cannot be overstated and is a model that is transferrable across care groups. It is encouraging that such support is evident in the creation of social enterprises. I have already reported on the success of Café Solace in realising opportunities for those who have grappled with

addiction. Likewise, the work at the Dirrans Centre for people suffering brain injury and trauma has supported the establishment of 'On Yer bike', run by service users to provide accessible low cost cycles for families who could not otherwise afford them and becoming an important part in individual recovery programmes.

Our Mental Health Team has created the Involved! Group which continues to engage people who use mental health services and mental health workers across the statutory and voluntary sectors, seeking to influence service delivery and use a range of creative methods to engage people. The third Safe to be Involved event will be held this year as part of the Scottish Mental Health Arts and Film Festival, showcasing the work of mental health service users and enabling people to participate in a range of activities to promote mental health and wellbeing, including writing, arts and crafts, and physical activity. The event has developed so that the majority of performances and workshops are delivered and facilitated by people who have used services.

### **Self-Directed Support & Self- management**

We had prepared for the introduction of Self- Directed Support establishing processes and training for all staff in preparation for the commencement of the legislation in 2014. We have evaluated our processes by listening to practitioners and users, individually and through focus groups and worked to implement changes to ensure the process reflects the needs of service users. We have established an SDS Panel chaired by Head of Service, Community Care Over the past year we reviewed the bureaucracy felt by workers in completing forms and streamlined processes accordingly. Our Children with Disabilities teams worked with In Control, Scotland and designed a model of supported self-assessment and resource allocation so that they were aligned to GIRFEC and the well-being indicators of SHANARRI. The learning from this will be applied to consider the particular profiles and needs of other care groups, recognising that a 'one size fits all' approach to processes is not supportive of a person centred response.

We shall be promoting Cosmic (Champions of Self-Management in Care) training, which is supported by the Chest Heart & Stroke charity and their established Voices Scotland programme in NHS Arran & Ayrshire.

### **Citizen leadership**

We regularly look to opportunities to enable service users and carers to have power, influence and responsibility to make decisions and have control over their own services. The IJB membership reflects this approach and the chair of one Locality Forum is a service user. We have regularly invited service users and carers to join us in selection and recruitment of staff, particularly in our Care at Home and residential child care services.

## **Workforce Planning/ Development**

### **Role of CSWO**

Provide professional advice and contribute to decision – making in relation to workforce planning and quality assurance, promoting continuous learning and development for staff

A well-motivated and engaged staff group is key to delivering safe, effective and efficient services. Professional development increases the skills of this vital resource and supports them to be confident that they deliver a quality service.

## Professional Development

Our Learning & Development department delivered training to some 1950 staff with a comprehensive training calendar. Staff have also accessed other social services training such as Moving and Handling, CALM, Adult Support and Protection and the North Ayrshire Council corporate calendar for Policies and Procedures, Management and Leadership training, the Child Protection Committee, GIRFEC, Women's Aid and NHS training for other specialist learning and development input.

Twenty staff have undertaken post graduate courses that provide an integrated academic and professional approach which develops the intellectual and practice skills necessary for practice in areas such as child protection, mental health, permanency planning for children in the adoption process, social policy and the psychology of dementia care.

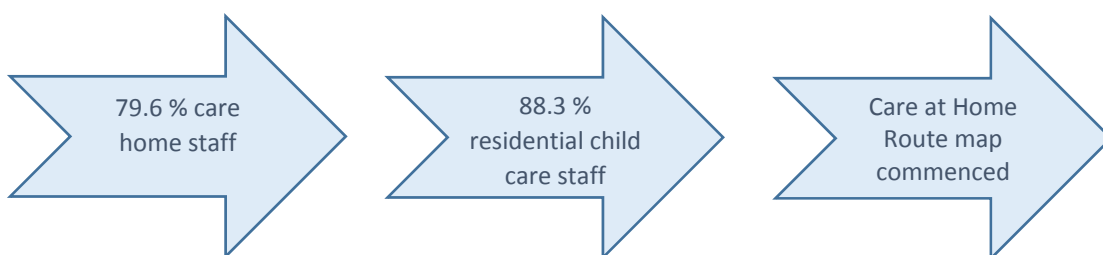
From March 2015 until April 2016 the NASSAC has delivered four workshops for the Professional Development Award in Supervision and 25 workers have completed their award.

In addition, many others have attended short-term course, seminars and conferences including; the neuroscience of adoption and fostering, supporting teens who internalise distress, working with young parents, mental health first aid, life-story work with troubled children and teenagers, as well as those who maintain their general first aid licence.

## Qualifying the Workforce

The SSSC is the governing body delegated by the Scottish Government to ensure that a phased programme of compulsory registration of social services workers is implemented. Qualified Social Workers were the first to be required to be registered in 2003 and full implementation covers all other key groups of social services employees. Service providers will be committing an offence if, after the date required for registration they employ or continue to employ unqualified (unregistered) workers

*Progress so far in qualifying the workforce in line with regulations*



The North Ayrshire Social Services SVQ Assessment Centre (NASSAC) delivers awards ranging from 6 months to three years duration. Seventy six staff and seven Modern Apprentices completed their award within this period and a further seventeen candidates are currently working towards completion. Future candidates will be prioritised to meet SSSC registration requirements.



