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**Integration Joint Board**  
**21 November 2019**  
**Agenda Item**

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

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**Purpose:** To provide the report of the Chief Social Work Officer to the Integration Joint Board (IJB) as required by the Scottish Government's Guidance.

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

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**1. EXECUTIVE SUMMARY**

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board, it is vital that the Board is sighted on the CSWO annual report and is aware of the key issues.
- 1.4 This is the tenth annual report covering the period of April 2018 to March 2019. It is attached as Appendix 1.

**2. BACKGROUND**

- 2.1 In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
- 2.2 The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and reviewing the key challenges the service will be facing in the forthcoming year.

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

- The most recent SIMD figures (2016) show a worsening position in North Ayrshire in the domains of Income, Employment, Education and Housing. All of these domains are likely to impact on the demands for Social Work interventions and this appears to be borne out particularly in relation to increased Adult and Child Protection activity, Mental Health, Disabilities and Destitution presentations. There are significant challenges due to a combination of the financial pressures, demographic change and the cost of implementing new legislation and policy.
- The Audit Scotland Report of 2016 on 'Social Work in Scotland' concluded that *"Current approaches to delivering Social Work Services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for Social Work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use Social Work Services and carers to commission services in a way that makes best use of resources and expertise available locally. They also need to build communities' capacity to better support vulnerable people to live independently in their own homes and communities"*.
- The new Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to the delivery of Social Work Services.

### 3. PROPOSALS

3.1 It is proposed that the IJB note the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The report highlights the role of social work in helping the Partnership achieve its five priorities. Examples from the report that I would like to highlight are as follows:

1. We cannot underestimate the impact of poverty and Welfare Reform on the lives of people in North Ayrshire. In addressing the priority of "Tackling Inequalities" the important role of Money Matters should be highlighted. The team generated over £9.5M in benefits for service users in the last year.
2. In addressing the priority of "Engaging Communities" the work we have done to assist and inform the Scottish Independent Care Review and our progress in suicide prevention should be noted.
3. Our commitment to the priority of "Early Intervention and Prevention" has had an impact on our child protection services and the number of children placed on our Child Protection Register. Our Universal Early Years team is identifying needs and risks earlier and the implementation of the National Health Visitor Pathway has assisted greatly in this.
4. An example of our work towards the priority of "Improving Mental Health and Wellbeing" is seen in our employment of four Recovery Development Workers who all have lived experience in working with peers in their recovery journey.

5. The Health and Social Care Partnership is fully focused on the priority of “Bringing Services Together” and this is evidenced in our Localities model for children’s services, which builds teams around the child and in adult services, by the creation of multi-disciplinary teams around Primary Care.

6. Our workforce is our most important resource and it is essential that staff are skilled, committed, trained and supported to provide the best possible health and social care services to the people of North Ayrshire. A recent interactive experiential learning initiative that has had a particularly positive impact on staff and others has been the “Thinking Different Doing Better” experience. This has been designed in partnership with various community groups, businesses, volunteers, our third and independent sector partners and staff working across the Health and Social Care Partnership. The purpose of the experience, which is open to the public, is to inspire us to think differently about health and care, with a particular focus on our assets.

**3.2 Anticipated Outcomes**

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

**3.3 Measuring Impact**

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

**4. IMPLICATIONS**

Current models of delivering Social Work Services will change.

<b>Financial :</b>	There are none.
<b>Human Resources :</b>	There are none.
<b>Legal :</b>	There are none.
<b>Equality :</b>	There are none.
<b>Environmental &amp; Sustainability :</b>	There are none.
<b>Key Priorities :</b>	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire IJB Strategic Plan.
<b>Risk Implications :</b>	There are risks that reducing costs further could affect the quality of services.
<b>Community Benefits :</b>	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

<b>Direction Required to Council, Health Board or Both</b> <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	✓
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

## **5. CONSULTATION**

- 5.1 Members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.

## **6. CONCLUSION**

- 6.1 The CSWO Annual Report sets out, for the IJB, the extent of the delivery of Social Services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the Registered Social Worker and Care Services delivered on behalf of the Local Authority.

**For more information please contact David MacRitchie, Chief Social Work Officer, on 01294 317781.**

# Chief Social Work Officer Report

2018–19



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## Introduction

In April 2015, Integration Joint Boards were established and Health and Social Care Partnerships (HSCPs) formed across Scotland. All Local Authority Social Work responsibilities were delegated by North Ayrshire Council to the North Ayrshire Integration Joint Board (IJB) which was fully established in 2015 by the Public (Joint Working) (Scotland) Act 2014 with responsibility for the strategic, operation and financial oversight of the North Ayrshire Health and Social Care Partnership (NAHSCP). The appointment of Chief Social Work Officer (CSWO) is not delegated to the IJB. I was appointed to the role in March 2017, having had a period as Interim CSWO and, before that, acting as Deputy for three years. My post within NAHSCP is as Senior Manager for Justice Services.

The NAHSCP is one of the three Ayrshire partnerships formed with the NHS Ayrshire and Arran and has lead Partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services.

In 2018 the NAHSCP published its second strategic plan. This plan was created in partnership with third and independent sector colleagues, public health, community planning partners, local communities and, most importantly, people who use our services.

Through our public consultation, we asked if people agreed with the Partnership's vision and the five identified priorities. Following this engagement, we still believe these priorities are the right ones to improve services and, most importantly, to improve health and wellbeing for everyone in our local communities.

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

- Tackling inequalities
- Engaging communities
- Prevention and early intervention
- Improving mental health and wellbeing
- Bringing services together

Evidence of our progress in working towards these priorities is captured within the body of the report.

# 1 Key challenges, developments and improvements during 2018/19

In reviewing the content of this report, there are many areas where I can highlight the contribution and at times, leading role, of our social work teams in supporting NAHSCP in taking forward a significant change agenda. These are:

- Innovation within services – with many examples of social work teams working together more efficiently to care for service users. Such as the joint working between Money Matters and Service Access.
- Ongoing Service User Involvement – with a range of meaningful consultation exercises being undertaken over the last year. These exercises helped inform both strategic level documents and the individual care that a service user receives.
- Integration – Following the integration of addiction services, there has been significant progress in undertaking a similar process for our Mental Health and Learning Disabilities Teams.
- Peers – with the North Ayrshire Drug and Alcohol Recovery Service employing Recovery Development Workers. This is in line with the [North Ayrshire Health and Social Care Partnership Strategic Plan](#).
- Carers – with numerous activities being undertaken to develop and support the carer role within North Ayrshire. With North Ayrshire being the first Local Authority or Partnership to introduce an online resource for carers.
- Our registered services continue to be of high quality, as evidenced by many of registered services receiving and maintaining high grades from the Care Inspectorate. As at 31<sup>st</sup> March 2019 all but one of NAHSCP inspected services received a grade 4 or above.

We have increasing demands for social care services, in the main linked to our population changes. These are: increasing number of older people – with multi morbidity, rising number of children born with lifelong disabilities and increasing complexity thereby making demands on services. Other challenges are with balancing systemic issues when operating with two different large organisations and their process.

- HR and System issues providing a barrier to Integration – Although some of our teams have either successfully integrated, or are in the process of integrating, both sets of workers are still operating under different terms and conditions and working on different information systems. Until these issues are resolved full integration will not be achieved.
- System wide pressures – Demand and complexity across services remains high. For example, the Children with Disabilities team battles with both increasing numbers of referrals and levels of complexity. Financial and staffing pressures are also evident across the social work learning disability team.



