

**Argyll and Bute  
Health and Social Care Partnership  
Chief Social Work Officer  
Annual Report 2020/21**



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# **Chief Social Work Officers Report**

## **1. Introduction**

Welcome to the annual Chief Social Work Officer report for Argyll and Bute for the year 2020/2021.

Little did we expect that the impact of COVID -19 would remain with us and continue to have an impact across services in Argyll and Bute. The remobilisation planning that was undertaken across the HSCP was robust taking into consideration changes to local services, guidelines from the Scottish Government, public health and partner organisations. The health and safety needs of staff were also supported as teams adapted to home working and to working in team safety bubbles as they continued to deliver social work services, support people using our services, balance risk and undertake statutory duties sometimes within specific COVID-19 legislation.

This year the report will remain 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. Areas requiring improvement will also be considered as will the work of our ongoing culture review.

## **2. Governance and Accountability**

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

The Chief Social Work Officer for Argyll and Bute is also Head of Adult Services. This portfolio includes direct responsibility for Mental Health, Learning Disability, Physical Disability, Sensory Impairment, 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 MAPP (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.

One point of note at this stage is that the CSWO will be leaving the organisation on the 1<sup>st</sup> November to take up a seconded post to the Scottish Government Mental Health Division. This role is to inform the implementation of the Mental Health Transition and Recovery Plan and the Government's programme of activity to support the implementation of the recommendations of the Independent Review of Adult Social Care. A new CSWO will be appointed to Argyll and Bute.

### **3. 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.

The CSWO has continued to attend the key service performance and improvement meetings including Clinical and Care Governance and the Chief Officers Group for Public Protection, Child Protection Committee and Adult Support and Protection Committee etc. The Introduction of the Daily Huddle during the Pandemic as well as the Bronze, Silver and Gold meetings has also ensured that service delivery has been robust and adapted where required to support the Pandemic response. This remobilisation response has been positive and has ensured that service quality across Argyll and Bute remained high.

Performance monitoring has also been thorough during the Pandemic and we have contributed to all statistical data requests from the Scottish Government. Locally we have been keen to monitor the comparison of our performance to treatment times and also to statutory work pre Pandemic. From this we were able to see that in some areas referrals fell and an example of this was in Adult Support and Protection where we anticipated an increase in referrals due to lockdown.

We further monitored the use of the Coronavirus Legislation and if this was applied and reported back on this to the Scottish Government and we put extra measures in to support the use of s13za of the Adults with Incapacity Act was requested in that all s13za requests were signed off by the CSWO if appropriate.

Going forward, as we make our plans to return services to some normality whilst we learn to live with Covid-19, we will continue to closely monitor our service quality and performance and use the opportunities that we have been given to work differently to our advantage as we strive to ensure the best services for the people of Argyll and Bute.

### **Adult Services**

Adult Services includes all our hospital, community teams and dementia service supporting adults and particularly older adults. It is also inclusive of care homes, care at home and day services for older adults. It includes a range of services delivered on our island communities.

During April 2020 to March 2021 the service response has largely been focused on responses to the pandemic. This included escalation processes for all services in place via the Argyll and Bute Daily Huddle.

## **Care Homes**

Accordingly the Assurance Functions for Care Homes was established in line with the expectations of the Scottish Government and this group linked with the Care Home Oversight Function for NHS Highland. Assurance visits to care homes took place in the summer of 2020 and some in early 2021 in line with national direction and local accountability. Latterly good practice and improvements through training and joint working have been co-ordinated.

In response to the pandemic, the care homes in Argyll and Bute formed a Care Home Task Force, which pulled together all the care homes, Public Health, Finance, Social Work, Health and the Care Inspectorate to work together to support the well-being of residents and staff. This group which has been running since April 2020 now effectively supports non Covid work and has effectively become a stakeholder group for developments for older adults across Argyll and Bute.

## **Care Home and Housing Programme Board**

In March 2021, it was agreed to progress with a new programme board approach to re-establish the earlier work of care homes and housing which paused in 2019. Where there is major change there will be complexity, risk, many interdependencies to manage and conflicting priorities to resolve therefore a Programme Board establishes the fundamentals for a framework of good practice. The Board has in effect to support both shorter term objectives to review safe care in comfortable environments and to longer term develop a strategic approach to older adults' care needs across the challenging geography of Argyll and Bute. The Board has embedded the new standards of Planning for People within engagement strategies. The previous report along with up to date modelling and the impact of Covid-19 will be re considered.

Monthly board meetings have taken place to take place and Care Home Staffs, Relatives and families have been kept up to date via online engagement sessions and newsletters.

## **Integrated Dementia Service and Strategy**

The proposal for the redesign of Dementia Services was brought to the Integration Joint Board in January 2020. This had followed a long period of short life working groups to review the current model of delivery which was seen as not fit for practice. After extensive debate, the Board agreed with the rationale of the development of an enhanced community dementia model and asked for consultation on the proposed approach between January and March 2020. Public consultation events were held across Argyll and Bute including focus groups in each mainland locality, online surveys and staff events. The events told us much about older adult services rather than exclusively dementia services and pathways including a lack of cohesive understanding of how to access services.

The feedback was positive and in agreement for a redesigned dementia service, this service will, for the first time, include social workers working within an integrated team. Unfortunately a stakeholder group of older adults and carers which was due to be established was on hold as a result of the pandemic but is still planned to be in place.

## **Community Based Developments**

An adult services management re-structure took place in 2020 and this gave the opportunity to refocus on the priorities which will feed into the Strategic Plan for the HSCP in 2022. The re-structure was in part to focus on ensuring that there was a consistent Argyll and Bute approach to service delivery whilst recognising the unique geography and the role of Area Managers in co-ordinating across their area including the role of Third Sector Services plays.

Care at home services undertook the Care Inspectorate's national evaluation of managing in the pandemic where it was obvious that local relationships on the ground helped to mitigate risks and all providers and internal services worked together. Additionally the HSCP strengthened relationships with housing colleagues and undertook a sheltered housing review in terms of mitigating the impact of COVID-19. Latterly in early 2021 the pulling together of a strategy to support older adults to primarily be supported to remain well at home has started. Adult services participated in a Place Based Review of Cowal and Bute to work collaboratively with all partners and provide a framework for exploring the best use of services and assets in these two areas, that work is ongoing. The re-alignment of care at home services to meet demand was paused as a result of the pandemic but will be a priority for 21-22 as we expect this to be an area of growth.

## **Day Services**

Day services for older adults have been closed during the pandemic and are now at the stage of risk assessments, referral processes and change towards provision of critical respite, working closely with Carer's Centres and the Carers Act Lead.

Building on work carried out during the pandemic, further work is being undertaken to support and develop a range of community assets, focussing on prevention and building of independence for older people in the community.

## **Adult Support and Protection**

The Adult Protection Committee continues to support the adult support and protection developing agenda and improvement plan. Our partners play a full and comprehensive role in the widening adult protection agenda, with colleague committees and agencies working on other public protection issues.

The Committee's work has been fully supported by the Chief Officers Group for Public Protection through the COVID-19 period, cross cutting with child protection, alcohol and drug support, and wider violence to women, hate crime, domestic abuse, trafficking and other challenging areas, and with colleagues in the Health and Social Care Partnership, Police Scotland, the Argyll and Bute Council and the wider NHS Highland, the Scottish Fire and Rescue Service, the Care Inspectorate, the voluntary and independent sectors, and Advocacy services.

Adult Protection continues to identify challenging areas for protection such as scams and financial abuse, personal safety, self-harm and hoarding, trafficking and hate crime. While some of these activities can fall out-with the terms of reference and legal guidance in the Act, they will generate multi-agency responses to protection and support, with almost a third of all concerned referrals generating further activity.

