



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

North Ayrshire Council Chief Social Work Officer Report 2016-17



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David MacRitchie

Chief Social Work Officer – North Ayrshire

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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 Bodies (Joint Working) (Scotland) Act 2014 with responsibility for the strategic, operational and financial oversight of the North Ayrshire Health & Social Care Partnership (NAHSCP).

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 2015 NAHSCP published its first strategic plan, refreshed in 2016. Our vision and priorities were endorsed through extensive consultation with the public. They are aligned to that of the Council and those of the Single Outcome Agreement.

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

North Ayrshire Health & Social Care Partnership Priorities

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

The partnership has an integrated management structure, with Heads of Service and Senior Managers having line management responsibility for both health and social work staff.

The year 2016/17 saw the secondment of our Chief Officer and Director to the post of Chief Social Work Advisor to the Scottish Government. The then CSWO, who had been in the role for three years and was Head of Service for Children and Families and Justice Services, was appointed as Interim Director and I, as his deputy CSWO, succeeded to this role on an interim basis. I am the Senior Manager for Justice Services. The appointment of CSWO is not delegated to the Integration Joint Board. The CSWO is one of the five statutory officers to the council, appointed by the Chief Executive, and gives professional governance, leadership and accountability for the delivery of safe and effective social work and social care services, both provided directly by the HSCP and those commissioned or purchased from the voluntary and private sectors.¹

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

1. Key challenges, developments and improvements during 2016/17

The transformational change in the delivery of health and social care can in no small way be traced back to the seminal review report of Social Services in 2006, "Changing Lives". The report highlighted the cross cutting nature of social services, supporting and protecting vulnerable individuals and improving the well-being of communities and people. Changing Lives influenced many other policy developments and legislation including the Public Services (Reform) (Scotland) Act 2010, Self -Directed (Support) (Scotland) Act 2013 and the Public Bodies (Joint working) (Scotland) Act 2014. Changing Lives and subsequent policies and legislation have highlighted that people who need health and social care support should be at the centre, able to exercise choice and control over the services they receive which are delivered efficiently, effectively, and seamlessly from the point of view of the user. The quality of those services requires to be assured externally and internally through appropriate governance and quality control.

This legislative backdrop sets the framework and expectations of the delivery of social work and health services. It sits alongside the current financial constraints on both Local Authority and Health Board funding, the UK Government's ongoing austerity programme and significant changes in Welfare Reform.

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 the NAHSCP in taking forward a significant change agenda. These are:

- Service user engagement and involvement – with many examples of effectively working together on an individual and collective basis.
- Commitment to early intervention and prevention – with a range of initiatives across services that have been established by re-organisation of our workforce rather than separate funding.
- Motivation - to do things differently, and our readiness to work with partners to achieve better outcomes for the people who use our services.

The context that social work and social care currently operates within is challenging. Issues of austerity; public sector reform; higher demand for care and support; and increased expectation from the public about what that care and support can be. Audit Scotland stated in their 2016 report on social work, that social work services are not sustainable in their current form.

The significant challenges we are facing are:

- Financial constraints - impacting on the sustainability of current models of service delivery in the face of rising demand and complexity.
- Time and capacity - to establish sustainable and effective alternative models of care that require to be supported to achieve the desired outcomes.

Social work services are needed now perhaps more than ever. North Ayrshire Council, working with the Partnership, has established a Challenge Fund which will be accessed by the Partnership to undertake transformation projects in 2017/18. This fund will deliver significant investment targeted at transforming the way in which services are delivered in order to deliver savings. It will be used to pilot new models for delivery which will seek to provide innovative services for the local community, within a community setting, whilst also delivering a service which is financially sustainable moving forward.

Throughout this report I will give examples of how we are addressing the issues of demand and sustainability by evidencing our adoption of new and innovative ways to deliver services.

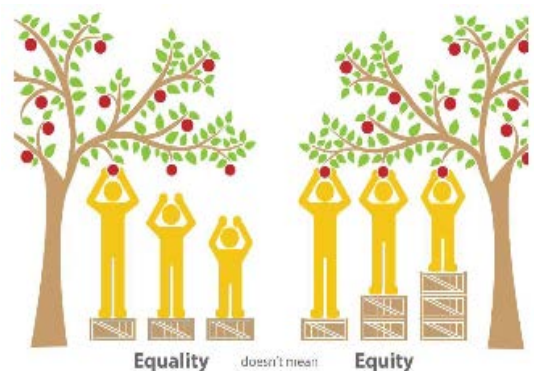
2. Partnership Structures/Governance Arrangements

North Ayrshire has a population of 135,890 living across a mix 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.

Fundamental to social work values is a commitment to address social injustice and we play an active role in strategic partnerships both of the Council and the Integration Joint Board to address both the cause and outcome of deprivation on people's lives. Local Authorities have a statutory responsibility to promote social welfare, and partnership working is key to providing high quality and effective support and services.

North Ayrshire Community Planning Partnership has published a strategy to 'tackle the root causes of poverty and address its impact to create a better life for local people'. The ["Fair for All"](#) Strategy makes clear the need for targeting support proportionately to provide equity of access to services and equality of opportunity. It reflects the Council ethos of continued partnership initiatives, for example, that between Social Work, Place, Economy and Communities and Police Scotland in the provision of school meals and activities during school holidays for children in North Ayrshire, free to those in receipt of benefits. This initiative is a first in Scotland, and is now being replicated in other local authorities.



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. The Leader of North Ayrshire Council signed the Care Leavers' Covenant which was witnessed by two Care Leavers in February 2017. The pledge is made that all our Looked After Children and young people's needs should be identified, assessed and met by breaking down barriers to support and services through Corporate Parents collaborating and working together. For this to happen a three year Corporate Parenting Plan has been developed and has been approved by Ayrshire and Arran Health Board, North Ayrshire Integration Joint Board and the North Ayrshire Cabinet. At the time of writing, the plan awaits final approval from the Community Planning Partnership. The plan sets out desired outcomes for our young people around their needs in relation to health, access to activities, education and training and employment.

Progress in delivering on this plan is evidenced by the outcomes of young people involved in our *Throughcare* Team. The team facilitated an agreement whereby five Local Authority Modern Apprenticeships were ring fenced for care leavers in 2017/18. This target was surpassed with the team supporting a further two care leavers to achieve appointment to these posts. An excellent initiative, aligned with Fair for All, and providing equity of opportunity to disadvantaged young people. In February 2017, Throughcare was awarded the first HSCP award of Team of the Year. This was in recognition of the efforts made to ensure that care leavers were well supported by ensuring that other services were made aware of, and fulfilled, their duties as Corporate Parents.

The **Positive Family Partnership Strategy 2016-20** has built on the previous strategy which realised positive outcomes from evidence based programmes delivered by the *Youth Support Team* such as the CEDAR programme (children experiencing domestic abuse), and our 2016 COSLA Bronze Award winning SNAP (Stop Now and Plan), a programme aimed at 8-11 year olds and their parents to improve children's resilience and their ability to deal with their emotions. All children involved in SNAP in 2016/17 maintained attendance at school, a significant achievement given the challenges they faced.

The **Alcohol and Drug Partnership (ADP)** has also realised initiatives delivered jointly with North Ayrshire Drug and Alcohol Recovery Service (NADARS). NADARS is an integrated health and social work team focusing on recovery. The ADP has promoted engagement, consultation and peer support ahead of the Community Empowerment legislation and has supported the training of service users in the role of peer researchers.

Within the partnerships described above, there are particular responsibilities which fall on statutory social work services in the exercise of individual and public protection and decisions taken or recommendations made can affect personal lives, individual rights and liberties.

I am an adviser to North Ayrshires Chief Officers Group for 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.

The Scottish Government's Publication "Recorded Crime in Scotland, 2015-2016" shows that between 2014-2015 and 2015-2016 North Ayrshire saw a 6% reduction in recorded crime, with East Ayrshire showing a 2% reduction and South Ayrshire a 4% reduction. The Scottish average reduction was 4%. Working together is seeing successful outcomes in North Ayrshire.

