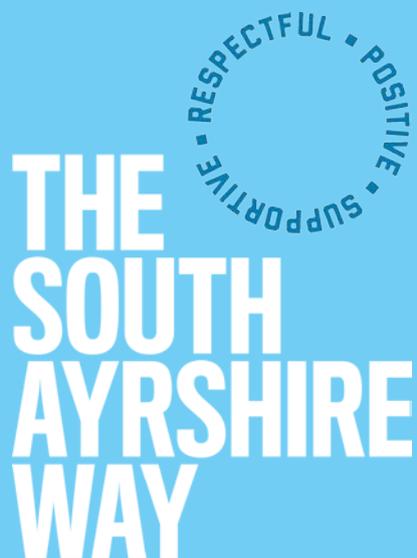


Chief Social Work Officer's Annual Report 2019 – 2020

October 2020



RESPECTFUL
SUPPORTIVE

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Foreword

I am pleased to present the Chief Social Work Officer's (CSWO) annual report for South Ayrshire Council for 1st April 2019 – 31st March 2020. It provides an overview of the social work services provided, information on statutory decisions made by the CSWO on behalf of the Council, some of the key challenges facing the service in 2019-2020 and beyond, our achievements to date, and our initial plans for the following year.

1. Introduction

The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of their regulatory body and the SSSC Codes of Practice. Any social worker or social care professional may approach the CSWO for advice.

The CSWO has a “stand-alone” function across Social Work Services and reports directly to the Director of Health and Social Care. Social Work provides a variety of services to protect and support people and in South Ayrshire; this is split across three distinct services:



2. Governance and Accountability

The CSWO provided professional and specialist advice on the provision of social work services in a number of ways: to senior officers through membership of the Partnership's Integration Joint Board; and to Elected Members through meetings with the Adults' Health and Social Care Portfolio Holder and through attendance at relevant Council and Leadership Panel meetings. As part of the process of engagement, the CSWO responds to enquiries made by Elected Members on a regular basis. The CSWO contributed directly to budget setting processes and to the determining of the Partnership's priorities and assessments of risks.

At the heart of the Partnership's approach to strategic planning and as set out in the Integration Delivery Principles will be the provision of services and support across the sectors in a way that meets the needs of particular individuals, communities and localities.

The Strategic Planning Advisory Group, the Health and Care Governance Group and the Locality Planning Groups will be advised by the Chief Social Work Officer on all appropriate matters.

The Locality Planning Groups are represented on the Partnership's Strategic Planning Advisory Group and, with a range of others including the 3rd Sector and other professional disciplines drawn from all professions and sector

The Partnership has an important role within the Community Planning Partnership arrangements for South Ayrshire and supports the delivery of Local Outcomes Improvement Plan (LOIP) priorities.

The Partnership continues to have a key role in the Children's Services Planning Group which consists of Community Planning Partners.

The Partnership's latest performance report was approved at by IJB on 16th September 2020 - [South Ayrshire Health and Social Care Partnership Annual Performance Report 2019/20](#). The performance report demonstrates our performance against the National Health and Wellbeing Outcomes, National Outcomes for Children and Justice.

In addition, the Partnership produce performance reports on [Community Health and Care services](#), and [Children's Health, Care and Justice services](#) on a six monthly basis, which are scrutinised by the Performance and Audit Committee of the IJB.

The local needs of the people living in South Ayrshire are reflected in the [Strategic Needs Assessment](#).

The overall aim of the CSWO role is to ensure that South Ayrshire Council and South Ayrshire Health and Social Care Partnership (HSCP) receive effective, professional advice and guidance in the provision of all social work services, whether provided directly, in partnership with other agencies, or purchased on behalf of the local authority. The CSWO has a responsibility for overall performance improvement and the identification, management and reporting of corporate risks as they relate to social work services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority e.g. a Health and Social Care Partnership. The CSWO's responsibilities in relation to local authority social work

functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

The CSWO is a member of:

- the Partnership's Integration Joint Board, comprising of members nominated and appointed by NHS Ayrshire and Arran and South Ayrshire Council;
- the Partnership's Directorate Management Team comprising the Director and senior managers responsible for health and care services; and
- Adviser to South Ayrshire's Chief Officer Group (COG) for Public Protection.

The Chief Officer Group (Public Protection) has responsibility for the strategic leadership and oversight of delivery of services and for improved outcomes for Child Protection, Adult Protection and Offender Management - Multi Agency Public Protection Arrangements (MAPPA) issues affecting South Ayrshire and is responsible to Elected Members and Scottish Ministers.

There must be CSWO cover 24 hours a day, every day of the year.

With integration and other changes over recent years, the key role of the CSWO has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively. This is recognised and supported in South Ayrshire particularly with the development of a specific Chief Social Work Officer role which is independent of the Heads of Service for Adult, Justice and Children's services, and reports directly to the Director of Health and Social Care.

To fulfil these responsibilities in South Ayrshire, the CSWO has direct access to Elected Members, reporting directly to the Chief Officer of the HSCP; and wider through the Integrated Joint Board; the full Council as required; and has direct links to the Chief Executive of the Council and membership of the Chief Officer's Group regarding public protection. Elected Members have important leadership and scrutiny roles in councils and it is essential they assure themselves that the quality of services are maintained and risks are managed effectively.

