



**Argyll & Bute Health and  
Social Care Partnership  
Annual Report  
Chief Social Work Officer  
2016/17**

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**September 2017**

## Foreword

Welcome to the annual Chief Social Work Officer report (CSWO) for the year 2016/17. The report is designed to give an overview of social work activity undertaken by the authority including the statutory, governance and leadership functions of the role of the CSWO.

Key principles that drive the Social Work service include:

- involving service users/ carers and the wider public in the development of quality care services
- ensuring safe and effective services; appropriate staff support and training
- striving for continuous improvement with effective policies and processes in place
- ensuring accountability and management of risk

These principles will provide the core of the report and provides evidence to the Council that the Social Work service in Argyll & Bute continues to develop as required to meet the expectations of the community it serves.

This is a time of considerable change across all council services including Social Work. There are significant budget challenges to be met and services will continue to have to reshape and modernise as they strive to meet the expectations of service users at a time of restricted budgets. This will inevitably involve change at all levels within the social work service and service leaders know the importance of fully involving and engaging our staff in these processes if we are to achieve the positive outcomes we require.

As part of this reshaping and modernisation both Children and Families and Adult Care services have continued to implement the decisions of service reviews and continue to respond to the expectations around new models of care and implementation of legislation covering areas such as the Integration of Health and Social Care, Self-Directed Support, the Children's (Scotland) Act and Carer's (Scotland) Act.

To assist in these processes the Social Work service has recognised the fundamental importance of ensuring a continued strong connection and consistency of approach between strategic developments and front line operational requirements. Communication is a key element of this and there is now a well-established framework of engagement between Heads of Service, managers and front line staff through team meetings, and visits to locality offices. This framework complements systems in place to gain the views of service users and these arrangements are extremely helpful in ensuring that the experiences of those at the front line help to inform future policy and service developments.

This annual report is structured based on the template and guidance structure suggested by Chief Social Work Adviser, Scottish Government, focussing across the main service

responsibilities across Adult Care, Children & Families and Criminal Justice. The report however is a collaborative venture between staff in all parts of the Social Work service and it is seen as important that Social Work retains a composite professional identity if services to family members of all ages are to be delivered in a consistent and seamless manner.

Chief Social Work Officer

Argyll & Bute Council

September 2017

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## **1 - Summary Reflections**

Every day the Social Work service delivers essential support to some of our most vulnerable people in Argyll and Bute. This support is wide ranging and encompasses services delivered by statutory and private organisations. Services are provided for people at all steps of life and in all kinds of circumstances. The Social Work service also assess and manage risk and provides public protection by intervening to protect and support our vulnerable people.

The British Association of Social Work's vision clearly articulates the purpose of the Social Work Service:

*'Social Work is a practice based profession and an academic discipline that promotes social change. Principles of social justice, human rights, collective responsibility and respect for diversities are central to Social Work.'*

The vision stresses the unique contribution the Social Work service makes to our communities. It is one of the few services delivered on a 24 hours a day, 7 days per week. As a Council and a community we have a responsibility to our most vulnerable, a responsibility that is held individually and collectively.

This year's report is written within increasing demands and expectations, new legislation both national and local policy drivers impacting on Social Work services to deliver more with less. Significant developments in Health and Social Care Integration, new powers and duties in respect of the Children and Young People's Act, the Carer's Act and preparations for major changes in Criminal Justice Services have been the focus for this year's work.

Despite the considerable changes in governance, structure and organisational arrangements this year as we develop Health and Social Care Integration, staff continue to work together to deliver improvements. It is credit to our dedicated workforce that they have continued to deliver improvement in a period of considerable change.

The Health and Social Care Partnership has brought an opportunity for Health and Social Work services to collectively and collaboratively consider the Highland Quality Approach and Performance Improvement Model (PIM) in support of an outcomes-focussed approach to service delivery. HQA supports improvement methodology to support change, reduces duplication and supports LEAN working. While the PIM model is used by the Care Inspectorate Scotland to evaluate how effective services are delivering improved outcomes for older people, children and families.

## **2 - Key challenges & developments**

### **Adult Care**

Demand for Adult Care services continues to rise. A particular challenge is the consistent growth in the over 75 population as this puts considerable pressure on elderly care budgets.

The Health and Social Care Partnership (HSCP) has used the Integrated Care Fund to reduce avoidable admissions to hospital, improve accelerated discharge from hospital, and developed carers' services and resilience in communities. It is important that the Health and Social Care Partnership Strategic Plan continues to focus on ensuring that only sick people are in hospital. We are about to launch a pilot of Advanced Nurse Practitioners at GPs across Helensburgh and Lomond focussing on Anticipatory Care Plans which will support people to remain at home.

An inspection of older peoples services was completed in 2015 and the partnership continue to monitor a series of improvement actions to address eleven recommendations made by the Care Inspectorate and Health Care Improvement Scotland. Our progress continues to be monitored by our Link Inspector through regular quarterly meetings.

### **Care at Home**

Whilst we have been active in re-designing older people's services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued public expectation for improvement in Adult Care services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Health and Social Care Partnership, and those providers we commission from.

### **Care Homes**

The re-provision of the Care Homes, whether it is in-house or in partnership with independent providers and/or Housing Associations will require ongoing assessment and engagement. Nationally we know that recruitment and retention of staff in care homes is a significant challenge. We also need to ensure the quality of the service being provided in care homes needs to be kept under review. We have developed specific meetings across Argyll and Bute during this year specifically to assess and review the quality of care being delivered in our care homes. The need to undertake this crucial activity was underlined by the unexpected closure of a private care home on Bute due to inspection findings relating to the quality of care being provided at Craigard care home.

## **Delayed Discharge**

Whilst we have been successful in managing Delayed Discharges, the national target reduction from 2 weeks to 72 hours represents a huge challenge for all partnerships across Scotland. The focus for the partnership has been to ensure people are able to go home with appropriate support to live at home safely. This has been enhanced by the implementation of the iCAT (Delayed Discharge) Team, working in collaboration with NHS GGC.

## **Adult Protection**

Adult Protection work remains a priority and we continue to respond to the high number of initial referrals from the Police. The Adult Protection Committee continue to focus on issues relating to financial harm and facilitated a conference in Argyll and Bute to consider the complexities of financial abuse in day to day practice. The APC appointed a new independent chair, focussing on joint working and has full representation across the committee.

## **Self- directed Support**

Self-directed Support (SDS) is about giving people more choice and control over how their support services are designed and making sure they receive support that meets their needs. It allows people to choose how their support is provided to them by giving them as much ongoing control as they want over the money spent on their support. Direct Payments (DPs) are one of the ways of getting SDS. DPs have been around a lot longer – before SDS offered choice and control through other mechanisms. Our assessment staff continue to offer all the options under SDS legislation which includes access to direct payments for children, adults and older people.

## **Mental Health**

Mental Welfare Commissions guidance on Deprivation of Liberty using 13ZA has contributed to an increase of private applications. The rise has created pressures within the Community Mental Health Team as each order requires the input of Mental Health Officer (MHO) however this has been managed within the current resource, in line with the new Mental Health Act.

## **Autism**

A Strategy for Autism across health and social care services was launched in February 2017 in collaboration with a representative Autism Strategy Group actively working with Autism Network Scotland and Autism Argyll and Bute. The Autism Implementation Plan is focussed on the four new national outcomes for Autism and sets the direction of travel for the next five years and identify key actions with timescales built into the implementation plan.

## **Carers**

The HSCP are committed to working effectively with our carers' centres across Argyll and Bute. The staff in the centres work very closely with our local teams to ensure a wide range of carers has access to support in their own localities. The main challenge looking forward is how we develop our joint working with the carer's network as the new legislative duties and responsibilities of the new Carer's Act 2017 come into force in 2018.

## **Alcohol and Drug Partnership**

Within the last year the ADP has started a number of key strategic reviews in partnership with National Drug and Alcohol Agencies. Central to this the ADP has taken the opportunity to look internally and tackle some of the partnership's persistent issues. Working alongside Scottish Recovery Consortium the ADP has acknowledged some of the key barriers to effective partnership and begun the lengthy process of overcoming these. ADDACTION is delivering services across Argyll and Bute to those with a substance misuse issue, this is a commissioned service from the Alcohol and Drug Partnership

# **Children & Families & Criminal Justice**

## **Children & Families**

### **Corporate Parenting**

The Argyll and Bute Corporate Parenting Board is the instrument through which the Corporate Parents work together to improve outcomes for our Looked After Children and Young People. Corporate Parenting and the current duties of Corporate Parents can be traced back to the publications Extraordinary Lives (2006), We Can and Must Do Better (2007), These are our Bairns (2008) and more recently the Children and Young People (Scotland ) Act 2014. Corporate Parents now have a legal duty to work together to combat the stigma and redress the numerous disadvantages our Looked After Children and Young People face in life. In Argyll and Bute we aim to do this by bringing our key improvement priorities and actions together within our Corporate Parenting Plan. Central to this is:

- Early Help: supporting vulnerable children at risk of being accommodated.
- Improving health and wellbeing outcomes
- Improving attainment and achievement
- Improving the availability apocopate housing and accommodation for care leavers
- Delivering a whole system approach Youth and Criminal Justice.
- Continuing to improve permanence outcomes
- Improving our consultation and partnership working

### **Getting It Right For Every Child (GIRFEC)**

The GIRFEC framework for supporting whole families to support a child is fully embedded in Argyll and Bute however the new responsibilities within the Children and Young People's (Scotland) Act 2014 will need strong leadership and partnership with Education to ensure its continued success. The Children's Service Plan 2017 - 20 has been finalised and will now be implemented through our multi agency locality arrangements which will require close monitoring and support from the centre. Following the Supreme Court ruling with the regard to the 2014 Act and the Named Person the Children and Young People (Information Sharing) (Scotland) Bill has been introduced. We will need to consider the practice and financial implications of the soon to be Act and ensure our staff are appropriately trained and supported to continue to work to the National Practice Model.

## **Child Protection**

All services work together to ensure our children are safe, however we know that the world is changing with new technical knowledge and social media having changed how children and young people engage with the wider world. In 2017/18 the Child Protection Committee will focus on vulnerable children and young people and those at risk of sexual exploitation in addition to the core business of identifying, assessing and planning. There needs to be a continued focus on self-evaluation to ensure the improvement journey we have undertaken maintains the improvements made with an emphasis on working more closely with the Adult Protection Committee, Adult Mental Health and Adult Addictions Services.