Justice social work services are long-versed in using an evidence based approach to risk assessment and management. They utilise accredited assessment tools such as the level of Service/Case Management Inventory (LS/CMI) to inform Court disposals and onward planning. In 2016, a standardised format of evaluating Risk of Serious Harm (ROSH), part of the LS/CMI, has also been utilised. The reason for this is that on 15th December 2015 Ministers commenced section 10(1) (e) of the Management of Offenders (Scotland) Act 2005 which took effect on 31st March 2016. This extended the scope of MAPPA to include other risk of serious harm offenders managed in the community, where the responsible authorities assess that a risk of serious harm to the public exists and which requires an active multi-agency response.

As CSWO, I have a direct line of accountability to the Chief Executive in North Ayrshire, meeting quarterly. I also appraise Elected Members and Senior Officers in the council on any issues, risk and developments within the service. This regular communication and information flow supports close working links with other local authority services and a consistent approach adopted by the Council to address cross-cutting issues.

As CSWO, I have a non-voting but advisory role to the IJB. The challenge presented is one of operating in an environment of cultural differences and experience of employing bodies. As integration progresses and teams develop together this should ameliorate this situation.

As CSWO I am charged with assuring that social work services meet national standards, comply with inspection, regulation and registration requirements and provide best value.

We must continue to ensure that there are appropriate arrangements in place for professional social work supervision outwith line management arrangements as health and social care teams are integrated. The landscape of governance and scrutiny is certainly more complex. Our Social Work Governance Board is now one of several governance groups in the HSCP which reports to the IJB. We are currently looking at the possibility of streamlining these arrangements and reducing the number of governance groups across the partnership.

3. Social Services Delivery Landscape

Social Services provision in North Ayrshire is a mix of in-house services and those commissioned from the Third and Independent Sectors. Over 2016/17, the HSCP Social Work Teams commissioned social care services from 217 different providers at a cost of £50M across the full range of service user groups. We have an established Quality Management Framework in place used to both support providers and ensure that any service delivery issues are addressed in an agreed and managed way.

The Third and Independent sectors in North Ayrshire have a well-established seat on the Integration Joint Board, and Strategic Planning Group which is involved in developing the [HSCP Strategic Plan](#). We have a Providers Forum that was formed eight years ago by social services and has developed into a robust self-managed group. This forum is a further means to share market information, to communicate and consult regularly, share best practice and discuss opportunities for joint working across sectors.

However, the market for social care provision is also being adversely effected by the increasingly significant challenge presented by the ongoing financial constraints on public services and the UK government's austerity programme that continues to compound the difficulties already experienced by our service users. We shall see in the following section that the NAHSCP has considerable overspends to address in addition to savings targets to be made. As alluded to above, these financial issues are set against a backdrop of increasing demand for statutory services as the complexity of health and social care situations faced by people who need our services increases.

We are going through a very conflicting time as we strive to change the 'balance of care' from residential care to community care. Shifting to prevention and early intervention is difficult because resources are locked into service delivery meeting existing demands. The lasting benefits from any models of early intervention and prevention, that are already showing positive outcomes and have social value, will take time to materialise.

As resources are threatened due to budgetary demands we are having to review our eligibility criteria for social care services, focussing on high risk and substantial need. The Third Sector is pivotal to an early intervention and prevention approach that can mitigate many of the effects of poverty and deprivation on health and well-being. They have a largely local workforce with intimate knowledge of localities and are well placed to support groups and communities.

The Third and Independent Sectors have been afforded monies from the Integration Care Fund (ICF) over the past three years and have established some successful initiatives such as "**Food Train**", with a growing group of volunteers (28 at last count) who run grocery shopping and a delivery service to people aged 65 and over and have 128 customers. "**On Yer Bike**" is another successful community project running cycling outings and bike maintenance and has had over 300 participants.

However, as the demand and pressure for mainstream services grows, so the share of monies afforded to the Third and Independent Sectors from the ICF has fallen from £1.25M representing 43% of the fund to £0.686M or 23% of this budget.

It is clear that the Third and Independent Sectors are facing similar financial challenges and the uncertainties about funding do not sit easily with future planning to realise market opportunities. The market for services is set within the legislative context of the Self Directed Support (Scotland) Act 2013 (SDS). SDS aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support.

A recent Audit Scotland Report highlighted the 'poor uptake' of SDS across Scotland, some three years after the implementation of the Act, with the overwhelming number of service users still choosing the local authority to deliver their services. Our experience in promoting SDS is compromised both by a lack of choice within the market and a reluctance by service users to take responsibility to control their care. This is less evident in the uptake of alternative options noted by our Children with Disabilities Team, where parents of the child welcome such responsibility and engage well with the SDS process.

During the past year we have been negotiating with the Third and Independent Sector providers in relation to increased rates for their staff due to the living wage legislation. This has been supported by ourselves as a Fair Work Practices employer. However, there have been tensions in achieving agreement with some Independent providers. We have experienced particular difficulties in agreeing increased costs for 'rural' areas and huge difficulties in securing relatively small packages of care as our providers have to consider their economies of scale.

At times, changes in funding and difficulties in operations of a partner organisation has resulted in the withdrawal of services. This has inevitably had an impact on social work services who are required to fulfil statutory obligations to these service users. Two examples are given below:

- Money Matters during 2016/17 had significant demands on its service following the decision taken by North Ayrshire Citizens Advice Service to no longer provide an Appeals service to non HSCP clients. Money Matters, since September 2016, now represents both HSCP and non HSCP appellants at Social Security appeals. The team had to train additional advisers into the Welfare Rights Officer's role and review service delivery to enable this area of work to be prioritised. Since that time, the team have provided advice and representation at over 350 appeals and have achieved a 70% success rate so far. Plans for 2017/18 are in place to redress this situation so that Money Matters continues to focus on those most vulnerable and advice and representation services are also available to others in North Ayrshire.
- We had previously seen the impact of the financial difficulties on external Home Care Services in 2015 when five independent providers suddenly folded. We maintained service continuity through TUPE of staff to our own services. Over 2016/17 we evaluated how the service as a whole could be sustainable in the future and, working with our partner providers, we have identified that a change in the balance of provision is required such that a maximum balance would be 70% of home care services provided in-house and 30% by independent providers. In 2018 we will be establishing a framework tender to support this.

4. Resources

Financial information is part of our performance management framework, with regular reporting of financial performance to the Integration Joint Board (IJB). Strong financial planning and management underpins everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. In December 2016, the Scottish Government published the Health and Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of care and support from hospital to community care settings, and to individual homes when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021.

Our [annual accounts](#) provide full detail of revenue expenditure 2016-17.

In summary, Partnership services experienced a continued growth in demand, particularly in Community Care services for older people and in Children and Families services. This has led to in-year overspends on commissioned services against the original approved 2016–17 funding. Unachieved savings also contributed to the overspend, particularly within Mental Health and Learning Disability Services.

A number of services experienced significant in-year budget pressures during 2016/17:

- **Community Care and Health – Overspend of £1.318m** – This overspend mainly relates to demand in Care Homes, Respite and Care at Home. Care at home experienced a 30% increase in demand and service users had to be placed on a waiting list.
- **Mental Health Services – Overspend of £0.792m** - This overspend is related to Community Packages and Direct Payments within Learning Disability services and reflects the current packages commissioned. Part of this overspend (£0.251m) is linked to the non-delivery of savings in 2016/17.
- **Children and Families and Justice Services – Overspend of £1.262m** - This overspend is mainly within Children’s Services and reflects an increased requirement to place children within Residential Schools.

The partnership will continue to face high levels of demand for services, however, it is imperative that services are commissioned within the resources made available and this will be the highest priority during 2017/18.