The current review of the Adult Support and Protection Act along with the Mental Health (Care and Treatment) Act and Adults with Incapacity Act may bring further change, based on principles within the Human Rights Act and with the interests of citizens at its centre, and the experience arising from

the first 13 years of operation will be central to this. The impact of COVID-19 on support and protection has still to be fully evaluated, as has the operations of activity and engagement, but the enterprise of all staff has not gone un-noticed, adapting to the very real pressures which have presented, and through which they have worked to provide assistance, support and intervention when required in line with best guidance for Chief Officers and Adult Support and Protection Committees.

## **Mental Health and Addictions**

The development of Primary Care Mental Health Services in collaboration with GMS Contract has now commenced and has seen the tier 1 and tier 2 practitioners come under a new team lead to guide and lead on primary care interventions, the service offers a range of interventions with an MDT approach.

Argyll and Bute HSCP remains a part of national accelerator site with NHS Highland supporting Early Interventions in Psychosis Work Stream in collaboration with Healthcare Improvement Scotland/SGHD and are negotiating phase 2 participation linking in with ESTEEM in GG&C as a spoke within the hub/spoke model.

Additionally, we have developed Advanced and Specialist Roles such as the nurse specialist for Housing/Addictions/MH in collaboration with locality authority and rapid rehousing strategy, who is due to start within the next month, a Perinatal Mental Health ANP who will join us in September and we have an acute/urgent and emergency advanced nurse practitioner post currently advertised

Continued use and engagement in Scottish Patient Safety Programme in the acute ward, to drive safety and quality within the acute setting. This is inclusive of a morning Argyll and Bute wide multi-disciplinary team safety huddle to highlight those presenting as more vulnerable and to assist in the discharge pathway

We have also had the privilege to work with the Scottish Government to develop a psychological therapies business case that will not only help us meet the long waits within Argyll and Bute but also allow us to expand and meet capacity in the future, the business case is currently with the Scottish Government for consideration for the remobilisation and renewal funds. We have a psychological therapies digital Strategy well established in Argyll and Bute HSCP with the use of cCBT/Near Me/IESO Digital Health to reduce and improve accessibility and waiting times. The new and updated cCBT platform Silverlight is also embedded in Argyll and Bute and provides modules for physical concerns such as diabetes alongside mental health support for a more tailored approach, and this is delivered by our co-ordinator with all our multi-disciplines within the CMHT having direct referral access.

We continue to development our Emergency and Urgent Care Service in Argyll and Bute HSCP, and we are fully on track to meet our commitment of 14.8 wte by 2022. The team work in close collaboration with A&E, Police, SAS, CMHTs and MHO colleagues to ensure that all service users are provided with a specialist emergency or urgent assessment within 2 hours of referral to the team where appropriate. The practitioners also undertake escort and transfer of those under mental health detention. The service continues to be monitored and have quarterly reporting to the Scottish Government

The Argyll and Bute Addiction Team covers all 4 localities of Argyll and Bute. It is an integrated health and social care service consisting of one consultant psychiatrist, which we have recently recruited to, 12 nurses, 2 social workers and 1 support worker with administrative support centrally within

Lochgilthead. In addition to this funding was made available from Scottish Government via the ADP for development of a Substance Misuse Liaison Nurse and more recently a practitioner focussed on embedding alcohol screening and brief intervention in target areas of primary care, maternity and in-patient services.

Recruitment to mental health practitioners remains challenging especially within the inpatient service and staffing levels for band 5 RMNs are at critical level, psychology and MHO teams within Argyll and Bute also remain concerning, concerted efforts continue to secure our future workforce and include establishing a programme board for MH recruitment and exploring all promotional avenues to attract candidate, social media platforms, career fayres, work with housing to secure accommodation for staff and redesign to meet the service needs.

Additionally, as a service we require to continue to remobilise services to a new normal and to look at ways to develop pathways and services that we do not currently have within Argyll and Bute at present such as a forensic service, eating disorder, IPCU beds and personality disorder pathways. To develop some of these pathways we will require to establish robust pathways with our colleagues in North Highland and develop additional SLAs with GG&C in a landscape of pressured services, national shortages of RMN and MHOs and challenged mental health estate nationally.

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

In 2020-21 there were 9.1% more detentions in Scotland than in 2019-20 (The use of the Mental Health Act in Scotland during the COVID-19 pandemic Mental Welfare Commission July 2021) and there was a drop in MHO consent to Emergency Detention Certificates in 2020-21 from 51.7% in 2019-20 to 43.8%. (MWC July 2021) In Argyll and Bute HSCP this is likely to be reflective of the geographical challenges where there is only 1 MHO on duty for an area which is the second largest local authority by area in Scotland and covers nearly 700,000 hectares. Another factor is that Argyll and Bute HSCP are presently reliant on MHO's who are working during the day to cover all evenings and weekends which can result in challenges in staff being able to complete emergency detentions out of hours. The out of hour's service is presently undergoing a full review of provision.

In Scotland in 2020-21 there was a reduction in social circumstances reports completed from 37.5% to 26.9% the previous year. Argyll and Bute HSCP had recognised the importance of completing SCR's and had aimed to increase the completion from 50% to 70% in 2020-21. This has been impacted by the COVID-19 pandemic.

There were reductions in the available MHO workforce during this period due to staff illness, availability caused by Covid and shielding which resulted in a reduction of staff by 33%. During the COVID-19 pandemic there was also challenges in gaining access to hospital wards to complete SCR's.

There are challenges in recruiting Mental Health Officers over Scotland. To address the shortages, the aim of Argyll and Bute HSCP would be to facilitate training for 2 social workers on the MHO learning Network west award programme. Due to the ongoing pressures to staff during the Covid -19 pandemic there were no applicants to complete the training in 2021-22. The HSCP are presently recruiting to 3 sessional MHO roles to ensure that statutory work is completed in the timescales required.



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

There was a delay throughout Scotland during 2020-21 in processing Adults with Incapacity applications which was due to restrictions in Courts and also many private solicitors being on furlough. This resulted in an increase in applications when these easements were reduced. Argyll and Bute do not have waiting list for MHO report requests under AWI legislation and are continuing to work to complete supervision of guardianships under the legislated timescales.

In 2020-21 73.25% of Supervision of guardianships have been completed within the statutory requirement.

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

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 Enable, KeyHousing, 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 the development of a 10-bed resource in Garelochhead and two 3 person HMO's with Enable and Scottish Autism in Lochgilphead and 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. The post holder will maximise the availability of appointments and ensure diagnosis and signposting is at an optimum across Argyll and Bute.

During COVID-19 we have worked to the guidance released by the Scottish Government in relation to day services. We have now started to re-open day services and full assessments are being undertaken to ensure risk management for those who attend.

## **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. The Children and Families Management Team 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. Over 2020 and 2021 the service has been working with partner agencies to adapt and improve provision through embedding practice driven by the welcome legislative changes outlined in the Age of Criminal Responsibility (Scotland) Act; the Children (Equal Protection from Assault) (Scotland) Act 2019; the Incorporation of the UNCRC in Scots law: and the wider policy and practice changes driven by the work of the Promise Scotland. Over the next few months the service is working collaboratively with partners to prepare for the changes in practice which will be outlined within the refresh of GIRFEC and the updated National Child Protection Guidance expected imminently.

