



**Argyll and Bute**  
**Health and Social Care Partnership**  
**Chief Social Work Officer**  
**Annual Report 2018/19**



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**Chief Social Work Officer**

**September 2019**

## Chief Social Work Officers Report

### Foreword

Welcome to the annual Chief Social Work Officer report for the year 2018/19.

Each local authority in Scotland has a Chief Social Work Officer (CSWO) and each CSWO is required to produce an annual report of local activity. The production of the annual CSWO report is covered by Scottish Government guidance, Role of the CSWO: Principles, Requirements and Guidance (revised version issued in 2016). This report covers the delivery of social work services within Argyll and Bute and is intended to support the governance and accountability of the Social Work service.

The Argyll and Bute Social Work service is comprised of Adult Care, Children and Families and Justice Social Work. The Social Work service sits within the Argyll and Bute Health and Social Care Partnership (HSCP) which is set out in the integration scheme under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. The integration scheme transferred all of Argyll and Bute Council's Social Work services to the Argyll and Bute HSCP on 1 April 2016.

The preparation of the report has been a collaborative venture involving staff from across the Social Work service. The report is as a consequence a composite document which reflects the diversity of the groups the Social Work service so skilfully supports, cares for and protects. The theme of this year's report continues to be that of change and how the Social Work service has steered its way through the multiple challenges it has faced. Key to the direction of the Social Work service are our core principles which have informed our journey.

These core principles include:

- Involving service users / carers and the wider public in the development of quality care services.
- Ensuring safe and effective services through appropriate staff support and training.
- Striving for continuous improvement with effective policies and processes in place.
- Ensuring accountability and the management of risk.

These principles run through the report and help evidence that the Argyll and Bute Social Work service continues to meet the needs and expectations of the communities it serves.

Alex Taylor  
Chief Social Work Officer  
September 2019

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## 1. Service Challenges, Developments and Improvements During the Year

### Adult Care

#### An overview

Similar to other Health and Social Care Partnerships, Argyll and Bute faces pressures of demographic change and financial constraints, resulting in pressure on services throughout the health and social care system. Effects of these pressures include demand on services, readmission to hospital, delayed discharge, and extended stays. Specific recruitment and delivery challenges are present, largely because of Argyll and Bute's geography. These relate particularly to the delivery of care at home, one consequence being that services originally intended to provide short term input are providing longer term care which has impacted on capacity. Work across the partnership to date to address these challenges has focussed on the development of neighbourhood-based delivery models. Considerations of these models has identified opportunities around the development of a re-ablement focussed Health and Care Support Worker role. Possible challenges in relation to maintaining professional identity and addressing support and supervision requirements for individual staff members have been identified.

Our work has benefitted from pilot activity both locally and elsewhere. NHS Scotland is operating a pilot of the Buurtzorg principles (a self-managing and joined up neighbourhood model) with NHS Highland. Similarly process improvement work in Mid-Argyll has tested some of the approaches needed to introduce a single point for access to services.

Argyll and Bute has explored workforce planning tools, including the six-step model for workforce change, and the use of system dynamics approaches for the development and monitoring of workforce change plans. However, these tools require a shared sense of direction before their benefits can be maximised.

The partnership's strategic plan makes clear that improvements with service delivery will be locally owned, planned and delivered. The changes proposed are intended to assist services to become more accessible, flexible, and responsive to clients' needs and to drive a cultural shift towards managing teams in a more integrated way. In the short term the localities have expressed an immediate need to develop multi-disciplinary Community Teams and 'Single Point of Access' to the services they offer. This should better integrate services from the point of view of the customer, while ensuring sufficient flexibility is available to meet the needs of individual agencies.

The consequences of our work to date are proposals for conceptually simple changes to the way services are presently organised and operated.

These can be summarised to be:

- Single point of access to Health and Social Care Partnership Community Services operating unique to each locality, by means of a single phone number replacing routes

managed by individual disciplines (but not replacing existing referral / direct pathways from GP's for example).

- Integrated working, via frequent multi-disciplinary discussion and review to ensure cases are managed in coordinated ways under the care of an appropriate lead professional.
- Greater focus on the opportunities for independence from service delivery, supported by improved links to third sector support provision and the offer of rapid response and re-ablement approaches.
- Introduction of a consolidated route by which to obtain services, minimising duplication of administrative activity and ensuring that people are supported to get to the right service at the right time.
- Improved collaborative working to ensure the needs of people requiring a multidisciplinary approach are met in a coordinated way.
- Identifying and addressing bottlenecks to ensure that Rapid Response and Re-ablement Provision offer people the best chance of recovery and independence.

The effective delivery of change will require continued focus, resilience and a robust strategy delivered through careful planning and sensitive implementation to achieve improved outcomes for service users, within the context of local and national policy objectives and legislation.

## **Care at Home**

Within Argyll and Bute a large percentage of the localities now have fully implemented the New Model of Care in partnership with our local Care at Home providers. Previously Care at Home services were commissioned on a spot purchase basis and were time and task focused, which can on occasion inhibit providers having consistency in service planning and cause concerns regarding compliance with employment law.

The New Model of Care has implemented an outcome focused model that offers additional flexibility to service users and can respond to changing priorities at short notice.

Advantages of the Implementation of the New Model include:

- Services assessed and delivered in an outcome focused way.
- A more logical order of service provision will reduce travel time and free up resource capacity.
- Additional flexibility built in, enabling providers to respond to changing priorities at short notice.
- Scope within the block provision to realign services to accommodate quick discharges from hospital.
- Addresses minimum wage concerns within the sector as staff will be paid by block hours provided with no gaps in provision when a service user is absent for short periods of time.

## **Care Homes**

The provision of the Care Homes, whether in-house or in partnership with independent providers and / or Housing Associations requires ongoing assessment and engagement. Nationally we know that recruitment and retention of staff in care homes is a significant challenge, which is further emphasised by the rurality of Argyll and Bute. Also, it is recognised that the number of older people is set to rise significantly in the coming years, with the steepest rises being in the over 75 year age group. Given these challenges, the HSCP developed a Care Home & Housing Steering Care Homes & Housing Steering Group in July 2018 to look to assess and project the future need of Care Home and Housing for older people in Argyll and Bute for the next 5 to 20 years.

The development of the care home modelling tool has been central to the work undertaken to calculate the potential future demand for 24 hour care and the development of options to meet that demand. Demand for care home places is projected to increase by 85% over the next 20 years. The number of funded places in January 2019 was 483 and this could increase to 894 by 2038 if no changes are made to care delivery models.

There were 4 distinct phases to the project:

Phase 1: Current scale and profile of 24/7 Nursing & Residential Care and Supported Accommodation for Older People

Phase 2: Needs Assessment

Phase 3: Modelling Future Demand

Phase 4: The Future Plan & Public Engagement

Stage 4 is underway, with 3 of the 4 established project groups having progressed to identifying 2 shortlisted service delivery options

## **Delayed Discharge**

Reducing unnecessary delays in hospital remain a priority for Argyll and Bute HSCP. There have been significant challenges in terms of staff shortages in care at home services, lack of capacity in care homes and insufficient capacity with social work staff to complete timely assessments which reflects the issues across Scotland. This has been further complicated by a number of patients with complex needs requiring specialist resources out with Argyll and Bute HSCP. There have been challenges in the provision of care home and care at home services in a large geographical rural area, which has resulted in private services becoming unsustainable and closing their business. Adults with incapacity has also resulted in significant delays in facilitating discharges when patients are medically fit. Re-ablement teams have become embedded within adult services to support patients on discharge to reach as full a recovery as possible. The continued aim is to ensure that there is a single point of access for teams that are multi-disciplinary to improve their effectiveness in order to avoid delays and duplications to facilitate a safe discharge or prevent admission. Further work is planned with regards to using technology to support higher risk discharges.

## **Adult Protection**

Adult Support and Protection (ASP) remains a key priority and under integration Argyll and Bute HSCP has improved the continuity of care and outcomes for service users due to greater sharing of knowledge and experience in this area. The Adult Protection Committee now regularly engages with practitioners through case study and research presentations, hearing the real story of protection and support. Seminars and development of activity in multiagency groupings on Care Home support, on financial harm, and forthcoming developments on self-harm and hoarding, as well as examination of issues arising in Significant Case Reviews has sharpened the focus on practice and standards. The training and staff development activity continues to be a challenge as does reach into health services and community support, within our remote and rural environment.

The drive to bring together the public protection agenda has been progressed with child protection and the alcohol and drug partnership, and two joint meetings a year take place of the Adult and Child Protection Committees, with growing joint policy and practice events. As ever the policy environment brings challenges: the Mental Health Strategy, the Suicide Strategy, the new Carers Act, and a range of new issues in trafficking and modern slavery, and the continuing struggle against Financial Harm, the demographics and conditions of ageing, and the impact on support arising from the current financial challenges to public bodies and arising from welfare changes.

The protection of vulnerable and at risk people is complex, relying on robust multi-disciplinary working relationships between agencies. We have a committed approach from all partners in Argyll and Bute which we work hard to sustain and strengthen.

## **Self Directed Support**

Self Directed Support (SDS) is about having choice, control and flexibility over the care and support people receive. After a person's needs and requirements are identified they will be offered a choice of 4 options to ensure they have control over how their support is organised, delivered and managed:

### **Option 1**

Direct payments, the supported person receives the money from the Health and Social Care Partnership for the provision of their own support. The supported person can employ a Personal Assistant or an Organisation to meet their agreed needs and outcomes.

### **Option 2**

The Health and Social Care Partnership or another appropriate organisation holds the money and the supported person arranges their own organisation to provide the care and support.

### **Option 3**

The Health and Social Care Partnership arranges the provision of care and support.

#### **Option 4**

A combination of the other 3 options.

At times within Argyll and Bute people can find it challenging to secure the full range of choices and as such the HSCP continue to work hard to provide choice to people. In addition the HSCP continues to work in collaboration with our third sector, voluntary and private sector organisations to find the best possible solution to meet a person's social care needs, wishes and outcomes.

The HSCP has worked closely with other services to enable people to realise the full potential of Self Directed Support and as part of our collaborative approach, we provide information to people with regards to independent support, advocacy services and advice services.

As part of our commitment to the community we endeavour to continue to support people to meet their needs and outcomes and to remain in control and independent in their own communities. We will continue to raise awareness of the Self Directed Support choices people have. Information is available by contacting either the allocated worker or by calling Argyll and Bute HSCP Customer Services.

#### **Mental Health**

In line with the Scottish Government Mental Health Strategy 2017-2027 Argyll and Bute HSCP recognise the importance of prevention, early intervention and physical wellbeing with regards to good mental health.

An illustration of this is Jean's Bothy, which is a new community mental health and wellbeing centre in Helensburgh. This is a community partnership model developed between the local community, the HSCP, Enable Scotland and the Ministry of Defence to support people to take ownership of their own mental health and recovery. The Bothy views good mental health as being just as important as physical health. The Bothy achieved significant Big Lottery funding to support the development which aims to connect isolated people with their local community and prevent mental ill health.

The HSCP are presently recruiting nursing and occupational therapy staff to work alongside GP's with the aim to tackle anxiety and depression. Work is also continuing to increase the resources in unscheduled and out of hours care. As reported in the SSSC Mental Health Officers (Scotland) Report 2018, there is an ageing MHO workforce with an average age of 50 years. This is reflective of the 12 MHOs in Argyll and Bute HSCP. There are two MHOs in training with an aim to train two MHOs every year.

There continues to be challenges with regard to meeting statutory requirements in respect of Adults with Incapacity (Scotland) Act 2000 and as such there is a review of AWI legislation underway by Scottish Government. The use of AWI legislation has increased substantially since its inception. The Mental Welfare Commission 2017-18 states there has been a 149% increase rise in welfare guardianship applications. This reflected in Argyll and Bute where applications for welfare guardianship applications rose from three in 2018 to seventeen in 2019.



## Autism

The Argyll and Bute Health and Social Care Partnership recognises the importance of supporting people living in Argyll and Bute with autism and associated life skill disorders. The Argyll and Bute Strategy for Autism was launched in February 2017 in conjunction with local and national partners. The Autism Implementation Plan has focussed on the four national outcomes which have set the direction of travel for the next five years.

1. **A Healthy Life:** People on the autistic spectrum enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services.
2. **Choice and Control:** People on the autistic spectrum are treated with dignity and respect and services are able to identify their needs and are responsive to meet these needs.
3. **Independence:** People on the autistic spectrum are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.
4. **Active Citizenship:** People on the autistic spectrum are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.

It is recognised that the implementation of the strategy would benefit from dedicated leadership and this has been addressed in the proposed Senior Leadership Team (SLT) restructure in which a Head of Service will be specifically tasked to lead the implementation of the strategy. The proposed management structure that will sit below the SLT will now include a new post of Professional Lead for Social Work which will also support the delivery of the implementation plan.