We are undertaking reviews of our current models of care to establish more sustainable approaches to allow us to meet our statutory duties. This is evident in all service areas as follows:

4.1 Mental Health Services and Community Care

The Learning Disability Social Work team commissions care and support packages according to the level of need and complexity of the individual's situation. They have a service user group ranging from 494 to 526 over 2016/17. The team also provides Day Services to 90 service users in premises that are not flexible enough to accommodate changes in practice and models.

The Mental Health Social Work team works in the same way and have a service user group that has ranged between 183 and 229 over 2016/17. The increase in complexity of mental health problems presented to in patient and community services is reflected in the need for larger care packages of support to facilitate discharge from hospital.

For both learning disability and mental health services, the current model of support is largely being provided to service users in dispersed and individual tenancies with a significant number of these service users being assessed as needing responsive care, available on a 24/7 basis. The current model is overly intrusive in that carers are 'ever-present' in the person's home. This does not facilitate the desired personal outcomes for service users and it is also very costly.

The newly launched Learning Disability Strategy and the evolving Mental Health Strategy in North Ayrshire focusses on service users and carers being partners in arranging care and person centred planning focussed on outcomes and pursuing the maximisation of independence.

A small pilot project commenced during 2016/17 and worked with service users, carers and providers to assess whether a care support worker was required overnight and, if not required, to introduce a telecare option as appropriate. We worked closely with a seconded care at home manager to look closely at all telecare options and initiatives that have proved successful to other care groups.

We have met with significant concerns and resistance from family carers to change any aspect of support packages and it is clear that we need to engage further and highlight that this can be a safe and effective option.

In 2016/17 the opportunity to take forward the agenda to establish new models of care came unexpectedly when a large care home in Irvine came on the market. The footprint and, for its time, innovative design of the resource lent itself to development and refurbishment to realise many goals. The Tarryholme Drive Project will allow for:

- The development of a new Learning Disability Day Centre with strong community links and flexible use of space.
- A pathway for people recovering from acute mental health problems to rehabilitate out with a hospital setting leading to improved outcomes and avoiding the unintended negative consequence of long-term hospitalisation.
- A range of supported living options, 20 tenancies and a small care home for people with complex and significant learning disabilities.

Capital funding for the purchase and refurbishment of the site was supported by North Ayrshire Council and Ayrshire and Arran Health Board and demonstrates a joint commitment to establish new models of working. The refurbishment of the site will be complete by spring 2019.

However, to continue to meet current demand and the forecast increases, the models of care have to develop alongside alternative models of accommodation available to Community Care, Mental Health, Learning Disabilities and Children with Disabilities.

We have seen the success of a core supported housing model at Castlecraigs Court in Ardrossan. Thirteen housing tenancies for adults with learning disabilities and/or mental health problems who would otherwise require a care worker in their home on a 24/7 basis have this support provided by on-site care staff on both a planned and responsive basis. The residents enjoy greater independence, but have the benefit of accessible support. The cost of packages is practically half that of delivering this care and support in individual dispersed tenancies.

To this end we have been working in partnership with Housing to develop housing models which will see a programme of developments across North Ayrshire of extra care housing and core supported housing models. Sheltered care housing models, such as Vennel Court and Montgomery Court are being further planned as extra care, providing an opportunity to deliver a core model of 24/7 responsive care to adults who have physical disabilities as well as those termed 'older people'. Delivery of these models is expected in 2020/21.

4.2 Children and Families and Justice Services

We continue to experience high incidences of children subject to legislation. We had 601 children and young people subject to a Compulsory Supervision Order, or Looked After during 2016/17. Of these, 389 were accommodated away from their parental home. We had 112 children who were placed on an order with a kinship carer. Impending implementation of further Welfare Reform changes presents yet another financial challenge to the Partnership and communities in North Ayrshire. Changes being implemented in November 2017 to universal credit will see the removal of amounts paid to kinship carers for a child if newly placed/ or when the claimant's circumstances change. The resulting shortfall for a carer for one child is £63.94, a sum that the Local Authority would require to make up in allowances to prevent further financial hardship.

Mitigating these circumstances, we have continued to work to reduce the number of children who are accommodated in external, and more expensive, foster placements that are often out with the local authority and as such away from the child's community. We have reduced numbers of external foster placements in 2016/17 from 30 to 13 with plans to reduce further next year. We have successfully increased our in-house foster parents to 100, to ensure that our young people are cared for close to their home communities. We had projected a demand for 122 foster placements, but the numbers of children requiring to be accommodated increased beyond our estimate and led to a rise in foster placements to 141. This increase in accommodated children has also resulted in an increased demand for residential school placements as well as placements in our own children's homes, which were accommodating younger children and at times going over their registered numbers.

In 2017/18 we plan to use some of the Challenge Fund monies to develop a project utilising existing services to focus on robust care plans that will enable young people to return to the community from expensive and outwith area residential placements. In effect, the bespoke virtual team will wrap around the young person and facilitate a return to the local community.

Justice Social Work Services engage with approximately 450 service users at any given time. This past year has been a particularly challenging year for us in terms of our core Justice Services being able to respond to the needs of service users. In 2015/16 we saw an increase of 31% in the number of Community Payback Orders (CPO's) from the previous year. In the Scottish Government Justice Statistics for 2015/16, published in February 2017, it showed that North Ayrshire had the highest number of CPO's in Scotland per 10,000 population. There has been no increase in the budget to reflect this demand.

From the evidence above, it is clear that as we move into 2017/18, we need to continue to address proactively the funding challenges presented while, at the same time, providing quality services for the people of North Ayrshire.

5. Service Quality and Performance including delivery of statutory functions

The [Annual Performance Report](#) reflects the overall progress in meeting National Outcomes. As our strategic priorities are designed to further this progress I shall consider the performance of social work in achieving these priorities. The priorities are as follows:

5.1 Tackling Inequalities

The demographics of North Ayrshire present additional challenges in contributing to the National Outcomes. It is no surprise that the incidence of people presenting to social work services for support from the most deprived areas represent the majority, 59% of the 5,757 individuals referred into our generic 'intake' team, Service Access, over 2016/17. Approximately 10% of these referrals were classified as destitution referrals requiring short term financial support or referral to food banks.

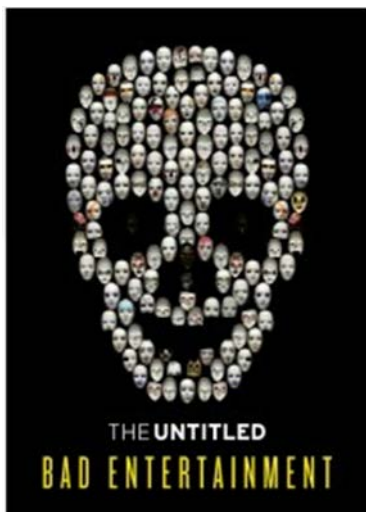
Examples from our social work teams in tackling inequalities in 2016/17 are:

1. **Money Matters** - the Money Matters team works across service boundaries and achieved £8.2m in Income Generation for North Ayrshire residents.



2. **Activity Agreement Programme** - established by our Rosemount Project working with looked after young people who are leaving school to help clarify and support future planning for them. The programme assisted 83.5 % of the young people referred to them to transition to a positive destination. These positive destinations included college

placements and full time employment, with one young person securing a Modern Apprenticeship place.



The Activity Agreement's "Bad Entertainment" exhibition was displayed at the National Portrait Gallery in Edinburgh from January 2016 until May 2016 and then presented locally at the Harbour Arts Centre in June 2016. Bad Entertainment opened to critical acclaim and started as an exploration for young people to use art to address their own lives and sketch out what kind of society could exist if the future was in their hands. Our partnership and work with the National Gallery continues to feature in our Activity Agreement Programmes with young people working on a conceptual skill project called "Art of the Future".