## 2 Partnership structures/Governance arrangements

Previously, the CSWO was normally the Director of Social Services, a convergence of roles that was widely recognised as being the most straightforward way in which the requirements of the Scottish Government's guidance on this role could be met. The post is one of professional leadership and accountability but should assist authorities in understanding the complexities of social work service delivery and the role that social work plays in contributing to the achievement of local and national priorities and outcomes. The post provides professional advice to local authorities, elected members and officers in the authority's provision of social work services.

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

Currently, the establishment of professional boundaries and clarity within partnership roles is proving to be challenging. 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 lead professional. This has resulted in increasing demands on the time of the CSWO, with difficulties experienced in balancing the role and responsibilities of the CSWO with those of being a Senior Manager within the NAHSCP.

Within NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers and other professional leads for health disciplines. The PSMT meets on a weekly basis. Out-with these meetings, I meet regularly with the NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance.



Attendance at forums of the local authority and Community Planning Partnership (CPP), which would previously have been fulfilled by the Director of Social Services (also then CSWO), are now fulfilled by the Director of NAHSCP. It is through regular meetings with the Chief Executive, to whom I am directly accountable, as well as within NAHSCP that communication and consultation is managed allowing me to deliver effectively the functions of the CSWO in North Ayrshire.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health,

without poverty, and by giving our children and young people an opportunity to have the best start in life.



As CSWO, I sit on several steering groups and strategic partnership forums that look to deliver on the CPP's priorities.

The Children's Services Strategic Partnership has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2016–20 makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

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

I am an advisor to North Ayrshire's Chief Officers' Group for Child and Public Protection and am a member of the Child and Adult Protection Committees. I am also a member of the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In this way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements across North Ayrshire.

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

### 3 Social Services delivery landscape

North Ayrshire has a population of 135,280 living across a mixture of town and rural communities on the mainland and two island communities, Arran and Cumbrae.

In North Ayrshire, 39% of residents live in 20% of the most deprived areas of Scotland, the fourth highest incidence of deprivation in Scotland; a third of our children live in poverty, a situation second only to Glasgow. Deprivation is directly linked to a higher prevalence of complex individual problems such as mental ill health, increased drug and alcohol problems, criminality, lower life expectancy, illness in later life and poorer outcomes for children.

Social Services provision in North Ayrshire is a mix of in-house services and those commissioned from the third and independent sections. Our partners in the independent and voluntary sectors make a valuable contribution to health and social care provision in North Ayrshire. Services commissioned by the Council are subject to North Ayrshire Health and Social Care Contract Management Framework which places the interest of services and carers at the heart of decision making and focusses on joint working and adopting positive, open relationships.

Several provider forums have developed over recent years in response to the desire amongst the independent, public and third sectors to work together to develop and provide high quality, responsive health and social care services. The main forum in operation is the North Ayrshire Health and Social Care Providers Forum which meets quarterly, and its remit is to discuss any matter relating to the development of delivery of care and support services in North Ayrshire. Several service specific forums are also in operation. Details, including feedback from delegates who attend forums, can be found at NA HSCP website in the [Our work with providers section](#).

Procurement of services can be a lengthy and protracted process in order to meet all legislative requirements. The complexity of procuring the right service in social services can have a serious impact on the quality of life and health of people who use these services and their carers. We have worked with our partners to design a Service Delivery Options Framework which provides details of the pros and cons of procurement options available when considering service design.

The Arran Service Review in 2017 has resulted in the proposed development of a Health and Social Care HUB. This requires the rationalisation and modernisation of several buildings within the Arran estate. Development of this has been through engagement with HUB South West and Healthcare planners to draw up an initial agreement for capital works. This agreement was approved by the Integrated Joint Board in June 2019. Next steps include presentation to NHS Board and submission to Scottish Government in late summer, early autumn, 2019.

In March of 2019, the Care Inspectorate and Healthcare Improvement Scotland produced a report on the effectiveness of strategic planning North Ayrshire Partnership. The results were as follows;

Quality Indicator 1: Key Performance Outcomes

1.1 Improvements in partnership performance in both healthcare and social care

Evaluation: Adequate

Quality Indicator 6: Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements

6.5 Commissioning arrangements

Evaluation: Good

Quality Indicator 9: Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership

9.2 Leadership of strategy and direction

Evaluation: Good

## 4 Resources

### Resources

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



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

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

Availability of funding for public services remains uncertain. The implementation of new policy initiatives and the lifting of the public sector pay cap has also impacted on the funding available for core services and the flexibility to use resources in line with local requirements.

Financial information is part of the performance management framework, with regular reporting of financial performance to the IJB. This includes an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the past year due to increasing demand for social care services, the

delivery of the transformation programme and associated savings. Despite this there was an improved financial position compared to 2017-18.

The main areas of pressure continue to be learning disability care packages, care home placements and residential placements for children. 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.

Although financial balance has not been delivered in previous years, significant progress has been made during 2018-19 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2019-20. Key successes for 2018-19 include:

- Repayment of the outstanding debt to the Council has commenced with a substantial contribution of £0.668m to the outstanding debt.
- 2018-19 is the first year where the year-end IJB position has been accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures.
- Overall reported surplus allows for the earmarking and protection or ring fenced funding for Scottish Government priorities.

### **Challenge Fund**

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of an innovative approach for the establishment of a £4m ‘Challenge Fund’. This ‘invest to save’ programme created an opportunity for services, using a change approach, to realise both required North Ayrshire Council savings and additional savings which could be re-invested into newly designed services.

These projects included placing social workers within a secondary school and a feeder primary school to support the schools in order to prevent children becoming subject to statutory measures or becoming accommodated. A review of this project after a year showed that no children had become subject to statutory measures, no children were accommodated and no children were involved in the child protection system.

The funding also allowed for additional reablement staff to be employed within care at home service, resulting in a lower level of support which prevented situations escalating to the point that increased packages of care or even residential care was required. A Learning Disability Review team was also established to review existing care package provision.

The projects which commenced in 2017–18 have completed during 2018–19 and, following evaluation, have either ceased or continued to be funded on a recurring basis by the savings made. Due to financial pressures in the partnership the £4m originally available for investment was reduced to £2m and with projects nearing completion there is now no separate funding out-with the baseline IJB budget to fund investment in similar transformational change programmes.

### **Moving Forward**

Strong financial leadership will continue to be required to ensure that future spend is contained within the available resources. This requires to be supported by a plan to deliver a balanced budget to safeguard against short-term mitigating actions to reduce expenditure, which when required can negatively impact on the outcomes of service users. The IJB move into the 2019-20 with an approved balanced budget supported by a transformational change plan.

In March 2017, the IJB approved the first Medium Term Financial Plan covering the period 2017-2020. This is being refreshed and will be presented to the IJB during 2019. The Partnership will continue to face high levels of demand for services, however, it is essential that services are commissioned within the resources made available building on the good progress during 2018-19. This will be a high priority during 2019–20. The transformation plans are aligned to the partnership's Strategic Plan priorities and delivery of the plan will continue to be monitored and progressed through the Partnership Transformation Board.

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

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing.

## 5 Service quality and performance including delivery of statutory functions

### 5.1 Tackling inequalities

#### 5.1.1 *by addressing poverty*

**Money Matters** - Money Matters, throughout 2018 – 19, continued to tackle inequalities and poverty by ensuring service users received their legal entitlement to benefits. The team generated over £9.5m in benefits to service users. This included providing advice, assistance and representation at tribunals to 629 service users. From the cases which progressed to appeal, Money Matters achieved a 71% success rate resulting in service users receiving over £1.6m in benefits which they otherwise would not have received.