SQA carried out three inspections within the NASSAC as part of their annual inspection process. Each inspection pertained to a different award delivered within the centre including Adult Care Awards, Childcare Awards and the PDA Supervision. NASSAC received a glowing report and sored “significant strengths in all categories” of the process and particular reference made to the high standard of assessment and the quality of evidence provided by candidates.

### **Practice Teaching**

North Ayrshire Council Health and Social Care Partnership 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 Learning Network (LNW), IRISS, the Social Work Scotland Learning and Development subgroup and the SSSC.

During the academic year 2015/2016 we provided 13 Practice Learning Opportunities for student social workers with another ten students, at different stages of learning and from various universities, coming out from August 2016. We have assessed, supported and provided Practice Assessor and Mentor for 2 candidates undertaking the Post Qualifying Award; one practitioner has completed the Professional Development Award in Practice Learning (PDAPL) and one candidate withdrew due to change of job role. The PDAPL has recently been revised and will come into effect from the autumn cohort 2016. We offer ongoing support to the standardisation and internal verification of this Award.

### **Post Qualifying Support**

We have continued to promote and facilitate the Practitioners Forums for Practice Teachers and Link Workers to encourage a learning exchange culture across North, South and East Ayrshire. We have also facilitated monthly student groups on a Pan-Ayrshire basis during the peak placement period of September to May. The forum for Newly Qualified Social Workers will be relaunched in August 2016 in order to develop and promote good practice and to meet their SSSC Post Registration Training and Development requirements.

### **Multi-skilling the workforce**

It is recognised that the shape of our Care at Home service has changed significantly over the past year. As we move towards establishing an ethos of services delivered to the right people, in the right place at the right time, we have worked with our health colleagues to identify tasks that can be safely transferred from a traditional nursing role to the support worker e.g. medication management, diabetes control.

Our review of Occupational Therapy services has established that there are opportunities for streamlining processes and demand on the service by enabling training for social work staff to assess and arrange for many low risk /high volume pieces of equipment to be delivered, saving time for the client. It is also exploring ways of extending the scope of technicians to fit certain items, such as grab rails, which would otherwise have to wait for availability from housing services.

### **Innovative practice**

We are introducing the voice of direct experience of those who use our services to ongoing training. The first of these initiatives has been the filming of a video 'The Kids Aren't All Right' that was entirely scripted by children affected by parental alcohol and drug misuse, with their words depicted by actors . It will initially be used to raise awareness of how young people feel in these circumstances with our adult addiction workers.

# Key Challenges for Year Ahead

Whilst we have made considerable inroads to realise the strategic direction of integrated services, there remains many challenges.

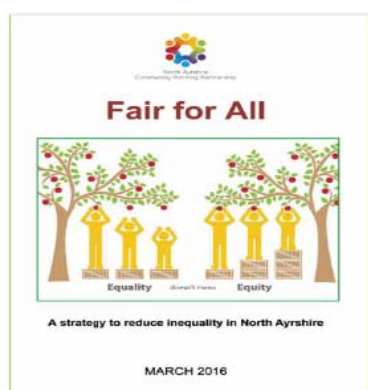
## Rising Demand in the context of limited resources

- Our Care at Home service has been acknowledged for the significant contribution it has made in the delivery against National Outcomes, However, the discharge planning process with in-patient services demands further scrutiny. Last year a total of 3.658 hours were lost as resources were deployed, but discharges subsequently cancelled. This is a resource that we cannot afford to lose.
- We have made considerable in roads in developing services to support early intervention and prevention- the true benefits of these will materialise over years. With the trends of increasing demand and complexity of needs of the current population, there is a very real danger that further financial resources will have to be channelled to care, support and protect those who are already vulnerable at the expense of further developments in early intervention and prevention.

## Integrating systems and processes

Whilst we have made considerable progress in integrating health and social care teams, issues remain through having separate IT systems and clarifying the sharing of information across agencies which demands Caldicott approval remains a challenge.

## Addressing Inequalities



The issue of inequalities demands a whole system response and this is very much in evidence in the work of the CPP. We will work within the overarching strategy 'Fair for All' which identifies the need to adopt a targeted approach in the delivery of services under the paradigm of proportionate universalism, such that the actions and interventions, whilst being available to all should be delivered proportionately to the level of disadvantage experienced by the individual.

In taking this forward, we have to drive forward our initiatives to address prevention and early intervention, promote self-management, peer group and community support.

## Market readiness

Stimulating market developments with our third and independent sector partners requires a shared vision and clear model of what we want to achieve in delivery. This work is progressing and we look forward to working together to develop this clarity over the forthcoming year. Over the course of the past year our Providers Forums have demonstrated that they are confident to take a strong role in this. Whereas the forums had been facilitated and co-ordinated by our procurement team, they will progress with taking control of their development, using our procurement team to advise and guide. The challenge for our partners will be to develop new models of service delivery within their financial envelope that has to take full account of the living wage.