

## Integration Joint Board 22 September 2022

**Subject :** **Chief Social Work Officer Annual Report 2021/22**

**Purpose :** To provide Integration Joint Board members with awareness of the annual Chief Social Work Officer report which is required by the Scottish Government.

**Recommendation :** Board are asked to note:

1. the contents of this report, in particular the successes and challenges and;
2. the skilled and compassionate interventions of our practitioners and managers

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CSWO	Chief Social Work Officer
MAPP	Multi Agency Public Protection Arrangements

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
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 Council's Cabinet

<b>2.</b>	<b>BACKGROUND</b>
2.1	In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE and others, identified a more standardised approach to prepare the annual reports.
2.2	To reflect the changing environment the requirement to report specifically on Covid 19 has been removed from this year's report template.
2.3	The report provides an overview by the CSWO of the partnership structures, governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire. 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.
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	<p>Data from the reporting period suggests 28% of children in North Ayrshire live in poverty. The broader socio-economic factors that bring to bear this set of circumstances are understood and actions to address this are taking place in many arenas. However, it is my duty to continue to highlight the impact of this on children, families and in particular the impact of this on future life opportunities.</p> <p>Social Workers and Social Work Assistants use a range of interventions to support families to mitigate the worst effects wherever possible. These interventions, to this point, are offering some success as we are not seeing a rising number of children either on our child protection register or becoming looked after. With the economic situation currently with us it remains to be seen what the impact of this will be on our children, families and broader communities over the coming winter in particular.</p> <p>I remain confident in the capacity of children's social work services to deliver statutory social work services in the coming year.</p>
2.4.2	Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. The application of CPO's remain a fundamental pillar in the diversion from prison whilst also delivering productive outcomes that benefit our wider community. Performance in this area remains high with 100% of level one orders complete and 92% of level two orders completed within timescales.

	<p>Within the broader justice arena it is important to bring to boards attention the increase in MAPPA cases being managed at all levels. The management of these cases requires skilled interventions across public protection agencies and Social Work services are central to this.</p>
2.4.3	<p>Within adult services the environment remains complex. In particular the support needs of our communities in relation to mental health and wellbeing remains significant and reflective of our times.</p> <p>The year past has seen continued increases in a range of activity undertaken by our Mental Health Officers (MHO) including guardianship activity, detentions and the various legal orders utilised to protect individuals. We continue to look at ways to enhance our offer to our communities and have successfully piloted a <i>stand alone</i> MHO Team. This has separated the MHO function from the broader care management function had has allowed us to see our waiting times for assessment plateau while also seeing a reduction in waiting times for some of those awaiting discharge from hospital.</p> <p>I remain acutely aware of the increasing demand and skills required to deliver this aspect of Social Work and we continue to sponsor Social Workers to undertake the MHO function. We are also in the process of developing clearer professional standards to support our Social Workers in the skilled delivery of these services.</p>
<b>3.</b>	<b>PROPOSALS</b>
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.
3.2	<u>Anticipated Outcomes</u>
	That the Integration Joint Board, North Ayrshire 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	<u>Measuring Impact</u>
	Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None

4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> The Integration Joint Board has been delegated authority to provide Statutory Social Work Services on behalf of North Ayrshire Council. Any significant failure in the delivery of these services brings a high degree of significant risk to individuals and a high degree of reputational risk.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> 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.
<b>5.</b>	<b>CONSULTATION</b>
	The Extended Partnership Senior Management Team have contributed to the contents of this report.

**Caroline Cameron**  
**Director HSCP/Chief Officer**

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#### Appendices

- Appendix 1, CSWO Annual Report 2021/2022



North Ayrshire Council  
/Comhairle Siorrachd Àir a Tuath

# Chief Social Work Officer Report



**NORTH AYRSHIRE**  
Health and Social Care  
Partnership

2021 – 2022

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## Introduction

### Welcome

It is a pleasure to introduce this year's annual Chief Social Work Officer report for North Ayrshire which covers the period 1<sup>st</sup> April 2021 through 31<sup>st</sup> March 2022.

These remain unprecedented times for social work and social care services. A unified voice is more important than ever to ensure the contribution social work makes to our communities' collective wellbeing is recognised and understood. I firmly believe some of our key successes this year will ensure improved outcomes will continue to be possible for our residents. I also firmly believe our commitment to overcome the risks that present in relation to the enduring harm caused by endemic poverty and the long-term impacts of Covid, will see us ensure the contribution of Social Work is better understood and strengthened in North Ayrshire.

In the year ahead we will continue to ensure our Social Work services continue to work in a way that puts our residents at the centre of their care. We will also seek to ensure that when protective measures are required, these are applied in such a way that ensures the safety of those affected, and includes them wherever possible. Finally, I am clear that a key principle of Social Work has always been to challenge discrimination and oppression, and we will seek to ensure Social Work services do this whenever presented with these circumstances.

I would also like to place on record my appreciation of the compassion and commitment displayed day in, day out by our practitioners, managers and support staff to ensure that Social Work services are delivered to the best of our abilities to our communities. Finally, having joined the organisation in December 2021 I would like to place on record my thanks to Elizabeth Stewart for her skilled contributions and leadership as interim and now Depute CSWO.

Scott Hunter

Chief Social Work Officer

North Ayrshire Health and Social Care Partnership



## North Ayrshire Demographics

North Ayrshire is home to approximately 134,220 people, (National Records for Scotland, Mid-2021 Population Estimates Scotland) all living in its many towns, villages, and islands, with slightly more females (52.5%) than males (47.5%). 16.3% of the population are aged 0 to 15 years, 9.8% are aged 16 to 24 years, 21.5% are aged 25 to 44%, 29.1% are aged 45 to 64 years of age, 13.1% ages between 65 to 74 years of age, with 10.2% 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 Local Authority to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and was further enshrined through Section 45 of the Local Government etc. (Scotland) Act 1994. The overall aim of the CSWO role is to ensure that North Ayrshire Council and North Ayrshire Health and Social Care Partnership (HSCP) receive effective, professional advice and guidance in the provision of all Social Work services, whether provided directly, in partnership with other agencies, or purchased on behalf of the local authority. Alongside this the CSWO, as the professional lead, provides professional governance, leadership, and accountability for the delivery of social work and social care services. Critically, Social work services are delivered within a framework of statutory duties and powers that are required to meet national standards and provide best value. Local Authorities are required to ensure there is CSWO cover 7 days a week 365 days per year.

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 Integration Joint Board (IJB) and as such the CSWO is a standing member of the IJB as the professional advisor on Social Work matters. The CSWO's responsibilities in relation to local authority social work functions continue to apply to services which are being delivered by other bodies under integration arrangements however, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority. Elected Members have important leadership and scrutiny roles in councils, and it is essential they assure themselves that the quality of Social Work services are maintained and risks are managed effectively.

Within the NAHSCP, The CSWO is 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 regular basis. Out with these meetings, the CSWO meets regularly with the NAHSCP Director and Heads of Service and contributes 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 allow me to effectively deliver the functions of the CSWO in North Ayrshire.

The CSWO is a member of a range of forums however critically the CSWO provides advice to the following key groups: the Partnership's Integration Joint Board, comprising of members nominated and appointed by NHS Ayrshire and Arran and North Ayrshire Council; the Partnership's Senior Management Team comprising the Director and senior managers responsible for health and care services; the Chief Officer Group (COG) as professional adviser for Public Protection (child protection, adult protection and MAPPAs); Child Protection Committee and Adult Protection Committees.

The CSWO continues to be a key member of both Care Home and Care at Home Oversight Groups which were established at the onset of the pandemic and continue

to provide support to the sector today. These groups provide a critical forum to disseminate update national guidance, policy and practice changes. The groups, which meet weekly also seek to manage emerging critical issues in relation to staffing and standards of care. The groups remain the gateway to initiation of large scale investigations (LSI) where there is significant concern in relation to any aspect of service where harm has been, or is likely to be, experienced. LSI's within the partnership are chaired by the CSWO who facilitates a multi-agency response to the identified risk.

The CHOG and CAHOG also provide the means by which oversight and action is directed in response to providers within the market who are no longer able to deliver agreed contractual obligations. In such cases commissioning and operational colleagues respond in a manner that seeks to assure continuity of care wherever possible. It is important to reflect that these circumstances have occurred in the reporting period and the partnership response led to a successful transition for those residents affected. It is also crucial within the context of this report to be transparent in relation to the strain these events place on the partnership infrastructure, however we are clear that the standards of care we seek for our residents will not diminish.

With other changes over recent years, the key role of the CSWO has become more complex and challenging. Local Authorities need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively. This is recognised and supported in North Ayrshire particularly with the development of a specific Chief Social Work Officer role which is independent of the Heads of Service for Adult, Justice and Children's services, and reports directly to the Chief Officer / Director of Health and Social Care. To fulfil these responsibilities in North Ayrshire, the CSWO has direct access to Elected Members, the Chief Executive and reports directly to the Chief Officer of the HSCP.