## **Looked After Children**

Whilst all of our Children's Houses are presently graded 5 (very good) we will continue to strive for improvement and excellence. Likewise, whilst our Adoption and Fostering services are largely graded 'very good', there remains room for improvement in our support to adopters and our engagement with our children and young people. Much progress has also been made and remains to be made with regard to securing children's futures once they are Looked After and accommodated. Over the past years we have worked closely with CELCIS and improved our understanding of the challenges and refined our processes and guidance combined with our support and training to staff. As a result our staff are better equipped and more confident to pursue permanence. In the meantime I am pleased to report that Argyll and Bute have now been accepted on the PACE (Permanence and Care Excellence) Programme and will be working closely with the PACE Team to further improve our performance.

## **Criminal Justice Social Work**

During 2016/17 Community Justice Scotland (CJS) was launched by the Scottish Government along with a National Strategy for Community Justice, a National Outcomes, Performance and Improvement framework and more recently a new Justice Strategy (Justice in Scotland). The aim of CJS is to bring partner agencies together using the Community Planning Partnership framework to deliver innovation and partnership working to manage crime and its impact on society. CJSW has contributed to the Community Justice Outcome Improvement Plan 2017/18 along with other partners and will be involved in delivering these outcomes.

The Criminal Justice Social Work (CJSW) service comprises a range of activities to support decisions made by the Court, to facilitate completion of community based sentences and the successful reintegration of prisoners following release. The service works with other agencies, both within the Council and beyond, including: Police Scotland, the Scottish Prison Service, NHS Highland and Glasgow and a range of third sector providers. The core

function is to provide statutory supervision to the offender via Community Payback Orders and/or post release arrangements, assessment reports to Court and parole boards to assist decision making, and contribute to the Multiagency Public Protection Arrangements (MAPPA) that manage high risk offenders in the community. The CJSW service is no longer delivered within a partnership with East and West Dunbartonshire Councils but some joint working continues via service level agreements. Due to the dissolution of the Partnership CJSW services in Argyll and Bute are undergoing a period of change in terms of staff structure and service delivery. This will be ongoing throughout 2017/18 and will ensure that services are developed to meet current and future demand.

Argyll and Bute’s reconviction rate is currently lower than the Scottish average and that of East and West Dunbartonshire.

<b>% Reconviction Rate after 1 year</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Scotland	21.9	28.3	28.2
East and West Dunbartonshire	24.7	29.9	30.0
Argyll and Bute	23.3	25.6	23.5

### **Unpaid Work**

The Community Payback Order (CPO) requirement for unpaid work continues to be offered by CJSW and services have been developed to meet the needs of offenders and resources available. As of 1<sup>st</sup> April 2017 the CJSW services in Helensburgh and Lomond are now being managed by Argyll and Bute Council having previously been delivered by West Dunbartonshire Council under a Partnership arrangement.

Consultation and agreement with local communities and organisations continues with good publicity, projects and placements being realised.

We have a good relationship with our partner agencies who provide individual placements for offenders and we continually encourage them to keep on offenders as volunteers once their CPO requirement has been completed. This will allow offenders to gain experience and skills from a work environment which can be used to enhance their CV and assist them in gaining paid employment.

Several offenders (7 to 10) have continued to be involved with the projects once they have completed their time with some having gone on to gain employment as a result of what they have learned. The work they have been involved in includes gardening, cooking, retail shop work, computing and archiving.

### **3 - Partnership Structures/Governance Arrangements**

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory duties. Overall, the role is to provide professional governance, leadership and accountability for the delivery of Social Work services whether these are provided or purchased from voluntary and private sector. In addition there are a small number of specific duties and final decision such as Adult with Incapacity, Looked after Children and Secure Accommodation which must be made by the CSWO.

CSWO has clear lines of accountability and reports to the Chief Officer of the Health and Social Care Partnership. During 2016/17 the CSWO met regularly with both Chief Officer HSCP and the Council's Chief Executive to discuss policy, strategic development, workforce development and complex operational issues. The Head of Children and Families deputises for the CSWO. In addition there are regular scheduled meetings with the Chief Officer, Chief Executive and Heads of Service to ensure the both Chief Officer and Chief Executive are advised of any matters in respect to the statutory functions of Social Work services.

The CSWO has the responsibility to directly advise Council on any areas that he feels may be significant risks to Argyll and Bute. Elected members leadership and governance of SWS is delivered through the Integration Joint Board, with representation on the Board from linking to Community Service Committee, Audit Committee, Performance Scrutiny Committee.

In respect of Public Bodies Act, the CSWO has played a role in developing the integration scheme including the development of new Clinical Care Governance arrangements to ensure appropriate mechanisms are in place to support safe, client centred practise. The CSWO has had a lead role in the development of the Clinical Care Governance framework which provides governance and reassurance to the Integrated Joint Board. The CSWO is a professional adviser to the Integrated Joint Board.

#### **Community Planning Partnership**

The Argyll and Bute Community Planning Partnership is designed to provide strong multi-agency leadership in order to deliver the best possible outcome for the people of Argyll and Bute.

The Partnership is supported to deliver outcomes by six outcome delivery groups which take forward the key strategic priorities of the partnership.

The Outcome Delivery Groups are given direction, challenge and support from the Community Planning Partnership Management Committee which provides the key link between strategy and delivery of local outcomes for our communities. Four Area Community Planning Groups consider local issues of relevance to the outcome of the

Partnership and feedback on these to both the Outcome Delivery Groups and the Management Committee through regular agenda items at each.

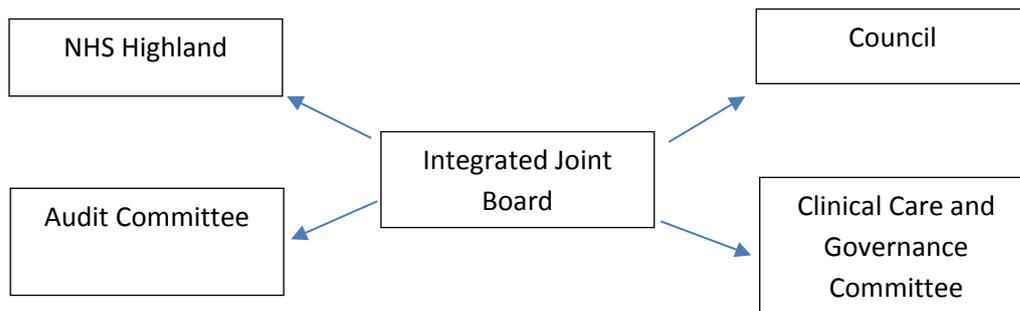
The CPP has a Full Partnership Board this meets annually and considers overall progress and direction.

### Community Planning Partnership



## Strategic Implications

As well as the corporate plan and the Local Outcome Improvement Plan, the 3 year strategic plan for the HSCP has been developed across 15/16 in preparation for integration. A new integrated management structure has been put in place as well as a new governance structure. From 1<sup>st</sup> April 2016 the structure is set out below:

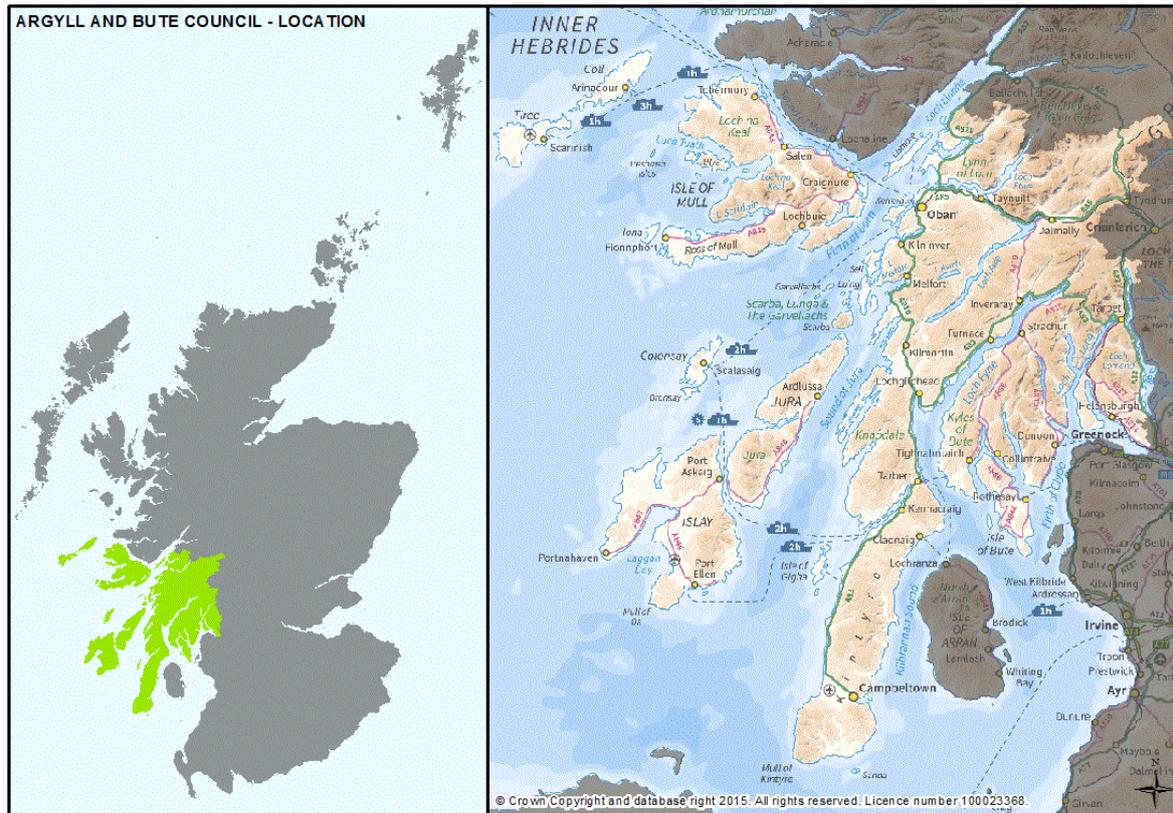


## Health and Social Care Partnership

On 1<sup>st</sup> April 2016, Argyll Bute HSCP has set out an ambition to implement “Locality Planned, Owned and Delivered” arrangements which will:

- Understand health and care needs of our communities
- Bring together partners to plan within a strategic framework to meet needs and achieve national outcomes
- Organise and deliver services in local areas which are integrated of high quality, safe, appropriate, sustainable and continually improving.
- Operate within budgets, complying with care, workforce, and audit standards
- Manage performance ensuring this is informed by service user and public involvement and feedback
- Be the local focus for service delivery and support to the population or communities within the area concerned.

## 4 - Social Work Services Delivery Landscape



Argyll and Bute is the second largest local authority by area in Scotland, after Highland. The authority covers a land area of 690,947 hectares, Argyll and Bute has the third sparsest population (averaging just 13 persons per square kilometre) of Scotland's 32 local authorities (Census 2011).