The service is committed to using improvement methodology to drive change and a range of improvement projects in progress include work exploring changes in Child's Planning, IRDs and a successful funding bid providing additional capacity to provide whole family support where parental

addiction and mental health are concerns. In partnership with colleagues in Education the service has been very successful in rolling out Trauma informed Training as part of a Scottish Government pilot, and we are now moving to build on this foundation by developing an implementation plan to spread this knowledge and practice across the service and through all service processes.

During the COVID-19 pandemic the service has worked closely with partner agencies and commissioned services to ensure critical respite provision on a daily and overnight basis has remained accessible for families with children with disabilities wherever COVID-19 restrictions have enabled services to continue safely, and encouraged innovation to ensure a level of service has remained even where restrictions have prevented direct provision.

In 2021/22 in line with The Promise the service is working with partners to build on current participation and engagement by children and young people in service planning across the Children and Young People's Service Plan, the Child Protection Strategy and the Corporate Parenting Plan. Developments include appointment of a care experienced co-chair for the Corporate Parenting Board and recruitment of Participation and Engagement Officer; the establishment of an effective young people's participation and engagement group; and we are progressing in the development of a joined up participation/engagement strategy.

Criminal Justice Services have faced the challenge of repeated changes in volume of work as the pandemic has progressed but the service has maintained performance targets and has taken up the Scottish Government offer of additional funding to support increased unpaid work and the increased output of the courts, successfully recruiting additional Social Workers and Unpaid Work Supervisors.

### **Children and Young People's Service Plan and GIRFEC Leadership**

The Getting it Right for Every Child (GIRFEC) Collective Leadership Programme commenced pre-COVID and worked with leaders across children's services in Argyll and Bute to examine the content, structure and delivery of GIRFEC. Part of this work involved undertaking a range of supported evaluation interventions which provided 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.

The 2020 – 2023 Children and Young People's Service Plan (CYPSP 2020/23) was developed throughout the pandemic and much of the GIRFEC leadership work supported its development. The CYPSP 2020/23 is set within the context of four strategic priorities and aligned to the eight well-being indicators (SHANARRI). To evidence improvements in practice the Plan adopts a Quality Improvement approach supporting us to achieve our aim of improving outcomes for children and young people. Quality Improvement is a systematic approach using specific methods to improve quality; achieving successful and sustained improvement.

### **CAMHS**

Delivery of good quality CAMHS depends on adequate numbers of well trained staff being recruited and retained across services in Scotland, including Argyll and Bute HSCP. To gain a better understanding of the needs of the Argyll and Bute CAMH Service a review of the current workforce and workload was undertaken. COVID-19 has had a wide-ranging impact on the mental health and wellbeing of the population with the overall impact of the pandemic on children, young people and families' wellbeing immense. Our Mental Health Transition and Recovery Plan lays out a comprehensive set of actions to respond to the mental health need arising from the pandemic. Scottish Government specified that £40 million would be available to take forward dedicated

packages of CAMHS improvement work, based on a gap analysis undertaken as part of implementation of the CAMHS Service Specification.

To increase staffing in CAMHS additional resource has also been provided by Argyll and Bute HSCP and recruitment to new posts has commenced. The School Counselling service commenced in January 2020, this service has been particularly beneficial during this challenging time.

### **The Promise – One Year On**

The Promise outlines an ambitious and far reaching change programme to transform the Scottish care system and to reduce the numbers of children requiring to be cared for by redesigning community supports to families where children are at risk of coming into care and to reduce the numbers of children transforming services in support of parent's carers particularly those with mental health, addictions or learning difficulties and those parents at risk of custody or in prison.

To celebrate the first year of the Promise and the publication of The Plan, Argyll and Bute's Children Strategic group arranged a half day virtual event attended by managers and leaders from across children's services.

#### **Key messages and outcomes from the event**

- The Promise remains a key driver of transformational multiagency service redesign – building on, and complimenting GIRFEC
- Our work on developing a Trauma informed workforce is a positive initial step
- A range of positive steps are in place to progress the initial priorities
- There is a strong commitment to deliver The Promise across partners
- The Promise requires a major change in language, culture, approach and skills across the workforce
- The transformational change agenda needs to be widely owned and demands considerable resource shift and new ways of delivering services
- Work is required to embed subject matter experts within planning, strategic governance and to inform service development

### **Corporate Parenting**

COVID-19 has seen us adapting our services to care experienced children and young people to the changing requirements and guidance. Overall our care experienced children and young people have coped remarkably well with the various impacts of Covid and have cooperated fully with government guidance and restrictions. We have continued to put them and their needs at the centre of our planning and decision making. We have been able to maintain all key services, albeit in sometimes different ways, and used pre-existing infrastructure to move as much as possible onto virtual platforms; whether this is workers keeping in touch, family time and contact or reviews and meetings.

Our children and young people adapted to this change quite quickly and many report preferring this approach - particularly for meetings and we anticipate making greater use of online and virtual platforms in future.

All our care experienced children have benefitted from personalised education support and the provision of electronic devices to maintain engagement in education. We are increasingly seeing children benefitting from the adopting of Trauma informed approaches within schools and across our workforce.

In the early part of the period we saw a significant increase in the numbers of children being received into care in a crisis and a rise on the proportion of care experienced children in kinship arrangements, this has helped us keep more groups of brothers and sisters together in care. This rise has also been coupled with more care experienced children returning home more quickly than has been the experience in previous years.

We have welcomed the report of the Independent Care Review and while its initial impact was slightly overshadowed by the early phases of lockdown, we have embraced the work of The Promise, we worked quickly with care experienced children and young people to develop and implement a lexicon of words and phrases we are stopping using and we have launched a set of recommended alternatives. The Promise has shaped and informed our priorities and actions for our Corporate Parenting Plan 21-24, and we have commenced work on proposals for a transformational change of our children's services to respond to the challenges the Promise rightly sets us – this will report in the summer of 2021.

We have identified 4 strategic improvement priorities for the next 3 years, through self-evaluation and informed by The Promise and the Care Leavers Covenant. These are the key areas where we are determined to make significant changes and improvements specifically for and with care experienced children, young people and adults;

1. We respect and include our children and young people - helping ensure they shape and inform all we do, and that we promote approaches that build on their and their families' and carer's strengths and assets
2. We ensure our children and young people grow up in safe, secure, nurturing and loving homes and we promote and maintain positive relationships
3. We support our children and young people to achieve their potential through lifelong learning, growth and development and the enjoyment of positive mental and physical wellbeing
4. We help ensure our young people move to a positive more independent life when they are ready and we support them on their journey to independence

In delivering these priorities we will seek to fully respect and incorporate the 5 foundations of The Promise and to encourage and support their implementation across wider children's services planning and with partner agencies;

The work of the Fostering and Adoption Panels and our Kinship Carers Panel quickly moved onto, and remains on, a virtual platform. Recruitment of carers has continued throughout the year, as with other areas of practice we initially put a number of assessments and applications on hold, but soon adapted our practice, operating face to face as and when restrictions allowed and developing virtual preparation groups, undertaking more assessment work virtually, and delivering virtual training and support groups.

Aftercare services continue to support around 100 care experienced young people and adults living in or moving into independence. The first half of the reporting period saw more young people choosing continuing care and delaying plans to move towards more independent living, this has enabled many to consolidate their skills and through the second half of the period they have begun

to feel ready to step into independence. We have prioritised keeping in touch with all our care leavers.

## **Child Protection**

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.

As we move through the pandemic, CPC has moved to delivering online training. This has included training for managers & designated CP officers, Care & assessment toolkit training and a rolling programme of level 1 training. Whilst attendance rates are up for online courses, connectivity issues continue to cause problems for some participants. Limited use of cameras means all communication and collaboration from body language is lost making facilitation and the ability to assess participant's levels of engagement and emotional well-being more difficult and challenging. In the absence of face to face training we have now produced a comprehensive range of online modules accessible from LEON & CPC website. This is enabling staff & volunteers across all workforce groups to still have access to information and learning to help them fulfil their roles and responsibilities in protecting children.