The CSWO continues to work across professional boundaries in the HSCP and the ability to do this effectively has been strengthened by the stand alone CSWO role in North Ayrshire. 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.

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 of North Ayrshire. The SWGB reports into the overarching NAHSCP Clinical Care and Governance Board, of which I am a member, as the means to provide scrutiny and assurance to the IJB as to the quality of health and social care services delivered on its behalf.

## 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.

This report aligns with our Bridging Strategic Commissioning Plan. This one-year plan built on our existing plan ‘Let’s Deliver Care Together (2018-2021)’ and reflected our response to the COVID-19 Pandemic. The plan set out our pandemic recovery intentions, as well as offering a longer-term vision for local health and social care services.

This Bridging Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that during the bridging year, we would continue to focus on these five **priorities**:



Our new Strategic Plan will cover the years 2022-30 and is available at the following [Link](#)

## 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 2.1% 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 2.8% to account for 13.3% of the population. However, those aged 75 plus will increase by 21.3% over the same period and will account for 11.9% of the population in 2025 (or 15,751 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 2020, 22.0% 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 care, 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 24.9 (per 100,000) at the latest reported data, with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area (19.5) and Scotland as a whole (20.4).

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. In 2020, the rate per 100,000 of drug related deaths in North Ayrshire was 35.26. For the Health Board, this was 33.18 and for Scotland was 25.44.

## 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 received by the Partnership this year compared to last year has **decreased by 15%**. Concerns which have progressed onto Child Protection Investigations remain largely static to last year with a conversion rate around **40%**. **59%** of cases subject to a CP investigation then progressed to case conference. With **90%** 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 Domestic Abuse**. During **2021/22** there were **235** de-registrations and **169** of these were due to improved home situations.

This year the Partnership has seen a **fall** in the number of Child Protection Orders being applied for and granted. A **significant decrease** on last year of around **72%**, with a total of **11** 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, **49** young people were newly accommodated, a decrease of **14** children from the year before. This is the lowest number of young people requiring alternative care **since we began recording of this data (2013/2014)**.

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 5 successful adoptions in 2021/22

Children and young people requiring the intensive safety which secure care brings, **increased slightly, from 1 to 2, during 2021-22**.

Our number of in-house foster carers **fell from 103 to 99** over the last year, with **8** new foster carers being approved. As at **31/03/2022, there were 156** children with Foster Carers provided by the Local Authority. The number of children in Kinship care has **increased to 354**.

Please see the 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

In the past year, substantial work has been undertaken to progress the commitment to lay the foundations to deliver on The Promise in North Ayrshire during the 'bedding down phase' (Phase 1) of the 10-year implementation plan.

The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners. Building for the future takes time. To maximise impact and ensure sustainability of approach, a firm foundation needs to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities; and on which to build all future developments.

The Promise sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care, and to drive forward the findings and recommendations. Delivery of The Promise does not sit in isolation and also cannot be delivered by North Ayrshire Council alone. Delivery sits alongside the commitment to incorporation of the United Nations Convention on the Rights of the Child (UNCRC), our Corporate Parenting Plan, North Ayrshire's Child Poverty Strategy, the Children's Services Plan and work in relation to children and young people's mental health and wellbeing. Delivery and progress with all of these plans require multi-agency working across a number of partners.

Between April 2021 and March 2024, The Promise is within the "Bedding Down" phase where;

- Early intervention and prevention will become standard with obsolescence of crisis services commenced.
- The necessary legislative reform will be underway to make sure The Rules are enabling.
- A practice and culture change programme will be embedded.

## Inspection of Children's Services

A joint inspection of services for children and young people at risk of harm across North Ayrshire took place between August 2021 and April 2022. Inspection activity was reinitiated after an initial delay occurred due to the pandemic. Between August 2021 and April 2022, the inspection team gathered evidence from staff surveys; survey responses from children and young people and from parents and carers; reading a position statement prepared by the partnership and undertaking an analysis of all available evidence and publicly available information about the partnership. Findings of the inspection will be published in June 2022 and impacts on Social Work services reported on in next year's CSWO annual report.



## 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 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 2021-22, the Rosemount Project supported 314 children, parents and carers. The service is committed to whole family support and, wherever possible, will include siblings, parents/carers and extended family members in the parenting interventions and family work that the service facilitates. Rosemount has supported 96% of the young people we have been involved with to remain within family settings.

The figures above reflect an increase in the number of individuals supported from the previous financial year; from 1st April 2020 to 31st March 2021, Rosemount supported approximately 276 young people and their parents/carers. Of those 276 cases, 95% of young people were maintained within a family setting. We have had a 12% increase in individuals we have supported (276 to 314), which reflects an increase in the rate of referrals since we have entered a recovery period following COVID-19, as well as the fact that the team have been able to engage with a higher proportion of individuals as COVID-19 restrictions have gradually eased. 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.

From 1st April 2021 to 31st March 2022, Rosemount provided weekend support over 47 out of 52 (90%) weekends. The number of individual cases supported on a Saturday/Sunday ranged from 1 to 6, with an average of 3 cases contacted throughout the year. It is important to note that weekend support is primarily to ensure the most vulnerable situations are provided with a level of advice and guidance to assist parents/carers to maintain appropriate boundaries, whilst responding to any risk taking or challenging behaviours their children may display.

## 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

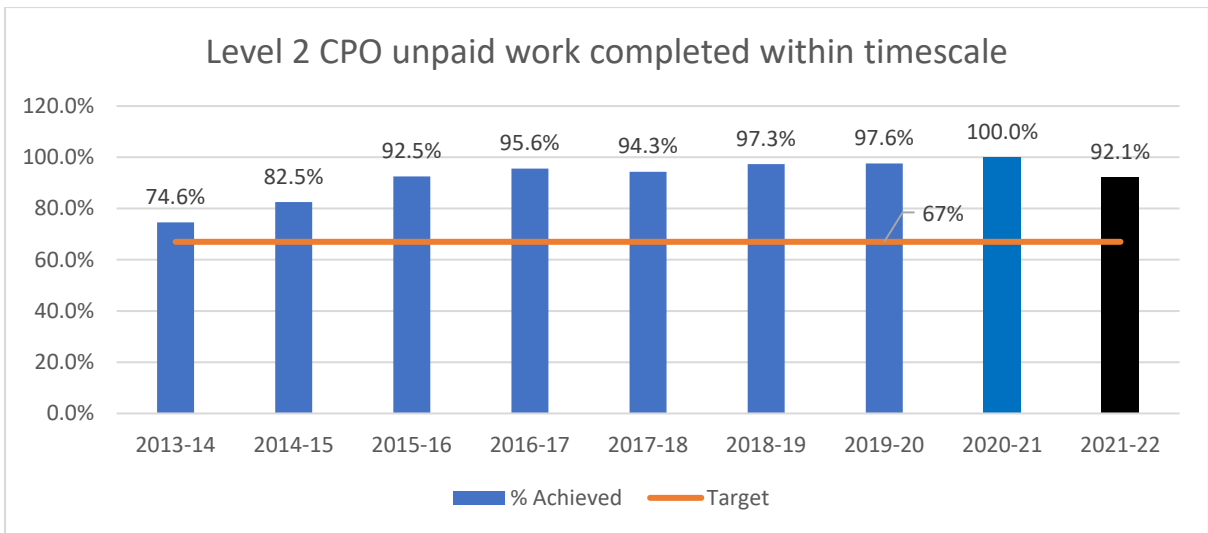
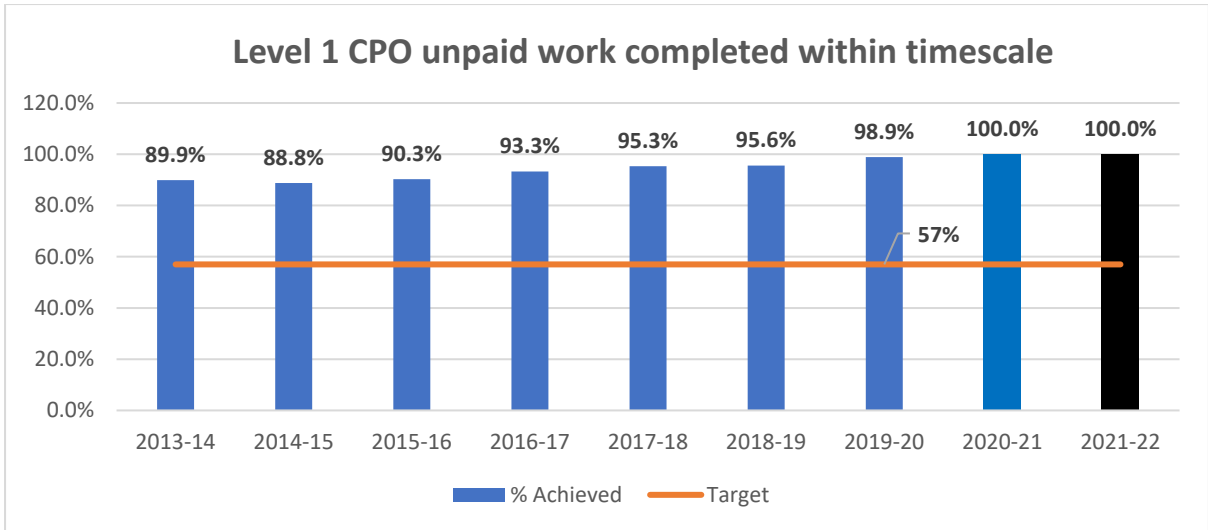
We work with other agencies, organisations and stakeholders such Youth Justice, Adult Support and Protection and MAPPA (Multi Agency Public Protection Arrangements.)

