

**Argyll and Bute  
Health and Social Care Partnership  
Chief Social Work Officer  
Annual Report 2019/20**



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## **Chief Social Work Officers Report**

### **Introduction**

Welcome to the annual Chief Social Work Officer report for Argyll and Bute for the year 2019/2020.

This report comes at a time of change for Argyll and Bute with the retirement of our previous CSWO Alex Taylor, the introduction of a new children and adult services restructure and the shift to moving from locality teams to that of a full Argyll and Bute service delivery model.

The report is also a shortened version of the standard annual report. This is in line with information shared from the Office of the Chief Social Work Advisor to all Chief Social Work Officers. The report will focus on the areas of Governance and Accountability, Service Quality and Performance, Resources, Workforce and Coronavirus (COVID-19). An overview of our challenges will also be provided all in the context of social work service delivery across our remote, rural and Island communities. It is also important to share the areas that we have identified as requiring improvement and highlight the work of our ongoing culture review.

Whilst the majority of the work detailed in the report pre-dates COVID-19, the challenges and impact that the virus has had across our communities, teams and staff will be noted.

### **Governance and Accountability**

#### **Role of the Chief Social Work Officer**

The recently appointed Chief Social Work Officer for Argyll and Bute is also Head of Adult Services. This portfolio includes direct responsibility for Mental Health, Learning Disability, Addictions and Transitions.

The Chief Social Work Officer is a member of the Senior Leadership Team and has specific accountability for the delivery of social work and social care services ensuring that the statutory duties of the profession are delivered across children's, adults and justice services.

Partnership working with a wide range of multi-agency professionals including the Chief Officer, Chief Executive, Elected Members, health and social care managers and practitioners are all crucial to the role. This ensures that appropriate advice, guidance and support is given to ensure that services are delivered safely and professionally.

The CSWO is a member of various key groups and committees within the organisation. Clear governance and reporting arrangements are in place. The CSWO provides professional advice and guidance on all social work matters and provides

assurance that social work services are being delivered to the best standards and within the required statutory and policy guidelines. Regular performance reporting around risk management is also provided with the CSWO specifically reporting through the Public Protection Chief Officers Group. The CSWO is the MAPPA (Multi-agency public protection arrangements) lead officer and is a member of the Adult Support and Protection and Child Protection Committees. The CSWO further reports to the IJB on key changes and developments regarding social work profession and any policies and legislative changes as part of the professional accountability to the role as well as leading on the performance and development of the social work workforce in line with the SSSC standards and guidance of the profession.

## Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered. For example, the introduction in January this year of a more robust supervision template for staff, a planned self-evaluation based audit for Learning Disability Services and a review of the Social Work Training Board to ensure a robust analysis of statutory training requirements and support for staff to gain positive post qualifying learning in line with their continuous professional development.

Another example of performance improvement is through the restructure of the management team. The shift to an Argyll and Bute wide service model of delivery will enable streamlined reporting, improved communications across teams and the ability to gain a balcony/dancefloor overview of social work staffing and resources. The need to make any improvements to support staff particularly in more remote areas as well as ensuring equality of services across Argyll and Bute will be developed under the new model and collaborative plans are underway already to support this.

Since the start of 2020 we have worked robustly to address a backlog of social work complaints to the team. The nature of the complaints were mostly in relation to service requirements and in particular a delay in responding to complaints. This has been a priority area and the robust approach taken to review all complaints and the reinforcement of staff adhering to complaint timescales, has been positive and has seen the outstanding complaints reduce. However, we will keep complaints and our response to them under review in the forthcoming year.

Given the recruitment of two new Heads of Service in November and December 2019 and the recent appointment of one of the Heads of Service as CSWO a more robust overview is being given to performance and service delivery and there is a planned shift in priority with the rest of the SLT to enhancing the priorities for health and social care delivery for the forthcoming year. I look forward to providing a more rigorous

overview of performance and delivery and more succinct examples and outcomes within the next CSWO report for 2020-2021.

### **Adult Care – A performance 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 an increased demand for services across the area in relation to readmissions to hospital, delayed discharge, and extended stays.

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. 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. This work will be developed as we progress through 2020-2021.

### **Care at Home**

Within Argyll and Bute 75% 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. The services are commissioned in blocks of hours, in mapped areas and advising on guide times.

### **Care Homes**

The provision of the Care Homes, whether it is 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. Giving the 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

5-20 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.

### **Delayed Discharge**

Reducing unnecessary delays in hospital remain a priority for Argyll & 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 social work staff to complete timely assessments which reflects the issues over Scotland. This has been further complicated by a number of complex patients requiring specialist resources out with Argyll and Bute HSCP. There has 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. Reablement teams have become embedded within adult services to support patient 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 required with regards to using “just checking” to support higher risk discharges. This will be progressed through 2020-2021

### **Adult Support and 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, as there is a greater sharing of knowledge and experience in this area.

The adult protection committee regularly engages with practitioners through case study and research presentations, hearing the real story of protection and support. Seminars and development of activity in multi-agency 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 Review 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.

### **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. With the new structure new embedded we are keen to develop the vision for our mental health services across Argyll and

Bute and bring this into full alignment with the Strategy requirements. This will form part of our ongoing work for 2020-2021.

### **Adults with Incapacity Act (Scotland) 2000**

In Scotland, the number of individuals that were on a guardianship order on 31 March 2020 were 15,973 compared to 13,501 in 2018 (MWC statistical monitoring report). The most common primary diagnosis was Learning Disability (49%) and dementia/Alzheimer's Disease (36%) (19/20)

Argyll and Bute HSCP have 195 guardianship orders (2019-20) which is 58.9 per 100,000 this picture has increased from 23 guardianship orders in 2010-11 to that of 43 orders in 2019-2020. Of the 43, 17 were local authority guardianships and 26 were private applications

In Argyll and Bute HSCP 40% of private applications, 52% of local authority applications were due to Dementia and 50% of private, 28% of local authority was due to Learning disability (19/20)

### **Mental Health (Care and Treatment) (Scotland) Act 2003**

A Mental Health Officer (MHO) has the duty under section 231 of the Act to provide a social circumstances report. The Mental Welfare commission report (statistical information report 2018-19) report that Argyll and Bute HSCP completed 50% of social circumstances reports. We are aware that this is an area that requires improvement. Some key changes have been made, we were delighted to be awarded funding from the Scottish Government during 2019 to fund a MHO placement and a configuration of the Social Work Training Board budget now ensures that we have at least two places available to develop our MHO workforce given the rural complexities to recruitment.

We have temporarily introduced a Team Leader (who is also a MHO) to oversee the work of the MHO teams across Argyll and Bute and as well as providing leadership for the team, quality assurance and performance improvement work is underway across the service. The aim for 2020-21 is that there will be a 20% increase in the completion of SCR's.

### **Mentally Disorder Offenders**

Argyll and Bute HSCP MHO team are working alongside forensic services and inpatient (low/medium/state hospital) to support 7 people who have significantly complex mental health needs. The further development of an existing forensic pathway again in partnership with NHS GG&C and NHS Highland will provide assurance to the Restricted Patients Unit at the Scottish Government that Argyll and Bute are able to manage these complex cases in line with human rights principles and strategic requirements.

## **Jean's Bothy**

Jean's Bothy is a new community mental health and well-being hub in the Helensburgh. It is the result of a co-production model with service users, Argyll and Bute Health and Social care partnership, Enable Scotland. The ministry of defence and the third sector interface. The Bothy was successful in receiving a significant grant from the Big Lottery Fund which has allowed the partnership (through Enable) to employ a full-time member of staff to develop the project. This has been supported by a redesign of how mental health support services were delivered in Helensburgh with the aim to roll this out, prior to the project we supported 14 people on an outreach basis for community mental health support. The Bothy now has 154 members which reflects the success of the re-design. It is hoped that further funding will be received to roll out this model over the Argyll and Bute HSCP.