## Carers

The Carers (Scotland) Act 2016 came into force on 1 April 2018 introducing new rights for unpaid carers and new delegated duties which have been transferred from Argyll and Bute Council and NHS Highland to the Health and Social Care Partnership. In the past a carer was identified as someone who provided a substantial amount of care. With the implementation of the Act a carer is now defined as someone who provides care no matter how much or little they provide. To receive support from statutory services (e.g. replacement care or direct support to maintain a life alongside their caring role) a carer must meet the eligibility criteria as set by the HSCP. This differs from the eligibility criteria set by the Department of Work and Pensions (DWP). All carers who reside in Argyll and Bute will be able to access some form of support no matter if they meet eligibility criteria or not through contacting their local carer centre. Carers may also be offered support such as breaks from caring via a variety of resources. Significantly, health staff are now required to identify carers and take account of their views in making decisions relating to hospital discharge in relation to the cared for person. A five year Carers Strategy and Implementation plan was launched earlier this year.

## **Alcohol and Drug Partnership**

Within Argyll and Bute the Alcohol and Drug Partnership (ADP) works to prevent and support recovery from the harmful use of alcohol and drugs. In line with the Scottish Government priorities, their long term strategic priorities are:

- Fewer people develop problem drug use.
- People access and benefit from effective, integrated person-centred support to achieve their recovery.
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported.
- Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.
- A Scotland where less harm is caused by alcohol.

Argyll and Bute Addiction Team (ABAT) primarily focus on the second of these priorities, supporting recovery. Their team comprises of social workers, nurses, support workers and a psychiatrist and provides specialist addiction services from bases in Dunoon, Rothesay, Helensburgh, Oban (outreach to Mull and Tiree), Lochgilphead and Campbeltown (outreach to Islay). ABAT services include Assessment, Recovery Planning, Harm Reduction, Sexual Health Information, Blood Borne Virus Information and Testing, Opioid Replacement Therapy and Naloxone Training and Supply. Referral can be made via another professional service provider (e.g. GP, social worker, Addaction etc.). In addition to ABAT, ADDACTION are commissioned by the Alcohol and Drug Partnership to deliver Recovery Support services across Argyll and Bute to those with a substance use issue and their families. ADDACTION offers one to one, group work, peer support, harm reduction advice, needle exchange service, DTTT (Drug Treatment and Testing Orders for the courts) and advice/support to relatives and family members.

## **Children & Families and Justice Social Work**

### **Overview**

The Children & Families and Justice Social Work Service also includes Child Health, Child and Adolescent Mental Health Services (CAMHS) and Maternity Services. As such it is one of just a few fully integrated children's services. Importantly, integration is delivered through the Getting it Right For Every Child (GIRFEC) Practice Model which places the "team around the child". Whilst structures are important integration in Children's Services will always be about practice. Over the past year the Children and Families Management Team have established a Programme Board which has overseen a number of service reviews including Emergency Social Work Service, Justice Social Work, CAMHS, Care Assessment and Reviewing Officers (CAROs), Early and Effective Intervention (EEI), Care Leavers (Core and Cluster), Adoption and Fostering and Maternity Services. More recently the Head of Service has led the review of the management structure to reflect the learning from the recent Joint Inspection and case reviews. The model that has emerged more closely aligns management and professional / clinical leadership and in so doing strengthens oversight of the services and the accountability of managers and staff.

## **Joint Inspection of Children's Service (2018/19)**

Argyll and Bute Joint Inspection of Children's Services took place between August and November 2018. The Care Inspectorate and its scrutiny partners Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland, looked at the differences the Community Planning Partnership is making to the lives of children and young people in need of care and protection and the lives of the children and young people for whom the Community Planning Partnership has corporate parenting responsibilities.

The inspectors looked closely at the support provided to children and young people who are currently, or have previously been 'Looked After', including those living with parents, having short periods of respite care, in kinship care, in residential care (including schools and secure care) and in foster care. The inspectors also reviewed how services work together to protect children where concerns have been raised about their welfare or safety, including children who are currently, or have previously been, on the child protection register.

The quality and effectiveness of partnership services in Argyll and Bute was evaluated along with supporting evidence in relation to the 17 quality indicators in the quality framework, this information was used to answer the five key inspection questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

In addition to answering these five inspection questions, the inspectors used a six-point scale to provide a formal evaluation of three quality indicators that concern the impact of partners' work on the lives of children, young people and their families, and the outcomes partners are achieving. These are:

1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

2.1 Impact on children and young people

2.2 Impact on families

They also provide an overall evaluation for leadership, which comprises a suite of four quality indicators (9.1 to 9.4 inclusive).

The Care Inspectorate and its scrutiny partners evaluated services in Argyll and Bute as:

- 9 How good is our leadership – GOOD
- 2.2 Impact on families – GOOD
- 2.1 Impact on Children and Young People – GOOD
- 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people – ADEQUATE

The inspection report was published on the Care Inspectorate website on 26 March 2019. The inspectors said that they are confident the partnership in Argyll and Bute has the capacity to continue to improve and to address the points for action highlighted in the report. This is based on:

- Services working well together, underpinned by a collaborative, learning culture.
- Staff united in a common purpose, underpinned by GIRFEC and a strong, shared commitment to improving outcomes.
- Positive leadership from Chief Officers, providing direction and scrutiny to services for children and young people in need of care and protection.
- Notable improvement in the partnership's joint approach to self-evaluation
- A willingness on the part of all partners to actively engage with children, young people and their families in order to share power, identify need and improve outcomes
- Evidence of significant improvement in priority areas, including the wellbeing of care leavers and the recognition and immediate response to children and young people in need of care and protection despite challenges facing the partnership.

### **Getting it Right for Every Child (GIRFEC)**

Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes they may need a bit of extra help. The Getting It Right For Every Child (GIRFEC) framework and approach supports families by making sure children and young people can receive the right help, at the right time, from the right people, so that they can grow up feeling loved, safe and respected and realise their full potential.

All children and young people and their families have access to a Named Person, who provide a central point of contact if they need to talk about any worries, seek support or require information or advice. Through the Child's Planning process the Named Person can also, when appropriate, reach out to different services who can help. A Child's Plan is available for children who require extra support that is not generally available to address and improve their Wellbeing. The Child's Plan is considered and developed in partnership with the child, their parent(s) and the services involved.

Argyll and Bute has been successful in being selected as a 'test' site for the GIRFEC Leadership programme. It is anticipated the programme will support additional GIRFEC improvement activity over the next 18 months, by adopting a collaborative leadership approach.

## **Corporate Parenting**

The Argyll and Bute Corporate Parenting Board is the instrument through which Corporate Parents work together to improve outcomes for 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 care experienced children and young people face in life. In Argyll and Bute we aim to do this by bringing our key improvement priorities together within our Corporate Parenting Plan. Central to this is:

- Preventing vulnerable children and young people being accommodated.
- Improving health and wellbeing outcomes.
- Improving attainment and achievement.
- Improving the availability of appropriate accommodation for care leavers.
- Delivering a whole system approach to Youth and Justice.
- Continuing to improve permanence outcomes.
- Improving participation and engagement with children and young people.

The Corporate Parenting Board has continued to make progress across all our priority areas this year. To strengthen the strategic leadership of Corporate Parenting a Corporate Parenting Plan Management Group, comprised of the corporate Chief Officers, has been established. The group's mission is to drive the achievement of the plan.

The Corporate Parenting Board is presently morphing into a Champions Board with a stronger focus on participation and engagement with our Looked After Children and Young People. During the past year, in conjunction with the Life Changes Trust and Who Carers Scotland, we have appointed a Participation Co-ordinator and two care experienced Participation Assistants under our Modern Apprentice Scheme. At the time of writing we are preparing for a self-evaluation event to be held later in the autumn.

## **Looked After Children**

All of our Children's Houses remain graded 5 (Very Good) and our Adoption and Fostering services are also graded 5 (with 4 for Management and Leadership) and we will continue to strive for improvement and excellence. Much progress has also been made and remains to be made with regard to securing our children's futures once they are Looked After and Accommodated (LAAC). Over the past year we been carrying out a number of Tests of Change through the CELCIS Permanence and Care Excellence (PACE) programme. The programme uses data analysis to examine the care pathway and applies improvement methodology to streamline and refine the journey to permanence and thereby improve individual outcomes. The staff training and development provided by PACE has been excellent and has greatly improved our understanding of the pathway. As a result our staff feel better equipped and more confident to pursue permanence when it is indicated. One of the successful outcomes of this work is the introduction of a Kinship Panel which has been welcomed by our Kinship Carers and Professionals and is demonstrating that with a dedicated panel we are securing

children with their families sooner while ensuring ongoing support and review. We have fully embraced our commitment to Continuing Care and are now registered as an Adult Service with the Care Inspectorate to be in a position to support our young people in their foster or residential placements until 21 years of age.

### **Through and Aftercare**

The Through and Aftercare services continue to develop partnership arrangements based on the principles set out in The Children and Young People (Scotland) Act 2014. To underline this process there is a continued focus on the developments surrounding the messages from the Scottish Care Leavers Covenant.

This year we have updated our operational procedures and increased our actions around the key themes set out the Covenant and the Agenda for Change model (Graduated and extended transitions, Staying Put / Continuing care and relationship based practice). The Through and Aftercare service provide support to 105 young people from Argyll and Bute. This support is carried out across the authority and beyond, including support to six young people in University placements across the United Kingdom.

There are nine young people who gain support in Continuing Care Placements and the service works closely with residential services and our family support colleagues to ensure appropriate care plans are in place. In recent weeks we have been involved with other partners in placing our first graduated placement within the council's first Core and Cluster house. This resource was created in response to the council's commitment to our young people who opt for ongoing care within existing resources. The Core and Cluster model will be rolled out across Argyll and Bute and will continue to build on our commitment to the children and young people in our care.

The Through and Aftercare Team are committed to promoting the voices of our children and young people and are heavily involved in the development of the Champions Board. This is carried out in collaboration with our Participation Coordinator and our Participation Assistants who are involved in the direct delivery of this support and development. Staff from Through and Aftercare services are well represented at the Corporate Parenting Board and are strong advocates for identified services that have grown from the direct work carried out with young people in our communities.

We will short plan for the supports needed over the next five years. We will then establish a plan based on the projected figures to enable us to more effectively support our care experienced young people into the future.

### **Child Protection**

The past year (2018/19) saw a continued focus on the Child Protection Committee's interagency priority of "doing the basics right", in support of this we have provided supervision training for Practice Leads and continued to focus on improving the quality of risk assessments and plans. This has been underpinned by key practice developments, in particular developing our systematic use of the National Risk Assessments Framework in a

partnership with Herriot Watt University, expanding use of the Neglect Tool Kit and embedding Chronologies in day to day practice.

Initial quality assurance work confirmed that we continue to make sustained progress in these areas. Our services were tested in late 2018, when we were one of the 2 pilot areas of the Care Inspectorates new inspection programme. The inspection highlighted that the work on our improvement priorities was reflected in the quality of social work inspected and in the views and experiences of the children, young people and families they spoke to. Services were graded as Good with key strengths identified.

- The wellbeing of children in need of care and protection was improving.
- Most children and young people enjoying positive and caring relationships with staff and carers.
- Children and young people were respected and listened to at both operational and strategic levels.
- Overall, processes for recognising and responding to children and young people in need of protection were well established.
- Children and young people in need of care and protection benefitted from well-managed, independently chaired reviews.
- Review meetings providing quality assurance and accountability, adding to the prospect of better outcomes.

Further work is now required for a small but significant number of children and young people to improve the quality and consistency of risk assessments and planning and in continuing our focus on developing our first line managers and all our workforce.

### **Young Carers**

Since April 2018 we have been working closely with our local third sector colleagues to develop Young Carers services. Most of our Carers Centres already had funding from charities like Big Lottery to set services up. With the implementation of the Carers Act we have increased funding to support delivery of Young Carers Statements to all those young carers who agree to an assessment of their carer needs and support. Our local young carers services are commissioned through Helensburgh Carers Centre, North Argyll Carers centre, Mid Argyll Youth Development Service and Cowal Crossroads. All services work closely with local HSCP teams, Education and other providers of children's services to assist young carers to have a life outside their caring role.

### **Justice Social Work**

The Justice Social Work service has concluded a service review which will see a shift in staffing to meet service need and future demand. Recruitment is ongoing and should be in place by the end of 2019.

The Community Justice Partnership has seen partner agencies working together to deliver on the Community Justice Outcome Improvement Plan. The main focus for 2019/20 is on pathways for prisoners from custody to the community, community sentences and improving

access to Diversion from Prosecution. The Crown Office and Procurator Fiscal Service are currently reviewing the process for Diversion from Prosecution, with the aim being to increase the number and types of cases that are suitable for such action. From April 2020 it is expected that the number of referrals for diversion will increase. Improvement work has already commenced with a renewed focus on the quality of assessment and intervention work being delivered by the Community Payback Officers for diversion cases. Historically within Argyll and Bute, this area of work was given low priority, however it is now central to our Community Justice Priorities and included in the Community Justice Outcome Improvement Plan.