## Community Payback Orders

The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on Community Payback Orders (CPO) (2020-21) show that North Ayrshire had the lowest of the Ayrshires - and is no longer one of the top 5 local authorities with the highest number of CPOs imposed per 10,000 population in Scotland - at 25.3 per 10,000 population. In comparison, East Ayrshire sits at 28.7 and South Ayrshire sits at 31.9. The Scottish average is 21.2 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 2020-21 reveal North Ayrshire to be the lowest of the Ayrshires at 47.3 per 10,000 population. In comparison, East Ayrshire sits at 60.9 and South Ayrshire sits at 58.2. The Scottish average is 43.9 per 10,000 population.

Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. We have continuously over-achieved against targets for CPO level 1 and level 2. Numbers of those subject to a Level 1 CPO have however varied greatly due to COVID-19. For example, 2019-2020 saw 92 out of 93 completed within timescale, 2020-2021 saw 21 out of 21, however 2021-2022 numbers increased, with 52 out of 52 completing within timescale. This is similar to the Level 2 CPO's which saw 161 out of 165 in 2019-2020, 2020-2021 saw 24 out of 24 increasing to 58 out of 63 completing within timescale in 2021-2022.



We currently have 252 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 with regard to the variety of tasks we have been able to undertake.

## Case Study:

*Ms D is subject to a CPO and also had supervised bail for an historic charge. She had a traumatic childhood and developed her own issues with substance misuse. She had also been involved in several unhealthy relationships and her children were on the CP Register. However, she has made brilliant progress over the past 12 months. She engaged fully with supervision and participated well with work around anger management and managing her emotions as she had a history of violent offences. She has developed good victim awareness and displays genuine remorse for her actions. She takes personal responsibility for her behaviour and there has been no further offending. She is now abstinent from all substances and continues to attend Cocaine Anonymous regularly where she is a source of support for others. She worked extremely hard to get her children taken off the register and engages fully with C&F, and her children are happy, safe and settled. She feels that both Supervised Bail and her CPO have been a great form of support for her. She said that both workers were “amazing” and that she found us “dead easy to work with” as she could be herself and be open and honest without the fear of being judged. She has aspirations for the future and hopes to return to employment/training once her children are older.*

## Caledonian Women's Service

The Caledonian Women's Service seeks to promote community integration as part of women's recovery from domestic abuse and have supported women to access community resources, including support for alcohol issues and introduction to community groups to support in making social connections. The Caledonian Team also have a children's service worker whose primary role is to support children who have been exposed to domestic abuse, through one to one work helping them explore emotions and supporting them in staying safe, whilst working in partnership with local child protection agencies, in the year 2021-22 a total of 16 children have been offered a service by the children's worker. The Caledonian Women's and children service have also secured £5,000 in funding from the Safer Lives and Natwest bank fund. This funding is used to promote safety and promote resilience among survivors of domestic abuse.

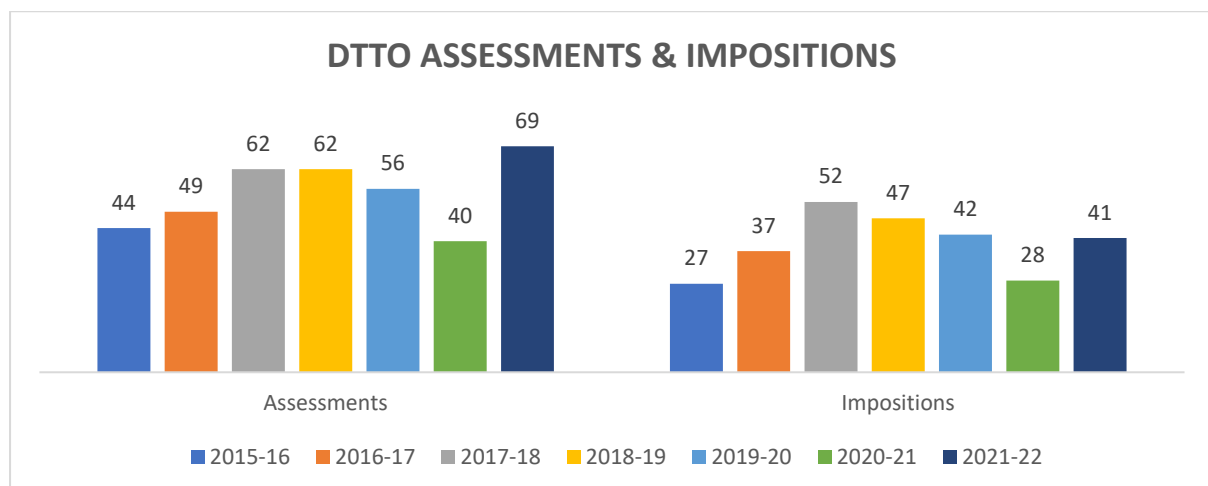
## Moving Forward Making Chances

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 on a one-to-one basis, with 21 men completing the programme in 2021-2022. Following the removal of restrictions groups have now resumed and moving forward this will be the primary mode of delivery.

### Drug Treatment and Testing Order Team

The Drug Treatment and Testing Order Team (DTTO) secured funding from Corra for two Recovery Development Workers with lived experience. We are seeing the positive outcomes directly related to this additional resource during 2021/22. An active outreach approach has been adopted to encourage the retention of service users within community-based services and to encourage community-reintegration and involvement in alternative meaningful activities to promote longer-term resilience.



The number of DTTO Assessments requested in 2021/22 shows a significant increase of 72% compared to 2020/21 and the highest number of assessments requested since 2018/19 with an increase of 11%. DTTO impositions peaked at 92% in 2017/18 and reduced in 2020/21 by 24% compared to 2016/17. There is an overall increase of 52% noted in the review period 2015/16. Current DTTO figures reflect the assurance courts in Ayrshire have in this service and the positive outcomes achieved.

### MAPPA

There were 172 individuals listed as Level 1 MAPPA in 2021-22 which is the greatest number of Level 1 MAPPA individuals since 2018-19 when figures reached 181. 14 individuals were Level 2 MAPPA, this is the greatest number of individuals listed as MAPPA 2 since 2015-16. There were 7 individuals listed as Level 3 MAPPA, the highest figure recorded in the past 8 years with indicators this trend will continue.

## 2.2 Health & Community Care

### Overview

The COVID-19 Pandemic greatly impacted on the delivery of Health and Community Care services throughout 2021/22, and whilst there was an easing of a number of COVID restrictions during this time, the demand on Community Care Services and increasing complexity of levels of support in the community continued, with frontline Health and Social Care staff remaining key to ensuring the delivery of essential services to the most vulnerable people in our communities.

However, it was the second half of the 2021/22 reporting period, Community Care services experienced their most significant challenges throughout the entire pandemic. This included sustained high levels of COVID related workforce absence, frequent guidance changes around isolation and testing and COVID outbreaks across our community teams, hospitals, and Care Home settings. The impact of these factors was seen across a number of our services including frontline care delivery and, in our hospitals, and wards. Throughout this period demand for service delivery and supports continued and our Community Care teams worked tirelessly as they had done throughout the pandemic to deliver safe and effective care.

In late 2021 we received 'Winter Pressures' funding, provided as part of the measures put in place to alleviate system pressures - specifically to support interim care arrangements, multi-disciplinary teams, care at home capacity and social care staff's hourly pay increase. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.

Also in late 2021, we set out our detailed plan of how this investment would be targeted across a range of Community Care services including EICT, Community Wards, Community Nursing, Community Occupational Therapy teams and Social Work teams. Our plans included significant funding for our Care at Home teams - mostly being directed to frontline service delivery and capacity to address demand from both hospital and in the community.

### Adult Support and Protection

Throughout 2021/2022, 2070 Adult Concern reports were received by the Partnership, this represents a 7% decrease in the numbers of referrals received from the year before.