## **Learning Disability, Autism and Transitions**

Within the restructure we have created the post of a Service Manager for Learning Disability, Autism and Transitions. The HSCP has recognised the need for improvements in the Learning Disability Service and how services are delivered in line with the Keys to Life Strategy and also the Coming Home report.

Work is also underway to support the repatriation of individuals who are currently placed out with the Argyll and Bute area. This is not without its challenges as it brings with it the requirement for additional specialist resources and provision, however, we remain committed to exploring and developing services to meet these identified needs. To this end we are working with housing and third sector partners including Scottish Autism and Cornerstone to support this work. An example of this is the development of an Autism Toolbox which is being used in schools and our ongoing work with Cornerstone on a 10-bed resource in Garelochhead. Work is also underway with Scottish Autism to develop a resource in Helensburgh.

The Argyll and Bute Autism Strategy Group was restarted in January 2020 and the group has been tasked to review the delivery and progress of the Implementation Plan. One area of progress has been the adult diagnostic and signposting service, for which a new Autism practitioner post is currently being advertised. This post will work alongside the existing co-ordinator and consultant psychiatrists. It is anticipated this post will maximise the availability of appointments and ensure diagnosis and signposting is at an optimum across Argyll and Bute.

## **Carers**

The Carers (Scotland) Act 2016 came into force on 1<sup>st</sup> 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. The new Act formalises the need for unpaid carers to be recognised and supported in continuing in their caring role as long as they wish to do so and to have a life alongside their caring role. 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. Access to services such as information and advice from local councils and local carer support services/Carers Centres. Argyll and Bute launched 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) provides strategic direction to reduce the level of drug and alcohol problems amongst young people and adults in the community works to prevent and support recovery from the harmful use of alcohol and drugs. The ADP worked collaboratively with statutory, voluntary and private sectors and engages with the wider community to deliver services.

Argyll and Bute Addiction Team (ABAT) is a multi-disciplinary team primarily focussing on supporting recovery. The team offer a wide range of services and supports to individuals and their families and the team also work in partnership across the HSCP supporting mental health, justice and children's services.

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, DTTO (Drug Treatment and Testing Orders for the courts) and advice/support to relatives and family members.

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

The Children, Families and Justice Service includes Social Work, Youth Justice, Child Health, Paediatric Allied Health Professionals, Child and Adolescent Mental Health (CAMHS) and Maternity Services. Over the past year the Children and Families Management Team have undergone a management restructure, the new model aligns management, professional and clinical leadership and strengthens oversight of the services and the accountability of managers and staff. The service is underpinned and delivered in line with the Getting it Right for Every Child (GIRFEC) Framework.

### **GIRFEC Collective Leadership Programme**

Argyll and Bute were one of two partnerships selected to be part of the Scottish Government test phase of the Getting it Right for Every Child (GIRFEC) Collective Leadership Programme.

The programme commenced in August 2019 and worked with leaders across children's services to examine the content, structure and delivery of GIRFEC. To understand how systems were currently operating, the partnership required to undertake a range of supported evaluation interventions. The purpose of the supported evaluation was to provide a detailed analysis and understanding of how well GIRFEC was embedded across the partnership, drawing on evidence from partners and a wide range of practitioners, children, young people, parents and carers on their perspective of the children's services system. Whilst the supported evaluation

identified key areas for improvement under this auspices of collective leadership, unfortunately progress with this has currently been postponed due to COVID 19.

## **CAMHS**

CAMHS in Argyll and Bute is under immense pressure resulting in a failure to meet 18 week waiting times target. The percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker or the Child and Adolescent Mental Health Service (CAMHS) is considerably lower (58% and 54%) than the 90% target figures for 2019/20. This is a direct result of the CAMHS team experiencing significant staffing issues.

COVID-19 resulted in a change to the way staff made contact and communicated with children and young people. Using the NHS 'Near Me' platform was both successful in some areas, and challenging in others. The main challenges included access to IT equipment and poor broadband connections in some areas. Feedback from children and young people on using virtual/on line platforms has been mixed. Some welcomed this approach and others prefer the face to face contact.

Argyll and Bute have been successful in recruiting to the Scottish Government funded School Counselling posts. It is anticipated the new service will commence in January 2021.

## **Corporate Parenting**

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 good 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 provides executive level oversight and support to drive the achievement of the plan.

During the past year, in conjunction with the Life Changes Trust and Who Cares Scotland, we have appointed a Participation Co-ordinator and a care experienced Participation Assistant under our Modern Apprentice Scheme.

Two of our Children's Houses remain graded 5 (Very Good) and the third at 4 (Good). Adoption and Fostering services are also graded 5 (with 4 for Management and Leadership) and we will continue to strive for improvement and excellence.

Good progress has been made with regard to securing our care experienced children's futures. We have continued a number of Tests of Change through the CELCIS Permanence and Care Excellence (PACE) programme to achieve improved outcomes for care experienced children, with four multi agency groups using formal improvement methodology to improve the timely achievement of permanence for those who need it. Key areas of work were;

- Considering plans for permanence at an earlier stage by reviewing all children on a CSO over 24 months and ensuring children do not remain on orders longer than necessary
- Ensuring plans for permanence are confirmed within 30 weeks of becoming looked after and accommodated
- Improving our approach to Legal meetings to reduce delay
- Speed up the process for lodging applications in court

We have successfully embedded our 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 continue to see a rise in the proportion of care experienced children and young people living with wider family members.

We have fully embraced our commitment to Continuing Care and are 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. 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 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 has been successfully piloted in Helensburgh to provide a supported stepping stone towards independence.

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, supporting around 100 care experienced adults at any one time.

In Argyll and Bute we particularly welcome the outcome of the Independent Care Review and the Promise which sets the challenges and will form the foundation for our work over coming years.

As we moved into the initial stages of coronavirus restrictions at the end of the reporting period we brought in emergency measures to ensure families, staff and carers are supported and kept safe, in most instances this meant initially moving most visits and meetings to virtual platforms.

Contact agreements were reviewed with families and carers on a case by case basis to ensure compliance with the national guidelines and to ensure the protection of families, staff and carers. In most instances this meant implementing virtual contact.

## **Child Protection**

The past year 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 15 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.

The services key strengths are

- The wellbeing of children in need of care and protection continues to improve.
- Children and young people enjoy 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 are well established.
- Children and young people in need of care and protection benefit from well-managed, independently chaired reviews and review meetings providing quality assurance and accountability, adding to the prospect of better outcomes.

As with all other areas of Scotland, COVID-19 restrictions created significant challenges. Multi agency operational management groups were established to coordinate initial responses along with a commitment to maintain core CP services. Initially, most visiting and monitoring moved to virtual arrangements, all CP plans for children on the register were reviewed and updated to reflect the regulations and guidance and PPE were made available where there was a need for face to face interviews. All vulnerable children not receiving social work support, were reviewed by education staff to ensure sufficient supports were made available.

Initial indications were that while aspects of direct work had to be put on hold, core CP services were maintained and children closely monitored and in the initial phase most

families coped very well. Overall levels of CP activity and new referrals dropped in March and this will continue to be monitored by the CPC as the virus progresses.

## **Justice Social Work**

The Justice Social Work Service has introduced a new structure with resources being shifted towards provision of operational responsibilities. This has led to a number of staff changes and vacancies throughout the year, however all posts, apart from one, have been successfully recruited to. Due to the COVID-19 outbreak, recruitment was halted. It is anticipated that this post will be filled in the coming months which will lead to an increased resilience in service delivery across Argyll & Bute.

