NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
14th November 2024

Subject:	**Social Work Duties, Available Resource and Ethical Considerations**
Purpose:	The purpose of this report is to advise IJB on the breadth of Social Work duties and of the current and future impact on these given the financial context.
Recommendation:	IJB is asked to consider the contents of this report and note the complex interface between statutory duties, available resource and ethical considerations.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SSSC	Scottish Social Services Council
GIRFEC	Getting it Right for Every Child
GIRFE	Getting it Right for Everyone

1.	**EXECUTIVE SUMMARY**
1.1	This report outlines a number of key issues for the IJBs consideration relating to: • Social Work legislation • Resources • Eligibility • Assessment • Governance
1.2	The interface between the complex Social Work legislative and policy context is described along with the impact of reducing resource and increasing complexity on practice.
1.3	Critically the paper identifies risks in relation to the ability of North Ayrshire to continue to meet its statutory Social Work duties in light of the financial situation. Alongside this, the impact of the current years budget and emergence of waiting lists is noted along with the impact of this on residents and their loved ones.

2.	**BACKGROUND**
2.1	"Social Work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing". *The global definition of Social Work approved by the International Federation of Social Workers, July 2014.*
2.2	Social Work encompasses a diverse range of services provided to children and families, adults, and those in the criminal justice system. In Scotland, local authority Social Work departments or Health and Social Care Partnerships deliver these services with the aim of supporting some of the most vulnerable people in society and improving the quality of their lives. The needs of people requiring Social Work services is hugely varied. Therefore, Social Work services encompass many levels of care, support, and protection for people at different periods in their lives or continuously throughout their lives. Most Social Work and social care resources are directed towards adult services, mostly on care services for older people (65 years+). Alongside residential care and care at home, other adult social work services include mental health services, addiction support, help for adults with disabilities, dementia and Alzheimer's support, provision of mobility aids and re-ablement services, as well as supporting refugees and victims of trafficking. Social Work services also provide services to children and young people to help support and protect vulnerable children and their families. These services include child protection, support for families, kinship care, adoption and fostering services, residential child care, mental health services, support for young people in the justice system, children with disabilities and child refugees. Criminal justice Social Work involves a range of services to the criminal justice system. Social work is involved in diversion from prosecution, implementation of Social Work orders and deferred sentences, and statutory or voluntary support and supervision to those serving prison sentences both before and after release. In North Ayrshire all social work services are delivered via the Health and Social Care Partnership.
2.3	In day-to-day practice social workers support people to meet their needs and to protect them from harm; they collaborate with family members, friends and others who are also trying to provide support; and sometimes they must engage with people who have been assessed as posing a risk to others. All social workers must abide by the conditions of registration, central to which are the Scottish Social Services Council (SSSC) Codes of Practice. North Ayrshire Council and NHS AA must also comply with the SSSC Codes of Practice for employers which places responsibilities for training and governance amongst other things. Breaches of the code can lead to prosecution.

2.4	All public authorities in Scotland, including Integration Joint Boards, must comply with the public sector equality duty set out in the Equality Act 2010. This duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity. While Social Work activity is not the sole domain of those with protected characteristics the principle of equality and a commitment to anti discriminatory practice is central to all Social Work practice.
2.5	Social Work Legislation
	The cross-cutting nature of Social Work means that it is regulated by a complex and constantly evolving statutory framework. Key pieces of **legislation** include:
(i)	Social Work (Scotland) Act 1968 • The landmark piece of legislation established the foundational structure for present day social work in Scotland. It placed the duty on local authorities for the organisation and provision of services to promote individual and social welfare through advice, guidance and support. The Act brought together legislation for children and adults in need, and probation. The legislation also established the Children's Hearing System, to make decisions ensuring the safety and wellbeing of vulnerable children and young people through the Children's Panel.
(ii)	NHS and Community Care Act 1990 • Introduced a specific statutory framework for community care which forms the cornerstone of community care law. It aimed to oversee the policy aim of shifting the balance of care from hospitals and institutions to community-based settings. It places a duty on local authorities to assess the need for 'community care services' and enhanced the duty to secure the provision of welfare services. It applies to the elderly, those with disabilities and those suffering from mental/physical health problems.
(iii)	The Children (Scotland) Act 1995 • This is the key Act in relation to children's services. It defines parental responsibilities and rights in relation to children and set out decisions about family matters. For example, where children should live when parents separate. It also placed a responsibility on local authorities to protect and promote children's welfare and to prepare children's services plans. It gave local authorities additional duties and powers to respond to the requirements of children 'in need' and 'looked after' by them. The Act also set the framework for the current Children's Hearing system and measures for children requiring compulsory care and supervision. It also made amendments to the Adoption (Scotland) Act 1978.
(iv)	The Criminal Procedure (Scotland) Act 1995 • Gave local authorities duties in relation to offenders. They have a duty, in certain circumstances, to provide social enquiry reports to assist courts in the disposal of cases. They also have to supervise certain non-custodial sentences. There are specific provisions in relation to child offenders and those suffering from mental health problems.