Money Matters also provide a helpdesk service which received 4387 enquires/referrals. Alongside these services, the team provide financial assessments for non-residential charges in community care packages, kinship care assessments and support to all HSCP teams and management.

#### 5.1.2 *by improving access to work*

**Justice Services** - Since September 2017, two Employability Mentors have been employed by the Unpaid Work team with the remit of working with all justice service users to provide support in working towards employment, which is recognised as a significant factor in helping to reduce re-offending. The process begins with an in-depth assessment of the service user's learning and skills needs and includes assistance in preparing CVs and identifying training relevant to the area of employment in which they have an interest.

A significant number of service users have undertaken training in CSCS (Construction Skills Certification Scheme), forklift driving, Health and Safety, Safety at Sea and Hospitality. Several service users have undertaken voluntary work which builds on their skills and experience in addition to adding to their CV and self-confidence. Some of the hours spent addressing employability count towards 'other activity' as part of the Unpaid Work Requirement.

#### 5.1.3 *by co-production*

**Justice Services** - The Making a Difference (MAD) group, the first service user group of its kind in Scotland, is an innovative and collaborative initiative to ensure that those directly affected can inform and shape the design, development and delivery of Community Justice Services across North Ayrshire. The Core aims of the MAD include:

- Establishing and enhancing effective partnerships
- Encouraging and enhancing existing processes and opportunities for participation
- Establishing and embedding a variety of opportunities for user involvement and participation in the design, development and delivery of community justice service
- Building community facing and community engaging services
- Supporting recovery, desistance and social integration



Towards the end of 2018 we appointed a Desistance Officer to support our service user engagement. Again, this is the first post of its type in Justice Services in Scotland. In recognition of the MAD work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received the NAHSCP innovative Team Award in March 2018.

While the work of the MAD is having a demonstrable positive impact on services, the focus is on creating spaces for service users to participate in services in different ways, to be decided by those services users. For example, the MAD group worked with PING (People's Involvement Networking Group – South Ayrshire) and CVN (Community Voices Network – East Ayrshire) to host the '#JustFootballTournament', in the Summer of 2018.

## 5.2 Engaging Communities

### *5.2.1 to identify priorities for our services*

**Mental Health Conversation** – The three Ayrshire Health and Social Care Partnerships have committed to the development of an Ayrshire and Arran Mental Health Strategy. Our aim was to ensure the Ayrshire Mental Health Strategy included the views of people who use services, their family members, carers, the local workforce and people and communities in Ayrshire. This was accomplished via the Ayrshire Mental Health Conversation.

To capture as many responses as possible, people had the opportunity to provide feedback via local conversation events, paper – based questionnaires (available in all local libraries and within other local services) and an online survey. The conversation led to 777 responses.

So far, the feedback has been used to develop the Ayrshire Mental Health Conversation: Priorities and Outcomes 2019 – 2027. This document is our strategic response to the Scottish Government's Mental Health Strategy and has been approved by the three partnership Integrated Joint Boards.

The future would be for the Implementation groups, that will be developed following the formal launch of this, to consider the feedback from the conversations as they develop local plans.

### *5.2.2 to develop local strategies and policies within a National context*

**Advocacy Strategy** – In June 2018 the IJB considered and supported the recommendations made by the Mental Welfare Commission regarding independent advocacy. It was agreed that an Advocacy Strategy would be developed for the 31<sup>st</sup> December 2018 deadline involving key stakeholders. A draft was sent to the Mental Welfare Commission for Scotland on the 31<sup>st</sup> of December to meet the national deadline.

The short life working group set up to progress this developed a public engagement survey monkey which was opened on 12<sup>th</sup> October 2018 and closed on the 16<sup>th</sup> November 2018. There was also engagement with people who use independent advocacy services by means of focus group conversations in AIMS Advocacy Service, Housing Services and Children's Services.

Following IJB approval, the plan was provided to the Mental Welfare Commission Scotland. It is anticipated that this strategy will assist in delivery the Strategic Objectives set out in the North Ayrshire Strategic Plan for 2018 – 21.

The **Young People's (YP) Suicide Taskforce** (formerly the Young People's Operational Suicide Prevention Group) has continued to meet regularly in 2019, with governance from the Young People's Strategic Suicide Prevention Group (YPSSPG). Over the course of a year the YP Taskforce has progressed work in two community action plans with the overall objective of preventing suicide in young people.

A key element of the community action plan has been the 13 Ways Campaign. A series of 13 animations with key messages focusing on young people supporting each other, were developed and released via social media in the weeks leading up to Xmas 2018 – starting in September coinciding with Suicide Prevention Week (10<sup>th</sup> September 2018). The animations illustrated one of each of 13 messages, with a narration by a young person and an animation to illustrate the message. There was also an introductory message and a final adult message which was added in towards the end from the parents of one of the young people who had died within North Ayrshire. The key message is that suicide is not the solution – there are many people and ways to support and help. Young people were central to developing the language, visuals and stories, and were supported to contribute meaningfully specifically (but not exclusively) through the Year of the Young People Ambassadors. The campaign has been very well received and has been given a positive response perhaps because of the ownership by all groups and the young people of the messages and the rationale. Young people have been the best ambassadors – the YOYP ambassadors winning the category prize for Mental Health and Wellbeing in the Youth Link awards for this work.

The YPSSPG and Young People's Suicide Taskforce are committed to building on the 13 Ways Campaign and maximising the reach of the campaign to young people. Key activity over the coming year will include peer research with the aim of developing a mental health toolkit, getting celebrity endorsement to widen the reach of the 13 Ways social media campaign and working with young people to agree a message in relation to supporting their peers when they have concerns that a friend has suicidal intent.

The YPSSPG finalised a Crisis Response Plan in the event of a young person completing suicide. A Table Top exercise was co-ordinated by the CPC and Police Scotland in September 2018 to test the plan, the exercise evaluated well and provided multi-agency workers with the opportunity to discuss how they could work and support each other in the event of a completed suicide by a young person. Unfortunately, the plan was initiated on a number of occasions in 2018/2019 due to young people completing suicide. Each death had a profound impact on the families, communities and workers who knew the young person; but it was agreed by both the

Young People's Suicide Taskforce and the YPSSPG that the plan was effective in protecting and supporting young people whom were impacted by the deaths.

The CPC also commissioned a short life working group to establish guidance in relation to suicide risk assessment and safe planning within education. This will ensure that young people are receiving a consistent and efficient response from all members of education staff when there are concerns in relation to their mental health and wellbeing. The guidance is in the process of being finalised with a planned launch in September 2019.

Our Young People established a **Champions Board** in August 2018 and they have just celebrated their first birthday. Along with other Young People they organised and delivered a peer research event specifically looking at language, stigma and behaviour used within the care system.

This proved very successful and the Champions Board are taking forward the seven recommendations within the event report. They are also working to develop a Mental Health Toolkit specifically for Care Experienced children and Young people.

We have also begun to develop our 'Family Firm' policy, procedures and protocols and in the spirit of this policy we have appointed a Corporate Parenting Support worker and a Modern apprentice within the Corporate Parenting Team who are both Care Experienced. We have also secured 10 ring fenced modern apprentice opportunities for Care Experienced young people

We have delivered Nurture training to all our residential staff and have started this training for Foster Carers to reduce placement disruption.