3. **Employability Project** - The Justice Social Work team are in the process of setting up an employability project linked to our Unpaid Work Service. One of the Council's priorities is to grow our economy, increasing employment and regenerating towns. This project is a key element of this, considering how to help those furthest from the labour market in the hardest to reach communities back to work. North Ayrshire Economic Development Team have secured funding from the European Social Fund to provide two Peer Mentor Employability Workers to support staff and service users in Unpaid Work. These posts will look at the employability prospects and signpost service users to better employment opportunities within North Ayrshire or surrounding areas. The Project has made links with local employers and Third Sector organisations to further its objectives.

5.2 Bringing Services Together

Our workforce is our major resource and the reconfiguration of teams has been geared towards the goals of moving towards a focus on early intervention and prevention and ensuring that intervention is by the right person, in the right place, at the right time and that it is doing the right thing.

Reconfiguration of teams and partnership working can both help realise the desired outcomes for service users and also ensure that social work resources are used efficiently and effectively. Some examples of this from across the services are given below:

1. **Multi Agency Assessment Screening Hub (MAASH)** - We have spoken in previous reports of the development of the Multi Agency Domestic Abuse and Response Team (MADART). This partnership model, working with police, housing, social workers and third sector organisations (Women's Aid and Assist) has undoubtedly helped better support victims of domestic abuse in a more effective and timeous way. The MADART team, alongside social work justice services (notably the Caledonia Programme working

with perpetrators of domestic violence) has been a major contributor to reducing levels of domestic abuse in North Ayrshire. The most recent Police Scotland figures relating to Domestic Violence in North Ayrshire demonstrate a 21.7% reduction on last year's figures. This is the third year in a row that the number of domestic abuse incidents in North Ayrshire has reduced after many years of continual rises.

A further development of this type of successful partnership model is evidenced in the establishment of MAASH (Multi-Agency Assessment and Screening Hub) during 2016/17 within which MADART now sits. MAASH deals with all concerns referred to and by the Police. North Ayrshire has higher numbers of children referred to the Scottish Children's Reporter Administration (SCRA) than other areas of Scotland at 2.3% of all children compared to 1.5% nationally. The highest number of referrals to SCRA were from the police, but by establishing MAASH, this has helped to reduce the number of police referrals to SCRA by 46% this year. MAASH screens and assesses referrals, and support is offered at the earliest time to avert situations escalating to the point where statutory intervention may be required. This kind of approach is in the best interests of families and also averts unnecessary work for our limited registered Social Worker resource.

We will be looking to expand the role of the Hub to include Adult Support and Protection referrals which similarly see a high incidence of referrals from our Police colleagues.

- 2. Building Teams around the Child** -The latest census information showed the number of children (0-15yrs) in North Ayrshire as 24,283. A third of these children live in poverty. Evidence shows that negative experiences in the early years can result in poor social and health outcomes over the life span. There are strong links between childhood trauma and the adult onset of chronic disease, poor mental health and biomechanical coping mechanisms, such as drugs or alcohol misuse. The study of Adverse Childhood Experiences (ACEs) shows how adversity impacts on how people respond to stress, resilience and the ability to form lasting relationships.

Currently our social work Children and Families Teams are involved with 2626 individual young people, with 68% coming from an area of significant deprivation. The Children and Families (Disabilities) team caseload has increased over the years as has complexity of these disabilities.

We are establishing teams around children and families, based within our six identified localities. The locality model of the teams around Children and Families will ensure that children and families get the right support from the right person at the right time, and delivered within their own community. It is anticipated that the multi-disciplinary approach to Children and Families Services will include; teaching staff, educational psychologists, social workers, school nurses, health visitors, child and adolescent mental health specialists, and intervention specialist services. The HSCP continues to engage with the Tapestry Partnership, connecting schools with communities within the Three Towns locality and there is consideration of extending this approach to include the Kilwinning locality.

While in some localities these teams will be co-located, this will not always be the case due largely to logistical and accommodation issues. We will however develop Locality Resource Groups (LRG) in all six localities, to ensure that there is a locality approach to meeting the needs of Children and Families within their own communities. These forums

will be attended by some of the above named agencies as well as others who are identified as key participants and who will contribute to developing robust multi-disciplinary plans for children and their families.

We believe that this approach is required to enhance the existing partnerships that already are evident within local communities. The building upon existing professional relationships within a locality, utilises local knowledge and experience of that locality and will contribute towards better informed plans for children and families. This will put Children and Families Services at the heart of the Health and Social Care Partnership and utilise resources to maximum effect.

The locality team around children and families should ensure that it is more likely that services will be delivered by professionals whom children and their families are more familiar with and who are known in the community for their particular role. There will also be improved information sharing across services as the locality teams share concerns in order to develop well informed plans to meet identified needs.

There will be benefits to creating those teams in terms of the enhanced partnership working around early intervention which will reduce unnecessary referrals and bottle necks in children and families accessing services.

- 3. Early Years Leadership Team** - Locality based Early Years Leadership Teams are fundamentally planning forums, in all the North Ayrshire localities. These Teams are attended by Managers from across the Health and Social Care Partnership, Education and Partnership nurseries. They are focused on building professional networks and relationships as well as identifying local priorities that they can progress in their area.
- 4. Care at Home** - Fundamental to achieving the National Outcomes of care delivered in a person's own home is the work of our Care at Home staff group. We have increasing demands commensurate with the rise in the older persons' population who are living longer, but also coping with chronic physical problems. Currently, we provide support to over 1,874 service users across North Ayrshire and/or provide a telecare solution to over 4,500.

The current priority for Care at Home is to keep people in their own homes and communities and also facilitate early discharge from hospital to home where appropriate. We have developed a single point of contact system for professionals where early assessment and decision taking as to the focus on the outcomes for the service user is paramount. Here an assessment is made by an Occupational Therapist as to the Reablement potential of anyone referred. Reablement is a service that focuses on helping a person maximise their independence by learning or re-learning the skills necessary for daily living and enhancing confidence to live at home. It is a person-centred, goals-based approach designed to reduce long term reliance on statutory services.

During the year 2016/17 there were 2067 referrals made to the Reablement Service of which 645 individuals (31.2%) were deemed suitable to be reabled. The remaining individuals were referred onto or were already in receipt of mainstream care at home services. Of those individuals, 386 (18.67%) were requiring permanent increases to their provision; 655 of those individuals (31.68%) had ongoing provision and did not

have potential to increase independence and the remaining 381 individuals (18.45%) required palliative and/or end of life care.

The Reablement Service achieved 47.5% successful outcomes in that service users were either fully reabled - requiring no further service or had a reduction in Care at Home services as a result of the intervention. However, we have also seen our waiting list for this service increase. Evaluating the reason for this, it was evident that, in part, this was due to the lack of capacity to complete social work assessments by community care teams in order to review the service user and avoid having packages continuing for longer than necessary.

To mitigate this we are reconfiguring our Hospital Social Work team and will from May 2017 have five Social Work Assistants joining the Reablement Team. Instead of assessing someone within a hospital setting they will carry out the assessment of the individual at home and, working alongside the OT's and OTA's in the person's home, it is envisaged that the reduction of care packages and the timeous cessation of care packages will increase.

From the Challenge Fund pot of money that the Council has made available to the Partnership there will be money allocated for three additional Occupational Therapists to sit within the care at home Reablement service. This will allow the mainstream care at home service to be involved in Reablement and will further prevent unnecessary admissions to other establishments.

5. Community Alarm and Scottish Ambulance Service – Following a successful pilot that ran from December 2015 to December 2016 in the Irvine area where 999 calls were responded to by social care workers from our Community Alarm service alongside the Scottish Ambulance service the service is being rolled out to other North Ayrshire localities. The pilot evidenced that 74.56% of people who called an ambulance via telecare remained in their own home with support of carers and recorded 7,670 hospital 'bed days' saved.

6. Creating Multi- Disciplinary Teams around Primary Care - It is well documented that GP's are under pressure. Over the past year we have had three GP practices resigning their contracts with NHS Ayrshire and Arran as of August 2017.

Given the level of patient need in North Ayrshire and the known workforce and financial pressures being experienced locally, General Medical Services are becoming increasingly fragile and there is a need to act now to ensure high quality care is sustained into the future.