The service continues to provide statutory supervision to offenders via Community Payback Orders (CPO) and assists community reintegration and rehabilitation from prison via post release supervision. The service also provides assessment reports to the Courts and Parole Boards and participates in the Multi Agency Public Protection Arrangements (MAPPA) which aim to manage the risk posed by violent and sexual offenders. The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland and Greater Glasgow and Clyde and a range of third sector providers.

Recent changes introduced via the Community Payback Orders Practice Guidance published by Scottish Government in January 2019 has a range of implications for the way that Argyll and Bute deliver their Justice Social Work services. The revised practice guidance was a response to issues and clarity with managing compliance and the breach process, responsibility for breach decisions but also addresses some of the findings of the 2015 evaluation of Community Payback Orders, Criminal Justice Social Work Reports and the Presumption Against Short Sentences (PASS). Amendments have been made due to legislative reform in relation to the Domestic Abuse (Scotland) Act 2018 to promote continuous practice improvement in this area. Revisions have also been made to the chapter on data protection to take account of changes in the legal framework around data protection and information sharing. Changes to the language have been made throughout to reduce stigmatisation, including avoiding use of terms such as 'criminal' and 'offender' where possible. The new guidance also introduces the terms "justice social work services" and "justice social worker" removing Criminal from the title. These changes have been incorporated into the service review.

Argyll and Bute receives a small grant from the Scottish Government as part of our settlement to deliver services specifically focussed on women, including bail supervision. This area of work will be developed by the Community Payback Officers over the coming year. There is also a renewed emphasis within the revised Community Payback Order Practice Guidance, Equally Safe Plan and Violence against Women Partnership on delivering high quality, research based intervention programmes to perpetrators of domestic violence. The introduction of Multi-Agency Risk Assessment Conference (MARAC) within Argyll and Bute will also intensify the need for progress to be made in this area. An intervention programme has been identified for use by social workers, however this will require additional resourcing for training of staff. The Justice Service Manager will also be involved in MATAC, which is a new development for this multi-agency partnership. Justice Social Work will continue as a key partner in Argyll and Bute's Violence Against Women Partnership.



Argyll and Bute continues to have a disproportionately high level of Multi Agency Public Protection Arrangements (MAPPA) managed cases compared to the other areas in North Strathclyde MAPPA region. This work places additional demands on social workers. The high number of MAPPA cases may in part be due to our rurality and the dispersed nature of our population as all the nationally accredited sex offender treatment programmes e.g. Moving Forward Making Changes (MFMC) are group work based and require two social workers. Two members of staff are currently in the process of being trained in this programme, with the aim being to have all social workers trained over the next 18 months, subject to acceptance on the course. Whilst this is a positive step and will lead to better outcomes for service users, it will place additional workload demands on social workers. An integral part of being accredited to deliver MFMC is the requirement by the Scottish Government and Risk Management Authority to have a Treatment Manager who will ensure programme integrity and deliver clinical supervision to the practitioners. This requires an additional resource at Team Leader level. In order to assist with costs in this area, an agreement has been reached to share this post with East and West Dunbartonshire.

## **Unpaid Work**

The Community Payback Order (CPO) requirement for unpaid work continues to be offered by Justice Social Work and services have been developed to meet the needs of individuals within the available resources. Consultation and agreement with local communities and organisations continues with good publicity, projects and placements being realised. An example of the contribution that Unpaid Work can make to our communities can be illustrated by the Chapel Hill accessible raised beds project in Rothesay run by Fyne Futures. They asked for assistance in renovating a piece of waste land that they were given by the Council. They applied for a grant to build raised flower/vegetable beds that are accessible for everyone in the community to use and this was granted. The unpaid work squad levelled the ground and helped in the making of new paths and laid decking. Individual placements were offered there as well as squad days. The garden was opened on 26 June 2018 by Brendan O'Hara MP. On opening day a raw food cuisine demonstration was part of the launch on how to prepare the vegetables that the group will be growing on the site. They described cooking for a vegan diet and the positive impacts it can have in reducing a carbon footprint. This is important for the health and wellbeing of the community. This garden will be used by all of the community to learn how to grow their own vegetables and fruit and they have now started group days.

The revised practice guidance also has additional levels of scrutiny for stand-alone Unpaid Work Community Payback Orders. This, coupled with the extension and rollout of Presumption against Short Sentences (PASS) will place increased demands on the Unpaid Work Scheme, as it is likely that a number of previous short custodial sentences will be converted to Community Payback Orders with Unpaid Work. This requires additional resource which was included in the service review. The focus for the service will be on additional scrutiny of breach reports, on ensuring that the individuals placed on unpaid work can be inducted within statutory timescales and identification of additional work placements to meet demand. The unpaid work supervisors will be expected to concentrate more on the delivery of squad work placements, thereby increasing the capacity for the number of hours completed per week as well as the number of placements. Offering more placements will

also develop skills and employability prospects for service users. The impact of PASS will be monitored closely during 2019/20.

## **2. Partnership Working – Governance and Accountability Arrangements**

### **The role of the Chief Social Work Officer (CSWO)**

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions. The Public Bodies (Joint Working) (Scotland) Act 2014 made provision for the CSWO to undertake this role for all delegated Social Work services within the integration scheme.

*“The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk. “*

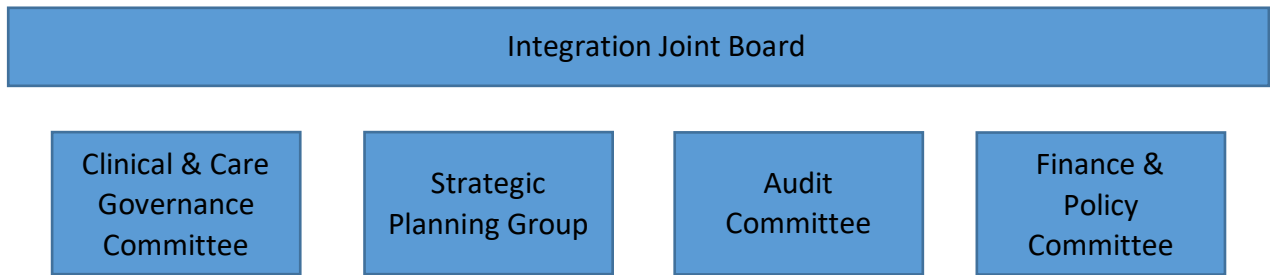
The Role of the Chief Social Work Officer. Scottish Government May 2016

The CSWO is a member of the Argyll and Bute Integration Joint Board (IJB) and a member of the Health and Social Care Partnership (HSCP) Senior Leadership Team (SLT). There are clear lines of accountability between the CSWO and the Chief Officer of the HSCP and the Chief Executive of the Council. The view of the CSWO is sought on policy and strategic developments as well as complex operational issues. To support this there are regular scheduled meetings between the CSWO, the Chief Officer of the HSCP and the Chief Executive of the Council. The CSWO has a statutory role as the professional advisor and non-voting member of the IJB and also sits on the Clinical and Care Governance Committee which has widened its governance role and is refining its processes to more effectively assure itself with regard to the range of social care activity. The CSWO is also a member of the Chief Officer Group for Public Protection (COGPP) and is the MAPPA lead. The CSWO is also a member of the Child Protection and Adult Protection Committees.

The CSWO is the Head of Children and Families and Justice Social Work and manages Child Health (including CAMHS) and Maternity Services as part of an integrated remit. When the CSWO is absent or on leave the CSWO role is delegated to a Third Tier manager and this arrangement has worked well and has served to introduce senior social work managers to the role of the CSWO as part of their professional development.

### **Argyll and Bute Health and Social care Partnership Governance Structure**

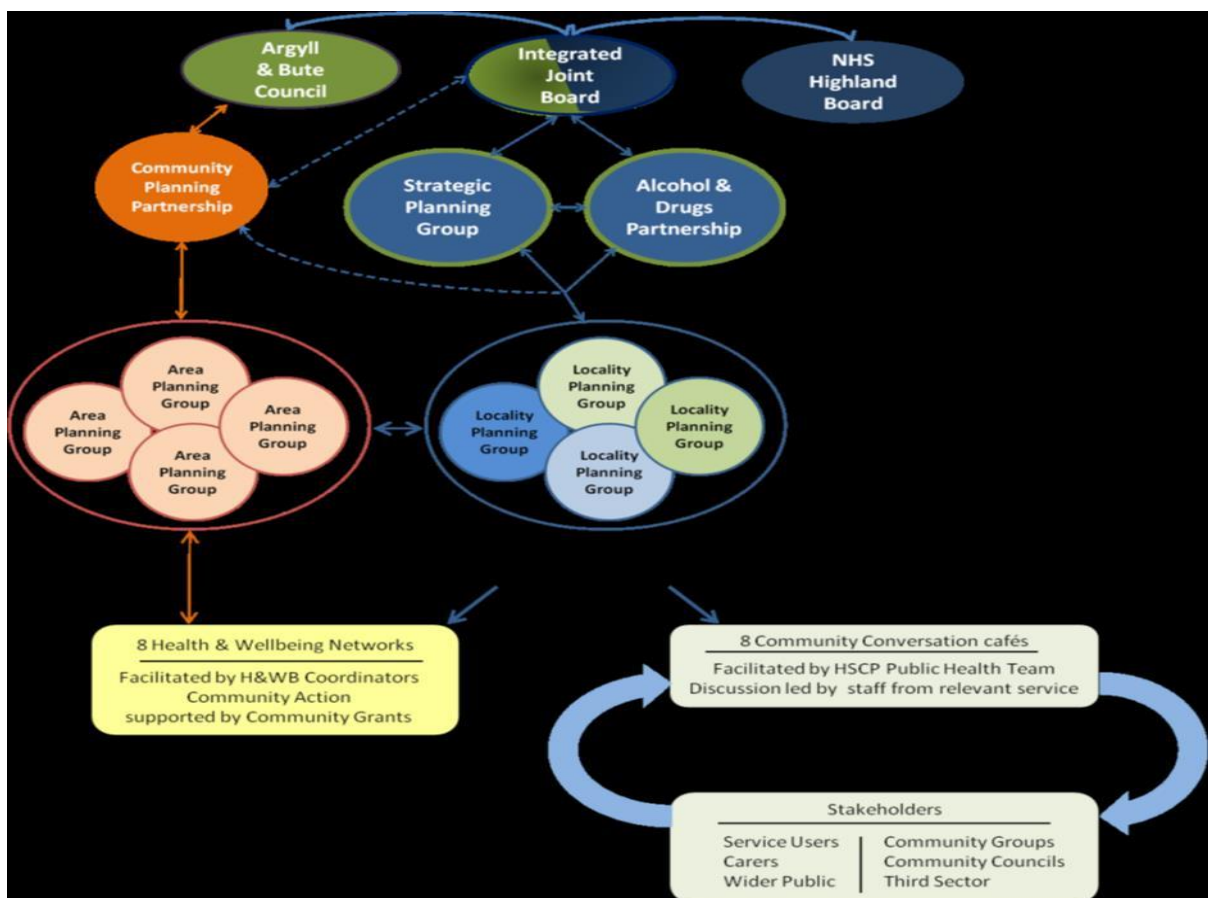
The Argyll and Bute HSCP operates the following formal governance arrangements as illustrated in the flow chart over:



## The Integration Joint Board

The Integration Joint Board (IJB) is responsible for the governance, planning and resourcing of services and has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes. It works alongside NHS Highland, Argyll and Bute Council and community planning partnership to deliver health and social care services.

The IJB has afforded the CSWO a valuable opportunity to engage with key stakeholder groups regarding the work of the Social Work services through its membership which includes the voting members, Third Sector representatives, Patients / Service Users and Carers as well as staff representatives. For example, during the past year the CSWO organised development sessions for IJB members on Justice Social Work and the Multi Agency Public Protection Arrangements (MAPPA).



## **Quality and Finance Plan Programme Board**

This board oversees the programme of work to plan to deliver financial balance including delivery of the service changes in the Quality and Finance Plan, develop and oversee financial recovery plans and develop an approach to future planning for future service change proposals.

## **Clinical and Care Governance Committee**

This group provides assurance to the IJB that systems, processes and procedures are in place to ensure delivery of safe and effective person-centred health and social care services. In addition it supports services to continuously improve the quality and safety of care, identify areas for performance improvement and to provide assurance for professional standards of care.

## **Strategic Planning Group**

This group supports the IJB in preparing, consulting and publishing a Strategic Plan for integrated Health and Social Care services. It also reviews the delivery of Strategic Plan through the Annual Performance Report and the locality planning process; it provides leadership and supports the work of the Locality Planning Groups.

## **Audit Committee**

This group ensures sound governance arrangements are in place for the IJB and also ensures the efficient and effective performance of the HSCP in order to deliver on outcomes. In addition it provides the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting and annual governance processes.

## **Community Planning Partnership**

The Argyll and Bute Community Planning Partnership (CPP) is designed to provide strong multi-agency leadership in order to deliver the best possible outcomes for the people of Argyll and Bute. The Partnership is supported to deliver outcomes through 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 which meets annually and considers overall progress and direction. The CPP board is led by the Leader of Argyll and Bute Council.