All Care Experienced children and Young people have a shared record, accessible to the team around the child ensuring that information about their needs is shared as quickly as possible so the right support can be offered at the right time.

### *5.2.3 to shape our services*

**Arran Engagement** – 175 people attended engagement events on the island between May and November 2018 ensuring both staff and the community on Arran were engaged and involved in the ongoing developments for service improvement.

All the key elements from the consultation events have been built into our plans going forward and they largely relate to transport. We also recognised that we needed to engage with a larger, more diverse, group including young people. Plans are currently in place to undertake this work in Autumn 2019.

**What Matters to You – 2018** – On the 6<sup>th</sup> of June 2018 – What Matters to You? Day (WMTYD) - A total of 1612 conversations were recorded across the Partnership. All teams displayed the individual conversation cards in an area visible to carers and family members.

In the four weeks that followed WMTYD the teams involved had a discussion session based on the feedback forms provided. The teams noted how many conversations they had, the benefits and challenges of taking part, decided on one change that they would make as a team and agreed on a suggested change for the overall service. The feedback forms were then returned to the Partnership Engagement Officer.

Each team taking part had committed to making one change based on the conversations they had. 18 teams committed to implementing practical changes such as:

- Providing training for staff and/or the people that they support
- Meet with more local groups and services to increase service awareness
- Change the language used in appointment letters
- Introduce a de-brief session at the end of each day to keep staff aware of what service users and carers have been telling them
- Coordinate more trips out for people accessing the service
- Provide more opportunities for people to share their views daily
- Make people aware of waiting lists to ensure realistic expectations
- Implement an internal communication log
- Create a women's group
- Develop a form filling service
- Ensure patients have access to advocacy
- Ensure patients receive a phone call prior to visits

### 5.3 Bringing Services together

#### 5.3.1 by partnership working

**Justice Services** – The Early Intervention from Custody project seeks to offer support to women to access and attend existing health and other services, and to develop improved integrated pathways between Health and Social Care in North Ayrshire, resulting in sustainable and efficient delivery of services.

The greatest need for this group has been Addiction and Mental Health Services. Women receive support to improve their health and avoid custody whilst promoting their social inclusion and decreasing their marginalisation.





### Case Study 1

*Ms S appeared as a first offender in September and was referred to the Early Intervention Service for extra support. The allocated staff member completed a home visit and explained the court process. It was agreed that phone contact would be maintained through the court process to support Ms S emotionally and to help reduce her anxiety and this worked best for her as she was in full-time employment. The staff member supported Ms S to court when she appeared for her trial.*

The **Caledonian Women's Service** offers emotional and practical support to women who have been victims of domestic violence. The service aims to reduce their vulnerability and work with other services, including education, housing, police and the voluntary sector, so that women and their families are better supported.

During 2018-19, the team worked with 123 women across Ayrshire and Arran (an increase from 62 the previous year), offering a variety of services and support, from safety planning sessions only, to longer term interventions and support. The team currently have ongoing work with 59 women (An increase from 34 the previous year) from North Ayrshire.

Within the Caledonian Woman's Service, the **Children's Worker** role is to ensure the rights of the child and that the child's needs are met. Although a specific role, the Caledonian System is an approach involving team and multi-agency working. It is everyone's job to support and protect children involved in domestic abuse. Since re-accreditation of the Caledonian System, the Children's worker role involves not only direct work with children, but also fathers in terms of the impact of domestic abuse on their children. The Children's worker is also trained to co-facilitate the children and fathering module on the group work programme.

#### *5.3.2 by building teams around the child*

Children's services are developing a locality-based approach centred on bringing together multidisciplinary teams of health and social care professionals. The first team will be established within one of our local secondary schools, Kilwinning Academy, in September 2019. Others will be established in localities throughout 2020. The ethos is that children access the correct support within their local area, provided by the right discipline and without undue delay.

#### *5.3.3 by creating multi-disciplinary teams around Primary Care*

In July 2017 NHS Ayrshire and Arran working with the three Ayrshire Health and Social Care Partnerships developed 'Ambitious for Ayrshire' to respond to the new national GP contract. A discussion paper which outlined the strategic direction for 'Core' Multidisciplinary Team working in Primary Care. This work has begun to be developed in both the Kilwinning and Garnock Valley Localities of North Ayrshire, which meet the ambitions of the Primary Care Improvement Plan.

Work within Kilwinning has been consistently evaluated with the views of stakeholders captured throughout. Discussion with 2 of the GP's from Oxenward Medical Practice highlighted some of the positive and negative outcomes of the project.

On the positive side, they said that they had found it easy to generate patients to discuss; that it was good to meet the MDT face to face; that it provided a focus to achieve deadlines and expediate the process for patients; and communication channels were improving. While most things would have been completed eventually without the meeting, this process helped to speed everything up and was also helpful in addressing some issues where there was no previous knowledge of a solution.

Negatives were mainly around time demands. They were unsure about the necessity for 2 weekly meetings as it was very time consuming to generate patients, attend the meeting and then look for patients for the next meeting. They also couldn't guarantee that they could always send a representative to each meeting.

#### *5.3.4 by integrating our services*

**North Ayrshire Drug and Alcohol Recovery Service** –The NAHSCP's first integrated team, NADARS, has continued to evidence the benefits of the integration



process, such as a blended multi-disciplinary workforce. Additionally, there is increased access to a new range of prescribing, including GP's, Advanced Nurse Practitioners (ANPs) and pharmacist. Locality-based working is now being undertaken, including anonymous drop -ins for people wishing support for their own or others substance use. Ongoing issues include HR terms and conditions with two separate employers and two separate recording systems.

**Mental Health Services and Learning Disabilities** - Integration of these services will also benefit from co-location and the planning for this has required movement to be agreed by services currently occupying parts of the NHS estate. This is in line with the Health Board's wider capital plan. Whilst co-location progresses, we are currently consulting with staff and referrers to agree operational policies that will function in an integrated manner.

#### **5.4 Early Intervention and Prevention**

Receiving support and care at an early stage can help improve service users' long term quality of life. The impact of many health conditions, or events may be reduced or even prevented if the right support is provided at the right time.



*5.4.1 by targeting our services*

**Young Person Support Team** - Since its inception, the SNAP (STOP NOW AND PLAN) initiative has supported children ages 8-11 engaging in aggressive and anti-social behaviour at school or in the community. Experienced and highly trained staff work with each family to assess challenges and problems and develop an action plan aimed at reducing the potential of antisocial behaviour and chances of conflict with family, peers and authority figures.

For the period 2018-19, 100% the children who have been involved through SNAP have been sustained within their local school.



**The Rosemount Project** - The Rosemount Project is a crisis Intervention support service and aims to support vulnerable children and young people assessed as high risk of not remaining within their family homes and local communities. This is done using a holistic multi-faceted approach with the delivery of customised service interventions to meet the needs of complex families

In 2018-19 the Rosemount Project worked with approximately 359 families with 94% of children and young people remaining within their family homes on a long term basis.

**Money Matters** - Additional resources were allocated to the Money Matters Team and, following consultation with our service which provides the first point of contact for the public, Service Access, it was agreed that Money Matters Income Advisers would be based in Service Access and work in partnership addressing problems of destitution.

The priority was to tackle inequality and prevention and early intervention. Service users who require assistance with Foodbank vouchers or are facing eviction will be immediately directed to Money Matters Income Advisers.