3. Service Quality and Performance

3.1 KEY DEVELOPMENTS AND IMPROVEMENTS

3.1.1 PUBLIC PROTECTION

The Child Protection Committee and Adult Protection Committee report to the Chief Officers Group (COG). Children are placed on the Child Protection Register when there are significant concerns for their safety. At the end of October the number of children on the Child Protection Register was 31 which is lower than last year (37). Adult Support and Protection referrals completed within five working days are improving with 83% now completed within this time period, compared to 70% in 2018/19

The South Ayrshire Sexual Exploitation Joint Action Group continues to work with the Multi-Agency Partnership to end Violence Against Women and Children, the Adult Protection Committee, the Child Protection Committee and key services to develop and deliver resources for staff, to support awareness and responses to child sexual exploitation. The group are currently refreshing South Ayrshire's Sexual Exploitation Strategy and this will be presented to the Child and Adult Protection Committees and Integration Joint Board for approval later in the year.

3.1.2 COMMUNITY HEALTH AND CARE SERVICES

Carers and Self-Directed Support

South Ayrshire Health and Social Care Partnership (HSCP) has joined forces with local partners, including South Ayrshire Carers Centre, Crossroads and Ayrshire Hospice, staff and carer's to produce South Ayrshire's Adult Carers Strategy 2019 - 2024. The Strategy was officially launched on 14 June 2019, during Carers Week, and sets out a range of approaches to identify and support carers; taking into account the recent changes in legislation due to the Carers (Scotland) Act 2016. At the time of the latest Scottish Census (2011) there were 11709 carers providing care in South Ayrshire. The Strategy is aimed at helping these unpaid carers, by developing a strong support network which will ultimately enable them to continue in their caring role.

The Strategy aims to ensure that: carers are identified and supported; feel involved and well informed; and are supported to maintain a healthy and happy lifestyle outside of their caring responsibilities.

The implementation of Self-Directed Support (SDS) and the focus on individual outcomes has continued to be developed across all services in South Ayrshire. There has been a significant amount of work carried out in Adult services and a new suite of assessment and support planning paperwork called 'My Life My Outcomes'. The paperwork has been designed to increase the focus on strengths based and outcome focussed practice and will be rolled out in conjunction with Care First in November 2020. There was a significant amount of work carried out around the implementation of a Resource Allocation System (RAS) and the new paperwork was designed to accommodate this new way of allocating resources. The plan was to test a new approach to resource allocation commencing March 2020 but the impact of Covid 19 required the redeployment of key staff and with a different approach to assessment due to the impact of the pandemic the introduction of a RAS is currently on hold and will be progressed as soon as is practicable.

The Partnership is taking forward the recommendation of the review to phase out the current equivalency calculator model of resource allocation and replace it with a system that permits the allocation of upfront individual budgets, to be used irrespective of which SDS option is chosen. An Action Plan has been developed to implement a Resource Allocation System (RAS) over the next 12 months which will be taken forward by a project team led by the SDS Team Leader.

Strategic Housing

Last year the South Ayrshire Health and Social Care Partnership worked in partnership with the Strategic Housing team in the Council to develop a Core and Cluster, supported accommodation for people with Learning Disability. The development was opened in November 2019 and supports 11 residents.

People are offered their own tenancy within a cluster of 11 flats, and are individually supported by a staff team centrally located at the cluster. Support is flexible, responsive and designed to empower and enable people to live as independently as they can, to improve their health and wellbeing, reduce inequalities and social isolation along with creating real opportunity to further engage with a range of supports and services within the community. The use of technology is a key feature of the accommodations.

A key achievement of community mental health services was the development and opening of supported accommodation in Ayr town centre despite the challenges of Covid and supporting people who have been in hospital in a long term basis into their own homes.

Technology

The major Information and Communications Technology (ICT) infrastructure project to replace the outdated Social Work and Social Care (SWIS) information system with CareFirst proceeded at pace in 2018-19 with implementation in Justice Services and in Children's Health and Care. Over the past year, the CareFirst team has been working on implementing the system in Community Health and Care Services with full implementation to be realised over the coming year.

Transformational Work

2019-20 saw the continuation of transformation activity within South Ayrshire designed to achieve improved balance of care and improved outcomes for people across Community Health and Care Services including older adults, learning disabilities and mental health:

- ✓ Service plans for Adult and Older People, Mental Health and Learning Disabilities were either developed or refreshed through a range of engagement activities. These plans set out the transformation priorities for the coming 3-5yrs.
- ✓ In Learning Disabilities there was the completion of a new core and cluster development in Girvan and a review of care packages to ensure improved choice and control for service users using Self Directed Support principles.
- ✓ Mental Health Services realigned teams to provide multi-professional support coordinated from GP practices.

- ✓ In Older People's Services there were significant reductions in delayed discharges from a high of 100 to around 30.
- ✓ New service models were developed and agreed for re-ablement and the responder services.
- ✓ Good progress was made in the implementation of Community Led Support approaches including new front doors for Social Work and greater engagement with the third sector.
- ✓ Towards the end of the year, and accelerated in response to COVID19 new oversight arrangements were implemented for care homes.
- ✓ A new self-evaluation and team planning approach was implemented across all Community Health and Care Services supported by regular Service Manager and Team Lead Development Sessions.

During 2020-21 the Community Health and Care team will continue to build on these improvements with plans to invest in and strengthen the reablement and responder services, further develop Community Led Support and Primary Care Team approaches and strengthen the use of Self Directed Support and modern approaches to personalising care.