## **Chief Officer Group for Public Protection**

The Chief Officer Group for Public Protection (COGPP) is chaired by the Chief Executive of Argyll and Bute Council. The membership includes the CSWO, the Chief Officer of the HSCP, the HSCP Heads of Service, the Police Scotland Divisional Commander as well as the Argyll and Bute public protections leads. Over the past year COGPP have led the closer integration of the work of the Child Protection Committee with the Adult Protection Committee. Having completed a self-evaluation exercise COGPP later draw up a Public Protection Strategy and has expanded its remit and focus to also include Multi Agency Public Protection Arrangements (MAPPA), Violence Against Woman and Girls Partnership (VAWG), Community Justice and the Alcohol and Drugs Partnership (ADP). The CSWO has established a Public Protection Leads Group which prepares the agenda and more actively supports and implements the work of COGPP.

## **3. Social Services Delivery Landscape**

### **Our Places & Population**

The Scottish Index of Multiple Deprivation 2016 identified ten data zones in Argyll and Bute as being in the 15% most overall deprived data zones in Scotland. These ten are all located in towns (Helensburgh, Dunoon, Rothesay, Campbeltown and Oban). Significantly 56 of Argyll and Bute's 125 data zones (45%) are amongst the 20% most geographic access deprived data zones in Scotland. The authority is divided into four Administrative Areas, which are frequently used for service planning within the area.

These are:

- Bute and Cowal
- Helensburgh and Lomond
- Mid Argyll, Kintyre and the Islands
- Oban, Lorn and the Isles

Argyll and Bute is dealing with population changes that are likely to impact on both adults and children and families; we need to consider what service changes will be necessary to meet this challenge. 2016-based population projections, published by the National Records of Scotland, indicate that within Argyll and Bute a number of key changes will take place.

- A decrease in the total population of 3.4% over the next 10 year projection period (2016-2026).
- A decrease of 6.4% in the number and proportion of 0 to 15 year olds.
- A decrease of 36.3% in the number and proportion of 16 - 64 year olds - working age population.
- An increase of 1.8% in the number and proportion of 65 to 74 year olds.
- An increase of 30% in the number and proportion of individuals age 75 and over.

## **Our Households & Our Health**

There were estimated to be 41,040 households in Argyll and Bute in 2016, with an average household size of 2.06 people, lower than the Scottish average of 2.16 people. Between 2016 and 2026, the number of households in Argyll and Bute is projected to increase from 41,040 to 41,531. This is a 1.2% increase, which compares to a projected increase of 6.4% for Scotland as a whole.

The Argyll and Bute Health and Social Care Partnership (HSCP) have the shared vision that “People in Argyll and Bute will live longer, healthier, independent lives.” The nine National Health and Wellbeing Outcomes describe what people can expect from the HSCP.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or those who are frail, are able to live as far as reasonably practicable, independently and at home, or in a homely setting.
3. People who use health and social care services have positive experiences of those services and have their dignity respected.
4. Health and social care services are centred on helping to maintain the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

## **Communication, Engagement and Commissioning**

In delivering services to the people of Argyll and Bute the Health and Social Care Partnership (HSCP) not only endeavours to meet needs and enhance lives but also respect and hear the voices and opinions of users and carers. The HSCP is currently undertaking a comprehensive Joint Strategic Needs Assessment. Only through this approach can the future need and demand for services be mapped, planned for and resourced. For example, Children’s Services are in the process of undertaking a complementary Strategic Needs Assessment which will form the basis for the next Children’s Services Plan (2020-23). Whilst a significant element of the assessment will be derived from the analysis of data the views and experience of service users is also very relevant. The commissioning and procurement of future services will then more closely reflect the changing needs and aspirations of our children and their parents or

carers. More generally there is scope to extend and strengthen the joint commissioning of services between partners and services (including the Third Sector) and this will be supported by the forthcoming production of the HSCP Commissioning Strategy.

## 4. Resources

### Financial Overview

The Integration Joint Board approved the budget for 2018-19 on 28 March 2018. At that time £7.7m of previously identified savings had still to be delivered and there was a remaining budget gap of £5.3m. Further savings of £2.95m were identified leaving a gap of £2.39m to be addressed through service changes in year. This was reduced at the end of May to £1.6m following agreement of a reduced repayment to the Council of £100k following the over spend on Social Work in 2017-18 of £1.155m. The health related overspend for that year of £1.373m was covered by Scottish Government brokerage given to NHS Highland.

The outturn for 2018-19 was an overspend of £6.681m. Of this, £3.554m was covered by Scottish Government brokerage given to NHS Highland and the overspend on Social Work of £3.127m is due to be repaid to the Council over a 3 year period commencing in 2020-21.

In summary financial balance was not achieved in 2018-19 for a number of reasons:

- Unidentified savings at the start of the financial year of £1.6m, for which no recurring savings were identified in-year to offset.
- Delay in delivering recurring savings included in the Quality and Finance Plan.
- Ongoing service pressures and budget overspends in areas which have historically been budget pressure areas, including medical agency and locum costs, GP prescribing costs, high cost care packages and demand for social care services (including supported living and care home placements).
- The full benefit of the financial recovery plan not being fully recognised in the financial outturn as service pressures and demands partly offset any benefits.

### Financial Challenges & Shifting Resources

The difficulties with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years and the requirement to implement service change at scale and pace to ensure the ongoing financial sustainability of the partnership. There are significant cost and demand pressures across health and social care services and these are expected to outstrip any available funding uplifts and have a significant contribution to the overall budget gap. The main pressures relate to demographic and volume pressures including amongst other areas healthcare packages, growth in prescribing, growth in adult social care services, younger adult supported living services and acute health services. There are also significant costs arising from the uplift in the Living Wage rate, pay inflation costs for HSCP employees, inflationary increases for drugs and prescribing costs and for commissioned services.

A savings plan for the budget gap shortfall for 2019-20 of £6.8m has been agreed by the Integration Joint Board comprising management / operational savings of £5.058m and policy savings of £1.736m. Many of these savings involve right sizing of existing budgets and there is much more confidence that these can be delivered. However, it should be noted that there are also £2.8m of previously agreed savings still to be delivered and these remain challenging to deliver in full.

### **Transforming Together**

The Transforming Together programme includes service changes planned to deliver £10.4m of budget reductions through 8 transformational work streams.

The ongoing programmes are as follows:

- Children's services
- Care homes and housing
- Learning disability services
- Community model of care
- Mental health services
- Primary care services
- Acute Hospital services
- Corporate services

These align with the Strategic Plan 2019/20 – 2021/22. There is evidence of transformation taking place at a strategic and operational level within the HSCP. However there remains a real challenge in disinvesting from expensive institutional based services. The HSCP are focussed on directing the finite resources available to achieve Best Value, however there are particular challenges in achieving this in all areas due to the current arrangements for service delivery and the inherent cost of providing services in rural and remote areas. The continued investment in community services in 2019-20 will build capacity in communities and support the delivery of these service changes in the future.

## **5. Service Quality and Performance – including Delivery of Statutory Services**

### **National & Local Outcomes**

**93% of adults tell us that they are able to look after their health well or quite well**

Within the Health and Social Care Partnership the National Health and Wellbeing Outcomes (NHWBOI's) provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focuses 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.

The current Integration Joint Board (IJB) Performance Scorecard consists of 65 performance indicators and for May the overall performance reported 35 measures as being on track – a further breakdown of this noted four of the nine Health and Wellbeing Outcome Indicators showing as amber and five showing a red. A snapshot of key HSCP performance success for 2018/19 are detailed in the table below:

Health & Wellbeing Outcome Performance Measure	Target	Performance
Reduce the rate of premature mortality per 100,000 population	425.0	380.0
Increase the percentage of Looked After & Accommodated Children in Family Placements	75 %	77 %
Increase the percentage of MMR1 uptake rates in children at 5 years old	95.0 %	96.9 %
Increase the number of people aged 65+ receiving homecare	1,180	1,238
Reduce the Emergency Admissions bed day rate	123,035	108,833
Increase the number of people in their last 6 months of life spent at home or in a community setting	88 %	90 %
Reduce the percentage of patients wait no longer than 4 hours in Accident & Emergency	95.0 %	98.6 %
Increase the percentage of people with positive experience of their GP practice	83 %	85 %
Increase the percentage of Social Work care services graded 'good' '4' or better in Care Inspectorate inspections	83 %	86 %
Increase the percentage of Care Leavers with a Pathway Plan	74 %	95 %
Increase the percentage of adults supported at home who agree they felt safe	83 %	83 %
Increase the percentage of Adult Care users reporting they feel safe at assessment	70 %	83 %
Increase the percentage of staff who say they would recommend their workplace as a good place to work	67.0 %	71%

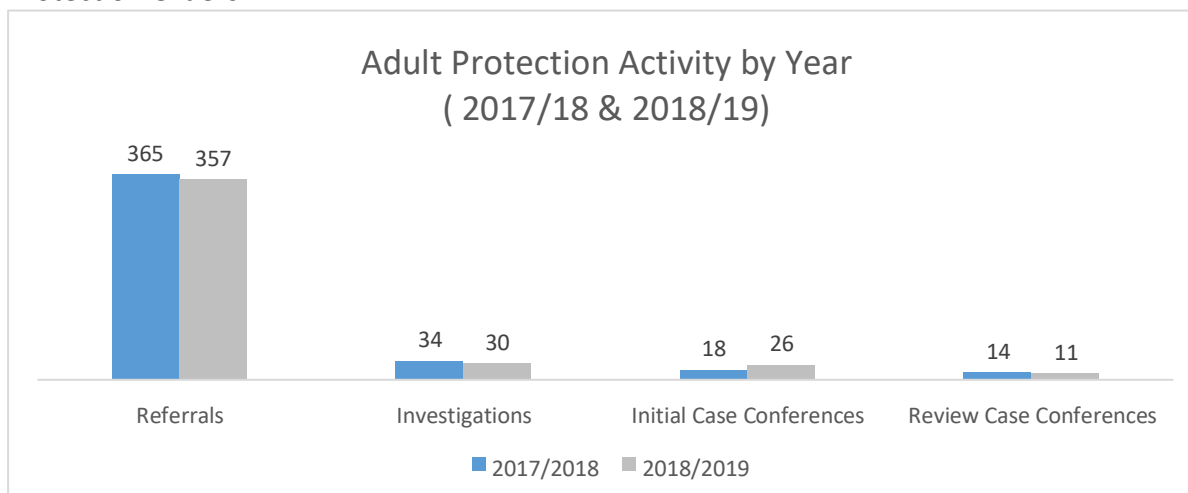
Source: Pyramid IJB Scorecard data as at May 2019

## Early Intervention

**83% of people supported at home told us that they feel safe**

## Adult Protection

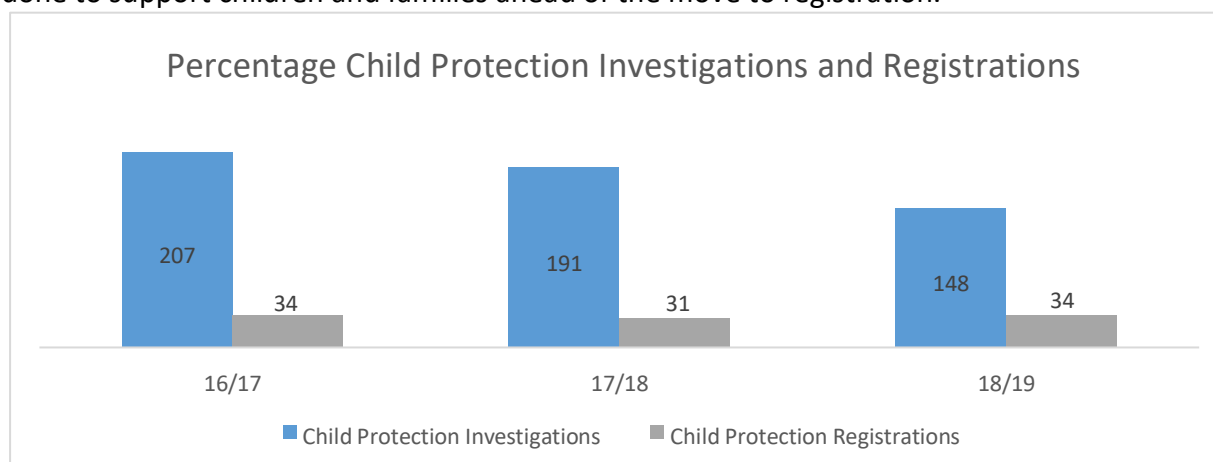
Across 2018/19 there were 357 Adult Protection referrals, representing a very slight decrease from 2017/18 with 27% coming from the Police. Of all referrals, 52% identified an adult as being at risk (i.e. met the 3 point test) and 8.4% led to further Adult Protection activity. There were 30 investigations during 18/19, and from these there were no requests made for Protection Orders.