Whilst LEON allows us to gather data of who has accessed and completed the modules, we are unable to know how many non-council staff or members of the public have accessed the modules from the CPC website. We are working with A&BC web team to see if a heat map can be set up on the e-learning webpage that will give an indication of the number of hits to module links.

CPC has continued to audit Inter-agency Referral Discussion records on a bi-monthly basis, which is a key decision making stage following a child protection referral and the majority are now scoring 'Good' and above consistently. This group has also developed the record of discussion in order to provide more guidance to the writer with a clear focus on risk and rationale for decisions made.

CPC offers a monthly 'chat' session to all agency staff involved on child protection and this has been well attended by Police, Social Work, Education, Health and Third sector staff. Subjects of discussion such as working with resistance and challenging families has led to training being provided to promote confidence in this difficult area of practice.

Following the tragic death of a young person, COGPP requested that CPC carry out an Initial Case Review which is near completion. One of the recommendations, which reflects the soon to be published 'Learning Review Guidance' which replaces Significant and Initial Case Review guidance, is to hold a Learning workshop with the professionals involved with the young person and include their contribution in the final report.

CPC is currently progressing the use of other agency data in addition to what Social Work records on Carefirst and Education has now been contributing to CPC for the last 6 months. A small cohort of CPC members were also involved in a 'Deep Dive' supported by CELCIS and the Care Inspectorate, which afforded the opportunity to take a closer look at our local data and discuss trends and patterns which have emerged throughout the pandemic. This information is contained within a report which has recently been published by CELCIS.

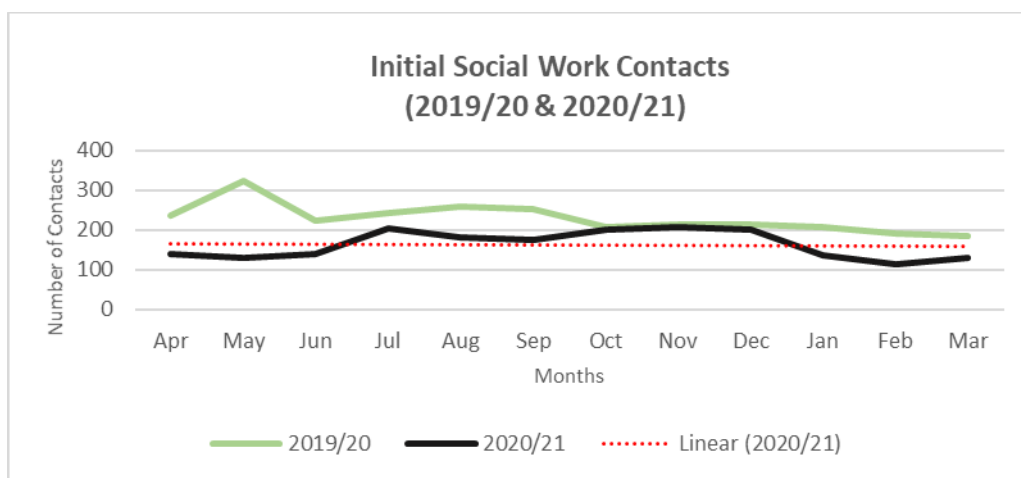
CPC is also developing a range of sessions which afford staff the opportunity to reflect on a particular family that presented challenge to the multi-agency Team around the Child. Such a session was held recently and was well attended with very positive feedback. It is proposed that this will be CPC is also developing a range of sessions which afford staff the opportunity to reflect on a particular family that presented challenge to the multi-agency Team Around the Child. Such a session was held recently and was well attended with very positive feedback. It is proposed that this will be developed by the Learning & Development sub group of CPC as part of our ongoing commitment to an Argyll and Bute learning culture.

## Service Quality and Performance statistical data– including delivery of statutory services

### Children

#### Social Work Contacts

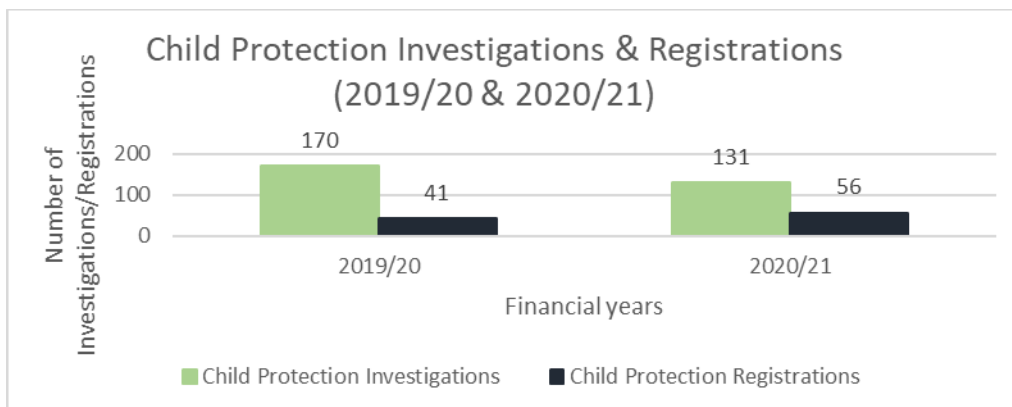
Data with regards to initial social work initial contacts notes an overall reduction for period May- July and Dec– Mar 2020/21. The average number of contacts for 2019/20 was (221) dropping to (163) in 2020/21 this is a 36% reduction. Data trends identify an increase in activity for the periods where national restrictions were eased from July to September (2020/21) and the period October to November for both years plateaued at the same rate.



(Data Source- Carefirst/ Business Object Report)

## Child Protection

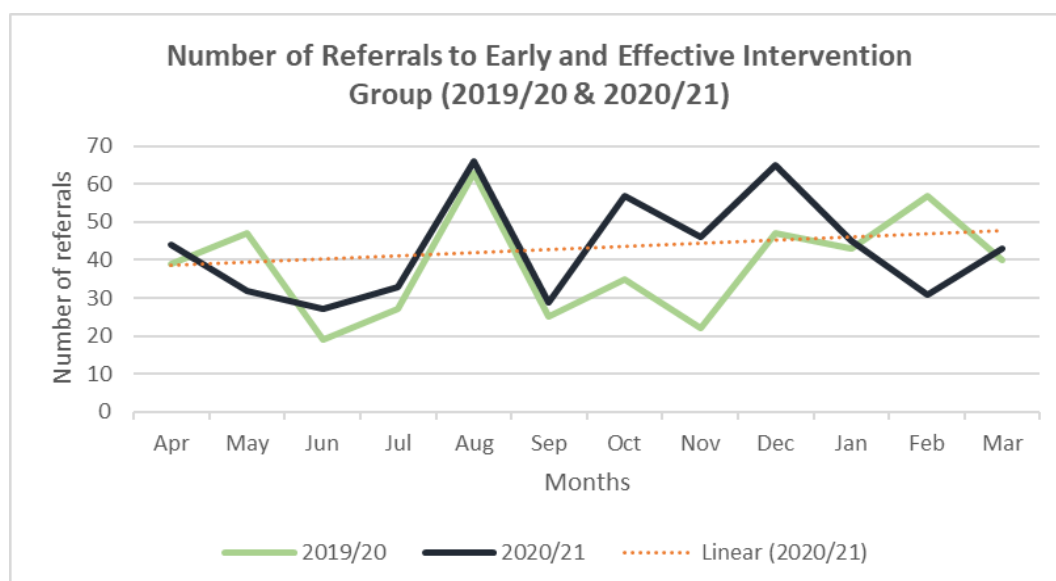
Child protection investigations note a 23% reduction for 2020/21 against the previous year 2019/20, in contrast there is a 27% increase with regards to the numbers of children placed on the child protection register for 2020/21.