Community Led Support

A key highlight of Community Led Support was demonstrated by the Maybole Community Care team who have been instrumental in the original set and weekly running of both Maybole Connect and Girvan Connect hubs. Pre-Covid these hubs ran on a weekly drop-in basis with regular support offered from Community Care, Seascope and Stepping Stones for Families (Girvan Connect) and the staff had started to build up a range of support from other agencies with pop up support session.

Through successful Participatory Budgeting (PB) funding bids the team have also managed to purchase some Dementia Friendly equipment which is displayed in Maybole Connect Hub and is used as visual aids and examples of support for those members of the community that are looking for advice around this. The team also secured a grant of £14,295 from Life Changes Trust in conjunction with dementia friendly work and to develop carers support in the area.

3.1.3 CHILDREN'S HEALTH, CARE AND JUSTICE SERVICES

Transformational Work

The Children's Health, Care and Justice Services are taking forward transformation proposals to enable the service to be able to deliver on the growing needs that are present within our community, there is a need to transform the way services are delivered, to become more effective and efficient.

The three proposals are:

- Whole Family, Whole system Approach

To enable the Health and Social Care Partnership to work with education and health to identify children at risk and in need of protection earlier, this approach would seek to have additional Health and Social Care staff within the School cluster to work

together with pastoral care teaching staff and health workers to develop a whole family approach within the school and community.

➤ Signs of Safety

Signs of Safety is a strengths based model that would contribute to the cultural change required within Children's Health Care Services. The access to training in this approach would enable the Partnership to address historical factors which have contributed to an overly 'interventionist approach' with Children and Families.

➤ Children's House enhanced provision.

To increase the capacity within one of the children's houses and develop an additional facility to be used as a respite resource for young people in crisis who require to be out of the family home for a short period of time while a team around the family work to address the risks and concerns, to enable the young person to return safely.

An amazing piece of social work was carried out by a member of the Children and Families Social Work team. The team made a trip to Uganda to reunite a child with their mother. The team were in Uganda for five days and in that time reunited the child with their family. The team visited the British Consulate in Kampala to register the child as a British national and met with doctors to ensure that they will continue to have the medication they require. They also visited four schools in order to choose the correct school to meet the child's educational needs. All of the outstanding work that was undertaken in the months leading to this was vital in achieving an exceptionally positive outcome for this young person. This is in no small part attributed to the member of staff's warmth, skill, knowledge and kindness.

Young Carers

There has been significant recent work developing the local Young Carers Statement, the Team Around the Child Guidance and pathways to support the implementation as well as information and awareness raising sessions. Young carers in South Ayrshire now have the opportunity to receive free access to Sport and Leisure memberships through South Ayrshire Council's Activ8 scheme. Any young carer (aged 8 to 18 years, or 18 years and in full time education) who is registered with South Ayrshire Carers Centre can sign up to South Ayrshire Council's Sport and Leisure 'Active8' scheme. This was formally launched on 1st November 2019.

Justice Services

Partnership working in Justice Services has continued to improve. An example of this was demonstrated in the community supervision and management of a MAPPA 2 case. The dedication of all agencies involved was hugely beneficial to the risk management of the case. There was clear commitment of all relevant agencies to support the risk management plan. All partners demonstrated excellent multi-agency partnership working, which included: Housing; Health; Police; and Children and Families colleagues from another authority. It was evident that all agencies supported each other within the ambit of their individual roles, ensuring that there was robust supervision of the individual within the community.

The principles of minimum intervention and keeping young people out of the justice system continue to be demonstrated. For example, a social worker completed a Justice Social Work report for a young woman who was 16 years of age and had been charged with having a knife in her possession. The young woman had never been in trouble before. The Sheriff commented in Court that he felt the report was very comprehensive in all areas and enabled

him to have all the required information to make the appropriate sentenced of admonishment.

Corporate Parenting and South Ayrshire 'Champions for Change' Champions Board

The Champions Board worked with South Ayrshire's Chief Social Work Officer, Head of Service Children's Health, Care and Justice Services, Learning and Development Officer and 3rd Horizons to deliver and participate in a Systems Leadership programme for all Children's Health, Care and Justice Services managers. A total of 35 staff members including participation assistants and modern apprentices from the Champions Board have taken part in the sessions. One of the key tasks created from these sessions is the development of a Champion of Champions network to encourage wider participation across Children's Health Care and Justice Service staff teams.

Feedback from the Champions Board included "seeing we all have shared hopes and dreams for young people" and "I feel comfortable with the service managers now and I feel more confident in having my say knowing I will be accepted and heard."

South Ayrshire Champions Board joined with the Corporate Parenting Group and the Chief Social Work Officer to co-host South Ayrshire's first 'new look' Corporate Family meeting in July 2019. 73 corporate parents attended the meeting which showcased examples of good Corporate Parenting from across South Ayrshire including a short animation on care based language produced by the Champions Board. The second meeting of the Corporate Family took place in January 2020. The Family Firm team led the session in which was attended by 54 corporate parents. This session showcased the corporate parenting work undertaken by Employability and Skills Development Scotland.