Source: Carefirst data as at May 2019

## Child Protection

Performance with regards to the number of child protection investigations across the previous 3 years notes an overall 29% reduction from 16/17 (207) to 18/19 (148). This reduction has not been seen across the three year periods with regards to the number of investigations which are converted to child protection registrations. The trend across the registration data notes over the three year period a flat performance trend with a median conversion rate of (31) per year. Critically a contributing factor to this consistence in trend may be the robust ongoing application of child protection training across the HSCP and work done to support children and families ahead of the move to registration.



Source: Carefirst reports as at May 2019

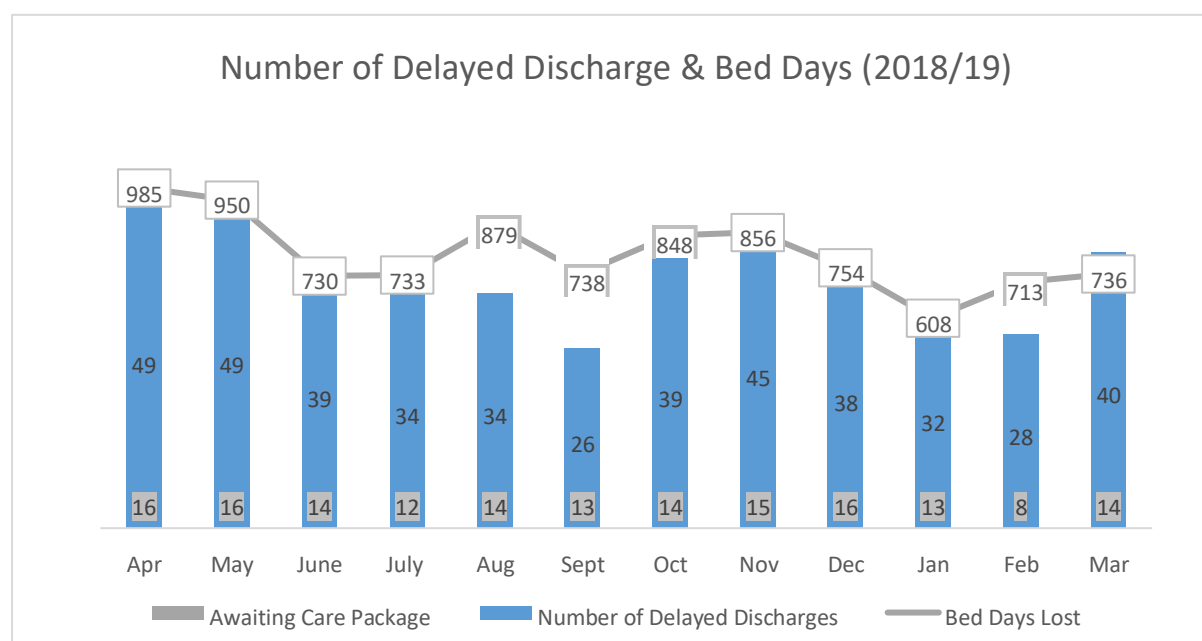
Closer examination of the types of concerns identified with regards to child protections notes that the top three concerns are: Parental Mental Health issues (17), Neglect (14) and Domestic Abuse (13)

Source: Carefirst report May 2019

## Delayed Discharge

Like all Health & Social Care Partnerships across Scotland, Argyll and Bute is committed to ensuring patients are not spending time in hospital unnecessarily while awaiting discharge. However, this can be challenging given the increasing older population alongside rising complex care requirements. The graph below identifies the three key components with regard to the overall number of delays, the number awaiting a care package and the bed day lost. The data notes an erratic trend across the year and this is seen clearly with the highest months for delay noted as April (49), May (49) and November (45) and two of the lowest months for delays being September (26) and February (28). The median trend across the year for total number of delays notes (38) and there is a suggestion across the data that seasonal factors such as response to winter pressures may be influencing the data at key periods across the year.

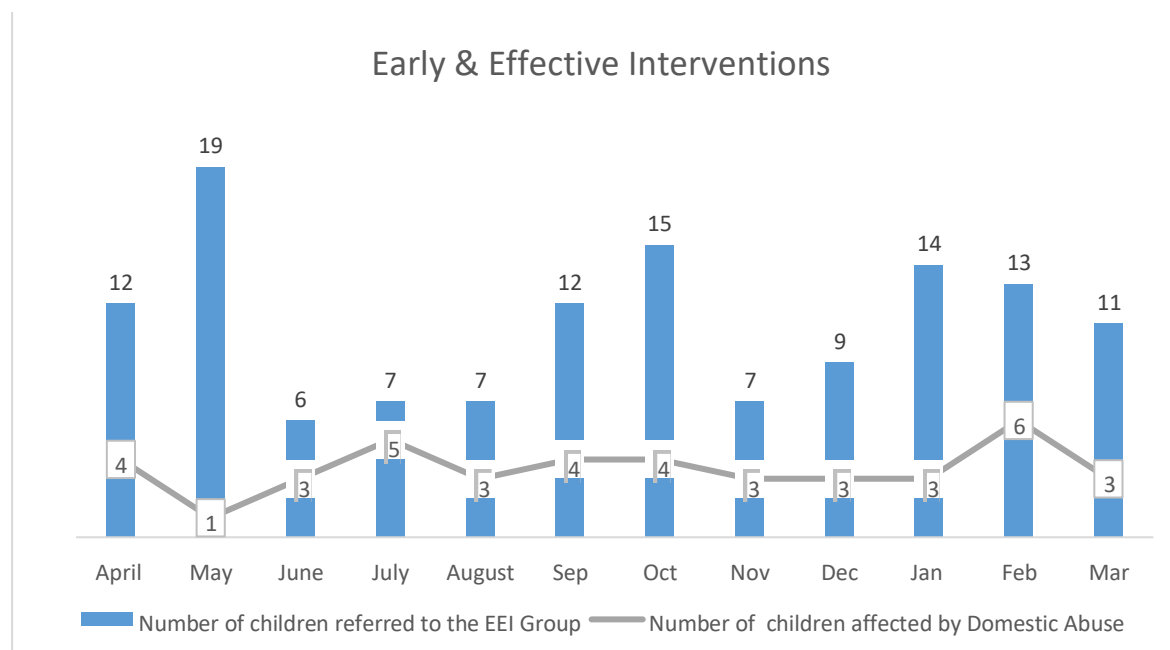
With regard to bed days lost across the year there has been a 25% reduction from April 18-March 19, however the monthly data notes that there is not always a correlation between reduced overall delayed discharges (DD) and reduced bed days. Weekly DD data is being produced to support area managers and teams with real-time data noting reasons for delay and bed days used against all patients. This local intelligence and data is being used to assist in both prevention of further admission and in supporting the localities in understanding the reasons for delay and actions required within local hospital and wards. This information is used in daily ward discharge briefings.



Source: Pyramid data as at May 2019 & MSG4 Bed Day data ISD publication dated May 2019

## Children & Families Early Intervention Services

Performance with regard to referral to the EEI group across the year note a general low level trend of referral numbers (median 11) the largest number of referrals reported across the year was May 2018 (19). There is an identifiable trend reduction for Jan 2019 - Mar 2019 with a median of (13) referrals across this three month period. The number of children referred affected by Domestic Abuse again shows a relatively flat median trend (3) across the total number of referral. Statistically there appears to be no direct link with an increase in referrals and those referrals involving domestic abuse.



Source: Pyramid data as at May 2019

## Justice Services

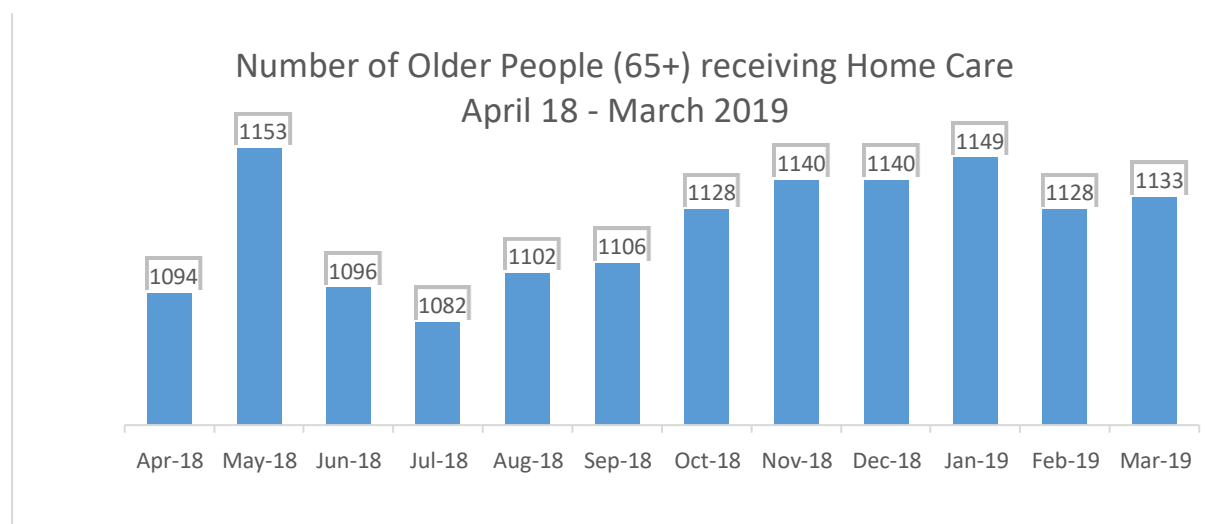
The Argyll and Bute Justice Service has offices in Dunoon, Rothesay, Campbeltown, Lochgilphead, Oban and Helensburgh with responsibility for assessment and supervision of service users, working with partners to deliver public protection, risk management, and interventions with a view to reducing reoffending. Since the implementation of the new model for community justice on 1 April 2017, the governance arrangements of Justice Services in Argyll and Bute have changed. Justice Strategic Planning and service delivery is now the responsibility of local Community Justice Partners which include the Argyll and Bute Council and the Argyll and Bute Community Planning Partnership.

With regard to those subject to Community Payback Orders performance across the year has seen a steady and gradual reduction in the percentage of orders seen within 5 days. Although there has been a reducing yearly data trend, overall performance remains above the 80% target.

### 77% of looked after children are accommodated in family placements

#### Homecare

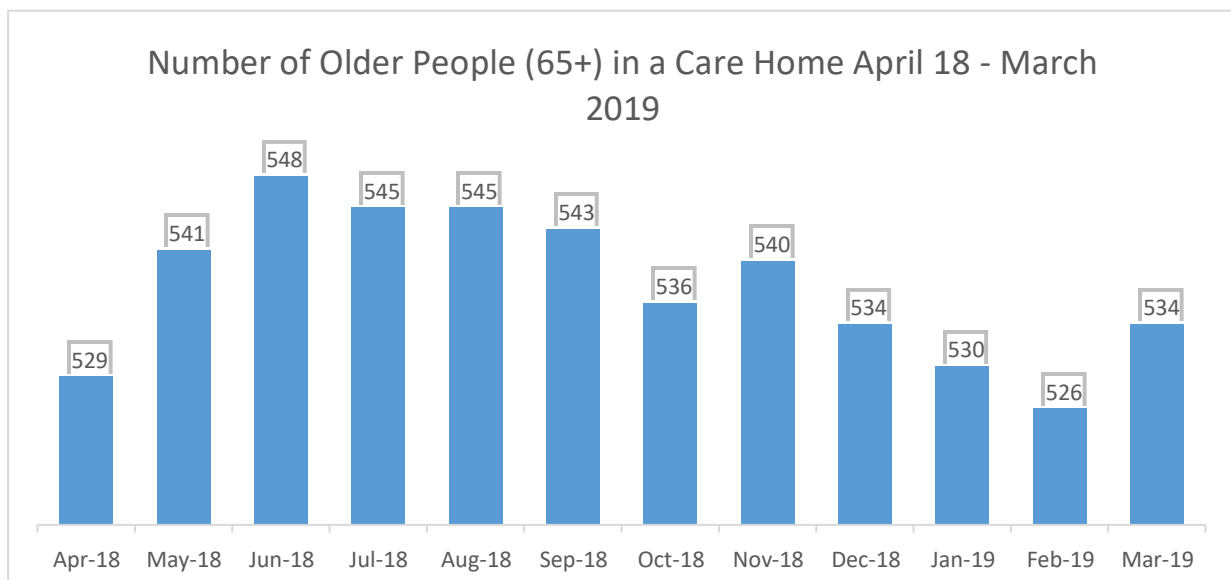
Argyll and Bute Social Work services continues to support older people to live at home and the previous year's data has indicated year on year increases in the number of people aged 65+ directly in receipt of homecare. Personal Care as a proportion of all homecare remains high at 98%.