The opportunity was taken with the introduction of the new structure to refocus the service priorities, methods of working and vision for the service moving forward. This has created a renewed focus on a number of key areas of practice, including audit, completing a training needs analysis, realigning various roles and duties, and practice and skills development for staff. A model of peer supervision has also been introduced to ensure that staff feel part of a 'team' rather than isolated practitioners in their localities. This has also increased staff confidence, improved practice and consistency of service delivery across the localities.

One key area of practice development over the past year has been the development of improved assessment and interventions for perpetrators of domestic abuse. This links with national Community Payback Order Guidance, the Equally Safe Plan and Violence against Women and Girls strategy which outlines the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. Justice Social Work remains a key partner in Argyll & Bute's Violence against Women and Girls Partnership, with the responsibility for this area of work transferring to the Service Manager Justice. This has been further strengthened with the Justice Service Manager now attending 'L' Division MATAC monthly meetings. The focus on victims of domestic violence continues to be developed and Argyll & Bute's MARAC is now a well-established multi agency partnership having been operational since May 2019.

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.

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 was on improving the pathways from custody to the community, community sentences and improving access to Diversion from Prosecution. Improvement work has taken place within Justice Social Work Service over the past year with a renewed focus on the quality of assessments and intervention work being delivered by the Community Payback Officers for diversion cases, which takes cognisance of the new

Diversion from Prosecution Standards. In relation to the custody to community work stream, a small grant was obtained from the CORA Foundation to enable Sisco to undertake lived experience consultation with service users to ensure that any change in service provision would meet the needs of those returning to the community from short term custodial sentences and improve the provision and take up rates of voluntary Throughcare. This work stream was due to report in July 2020, however due to COVID-19 this has been extended to December 2020.

## 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 one project that was commenced in 2019 was working in partnership with the Friends of St Conan's Kirk in Loch Awe.

## Service Quality and Performance statistical data– 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**

Please note for 2019/20 due to effect on data availability as a result of COVID-19 the most recent National Health and Wellbeing Outcome Indicator and IJB Performance Scorecard data reported is calendar year (2019) and not financial quarter as in previous years.

Snapshot of key HSCP performance success for 2019/20:

IJB Performance Scorecard Measure	2019 Calendar Year Performance	Target
NI-1 - % of adults able to look after their health very well or quite well	93.0 %	93.0 %
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	76.0 %	76.0 %
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages	45.7 %	31.0 %
NI-13 - Emergency Admissions bed day rate	109,759	123,200
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,835	15,896
NI-5 - % of adults receiving any care or support who rate it as excellent or good	85.0 %	80.0 %

<b>NI-6 - % of people with positive experience of their GP practice</b>	<b>85.0 %</b>	<b>83.0 %</b>
<b>CA72 - % LAAC &gt;1yr with a plan for permanence</b>	<b>85.2%</b>	<b>81.0%</b>
<b>NI-12 - Rate of emergency admissions per 100,000 population for adults</b>	<b>11,353</b>	<b>12,241</b>
<b>NI-14 - Readmission to hospital within 28 days per 1,000 admissions</b>	<b>76.0</b>	<b>98.6</b>
<b>MSG 5.1 - % of last six months of life by setting community &amp; hospital - A&amp;B</b>	<b>89.9%</b>	<b>88.2%</b>
<b>A&amp;B - % of Waiting Time breaching &gt;12 weeks</b>	<b>21 %</b>	<b>25 %</b>
<b>NI-11 - Rate of premature mortality per 100,000 population</b>	<b>393</b>	<b>425</b>
<b>NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections</b>	<b>84.1 %</b>	<b>83.0 %</b>
<b>NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population</b>	<b>540 Days</b>	<b>640 Days</b>
<b>CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS</b>	<b>92.5%</b>	<b>90.0%</b>
<b>AC21 &lt;=3 weeks wait between SM referral &amp; 1st treatment</b>	<b>91.3%</b>	<b>90.0%</b>
<b>NI-9 - % of adults supported at home who agree they felt safe</b>	<b>83.0%</b>	<b>83.0%</b>
<b>CP43 - No of Child Protection Repeat Registrations - 18 months</b>	<b>0</b>	<b>0</b>
<b>CJ63 - % CPO cases seen without delay - 5 days</b>	<b>95.6%</b>	<b>80.0%</b>
<b>A&amp;B - % of Adult Protection referrals that lead to AP Investigation</b>	<b>12.5%</b>	<b>10.0%</b>
<b>A&amp;B - % of complaints [Stage 2] responded within timescale</b>	<b>25.0 %</b>	<b>20.0 %</b>
<b>NI-10 - % of staff who say they would recommend their workplace as a good place to work</b>	<b>71%</b>	<b>67%</b>
<b>NI-15 - Proportion of last 6 months of life spent at home or in a community setting</b>	<b>91.0%</b>	<b>89.0%</b>
<b>NI-18 - % of adults with intensive needs receiving care at home</b>	<b>68%</b>	<b>62%</b>
<b>NI-20 - % of health &amp; care resource spend on hospital stays where patient admitted in an emergency</b>	<b>22%</b>	<b>24%</b>
<b>MSG 4.1 - Number of DD bed days occupied - A&amp;B</b>	<b>8,113</b>	<b>8,604</b>

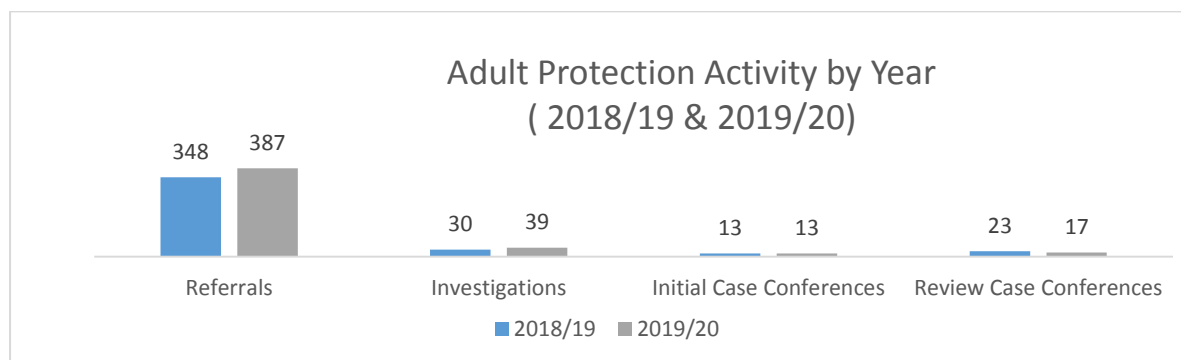
Source: Pyramid IJB Scorecard data as at Sep 2020

## Early Intervention

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

## Adult Protection

Across 2019/20 there were 387 Adult Protection referrals, representing an increase from 348 in 2018/19 with 30% coming from the Police. Of all referrals, 54% identified an adult as being at risk (i.e. met the 3 point test) and 11.9% led to further Adult Protection activity. There were 39 investigations during 19/20, however no Protection Orders were recorded as having been granted during this reporting year.



Data collected since the implementation of the Adult Support and Protection (Scotland) Act 2007 shows the adult protection referrals trend to reflect a generally consistent level of annual activity, although 2018-20 period does report a decrease of 10.8% compared with previous biennial period, and analysis of this trend will continue. The impact of COVID-19 on referrals has been limited.