(v)	Adults with Incapacity (Scotland) Act 2000 • Provided for decisions to be made on behalf of adults who lack legal capacity to do so themselves because of mental disorder or inability to communicate. The decisions concerned may be about the adult's property or financial affairs, or about their personal welfare, including medical treatment. The Act gave Mental Health Officers (social workers who deal specifically with people with mental disorders) specific duties.
(vi)	The Regulation of Care (Scotland) Act 2001 • Changed the registration and inspection of social and independent health care services together with the social care and childcare workforce. It established the Scottish Commission for the Regulation of Care (the Care Commission) and the Scottish Social Services Council. The Act also gave Ministers the power to produce National Care Standards for care services.
(vii)	Community Care and Health (Scotland) Act 2002 • Introduced changes to the delivery of residential and non-residential care services. It provided for the introduction of free personal care for the elderly and the regulation of charging for home care services. The Act also enabled a number of schemes to promote choice in care provision, included measures to enable greater joint working between NHS and local authorities and contained measures to increase the rights of carers.
(viii)	Mental Health (Care and Treatment) Scotland Act 2003 • This Act allowed people to receive care and treatment for their mental disorder when they are, or have been, involved in criminal proceedings, and provided for a number of different court orders. Mental Health Officers have particular duties under the Act.
(ix)	Adoption (Scotland) Act 1978, Adoption (Inter-Country Aspects) Act 1999 ,Adoption and Children (Scotland) Act 2007 • Regulated the systems of adoptions. They gave duties to local authorities to provide and maintain a service for parties to adoption. They made provision for adoption orders and freeing orders for adoption. The Adoption and Children Act 2007 modernised the provisions of the Adoption Act 1978. It introduced permanence orders for long term fostering arrangements, extended the adoption support services framework, and allowed for the introduction of a national system of care allowances
(x)	Adult Support and Protection (Scotland) Act 2007 • Introduced new provisions for the protection of adults at risk of abuse, including inspection and investigation powers for local authorities and a range of interventions.
(xi)	Protection of Vulnerable Groups (Scotland) Act 2007 and Disclosure (Scotland) Act 2020 • Amended the system for vetting and barring those working with children and vulnerable adults. The Act established the Protection of Vulnerable Groups (PVG) scheme that people working with children and vulnerable adults must join in order to be vetted for work. The Disclosure Act 2020 modernised the disclosure system