643 Adult Protection Referrals were made, which represents a 15% increase on the year before. 102 Adult Protection Investigations were started with 40 Case Conferences being convened. Most Adult Support and Protection Referrals (those referrals made where the referrer knew or believed the circumstances met the legislative criteria for referral) were submitted by the North Ayrshire Health and Social Care Partnership, followed by Police Scotland, Care Homes and NAC Housing Service. The most common type of harm referrals were submitted in connection with were Physical Harm.

## Care at Home

Whilst the in-house Care at Home service did not require to cease delivery on any planned care delivery, the service remained operating at business continuity levels throughout 2021/22. However, the capacity for care provision from external providers has continued to reduce throughout 2021 with the Partnerships framework providers advising of consolidation of existing planned work in line with workforce challenges - one provider was unable to fulfil planned care delivery over a number of occasions throughout the latter half of 2021/22, often requiring the Partnership's inhouse Care at Home service to step in to provide critical support.

This has greatly impacted on delayed discharges with the majority of new care packages requiring to be delivered via the Partnership's in-house Care at Home service. However, our collective commitment to delivering high quality Care at Home services remains unchanged and colleagues from across Council services stepped up as volunteers to support ongoing service delivery. We also continued to engage with care providers on an ongoing basis, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need.

Recruitment to social care posts has always been challenging and became increasingly difficult throughout the pandemic for both the Partnership, and our commissioned providers. Issues with staff retention also often reduce the impact of successful recruitment drives. Recruitment across Community Care remains a focus, particularly posts within frontline Care at Home Services and over the course of 2021/22 our Care at Home team successfully returned to facilitating various recruitment events over the course of the year, with 30 such events held between September 2021 and April 2022. These events were supported by robust recruitment campaigns, involving social media posts, newspaper articles and radio advertising

## Respite Services

Anam Cara is our specialist dementia respite centre based in Kilbirnie. Throughout 2021/22, Anam Cara continued to deliver 24/7 much needed critical respite provision for people with dementia, with five beds available on a weekly basis to support service users and carers in North Ayrshire. There are also a further nine 'step down beds' within the facility, for people who are ready to be discharged from hospital but are not yet ready to return home. The 'step-down' provision has been in place since late 2020 to mitigate issues of delayed hospital discharges while awaiting a package of care in the community. The centre continued to be well utilised with 156 people enjoying accommodation for an average period of 7 nights of respite from March 2021 until the end of April 2022 – or an overall 1,000+ nights of respite provided throughout the year.

Our brand new, purpose-built respite facility for children and young people with additional support needs, **Roslin House**, welcomed its first guests in August 2021. Roslin House, which is adjacent to the new Lockhart ASN Campus in Stevenston, is an 8-bedroom, state of the art facility providing respite breaks for young people

known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan.



Each ensuite bedroom is equipped with comfortable, homely furnishings and mood lighting, with rooms opening out into a fantastic, landscaped garden with a water feature, BBQ, music feature and a heated hang-out den for teenagers. The facility also has an activity wing with an area for arts and crafts, a hi-tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where young people can eat together or learn cooking skills. As well as providing a comfortable 'home from home' stay for young people, the new facility will offer a bespoke respite experience and a smooth transition from children's to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door.



## Day Services

The Partnership continued to engage with Alzheimer's Scotland regarding its Day Services provision situated in Ardrossan, with this service reopening in November 2021. However, in the main, our Older Peoples Day Services remained closed throughout 2021/22, a direct result of the continued impact of the pandemic on our workforce, which did not allow for remobilisation to take place.



## Dirrans Centre

The Dirrans Centre, Kilwinning, delivers personalised community-based rehabilitation supports. The team continued to provide support to our clients throughout COVID19 restrictions, until the centre was able to re-open for 'business as usual' - and provide a combination of building based, and community supports using learning from outcomes achieved during the pandemic, during 2021/22.



## The Carers Team

At the year-end 2021/22, 1,291 carers were registered with our commissioned carer provider Unity (1,096 are adult carers and 195 are young carers aged 18 or under). Social Work and Education staff offered 366 Adult Carer Support Plans and 68 Young Carer statements.

New Directions were published in July 2021, under section 5(1A) of the Social Work (Scotland) Act 1968 (Directions to local authorities to issue offers under sections 6 and 12 of the Carers (Scotland) Act 2016). The regulations prescribed timescales for the offer and preparation of an Adult Carer Support Plan and Young Carer Statement for carers of terminally ill family members or friends. The Carer Team produced information leaflets, posters, a staff briefing with guidance and animated video to inform our carer community and staff.

Different breaks from caring were provided with Scottish Government funding administered by Unity (commissioned local Carers Service). In the first 3 months, 360 applications were received supporting 545 carers and 456 family members or friends being cared for with carer breaks and essential grants at a cost of £97k. Furthermore 103 new carers were identified through the short break schemes.

As part of the implementation of the Carer's Act, funding was released with an incremental increase over a 5 year period. In 2021/2022 NAHSCP received around £800,000 bringing the total allocation thus far to just over £2m for Carer's Act duties.

This budget is not ring-fenced and forms part of the baseline IJB budget. Transformational changes have been agreed and work has commenced to: -

- Improve the route of access to assessment and support for carers.
- Strengthen partnership working with the commissioned carer provider – Unity.
- Additional resource to improve Adult Carer Support Plan message, uptake and completion.
- Establish a Short Break Service for easier access to early and more effective breaks from the caring role.
- Review of paperwork – Adult Carer Support Plan, eligibility thresholds.
- Implement a resource release model for carers.
- Add resource of appropriate funding to sustain the new model of carer assessment and support.
- Establish a Self-directed Support Learning Review Board (overarching) to bring forward a range of recommendations to strengthen social care assessment and support delivery.

## Money Matters

Our Money Matters Team once again supported the most vulnerable people in our communities, accessing entitled benefits to the incredible sum of £17,513,155.55, an increase of over £1.6M from 2020-21. This was achieved against a backdrop of ongoing welfare reform, a complex benefits system and the impact of COVID-19. This is a great achievement and is testimony to everyone's work in the Money Matters Team.

**Money Matters - Annual Comparison (Millions)**



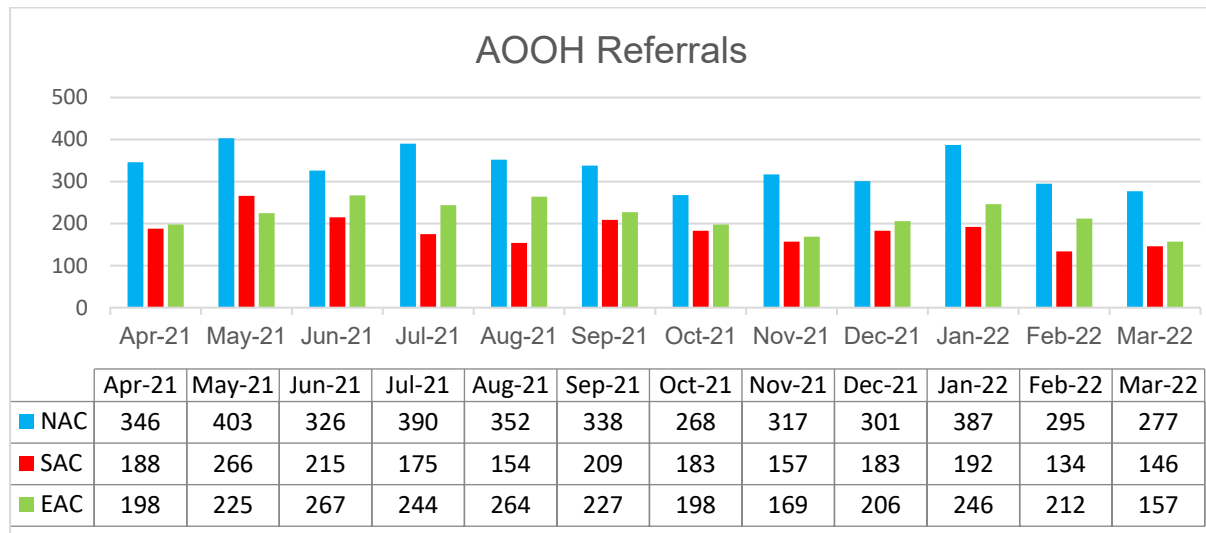
## Arran

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.