The partnership has continued to use various methods to understand and develop adult protection practice including:

- analysed quarterly performance data
- shared case studies where adults were at risk of harm
- discussed training requirements for the HSCP and partner agencies
- Contributed to multi-agency learning events, financial harm, trafficking, domestic violence and older adults, hoarding and self-harm
- Disseminated information to staff through newsletters and locality meetings, including the independent Convenor (Locality Forums are held in the four administrative areas)
- Updated all policies, procedures and guidance

Activity has also been on improvement areas:

- identified the gaps in our adult protection electronic paperwork, and produced a new suite of forms including risk assessment and chronology



- developed daily, weekly, and monthly statistics so that we can monitor any variances in adult protection activity
- listened to the needs of staff and organised events which reflect the gaps in their learning
- visited each area team and listened to the challenges they face in delivering adult protection in rural locations and 23 inhabited islands
- responded to the COVID-19 pandemic supporting staff, providing guidance, becoming part of the caring for people tactical group
- considered the increased adult protection concerns for those who are shielding or subject to domestic abuse

In terms of analysing outcomes, we monitor quarterly data and have now added live information to our Pyramid system so that when completed the committee will be able to view the data live.

### **Adult Support and Protection Large Scale Investigation**

During the first quarter of 2020, the HSCP led a large scale investigation into an older adult care home. The detail will not be replicated however the process was reflected upon in terms of the application of the procedures and the organisation of the investigation. This was the first LSI which had been undertaken in many years within the HSCP. Our learning from this process is as follows:

Our key learning Care Homes:

- Prevention of an LSI means early identification of issues with care homes-our assurance process through the multi-agency care home assurance meeting could have this oversight. This is in place and robust.
- Care Home support through local visiting professional groups can also play a part in this process-however this needs to be a sustainable process.
- Building a strengthened network of care home support is important and can be co-ordinated by the Care Home Task Force-promotes good practice.
- The HSCP needs to have a commissioning strategy for care home beds and where there are concerns consider the ability of the home to manage new admissions particularly residents with complex needs.

Wider Recommendations:

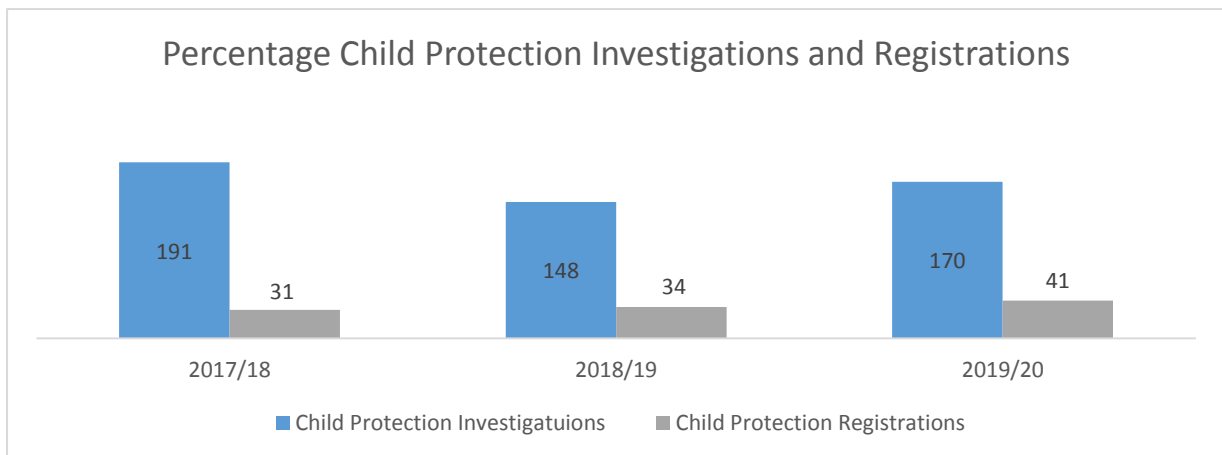
- LSI procedures need reviewed and training for Managers
- Quality Assurance processes re care homes need formally built in
- Risk assessment and care planning is key
- Dissemination of learning in terms of care homes and our own processes
- Review communication strategy for families during an LSI offering various ways to communicate this should be integrated into procedures

- Excellent partnership working particularly with the Care Inspectorate this can be reflected within our assurance processes

## Child Protection

Performance with regards to the number of child protection investigations across the previous 3 years notes an overall 11% reduction from 17/18 (191) to 19/20 (170).

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 an increasing performance trend with a median conversion rate of (35) per year.



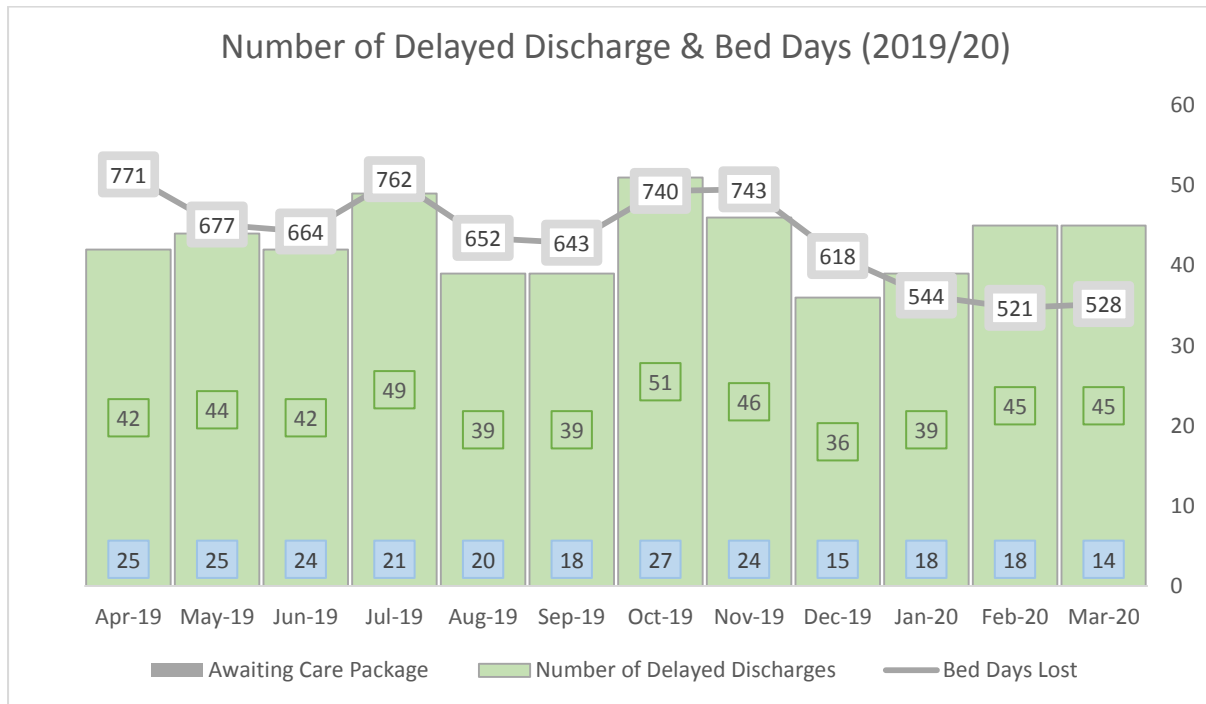
Argyll and Bute Child Protection Committee (CPC) is committed to the continuous improvement of our interagency child protection arrangements which are underpinned and informed by a robust cycle of self- evaluation activity. Two events took place in 2018 and 2019 and were well attended by a broad range of professionals involved in child protection service delivery. Outcomes included:

- Overall people were confident in child protection when sharing information and GDPR had no effect on this;
- Multi agency relationships are improving and collaborative work is embedded in practice;
- Changes to the CPC website, including a staff message board, have improved accessibility to information.