Source: Pyramid data as at May 2019

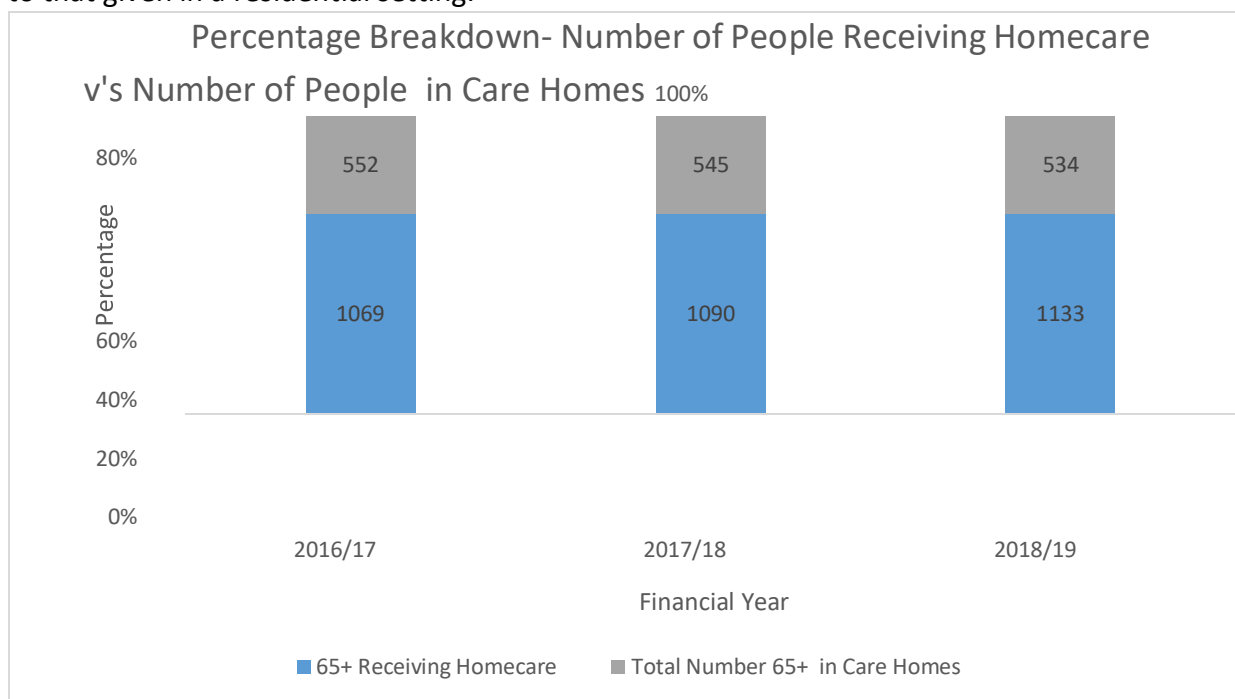
#### Residential Care

Alongside the demand to support people to live at home, Social Work services continue to seek a reduction in the number of people across all age groups admitted to care homes. Over the last year the numbers of those supported in care homes has again decreased slightly to 534, representing a 3.2% decrease across the 2 year period from 2016/17. The falling trend across this data could be indicative of successful implementation of strategies to maintain support to people to remain in their own homes as demonstrated in the relatively consistent levels outlined above.



Source: Pyramid data as at May 2019

The proportion of care at home provision in terms of Personal Care remains high compared to that given in a residential setting.

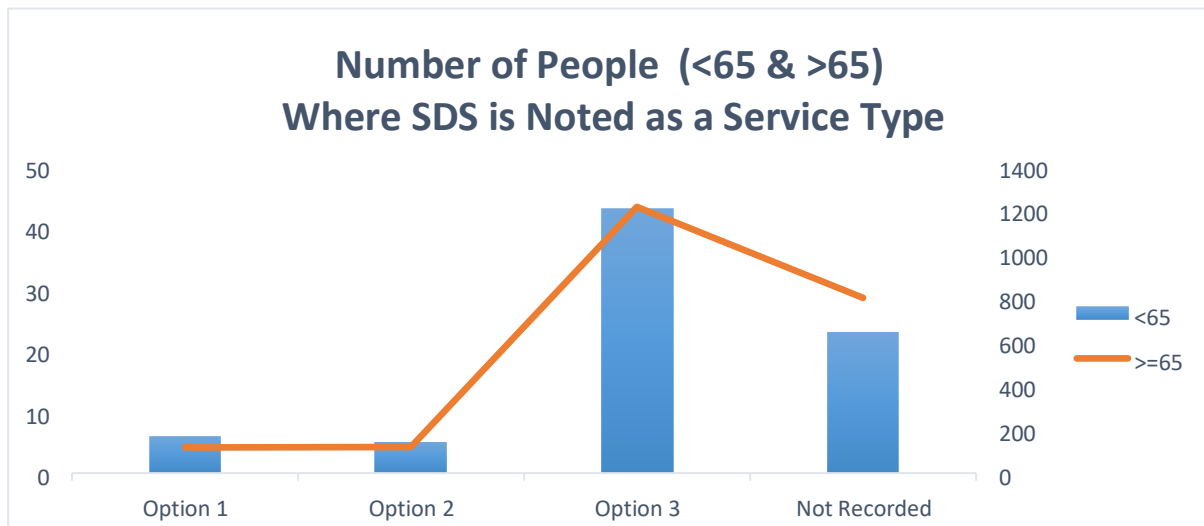


Source: Pyramid data as at May 2019

### Self Directed Support

Self Directed Support (SDS) enables people to be in control of and direct how, when, in what way and by whom, they are supported. During 2018/19 there were 4453 adult service users known to have been supported by a social work team, of which 1728 were assessed for SDS. The numbers selecting Option1 (direct payment) fell from 159 to 123. The largest population across both those under and over 65 year age groups note that Option 3 (Council provided services) remains the most popular, statistically this equates to 83% of the total across the three options excluding those not recorded. In addition across the three options as a

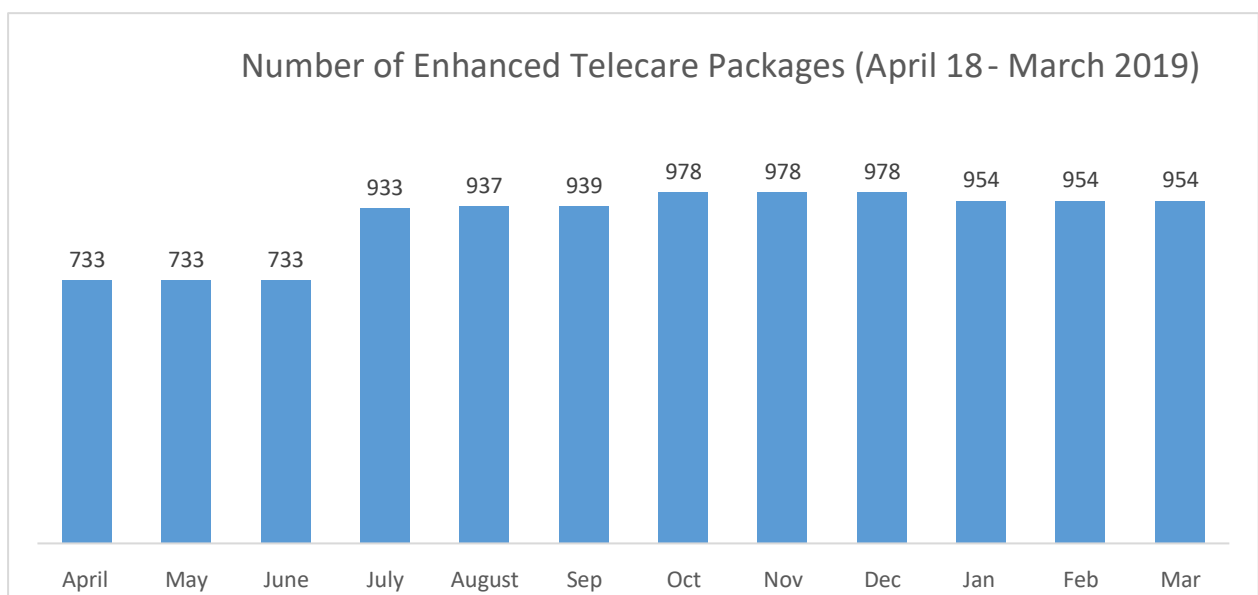
percentage of the total (excluding not recorded) those under <65 years of age account for 4% of the total population, the 65+ age group account for 96% of SDS use across the HSCP.



Source: Carefirst Service Agreement data as at May 2019

### Technology Enabled Care

The number of enhanced telecare packages within Argyll and Bute continued to rise across 2018/19 which saw monthly service user numbers greatly exceed those of the previous financial year's monthly totals. 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.



Source: Pyramid data as at May 2019

## Alcohol and Drugs

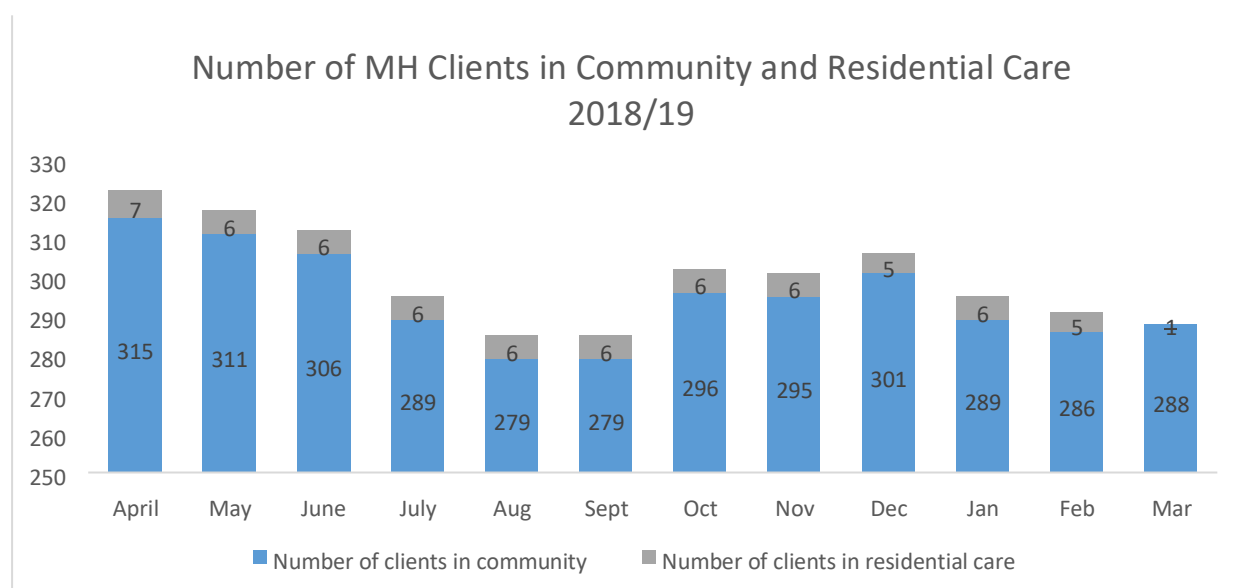
The Argyll and Bute Alcohol and Drug Partnership (ADP) is a partnership of statutory and voluntary organisations working together to achieve a reduction in the harmful effects of alcohol and drugs on both individuals and the wider community. In particular performance with regard to the number of secondary schools delivering drugs awareness training alongside the Argyll and Bute Alcohol and Drugs Partnership notes for 2018/19 delivery to be 60% against an overall 100% target for all schools.

In relation the national referral to treatment standard for alcohol (December 2018) the Argyll and Bute Alcohol and Drugs Partnership saw 90.5% of people referred and treated within 0-3 weeks raising to 98.3% within 5 weeks. This is against the Scotland Average of 93.9% for 0-3 weeks and 97.3% within 5 weeks.

## Mental Health

Mental Health Officers (MHOs) are appointed by the Chief Social Work Officer / Local Authority to carry out a statutory role with people with a mental disorder. MHOs undertake statutory assessments, prepare applications, reports and care plans in relation to individuals who may be subject to compulsory care and treatment in the hospital or in the community. MHOs present reports and evidence to the Mental Health Tribunal of Scotland and/or Courts and work within a range of legislative frameworks relating to mental health, adults with incapacity and criminal justice.