(Data Source- Carefirst/ Business Object Report)

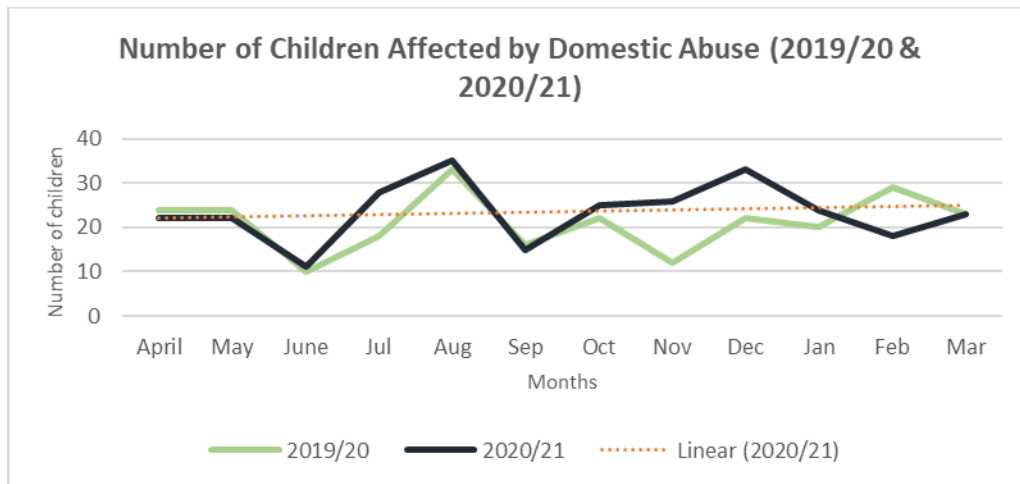
## Children & Families Early Intervention Services

Trend analysis of the referrals to the Early & Effective Intervention Group notes an increase in activity for the most part for 2020/21 against the previous year. The trajectory of data notes a similar profile across both years for the period April- September, at this point there is an increase in trajectory for 2021 from Sep-Jan, this coincides with a lifting of COVID-19 lockdown restrictions at which point the data shows a reduction in activity against previous year. This could be attributable to the January 2020/21 increase in COVID-19 restrictions through to March. Data for the year performance notes an average number of referral for 2020/21 (43) against (39) for 2019/20 this is an overall 10% increase in referrals.



(Data Source- Carefirst/ Business Object Report)

The data notes that with regards to those children who were referred to EEI as a result of Domestic Abuse the trend data follows closely the overall referral data with a peak of activity across July – August 2021. Again the data suggests a correlation in a rise in Domestic Abuse Referrals against the effects of the two COVID-19 lockdowns at each end of the year.

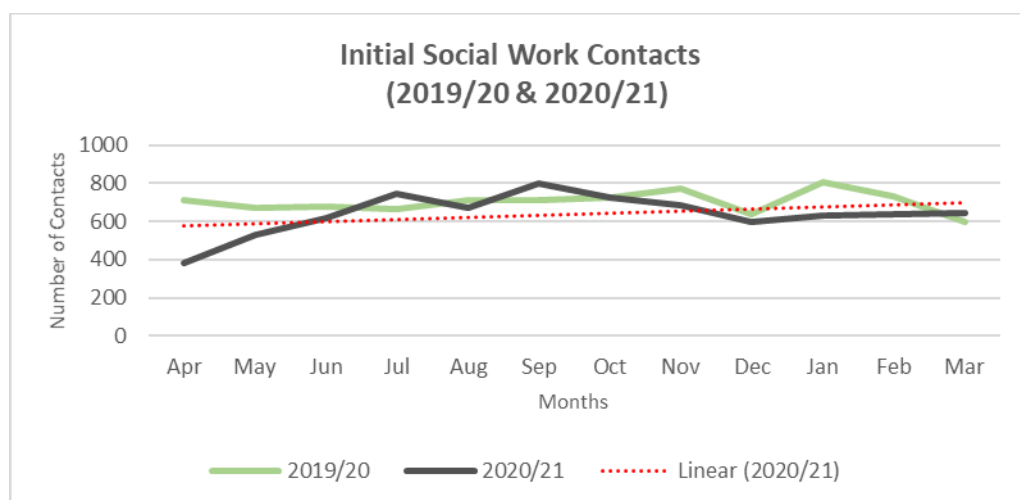


(Data Source- Carefirst/ Business Object Report)

## Adult Services

## Social Work Contacts

Data for initial Social Work Contact notes a 10% reduction in average social work contacts for 2020/21 (702) against the previous year 2019/20 (639). The overall data trend for 2020/21 notes a reduction in contacts which align with the COVID-19 lockdown period for the start of 2020/21 but increases slightly for the later January – March period, against the second COVID-19 lockdown. As previously seen in the data for other services the greater level of activity is seen in the months where the lockdown restrictions are eased across July-November 2021.

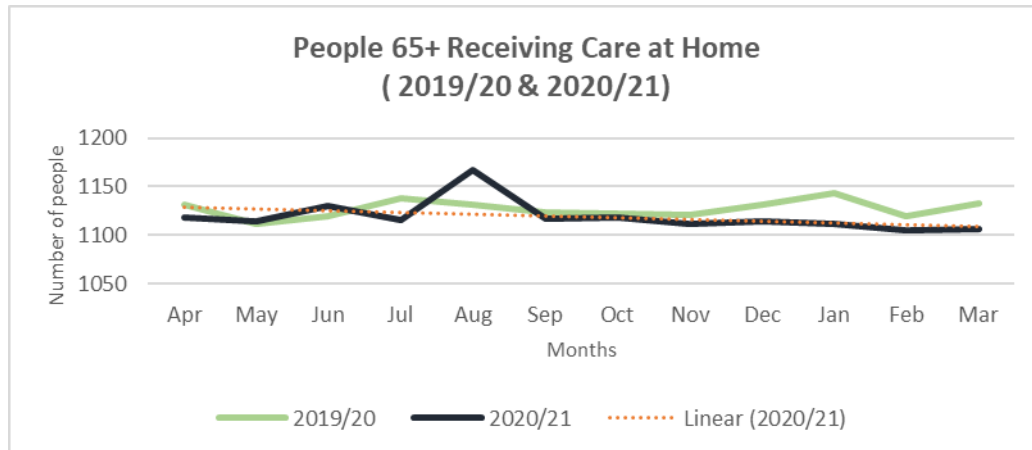


(Data Source- Carefirst/ Business Object Report)