We are intending to mitigate these circumstances by creating two types of Multi-Disciplinary Team working.

- **Enhanced Practice Teams** comprising Advanced Nurse Practitioners, Mental Health Workers, Physiotherapists and Clinical Pharmacists.
- **Complex Care teams** to support GPs by offering alternative supports which can divert patients from GP appointments. This core group may include an: AHP, Social Worker, Pharmacist, Care co-ordinator, Mental Health Worker and District Nurse.

- 7. Addiction Services** - In 2016, across Ayrshire, there were 85 drug related deaths. This represents a 97.6% increase on the 2015 figure of 43 and accounts for 10% of all drug related deaths in Scotland. North Ayrshire accounted for 35 of those deaths, with this representing a 113% increase on 2015.

North Ayrshire has a high incidence of drug and alcohol misuse. The increase across Scotland of drug related deaths was reflected in this area, where it doubled over the course of last year. The North Ayrshire Drugs and Alcohol Recovery Service (NADARS) was the first of the Partnership teams to provide an integrated Health and Social Care response in North Ayrshire and have developed a single point of contact system with multiple referral routes, including self-referral, with a daily response service offering joint assessments.

However, the development of this service had to overcome many challenges, not least being one of information sharing and setting up joint recording systems.

The forthcoming challenge will be in sustaining and building on success in the face of reduced Blood Borne Virus and Sexual Health related funding and pressures on the local Alcohol and Drug Partnership (ADP) funding, a portion of which part funds social work posts in North Ayrshire.

- 8. Mental Health and Learning Disabilities** - Both teams have an integrated management structure, but face challenges in finding accommodation to enable them to be co-located with the NHS teams. The mental health team have seconded a team manager to the Change Programme to take forward the visioning, integration and development of the service for the future.

5.3 Early Intervention and Prevention

Early intervention and prevention is at the centre of shifting the balance of care. Social work is the lead agency in a range of intervention services that are designed to provide the right level of support to prevent an escalation of problems across all service areas. Without adopting the kind of approach, we will not be able to provide sustainable services. A few examples of our progress on this are detailed below:

- 1. Pathways to a Positive Future** – One of our goals is to minimise the number of times a child has to move placement when they become accommodated. We know that multiple placement moves leads to attachment difficulties and social and emotional problems for children that can result in mental ill health, and behaviours that can place children or others at risk. This is most pronounced if occurring in infancy. To avert this, we established Pathways to a Positive Future, a dedicated resource based in Dreghorn that works with parents over a 12 week period, providing parenting capacity assessments which contribute to timeous decision making about a child's future. Early indications of success are in line with the project's intended purpose and a full evaluation has been carried out and the report will be produced in early 2017-18.

- 2. Universal Early Years** - The Early Years Social Workers are part of the enhanced Universal Early Years Home Visiting Service team. This team is made up of Health Visitors, Assistant Nurse Practitioners, Health Care Support Workers, Employability Officers and Money Matters workers. We plan to recruit through the Challenge Fund, a Speech and Language Therapist, a peri-natal Mental Health Nurse and three Family Nurturers. The work of this team will be evaluated throughout next year.

Steps have been taken to re-define our Early Years Social Workers' role which will enable the development of a quality assurance framework around tasks and outcomes. Initial discussions have taken place with Strathclyde University with a view to evaluating their impact of focusing on early intervention with individual children and their families.

- 3. Youth Support Team** supports young people aged 8 to 16 who are experiencing difficulties with school behaviour and family relationships. The team delivers the CHARLIE programme over 30 weeks to young people aged 8 to 11 who are living with parents with substance use issues. The programme has evidenced positive outcomes for children and young people including a decrease in anxiety and increase in ability to control their emotional response to their situation. This enables them to talk more openly about their circumstances and set themselves positive goals for their future.
- 4. Early and Effective Interventions** The delivery of a wide range of early and effective interventions to young people involved in offending continues to realise the aims of preventing these young people from an escalation of behaviours and thereby avoiding their involvement in the adult justice system and being placed in secure accommodation. The success of this is reflected in the fact that only one young person was placed in secure accommodation last year.
- 5. Rosemount Project** successfully supported **91%** of the young people involved with the crisis intervention intensive support service to remain within their families on a long term basis.

This was achieved via the delivery of creative intensive support packages tailored to meet individual need that include parenting programmes, individual counselling sessions and issue based group work. The approach of supporting the parents as well as the child has been successful with over 80% of parents leaving the programme with greater confidence in dealing with their children's behaviour, 90% feeling less stressed, and 100% reporting increased peer support from other parents.

- 6. Throughcare** - 2016/17 has been a great year for the Throughcare service. For the second year running the team have received a grade 6 (Excellent) from the Care Inspectorate in their inspection of the Supported Carer Scheme. This has been in the area of care and support to young people and the Care Inspectorate acknowledged the "exceptional" outcomes achieved by the scheme. At the end of 2016, a CAMHS nurse was located within the Throughcare office. This is a joint venture between CAMHS and Throughcare in recognition of the barriers to good emotional well-being facing care leavers.

A joint event with the Ayrshire College in Kilwinning was held in 2016 to celebrate National Care Leavers Week. Over thirty young people attended the event to receive certificates from the NAHSCP Director and the Leader of the Council to recognise their efforts in education and training. The young people also brought their friends, partners and, in some cases, even their children.

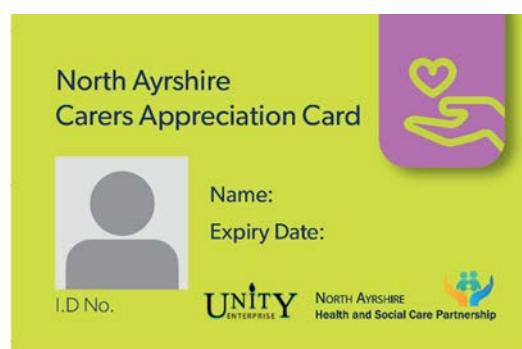
- 7. Community Connectors** - we have expanded our Community Connectors service and are linking in with the Scottish Government programme to develop and fund an expansion of Community Link Workers for areas of high deprivation. Currently ICF funding has enabled five HSCP workers and two Third Sector workers to operate in 17 out of the 20 general practices in North Ayrshire.

5.4 Improving Mental Health & Well-being

This priority was identified as the most important for the people of North Ayrshire and endorsed by the Locality Forums over the course of 2016/17. Examples of what we have done so far are as follows:

- 1. Flexible Intervention Service** – This scheme commenced in 2015 for people experiencing mental ill-health or living with a learning disability, offering a responsive support service to avert problems escalating that would require greater resources and possibly, statutory interventions. The service is commissioned from an independent provider and its success has led to our being able to secure mainstream funding to allow it to continue.
- 2. Palliative and End of Life Care** - We seek to improve mental health and well-being throughout the life course, recognising the importance of dignity and choice at all times. We have established a Palliative and End of Life Partnership Education Sub-Group with membership from Health, Social Work, Local Care Homes, the Ayrshire Hospice and Scottish Care. We plan to develop and deliver modular training across all sectors in North Ayrshire where people require Palliative and End of Life Care.
- 3. Carers** - North Ayrshire's Carers' Strategy (2014-2018) aims to recognise and raise awareness of the commitment and valuable contribution our unpaid carers show every day to their families, friends and loved ones across North Ayrshire. The strategy underpins how the NAHSCP will continue to support local carers to continue in their caring role. It is recognised that a failure to fully support carers could result in even greater demands on services. Without appropriate support, carers could become overwhelmed by their caring responsibilities possibly leading to both poorer physical and mental health.

The North Ayrshire Carers Appreciation Card entitles carers to discounts, concessions and offers at a growing range of local shops and businesses. The card



can also be used to identify an individual as a carer to their doctor, when visiting their pharmacy or even in school or at university.