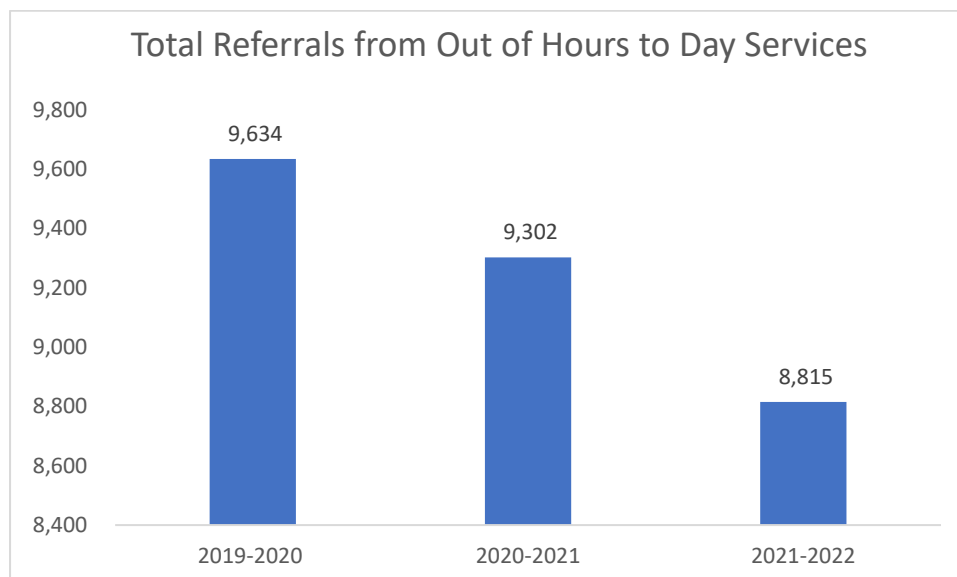
Following a successful bid to the Cora foundation for a 2-year research project into the Drug and Alcohol pathway on Arran in 2018, a new Drug and Alcohol Outreach worker has been agreed and funded by North Ayrshire ADP for 2 years. This is a great example of close working with our third sector partners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

## Ayrshire Out of Hours Social Work Service

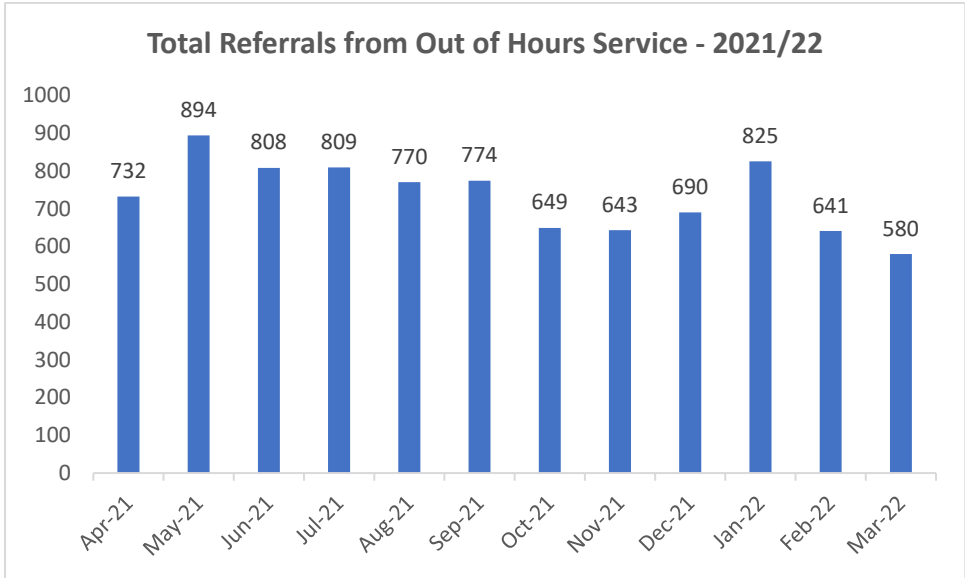
The Ayrshire Out of Hours Social Work Service has now been operational for 10 years. The service has again faced ongoing challenges in relation to Covid19 during 2021-22 but the team have worked tirelessly to provide a continuous service. During the period from 1st April 2021 to 31st March 2022 there were a total of 8,815 referrals from Out of Hours to Day Services. These are broken down as below:



The graph below shows that total referrals across the three Ayrshire councils reduced by 487 between 2020/21 and 2021/22 and by 819 from 2019/20 figures when compared to 2021/22.



From the graph below it is evident that the highest numbers of referrals were received in May 2021 and January 2022. The least number of referrals were received in February 2022 and March 2022. Research shows that peak time for referrals continues to be between 5pm and 11pm while peak days are Friday, Saturday and Sunday.



## 2.3 Mental Health

There has been a total of 96 emergency detention requests. Of which, 82 were carried out by either out of hours Mental Health Officers or without Mental Health Officer consent. This is an increase of 15 from the previous year. There has also been a significant increase in the number of short-term detention requests with 171 being recorded to the previous year's 134. Of the 171 consent was given to 134, with the other 37 being assessed but no consent given. There was an increase in compulsory treatment orders granted with 70 being recorded to the previous year's 59. Of the 70, 27 had been interim CTO's, with 14 of these moving to full CTO following a further Mental Health Tribunal. Warrants undertaken reduced from 6 in 2020/21 to 4 in 2021/22.

During 2021/22 there was (2) Compulsion Order and Restraining orders (CORO), (3) Compulsion orders, (0) Hospital Directions, (6) assessment orders, (6) Treatment orders and (1) Transfer for treatment order.

Private Welfare Guardianships increased from 314 (57 new) to 402 (102 new). As did CSWO Guardianships from 71 (24 new) to 91 (26 new). Mental Health Officer Report Private Welfare Guardianship Applications increased from 75 to 156.

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. 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.

Since the start of the MHO pilot we have been able to reduce waiting lists for PWG suitability reports and since we have trialled our new approach to allocations in June 21 our waiting times have plateaued, but we have been able to reduce the waiting times for some of those waiting to be discharged from hospital. The service has demonstrated a year on year increase in legislative work. The pandemic has accelerated this growth with the average Emergency Detentions being 37.5 detentions each year between 2013-2019 and the average per year between 2019-21 reaching 90.5 a 241% increase. Short term detentions showed a similar trend average per year 2013-2019 = 74.6, whilst during the pandemic 2019-2021 the average per year equals 110.5. Warrants were up from an average of 1.66 per year (2013-2019) to an average of 6 per year (2019-2021).

Without the MHO test of change being in place at the time the pandemic occurred it is difficult to see how the service would have coped with such huge increases, increases that continue to this current date. The test of change demonstrated the inherent benefits of a two team model approach, particularly around the increasing workload across both teams and the significant increase in Mental Health act work. However, whilst we have seen benefit to waiting lists within the MHO team, we have also noted a deteriorating picture within the care management. Waiting times are much lengthier than we would want and average length of time waiting higher, exceeding 215 days. As an integrated service from a care management perspective

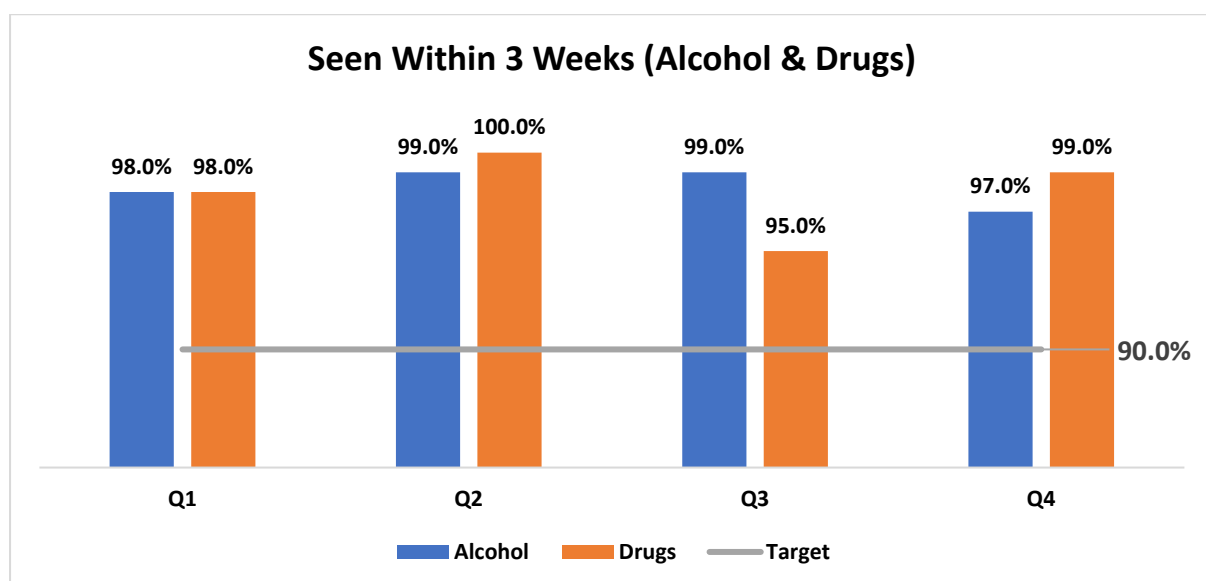
we are beginning to develop guidelines that define timescales for pieces of work to be undertaken by; we are striving in order that our care management service can be a benchmark for best practice across Scotland. Our recently developed “Mental Health Social Work Guideline – Referral to Enablement Time” brings aspects of the Care Management Team in line with national timescales associated with other mental health professions. The 16 week timeframe to enablement from the point of referral is aspirational given where we currently are. However, we believe with additional staffing and a change to the two team model proposed we will go a long way to meeting this.