3.1.4 ALCOHOL AND DRUGS PARTNERSHIP

During the year, the South Ayrshire Alcohol and Drug Partnership's (ADP) multi-disciplinary group developed a new process for carrying out in-depth reviews of all suspected drug related deaths, increasing the local understanding of the protective and contributing factors of drug related deaths, in order to progress towards preventative activities to reduce drug deaths in South Ayrshire. Innovative approaches include the new Assertive Outreach and Intensive Support Multidisciplinary Team who aim to provide intensive and flexible support for vulnerable people who may be disengaging from alcohol or drugs services, who have had recent contact with emergency services or who may be at risk of an alcohol or drug related death. The ADP is also piloting a peer-led Policy Custody Referral project, where peers with lived experience of alcohol and drug misuse, visit individuals in police custody to offer support and information.

The South Ayrshire Alcohol and Drug Strategy 2018-21 "Recovery is Reality" was approved on 17th April 2019 and is currently being refreshed further. The South Ayrshire Alcohol and Drug Partnership (ADP) recognise the significant harm which can result from dependent substance use, including the increased risk of an alcohol or drug related death. Alcohol and drug related presentations at acute services continue to be higher in South Ayrshire than the Scottish average. We have also seen an increase in drug related deaths, often older people who have experienced complex physical and mental health and social harms, related to their substance use. The ADP is committed to working together to develop innovative, flexible and assertive outreach approaches to engage with those most at risk of alcohol or drug related deaths and provide support tailored to their needs. The ADP is committed to implementing the Everybody Matters: Preventing Drug Related Deaths: A Framework for

Ayrshire & Arran 2018-2021 and take forward the appropriate actions to implement the recommendations from the national Dying for a drink, 2018 report.

3.2 KEY RISKS TO DELIVERY

The reporting year saw a number of key risks emerge in relation to the future provision of Social Work services. These risks included:

- The Court of Session decision in relation to Day Care provision at the Kyle Centre.
- The commissioning of significant case reviews in adult and children's services.

In both these instances there is learning for the Partnership particularly in relation to how we engage service users. Work continues to resolve both these risks and will be further reported on in next year's report.

Due to the nature of public service provision and current levels of public funding, Social Work and Social Care Services do experience significant challenges. In South Ayrshire during this reporting period there have been challenges in relation to public protection, service demand and drug related deaths.

- Locally, and across Scotland, drug related deaths have sadly continued to increase in recent years. The increase has been particularly among older people using drugs (over 35 years) who may have a range of underlying health conditions. Reducing drug related deaths continues to be a priority for the Alcohol and Drug Partnership (ADP) and is embedded in the new South Ayrshire ADP Strategic Plan 2020 – 2024. The ADP Reducing Drug Related Deaths Sub Group has adopted a root-cause analysis approach to reviewing all suspected drug related deaths in South Ayrshire to increase our understanding of factors contributing to a drug related death, to help identify people at risk and explore possible intervention points. The Sub-Group also considers tests of change and service improvements aimed at reducing drug related deaths; including expanding the provision of Naloxone and developing non-fatal overdose pathways. The ADP is currently piloting a new multiagency and multi-disciplinary assertive outreach and intensive support team which aims to provide intensive and flexible support to individuals at risk of an alcohol or drug related death. The pilot programme began early in 2020 and the ADP has commissioned a full evaluation.
- In Community Mental Health services, a key challenge is increasing Mental Health Officer (MHO) resource against increasing demands. To address this the Partnership has begun a programme of proactive training of MHO's from within the Social Work practitioners pool. Balancing the demand for statutory activities whilst balancing the need for ongoing case management has also proved difficult. Ensuring we have enough care providers to deliver the level of support and care we require for our individuals in the community has been challenging and exacerbated by Covid.
- South Ayrshire like many areas in Scotland continues to experience an increase in demand for services, in particular around our older population. Demographic analysis and projections demonstrate that the proportion of working age people in South Ayrshire is 59.4% (the 4th lowest proportion of all 32 Scottish council areas) while across the whole of Scotland the proportion is 64%. The proportion of state pension age people in South Ayrshire is 25% (the 4th highest proportion of all 32 Scottish council areas) while

across the whole of Scotland the proportion is 19%. South Ayrshire's pensionable population is projected to increase over the next 10 years by +3.7% and by +17.4% in 2043. In particular, South Ayrshire's 75 and over population is expected to increase +27% in the next decade and +65% by 2043. South Ayrshire's pensionable population will continue to grow while the number of children and working age populations are predicted to decrease. This presents a challenge regarding resources and workforce and requires transformation of the delivery of health and care services and our relationship with citizens and communities. Recent work to develop a Workforce Plan and transformational activity aims to address these challenges.

3.3 Service Performance

The Care Inspectorate carries out inspections of regulated care services on an unannounced basis for all care services. Unannounced inspections provide members of the public and local governance groups with reassurance that the Care Inspectorate is inspecting on outcomes for people in services that are operating as they usually would.

The Care Inspectorate has recently changed the criteria under which observations are reported and evaluated. Previously all services were graded against the following quality themes:

- Care and Support
- Environment
- Staffing
- Management and Leadership

Under the new Inspection criteria services are graded against the new quality themes:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is care and support planned?

In 2019/20, 8 Local Authority care services were subject to unannounced inspections by the Care Inspectorate. The majority of services either showed improvements or maintained the high level of grades assigned in previous inspections.