The CPC continues to use data to identify and respond to emerging trends or changes. In 2020 we are in the process of applying the National Minimum Dataset to our existing indicators on Pyramid and have developed a workbook format to present and analyse this data. The CPC has held 2 development sessions for members focussing on National Guidance for CPC's in Scotland and how we communicate better with frontline staff. Before the COVID-19 crisis, CPC delivered a wide range of training programmes, some of which were already online. As we move through the pandemic, CPC is considering alternative platforms for delivering training.

## Delayed Discharge

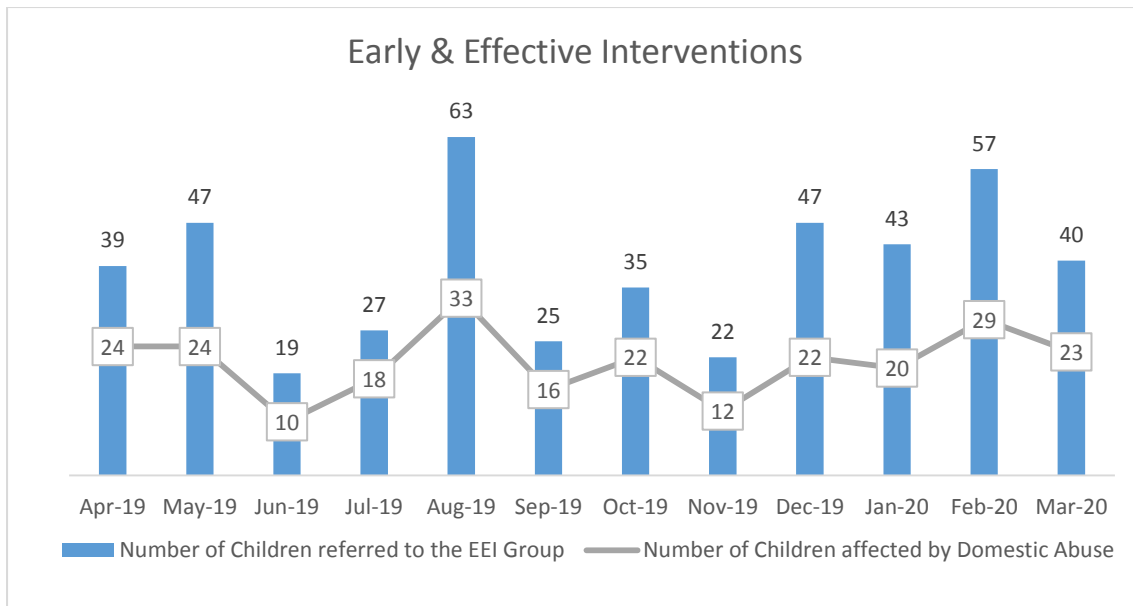
The total number of patients delayed has increased from 453 previous year to 517 in 2019/20. With regards to bed days lost, there has been a 17.5% reduction from 9530 previous year to 7863 in 2019/20. Average delay period has fallen concurrently, with 21 days previous year average and 15 days in 2019/20 reflecting more DD patients are being delayed less, with 25% of all DD patients discharged between 3-14 days.



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

## Children & Families Early Intervention Services

Performance with regards to referral to the EEI group across the year notes a significant increase in trend of referral numbers (median 38) the largest number of referrals reported across the year was Aug 2019 (63). Total referrals across the year reports a 250% increase against previous reporting period with (464) recorded in 19/20 compared to (132) in 18/19. The number of children referred affected by Domestic Abuse again shows an increased median trend (21) across the total number of referral. Statistically there appears to be a direct link with an increase in referrals and those referrals involving domestic abuse with 55% of EEI referrals citing Domestic Abuse.



## Justice Services

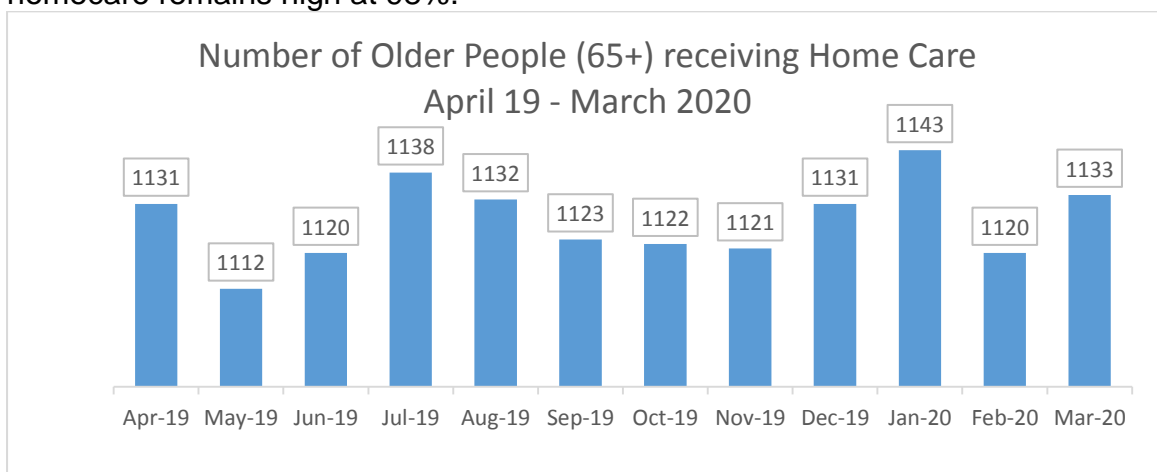
Since the implementation of the new model for community justice on 1st April 2017, the governance arrangements of Justice Services in Argyll and Bute have changed. Justice Strategic Planning and service delivery is now the responsibility of local Community Justice Partners which include the Argyll and Bute Council and Argyll and Bute Community Planning Partnership.

With regards 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.

## Personalisation of Services and Coproduction

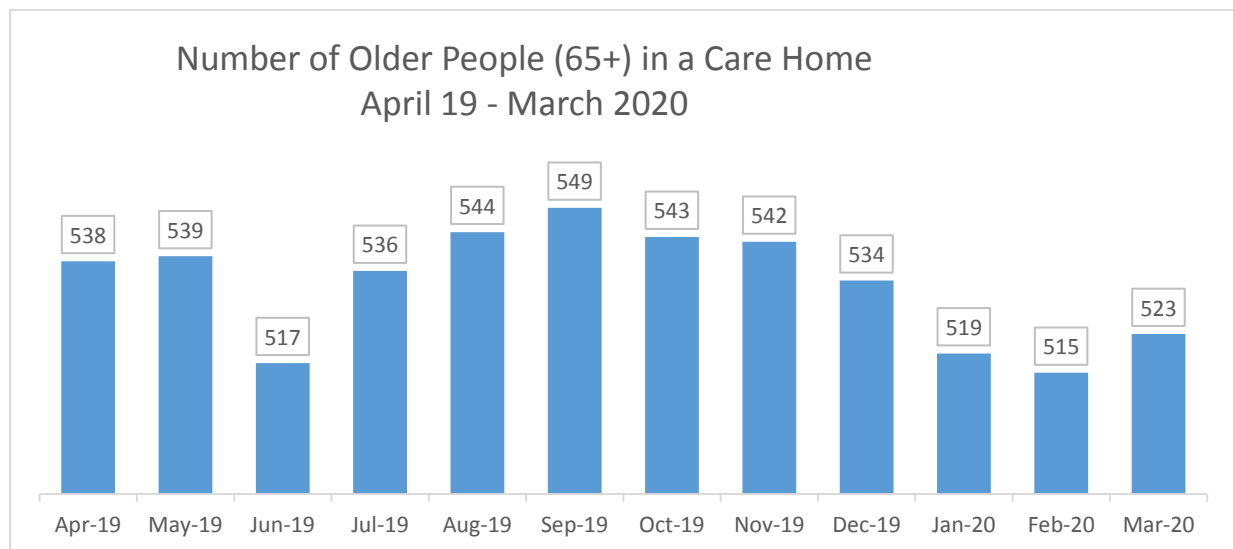
### Homecare

Argyll and Bute Social Work services continue to support older people to live at home and previous years' 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%.