## Homecare

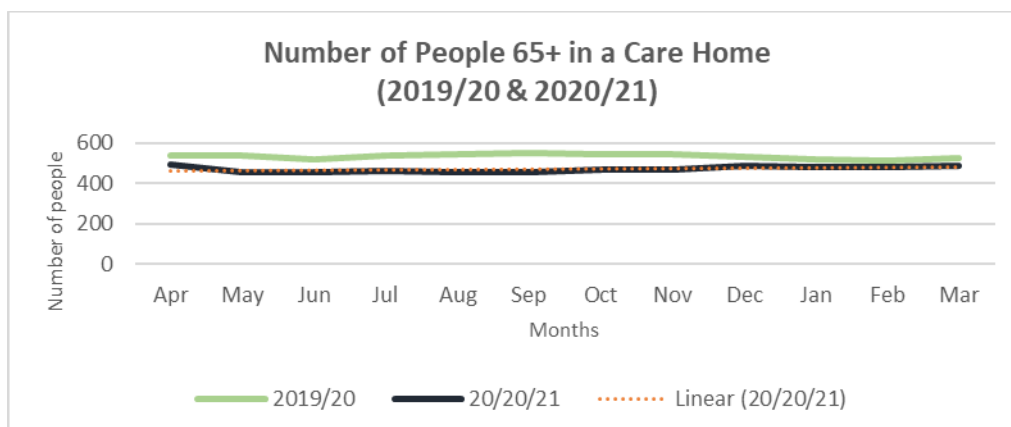
The data trend for those in receipt of homecare 65+ notes at the beginning of 2020/21 a similar trend to the previous year across April- June. Activity in the middle of the year is reduced for the month of July, an increase in activity above the previous year for August and the trend continues to reduce. Cumulative year data notes a 1% reduction for 2020/21 against the previous year, the average variance is (1127) for 2020/21 against (1119) for 2019/20.



(Data Source- Carefirst/ Business Object Report)

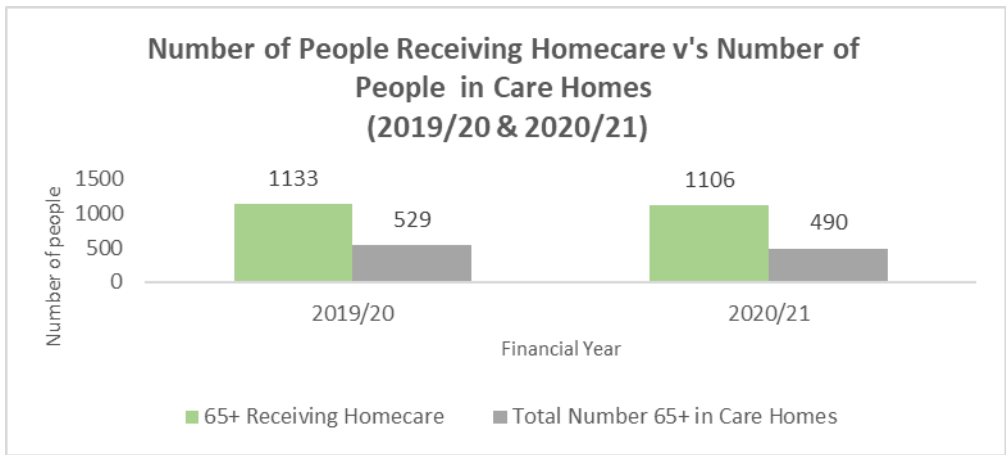
## Residential Care

Trend analysis of the data for the average number of people 65+ in a Care Home notes an overall 13% reduction a decrease from (533) in 2019/20 to (470) in 2020/21. Although the trajectories for both years remain relatively flat the period between May-November for 2020/21 notes a slight reducing trend which could be attributed to the initial lockdown period and closures locally due to the effect of the COVID-19 virus on staff and residents.



(Data Source- Carefirst/ Business Object Report)

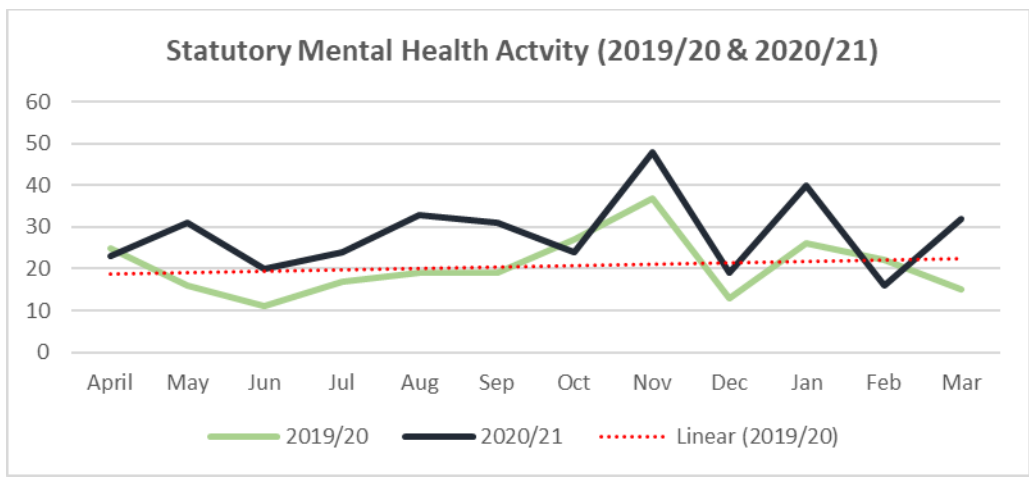
Analysis of both Care Homes and Care at Home together identifies a percentage split with regards to those in Care Homes and those receiving Care at Home as 46% for 2019/20 this is against a 44% for 2020/21.



(Data Source- Carefirst/ Business Object Report)

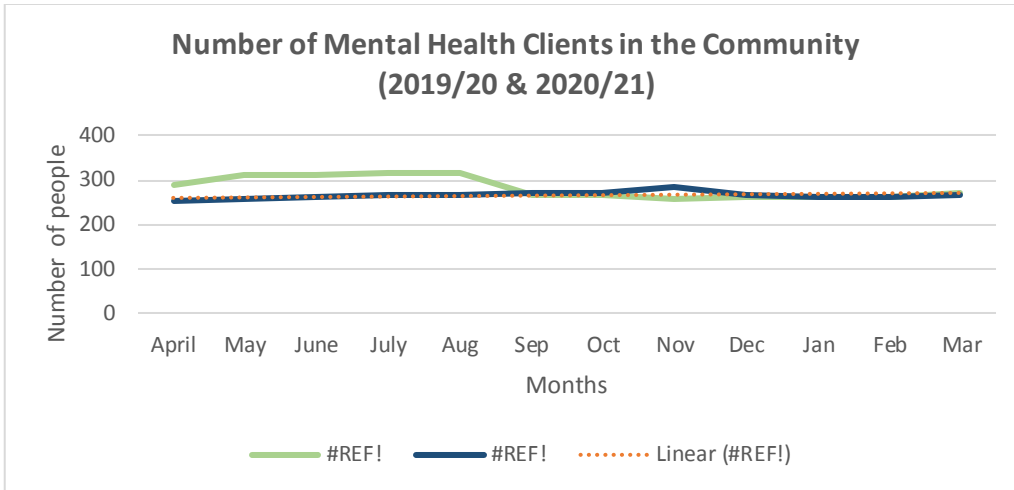
## Mental Health

Statutory Mental Health Activity for 2019/20 & 2020/21 notes similar trend patterns for both years, however for the majority of 2020/21 activity was increased against the previous year. The pattern of activity across the 12 month period noted an increase in activity from April- November in line with easing of the COVID-19 restrictions. The effects of a further lockdown through Dec- Jan noted a reduction in activity, however this was recovered with an increase against the previous year in Feb to March. Statistically across the year there was an overall 44% increase in cumulative statutory activity.