The landscape is characterised by long sea and freshwater lochs, peninsulas and islands. The physical geography of the area adds considerably to the journey times between settlements and communities. The limited road network makes the area vulnerable to disruption, and diversions tend to be long. Island communities are vulnerable to ferry disruptions, particularly in the winter months.

Argyll and Bute has 23 inhabited islands, more than any other Scottish local authority. These are: Bute; Coll; Colonsay; Danna; Easdale; Eilean da Mheinn; Erraid; Gigha; Gometra; Inchtavannach; Innischoonan; Iona; Islay; Jura; Kerrera; Lismore; Luings; Mull; Oronsay; Seil; Shuna (Luings); Tiree; Ulva (Census 2011).

### Population

Argyll and Bute has a total population of 87,130 (NRS 2016 MYE). The population profile for Helensburgh and Lomond is younger than for the other three Administrative Areas.

Nonetheless, the population of Helensburgh and Lomond, in common with populations across the rest of Argyll and Bute, is ageing.

The population projections for Argyll and Bute indicate a gradual and sustained reduction in the number of children and young people aged 0-16 and an increasing population of older people over a projection period between 2014 and 2039.

**Table 1: Projected population for Argyll and Bute, compared to NRS 2016 Mid-Year Estimate**

Age cohort	Base year 2014	MYE 2016	NRS 2014-based population projections						%change within cohort (2014-2039)
			2016	2020	2025	2030	2035	2039	
0-15	13,575	13,238	13,227	12,853	12,412	12,084	11,972	11,823	-12.9
16-24	8,747	8,746	8,550	7,573	7,034	6,948	6,606	6,431	-26.5
25-44	17,829	17,443	17,183	16,679	16,565	15,873	15,211	14,544	-18.4
45-64	26,383	26,147	26,136	25,416	23,403	20,993	19,215	18,743	-29.0
45-74	38,323	38,368	38,406	37,867	35,759	34,408	32,814	31,276	-18.4
75+	9,176	9,335	9,577	10,696	12,704	13,906	15,208	16,540	80.3
Total population	87,650	87,130	86,943	85,668	84,474	83,219	81,811	80,614	-8.0

(Sources: NRS 2014-based population projection (principal projection); NRS 2016 Mid-Year Estimates)

The NRS 2014-based projections highlight the demographic challenge facing Argyll and Bute. If current trends continue, absolute numbers and proportions of older people will increase as numbers and proportions of people in younger age cohorts will fall.

## Economy

Argyll and Bute's economy is predominantly service-based. Argyll and Bute has relatively high levels of employment in accommodation and food services, and low levels of employment in manufacturing and finance. The proportion of employee jobs within the public sector is higher in Argyll and Bute than the national average.

	Argyll and Bute	Argyll and Bute	Scotland
	(employee jobs)	(%)	(%)
Total employee jobs	36,000	-	-
Full-time	23,000	63.9	67.3
Part-time	13,000	36.1	32.7
<b>Employee jobs by industry</b>			
B : Mining and quarrying	200	0.6	1.4
C : Manufacturing	1,750	4.9	7.4
D : Electricity, gas, steam and air conditioning supply	250	0.7	0.7
E : Water supply; sewerage, waste management and remediation activities	125	0.3	0.7
F : Construction	2,000	5.6	5.4
G : Wholesale and retail trade; repair of motor vehicles and motorcycles	4,000	11.1	14.7
H : Transportation and storage	1,750	4.9	4.2
I : Accommodation and food service activities	5,000	13.9	8.2
J : Information and communication	300	0.8	2.6
K : Financial and insurance activities	225	0.6	3.5
L : Real estate activities	600	1.7	1.2
M : Professional, scientific and technical activities	1,250	3.5	6.6
N : Administrative and support service activities	2,500	6.9	7.5
O : Public administration and defence; compulsory social security	4,000	11.1	6.3
P : Education	3,000	8.3	8
Q : Human health and social work activities	6,000	16.7	16.9
R : Arts, entertainment and recreation	1,250	3.5	2.7
S : Other service activities	450	1.2	1.6

Source: ONS Business Register and Employment Survey: open access

Notes: % is a proportion of total employee jobs excluding farm-based agriculture  
Employee jobs excludes self-employed, government-supported trainees and HM Forces

Data excludes farm-based agriculture

Out-of-Work Benefits claimant rates in Argyll and Bute are below the Scottish average although, because of the high levels of seasonal employment in the area, rates vary according to time of year.

The Faslane naval base is the largest single site employer in Scotland. The MOD directly employs some 4,820 people in Argyll and Bute (3,380 military personnel and 1,440 civilians) (MOD, Quarterly location statistics: 1 April 2017). The age profile of the military personnel lowers the average age of the population in Helensburgh and Lomond, and produces a noticeable bulge in younger working-age male cohorts in the area.

## **Deprivation**

The SIMD 2016, produced by the Scottish Government, identifies small-area concentrations of multiple deprivation across Scotland. The SIMD is produced at datazone level, with datazones being ranked from 1 (most deprived) to 6,976 (least deprived).

According to SIMD 2016, the most recent version of the index, 11 datazones within Argyll and Bute were in the 20% most overall deprived datazones in Scotland.

These eleven datazones are located in Argyll and Bute's main towns:

- Three in Helensburgh
- Two each in Rothesay and Campbeltown
- Three in Dunoon
- One in Oban.

The SIMD identifies concentrations of deprivation. Because the SIMD identifies concentrations of deprivation, smaller pockets and instances of individual deprivation are not picked up by the index. Deprivation can, and does, occur outside of the most deprived data zones.

Patterns of deprivation vary by deprivation domain. A particular contrast can be seen between levels of access deprivation, which affects most of rural Argyll and Bute and levels of deprivation across other SIMD domains, which show higher levels of deprivation in the towns.

## Integration of Health and Social Care Services.

Argyll Bute HSCP has set out an ambition to implement “Locality Planned, Owned and Delivered” arrangements which will:

- Understand health and care needs of our communities
- Bring together partners to plan within a strategic framework to meet needs and achieve national outcomes
- Organise and deliver services in local areas which are integrated of high quality, safe, appropriate, sustainable and continually improving.
- Operate within budgets, complying with care, workforce, and audit standards
- Manage performance ensuring this is informed by service user and public involvement and feedback
- Be the local focus for service delivery and support to the population or communities within the area concerned.

To support these local arrangements early work has been undertaken in defining localities across Argyll and Bute, based on the 2011 data-zones with a correction for Colonsay. The eight localities are identified as:

HSCP locality	Areas covered
Bute	Isle of Bute
Cowal	Lochgoilhead, Strachur, Tighnabruaich, Dunoon
Helensburgh and Lomond	Helensburgh, Kilcreggan, Garelochhead, Arrochar
Mid-Argyll	Tarbert, Lochgilphead, Ardfern, Inveraray,
Kintyre	Southend, Campbeltown, Muasdale, Carradale (including Gigha)
Islay and Jura	Isles of Islay & Jura
Oban, Lorn	Easdale to Oban, to Port Appin to Dalmally, Lismore and Kerrera
Mull, Iona, Coll, Tiree and Colonsay	The Isles of Mull, Iona, Coll, Tiree and Colonsay

Throughout 16/17 Locality Planning Groups have been meeting to identify local priorities within the context of the Health and Social Care Partnership’s 3 year Strategic Plan, with the aim of setting locality plans

## **5 - Resources / Finance**

There is a history of strong financial management within the Social Work service, and CSWO participates in the budget planning for the Council as do all Heads of Service. However, it is a needs-led service and there is always potential for volatility.

The Integration Joint Board approved a balanced budget for 2016-17 on 22 June 2016 and a Quality and Finance Plan was approved outlining the service changes required to deliver the £8.5m of savings necessary to deliver financial balance.

There were significant financial challenges during the year due to increasing demand for social care services, and the scale and pace of service change required to deliver the financial savings. Throughout the financial year there was a projected overspend position and as a consequence a financial recovery plan was put into place which included restrictions on non-essential spend to ensure services could be delivered from within the delegated budget during 2016-17.

The Quality and Finance Plan for 2016-17 included service changes required to deliver £8.5m of savings in-year, at the year-end £4.8m of these savings were delivered on a recurring basis, with a shortfall of £3.7m. The majority of the savings not delivered were highlighted as being high risk at the start of the year and require to remain on the plan to be delivered in 2017-18. The progress with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years.

### **Budget and Expenditure**

<b>Adult Services</b>	<b>2013/2014</b>	<b>2014/2015</b>	<b>2015/2016</b>	<b>2016/2017</b>
Net Expenditure	£41,446,939	£42,962,573	£43,856,731	£47,071,039
<b>Children &amp; Families and Criminal Justice Services</b>	<b>2013/2014</b>	<b>2014/2015</b>	<b>2015/2016</b>	<b>2016/2017</b>
Net Expenditure	£11,564,637	£11,890,646	£13,359,272	£12,910,571

Between 2015/16 to 2016/17 expenditure on Adult Services has increased by 7.3%

Between 2015/16 to 2016/17 expenditure on Children and Families services has decreased by 0.7%. In addition to this decrease, in 2016/17 the service development team expenditure of £357K was transferred from Children and Families to Head of Strategic Planning and Performance.

Overall spend on net Social Work services in Argyll and Bute as a proportion of net Council Services spend was 27%

In terms of Health and Social Care Partnership, overall spend on net Social Work services in Argyll and Bute as a proportion of all HSCP spend was 23%.

## **Adult Care**

Adult Care directly provides or commissions support, protection and care for vulnerable adults and adult with a range of disabilities whether it is associated with mental health, learning disability, sensory impairment or old age.