The initial on site assessment prevents a wait or referring on process, meaning action is quicker and, on most occasions, the person will meet with the right person at the point of the referral being received.

*Case Study*



*Notification received from Housing Services for eviction of a tenant due to rent arrears. Through partnership working, Money Matters assisted the tenant to claim a Discretionary Housing Payment, and arrears of £508.80 were awarded which halted the eviction. During the initial appointment with the tenant in March 2019 it transpired he had been sanctioned from Universal Credit (UC) and had not received any payment from UC since July 2018. Advisers assisted the tenant to challenge the sanction decision, which was successful, awarding the tenant £2,542.56 of arrears of benefit that he*

*had been due.*

#### *5.4.2 by innovation in our services*

**Mental Health** - We continued our pilot North Ayrshire Wellbeing and Recovery College for people affected by mental health problems and delivered the participatory course open to anyone over 16 years old who lives, works or studies in North Ayrshire. Some of the more successful courses have been repeated as well as new courses being trialled. These courses include:

- Living life to the full – eight week course based on cognitive behavioural therapy
- Crafty Corner – peer delivered series of six craft workshops
- It's not what's wrong with me it's what happened to me that matters (Levels 1 and 2) – trauma informed practice and the science of adverse childhood experiences (ACEs) delivered over five sessions for each level
- Your voice counts – five sessions that support self – advocacy by encouraging participants to try out ways of getting their point across face to face, on the phone and in writing
- Right to Recovery – five week course that focusses on self – management for people experiences emotional difficulties or mental ill health
- WRAP (Wellness Recovery Action Plan) – two day course to support the development of a prevention and wellness process that anyone can use to get well and stay well

We are developing the approach by supporting people with lived experience of mental health problems to access training to enable them to work towards co-facilitation of courses and other peer roles within the Wellbeing and Recovery College. We are also in the process of developing a website to increase access to the courses and share information more widely.

**North Ayrshire Drug and Alcohol Recovery Service** – NADARS have listened to the very positive feedback from the women who previously participated in the Women in North Ayrshire Group (WINA's) and have used that information and experience to develop a Men in North Ayrshire (MINA's) addiction recovery support group.



NADARS also recognised that men aged 35 years and over are highlighted in the national “Staying Alive” report as most at risk of drug related death and viewed this as an opportunity to increase practical and supportive interventions for males in service. This group is a 10-week programme aimed at men and topics include Health & Wellbeing (Mental, Physical Health, Exercise & Relaxation), personal finance, basic fire safety and first aid, sexual health & Blood Borne Viruses (BBV), naloxone awareness & medication management and concordance, confidence building, effective communication and strategies for moving on. They have a range of guest speakers available to speak on specialist subjects including individuals who are in recovery and have used North Ayrshire addiction services. Feedback to date is very positive and the team are now in the process of setting up the second roll out of the 10-week programme.

#### *5.4.3 by making use of Community Assets*

**Syrian Refugee Coordinators** - The Health and Social Care Partnership has continued to support the successful resettlement and integration of Syrian Refugees via the Syrian Refugee Coordinator to coordinate services delivered by the partnership to refugee families.

A new initiative known as ‘The Syrian Swans’ supports young girls to get out and about in the local community. This runs from a church hall on a fortnightly basis and includes various activities including; pamper nights, visits to a show home, talks from Royal Bank of Scotland community representatives regarding various aspects of banking, session rights and responsibilities of young people in North Ayrshire and visits to the police and fire stations.

The idea is to expose the girls in a planned way to various aspects of Scottish life to encourage and foster ideas and aspirations for the future and to provide a relaxed and informal place to discuss different topics.



#### *Case Study*

*The young person presented as angry and losing control physically at times with peers. He is on the fringes of the community and has been through a Syrian war, before subsequently fleeing to a refugee camp and then to the UK.*

*His father has died, and his mum is not always great with routines, boundaries and general parenting. She has also had her own health issues. There have been significant concerns about him being*

*excluded from school and some concerns about him being placed into alternative care arrangements.*

*He is currently being supported by the Rosemount Project, social work, school and the Refugee Support Team. These teams are working in partnership together and have also accessed some culturally sensitive counselling for him in Glasgow. The counsellor has been using play therapy with him and looking at a variety of issues including anger management.*

*To date he has received approximately eight sessions of counselling and is appearing a lot calmer*

*He seems to be happier, his personality is coming out a bit more, for example, his caring attitude towards his brother. He is a bit cheekier, but in a positive way, and he is beginning to get the message that it is ok to lose at games and that name calling is just that.*

*He is currently being given positive opportunities to socialise within his local community with organised football teams and boxing*

North Ayrshire Involved! Group won the Excellence in Mental Health Services category for its innovated approach to providing mental health services, which ensures those using the services are at the centre of their design, delivery and evaluation.

The Excellence in Mental Health Services award recognised those who have engaged people creatively, championed the rights of people with mental health problems and put service users at the centre of care.

#### *5.4.3 by services that maintain older people at home and in good health*

**Care at Home** - With the number of Service users being provided with Care at Home support increasing by 10% to 2,230 from 2,021 in 2017/18 and the number of people receiving a Community Alert increasing by 9% to 4,912 in 2018/19 from 4,500, we have continued to work to ensure the high quality of service provision expected.

Our Care at Home service was inspected during 2018-19 with Quality of Care and Quality of Staffing being the focus. The outcome was a grading of 'Very good' for both inspected elements during a period of increased demand, up by 45% compared to 2017/18.

**Telecare/Community Alarm** – In 2018/19 we continued to expand the use of Community Alarm and Telecare, enabling service users to contact an emergency contact centre where their safety and wellness can be ensured.

- 2017/18 – Community Alarm 4500/Telecare 917
- 2018/19 – Community Alarm 4912/Telecare 1038

## **5.5 Improving Mental Health and Wellbeing**



*5.5.1 by developing peer support services*

**Recovery Development Workers** –NADARS have created four posts of Recovery Development Worker (RDW). This new development was as a result of a service review and redesign which highlighted the benefits of individuals with lived experience in working with peers in their recovery journey. The funding has enabled a staff complement reconfiguration to recruit four permanent contracted Recovery Development Workers. This initiative has increased the service's capacity to provide a range of interventions. Positive feedback from service users and staff has been received and the workers enjoy employment and deserved recognition for the strengths they bring to the NADARS team.

*5.5.2 by supporting young people to become confident adults*

**Additional Support Needs School** - Following the secured funding to develop an additional support needs residential and respite facility in 2017-18, it was confirmed that a new additional support needs school will also be developed on the same site. This development presents a very necessary and unique opportunity for the North Ayrshire HSCP, and Education Services and Youth Employability to meet better the needs of children and young people with additional support needs within North Ayrshire.

The ASN School will enable professionals to work together within the one campus which will highlight the advantages of an integrated approach to benefit some of our most disadvantaged children and young people. This opportunity allows us to in our children and young people with complex needs who require to have access to the best facilities we can provide to ensure that they are able and supported to make life choices and to realise their potential.

**The Rosemount Project** – Young people were supported to take part in the 'Beings' project, in Edinburgh, where they were joined by others from employability courses, youth organisations, schools and youth clubs and encouraged to "show the inside on the outside" through a variety of media. The young people interpreted individual paintings and sculptures as a springboard for making their own artworks exploring their emotional and inner lives.