(xii)	Public Services Reform (Scotland) Act 2010 • Established the Care Inspectorate (CI), the scrutiny body which inspects, regulates, handles complaints and supports improvements to social care and social work services. This single regulatory body carries out the work previously done by Her Majesty's Inspectorate of Education (HMIE), the Social Work Inspection Agency (SWIA) and the Care Commission (CC)
(xiii)	Social Care (Self-directed Support) (Scotland) Act 2013 • This Act aims to ensure that people with care needs and carers are given more choice and control over how these needs are met. It requires local authorities to offer certain self-directed support (SDS) to people who have been assessed and require community care services. This Act increases the personalisation of services.
(xiv)	The Children and Young People (Scotland) Act 2014 • The Act makes a number of provisions relating to the rights of children and young people. The Act puts into legislation the principles of the UN Charter on the Rights of the Child (UNCRC). The Act focusses child services on improving the wellbeing of children. Every child has access to a named person to provide information, advice or support and contact services where appropriate. Local authorities and health boards must develop a children's service plan in cooperation with other service providers.
(xv)	Public Bodies (Joint working) (Scotland) Act 2014 • This legislation aimed to improve the integration between health and social care services. Health boards and local authorities are held jointly accountable for outcomes. The legislation created new Integration Authorities (IA). IAs are responsible for governance, planning and resourcing of local health and social care services, where previously these were managed separately by NHS Boards and local authorities. The Act also aimed to shift more care from acute settings to community settings. Local authorities and health boards are also allowed to integrate other services like children's health and care services as well as criminal justice social work.
(xvi)	The Community Justice (Scotland) Act 2016 • Where previously community justice authorities (CJAs) coordinated local services for offenders and their families, this Act created a system of national leadership and oversight for community justice services. The new body, Community Justice Scotland, is responsible for this support and is funded by, and responsible to, Scottish ministers
(xvii)	Carers (Scotland) Act 2016 • This legislation improved the rights for unpaid carers. The Act aims to ensure consistent support for the health and wellbeing of carers and young carers. The duty for local authorities is extended to ensure careers are provided support based on their individual needs, meeting the local eligibility criteria. Carers should have a specific support plan to identify carers' needs. Local authorities are required to give information and advice to carers to give support before reaching a crisis point. The legislation aims to support carers to make caring more sustainable, so carers can continue to care if they wish. Local authorities must also consider whether support should include a break when planning carer support needs.

2.6	Social Work (Scotland) Act 1968
	The 1968 Social Work (Scotland) Act recognises the central role of the local authority in determining where there is a need for the provision of community care services and how such need should be met. The legislation, as amended in 1990, describes assessment as a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services (12A of the Social Work (Scotland) Act 1968).
	In North Ayrshire requests for **assessment** primarily come in the front door via the service access team or through locality duty services as people currently in receipt of services circumstances change. Requests for assessment mainly come from people directly, their relatives or friends, GP's, District Nurses, Hospital staff, Housing Officers and Police Scotland colleagues through vulnerable children or vulnerable adult notifications. The assessment usually occurs through direct contact with people in their home and allows the Social Worker, and others e.g. Occupational Therapists, to understand the individuals care needs and how they can best be met. The assessment should take into account the persons wishes, any risks and protective factors as well as any health, cultural or spiritual considerations. In adult services a single shared assessment is used while children's services utilise the Signs of Safety model. There is no fixed time to undertake an assessment as the issues and complexities vary however some assessments do have indicative timescales particularly in relation to public protection practice.
2.7	Assessment - Activity/Demand
	Data gathered as part of the accessing services learning review has established that there are 150 different types of assessment activity within the CareFirst recording system. The top 15 assessment activities for the Jan – June period in 2023 and 2024 are shown below. These dates were provided to allow comparison: Total

2023		2024	
Jan - Mar	Apr-Jun	Jan - Mar	Apr-Jun
26,377	24,243	24,786	24,978

Assessment Type	2023
SA Initial Referral	4115
SA Action Outcome	4108
Money Matters Referral/Outcome Form	3699
Restart/Decrease or Cancellation	3203
New Service Request/Increase of Service	3173
Money Matters Allocation Form	3058
Money Matters Closure/Outcomes Form	3000
Team Manager Allocation Form	2944
OT Requisition Form	2425
Section Payments	2133
MAASH Initial Referral	2002
MAASH Referral Outcome	2000
OT - Specialist Request	1977
Team Manager Closure / Transfer Form	1894
Adult Concern Report	1475

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SA Initial Referral	4115
SA Action Outcome	4108
Money Matters Referral/Outcome Form	3699
Restart/Decrease or Cancellation	3203
New Service Request/Increase of Service	3173
Money Matters Allocation Form	3058
Money Matters Closure/Outcomes Form	3000
Team Manager Allocation Form	2944
OT Requisition Form	2425
Section Payments	2133
MAASH Initial Referral	2002
MAASH Referral Outcome	2000
OT - Specialist Request	1977
Team Manager Closure / Transfer Form	1894
Adult Concern Report	1475

Assessment Type	2024
SA Action Outcome	3560
SA Initial Referral	3560
Money Matters Referral/Outcome Form	3460
Team Manager Allocation Form	3445
Restart/Decrease or Cancellation	3289
New Service Request/Increase of Service	3233
Money Matters Allocation Form	2884
OT Requisition Form	2718
Money Matters Closure/Outcomes Form	2533
Section Payments	2102
MAASH Referral Outcome	2020
MAASH Initial Referral	2008
Team Manager Closure / Transfer Form	1826
OT - Specialist Request	1782
Adult Concern Report	1607

The use of eligibility criteria applies to the second stage of the assessment process; these are used by councils to determine whether a person assessed as needing social care requires a service to be put in place to meet those needs. These are described further at 2.8.