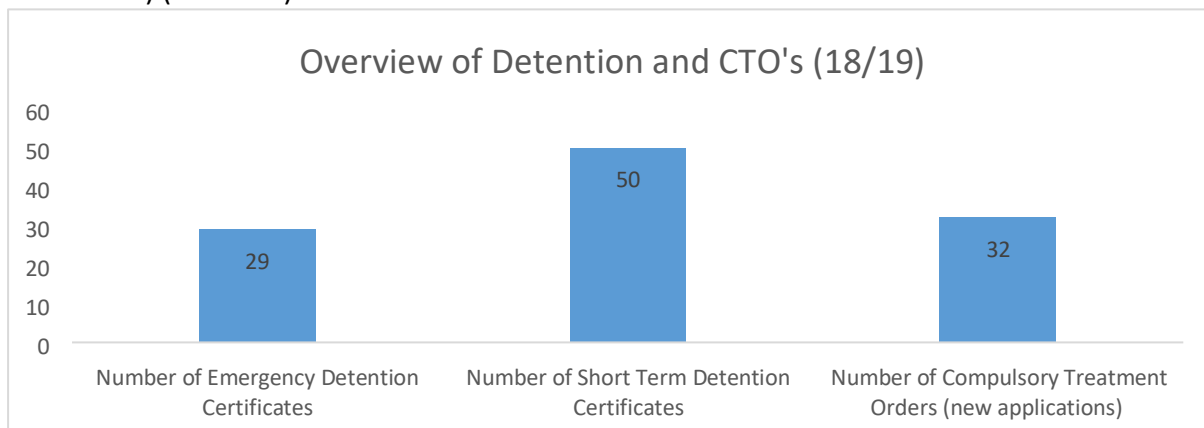
The number of Mental Health Service Users being supported in the Community has fluctuated slightly but remained relatively constant across 2018/19 with 99.6% of Mental Health patients supported in a community setting as at 31 March 2019. This reduction noted for March is minimal and in itself does not identify significant causal factors which would be suggestive of naturally occurring data variance.



Source: Pyramid data as at May 2019



Rates of Detention for period April 2018 to March 2019 under the Mental Health (Care and Treatment) (Scotland) Act 2003 are as outlined below:



Source: Carefirst as at 6 June 2019, verified as accurate but with some retrospective additions which could be attributed to the previous financial year

## Carers

The maintenance of lives that are as healthy, independent and happy as possible relies hugely on the efforts of many in the statutory and voluntary sectors. Even more than this, the support and care provided by Carers has never been more extensive and more essential. Without this input, the health and social care systems would be unable to function.

On 1 April 2018 the Carers (Scotland) Act 2016 came into effect. The Act extends and enhances the existing rights of Carers in Scotland. This is to help improve their health and wellbeing so that they can continue to care, if they so wish, and support their ability to have a life alongside caring.

The Scottish Government Carers Branch have initiated a national dataset for Carers. Argyll and Bute HSCP have a responsibility to report data around implementation of the Carers Act. This data has been collected from our Carer's Centres, and returned to Scottish Government. In 2017/18 this was an aggregated full year submission and for 2018/19 the census is a more detailed submission broken down to individualised (and anonymised) returned twice per year.

Essentially the Carer's Census is broken down to 2 key component parts:

- Carer's details & information on the Carer's Assessment and Support Plan provision
- Cared for person details

This new census process will allow for local monitoring and performance reporting direct to the IJB and also opportunity to evaluate our data against a national dataset. In addition, we will monitor activity and trends with the expectation of an increase in carer's assessments and support offered to carers, in line with the commitments of this strategy.

The Carer's Centres have reported they are in the process of a necessary exercise to transfer all data from one database system to another. For this reason some of the detailed information returned in the 2018/19 biannual census is either unavailable or incomplete but the figures submitted to date are accurate. Carer's centres have stated they will be constantly be adding new information but also migrating details of each case as and when and have acknowledged this will take some time.

For the 2018/19 Carers data submitted thus far, 15.1% (236) are 0-17 Age Band, 43.5% (678) Aged 18-84, 28.8% (448) 65+, and 12.6% (196) age not known or recorded. For the 1270 Cared For Person data submitted thus far across 2018/19, 13.3% (169) are Age Band 0-17, 25.3% (321) Aged 18-84, 34.9% (444) 65+, and 26.5% (336) age not known or recorded.

In gender terms, 20.7% (263) are reported as Male, 18.2% (231) as Female, and 61.1% (776) not known or not recorded. It is worth noting that this initial data will be subject to variance in reporting as each of the Carer Centres become acclimatised to using the national reporting template. Support from the HSCP Performance Team is being given to support the Carers Centres and it is expected that there will be an improvement across the year with data quality and data accuracy. This process is recognised within the Scottish Government Team and it is expected that elements of the return will be further reviewed and developed as the process matures.

### **Change & Community Capacity Building**

**978 people are being supported to live independently at home with enhanced telecare packages**

The drivers for change are now well known and understood by the public and stakeholders. These drivers provide the context for the objectives and policy priorities detailed in the Strategic Plan, which when considered with our Locality Health Need profile and Area Profile has led us to conclude that doing the same things, will not be sufficient to meet future need, hence we must change and transform services and support people to make changes to their life style.

Therefore we are prioritising investment and transforming our services and resources to:

- Preventative measures
- Anticipatory care
- Maintenance of health and wellbeing

Achieving this transformation of services requires the following:

- National and local policy development and application.
- Strategic approach to planning and delivery of service at locality, HSCP and regional level.
- A focus on quality, safety and sustainability.
- Evidence and robust performance management.

- A workforce plan that details the skills and roles required to meet need.
- A commissioning plan which identifies the gaps in current services, designs new service models and supports market and provider development to meet the health and well-being needs of all of our Communities.
- An organisation that has at its core a continuous improvement system of operation and culture.

### **HSCP Strategic Planning Group**

The Strategic Planning Group includes representation from the service users, the public, Carers and organisations that deliver, or have an interest in, adult health and social care. It has the responsibility to develop the Strategic Plan including the strategic commissioning plan while ensuring progress is regularly measured against the outcomes for health and wellbeing, and associated local and national indicators. In addition the Strategic Planning Group will also look to put in place effective governance and reporting structures to identify how we best shape and deliver our strategic commissioning priorities.

### **Locality Planning Groups**

Locality Planning Groups (LPGs) are required to develop, engage, communicate and enact the implementation of the 3 year Strategic Plan, at locality level, by developing their own annual Locality implementation plan. This plan is required to:

- Support the 7 areas of focus and strategic transformation objectives of the Argyll and Bute HSCP.
- Deliver against the road map of what we expect to look like in 2019 – 2022.
- Review the locality plan on an annual basis to ensure it is meeting identified need.
- Assess progress against the locality plan and provide an annual report to the Strategic Planning Group Following an Option Appraisal Workshop in October 2018.

The new preferred localities were identified as:

- Bute & Cowal
- Helensburgh & Lomond
- Mid-Argyll, Kintyre & Islands
- Oban, Lorn & Isles

### **Partnership Arrangements with Other NHS Boards Covering Adults and Children**

Argyll and Bute HSCP works very closely with NHS Greater Glasgow and Clyde Health Board, from whom we commission acute hospital and specialist services for emergency, elective and outpatient services. Under this arrangement 11,500 Inpatient, 7,600 Day case 17,100 consultant outpatient and 22,500 nurse led outpatient appointments are provided to residents of Argyll and Bute per year. The trend over the last few years has seen an expected shift from planned inpatient activity to day case procedures while emergency inpatient activity has remained broadly the same. The HSCP has established regular service planning and operational liaison meetings to consider service and cost issues. We continue to develop

excellent working relationships to ensure seamless service provision. Over the next three years our focus will be to increase value and reduce the overall spend on this contract finding other ways to deliver these services within our communities.

## Partnership with the Independent Sector

Argyll and Bute HSCP also commission a wide range of services from the Independent Sector. We continue to work in partnership with these organisations and with Scottish Care (which represents a large section of independent sector health & social care providers across Scotland). This enables the delivery of services throughout our area and create opportunities for improvement. There is representation from Independent Sector organisations on our Integration Joint Board (IJB), Strategic Planning Group (SPG) and other working groups within Argyll and Bute HSCP. We value their ongoing contribution and expect their ongoing support moving forward.

## Healthy Argyll and Bute - Health Improvement

Argyll and Bute HSCP has a good track record for prioritising working in a preventative way to identify and address a range of health problems before they arise. In April 2017 the Joint Health Improvement Plan (JHIP) was published and covers the 5-year period up until 2022.

The plan was developed by the Health & Wellbeing Partnership in consultation with partners and also members of the eight Health and Wellbeing Networks. This JHIP is purposely short and should be viewed as a “call to action” for communities and organisations with an interest in enabling the people of Argyll and Bute to lead the healthiest lives possible, thereby contributing to the success of Argyll and Bute. It sets out how improving health should be approached and gives some practical examples of how this has worked in our local communities. The health improvement approach favoured in Argyll and Bute, centres on building better communities with a wide range of services and activities in these communities.

## Transition and Success

The Health & Social care partnership have developed a transformational plan focussing on 8 key areas, key performance successes to date have been:

Transitional Area	Transformational Activity
<b>Transformational Area 1</b> - Children's Services	<ul style="list-style-type: none"> <li>•We have established robust multi-agency arrangements through which to deliver the Children and Young People's Service Plan; this includes multi-agency locality Practitioner Forums.</li> <li>•Our 3 Children's Houses as well as our Adoption and Fostering Services are graded 5 (Very Good).</li> <li>•The number of our Looked After and Accommodated Children (LAAC) cared for in family type placements continues to increase vis-à-vis institutional type care.</li> <li>•100% of our Young People leaving care in the last year were offered appropriate housing.</li> </ul>

	<ul style="list-style-type: none"> <li>•In line with “Best Start” we provide continuity of Midwifery care to women across Argyll and Bute.</li> <li>•We have fully embedded all elements of the Universal Health Visitor Pathway.</li> <li>•We have delivered a health drama to 820 S3 pupils across Argyll and Bute in 2017 which included information on smoking.</li> <li>•We are using the Model for Improvement to test the use of assessment tools and interventions aimed at supporting Children to reach their developmental milestones at 13 – 15 months and 27 – 30 months</li> <li>•We are also using the Model for Improvement to test methods to ensure multi-agency chronologies are in place for Children and Young People following an Initial Referral Discussion (IRD) where the decision is to progress to child protection procedures.</li> <li>•We have initiated a redesign of the Child and Adolescent Mental Health Services (CAMHS) including the deployment of additional staffing which will ensure a clear and accessible pathway is available to all young people in secondary school.</li> <li>•We have developed GIRFEC (Getting It Right For Every Child) infomercials by young people for use in schools to promote understanding of the Named Person role and the National Well-being indicators.</li> </ul>
<b>Transformational Area 2</b> - Care Home and Housing	<ul style="list-style-type: none"> <li>•Completion of a Health Need profile of specialist housing. (Phase 1).</li> <li>•Completed a benchmarking exercise on care home and housing provision compared to other areas throughout Scotland.</li> <li>•Established local working groups to deliver the requirements of the project with representation from all relevant stakeholders and partners.</li> </ul>
<b>Transformational Area 3</b> - Learning Disability Services	<ul style="list-style-type: none"> <li>•Developed a new Learning Disability Strategy for Argyll and Bute HSCP (currently at consultation stage).</li> <li>•Completed a structural review of our service (currently at consultation stage).</li> <li>•Improved management of care transitions via our wider Disability Transitions Group.</li> <li>•Reviewed our Autism Strategy and developed an implementation plan.</li> <li>•Initiated reviews of current care packages in relation to Resettlement, Supported Living and Reduce the number of professionals so provide a single service with a single point of contact.</li> <li>•Improved our communication and engagement with communities and service users, through the newly established HSCP Engagement Framework.</li> <li>•Developing residential care and campus style support models that do not rely on individual tenancies.</li> </ul>
<b>Transformational Area 4</b> –	<ul style="list-style-type: none"> <li>•Co-location opportunities of multi-agency teams continue to be explored and developed across the Partnership area.</li> </ul>

Community Model of Care	<ul style="list-style-type: none"> <li>•Reviewed our Community Teams across A&amp;B HSCP. Developed proposals for redesign of our services and are currently engaging with staff on the proposed changes.</li> <li>•Established a Resource Manager network across the Partnership with a view to further developing our homecare and re-ablement services.</li> <li>•Established Single Points of Access and 'daily huddles' in each of our community teams as a means of highlighting pressure points in our service provision. This is having a positive effect on delayed discharges across the area.</li> <li>•Reviewed and reduced the need for on- going care packages allowing this resource to be transferred to other users.</li> <li>•Undertaken team caseload reviews including acuity assessment to determine appropriate team size.</li> </ul>
<b>Transformational Area 5 - Mental Health Services</b>	<ul style="list-style-type: none"> <li>•Completed a review of our Community Mental Health Teams recommendations of which will be actioned via our Mental Health and Dementia Steering group.</li> <li>•Identified resource to deliver the Wellness Recovery Action Planning (WRAP) approach to enable people to self-manage their mental wellbeing.</li> <li>•Recent Islay trial of 'Near Me' the use of video consultation to support primary care mental health workers and clients.</li> <li>•Agreed a new locality based consultant model of care.</li> <li>•Establishment of inpatient beds within Mid Argyll Community Hospital (July 2018).</li> </ul>
<b>Transformational Area 6 - Primary Care</b>	<ul style="list-style-type: none"> <li>•Developed the Argyll and Bute HSCP Primary Care Improvement Plan (PCIP) 2018 – 2021.</li> <li>•Facilitated the federation, merger and closer working between GP practices across Argyll and Bute including Lochgilphead and Inveraray, Helensburgh and Garelochhead and Islay practices.</li> <li>•Established locality wide GP Out of Hours (OOHs) services in all mainland areas, centred on the local hospital. Continued to support the single island service on Islay.</li> <li>•Developed a Primary Care Modernisation Group reporting to the IJB via the HSCP senior leadership team and the Service Transformation Board.</li> <li>•Creation and implementation of 3 Whole Time Equivalent (WTE) Advanced Practice Anticipatory/Emergency Care Nurses working in partnership across 5 GP Practices within Helensburgh and Lomond Locality.</li> <li>•Developed a network of GP cluster Leads in each locality.</li> </ul>
<b>Transformational Area 7 – Hospital Services</b>	<ul style="list-style-type: none"> <li>•Developed an action plan for redesign of Community Hospitals.</li> <li>•Reviewed Medical Model in Lorn and Islands Hospital.</li> <li>•Successfully ran improvement events in each community hospital with a view to streamlining processes and improving efficiency.</li> <li>•Completed a scoping study of inpatient and unscheduled activity within all our hospitals.</li> <li>•Participated in the National Day of Care survey.</li> </ul>