### **Adult Care Service Expenditure:**

Home care:	£11,918,170
Council care homes for older people:	£4,423,209
Commissioning care homes for older people:	£8,993,681
Supported living for learning disability:	£6,911,131
Commissioning care homes for learning disability:	£2,102,486
Assessment and care management (Older People):	£2,857,788

### **HEMOCARE - ACTUAL GROSS EXPENDITURE PER YEAR (£)**

<b>Sector</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Internal Homecare	2,883,949	2,612,166	2,943,372	3,190,624	3,215,903
External Homecare	6,937,934	8,620,008	8,971,253	9,387,108	9,572,369
<b>Total</b>	<b>9,821,883</b>	<b>11,232,175</b>	<b>11,914,626</b>	<b>12,577,731</b>	<b>12,788,272</b>

### **COMMISSIONING OF CARE HOME BEDS - ACTUAL EXPENDITURE BY CLIENT GROUP PER YEAR**

<b>Client Group</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Older People	7,647,335	7,153,861	7,595,484	7,701,083	8,993,681
Physical Disability	104,133	104,451	96,203	41,825	70,255
Learning Disability	1,854,159	1,807,571	1,868,499	1,946,826	2,102,486
Mental Health	208,643	155,005	36,533	40,136	82,230
Addictions	40,409	19,642	24,280	12,475	16,758
<b>Grand Total</b>	<b>9,854,680</b>	<b>9,240,530</b>	<b>9,620,999</b>	<b>9,742,345</b>	<b>11,265,411</b>

## **Children and Families**

Children and Families directly provide or commission support, protection and care for vulnerable children, young people and their families. The Children and Families service portfolio covers three key areas:

- Children and Families Resources
- Children and Families Operations
- Criminal Justice

The financial impact of Children and Young People (Scotland) Act has seen significant increase in funding required to deliver on statutory duties within the Act. In October 2015 parity for kinship carer and foster carers was introduced so that kinship carers receive the same support and financial compensation as foster carers. The Scottish Government and Council provided financial support for kinship carers while this financial assistance will meet needs initially it is unlikely to meet the demands associated with projected growth in this area. The financial impact of Part 10 and 11 of the Act will put pressure on the whole system to provide support to Looked after Children up to age 25. With increased costs of internal and external placements the amount allocated to the Council is unlikely to meet increasing costs over next 3 years.

Criminal Justice finance is ring fenced funding given through Community Justice Authorities. The finance formula is based on workload and takes no consideration of rurality. Criminal Justice is delivered in partnership with East and West Dumbarton. To deliver a service in Argyll and Bute there is a minimum number of staff required to service the courts and ensure good public protection.

### **Children & Families Service Expenditure:**

In 2016/17, the net revenue expenditure for Children and Families was £14m. The most significant costs during 2016-17 were as follows:

Assessment and care management:	£2.8m
Family Placement (includes fostering and adoption):	£2.0m
LA Care Homes:	£1.6m
External Residential Placements:	£1.0m
Children with a Disability:	£0.41m

## **Criminal Justice**

Argyll and Bute Criminal Justice Services are delivered within a formal partnership arrangement with East and West Dunbartonshire Councils. Argyll and Bute Criminal Justice Service continue to work effectively with partner agencies to manage high risk offenders, both sexual and serious violent, through multi agency reviews and environmental risk assessments. Multi agency High Risk Offender Groups in Argyll and Bute are functioning well with the operational group providing a forum to resolve local practical issues and share matters with partners. This forum has been instrumental in broadening out the remit for environmental risk assessments for sex offenders to include serious high risk of violence offenders

### **Criminal Justice Service Expenditure:**

Employee Expenses	£806,770
Premises Related Expenditure	£ 25,433
Supplies & Services	£ 22,474
Third Party Payments	£ 79,837
Transport Related Expenditure	£ 52,841
<b>Total Expenditure</b>	<b>£987,355</b>

## **6 - Service Quality and Performance**

### **Adult Care - Performance**

#### **Care at Home**

Argyll and Bute Social Work services continue to support an increasing number of older people to live at home, reporting year on year increases in the number of people aged 65+ directly receiving homecare. The proportion of care at home provision in terms of Personal Care remains significantly high.

The number of service users awaiting a Homecare service has reduced from 37 last year to 13 reflecting steps taken to address issues with care provision in certain areas within Argyll and Bute.

<b>Homecare Data</b>	<b>2014/15</b>		<b>2015/16</b>		<b>2016/17</b>	
Number of people aged 65+ receiving homecare	1,097		1,019		1069	
Total volume of service Total No homecare hours per 1000 population aged 65+	10,726	520.2	10,357	490.6	10,332	479.3
No and % in receipt of : Personal care	1,066	97.2	1,001	98.2	1079	99.1

#### **Residential Care**

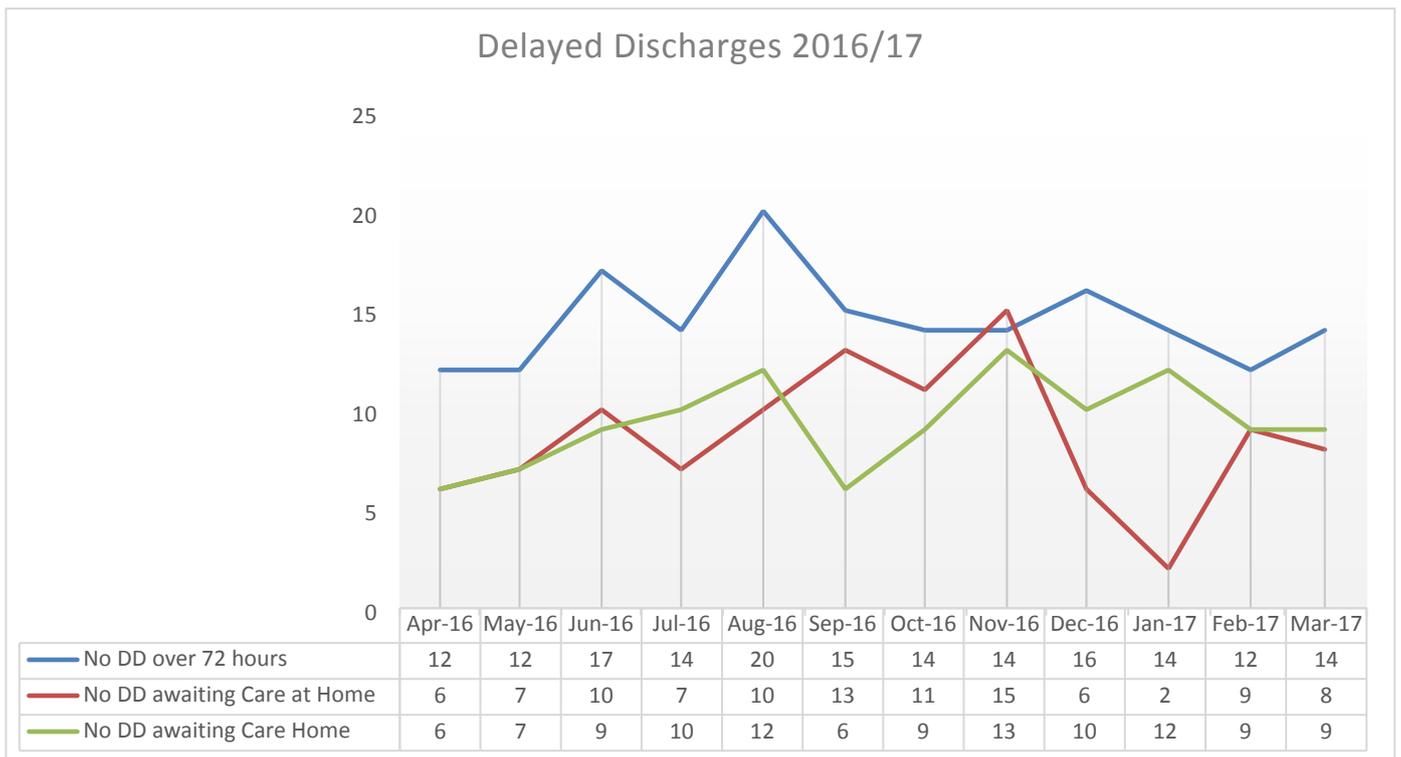
In conjunction with supporting more people to live at home, Social Work services have focussed on managing a reduction in the number of people across the age groups, admitted to care homes. However, over the last three years the overall number of admissions has increased slightly from a total of 560 in 2014/15 to 609 in 2016/17, reflecting increasing demands for older people's services in Argyll and Bute.

Care Homes	2014-15			2015-16			2016-17		
Number of Permanent / Long Stay Residents Supported in Care Homes	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Older People	0	509	<b>509</b>	0	518	<b>518</b>	0	548	<b>548</b>
Physical Disability	1	0	<b>1</b>	1	0	<b>1</b>	2	0	<b>2</b>
Learning Disability	32	3	<b>35</b>	29	2	<b>31</b>	32	3	<b>35</b>
Mental health	1	1	<b>2</b>	3	1	<b>4</b>	6	1	<b>7</b>
Other	13	0	<b>13</b>	12	0	<b>12</b>	17	0	<b>17</b>
<b>Total</b>	<b>47</b>	<b>513</b>	<b>560</b>	<b>45</b>	<b>521</b>	<b>566</b>	<b>57</b>	<b>552</b>	<b>609</b>

### Delayed Discharges

Sustaining a high level of performance in Delayed Discharge at a time when the number and dependency levels of those service users coming through the system continues to increase while recruitment into home care and key NHS community posts becomes increasingly problematic.

Argyll and Bute Adult Care Services monitors the total number of delayed discharge clients within hospitals from Argyll and Bute Area who are medically fit for discharge including Complex Needs Codes 9, 9/51X and 9/71X. Complex Needs are categorised as: - Code 9 - Exemption Code 9/51X - AWI cases (Adult with Incapacity) Code 9/71X - Interim placement out with local area is unreasonable. National measure for 16/17 was exceptions over 72 hours. As at March 2017, Argyll and Bute performed 9th out of the 32 Local Authorities.



### Adult Protection

The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which they can use. The public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible. Adult Protection Committees set the strategic direction for multi-agency working at the local level in accordance with the Act.

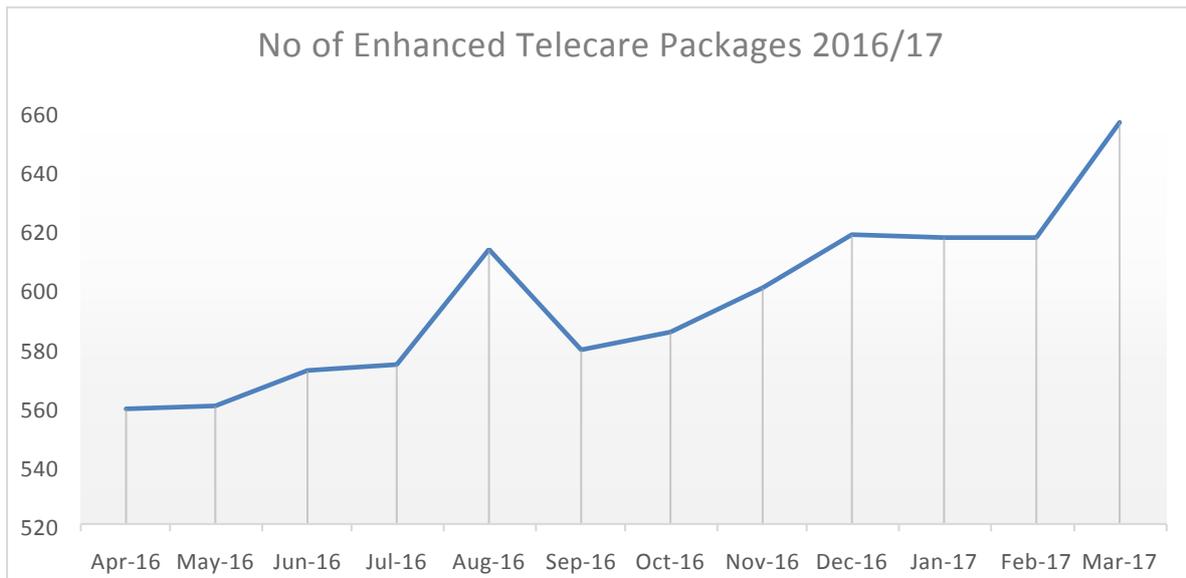
Across 2016/17 there were 460 Adult Protection referrals, with 44% from Police. 82% of referrals were dealt with through other supporting processes, and 12% leading to further Adult Protection activity. There were 39 investigations during 16/17, however no Protection Orders were granted during this reporting year.