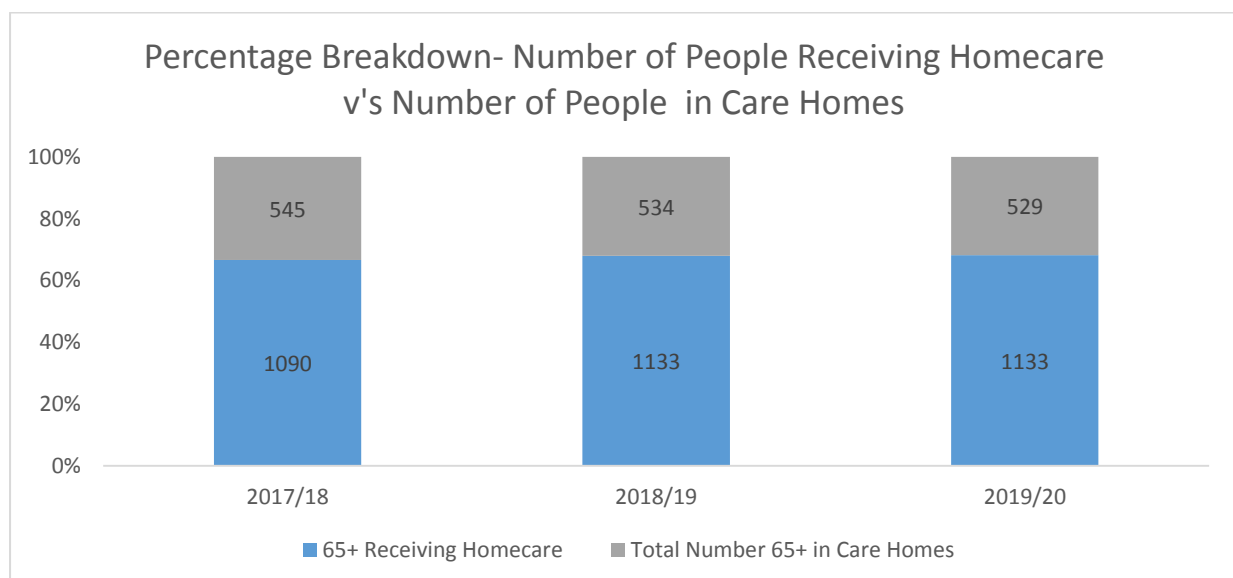


## Residential Care

Over the last year the numbers of those supported in care homes has again decreased slightly to 523, representing a 2.1% decrease across the 2 year period from 2018/19. 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.



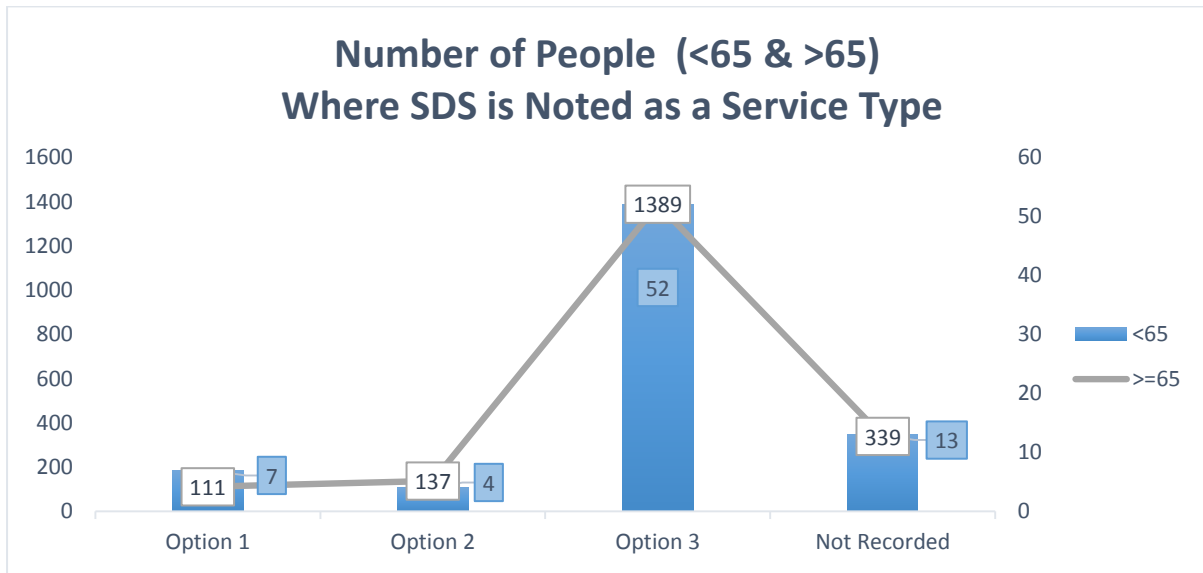
The proportion of care at home provision in terms of Personal Care remains high compared to that given in a residential setting.



## 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 4421 adult service users known to have been supported by a social work team, of which 1700 were assessed for SDS. The numbers selecting Option1 (direct payment) fell from

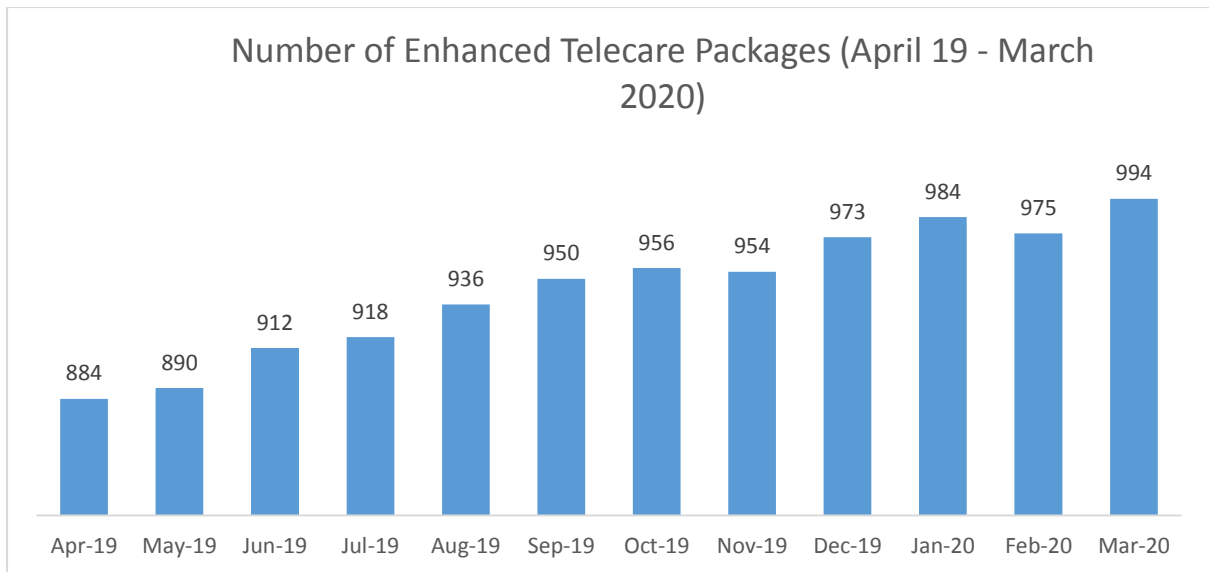
123 to 118. The largest population across both those under and over 65 year age groups note that Option 3 (Council provided services) remains the most popular, statistically this equates to 84.7% of the total across the three options excluding those not recorded. In addition across the three options 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 2019/20 and 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.