Currently we have 378 carers registered (29% of all those registered) and 39 local businesses supporting the card.

5.5 Engaging Communities

In line with the Christie Commission Report (2011) on the reform of public services, we know that effective services must be designed 'with and for people' and we recognise that meaningful engagement takes us nearer to this goal and will lead to the successful co-production of services.

Throughout our HSCP social work teams we can demonstrate the value of an inclusive and consultative approach with carers and service users involved in strategy and service redesign development, team development and, on an individual basis, in regard to their care plan. A few examples are given below of this:

1. **Learning Disability** the newly launched Learning Disability Strategy was widely consulted about and the Head of Service for Mental Health signed the Charter of Involvement for Learning Disabilities confirming the centrality of the service user in taking forward the strategy.
2. **Mental Health** The mental health social work team facilitated the creation of the "Involved!" group with service users and carers demonstrating strengthened relationships and engagement of people who use the service. The team continue to deliver the 'Safe to be Involved' event in partnership with service users and carers that highlights activities that are undertaken throughout the year. In 2016/17 members of the Involved! Group joined the steering group for the community mental health service review and will be leading on the vision consultation work as the review progresses.
3. **Community Care** social work services have undertaken a substantial review. They asked for the views of carers and service users in formulating a new model. Community Care Services have historically been organised by age, with a Physical Disabilities team and an Older Peoples team. Both can suffer significant mobility and functional problems impacting on daily living. These age demarcations were not perceived as relevant anymore as we seek to place a greater emphasis on creating a range of relevant local services that are responsive to needs, regardless of age. Reflecting this, the service is re-organising to provide unified Locality Teams as of August 2017.
4. **Children and Families** teams regularly consult, and involve children and young people, with representatives from Who Cares? the national voluntary organisation working with care experienced children and care leavers across Scotland. Children and Families teams have helped give a voice to young people, for example, young people are involved in recruitment panels for residential care workers. In addition, support is provided for children and young people at 'Looked After and Accommodated

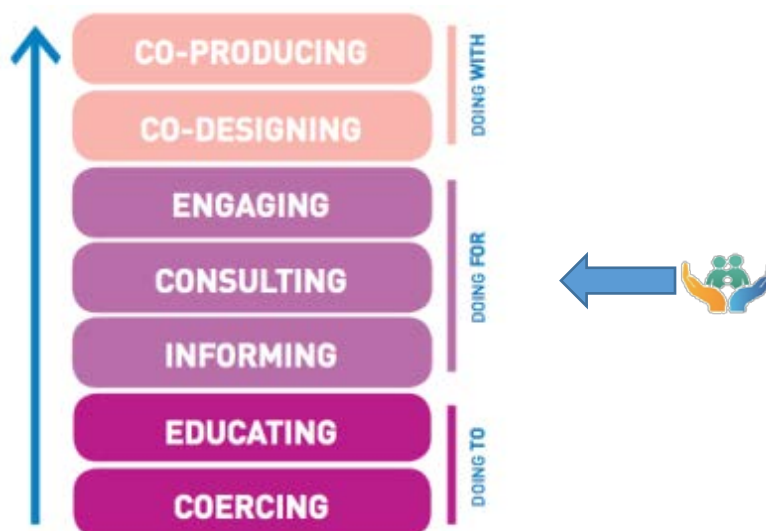
Reviews' and "Child Protection Meetings" to enable them to express their views, whether this be verbal, or written or via an Advocacy Worker.

- 5. **Justice Services** - The Social Work team has been involved with Strathclyde University in setting up a User Engagement Council. Justice Services is a challenging area in which to build up effective partnerships with service users and engage them meaningfully in the design, review and shaping of Justice Services. The team have embraced this challenge enthusiastically and have set up a range of mechanisms and forums to engage service users meaningfully to ensure that their voices, views and opinions are heard and valued.
- 6. **Recovery at Work**, a constituted community group led by people in recovery from alcohol or drug problems has been fundamental to the delivery of family support (SMART programme). The group has a full health and well-being agenda, for example, forming walking groups, singing groups and organising film making courses. (Funky Films)

The Café Solace initiative demonstrates what we would all hope to achieve through engagement with service users and co-production. The first Café Solace was established in Ardrossan in 2015 and is now extended to a further two localities in North Ayrshire, providing nutritious meals for less than £3 to 4,745 people attending. I am also happy to report Café Solace are currently placed as COSLA 2017 silver award winners.

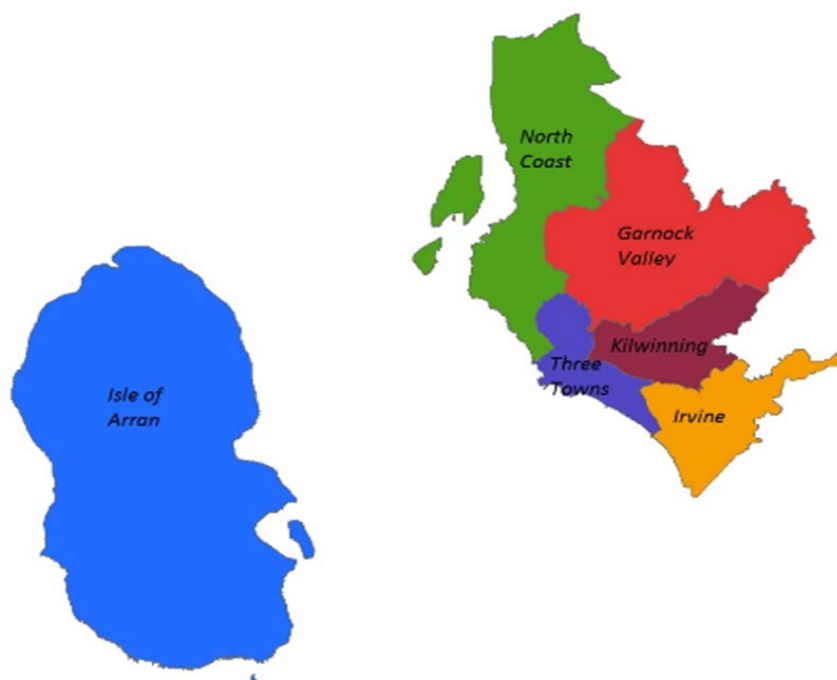


It is clear that we have the direction set, and indeed, have achieved notable success in establishing meaningful and productive partnerships with service users, carers and communities. However, on the whole, we have a lot of work still to do as we estimate our position on the ladder of engagement below:



Source: new economics foundation

7. Locality Planning Forums - The development of Locality Planning Forums (LPF's) is integral to achieving true engagement.



Their purpose is to become a direct route for both the public and staff to inform about the provision, design and delivery of health and social care services. Core to the LPFs is local community representation, including Elected Members, people with lived experience, Carers, Third Sector representatives and Senior Managers from the partnership. Over 2016/ 17 the LPF's:

- Held "Local Connections Better Outcomes" events to enable community groups and local agencies find out what was happening in the community and develop conversations about what is good and what could be better.
- Identified local priorities for inclusion in the refreshed strategic plan.

All localities identified the need for services for low level mental health problems. In recognition of this, we match funded monies made available from Scottish Government and on "Decision Day" in February 2017 we held a vibrant conclusion to a Participatory Budgeting process where £50,000 was distributed among 42 projects whose mental health projects were voted as winners by over 250 local people.

For sustained benefits for communities, evidence highlights the effectiveness of co-production as a means of building capacity in communities, increasing self-management of long term conditions and reducing social isolation, whilst creating significant cost savings across the public sector system. In February 2017 a skilled Engagement Officer joined the HSCP and a strategy is being established that will take us further up the ladder towards co-production. The inter-relationship of the LPF's and the Community Planning Partnership's Locality Partnerships is evolving and provides further opportunities for partnership working with communities to achieve better outcomes.