### Self-directed Support

Self-Directed Support enables people to be in control of and direct how, when, in what way and by whom, they are supported. During 2016/17 there were 2241 adult service users known to have a social worker, of which 1180 were assessed for SDS. The numbers supported to select Option1 (direct payment) rose to 150, an increase of 22% over the reporting year.

## Telecare

The number of enhanced telecare packages within Argyll and Bute continued to rise across 2016/17, with reported increase of 17%. Enhanced Telecare packages offer a range of sensors; alerts and reminders that play a key role in enabling people remain safely in their own homes and communities. Some packages can be remotely monitored via web-based technology, reassuring relatives or alerting professional carers to specific needs e.g. wandering

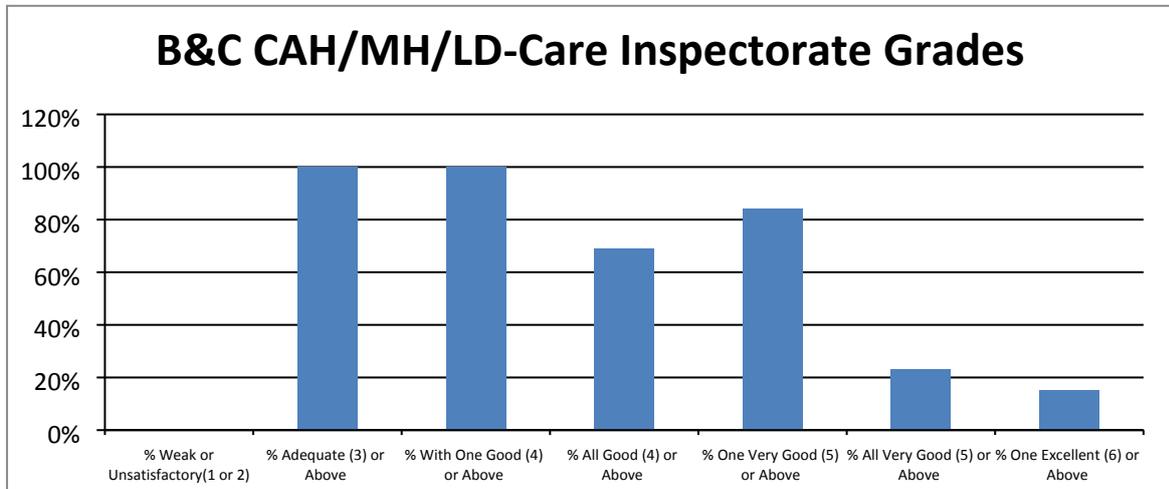


## Mental Health

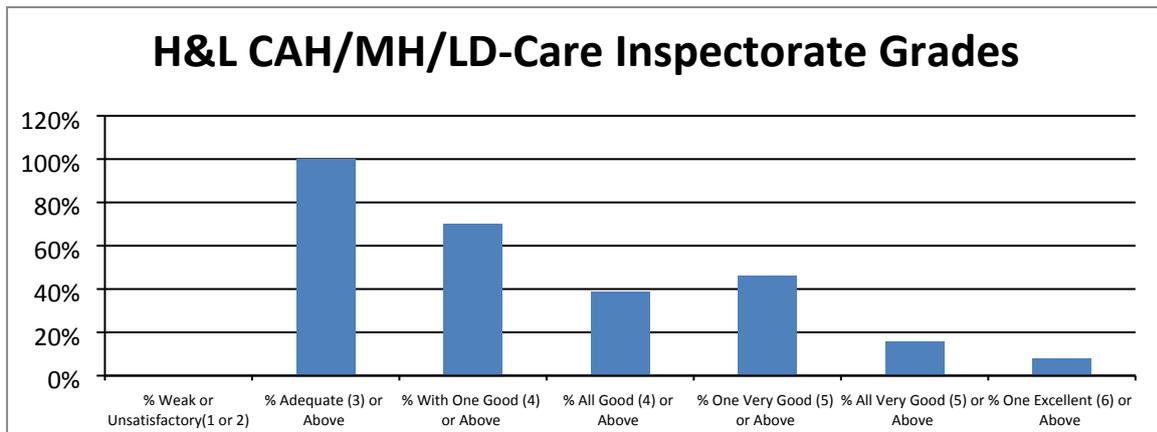
Purpose of team, size location 2016/17 has shown a sustained increase in the number of MH Service Users being supported in the Community, increasing from 268 in April 2016 to 276 in March 2017, reflecting 97.6% of MH patients supported in a community setting. This can be attributed mainly to the early co-location and integration of the MH health and community care teams and has been a positive model of collaborative working with Argyll and Bute.

# Adult Services - Inspections

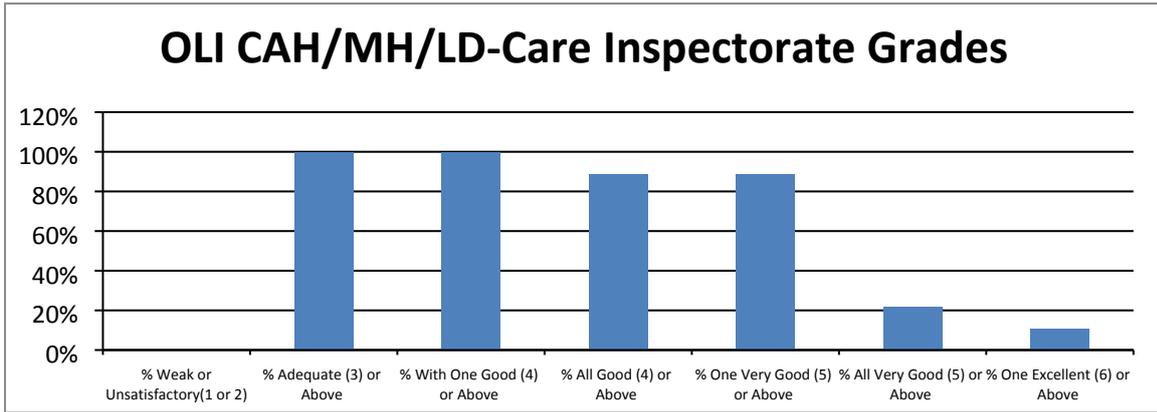
## Inspections by Locality



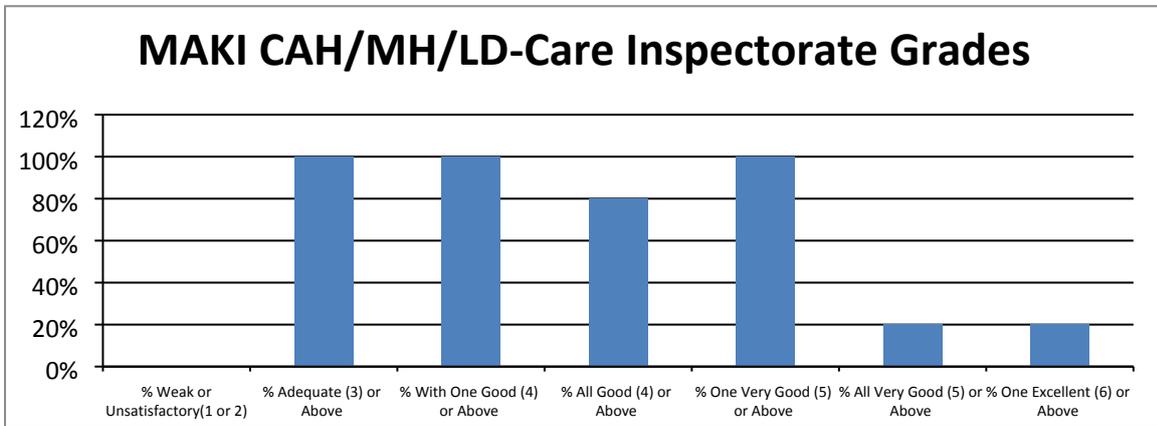
There are currently 13 providers registered in C&B with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2016/17 all of these services received a care inspection.



There are currently 11 providers registered in H&L with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2016/17 9 of these services received the care inspection. The remaining are likely to be inspected during the current financial year.

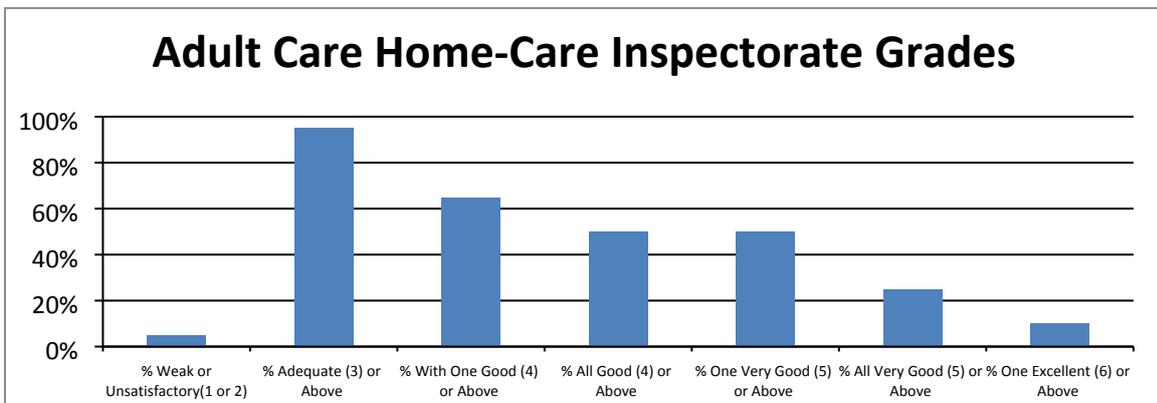


There are currently 9 providers registered in OLI with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2016/17 all of these services received a care inspection.



There are currently 5 providers registered in MAKI with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2016/17 All of these services received a care inspection.