Charging for services is common within the realms of adult services and a financial assessment is also carried out where service provision carries a charge, personal care services are provided free of charge. Other governance structures are in place to prioritise access to services and resources. These include the funding groups in adult services and the high-cost package group amongst others.

2.8	Eligibility Criteria
	National **eligibility criteria** for social care were agreed by the Scottish Government and COSLA in 2009 and the criteria were explicitly designed to apply consistently across all adult care groups. It is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect and unless properly deployed can result in resources being narrowly focused on individuals with acute needs or on specific client groups. There is also evidence that inappropriate application of eligibility criteria can hinder person-centred and outcome focused assessment and support planning.
	NAHSCP has a **locally agreed eligibility criteria** that it uses, set by the IJB which defines service access at the **substantial or critical** level only. These criteria should be referred to by managers and practitioners as part of any assessment process. The criteria follow the description of the national eligibility framework which employs a four criterion approach, categorising risk as being critical, substantial, moderate or low.
	• **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services. • **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services. • **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review. • **Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
	Following on from this the National Standard Eligibility Criteria set out factors to be taken into account in prioritisation of **urgency**. **Urgency Level** — **Descriptor** **Immediate** — required now or within approximately 1 to 2 weeks **Imminent** — required within 6 weeks **Foreseeable future** — required within next 6 months **Longer Term** — required within the next 12 months or subsequently
	Alongside the eligibility criteria there are clear **definitions of personal and nursing care**. These are important as they provide the framework for the types of support that we have a statutory duty to provide.

	• Personal care includes areas such as; support with personal hygiene, issues with mobility, food preparation and support at mealtimes, and assistance with dressing or getting in or out of bed however the list is quite lengthy and can be found in schedule 1 of the act *(social care not ordinarily charged for)* here, Community Care and Health (Scotland) Act 2002. Help with housework, laundry or shopping or services out with the home including social supports, and attending day care centres, are not defined as personal care services and may be chargeable, these are sometimes referred to as non-personal care services. These services can be arranged by the local authority and are subject to a financial assessment. Work is underway to refresh the local guidance around personal care to provide increased clarity. • Nursing care is care that involves the knowledge or skills of a qualified nurse and includes activities such as administering injections and managing pressure sores
2.9	Context
	Since the adoption of substantial and critical assessed need as the threshold for accessing services in North Ayrshire there have been a number of significant changes in relation to the **operating context and the financial context** along with the emergence of a more progressive approach to service design and delivery based around people and place.
	There has been considerable demographic change with an ageing local population, greater numbers of people living with multiple long-term conditions, increasing numbers of children with an identified disability along with an increased complexity of need across all age groups. This is further exacerbated by the broader societal impact of austerity, covid and the broader effects of poverty which has compounded the range of difficulties society is facing.
	Alongside this social context available resources have also become more constrained with demand far outstripping both financial and human capacity. Managing infinite human need within finite resources has always been part and parcel of balancing Social Work demand and capacity. How this is clearly articulated and delivered with transparency is critical for our public and their loved ones, our staff and our elected members. The difference between equity and equality is a central concept in the delivery of Social Work's task of challenging discrimination. Equality means each individual or group of people is given the same resources or opportunities. Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.
	Financial settlements have resulted in significant pressures on budget as a result of the changes noted above and inflationary pressures. Excluding COVID-19 funding from Scottish Government, local authorities have had funding reductions in real terms, by 4.2 per cent from 2013-14 to 2020-21, according to the Accounts Commission. These funding reductions have put pressure on local authority services including social work. Increasing amounts of funding are ring-fenced for specific projects to meet Scottish Government priorities, and the Accounts Commission say this leaves local authorities with less flexibility to meet unforeseen needs. Despite reduced overall local authority funding, funding for social work has increased in recent years, accounting for a growing proportion of local authority funding. Expenditure on social work services has also been increasing but is increasing by more in absolute terms. Within the post covid context inflationary pressures have also contributed with budgets having lost £6.2m of value if settlements had kept pace with the retail price index, £320m being the actual budget versus £326.2m if it had kept pace.