*5.5.3 by nurturing*

**Children and Families** – A nurture-based approach is being rolled out across the Children and Families residential services. In order to introduce and develop this nurture based approach, there has been work on the following; awareness raising sessions for all staff; concept of nurture being utilised within supervision, team meetings and development sessions; Nurture steering group to be formed; nurture champions to be identified across the service; managers to complete a four day training course and an external consultant facility to be procured and residential implementation strategy to be completed

*5.5.4 by supporting carers*

**Carers** - We recognise that only 39% of carers responding to the national Health and Care Experience Survey felt supported. During 2018/19 we achieved Level 2 Care Positive Employer status.

We purchased a Digital Resource for Carers, which is available to all unpaid carers across North Ayrshire. The NAHSCP was the first Local Authority or Partnership to sign up to such a resource.

The online resource helps carers support their own physical and emotional health and wellbeing as well as providing information about managing their carer's responsibilities and supporting the person they look after. Additionally, it offers a range of resources to support the carer including e-learning resources, essential reading guides and factsheets, advice around supportive technology, financial planning and advice on dealing with working and caring.

A new collaboration for the Partnership has been with the Community Brokerage Network (CBN). The CBN has secured funding to make this support service completely free to service users and the Partnership. In the past calendar year CBN have supported 48 people and their families in North Ayrshire and their families in North Ayrshire with the majority being Children with Disabilities and Adult Services.

CBN employ brokers to work with people with social care needs to plan and organise their support whether they are eligible for an individual budget or not. They help connect people back into their communities and think creatively about how they can receive further support.

Within North Ayrshire there are now 45 local businesses offering discounts and concessions to local carers who present a Carers Appreciation Card. We have 537 carers registered to date.

## **5.6 Statutory duties**

### *5.6.1 Children and Families Social Work Teams*

Our Children and Families area teams have been involved with 1,498 young people over the course of the past year. As at the end of 2018/19 we have 88.19% of looked after children being looked after in the community. This means where possible the child is placed in a familiar environment, as research shows that children achieve better outcomes if they can remain within the family home or with a family member or friend, or in a community setting. Our intervention services have been involved with 802 young people over the course of the past year.

### *5.6.2 Child Protection*

We began the year with an unprecedented high number of children registered on our Child Protection Register and of the 143 family groups registered throughout the year seven (4.9%) of those families had been registered previously within the last 12 months

The greatest increase in North Ayrshire's Child Protection Register in the last year has been of children aged 0 -5 years. Indeed, North Ayrshire's pre-school (pre-birth to school entry age) child protection registrations and investigations are higher than other areas in Scotland. A number of factors are influencing this increase.

Over the last few years North Ayrshire HSCP has led on the implementation of the newly established national health visitor pathway. This means that every family benefits from their named health visitor undertaking a minimum of 11 home visits/assessments for children from 36 week gestation to pre-school, building relationships, offering advice and identifying any needs that may have arisen.

NHS Ayrshire & Arran has also developed a specialised team of midwives to work with families in the home environment, in the pre-birth period, to assist where families may be experiencing need and possible risks.

North Ayrshire HSCP has also integrated their health visiting service to include team members with additional skills, such as mental health nurses, speech and language therapists and social workers, all jointly working with families to identify family strengths as well as risks and needs. We have created a team-around-the-family approach.

We acknowledge that this multi-stranded early intervention approach has led to earlier identification of needs and risks and enabled us to put proportionate supports in place to manage these needs/risks. This multi-disciplinary approach to keeping babies and children in North Ayrshire safe, has led to children being placed on the Child Protection Register. However, we are seeing children being on the register for shorter periods of time, and additionally the number of children becoming looked after and accommodated is reducing. The highest number of de-registrations is due to improved home circumstances.

There are also wider determinants in play that have an impact, such as North Ayrshire having one of the highest proportion of its children living in poverty in Scotland, recognising the strong links between poverty and child protection; and the importance of implementing early intervention support services.

North Ayrshire Health and Social Care Partnership is fully committed to working alongside families and wider partners to safeguard children, while balancing this with support to enable children to remain with family, wherever possible.

Throughout the year we have continued to monitor registrations via regular dedicated case audits undertaken by the CSWO and Senior Children and Families Managers. These audits include reviewing children on the Register for a year as well as those on the Register for less than three months.

The number of children registered as at 31<sup>st</sup> March 2019 was 113.

#### *5.6.3 Fostering and adoption*

The fostering team has run successful campaigns, such as open evenings with the family placement team, to recruit over the past year and our total numbers of carers stand at 104. This is 1 more carer than last year.

#### *5.6.4 Children with disabilities*

The trend of the increasing number of referrals continues as does the levels of complexity. There has been a 50% increase in caseload from May 2016 (210 to 315) and 150% increase since 2013 (126 to 315).



The Children and Families Disabilities Team embraces the ethos and principles of Self Directed Support. We have developed and reviewed both systems and paperwork to enable us to engage families with the service in an open and transparent way as to how their needs are assessed and outcomes can be met.

#### *5.6.5 Community Care Teams*

Adults with long term conditions and older people receive assessment for services from our Locality based teams. There were 3860 individuals receiving a service in 2018-19, an increase of 12.2% over the previous year. Increased demand due to a growing ageing population is well documented as is the multi-morbidity of health conditions they face and the increase in organic mental health conditions such as dementia. The level of support required to maintain people at home is significant.

One of our specialist services is the Dirrans Centre team. This team achieved Investor in People Platinum award in 2017 and have just completed the interim assessment of the three-year strategy for re-accreditation in 2020.

The Investor in People standard is a nationally recognised benchmark for good practice in achieving business success through people.

The Platinum Award highlights truly high performing organisations that are operating at the pinnacle of people management practice using Investors in People to drive the business forward.

Our interim report congratulated us on continuing to achieve in line with the Platinum level of Investors in People. Our final assessment is in April 2020.



#### Case Study

*Service user B has followed an eventful journey in his rehabilitation with a CVA (Stroke)*

*B, at the age of 47 years had a CVA which changed his life.*

*Prior to his stroke he was an active man who ran his own painting and decorating business. He lived alone in an upstairs flat*

*His stroke left him with dense right sided weakness, wheelchair dependent and with expressive dysphasia.*

*B struggled with who he was now and the dramatic change in his life. His mood was very low and he was frustrated with his difficulties in communication.*

*Following discharge from hospital he received physiotherapy, speech and language therapy at Douglas Grant Rehabilitation Centre. He had Community O.T. support to address the inaccessibility of his home and to assist in applying for accessible housing.*

*He now depended on his parents for support and gradually became more withdrawn.*

*DGRU O.T. referred B to the Dirrans Centre. At this time he had very low mood and was difficult to engage with.*

*At the centre B was appointed a key worker who spent time finding out all about B as a person, his likes/dislikes, what was important to him and his hopes and goals for the future. This took TIME to build up a positive relationship.*

*B enjoyed cooking, had been a keen reader, had an interest in computing and hoped to improve his mobility and fitness.*

*At the centre the O.T. introduced B to adult literacy, cooking and life skills class to help build up confidence dealing with money, helping with communication and recognising values etc. He had been introduced to KA leisure stroke fitness class but B did not engage with this as he felt everyone was of an older generation.*

*He was then introduced to the local Pennyburn gym and the O.T. helped to develop a tailored exercise programme for him. His confidence began to grow as he developed new activities and skills. His mobility improved and was walking with a quad stick.*

*An opportunity arose for B to attend the Calvert Trust, outdoor centre in the Lake District, with the Dirrans Centre. This centre provides challenging activities for people with disabilities.*