6. Statutory Duties – Protection

We have a workforce that numbers 3, 252 split NAC (53%) and NHS (47%). Of these staff, just 5% are registered social workers (163). Only registered social workers can undertake certain statutory roles, often ones which require to balance competing needs, risks and rights. We have seen a large volume and pace of legislative change within our statutory framework. Many social workers specialise in particular areas of service and become experts in a particular sphere, but, as we have seen this resource is limited.

6.1 Child Protection

There has been significant activity around improving our approach to Child Protection within our area teams. This has resulted in work streams to embed improvement within the whole system. In particular we are currently establishing a dedicated Child Protection team which will be made up of existing social workers from area teams and managed by an existing team manager. This team will focus specifically on dealing with all new child protection concern referrals and carrying out all new child protection investigations. There is an emphasis on improving timescales, listening to the voice of the child and ensuring that families are very much part of the child protection process. We are also reviewing our administrative processes, and taking a fresh look at the way in which we organise Child Protection Conferences, to engage better with children and their families. (see Appendix 1 for statistical table)

6.2 Adult Support and Protection (ASP)

Whilst the legislation stipulates that actions in ASP require to be undertaken by a Council Officer, this role is delegated to social workers.



A stated aim of the North Ayrshire Adult Protection Committee has been to increase the number of ASP referrals which come from agencies other than Police Scotland or the Health and Social Care Partnership. The percentage of 'other' organisations who made ASP referrals during 2016 - 2017 continued its incremental increase from 49% to 62%. This increased awareness of the ASP Act and the need to refer has been supported by a programme of training and awareness raising events by ASP staff. In North Ayrshire, every ASP referral receives a formal ASP Inquiry and the increase in awareness and referral numbers does impact on the staff responsible for carrying out inquiries and investigations and providing support and protection under the Act. It has also been important during 2016 - 2017 to ensure that agencies make 'appropriate' referrals. The level of referrals from Care Homes, for example, has been very high and not all referrals have been legitimate ASP referrals.

Several events and meetings have taken place with Care Homes to address the issue of inappropriate ASP referrals, in addition to a change to the ASP referral paperwork and

process and this has resulted in the level of 'inappropriate' referrals from Care Homes decreasing. This work will be consolidated during 2017 - 2018.

Together with proposals to incorporate screening of ASP referrals into MAASH we intend to ensure that the limited social work expertise is properly and effectively aligned to enacting the legislation as it should be and to ensuring that resources and interventions are properly directed at adults at risk of harm who meet the three point test for ASP.

The work undertaken in relation to the ASP Stakeholder's Evaluation exercise, highlighted that referrers feel that the process and paperwork in relation to making ASP referrals in North Ayrshire is simple and concise and they would continue to make referrals and encourage their colleagues to do so. The same exercise also highlighted that service users and carers interviewed felt that their wishes had been central to the ASP process and that they (or their loved one) were safer as a result of the actions taken under ASP legislation.

A multi-agency Case File Audit will take place during 2017 - 2018. North Ayrshire are the only local authority to have put themselves forward to be considered for the pilot of a new Care Inspectorate model of inspection specifically designed for Adult Support and Protection.

6.3 Mental Health Officer (MHO) Service

The MHO service is co-ordinated and managed by our social work Mental Health Team. MHOs are experienced social workers who have completed further training at post-graduate level and have a particular role and responsibility in legislation relating to individuals with mental disorders. The MHO role is supplementary to their primary designation and currently the service has MHOs who also work as care managers in Mental Health, Learning Disability and Community care services. They practice across three pieces of legislation that significantly impact on individual liberty – their key role is to ensure that alternatives to the use of legislation are provided where possible, and to safeguard the person's legal rights through the process. (Activity on these legislations is available at Appendix 3)

In North Ayrshire, the need for the MHO service continues to grow (in line with trends across Scotland). Due to unpredictable 'peaks' in the use of mental health legislation which places a real pressure on MHO capacity, it is challenging to predict demand in relation to workforce planning. The increasing complexity of statutory work is also apparent in the range of individual situations which are presented to the service.

During 2016/17 the MHO service provided temporary backfill for MHO trainees, two trainees completed the qualification and three trainees commenced the course in 2016/17. The service also made a successful bid for pressure monies to develop an exclusive MHO post with a focus on the training of new MHOs in 2017/18. The quality of work done by the service is reflected in 81% completion rate for Social Circumstances Reports following Short Term Detention Certificates – the highest completion rate for local authorities in Scotland. Furthermore, there has been good feedback from the Mental Health Tribunal Service for the quality of information contained in North Ayrshire MHO reports.

However, since 2015, the service has been operating a waiting list for Private Guardianship applications with the service prioritising CSWO Welfare Guardianship applications and

renewals. To address this in 2016/17 the MHO service employed three recently retired MHOs one day per week to specifically concentrate on the Guardianship waiting list. This has made a real difference. However, as noted, the demands on the service still required the waiting list process to be in place. We have implemented a new administrative process for the management of the AWIA waiting list, including updating solicitors during the waiting period.

The Adults with Incapacity legislation does not allow the Local Authority to act as Financial Guardians and we are met with a reducing list of solicitors willing to take on Financial Guardianships on our behalf. This, in turn, has led to an increase of Financial Intervention Orders, which can be undertaken by the Local Authority, but places additional pressure on the capacity of the finance service in North Ayrshire to manage these.

6.4 Public Protection

On 15th December 2015 Ministers commenced section 10(1)(e) of the Management of Offenders etc. (Scotland) Act 2005 which took effect on 31st March 2016. This extended the scope of MAPPA to include other Risk of Serious Harm (ROSH) offenders managed in the community, where the responsible authorities assess that a risk of serious harm to the public exists and which requires an active multi-agency response. New paperwork was also produced which helped focus on the ROSH and the risk management plan required to manage the identified risks effectively. This closer adherence to ROSH has resulted in a clearer understanding and agreement of thresholds of risk, and has led to a reduction in MAPPA Level 2 cases and a corresponding increase in MAPPA Level 1's. (See Appendix)

There have been initial teething problems in regard to the responsibility for the completion of the ROSH and the new paperwork. The ROSH is part of the LS/CMI, which is the main Justice Social Work risk assessment and case/risk management tool. The responsibility for completing the ROSH and the new paperwork has now been clarified by the issuing of interim guidance by Social Work Scotland which has been approved by Chief Social Work Officers.

ViSOR - (Violent and Sex Offender Register) is a database of records of those required to register with the police under the Sexual Offences (Scotland) Act 2009. The vetting required by the UK National ViSOR Standards for access to this database has changed, and has resulted in a significant proportion of Justice Social Workers who are not vetted at the new required levels of NPPV2/3. (Non-Police Personnel Vetting). This creates a risk regarding Police Scotland's compliance with Home Office data protection requirements. A lack of vetting means Justice Social Workers are not permitted to access ViSOR training, contributing to poor levels of ViSOR use in social work offices across Scotland. Social Work Scotland are currently seeking legal advice on contractual obligations for employees in regard to being vetted for using ViSOR.

7. Workforce

The three Ayrshire Health and Social Care Partnerships were the first to employ dedicated workforce planning resources, with these new roles coming online between September and

November 2016. The main focus of the first few months for the NAHSCP postholder has been on establishing the workforce baseline for the H&SCP including, numbers, grade mix, profiling the full workforce etc. There has been engagement with key stakeholders, as well as the provision of workforce planning input to key projects and responding to the Scottish Government consultation on a national approach to workforce planning across health and social care.

The NAHSCP will produce a strategic workforce plan for 2018-2021 as part of wider strategic planning.

The main challenge moving forwards will be providing a comprehensive plan across the partnership that takes into account the needs of all the partners. Priorities for the year ahead will be further engagement with the Independent and Third Sectors (including the collation of detailed workforce information), implementing the Scottish Government's National Workforce Planning model, continued engagement with further and higher education establishments and developing workload planning and management approaches that support managers at an operational level.