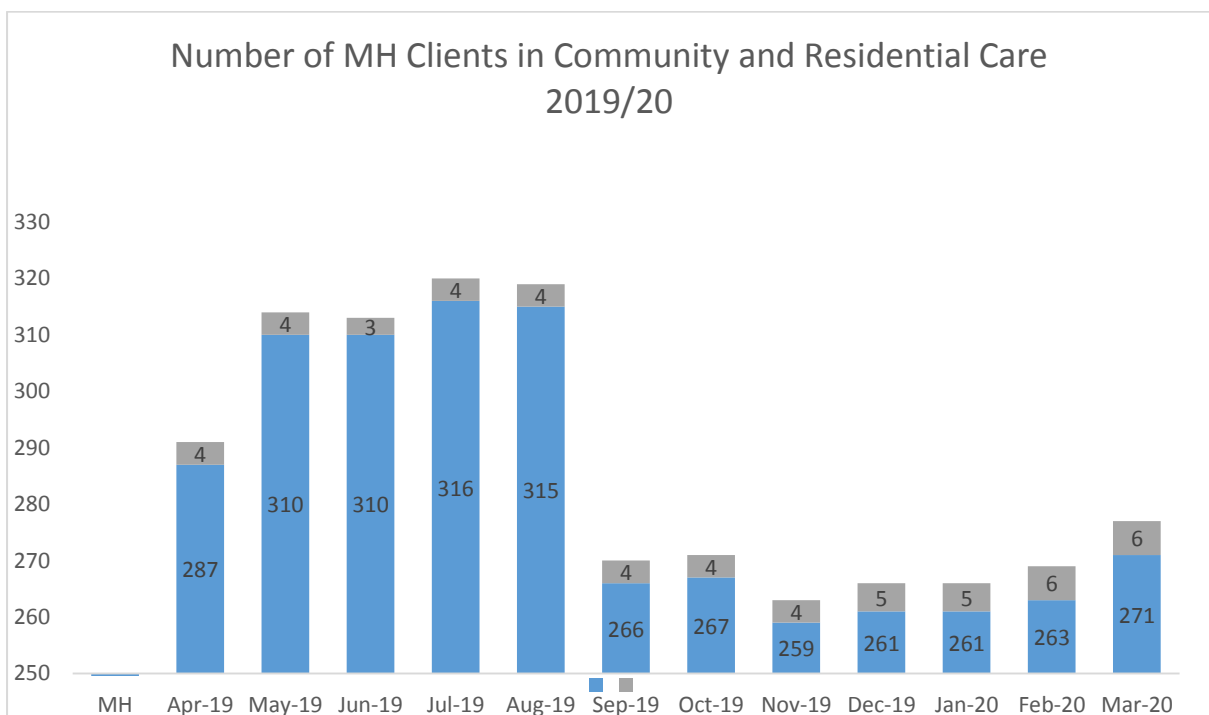


### Alcohol and Drugs

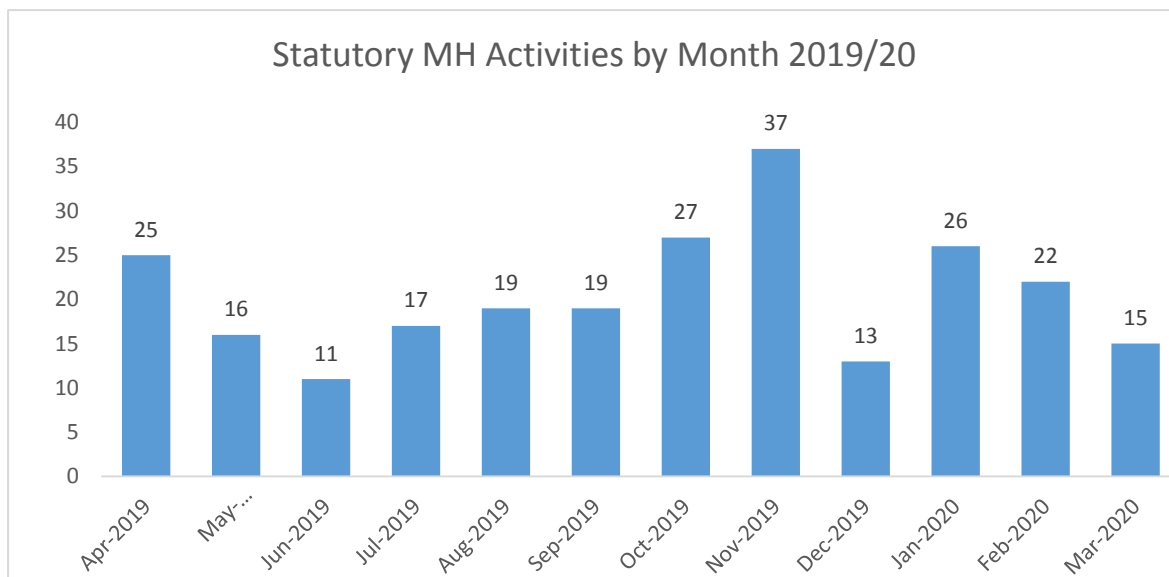
In relation to the national referral to treatment standard for alcohol (December 2018) the Argyll and Bute Alcohol and Drugs Partnership saw 90.5% of people referred and treated within 0-3 weeks raising to 98.3% within 5 weeks. This is against the Scotland Average of 93.9% for 0-3 weeks and 97.3% within 5 weeks. This is an area that will require an overview across all services during 2020/2021.

### Mental Health

The number of Mental Health Service Users being supported in the Community has fluctuated slightly but remained relatively constant across 2019/20 with 97.8% of Mental Health patients supported in a community setting as at the 31<sup>st</sup> March 2020.



Overall there were 247 Statutory MH Activities recorded across the FY. Rates of Detention for period April 2019 to March 2020 under the Mental Health (Care and Treatment) (Scotland) Act 2003 are consistent with those recorded in previous financial year and are as outlined below.



## Resources

### Financial Overview

It was clear from the beginning of financial year 2019-20 that the HSCP had financial challenges. The final revenue outturn for 2018-19 was an overspend of £6.681m. The health related overspend of £3.554m was covered by the Scottish Government brokerage given to NHS Highland. The social work related overspend amounting to £3.127m has to be repaid to Argyll and Bute Council. The main service areas contributing to the overall overspend position are noted below:

- Looked After Children - Overspend arises due to service demand for external residential placements, overspends on the Life Changes Trust project, overspends on staffing costs within children's homes and slippage on agreed savings in residential placements (£200k) partially offset by underspends in fostering arising due to lower than budgeted service demand.
- Physical Disability - Overspend arises mainly due to higher than budgeted demand as well as slippage on the delivery of efficiency savings for supported living services. This is partially offset by an underspend in respite and payments to other bodies.
- Learning Disability - Overspend arises due to a combination of higher than budgeted demand for supported living and care home services and slippage on



savings developed to reduce both of these commitments partially offset by underspends on day services and respite.

## Workforce

Argyll and Bute HSCP will continue to progress active recruitment plans in order to recruit the best possible social workforce to the area. Some of the most remote communities and the Islands continue to face pressures. Some areas for development for us include social work recruitment days, an overview of our social work training board and the continuation of grow your own social workers and dedicated mental health officer training. Consideration is also being given to the National Joint Investigative Interviewing programme with early discussion with COSLA, West Dunbartonshire and Police Scotland on how we can roll this model out across Argyll and Bute. This programme introduces a new approach to joint investigative interviewing for staff in Scotland and all related work in respect of protecting children and young people.