The Care Inspectorate award grades to services they inspect based as set out in the table below:

Excellent	Very Good	Good	Adequate	Weak	Poor
6	5	4	3	2	1

N/A = Not Assessed

All grades of good and above are shown as: 

The tables below shows the grades assigned for each service in 2019/20 compared to the previous inspection grades:

Hillcrest Residential Unit

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
November 2019	Very Good	N/A	N/A	N/A	Very good
September 2018	Excellent	N/A	N/A	Very Good	Excellent

South Lodge Care Home

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
July 2019	Good	Good	Adequate	Adequate	Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
July 2018	Adequate	Adequate	Adequate	Adequate

Chalmers Road Learning Disability Respite Unit

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
November 2019	Good	N/A	N/A	N/A	Very Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2018	Very Good	N/A	Very Good	N/A

Arran View – Learning Disability Day Care

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2019	Very Good	N/A	Very Good	N/A
March 2016	Very Good	Very Good	Very Good	Very Good

Overmills Day Care for Older People

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
April 2019	Very Good	Very Good	Very Good	Very Good

April 2016	Good	Very Good	Good	Not Assessed
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South Ayrshire Care at Home

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
February 2020	Very Good	N/A	Very Good	Very Good
November 2018	Good	N/A	Good	Good

Sundrum View Children's House

Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
December 2019	Very Good	N/A	N/A	N/A	Very Good

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
November 2018	Good	Very Good	Good	Good

Cunningham Place Children's House

Inspection Date	Care and Support	Environment	Staffing	Management and Leadership
January 2019	Good	Very Good	Good	Good
February 2018	Adequate	N/A	Adequate	N/A

3.3.1 Inspection of the Children's Houses

This year, our Children's Houses were inspected. The Inspections focused on how well the children and young people's wellbeing is supported and how well the care and support is planned. The Care Inspectorate saw young people developing positive relationships with their carers who knew them well. Young people said they felt safe and had someone they trusted to turn to when troubled. The Care Inspectorate reported a culture of respect within the service with carers promoting an environment free from discrimination.

Young people benefited from effective support to understand and exercise their rights. Carers had supported young people as they explored their personal identity and developed through adolescence and young adult relationships. Carers were respectful of the heritage and cultural background of young people and their families. This had supported young people to engage with the service at a pace that was right for them and promoted positive outcomes.

There was a shared vision about the philosophy of approach which was understood by all staff and translated into all aspects of care. This meant that young people consistently experienced nurturing, therapeutic care and support. The philosophy of care was also extended to staff.

The Care Inspectorate saw very good examples of planning for transitions to and from the service which took account of individual needs as well as the heritage and culture of young people and their families. This improved engagement with the service and supports offered and promoted positive outcomes for young people

3.4 Mental Health Officer Activity

A Mental Health Officer (MHO) is a registered social worker who is required by law to have undertaken specialist training and hold an additional qualification in mental health. All local authorities are required to employ sufficient MHOs to undertake their statutory functions. Following the approval of the Mental Health (Care and Treatment) (Scotland) Act 2003 the Scottish Social Services Council introduced the Mental Health Officer Award (MHOA) for MHOs to meet their duties and requirements. MHO duties include:

- ❖ Protecting health, safety, welfare, finances and property;
- ❖ Safeguarding of rights and freedom;
- ❖ Duties to the court; and
- ❖ Public protection in relation to mentally ill offenders.

MHOs are involved in the assessment of individuals experiencing mental disorder who may need compulsory measures of care, treatment and in some cases, detention. The MHO role carries considerable autonomy and responsibility and involves working alongside medical and legal professionals. Mental Health Officers undertake assessments in relation to the following legislation:

- The Mental Health (Care and Treatment) (Scotland) Act 2003.
- The Criminal Procedure (Scotland) Act 1995.
- The Adults with Incapacity (Scotland) Act 2000.
- The Mental Health (Scotland) Act 2015.

The following tables show activity trends over the past 5 financial years from 2015-16 to 2018-19 under relevant legislation:

Table 9 - Mental health officer activities - Mental Health (Care and Treatment) (Scotland) Act 2003 and Criminal Procedure (Scotland) Act 1995

	2015-16	2016-17	2017-18	2018-19	2019-20
MH - Compulsion Order	2	0	1	0	1
MH - Compulsory Treatment Order/Application	24	24	0	25	13
MH - Short Term Detention Certificate	15	10	5	12	9
MH - Assessment Order	5	0	4	1	1
MH - Section 86 Report	3	0	0	0	0
SCR1 Social Circumstances Report	26	37	30	29	33
MH - Social Circumstances Report (Std.)/Short Term Detention	49	10	5	59	29

Certificate					
MH - Compulsion Order With Restriction	0	0	2	0	0
Total	124	81	47	126	86