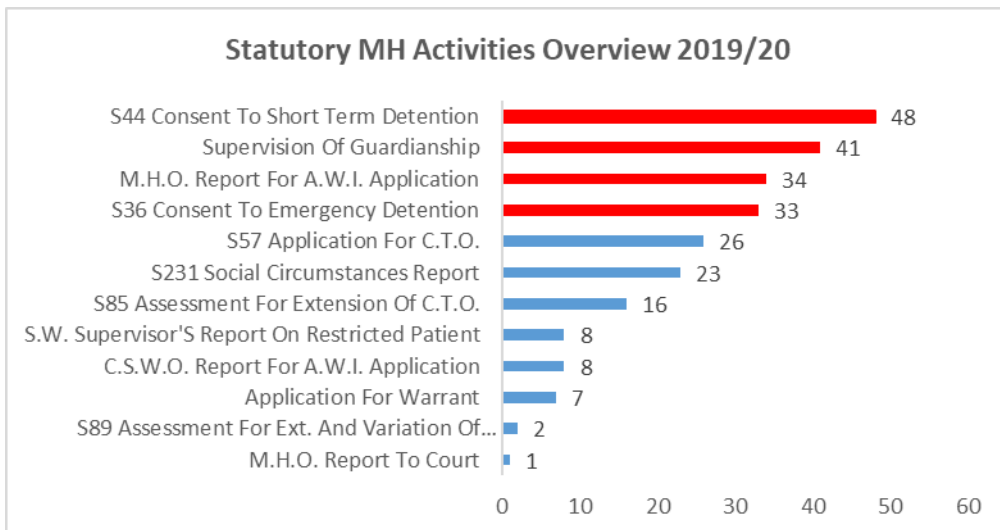
(Data Source- Pyramid Balanced Scorecard)

Alongside increased activity for 2020/21, the number of Mental Health Clients in the Community noted only a slight reduction from April – August and from August the trend notes an increase and plateau against the previous year.



(Data Source- Pyramid Balanced Scorecard)

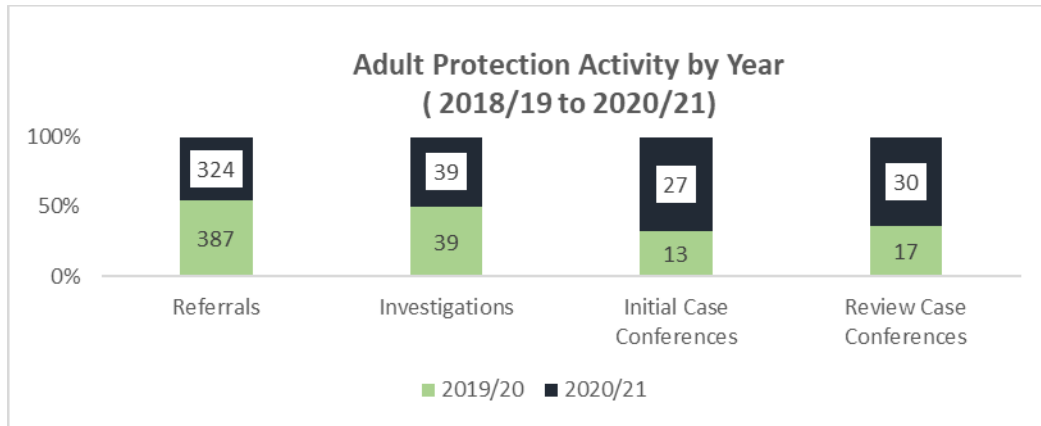
With regards to the types of statutory activities, Consent to Short Term Detention, Supervision of Guardianship, Reports for AWI Application and Consent to Emergency Detention are noted as having the largest impact across staff workloads.



(Data Source- Carefirst/ Business Object Report)

## Adult Protection

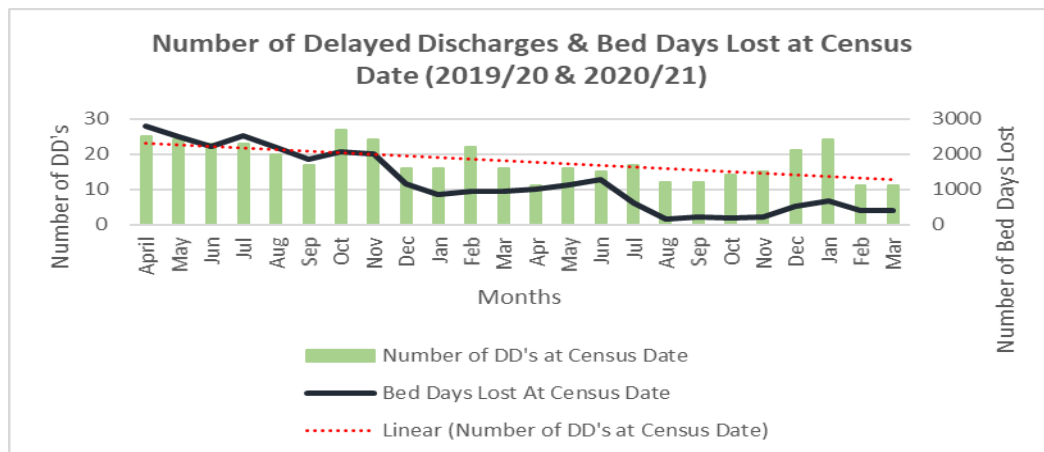
Adult Protection Referrals note a 19% reduction for 2020/21 against the previous year, Investigations remain the same and there are increased Initial Case Conferences (48%) and Case Conference Reviews (57%)



(Data Source- Carefirst/ Business Object Report)

## Delayed Discharge

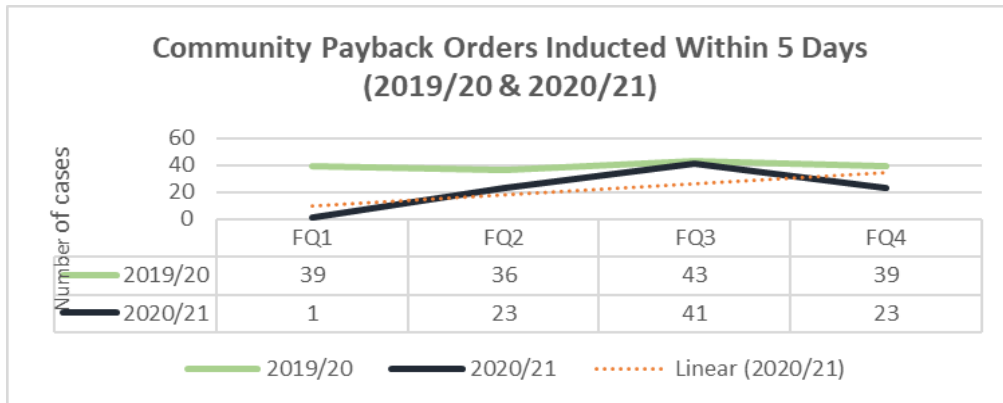
Delayed Discharge data across the period 2019-2021 notes sustained performance with regards to reduced numbers of delays and the length of time in hospital. The effects of winter pressures remains evident in the data trend, and there is evidence of the effects of lockdown with an elevation in DD's February-June 2021, this is recovered from June onwards. Statistically the average number of Delayed Discharges for 2019/20 are (21), this is reduced to (15) for 2020/21, this equates to a 31% cumulative reduction comparing the last two years data. Data suggests that despite COVID-19 restrictions the Delayed Discharge performance was maintained with the trend for Bed Days Lost noting less time in hospital for August onwards.



(Data Source- Micro Strategy/PMS)

## Justice Services

Data for Community Payback Orders Inducted within 5 Days notes that performance for last year was reduced against the previous year. Again the trend pattern shows clearly the COVID-19 restrictions and the gradual easing of this mid-year did have an impact on service delivery. The period October – December noted a return to previous levels of activity, however again there is evidence to suggest that the reapplication of lockdown criteria in the Jan- March 2020/21 period reduced some of this earlier improvement.