	The current year deficit is the present-day manifestation of the cost of care, which continues to increase, and complexity of demand outlined in this paper. Projected figures show no signs of the health and social care system being in a place to resource itself to meet society's needs, and within the North Ayrshire context it is not impossible to imagine a time in the near future, where like others, we find ourself in a position where we will not be able to meet our statutory duties. This is often a difficult message for our public to hear when the political messaging defines high levels of investment, increasing expectations and performance defined within small parameters.
2.10	<u>Policy Drivers</u>
	At a national level a range of **policy drivers** continue to seek to deliver improved outcomes. The key drivers include:
	• Early intervention and prevention has been a major driver in policies in education, health, justice, and early years for some time. Prevention and early intervention usually refer to actions taken to avoid more intrusive or intensive services later. These principles are present throughout policy on social work, particularly since the Christie Commission report in 2011 which recommended prioritising prevention and early intervention. The delivery of this policy is through the national programmes, GIRFEC (Getting it Right for Every Child) and GIRFE (Getting it Right for Everyone). • The Promise reflects the work needed to change the care system to improve the wellbeing and outcomes for children and young people. The Independent Care Review concluded in 2020 and the Scottish Government accepted all of the recommendations, with all political parties pledging to 'Keep the Promise'. The promise sets out the vision for children to grow up loved, safe and respected. • The Mental Health Strategy 2017 – 2027 outlines the Scottish Government's aim of achieving parity between mental and physical health. The strategy recognises poor mental health is the responsibility of more than the NHS, but that the wider public services must work collectively to improve mental health.
	• The Scottish Government's 2022 Visions for Justice in Scotland outlines its aims for criminal justice. There is a continued focus on shifting towards more community-based alternatives to prison. For example, through unpaid work as part of Community Payback Orders (CPOs) or Drug Treatment and Testing Orders (DTTOs). • A key aspect of the Scottish Government's approach to tackling alcohol and drug misuse is a joined-up approach and embedding work on drug deaths and harm across other aspects of policy including mental health, homelessness, and justice to address underlying issues. Part of this joint up approach is the use of Alcohol and Drugs Partnerships which brings together local NHS boards, local authorities, police and voluntary sector organisations to collaboratively address drug and alcohol issues

	• Social care for adults and children with care needs is primarily delivered through self-directed support, where eligible individuals are given the opportunity to choose how they receive care, this choice is made following a formal assessment of need. Care may be delivered by local authorities or commissioned from private or third sector organisations. Social work services include the assessment and arrangement of care and support for people who need it. Anyone can ask for, and has a legal right to, an assessment from their local authority. The local authority's social work department must then carry out an assessment of needs in collaboration with the supported person and other relevant individuals. Social work staff assess someone's level of need and desired outcomes, which will include any medical conditions or disabilities, and what support is already in place. Social work staff may also provide advice and alternatives to those who do not meet the eligibility criteria.
	• Delayed discharges are a national concern, and the national Collaborative Response and Assurance Group (CRAG) chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care, on behalf of NHS and Local Authority Chief Executives and is attended by integration authority Chief Officers. The Group meets weekly. A national maximum level of delayed discharges of 34.6 per 100,000 adults is targeted to be achieved by 30 October 2024.
2.11	<u>Governance</u>
	The description of issues above is stark in terms of the impacts of policy, legislation and reducing resource which leads us to reflect upon **governance** issues. In any organisation there is a systemic relationship between purpose, measures and method. The operational context as defined at present is seeing a huge increase in failure demand i.e. demand in the system caused by a failure to do something right for the service user. Solutions to move away from failure demand and promote self-care for the majority are central to the review of the front door which is reporting early in 2025. Some emergent themes that contribute to this paper and the broader required conversation include:
	• Long held assumptions about service specialisation and front/back office functions are now shown to be drivers of failure demand and don't give a better experience of support. • The delivery of health and social care services cannot be framed as transactional and a focus on transaction drives transactional activity. • Shared services are inefficient as they slow down activity and points of error increase the opportunity for error and associated failure demand.
	A different future for the delivery of Social Work and social care is emerging as can be seen in the recent work in Gateshead and the more established approaches in Wigan and Bournemouth amongst others. Our current way of accessing help requires our residents to have phone conversations and / or form-filling, they may then be visited by several people, repeatedly subjected to the same "assessment" questions, then referred on to others, to then be scrutinised at funding panels and offered a service that doesn't always entirely meet needs.