Table 10 - Adults with Incapacity Scotland Act 2000

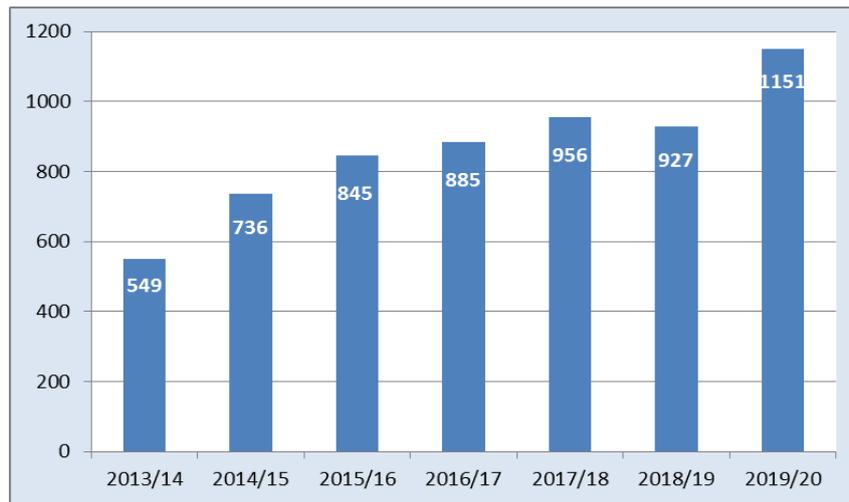
	2015-16	2016-17	2017-18	2018-19	2019-20
Guardianship Report	1	0	3	3	1
Guardianship Review Supervising	15	0	2	1	0
Guardianship Welfare Report	2	0	0	1	0
MH - Guardianship Renewal	14	23	29	4	28
MH - Intervention Order	4	5	9	6	8
MH - Welfare And Financial Guardianship Application (LA)	4	5	5	6	3
MH - Welfare And Financial Application (Private)	39	41	29	23	24
MH - Welfare Guardianship Application (LA)	13	9	11	21	7
MH - Welfare Guardianship Application (Private)	31	28	38	30	26
MH - Financial Application (Private)	0	1	2	2	0
MH - Financial Guardianship Application (LA)	0	1	0	0	1
Guardianship Order Application	0	0	3	0	7
Total	123	113	131	99	105

3.5 Adult Protection

The Chief Social Work Officer supports the multi-agency South Ayrshire Adult Protection Committee which carries out a development and monitoring function in relation to the implementation of the Adult Support and Protection (Scotland) Act 2007, locally.

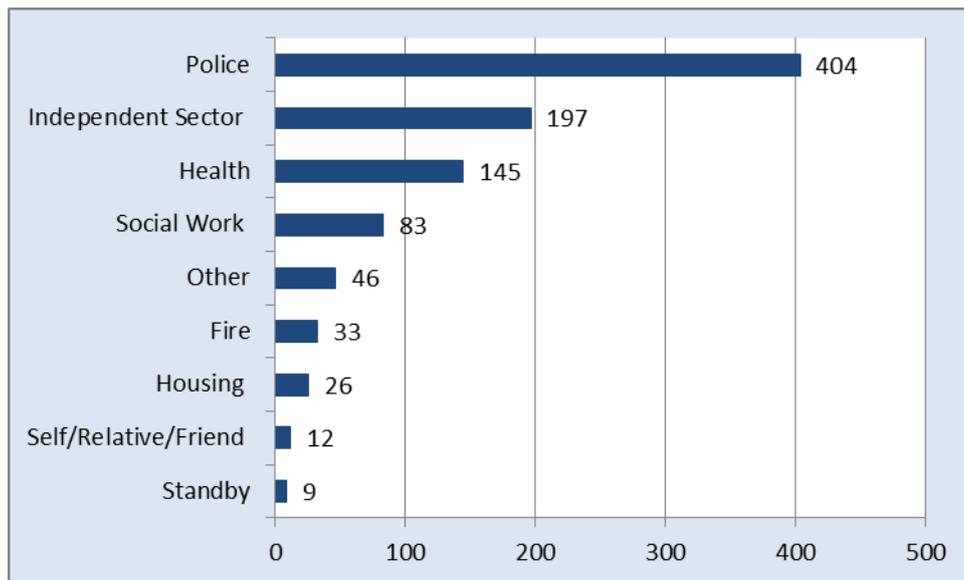
Adult Protection Referrals have increased significantly since 2013/14. The overall referrals for 2019/20 have shown an increase at 1151 compared to 927 the previous year.

Annual Adult Protection Referrals:

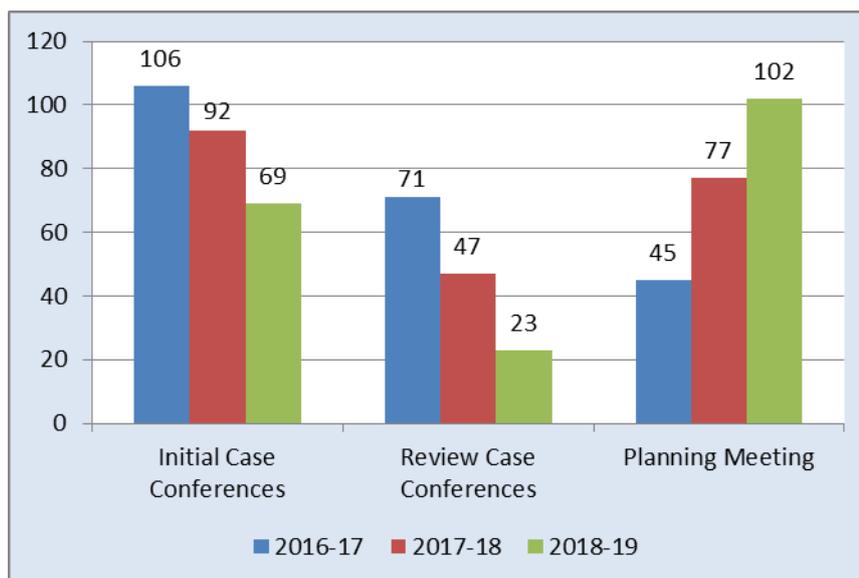


The highest proportion of referrals from 1st April 2018 to 31st March 2019 was from Police Scotland. Referrals from Health services have continued to increase due to further training and awareness raising.