(Data Source- Pyramid Balanced Scorecard)

Ability to deliver statutory functions and Key risks to delivery

## Delivering Statutory Services

The data show that the delivery of statutory duties was robust and responsive, trends across most of the year note the potential for the COVID-19 restriction to have an effect on service delivery, against this the data shows that mitigating actions taken ensured that's service delivery was responsive to demand. Service responsiveness is evident in data for Care at Home, Residential Care, Mental Health and Delayed Discharges. Alongside this the data also notes that the response to both Child and Adult Protection was robust despite local and national COVID-19 restrictions. Contact with services noted a minimal reduction across both Adult Care and Children & Families Services for 2020/21 against the previous year.

## 4. Resources

### Financial Overview

Spending on social care was heavily impacted by the COVID-19 Pandemic which affected the whole of the 2020/21 financial year. There was substantial extra spending involved in dealing with the impact of the pandemic across the service covering a wide range of cost areas including:

- Staffing - cover for absent staff and revised service delivery arrangements to ensure the safety of service users and staff;
- Equipment and materials - most notably on personal protective equipment to protect staff and slow down the spread of the virus;
- Income loss – a reduction in care fee revenues collected by the service due to service closures and reduced activity;
- Additional care packages and capacity – primarily to enable the transfer of people out of local hospitals back to their own homes with support or to local care homes to keep them safe and maximise the availability of hospital beds for people with COVID-19;
- Budget savings delivery – with the focus on dealing with the pandemic, activity on the delivery of budget savings was halted creating a substantial net overspend on the service budget; and
- Financial support for local commissioned care providers - to help with their COVID-19 related extra running costs and the reduction in care fee revenue caused by service closures and reduced activity.

The financial impact on the service of all of the above cost pressures was fully mitigated by additional funding from the Scottish Government and, despite all of the extra spending, the social work budget was underspent by £0.906m at the 31<sup>st</sup> of March 2021. The underspend was generated by a combination of lower than expected spending on the staffing budget due to higher staff turnover and slower recruitment to vacant posts and a reduction in spending on care home placements for older people, both of which were heavily influenced by the impact of COVID-19 on services, staff and on the choices people made about the care arrangements for themselves or their family members.

The underspend was paid back to the Council to reduce the debt which the partnership had built up over previous years when the partnership had overspent its budget and required extra funding from the Council to balance its financial position.

## 5. Workforce

Throughout the year we have progressed with and involved all staff in the ongoing work of the Culture review and we have implemented a new Leadership and Management programme for staff new to leadership roles. This has been undertaken remotely during the last year.

Our social work Training Board is now fully embedded with a more equitable approach for staff to access training in line with their PDP. We have been working remotely with the SSSC this year to look at developing a more robust supervision model. This work is progressing positively.

We have introduced Wellbeing Wednesdays to ensure that our staff are able to access support for their own needs, not only in terms of COVID-19 but with any matters that may support their health and wellbeing.

The review of the Culture across NHS Highland and Argyll and Bute should continue with social work having an equal recognition in this work if we are to genuinely overcome the long term culture of bullying and harassment and this should be inclusive of staff at the frontline with inclusive feedback.

Mental Health Officer Recruitment remains a pressure area for us and disappointingly we had no applications for the course this year. It is anticipated that we may have to look at some incentive to attract to the role. For example, senior practitioner status.

## **6. COVID-19**

Like other HSCP areas Argyll and Bute has been impacted on by COVID-19. We have continued to work safely during the year in terms of service delivery and also to ensure that our most vulnerable children and adults were supported appropriately. This ensured that care needs and protection requirements were upheld. 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. We are developing a more blended model of working as we progress this year.

COVID-19 fatigue has been an issue and staff have been robustly encouraged to take annual leave to have a break and rest. We have continued to work in partnership with HR and our mental health teams to ensure a fast track tier process for staff experiencing COVID-19 difficulties.

Care Homes, Care at Home and Day Services have been impacted on significantly by COVID-19. We are now moving forward with re-opening day services as per guidelines from the Scottish Government and associated safety measures.

Staff have continued to work extremely hard during this year to ensure all service areas have been fully operational. This has been difficult for them to adapt but they have done so and I would like to credit them for their efforts in keeping our services moving forward and our service users, families and carers supported whilst balancing the statutory elements of their jobs.

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

We have to continue to adapt and work with the Pandemic in our day to day work. This brings opportunity for us in terms of continuing with some of the positive changes that we have had to make to our work with people. However we must enforce the fact that none of us should become complacent to the virus.

Winter Planning and the implementation of the flu vaccine continues to remain a high priority for us.

We will take cognisance of the need to implement the recommendations from the Independent Review of Adult Social Care and other areas of recovery policy and we will remain a competent working partner to the Scottish Government and other agencies as we progress this work.

We will step up service development areas of work that had to be parked due to our Pandemic response work.

We continue to have daily huddles in Argyll and Bute to keep a close overview of pressure areas and service specific issues that require action or escalation. We have found that daily huddles are positively to the team and area managers as a means of communication for staff to hear about developments and also as a way of bringing any pressure areas to the fore 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. It is acknowledged that financial challenges continue given savings planning was primarily side-lined due to the Pandemic.

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.

The sustainability of care homes and care at home remains challenging as will the increased demands for services and the legislative and protection elements to our role.

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. Full consideration of the recommendations from the Independent Review of Adult Social Care will be a component of future strategic planning across all service areas as well as other key policy areas. The Coronavirus (COVID-19) Mental Health Transition and Recovery Plan will also be a priority and the recommendations within this and we must ensure that priority is given to the development and priority of mental health services in Argyll and Bute as their own identity and not a sub-section of NHS Highland.

## **Priorities for 2020/21**

Recovery planning from Covid-19 will be the main priority for all services.

To remobilise staff and support new ways of working whilst ensuring that office rationalisation supports the supervisory and support elements that staff require in order to undertake their social work role. To consider wider work force planning across all service areas to sustain service delivery.



To continue with the transformation of Learning Disability Day Services and the implementation of the Learning Disability strategy. This will include Autism and Transitions and the development of a pathway from children to adult's services.

The development of Mental Health Services to include seamless pathways across services, implementation of the outcomes of the Mental Health Transition and Recovery plan, the development of the EIP pilot with NHS GG&C Esteem service.

Continued overview of Care Home needs and the development of Care at Home services will continue to be progressed.

To fully embed the work of the Promise and the key objectives arising from this work across Children and Adult Services.

To continue with the review of the current out of hours social work system which is not fit for purpose and in the long term unsustainable. This work is progressing. To support the use of Near Me for SWES.

To ensure that all new and updated legislative frameworks for social work services are fully embedded and understood by all staff across the HSCP.

## **CONCLUSION**

We continue to learn to live with the impact of COVID-19 and adapt our working ways accordingly to support the needs of service users across Argyll and Bute whilst maintaining staff safety. No-one is clear of how Covid-19 will impact on us in the longer term, but we remain positive that by continuing to maintain an overview of services, pressures and support we can hopefully sustain the pace that we are working at.

Much of our transformational work and our financial planning has not been progressed due to the pandemic and we must now try and work together to remobilise and progress this work again. This has been challenging for us but we are not unique in this respect.

Compassionate leadership and understanding will be required given many of our staff teams remain under pressure, balancing complex case management with legislative duties and responsibilities.

I wish the new CSWO for Argyll and Bute every success in their new role and wish to thank all of those who have been supportive to me from Argyll and Bute in my role including my CSWO colleagues across Scotland, the OCSWA team and Social Work Scotland.

Julie Lusk

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