	Stepping back and looking at current systems, you can see that much of the activity is bureaucratic and doesn't materially help people resulting in high levels of failure demand through repeated returns to ask for help. These returns are then treated as "new cases" and the experience is repeated. This is the cycle that must be stopped if Social Work and social care services are to be sustainable in the long term. While regulators, boards, elected members and the public value order, the reality of effective Social Work and social care provision is complicated. People's experiences and needs differ, one size will never fit all and there will always be variance in the system. Providing effective care frequently requires a relationship that can work constructively through uncertainty. Meeting people's needs shouldn't be, but currently is, constrained by budgets, service availability and packages.
	Many care services such as those in Gateshead and Wigan have now learned what an effective service entails. John Seddon, a prominent scholar in the systems thinking field describes it as: *"In brief: Everyone who puts up their hand is visited (no forms), and the focus is on what matters in their terms. What emerges is a course of action involving a range of actors, unconstrained by conventional structures, specialisms or measures. The outcome is better care at lower cost, greater capacity as failure demand is switched off, and falling demand".*
	All of us, public and practitioners need to understand that contrary to the national narrative, demand for social care isn't rising, counting only original demands it is stable in North Ayrshire – of approximately 12,000 weekly calls to the HSCP only 2,000 relate to new demands. The volume of transactions however *is* rising, but that is due to high volumes of failure demand. The opportunity to provide better care at lower costs is huge, if fostered by constructive, knowledgeable governance and leadership.
2.12	Transformation
	A range of **transformation** activity which has been approved by the IJB is well underway. The scale and scope of the transformation work is not insignificant, and the leadership team are progressing these with regular updates to various governance groups.
	The issue highlighted at the budget setting earlier in the year in relation to waiting lists is now impacting on our communities and remains exacerbated within the context of the delayed discharge issue. As noted in these discussions Social Work services have established a range of systems to have oversight of the waiting lists and needs associated. I am confident this oversight allows us to respond where necessary however, the levels of risk being held within the Partnership services is significant and at a higher level than we have seen before. The stress and distress caused by delays in service delivery are real for our community and our workforce and without a real shift to early intervention the cycle, particularly within older adult services, is going to remain with us.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	None
3.2	**Measuring Impact**
	None

4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	This paper sets out a range of key pieces of legislation and the statutory duties that fall on North Ayrshire Council and onwards to the Health and Social Care Partnership. The list of Social Work legislation and associated duties is much larger than those key pieces.
Equality:	This paper begins to describe the difference between equity and equality and of the potential impact of the current context on residents of North Ayrshire.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	This paper links to the HSCP and Council Strategic Plans and Priorities. It reflects the HSCP priorities in relation to enabling communities, providing early and effective support, improve mental and physical health and wellbeing and tackling inequalities.
Risk Implications:	This paper begins to identify known and emerging risk that is significant to our communities, the Council and the HSCP. The worsening resource context coupled with significant structural issues means that the level of operational risk being carried is at the highest level I can recall. The risks projecting into the future indicate that it is a real possibility that North Ayrshire will not have the resources available to provide all Social Work services that is has a statutory duty to do so.
Community Benefits:	None

5.	CONSULTATION
5.1	This paper has been shared with members of the Partnership Senior Management Team.
6.	**CONCLUSION**
6.1	This paper begins to describe the complex interface between Social Work legislation, policy, resourcing and our communities. The continuing pressures and projections on available resource indicate potential for continuing waits for service and the associated risks this then presents for communities and services. The risks projecting into the future also indicate that there is a real possibility that in future years North Ayrshire will not be able to provide all Social Work services that is has a statutory duty to do so.

For more information please contact Scott Hunter, Chief Social Work Officer on 01294 324451 or scotthunter@north-ayrshire.gov.uk