*This was a turning point for B.*

*He participated wholeheartedly in gorge walking, sailing, abseiling and climbing. He was very much part of the group who supported each other to complete the task, which often almost seemed impossible. He pushed himself to the limits and gained a whole new prospective on life. He realised that although his life had dramatically changed he still could participate in challenging and enjoyable activities.*

*He reported that this experience was hugely beneficial to building his determination, facing his fears and adapting to challenging situations. His family immediately noticed the change in him.*

*Following this trip he was discharged from the Dirrans Centre but continued to receive outreach support to maximise his independence and maintain his progress.*

*B is now a fully functioning member of his community. He attends computing classes, attends his local gym 4 times a week, and is investigating job opportunities. He has been re-housed to a bungalow which meets his needs and allows him to be as independent as possible.*

### 5.6.6 Learning Disability Services

The North Ayrshire Learning Disability Service continues to undergo development, working to a complex and multifaceted change agenda while also responding to significant financial challenges. The work previously undertaken to change respite services provision is well established. Families have responded positively to the changes it brought regarding the maximum entitlement and the process for allocation. Review of packages involving sleepover supports has also progressed well, with every effort being made to consider not only the assets and needs of the individual within this process, but also the nature, quality and needs of their broader support network.

This focus on a broad consideration of individuals, their networks, and their community context, characterises much that is happening across the service. The establishment of a small review team comprising a Social Worker, Occupational Therapist and Support Worker, has allowed for the exploration of a new approach to the review of care packages, which better accommodates the contribution of individuals to this

process, and the consideration of their existing and potential assets and links to the broader community. This work commenced in the Garnock Valley in early 2019, and is planned to move onto the Irvine locality, with the intention of further refining the process based on reviews undertaken there.

The review approach developed by the team is also being explored for use within the new Day Opportunities Centre, at Trindlemoss in Irvine. Due to open in the last quarter of 2019, Trindlemoss will have a focus on asset building, enablement, and collaboration with the community, which fits well with the materials and experience developed by the Review Team. The staff in the existing two day services involved in the move (Fergushill and Hazeldene) have been proactively working with the management team and external organisations in the process of refreshing their existing culture and service model, in order to make best use of the opportunities that will be available within and close to Trindlemoss. The Ayrshire Community Trust, Community Link Workers, Care Inspectorate, and Scottish Commission for Learning Disability have all been contributors to this process.

Along with the focus on community collaboration afforded by Trindlemoss Day Opportunities Service, the development of 20 supported accommodation tenancies on that site, as well as other developments in Dalry and Largs' This further exemplifies the intent of the Learning Disability Service to support communities to include people better with learning disabilities, and people themselves to take better advantage of those opportunities for inclusion. Building capacity in individuals and communities is core to this, and will hopefully, over the next three to five years, allow for the refocusing of activity within and further evolution of the integrated Learning Disability Service, in collaboration with the full range of services and community





partners. It is important to recognise the responsibility of all to support the inclusion and wellbeing of people with learning disabilities. As stated above, this essential work is occurring in the context of significant financial pressures on the service, but also of significant pressure on the Social Work component, because of those financial pressures, as well as staffing pressures.

There has been a slight increase in caseload sizes from this stage last year, with it growing from 532 to 536

#### *5.6.7 Mental Health Services*

There are currently 44 on the waiting list, with the longest waiting since 11<sup>th</sup> January. From the list there has been increased requests as the year has gone on e.g. February we had two applications and August so far, we have had ten.

In order to try and address the waiting list we employed two temporary Mental Health Officer's (MHO's) who work 1.5 days per week and focus only on private welfare guardianship applications. Other MHO's will pick up on this work when they have capacity to do so. There had been discussions earlier in the year to review the MHO service however this is currently on hold due to other pressures of work such as integration and reviewing current model of care.

#### *5.6.8 Adult Support & Protection*

In summer 2017, North Ayrshire put their name forward to volunteer to be included in the very first Joint Thematic Inspection of ASP.

The resulting inspection report rated North Ayrshire as the top performing area for Adult Support and Protection of the six local authority areas inspected across Scotland. The inspectors agreed with our self – evaluation ratings as follows:

- |  |           |
|--|-----------|
| • Outcomes for adults at risk of harm          | Good      |
| • Key process to support ASP practice          | Very Good |
| • Leadership and governance in relation to ASP | Very Good |

As a result of the Inspection, in September 2018, North Ayrshire submitted their ASP improvement Plan, based on the two areas highlighted by the Inspectors for improvement activity:

- Information sharing with Police Scotland
- Independent Advocacy

Progress has been positive in relation to both issues, to date. Following training with a group of specifically selected Police Officers in North Ayrshire, we have seen an improvement in relation to Police attendance at ASP Case Conferences. In addition, Police in attendance have been briefed on the Case to be discussed and are therefore better prepared to provide input to the meeting, maximising the benefit of their attendance.

The North Ayrshire Adult Protection Committee has also set itself a target of Independent Advocacy being considered for 100% of ASP Cases which go to ASP Investigation and beyond.

Our very good inspection result has led to twenty-two other local authority areas contacting North Ayrshire to request that we share information on our processes and supporting paperwork or to arrange to visit us to discuss how we organise and report on our various processes and our leadership in respect of ASP.

Our Adult Protection Committee (APC) Independent Convenor and our Senior Officer ASP have both been invited on to the Scottish Government Inspection Taskforce. This group will be overseeing the planning and implementation of the next round of ASP Inspections of all areas not involved on the original 2017 Inspection, to take place over the next two years.

North Ayrshire is very well represented Nationally in respect of ASP. Our APC Independent Convenor is the Chair of the National APC Chairs' Group and our Senior Officer ASP is the Chair of the National Social Work Scotland ASP Network.

#### *5.6.9 Public Protection*

In 2018 the South West Scotland Strategic Oversight Group (SOG) commissioned an independent review of its MAPPA office model and functionality. The review report was presented to the SOG in November 2018 and its findings were considered. The report found that the "operation of MAPPA in South West Scotland is operationally sound" and that this was "supported by the standard key performance indicators and statistics produced measuring the overall performance". The report also concluded that, "There is strong evidence of good working relationships throughout the area at an operational level with excellent self-assessment processes embedded in local procedures".

The independent report suggested that the MAPPA office staffing structure should be looked at to ensure that it remained fit for purpose. With the scope of MAPPA extended from March 2016 to include other Risk Of Serious Harm (ROSH) offenders, and the resulting focus on the ROSH assessment and risk management plan, we have seen a considerable reduction in MAPPA Level 2 cases being referred to the MAPPA office. (see figures in appendix page 25)

The staffing structure of the MAPPA office, prior to the independent review, was made up of two MAPPA Coordinators, one strategic and one operational, based at Ayr Police Station, along with 3 administrative staff. There was a 0.5 administrative staff member based at Dumfries Police station.

The SOG agreed to create 1.5 MAPPA Coordinator posts for South West Scotland with the full-time post being based at Ayr Police Station and a 0.5 post based at Dumfries Police Station. It was also decided to reduce the number of administrative staff at Ayr Police Station from 3 to 2.

The new MAPPA structure is nearing full implementation with only the 0.5 Coordinator post to recruit to.

**ViSOR (Violent and Sex Offender Register)** is a Home Office database of records of those required to register with the police under the Sexual Offences (Scotland) Act 2009. All Justice Services social workers have agreed to be vetted at the appropriate level to use ViSOR and we have two ViSOR terminals located in our

main staff office. Staff are encouraged to make regular use of ViSOR to assist in their effective management of violent and sex offenders.