Source of Referrals 2019/20:



Trends in the number of initial case conferences, review case conferences and planning meetings:



Through the South Ayrshire Adult Support and Protection Interagency Training Calendar, adult protection learning and development opportunities are made available to a wide range of service-providers and interested bodies. This has proven to be an effective way of meeting local learning and development needs, although issues of capacity need to be addressed. The table below shows a breakdown of the training provided over the past year.

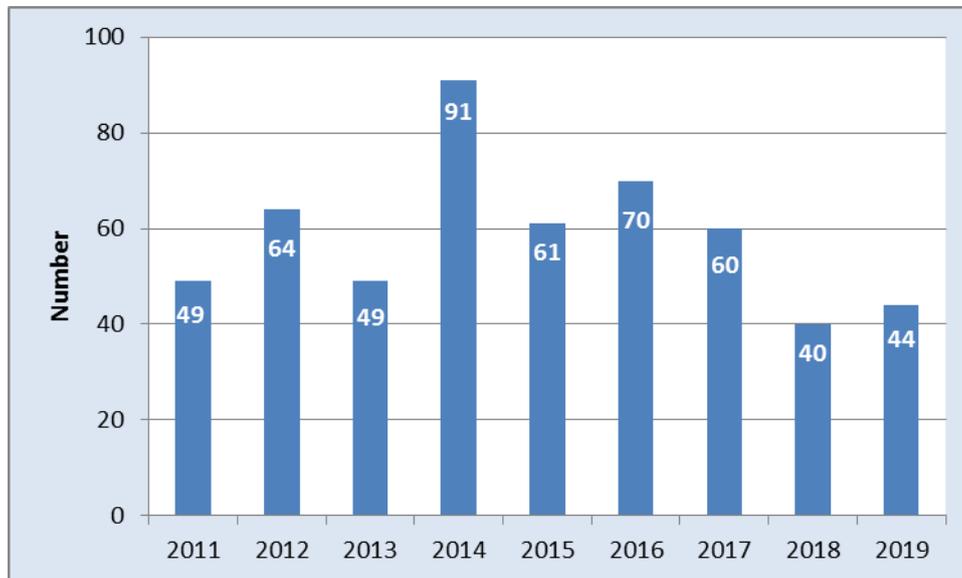
ASP training delivered April 2019- March 2020					
	Courses	Delegates	Private	Voluntary	Public
ASP Level 1	6	69	18	3	48
ASP Level 2	7	69	39	10	20
ASP Level 3	1	5	0	0	4
Total	14	143	57	13	72

3.6 Child Protection

The Child Protection Committee (CPC) brings together key agencies who work together in South Ayrshire to protect and meet the needs of the most vulnerable children and young people. The approach, locally, follows the policy and principles of 'Getting it right for every child' (GIRFEC). Joint working with other strategic planning bodies charged with delivering wider services for children has been improved, in particular through the Children's Services Planning Group, to ensure that the protection of children is embedded as a fundamental element of everyone's role and that this responsibility is also shared across the wider community.

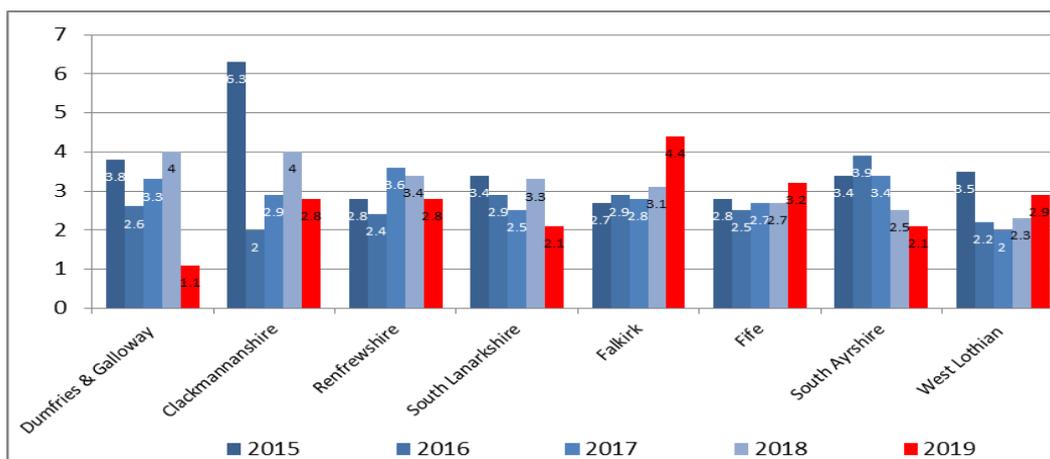
In working towards these goals, the approach to continuous improvement is being strengthened on a single and multi-agency basis. This helps to identify what is done well and where improvements are necessary. It facilitates the prioritisation of improvement activities and a focus on those areas where the greatest difference can be made to improving outcomes for children and their families.

Children are placed on the child protection register when there are significant concerns for their safety. Children on the register will be subject of close monitoring and support with a multi-agency plan to effect changes to reduce risk.⁶



On 31 July 2019, in South Ayrshire, there were a total of 44 children on the child protection register with high prevalence of drug and alcohol misuse, mental health issues and neglect.