#### Home Care Inspections



There are currently 20 adult care home services registered with the care inspectorate. 6 of these services are internal; the remaining 15 are external providers. During the financial

year 2016/17 20 inspections were carried out on these services. The remaining are likely to be inspected during the current financial year.

## **Adult Services – Case Study and Feedback on our Services**

The Commissioning Team supports the evaluation of services through seeking the views of those who use the service. While the returns on questionnaires are limited the following was found

### **Care at Home**

Whilst we have been active in re-designing older people's services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued public expectation for improvement in services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Council and those providers we commission from.

83% of service users felt care workers completed all tasks required during visits.

97% of service users felt they were treated with dignity and respect at all times.

### **Care Home**

97% of service users are happy with how well staff do their jobs.

95% of service users agree that their rights to a private life within the home are respected

99% of service users agree that staff are polite and friendly.

98% of service users agree that staff are sensitive to their needs.

\*Note the above figures are from 2016 feedback. Questionnaires for service user feedback are pending completion by October 2017

### **Adult Care Case Study 1**

Personal choice is vitally important to people. Self-directed Support (SDS) aims to give people full opportunity to take control of their support and their lives. It is for people of all ages, who after assessment, are eligible for social care and support from the Health and Social Care Partnership.

The Blether Group in Mid Argyll and Oban is a group of people who use Self-directed Support (SDS) joining with other people interested in it. They meet once a month to talk about any issues relating to SDS. It is a way for people to get support, share ideas and to form friendships with other people who are in a similar situation to them. The group has a Facebook Group where they can talk to each other outside of the group meetings or share stories or information.

The group has visited other organisations such as the Glasgow Centre for Independent Living and has invited speakers and representatives from other groups to come and share

what they do. Some of these have been from the hospital or SDS Scotland. Recently the group has reviewed some of the council publications about SDS to look specifically at their accessibility and to make sure they are easy to understand.

The Argyll and Bute SDS Forum was initially set up as a group of advisory and support organisations for SDS, the group spent time learning together about how best to share information on SDS in Argyll and Bute. This led to the group widening its remit to include statutory sector partners and Blether Group members. They are currently working together to set up a network for people working as Personal Assistants (when someone is directly employed by the person they support using an SDS Direct Payment) so that learning and mutual support can be exchanged. We are also planning how best to reach out to neighbourhoods together to share information on SDS and to promote the importance of communities to ensure SDS works as well as possible for everyone.

### **Good Practice example– Telecare / Responder Services**

Responder services are professional responders, reducing the demand on a range of other services, prevent unplanned hospital admissions and supporting people to have safe and successful discharges from hospital. Their work includes:

*Keeping people safe and well in their own homes* - The responder services takes a preventative, anticipatory, and co-ordinated care and support approach to achieving people's outcomes, e.g. completing multifactorial screening tool assessments and providing falls prevention work to people highlighted as being at high risk of falling.

*Increasing availability of telecare* - The responder services in some areas are the first-named responder contributing to the scaling up of the Telecare services across Argyll and Bute. Telecare is often used as an alternative to homecare support; this reduces the overall homecare cost.

*Reducing calls to emergency services and hospital admissions*- The responder services are the first port of call during the day. In their first year, the services have responded many times (exact figures are available for different areas) to telecare alarm calls, thus reducing calls and costs to emergency services and unplanned admissions to hospital.

*Reducing delayed discharge timescales*- The responder services have supported people to leave hospital, for some of these people their discharge from hospital would have otherwise been delayed so people were enabled to return their own homes sooner.

## **Children & Families - Performance**

The number of Looked After Children reports an increase of 3.9% during 2016/17, with Kinship placements increasing during the same period, evidencing the commitment to focus support for Looked After Children in a homely setting. Latest national publication (March 2017) reported Argyll and Bute ranked 6<sup>th</sup> of the 32 Scottish local authorities for the rate per 1000 of Children aged 0-15 who are LAC (1.1), against the reported Scotland rate of (1.5).

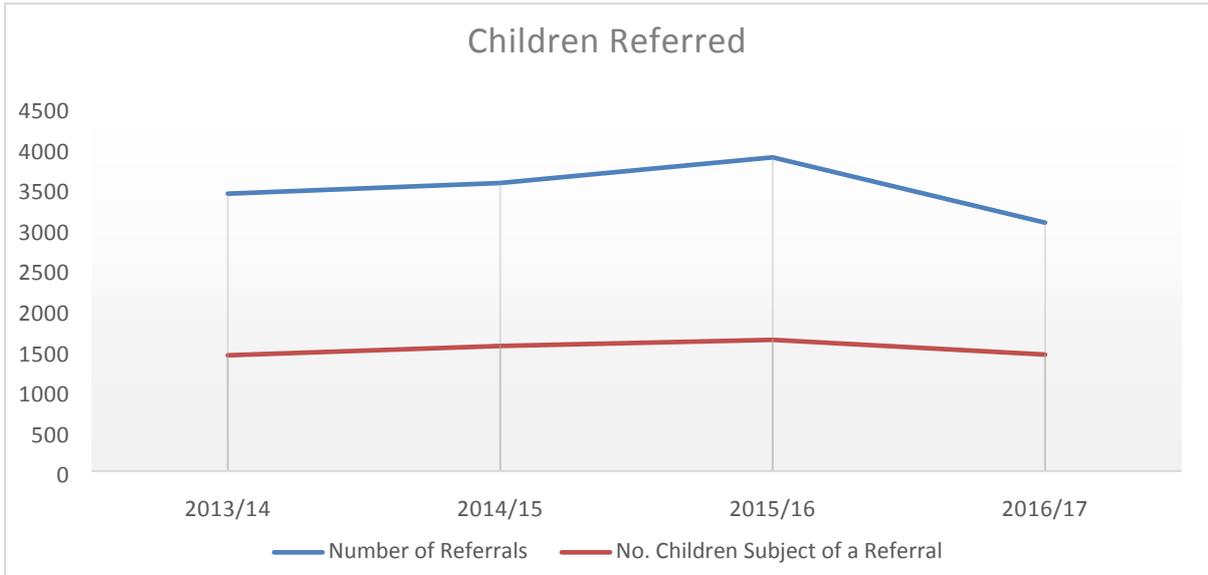
The balance of care for children and young people who are looked after in either a community or family setting notes a slight increase during 2016/17 from 91% to 94%, against the latest reported Scotland Rate of 90.4%.

Child Protection registrations, whilst increasing, remain low at 34 with a numeric increase of 7 (25%) reported across 2016/17. Latest national publication (March 2017) reported Argyll and Bute ranked 17<sup>th</sup> of the 32 Scottish local authorities for the rate per 1000 of Children aged 0-15 who are on the CP Register (3.0), which was also the reported Scotland rate.

<b>Description</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Number of Referrals	3111	3427	3559	3876	3069
No. Children Subject of a Referral	1490	1430	1545	1621	1439
Looked After Children	200	175	183	178	185
Looked After Accommodated Children	125	123	134	124	135
Child Protection Investigations	195	185	132	173	207
Child Protection Registrations	16	21	23	27	34
No. Children with a Permanency Plan	84	103	100	64	70
No. Foster Care Placements	47	54	57	49	50
No. Kinship Placements	53	42	44	45	56
No. Throughcare Clients	55	51	40	59	68
No Ex-care Leavers with a Pathway Plan	9	6	37	37	43

### **Number of Children Referred**

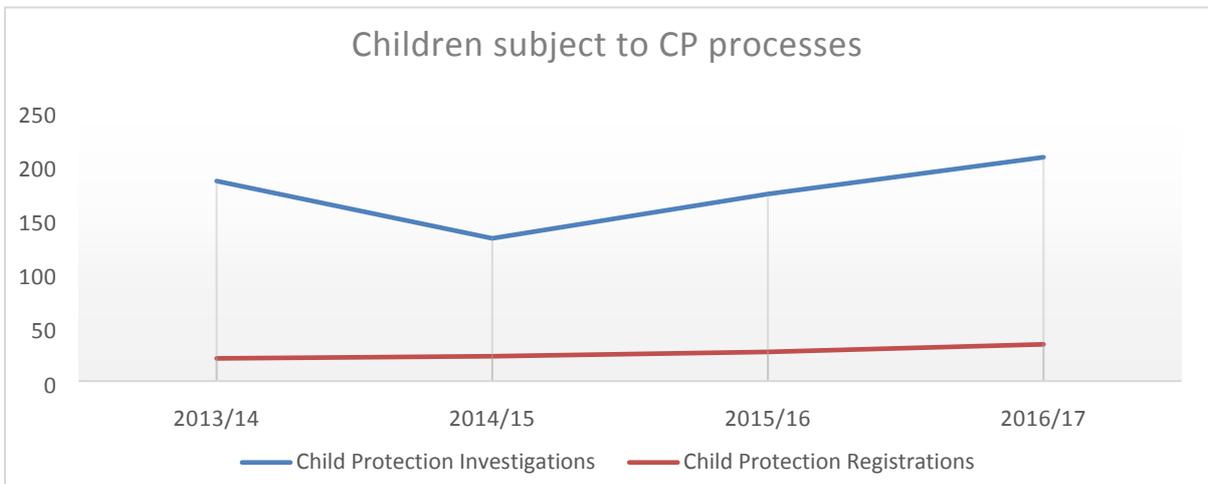
The reported number of total referrals to Children and Families has decreased by 20.4% (790) in 2016/17 from 3876 to 3086. The number of children subject of a referral also decreased from 1621 to 1439 (11.2%) over the same period. This is mainly as a result of streamlined 'Single Point of Contact' referral processes, and increasing activity and engagement with the Early & Effective Intervention service. Children and Families continue to work with the majority of children and their families on a voluntary basis.