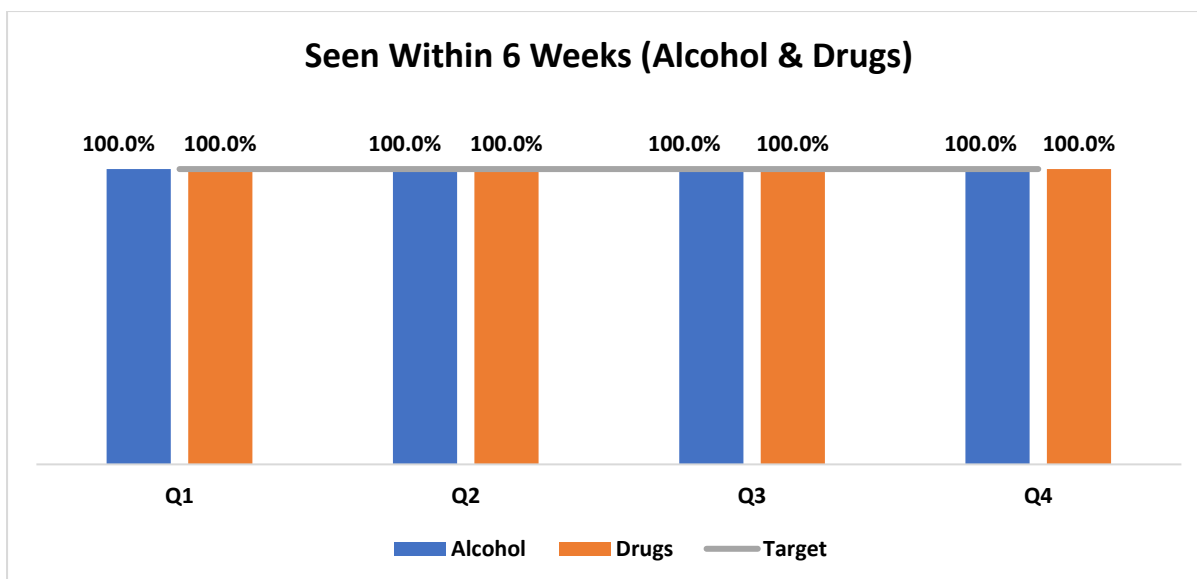
In March 2022 the Partnership Senior Management Team approved additional funding to the mental health social work service, with permanent and short term funding awarded to both the new MHO team and care management team. The service are currently in process of navigating recruitment processes.

During this year, the service has been in the process of recruiting to an in house short term support worker team to replace the previously commissioned Flexible Intervention Service (FIS). Whilst navigating recruitment processes, staff were employed on the nursing bank to fulfil this role. This was highly beneficial during the pandemic period as contracted care providers were not always able to pick up care packages. As such, for a short period of time, we were able to introduce our own support workers. This enabled some discharges from hospital to take place that would otherwise have resulted in delays. It also allowed for a further period of assessment if required, by in house staff, allowing for changes to be made swiftly and appropriately prior to transfer to another care provider. As community support packages continue to be a significant concern for the service, if existing and/ or new providers are unable to support such activity, the service may require to consider an extended model of support in the future.

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

North Ayrshire Drug and Alcohol Service (NADARS) continued to meet the 'Access to treatment' standards and prioritised individuals who are the most vulnerable for face to face, in person support. All community interventions continued to be delivered. The residential facility in Ward 5, Woodland View, prioritised detoxification support alongside a seamless pathway for extended rehabilitation hospital based support (whilst the day attendance programme was paused due to wider COVID-19 related restrictions – these clients continued to be supported by the locality community services). All these interventions were continuously reviewed in light of changing pandemic related guidance. A new support pathway was put in place for individuals following a Non-Fatal Overdose as another measure to prevent drug related deaths. This pathway will continue to be reviewed and improved over the next year with key partner services including the Scottish Ambulance Service and Hospital Liaison Services.





There has been a specific focus over the last year to develop processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 were embedded into practise from April 2022. This new intervention has provided quick access to treatment with many individuals commencing drug use related treatment within 1 day of being referred to services. This have provided immediate access to appropriate medication, harm reduction interventions and mental, physical, sexual and social care support. Data systems have been devised for the reporting on MAT delivery and new guidelines, pathways, policies, procedures have been put in place.

Target set by Scottish Government – Priority Settings	<b>3,419</b>
Total ABI delivery in Priority Settings (Ayrshire & Arran)	<b>5,624</b>

Target set by Scottish Government in Wider Settings	<b>855</b>
Total ABI delivery in Wider Settings (Ayrshire & Arran)	<b>1,027</b>

People being supported by NADARS during 2021-22 is evidenced further by:

- **69%** of service users reported reduction in alcohol intake
- **66%** of service users reported a reduction in non-prescribed drug use
- **62%** of service users reported an improvement in physical health
- **66%** of service users reported an improvement in physiological health
- **65%** of service users reported an improvement in social functioning

There has been a specific focus over the last year to develop processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 were embedded into practise. This new intervention has provided quick access to treatment, with many individuals commencing drug use related treatment within 1 day of being referred to services. This has provided immediate access to appropriate medication, harm reduction interventions and mental, physical, sexual and social care support. Data systems have been devised for the reporting on MAT delivery and new guidelines, pathways, policies, procedures have been put in place.



Our Joint Performance report with the ADP (covering 2021-2022) highlights a trend of increased drug deaths in North Ayrshire – 2016 sadly saw 32 deaths, 2017 saw 25, 2018 saw 38, 2019 saw 41, 2020 saw 39 deaths and most recently for 2021 there were also 39 confirmed drug deaths. Our Addiction service has conducted 18 reviews for individuals who have died. One of the reviews identified learning, which will be taken forward. However, many elements of good practice have also been identified.

During the last year, 573 Naloxone kits were supplied to the community, this builds on previous distribution rates. There were 38 reports of Naloxone uses in the community to reverse the effect of overdose, therefore indicating that 38 lives were saved.

### Learning Disability Services

Over the course of 2021-22, the Learning Disability Service continued to make progress with regard to the broad programme of change it had initiated pre-Covid 19, as well as creating new development opportunities.

Trindlemoss Day Opportunities took a significant step forward regarding its redesign, with the creation of new job profiles for Development Workers and Senior Development Workers, and the transition of existing staff into these roles, or recruitment of new staff. This work was undertaken with the full involvement of the Unions, and staff themselves, and families and customers were kept informed of the changes via newsletters and other correspondence. As a result of this work, Trindlemoss is well placed to take forward its vision of flexible, community focused provision and networking, focused on the interests and aspirations of customers themselves. 21-22 also saw Trindlemoss being invited by Healthcare Improvement Scotland to take part in Phase 3 of their ongoing Learning Collaborative focused on redesigning day services for people with learning disabilities, along with 2 other HSCPs.



The Learning Disability Service continues to work with partners in Housing to develop and deliver new supported accommodation options throughout North Ayrshire. 2021 saw the delivery of new developments in Dalry (15 properties) and Largs (22 properties), with further developments taking place in Stevenston and Kilwinning. This ongoing collaboration between the service and Housing continues to afford new opportunities to ensure that North Ayrshire has a relevant diversity of housing options.

Significant pressures have been experienced by the Social Work component of the Integrated Learning Disability team over the course of this period, reflecting heightened levels of demand compounded by issues linked to the pandemic, and limitations on the capacity of the Learning Disability Social Work team itself. Following work by the Senior Manager and Social Work team managers, with support from colleagues in the Mental Health team, the need for additional investment in the team was evidenced over a number of pieces of analysis, leading to an enhancement to the team of 4 social workers and 1 social work assistant.

Members of the Integrated Learning Disability Team developed a successful proposal regarding the establishment of an Intensive Support Team. This will comprise a dedicated multi-disciplinary team (involving both NHS and Social Work roles), with the capacity to support and promote a consistent approach to Positive Behaviour Support (PBS) in the interests of sustaining people within their tenancies; supporting community integration to prevent delayed discharged from the local Assessment and Treatment unit; and bringing individuals back into North Ayrshire, from out-of-area placements. This much needed local investment of over £200,000 per annum represents a significant development of the integrated team's capacity, and reflects North Ayrshire's commitment to responding meaningfully to the recommendations of the Scottish Government's Coming Home report (2018).