	<ul style="list-style-type: none"> <li>•Established the Argyll and Bute “6 Essential Actions” Group working NHS wide to embed best practice around.</li> </ul>
<b>Transformational Area 8</b> – Corporate Services	<ul style="list-style-type: none"> <li>•In December 2018 established a secure and permanent IT network link between both NHS and Council. Allowing staff to access some of the NHS &amp; Council systems from either location. Critical step forward for integrated working for integrated teams.</li> <li>•Transferring 300+ community health staff onto the Care First system providing a single health and care system for the community.</li> <li>•Co-located health and social care staff in Campbeltown, Oban, and Mid Argyll Hospitals.</li> </ul>

## 6. Workforce

### Overview

Our workforce is vital to support the Health and Social Care Partnership HSCP to deliver our vision and need to feel valued and be skilled, motivated and flexible to support the HSCP. New ways of working and doing things are needed. The HSCP workforce includes employees of two different organisations, Argyll and Bute Council and NHS Highland, as well as people in many organisations and individuals that contribute as part of an overall workforce delivering health and social care. These include unpaid carers and volunteers and third and independent sector providers that together enable the delivery of good care and ultimately better outcomes for people in our communities. The HSCP need to support staff as we transform together the way we deliver our services for the future. We need to attract and retain our workforce, invest in training and development and involve our workforce in shaping how our future services look. There are a range of national and local workforce challenges and workforce planning is more critical for success than ever before; it is dynamic and evolving and success depends on being integrated with financial and service planning.

### HSCP Workforce Planning Activity

We have a workforce that is skilled and highly experienced with the majority over the age of 50. At the end of March 2018 there were 2,406 staff within Argyll and Bute HSCP:

- 851 Council or Local Authority (LA) employees; 621 of these were Social Care Workers
- 1,555 NHS employees

Health and social integration is much wider than these organisations and includes our Primary Care service providers, Care at Home and Care Home providers in the independent sector, and third sector providers and volunteers. Our initial Workforce Plan for 2018/19 focused on Adult Services, the largest area of staff who are direct employees of Argyll and Bute Council and NHS Highland.

This Plan included key challenges and what is needed to Bridge the Gap from where we are to where we want to be:

- Work was completed in July 2018 with Healthcare Improvement Scotland's Improvement Hub (iHub) and its associates to test a change-based planning approach to support workforce change and development, introducing and utilising systems modelling at locality level.
- Further consideration will be required to ensure this modelling approach could be used in the future as part of workforce planning, investment would be needed to support software, capacity and skills. At present there are other more value added priorities.
- The next iteration of our Workforce Plan in 2019 will include information about other HSCP services; Children & Families, Mental Health, Learning Disabilities, Sexual Health, Public Health, Dental and Corporate services. Workforce planning is iterative and emerging as we transform our services together.
- Work is in progress around improving Staff/Employee Health & Wellbeing and draft recommendations have been developed following a survey utilising healthy working lives initiatives and the NHS Highland Staff Health and Wellbeing Framework. Staff have been asked to review the results and recommendations and contribute ideas to improve the wellbeing of our workforce.
- To take the learning from the Sturrock Report and implement its recommendations in establishing a "Culture fit for the Future".

### **Recruiting the Workforce – Challenges & Issues**

Challenges exist across all partners around recruiting the right people to a range of roles with health and social (NHS and Council employers) as well as with the Third and Independent sectors. Other opportunities in local areas can often appear more attractive and offer more competitive salaries, public sector pay increases also differ from those in other sectors. As part of the commissioning process the investment in partners needs to be reflected. The HSCP needs to invest in the workforce to attract, retain and develop it for the future. The ageing workforce is also affecting all partners so whilst we may want to look towards utilising volunteers more in the future, this group is also ageing and reducing in number, with the increased working age and caring responsibilities having an impact.

### **Social Work specific challenges**

The workforce challenges facing Social Work in Argyll and Bute are in many ways similar to those facing Midwifery, Nursing, the Allied Health Professionals (AHPs), Health Visiting and Teaching. All these professional groups share a largely aging profile and are typified by enduring recruitment and retention challenges. When recruiting to these posts there may on occasion be no applicants or simply one applicant. The pressure to appoint applicants who do not meet the full person specification or bring complexity to the appointment of one sort or another is considerable. It is relevant to note that of these professional groups, the latter two (Health Visiting and Teaching) have recently received significant pay awards which has had an immediate and positive impact on recruitment and retention. The unintended



message this has given to the remaining professional groups is unfortunate with regard to the sustainability of a future workforce across the remaining sectors.

## **Workforce Development**

With regard to workforce development the Health and Social Care Partnership (HSCP) aim to make working in health and social care to be a career of choice and as such we are looking at how we attract, retain and develop the right people.

We need our workforce to be:

- Valued, skilled, motivated and flexible to transform together to deliver the changes required.
- Provide better and more efficient services, building stronger working and collaborative partnerships across health and social care, primary care and our independent and third sector partners, service users and carers to provide better and more efficient services.
- Focus on Prevention and Early Intervention is paramount and is fundamental as part of Transforming Together.
- Involved and engaged in service redesign, new ways of working and the transformational changes.

## **Establishing a learning culture**

The CSWO and the senior leadership within the Health and Social Care Partnership are committed to establishing and embedding a learning culture within the partnership. Whilst the principles of managerial and professional accountability apply, progress has been made in moving away from a blame culture to one in which we take learning from when we could have done better or when things may have gone wrong. This emphasis on learning and improvement has been reinforced through the adoption of improvement methodology and the use of “tests of change”. Examples, of this can be found in the work of Permanence and Care Excellence (PACE) programme and the proposed establishment of an Improvement Faculty to support the work of the Children’s Strategic Group.

## **Key challenges and support for new social workers**

Our Employee Induction Process is designed to ensure new employees are integrated effectively into the Council, and that a consistent approach is taken to achieve this. In broad terms, it aims to ensure new employees achieve the following 5 goals:

- To become familiar with their day to day working environment and understand the relevant health and safety information.
- To meet their colleagues, learn the team’s goals and understand how and where their job fits in.
- To know exactly what their jobs involves, what is expected of them and what support the Council will provide to allow them to perform to the best of their ability.

- To understand their conditions of employment, and know the relevant practical information about holidays, pay processes, etc. and how to access all relevant policies and procedures.
- To understand how the work and goals of their team fit into the wider responsibilities and goals of the Service and of the Council, and be aware of other functions within the Council.

### **Staff engagement, surveys and feedback**

Argyll and Bute Council's Internal Audit Report (June 2019) "Organisational Culture" has a number of areas of focus including: Staff surveys are regularly carried out with meaningful analysis undertaken to allow sufficient and appropriate management response. This highlights staff engagement and feedback as important to the Council.

An Employee Survey was carried out in March 2019. Findings were analysed and compiled by an independent research organisation, to ensure clarity and objectivity. Drawing comparisons from a previous staff engagement survey, on this scale, in November 2016, the overall conclusion was:

*Respondents feel increasingly positive about the employment deal, and increasingly engaged with the council.*

### **Overall summary of findings:**

- Positive progress shown in terms of the 'balance of the deal' i.e. how much employees feel their contribution to the council matches what they get back from the council.
- Positive progress shown in senior leaders communicating the vision for the council.
- Employees know why their work matters to Argyll and Bute, know how to put our values into practice and would take action to support themselves and their colleagues at work.
- Uncertainty about job security is an on-going concern.
- Employees would like more credit/recognition for their work.
- Managers are highlighted again as being key: from acting on ideas for improvement to involving employees in the council by sharing information.

Following these findings an "Organisational Culture and 2019 Employee Survey Action Plan" was produced to capture these findings, build on the strengths identified and make improvements where necessary. Several of the action points focused on improving communication with staff and identifying to them how they have been listened to. Sharing key information regarding working conditions was also highlighted, for example: "Promote key HR policies (i.e. flexible, homeworking and agile working)." This plan will be taken forward in the coming year.

### **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 2018/2019:

Qualification	Number of employees funded
Post Graduate Certificate in Child Welfare and Protection	1 employees
Professional Development Award in Practice Learning	2 employees
MHO Award	1 employee

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

Within Argyll and Bute there is difficulty recruiting social workers and it is for this reason that a “growing our own” scheme was developed. Each year the council sponsor two applicants to undertake the degree in social work. The “growing our own” scheme is an opportunity for Argyll and Bute to support talented individuals to undertake 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 2 employees at stage 3 and 2 employees at stage 4 of the Social Work Degree.

### **Placements**

Learning Network West provide us with students to place. We also offer 10/20 day observational placements. And in addition, we hold an annual Learning 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.

### **Supervision, mentoring, coaching and peer support**

Supervision is a key process within social work/care and the Argyll and Bute HSCP have a comprehensive supervision policy. This requires that all staff have monthly supervision on a 1 to 1 basis with their supervisor who is in most instances their manager. The supervision process is reflective and examines the interventions undertaken and as such oversees practice whilst supporting staff in identifying their development and training needs. Some teams undertake group supervision and take the learning from case studies and their shared experiences. All staff participate in Performance Review Development (PRD) planning which is competence based and links individual performance with that of their team and service plan. The personal development sections of PRDs are subsequently profiled to support the planning activity of the Social Work Training Board. Within this framework staff are supported

to attend conferences and short courses in relation to the Continuous Professional Development (CPD).

## **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. In March 2017 the programme changed and 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 one employee undertaking the Preparing to Manage Programme. We also have two employees undertaking the Managing Teams Programme.

## **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 Talent Management 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

## **Social Work Training Board**

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 include:

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

The board is chaired by the CSWO and is comprised of representatives from social work (Heads 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 provided 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 SVQ Courses undertaken across the Social Work staff group in Argyll and Bute and the employees who have completed in the period April 2018 – March 2019.

<b>SVQ - Adult Care</b>	<b>No. Completed 2018/19</b>
SVQ2 Social Services and Healthcare	9
SVQ3 Social Services and Healthcare	10
SVQ4 Social Services and Healthcare	9
SVQ4 Leadership and Management for Care Services	3
SVQ Medication Unit	6
<b>SVQ – Children &amp; Families</b>	<b>No. Completed 2018/19</b>
SVQ3 Social Services (Children and Young People)	7
SVQ4 Social Services (Children and Young People)	2

### **CSWO & Strengthening Leadership**

The CSWO attends the Social Work Scotland Chief Social Work Officers Group and heads a professional leadership group within Argyll and Bute which addresses policy and strategic developments as well as issues of professional practice. Professional practice has been a key issue for the HSCP this year with service reviews across both Adult and Children's Services assessing how services are being delivered and whether professional standards are being met. *imatters*, a continuous improvement tool looking at team functioning has been rolled out and the need for more focused training opportunities identified. Training has taken place in key issues such as Trauma Informed Practice and Child and Adult Protection. Awareness raising for staff is also considered to be important, on a partnership basis and this has taken place in Domestic Violence Awareness, Routine Enquiry and Adverse Childhood Experiences (ACE's).

### **Succession Planning for Chief Social Work Officer (CSWO) Role**

The role of the CSWO is complex and increasingly demanding making succession planning all the more important. The CSWO leads a professional leadership team and keeps the group updated on the work of the national CSWO Group. Whenever the CSWO is unable to attend senior social work managers represent the authority. Likewise, when the CSWO is on leave the CSWO duties are covered by a senior manager. The role and duties of the CSWO are now more widely understood and those senior managers who aspire to the role are both encouraged and supported.

## 7. Conclusion

Social Work service staff, including the staff working for our commissioned services should be proud of the provision of support, care and protection they have provided to our vulnerable children, young people and adults throughout this past year. As the report has highlighted we are working in challenging times with many challenges still ahead. The increasing demand for services combined with rising public expectations in a context of continued financial constraint will be difficult. The focus will continue to be on ensuring we maintain high standards of service delivery whilst reviewing and redesigning the way we work to make the best use of all the available resources so we can continue to support, care for and protect those in greatest need.



**Alex Taylor**  
**Chief Social Work Officer**  
**September 2019**