## Child Protection

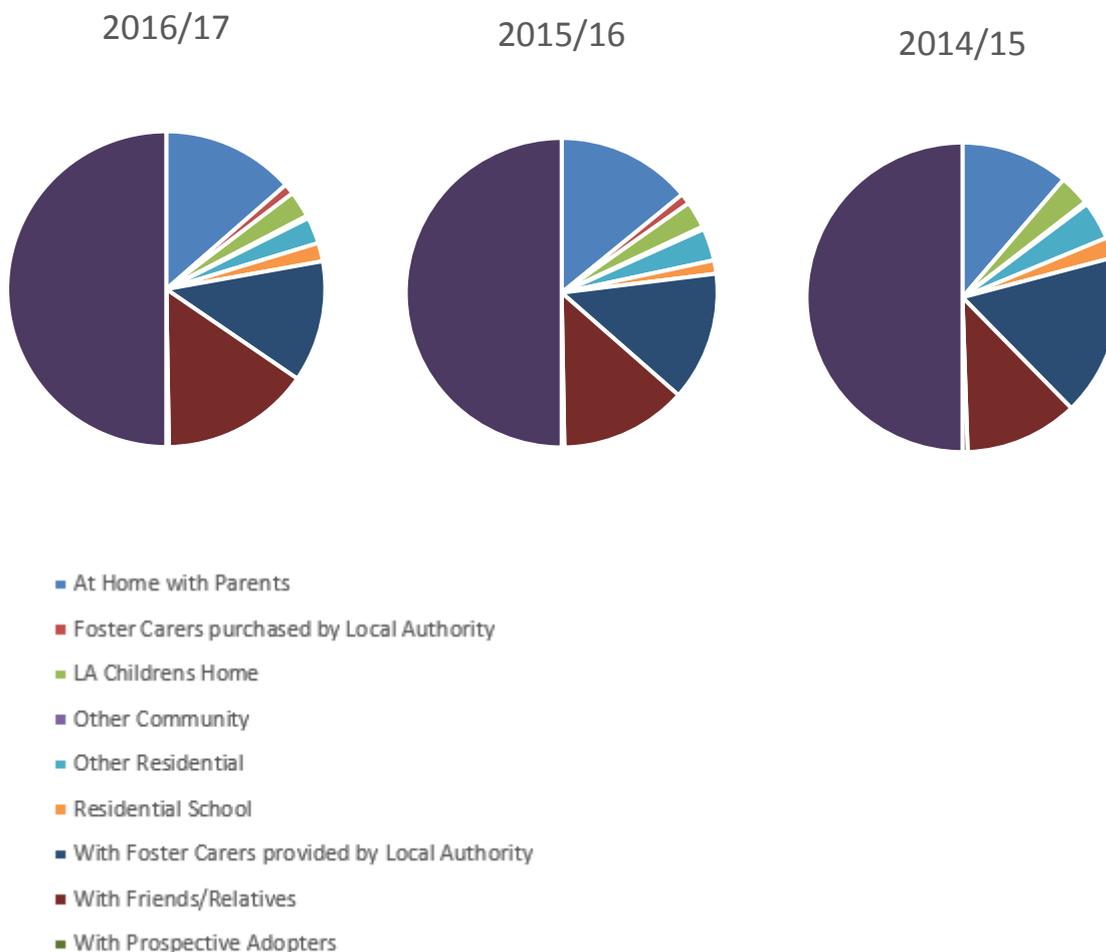
### Number of Children Subject to Child Protection Processes

The number of Child Protection Investigations has increased by 34 in 2016/17 from 173 to 207. While there was slight decrease reported in 2014/15, the figures have remained relatively static over the past 4 year period. CP Registrations remain low at 34, however have increased in line with increasing investigation rates across reporting year.



## Looked After Children

The number of Accommodated Looked After Children as at 31<sup>st</sup> March 2016:



The number of children referred to SCRA is reducing in line with national trend.

### Looked After Children - Attainment

From 2015 to 2016 there was a reduction in qualification achieved by Looked After Children. Education are lead a working group supported by CELSIS to create new guidance to support schools. The new results are due in August 2017 and would expect show significant improvement in number obtaining 5+ SCQF level 3 and a qualification in English with 70 % obtaining an English qualification, the details will be discussed at the next Corporate Parenting Board.

## **Children and Families Services - Inspections**

The latest inspection gradings for Children and Families services registered with the Care Inspectorate are as below.

<b>Children and Families - Quality Theme Care Inspectorate Grades (1-6)</b>					
<b>Care Inspectorate Number</b>	<b>Name</b>	<b>Care &amp; Support</b>	<b>Environment</b>	<b>Staffing</b>	<b>Management &amp; Leadership</b>
CS2005091229	Achievement Bute	5	N/A	5	4
CS2012307560	Cornerstone	4	4	4	4
CS2006129195	Scottish Autism – Oban autism Resources	4	4	4	4
CS2010249688	Ardlui Respite House – Sense Scotland	4	4	4	4
CS2003000426	Helensburgh Children’s Unit (Argyll and Bute Council)	5	5	5	5
CS2003000461	Shellach View (Argyll and Bute Council)	5	5	5	5
CS2003000451	Dunclutha Residential Home (Argyll and Bute Council)	5	5	5	5
CS2006115758	Dunoon School Hostel (Argyll and Bute Council)	5	5	5	4
Cs2006130205	Glencruitten Hostel (Argyll and Bute Council)	4	4	4	4
CS2004082322	Argyll and Bute Adoption	4	N/A	4	5
CS2004082341	Argyll and Bute Fostering Service	5	N/A	4	5
CS2004079237	Community Support Network	4	N/A	4	4

### **User and Carer Involvement**

The fostering service organise training and development events for the foster carers which also provide an opportunity to consult directly with our carers. The events are also open to adopters. Child care is arranged for the children and young people (a crèche for the under 5s and outdoor Stramash activities for the older children) to maximise attendance. The events occur twice yearly and these events are always well attended and well evaluated.

### **Parents Engagement at Meetings**

Parent’s engagement at child protection conference and within Looked After Children reviews is an area that requires improvement. The returns form questionnaires are low and parents often choose not to have a follow up interview once the processes are concluded.

Argyll and Bute have commissioned ChildLine to undertake some follow up activity on social work behalf to ensure families views are being fed into child protection improvement journey.

### **Young People and Children**

Children 1<sup>st</sup> and Who Cares Scotland are advocacy services commissioned by Argyll and Bute Council to support children and young people within the child protection or looked after processes. All children and young people within this process are offered support and advocacy. In addition our Care Assessment and Reviewing Officers, who chair these meetings, ensure children and young people's views are fed into assessments and care planning using different tools. Often Viewpoint, an electronic questionnaire, is used or for older young people the Care Assessment and Reviewing Officer will meet prior to the meeting.

### **Corporate Parenting**

In line with the Children and Young People's (Scotland) Act 2014, we continue to promote the wellbeing of looked after children and care leavers. The Corporate Parenting Board and Argyll & Bute Council's challenges in supporting looked after children are: Improving "Looked After Children" (LAC) attainment and supporting those aged between 16 and 25 years within the new Act, given the financial constraints. Redesign will be required to meet increasing demand within a reduced financial envelope.

## **Children & Families – Case Studies and Feedback on our Services**

### **Case Study 1**

Achievement Bute.

Achievement Bute is a family-led organisation which was set up by families of children with disabilities/additional support needs in 1998. From its inception we have involved service users in all aspects of the governance and development of the organisation. Charity Trustees meet every second month throughout the year. A mixture of parents, people with disabilities and interested members of the community form the Board of Trustees.

Efforts are made to ensure that there is a wide cross section of experience and skills on the governing board.

In order to ensure we keep service users at the forefront of everything we do we have a Participation Strategy. This sets out how we involve service users in assessing and improving the quality of our services.

We are working on modernising our public profile and communication systems to ensure parents and their children, partners agencies and members of the community can access information, and, are able to provide feedback through all the various available technologies. We have a brand new website which parents were involved in approving and there is provision of a feedback mechanism on this.

We are currently prioritising some of our development work to ensure our communication systems are up to date. We ensure that evidence in feedback from all stakeholders is used to guide our development planning. This year we are working on new questionnaires for parents and service users to have an opportunity to provide individual feedback about the service, through a confidential process.

A member of the Board of Trustees runs an informal drop in biweekly parent support group. We have a number of parents who attend this regularly. Feedback about the service and issues any issues for parents and children can be raised through this forum.

A fund raising event in November was organised by a mixed group of staff, parents and Board members. Please provide information about any other issues you feel are relevant when making the quality assessment: Over the last year we have significantly improved our methods of communication via a brand new website, [www.achievementbute.org.uk](http://www.achievementbute.org.uk)

We also make extensive use of Facebook and Twitter and have dedicated staff time to ensure this is kept regularly updated and linked to the website.

Comments included:

"It's a very good service".

"I only have good things to say about them".

These comments from parents and carers were re-affirmed by positive comments contained within returned, Care Inspectorate questionnaires and the service's own feedback questionnaires.

## **Case Study 2**

**Children 1<sup>st</sup>**, a third sector provider, are commissioned to provide a discrete services for children and young people in Argyll and Bute.

This service is an Advocacy service for children and young people over the age of 5 on the Child Protection Register to ascertain their views and advocate using their words to assist the child protection process to ensure the child's views are taken into consideration when making future plans. All children in this service have a viewpoint questionnaire completed with them and they also have a "having your say" report completed at each child protection conference or core group meeting. The numbers of children accessing the service is reported to the CP committee on a quarterly basis.

Parents involved in the CP process are also consulted at the point their children are de-registered by way of a questionnaire of their experience of the CP process. This is currently carried out by Parentline, one of Children 1st's national services. Information from this is collated on a 6 monthly basis and a report is given to the CP committee with findings and key themes emerging.

The availability, of the Advocacy Service, provides the potential target group with local access to independent advocacy support, from specialist workers, within reasonable timescales. The independent nature of the service, provides additional reassurance for potential service users who may be otherwise concerned about utilising the facility.

The availability of the service, locally, has also improved response times, from initial enquiry/referral to accessing direct support. Research has shown that early access to independent advocacy can often avoid unnecessary referrals to more formal interventions.

Service users, parents and practitioners have acknowledged the positive impact, of the Advocacy service on the lives of the target client group.

### **Activity Details**

During the period 22 February 2016 – 23 February 2017 the Advocacy service received 24 referrals.

Referrals by age range, during the relevant period were:

- 0 – 5 years 5
- 6 - 11 years 14
- 12 - 18 years 10

### **Outcomes were as follows:**

- No further action 5
- Possible further action 5
- Progressed to intervention 14
- These figures include both referrals and re-referrals
- Duplicate referrals are removed

### **Personal Outcomes**

#### **Improved emotional health**

- 100% of participants with this outcome in their work plan

#### **Child/Young Person feels more involved in decision making about matters affecting them**

- 100% of participants with this outcome in their work plan

## Integrated Joint Board & National Health and Wellbeing Outcomes

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

Integrated Joint Board [IJB] Scorecard	Success Measures	101	A	Outcome 5 - Services reduce health inequalities FQ4 16/17	No of indicators	5	G
	On track	72	➡		On track	3	⬆️
Outcome 1 - People are able to improve their health FQ4 16/17	No of indicators	14	A	Outcome 6 - Unpaid carers are supported FQ4 16/17	No of indicators	1	G
On track	8	➡	On track	1	➡		
Outcome 2 - People are able to live in the community FQ4 16/17	No of indicators	18	A	Outcome 7 - Service users are safe from harm FQ4 16/17	No of indicators	12	A
On track	15	➡	On track	9	➡		
Outcome 3 - People have positive service-user experiences FQ4 16/17	No of indicators	11	A	Outcome 8 - Health and social care workers are supported FQ4 16/17	No of indicators	4	R
On track	10	➡	On track	0	➡		
Outcome 4 - Services are centered on quality of life FQ4 16/17	No of indicators	15	A	Outcome 9 - Resources are used effectively in the provision of health and social care services, with FQ4 16/17	No of indicators	12	A
On track	10	➡	On track	8	➡		
Customer Services FQ4 16/17	No of indicators	9	A				
	On track	8	➡				

The IJB receives at each meeting a scorecard providing a summary of the HSCPs performance against the NHWBO performance on the pyramid reporting system. The scorecard above illustrates its performance as at the end of March 2017. Of the 101 scorecard success measures 72 are currently reported as being on target.