The work outlined above evidences the Learning Disability Service's continuing commitment to adapting its resourcing and practice around the existing and evolving assets and needs of the local population. Working with a wide variety of partners as part of this is an essential component of realising an inclusive North Ayrshire, where all services recognise and act on their responsibilities with regard to accessibility, and the human rights of all.

## 2.4 Independent Care Providers who provide care services on our behalf

Independent care and 3rd sector providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information below represents how services are performing, monitored via the contract management framework and ensures services are safe, effective and most of all, that they meet people's needs.

Registered Services: Minimum grades across all themes		Current lowest grade in any assessed quality theme					
Care Service	Subtype	2 - Weak	3 - Adequate	4 - Good	5 - Very Good	6 - Excellent	Grand Total
Adoption Service					1		1
Adult Placement Service					2		2
Care Home Service	Older People	1	7	7	3		18
	Children & Young People	1	2	3	2	2	10
	Learning Disabilities		1	3			4
	Physical and Sensory Impairment		1				1
Fostering Service				2			2
Housing Support Service		2		3	8	2	15
School Care Accommodation Service				2	5		7
Support Service	Care at Home	2	1	8	10		21
	Other than Care at home			8		1	9
<b>Grand Total</b>		<b>6</b>	<b>12</b>	<b>36</b>	<b>31</b>	<b>5</b>	<b>90</b>

## 2.5 Inspection of Local Services

During the course of 2021-2022 our Children and Families Service were in the process of a Joint Inspection of Services for Children and Young People at Risk of Harm in North Ayrshire. As previously confirmed, the Inspection took place between August 2021 and April 2022, and the findings of the report will be presented within next year's CSWO annual report.

However, the Partnership also received 3 further inspections; 1 announced and 2 unannounced. The inspection reports for these can be found - [Inspection Reports](#).

Inspection Date	Service Number	Service/Unit	Gradings				
			Wellbeing	Leadership	Staffing	Environment	Care & Support
10-Aug-21	CS2003001160	Canmore Children's House (Announced)	2	2	2	4	3
01-Dec-21	CS2019375323	Trindlemoss (Unannounced)	4				(C&S During COVID-19) - 4
22-Mar-22	CS2003001163	Abbey Croft Children's House (Unannounced)	5				5

### 3. Resources

#### 3.1 Financial Pressures

The Scottish Government Medium-Term Financial Strategy (December 2021) covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge and the opportunities over the Resource Spending Review period. The role of the MTFS is to set out Scotland's fiscal outlook over the next five years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.

In December 2021, alongside the Scottish Budget for 2022-23, the Scottish Government launched a Resource Spending Review Framework, with an intention to publish multi-year spending plans from 2023-24 through to the end of the parliamentary term in 2026-27, in May 2022.

The priorities of the resource spending review include:

- Mitigating the effects of the pandemic, which has deepened existing inequalities and exposed the effects of digital exclusion, wealth inequality and generational divides
- Rebuilding public services including increasing social care capacity and establishing the National Care Service
- Ensuring that spending choices support progress towards meeting child poverty and climate change targets and securing a stronger and fairer green economy.

The resource spending review will require decisions to be made about how to prioritise resources within the available financial envelope, against a background of volatile funding streams and changing patterns of demand.

The Resource Spending Review Framework notes that the Feeley Report on Adult Social Care has estimated that approximately 36,000 people in Scotland would benefit from but do not currently access social care support, and the cost of that unmet need is estimated at £436 million. The report also emphasised the need for continued investment in social care and referred to the Health and Social Care Medium Term Financial Framework (MTFF) published in 2018. The MTFF projected that, if the system does not adapt or change, social care expenditure could be expected to grow by 4% per annum. This reflected inflationary and demographic effects, which are intensified in a service which supports the very elderly. This projection pre-dates the pandemic which exacerbated pressures on social care, so the underlying assumptions will need to be revisited. However, it illustrates potential growth in social care costs and funding required over the spending review period driven by the demographic and workforce pressures.

The Scottish Budget for 2022-23 highlighted:

- Investment of over £1.6 billion in social care and integration and lays the groundwork for the delivery of a National Care Service.
- £61 million to address drugs deaths.
- Investment of £290 million in mental health, including £120 million for the Mental Health Recovery and Renewal Fund
- 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.

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.

### 3.2 Financial Performance

The main areas of pressure area continue to be 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.

There were significant financial challenges during the period due to the impact of the pandemic. This resulted in additional costs being incurred, fluctuating service levels and partial non-delivery of the transformation programme and associated savings.

Throughout the financial year the IJB-projected position has been balanced moving to an underspend position from September onwards. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was a risk during the year that if the full cost of the Covid-19 response was not funded that the IJB may have required to recover any overspend in-year, however, the final funding allocation eliminated the risk for 2021-22.

The overall financial performance against budget for the financial period 2021-22 (after adjusting for new earmarked reserves) was an overall underspend of £2.916m. This consisted of £1.889m of underspend in social care services and £1.027m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £2.321m (£3.807m 2020-21).

2021-22 has been another challenging year for the partnership. Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood.

We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

We continue to progress our remobilisation plans, considering carefully how we can safely restore all the health and social care services that were regularly provided before the pandemic began. As we do, we continue to prioritise and focus our services for those who are most vulnerable in our communities and who need it most.

As we remobilise, we will endeavour to support and treat the many local people who have been unable to access a health professional due to restrictions. It is anticipated that this will place additional demands on our primary care services as we try to 'catch-up' on caring for patients.

The longer-term impacts of Covid-19 are currently unknown. It is unclear what the effects of long-covid will be on people who were affected by the virus, and what future demands this will place on health and social care services. Further, growing evidence suggests that the pandemic has had negative socio-economic effects that have led to increased health inequalities and contributed to an increase in both poor mental wellbeing and mental health.

The IJB through the refreshed 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 2022-23, 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.

### 3.3 Medium Term Financial Outlook

The Medium-term Financial Outlook (MTFO) was updated during 2021-22 and reported to the IJB in March 2022. This covers the period 2022-25 and this will be updated again before the end of 2022-23 following publication of the Scottish Government's multi-year resource spending review.

A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.

The development of the MTFO provides key information on the possible financial position of the IJB over the next three years. It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.

This MTFO covers the first three years (2022-2025) of the Strategic Plan period. There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes
- Local priorities
- Workforce challenges
- The UK and Scottish Economy
- Policy and Legislation
- Cost and demand pressures
- Available funding

Based on the projected budget pressures, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2022/23, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2023/24 and 2024/25.

The MTFO will be revisited ahead of the 2023-24 budget exercise following the publication of the Scottish Government multi-year Resource Spending Review at the end of May 2022.

The development of the financial outlook provides key information on the potential financial position of the IJB over the next three-year period. This will assist in identifying challenges and pressure points, and aid decision making by ensuring spend is closely aligned to the IJB's strategic priorities.



## 4. Workforce

### 4.1 Workforce Planning – Staffing and Recruitment Issues

The NAHSCP have a workforce of 3,622 staff –1,869 are NAC and 1,753 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.

Recruitment across Community Care remains a focus, particularly posts within frontline Care at Home Services. Recruitment to social care posts has always been challenging and become increasingly difficult throughout the pandemic. Both internal recruitment and that for commissioned providers, has been problematic with retention in the social care sector often reducing the impacts of any successful recruitment. The Partnership's inhouse Care at Home service has successfully returned to facilitating recruitment events and several of these took place in 2021. This has been supported by a robust recruitment campaign, including social media, newspaper and radio advertising, to attempt to bolster the social care workforce.

Within Psychological Therapies, continued efforts regarding recruitment are being made across all services. The national perspective is one of a limited talent pool, which has resulted in reconfiguration of posts to better attract the available staff. In conjunction with NES and Scottish Government, there will be a 20% increase in trainee posts across the psychology professions. This is an addition to the wider roll out of Enhanced Psychological Practitioners, with commencement in Ayrshire and Arran in October 2022. Specifically, resources have been allocated to Community Paediatric Psychology and Adult Mental Health, along with a redesign of the senior leadership team to better support our consultant population. Through the recovery and renewal funds, additional resources have been accessed to support Clinical Health Psychology, Inpatient Neuropsychology and Medical Paediatric Psychology, along with supporting Adult Mental Health Psychology posts.

### 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, 20 courses ran with 787 delegates attending over 2021/22. This is a significant increase on last year as a result of the Pandemic.

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 23 candidates to achieve an SVQ Award to meet registration requirements as per the Scottish Social Services Council. (SSSC). This is a significant decrease in numbers which reflects the small amount of candidates who were able to start their award in 2020. We deliver SVQ Social Services and Health Care Awards and the Care Services Leadership & Management Award.

We also supported a National Progression Award class in Social Services & Healthcare for 5 pupils from across North Ayrshire Schools.