In 2019-2020 we had three candidates on the social work course and they are due to qualify later this year. We were very grateful to receive funding from the Scottish Government to fund a Mental Health Officer post and this means that we have one MHO due to qualify later this year and a new candidate in training. Adult Protection and Child Protection training events continue with an overview of both Committees. (All training has been impacted on due to Covid-19).

We continue to work with the SSSC to support all of our staff maintain and gain their professional registration status. We are currently working with staff to gain their registration in housing support and care at home in line with the December 2020 deadline.

## COVID 19

Like other HSCP areas Argyll and Bute has been impacted on by COVID-19. Staff mobilised quickly to respond to the impact of the virus in terms of service delivery and also to ensure that our most vulnerable children and adults were supported through continuing with visits, use of technology to maintain an overview of families and also by undertaking reviews. This ensured that care needs and protection requirements were upheld. Throughout the pandemic our frontline social workers and social care workforce have been working from planned team “bubbles” to ensure a balance between service delivery, risk and social distancing. Staff have worked from home and the results of a recent survey by the Chief Executive indicates that this has been positive with staff advising that they have coped well to develop their working practice to suit the balance of blended working. Staff working from home have continued to have access to support and regular formal supervision.

Staff have worked with our Caring for People Team to support families and communities in line with humanitarian approaches to care and support. This has been a very successful piece of work.

COVID-19 fatigue has been noted and staff have been encouraged to take annual leave to have a break and rest. The majority of staff have been taking their leave but for some, particularly those staff who have been shielding there will be a need for annual leave to be taken into the next annual leave year. This will have to be planned in partnership with team leads in order to ensure a level of safe staffing. In Argyll and Bute we have also worked in partnership with our human resources and organisational development team and also our mental health teams to ensure a fast track tier process for staff experiencing difficulties.

Care Homes, Care at Home and Day Services have like other areas been pressured by COVID-19 demands and regulations. Testing and PPE have been particularly challenging given the nature and pace of change that has been observed as we have progressed through the Pandemic.

During the Pandemic we have maintained a strong links with our Care Inspectorate Strategic Inspector and this has provided assurance to him that Argyll and Bute have managed to continue our service provision and overview of risk across all of our social work and social care services.

We were expecting an increase across Child Care, Adult Support and Protection and Mental Health referrals. The expected increase has not been to the level that we anticipated, however this does not mean that we reduced our vigilance around these areas and maintain strong collaborative relationships with Police Scotland and other key partners locally to remain alert to any elements of hidden harm across all services.

### **Key Priorities for Recovery in Response to COVID-19**

At this point in time we need to maintain our current work arrangements to ensure risk is maintained for our staff and that we are adhering to Scottish Government guidelines. We look forward to a point that we can make plans in line with recovery for making definitive working arrangements for staff.

Winter Planning and the implementation of the flu vaccine programme remains a high priority for us as well as a robust overview and support to care homes.

We will maintain an overview of legislative developments and in particular to those areas where we have noted some delays. For example, Court limitations around the progress for Guardianships and permanence planning. We are aware that service demands will increase as we progress and our teams will be monitored to ensure work capacity is available to support the increase.

We continue to have daily huddles in Argyll and Bute to keep a close overview of areas and service specific teams. This is very positive and also aids as a communication channel for staff to hear about developments and also as a way of bringing any pressure areas to the huddle in order that we can respond quickly. We have maintained this through the Pandemic and will continue to do so as we move forward. We will continue to monitor our ability to achieve our set financial savings targets given that demands for social services will increase as we move through the winter. We will support service users by linking to our caring for people groups, education, housing

and other colleagues to ensure that any families or individuals that do find themselves in hardship are fully supported.

Finally we will continue to ensure that our care planning and reviews are undertaken in order that any shift in the balance of care that is required is undertaken quickly. This will ensure that services are provided timeously and carer's needs are fully considered during this significantly challenging period.

### **Challenges ahead**

The Pandemic in general, the nature of the spread and continued learning about COVID-19 for us all will mean that we will need to continually navigate the fluidity it brings. We need to progress our recovery planning whilst keeping a firm view of the nature and behaviour of the Pandemic and continue to respond as best we can. We will definitely continue to find the financial challenges a pressure and the ability to reach financial targets that were set prior to COVID-19. Future targets will also be challenging as we prepare for the year ahead. We are also aware of the financial implications of the Scottish Child Abuse Inquiry and that this may also have an impact on our budgets.

The sustainability of care homes and care at homes remains challenging as will the increased demands for services and the legislative and protection elements to our role. Care Home managers are under extreme pressure given the level of scrutiny in particular that they face.

We need to keep our Strategic priorities for service redesign and transformation of services in view, given the changes we need to make to ensure services are fit for purpose and deliver to the needs of the population across Argyll and Bute. The modernisation of social care will play a large part of this work.

We are expecting some significant changes to legislation in 2020 and we will need to ensure that we have the workforce and financial backing to deliver and sustain these. National developments of matters such as the Review of Adult Social Care, Mental Health legislation, Self - directed support, the Care Review and the inclusion of the United Nations Convention on the Rights of the Child (UNCRC) are all complex areas for development that will require the CSWO overview and a continuation of our views across National Forums.

Throughout Argyll and Bute we have been involved in the Culture review that has originated from NHS Highland and so we are working across all the teams to support the shift to a more positive culture. We are achieving this through training on Courageous Conversations to support staff speak up and speak out in a more confident manner. Further team development and training plans are also in place.

### **Priorities for 2020/21**

Recovery planning for Covid-19 will be the main priority for all services. The implementation of the new restructure for adult and children's services and to recruit to any gaps.

The development of Learning Disability Services and the implementation of the Learning Disability strategy to support the vision and priorities for the area. This will include Autism and Transitions and the development of a pathway from children to adult's services.

Redesign of Mental Health Services to include the implementation of a Forensic Psychiatry pathway and Peri-Natal pathway across Argyll and Bute. A more integrated approach to the delivery of mental health services is planned.

Support to Care Homes and the development of Care at Home services will continue to be progressed.

The GIRFEC Leadership programme will progress across all services and any learning arising from this will be implemented.

To support the workforce in terms of more robust training and development including leadership and management and to support the progress of a more health and care integrated service with a clear understanding of roles and responsibilities. To support staff by ensuring that they have robust leadership and management structures in place and that they have access to regular quality supervision and career development opportunities.

To support the work of the Chief Officer with the progression of the Culture review in line with NHS Highland and for Argyll and Bute to be positive work environment.

To undertake a review of the current out of hours social work system which is not fit for purpose and in the long term unsustainable. Proposals to develop this are being planned for 2020/2021.

We will also await the outcomes for the development of new and updated legislation to support our workforce and of the impact of the National Care review and the UNCRC across our services.

## Conclusion

COVID-19 still reigns over us and continues to place us under pressure as we continue to support the needs of service users across Argyll and Bute whilst maintaining staff safety. No-one is clear about how the next few months or years will impact on us but we remain positive that by continuing to maintain an overview of services and support and look out and be kind to each other we can sustain the pace that we are working at.

As newly appointed CSWO I look forward to the next year and to have the opportunity to support and lead our social work workforce and represent Argyll and Bute not only in the CSWO group at Social Work Scotland but also in the National Forums with representatives from the Scottish Government and partners. In this context I am not only privileged to represent my CSWO colleagues across Scotland but also as the CSWO for Argyll and Bute.

I look forward to being part of a Senior Leadership Team in Argyll and Bute who will strive to make the transformational changes that are required to enhance and support the residents of Argyll and Bute across all of our services in whatever capacity.

Julie Lusk

Chief Social Work Officer and Head of Mental Health, Addictions, Learning Disability, Autism, Transitions and Physical Disability Services.