## **7 - Delivery of Statutory Functions**

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work".

While not exclusive to social work, promotion of personalised solutions has always been important; engaging with people who use support or services, carers, families and communities being the hallmark of effective social work practice. Personalisation is a key means of ensuring that people have the support or services that meet their needs and priorities and address their personal circumstances. The promotion of Citizen Leadership supports this as does a focus on outcomes rather than process or procedure.

### **The Role of the Registered Social Worker in statutory interventions**

Local authorities have a statutory responsibility to promote social welfare and partnership working is key to providing high quality and effective support and services. In protecting and promoting the welfare and wellbeing of children, adults at risk and communities, statutory powers may be exercised to address very serious, complex issues. This requires balancing competing needs, risks and rights. In these circumstances, given the far-reaching significance of the decisions being made, it is important that accountability for the exercise of these functions should rest with a registered social worker.

Some tasks required in respect of statutory interventions may be undertaken by others than a registered social worker. However, final decisions/making recommendations for statutory intervention drawing on information held by others and work done by them as appropriate, lies with the accountable registered social worker. All social service workers must be able to explain and account for their practice and to have their thinking challenged appropriately. Registered social workers are accountable for their own competence and performance and that of those they line manage. Where they don't have line management responsibility for others who may be involved, accountability for competence and performance remains with the individual and their employer. However, the registered social worker does have responsibility for helping ensure everyone plays their part in discharging their role in respect of the statutory intervention.

### **Care and Protection**

Careful and complex decisions as to when and how there may be intervention in the lives of individuals and families may have far-reaching consequences for those concerned and fundamentally affect the future course of their lives. A number of agencies and professionals will contribute to the process. However, it is important for the assurance of all

involved, that accountability for these important decisions and the subsequent exercise of statutory functions lies with a suitably qualified and trained professional - a registered social worker.

**Statutes & Delivery Plans:**

**Adult Care Services** provide statutory functions subject to the following legislation:

Social Work (Scotland) Act 1968

National Health Service and Community Care Act 1990

Adults with Incapacity (Scotland) Act 2000

Adult Support and Protection (Scotland) Act 2007

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

Social Care (Self-directed Support) (Scotland) Act 2013

**Children & Families** provide statutory functions subject to the following legislation:

Children (Scotland) Act 1995

Children and Young Person (Scotland) Act 2014

Social Work (Scotland) Act 1968

Regulation of Care (Scotland) Act 2001

Protection of Children (Scotland) Act 2003

Public Bodies (Joint Working) (Scotland) Act 2014

Children and Young Person (Scotland) act 1937

**Criminal Justice Services** provide statutory functions subject to the following legislation:

Social Work (Scotland) Act 1968, S.27

Criminal Procedure (Scotland) Act 1995

Criminal Justice and Licensing (Scotland) Act 2010

Management of Offenders (Scotland) Act 2005

In addition there is key sex offender legislation:

The Sex Offenders Act (1997)

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

Sexual offences (Scotland) Act 2009

## **8 - Workforce - Planning & Development**

The Social Work Training Board is responsible for leading and coordinating the development and implementation of a learning and development strategy informed by Social Work principles and values, which develops professional, safe practice resulting in a competent and confident workforce. Specific objectives:

1. To identify and agree learning and development priorities for workforce development
2. To support and inform HR and OD staff
3. To disseminate training information to staff within respective services
4. To lead and co-ordinate learning and development within the service
5. To deliver relationships and shared learning and development initiatives with other statutory and voluntary agencies in Argyll and Bute
6. To approve Further Education Studies – Course Request Forms
7. To co-ordinate practice learning.

The board is made up of representatives from social work (Head of Service, Locality Managers, representatives from adult care and children and families), NHS and HR and OD staff and meets every 2 months

### **Registration with SSSC**

Employees are responsible for registering with the SSSC once their register is open, if they can only register with conditions we ensure they are provide with the correct SVQ to enable full registration. The Argyll and Bute Council Training Centre has received excellent verification reports from the SQA. The Table below highlights the SQV Courses undertaken across the Social Work staff group in Argyll and Bute and the employees who have completed in the period April 2016 – March 2017

<b>SVQ - Adult Care</b>	<b>No. Completed 2016/17</b>
SVQ2 Social Services and Healthcare	8
SVQ3 Social Services and Healthcare	2
SVQ4 Social Services and Healthcare	3
SVQ4 Leadership and Management for Care Services	4
SVQ Medication Unit	8
LandD9DI (Assessor Award)	1
<b>SVQ – Children &amp; Families</b>	<b>No. Completed 2016/17</b>
SVQ3 Social Services (Children and Young People)	4
SVQ4 Social Services (Children and Young People)	1

## **Leadership**

Managers are being nominated via their Heads of Service to undertake the Argyll and Bute Manager Programme. The Management Development programme is a comprehensive training course made up of 16 core modules which incorporate a variety of learning methods split into 10 tutor based courses and 6 e-learning courses

The programme has been designed to reflect our core competencies and is targeted at people with a line management responsibility. It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it should take 18 to 24 months to complete.

During 2016/17, 7 employees within Adult Care and 2 within Children and Families have completed the Argyll and Bute Manager programme.

In March 2017 we changed the programme, and this is now delivered as 2 separate programmes, Preparing to Manage and Managing Teams.

## **Preparing to Manage**

The comprehensive Management Development Preparing to Manage Programme is made up of an induction plus 15 core modules which incorporate a variety of learning methods:

- — 1 tutor based course
- — 14 e-learning courses

The programme has been designed to reflect our core competencies and is targeted at people preparing for line management responsibility or newly appointed line managers.

It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it will take 18 to 24 months to complete.

Employees must undertake all of the modules and also complete a short reflective essay demonstrating how Preparing to Manage has improved their effectiveness and/or how they have applied their learning in the workplace.

## **Managing Teams**

The comprehensive Management Development Managing Teams Programme is made up of an induction plus 18 core modules which incorporate a variety of learning methods:

- — 4 tutor based courses
- — 14 e-learning courses

The programme has been designed to reflect our core competencies and is targeted at people with a line management responsibility.

It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it will take 18 to 24 months to complete.

Employees must undertake all of the modules and also complete a short reflective essay demonstrating how Managing Teams has improved their effectiveness as a manager.

We currently have 1 employee within Adult Care and 1 within Children and Families undertaking the Preparing to Manage programme. We also have 3 employees in Adult Care and 1 within Children and Families undertaking the Managing Teams programme.

### **Professional Qualifications**

Employees are invited to apply for professional qualifications as agreed by the Social Work Training Board on an annual basis. The undernoted qualifications were funded in 2016/2017:

<b>Qualification</b>	<b>Number of employees funded</b>
K101/DD102 Open University Foundation Courses	5 employees (1 from Adult Care and 4 from Children and Families)
OU BA (Hons) Social Work (Scotland)	2 employees (1 from Adult Care and 1 from Children and Families)
Post Graduate Certificate in Child Welfare and Protection	2 employees
GIRFEC Module	1 employee
Essentials of Family Group Conferencing	2 employees
British Sign Language Level 1	1 employee
MHO Conversion	1 employee

### **Growing Our Own - OU BA (Hons) Social Work (Scotland)**

Within Argyll and Bute there is difficulty recruiting social worker, it is for this reason that a “grow our own” scheme was developed. Each year council sponsor two applicants to undertake the degree in social work. . The “grow our own” scheme is an opportunity for Argyll and Bute to support talented individuals to undertaken their social work qualification.

Successful applicants are sponsored through Stages 2, 3 and 4 with a requirement to work for this authority for a further two years.

The course includes two 100 day compulsory social work placements which require staff to be absent from their present post during this time. One of the placements is external to

Argyll and Bute. Employees are supported by our own practice teachers during their in house placement.

We currently have 3 employees at stage 2, 2 employees at stage 3 and 1 employees at stage 4 of the Social Work Degree. We will be selecting another 2 employees to commence stage 2 in July, bringing the total of 8 employees in the programme with the Open University.

### **Placements**

Learning Network West provide us with students to place. We also offer 10/20 day observational placements through the University of the West of Scotland. And in addition, we hold an annual Awards Ceremony where people who are undertaking any lengthy training are present with their certificate to highlight their achievement.

Mental Health Officer Training: The Council puts through a minimum of one qualified Social Workers per annum onto the Mental Health Officer course which is an essential element of the Council continuing to meet its statutory obligations.

### **E-Learning**

LEON (Learning Electronically and On-line) is our e-learning system where employees can access a wide range of online courses. It is available to all employees. Employees can access these courses at a time that is convenient to them and from any computer with internet access. The Learning and Development team are working towards providing a variety of easily accessible courses when needed which will give employees the information, knowledge and skills required to do their job.

Employees are able to complete courses which have been sourced to support employees in all roles within the organisation or that have been custom-built by the team around our policies and procedures.

Our online courses complement our tutor-led training courses, helping employees to gain new knowledge and refresh on specific topic areas. In addition Learn-In Bytes provides the ability to test your knowledge through the use of short assessments

## Training

All learning and development requests are based on need as evidenced by job specific competency requirements, organisational core competency requirements or team/service/departmental or organisational priorities. The following training courses were delivered from April 2016 to March 2017:

<b>Name of Course</b>	<b>Number of courses run (Apr 16- Mar 2017)</b>	<b>Social Work Attendance</b>
Adult Support and Protection (Act in Practice)	2	7
Dementia Awareness – Informed Level	2	12
Elementary Food Hygiene	17	173
Personal Safety Awareness	2	19
JiIT Five Day	6	6
JiIT One Day Managers	3	3
Short Courses	75	46
<b>Total 2015 /16</b>	<b>107</b>	<b>266</b>

## **Conclusion**

There are further challenges ahead which will require an on-going commitment to review and re-design that will result in a fundamental reconsideration of how we deliver services across Argyll and Bute.

The scope and pace of service re-design will continue to increase as the partnership develops new ways of delivering services. Improving outcomes for all vulnerable people across Argyll and Bute will continue to sit at the centre of everything we do.

Alex Taylor

Chief Social Work Officer

September 2017