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.

Following the emergence of two cases in 2021 which led to learning - arising from Adult Learning Reviews, a series of Learning Events for the first case was implemented as part of an Improvement Plan. The anonymised background of the 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 similar circumstances arising in the future, as best suited their roles. For the second case a meeting involving frontline staff involved with the Case has been convened to provide information about learning gleaned in this case and also to provide an opportunity for staff who were directly involved, from across Agencies to feed into any potential learning from a staff perspective. This is a new process, which we hope to adopt going forward in relation to new National Guidance on Adult Learning Reviews. We hope this new process will help to keep staff informed and ensure they have a platform to feed into learning in relation to Learning Reviews

The North Ayrshire Senior Officer – ASP and the Independent Convenor of the North Ayrshire Adult Protection Committee have agreed to revise the new Ayrshire wide Child Protection Guidance on conducting Learning Reviews and advise on how the document can encapsulate Adult Protection Learning Review Guidance. This will provide us with Ayrshire wide Guidance on conducting Learning Reviews for both Children and Adults – a welcome piece of joined up working across Ayrshire, helping to rationalise processes in relation to Learning Reviews across the 3 Ayrshire Authority areas.

North Ayrshire Child Protection Committee facilitated 4 PRISM (Practice Reflective Improvement Short Module) sessions throughout 2021/2022. PRISM sessions provide multi-agency opportunities for staff to benefit from the sharing of findings from evaluation activity, reflect on practice and for staff to consider ways of improving professional practice. These sessions concerned the Significant Case Review of J Family, children who had been re-registered on the Child Protection Register and a joint Adult Support Protection and Child Protection audit case. Staff from a range of agencies including social services, health, housing, adult services and the 3<sup>rd</sup> sector attended these sessions.

Practice Reflective Improvement Dialogue is a multi-agency initiative that has been introduced within North Ayrshire in 2021 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. 5 sessions have been facilitated in the past year and evaluation feedback from facilitators and participants indicates that the sessions are providing opportunities for practitioners to reflect and improve their professional practice. It is also supporting the building of multi-agency professional relationships. A senior management group has been established to take forward relevant learning from these sessions.

North Ayrshire supported the development of Pan Ayrshire Learning Review Guidance, which has been locally adapted based on the National Guidance for Child Protection Committees undertaking Learning Reviews (Scottish Government, 2021). The overall purpose of a Learning Review is to bring together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future, thus better protecting children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). A briefing for staff was established and the new approach (which replaces the Pan Ayrshire Protocol for conducting an Initial or Significant Case Review 2015) has been embedded in practice.

The CPC has also provided an e-learning calendar for practitioners. Several hundred practitioners have participated in the following virtual courses and e-modules in 2021/22.

Child Protection Awareness

Break the silence (supporting children who have experienced sexual abuse)

Child Sexual Exploitation

Chronologies

An introduction to North Ayrshire's Child Sexual Abuse Strategy

Keeping children safer online

Starting a conversation with children

Aim intervention

Problematic sexual behaviour

Supporting children whom have been impacted by domestic abuse

Children's Hearing Training

## Appendix

### MHO Service

Mental Health (Care and Treatments) 2003	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 - 22
Emergency Detentions	29	24	44	44	54	54	81	There have been a total of 96 requests
Short Term Detentions	72	75	87	69	74	67	134	There have been a total of 171 requests (of which consent was given to 134, with the other 37 being assessed but consent not given)
Compulsory Treatment	40	54	25	52	38	51	59	There have been a total of 70 new CTOs granted (of which 27 had been Interim CTOs, with 14 of these moving to full CTO following a further Mental Health Tribunal)
Warrants Undertaken	1	3	1	2	1	6	6	4

Criminal Justice Act Scotland 1995	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
CORO	4	4	4	4	4	3	3	2
Compulsion Orders	4	6	5	6	2	6	6	3
Hospital Directions	1	1	1	1	1	1	1	0
Assessment Orders	1	2	2	2	2	2	2	6
Treatment Orders	1	1	2	2	4	2	2	6
Transfer for Treatment	0	3	3	3	2	1	3	1

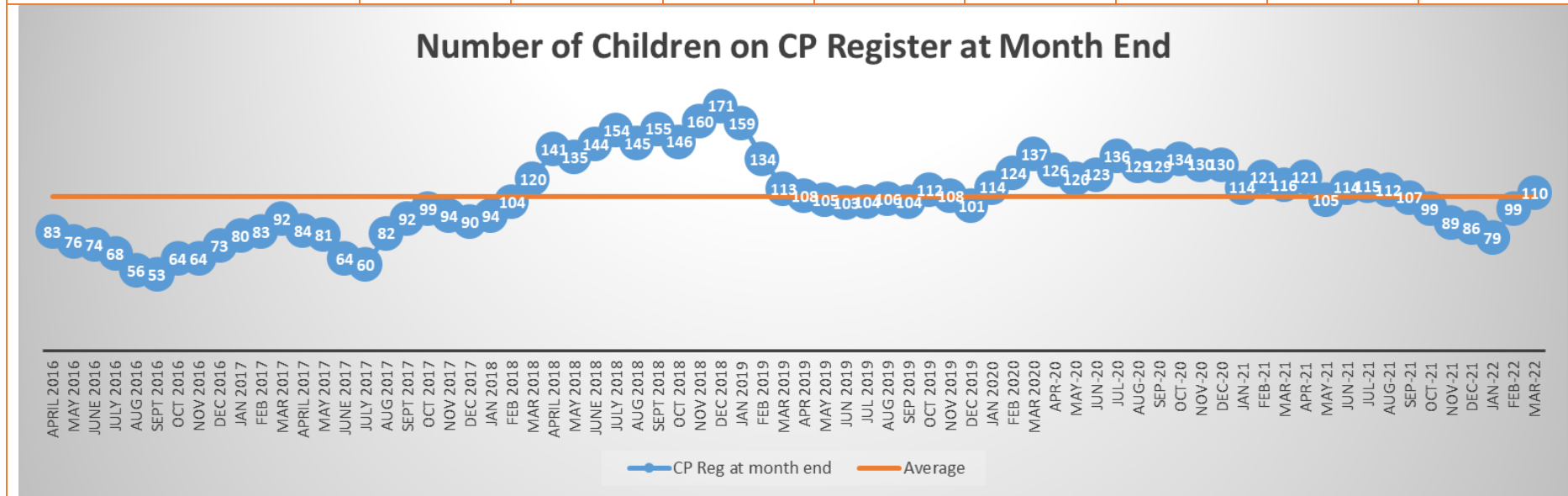
Adults with Incapacity Act (Scotland) 2000	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Private Welfare Guardianships	291	255(60)	287 (67)	367 (92 new)	411 (58 new)	272 (67 new)	314 (57 new)	402 (102 new)
CSWO Guardianships	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)	64 (24)	71 (24)	91 (26)
Financial Intervention Order (LA)	58	53	41 & 21 in process	57	26	31		
MHO Report PWG Application	86	68	96	100	38	104	75	156

#### Adult Protection

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
ASP Referrals (AP1)	812	697	654	512	457	568	558	643
ASP Investigations (AP2)	61	91	65	53	88	108	132	102
ASP Case Conferences	44	73	48	40	47	66	64	40
Protection Orders	7	6	4	4	1	0	3	1
Adult Concern Reports	1039	1349	1446	1609	1838	2335	2215	2070

## Child Protection

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Child Protection Concerns	825	889	810	972	920	849	885	756
Child Protection Investigations (CP1s)	443	402	406	538	374	447	443	432
Child Protection Initial Conferences	101	82	74	103	126	123	121	119
Pre – Birth Conferences	32	30	15	36	43	41	29	34
CP Initial/Pre-Birth Conferences						4	7	4



## Looked after Children

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Children newly accommodated in North Ayrshire	91	81	64	63	69	84	63	49

\*\* 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

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Foster Carers	85	97	100	103	104	98	103	99

Permanency Planning	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of permanency plans approved	38	22	37	35	-	30	10	21
Adoption – approved and placed	15	13	10	10	10	3	8	5
Adoptions granted	3	15	13	8	7	8	4	5
Permanence orders approved	7	11	16	14	7	11	3	7
Permanence orders granted	14	6	9	12	9	8	0	1

## Emergency Placement

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Child Protection Orders	12	15	25 (17 family groups)	32	39	11

## Secure Placements

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of secure placements	1	0	1	4	1	2

## Justice Service

	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	826	754	763	430	606
Number of home leave and background reports submitted	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)	93 (30 leave reports, 63 background reports)
Unpaid Work Requirements	480	403	360	94	172

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22
Level 1 Mappa	142	155	153	181	163	152	172
Level 2 Mappa	14	4	7	2	7	10	14
Level 3 Mappa	1	1	2	1	5	3	7