National figures provided by Police Scotland for the period from November 2017 to November 2018 indicate that of the 49 vetting applications over that year across Scotland, North Ayrshire submitted 10 of these. North Ayrshire also had 10 of the 104 Visor users across Scotland who had logged into their accounts over that period.

We are currently going through a re-structuring of services within the HSCP, and part of this re-structuring involves the creation of a Public Protection Service. This public protection service will have responsibility for Child Protection, Adult Support and Protection, MAPPA, Justice Services and Community Justice. It is hoped that this service will be operational from September 2019.

## 6. Workforce

### 6.1 Professional development and qualifying the workforce

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 85 candidates to achieve an SVQ Award to meet registration requirements (SSSC). We deliver SVQ Social Services and Health Care Awards and the Leadership and Management Care Award.

We also supported four modern apprentices to achieve their award.

Continuous professional development increases skills and confidence in delivering quality services. We have 70 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 57 courses ran with 1742 delegates attending over 2018/19.

The Health and Social Care Partnership is in the early stages of undertaking an ambitious staff engagement exercise called "Thinking Different Doing Better". Thinking Different Doing Better is a unique, interactive experience, which has been designed in partnership with various local community groups, businesses, volunteers, our third and independent sector partners and staff working across the Health and Social Care Partnership. Over the course of 2019/2020, approximately 3000 staff and 3000 community members will attend the three hour experience, which consists of 90 minutes of experiential learning, followed by a 90 minute intimate discussion with our Director, Stephen Brown.

The experience is created to facilitate learning about the NAHSCP, our priorities, values and partners, whilst providing the opportunity for participants to give their views on things such as financial spend and how we, as a Partnership, can do better. The session will inspire staff and the public to think differently and focus on our assets, both in the community and within people, which should ultimately lead to improved outcomes across each of our five priorities.

### 6.2 Practice Teaching

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.

We continue to face increasing challenges in being able to support our quota of students each year due to internal restructures, relocation of teams and virtual and hot-desk models of working. To date none of these challenges has prevented NAHSCP in being able to fully support our students and this demonstrates the ongoing commitment in the partnership.

### 6.3 Workforce Planning

NAHSCP has a workforce that numbers 3,367 split NAC 1,866 (55.4%) and NHS 1,501 (44.6%).

## Appendix

## MHO service

<i>Mental Health (Care and Treatments) 2003</i>	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Emergency detentions	30	29	24	44	44	54
Short term detentions	71	72	75*	87	69	74
Compulsory treatment	48	40	54	25	52	38
Warrants undertaken	2	1	3	1	2	1

<i>Criminal Justice Act Scotland 1995</i>	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
CORO	4	4	4	4	4	4
Compulsion orders	4	4	6	5	6	2
Hospital directions	1	1	1	1	1	1
Assessment orders	4	1	2	2	2	2
Treatment orders	2	1	1	2	2	4
Transfer for treatment	1	0	3	3	3	2

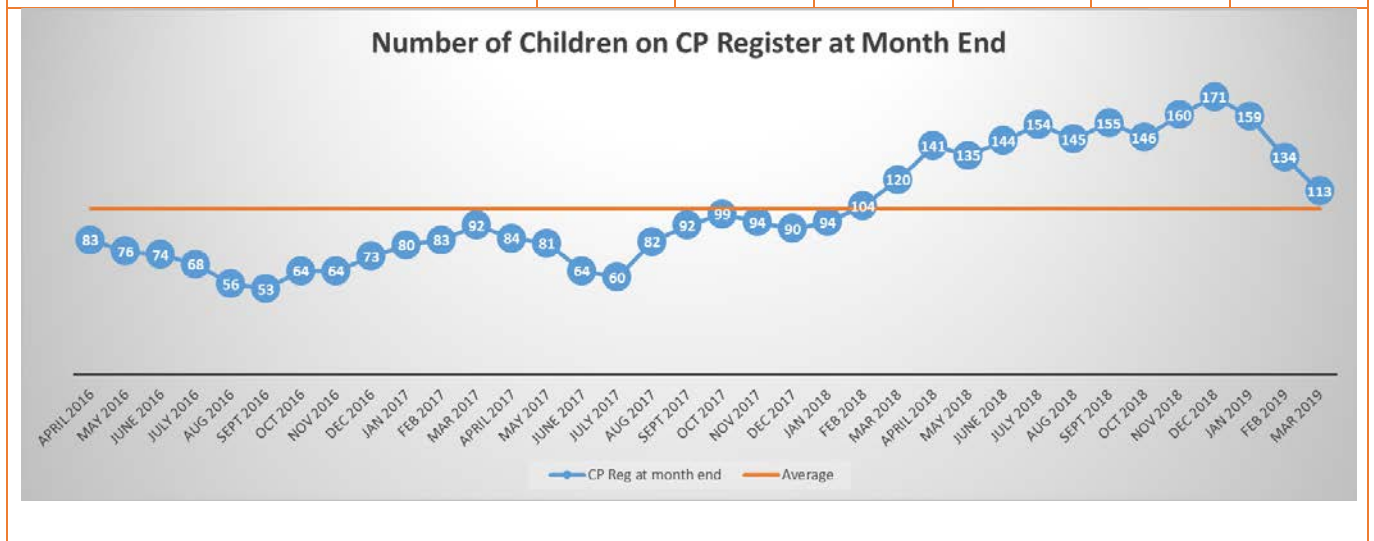
<i>Adults with Incapacity Act (Scotland) 2000</i>	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Private Welfare Guardianships *	204	291	255 (60)	287 (67)	367 (92 new)	411 (58 new)
CSWO Guardianships **	44	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process	57	26
MHO report: PWG application	79	86	68	96	100	38

## Adult protection

	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
ASP referrals	631	812	697	654	512	457
ASP case conferences	24	44	73	48	40	47
Protection orders	9	7	6	4	4	1
Adult concern reports	0	1039	1349	1446	1609	1,838

**Child Protection**

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Child protection concerns	885	858	901	835	972	920
Child protection investigations (CP1s)	578	526	430	469	474	383
Child protection initial conferences	81	176	162	133	136	126
Pre-birth conferences	26	32	31	16	18	43



**Looked after children**

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Children newly accommodated in North Ayrshire	100	91	81	64	72	70

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Foster carers		85	97	100	103	104

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
<i>Permanency planning</i>	14	15	16	17	18	19
Number of permanency plans approved	25	38	22	37	35	-
Adoption – approved and placed	3	15	13	10	10	10
Adoptions granted	9	3	15	13	8	7
Permanence orders approved	27	7	11	16	14	7
Permanence orders granted	12	14	6	9	12	9

## Emergency placements

	2015-16	2016-17	2017-18	2018-19
Child Protection Orders	13	12	15	25 (17 family groups)
S143 of the Childrens Hearing (Scotland) Act 2011	21	24	-	-

## Secure placements

	2015-16	2016-17	2017-18	2018-19
Number of secure placements	3	1	0	1

## Justice Services

	2016-17	2017-18	2018-19
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826	754
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)	114 (49 leave reports 65 background reports)
Unpaid Work Orders	579	480	403

	2014/15	2015/16	2016/17	2017/18	2018/19
Level 1 Mappa	130	142	155	153	181
Level 2 Mappa	10	14	4	7	2
Level 3 Mappa	1	1	1	2	1