A well- motivated and engaged staff group is key to delivering safe, effective and efficient services. This is clearly demonstrated by the Dirrans Centre, (focussing on rehabilitation from head injury, neurological long term conditions) operated with a core staff of social care support workers and occupational therapists. They achieved Platinum Employer of the Year Award from Investors in People for the work done in 2016/17 in maintaining a motivated, skilled team.

7.1 Professional Development

Continuous Professional Development increases skills and confidence in delivering quality services. We have 65 different course titles that are available to staff through the Health and Social Care Partnership Learning and Development calendar. Based on demand and identified learning needs, 54 of these titles were delivered between April 2016 and March 2017 to 1872 staff.

Staff continue to access other social services' training such as Moving and Handling, CALM, Adult Support and Protection and the North Ayrshire Council corporate calendar for Policies and Procedures, Management and Leadership training, the Child Protection Committee Training, GIRFEC, Women's Aid and NHS training for other specialist learning and development input.

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

In addition, many staff have attended short-term courses, seminars and conferences including; the neuroscience of adoption and fostering, supporting teens who internalise distress, working with young parents, mental health first aid and life-story work with troubled children and teenagers. Staff have also received training to maintain their general first aid licence.

From consultation with managers, the Learning and Development section has been able to source and contribute to the development of specific training including; Working with Adults with Autism within Justice Services, Child Protection within the Family and an Introduction to working with Refugees and Asylum seekers.

7.2 Qualifying the Workforce

The North Ayrshire Social Services Scottish Vocational Qualifications Assessment Centre (NASSAC) delivers awards ranging from six months to three years duration. One hundred and twenty two staff and seven Modern Apprentices completed their award this year and a further fifty one candidates are currently working towards completion. Future candidates will be prioritised to meet the Scottish Social Services Council (SSSC) registration requirements.

Good progress is continuing in relation to qualifying the residential and Care at Home workforce in line with the SSSC registration requirements. Targets set for both adults and children and young people care groups have been reached during 2016/2017.

At April 2016, 79.6% of staff in residential care homes for adults had achieved the qualifications required for registration. At 31 March 2017 this figure had decreased to 75.6%. A number of factors such as staff redeployment, promotion to new roles requiring additional or different qualifications and staff turnover have been key influences.

At April 2016, 89% of staff in residential care homes for children and young people achieved the qualifications required in order to register with the Scottish Social Services Council. At 31 March 2017 this figure had decreased slightly to 88.3%. The same factors influencing figures for care homes for adults are also evident within residential child care.

We have worked with our in-house Care at Home service to map out the route and timescales for staff groups to attain their qualifications in line with the SSSC regulatory requirements. During 2016/2017 two Team Managers and one hundred and two Care at Home Assistants commenced their awards.

From March 2016 until April 2017 the NASSAC has delivered one workshop for the Professional Development Award in Supervision.

The Scottish Qualifications Authority (SQA) carried out an annual inspection within the NASSAC as part of their inspection process. Each inspection pertained to a different award delivered within the centre including Adult Care Awards, Childcare Awards and the Professional Development Award in Supervision. NASSAC received a glowing report and scored "significant strengths in all categories" of the process with particular reference made to the high standard of assessment and the quality of evidence provided by candidates.

7.3 Practice Teaching

Practice Learning is an essential component of social work training and the HSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). North Ayrshire Health and Social Care Partnership is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the

relevant universities, the LNW, Institute for Research and Innovation in Social Services (IRISS), the Social Work Scotland Learning and Development subgroup and the SSSC.

We have increased link worker training to twice per year prior to students coming out on placement and at the most recent event, we recruited 11 new link workers from a broad variety of settings which will provide a host of different learning opportunities for students. During the academic year 2016/2017 we provided 15 Practice Learning Opportunities for student social workers with another 10 students, at different stages of learning and from various universities, coming out on placement from August 2016. The Practice Development Award in Practice Learning (PDAPL) has recently been revised and will come into effect from the autumn cohort 2016. We also offer ongoing support to the standardisation and internal verification of this Award.

We have continued to promote and facilitate the Practitioners Forums for Practice Teachers and Link Workers to encourage a learning exchange culture across North, South and East Ayrshire. We have also facilitated monthly student groups on a Pan-Ayrshire basis during the peak placement period of September to May where a variety of speakers give input.

7.4 Post Qualifying Support

The forum for Newly Qualified Social Workers was relaunched on 22nd August 2016 in order to develop and promote good practice and to meet their SSSC Post Registration Training and Development requirements and this is currently being revised in order to support NQSW with a robust mandatory programme.

We have made considerable efforts over the past year to work on team development and in improving team work and staff morale. Sessions have been held with staff and managers and they have been productive in building a strong and motivated team

7.5 Recruitment and Retention

We continue to experience difficulties in recruiting care at home workers and are working with local colleges and schools to promote a career pathway in social care. Despite there being high levels of unemployment in North Ayrshire, care work is not an option suitable to everyone as it requires skills, resilience and dedication to complete what can be very demanding work both physically and emotionally.

Appendix

Adults with Incapacity Act (Scotland) 2000

<i>Mental Health (Care and Treatments) 2003</i>	<i>2013/14</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
Emergency Detentions	30	29	24	44
Short Term Detentions	71	72	75*	87
Compulsory Treatment	48	40	54	25
Warrants undertaken	2	1	3	1

* 3 orders applied to young people under 16 years

<i>Criminal Justice Act Scotland 1995</i>	<i>2013/14</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
Compulsion Order and a Restriction Order (CORO)	4	4	4	4
Compulsion orders	4	4	6	5
Hospital Directions	1	1	1	1
Assessment Orders	4	1	2	2
Treatment Orders	2	1	1	2
Transfer for Treatment	1	0	3	3

<i>Adults with Incapacity Act (Scotland) 2000</i>	<i>2013/14</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
Private Welfare Guardianships *	204	291	255 (60)	287 (67)
CSWO Guardianships **	44	47	59 (19)	52 (21)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process
MHO report: PWG application	79	86	68	96

* Supervision of the welfare guardian

** MHO or Social Worker Delegated responsibility

*** Order is made to Chief Finance Officer - number

() indicates new orders made in year

Adult Protection

	<i>2013/14</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
ASP Referrals	631	812	697	654
ASP Case Conferences	24	44	73	48
Protection Orders	9	7	6	1*
Adult Concern Reports	0	1039	1349	1446

* One Temporary Banning Order with Powers of Arrest Granted

Child Protection

	2013/14	2014/15	2015/16	2016/17
Child Protection Concerns	885	858	901	835
Child Protection Investigations (CP1s)	578	526	430	469
Child Protection Initial Conferences	81	176	162	133
Pre Birth Conferences	26	32	31	16

Number of Children on the CP Register

Trend in Number of Children on CP Reg (Graph)

Looked After Children

	2013/14	2014/15	2015/16	2016/17
Children Newly Accommodated in North Ayrshire	100	91	81	64

	2013/14	2014/15	2015/16	2016/17
Foster Carers		85	97	100

<i>Permanency Planning</i>	2013/14	2014/15	2015/16	2016/17
Number of Permanency Plans Approved	25	38	22	37
Adoption - Approved and Placed	3	15	13	10
Adoptions Granted	9	3	15	13*
Permanence Orders Approved	27	7	11	16
Permanence Ordered Granted	12	14	6	9

* Adoptive Families is 12

Emergency Placements

	2015/16	2016/17
Child Protection Orders	13	12
S143 of the Children's Hearing (Scotland) Act 2011	21	24

Secure Placements

	2015/16	2016/17
Number of Secure Placements	3	1

Criminal Justice

	2016/17
Reports Submitted to the courts	844 (CJSW Reports – 768, Section 203 – 22, Short Notice CJSW – 27, Supplementary CJSW – 27)
Reports Submitted	118 (Leave Reports - 64 Background Reports – 54)

Multi-Agency Public Protection Arrangements (MAPPA)

	2014/15	2015/16	2016/17
Level 1 Mappa	130	142	155
Level 2 Mappa	10	14	4
Level 3 Mappa	1	1	1