The latest available benchmarking data was published in March 2020 based on data as at 31st July 2019. There has been a further reduction in the South Ayrshire rate of Children on the Child Protection Register between 2018 and 2019, from 2.5 to 2.1 per 1000 population aged 0-15. In 2017 South Ayrshire had the second highest level out of the benchmarking family group however in 2019 had the joint (with South Lanarkshire) second lowest level. The national rate across Scotland for 2019 was 2.8 which is a slight decrease from the rate in 2018 of 2.9.



3.7 Looked After Children

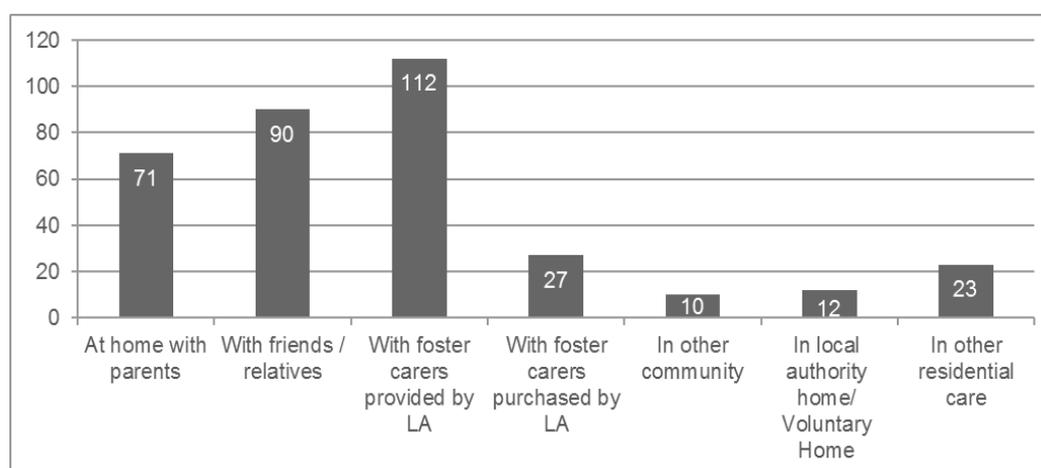
Children and Families Social Work Service assess, support and provide services for children and young people and their families who are experiencing difficulties and who need assistance. Children and Families Social Work helps ensure the safety and wellbeing of

vulnerable children, as well as providing support to children that are unable to live with their parents and are placed in alternative settings appropriate to their needs.

At 31 July 2019 there were 345 children and young people looked after by South Ayrshire. This represents 1.8% of the 0 to 17 year population compared with 1.3% nationally (excluding Glasgow). The majority of looked after children and young people were boys (58%) and 19% were under five years of age.

	2015	2016	2017	2018	2019
No. of Looked After Children in Authority	330	384	370	355	345
Scotland	1.6%	1.9%	1.8%	1.8%	1.8%

As at 31st July 2019, the majority of children (90%) are being looked after in the community either at home with their parents, with friends/relatives or with foster carers. 10% of children looked after are in residential accommodation.



	2016-17	2017-18	2018-19	2019-20
New Secure Orders	3	4	3	0
New Permanence Orders	1	10	16	10
New Permanent Carers	1	2	1	4
New Temporary Carers	1	1	4	5
New Prospective Adopters	2	3	2	2
New Respite Carers	2	2	0	2

Looked After Children by Care Setting as at 31 July	2016	2017	2018	2019
At home with parents	128	97	76	71
At home with friends or relatives	93	89	94	90
With South Ayrshire foster carers	80	87	113	112
With external foster carers	36	40	31	27

With Prospective Adopters	10	7	7	9
In Other community setting	2	1	1	1
In Crisis Care	0	0	0	0
In Residential Care out with South Ayrshire	12	23	24	23
In Secure Care	1	4	0	0
In South Ayrshire Children's Houses	8	7	12	12
TOTAL	370	355	358	345

3.8 Justice Services

South Ayrshire Justice Services is part of Community Justice Ayrshire. Community Justice Ayrshire is a partnership made up of a group of agencies with the remit of reducing re-offending and improving outcomes for people who have been involved in the justice system.

Community Justice Ayrshire has four thematic groups:

1. Children and Families
2. Community Integration
3. Health and Justice
4. Whole Systems Approach for Women

3.8.1 Multi Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements is the framework which joins up the agencies who manage offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm and places a statutory function on police, local authorities, and the Scottish Prison Service (the responsible authorities) to establish joint arrangements for assessing the risk from sex offenders including the effective sharing of information. Health Services are included in relation to Mentally Disordered Restricted Patients.

The 3 management levels in MAPPA are:

- Level 1: Routine Risk Management;
- Level 2: Multi-Agency Risk Management;
- Level 3: Multi Agency Public Protection Panels (MAPPP).

For MAPPA purposes the imminence and likelihood of risk of serious harm is classified as follows:

- Very High: there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- Medium: there are identifiable indicators of serious harm. The offender has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse; and

- Low: current evidence does not indicate likelihood of causing serious harm.

South Ayrshire Social Work Justice Service is responsible for managing these offenders as the lead agency alongside the police offender management unit. The agencies provide robust risk assessments and manage as per this identified risk.

Of the 172 cases managed over the year, 21 cases came to an end completing orders and registration and 6 cases transferred out with South Ayrshire to leave 145 cases on 31.03.20.

In 2019-20, 49 MAPPA notifications were received. Of these, 33 were for new offenders (notified to MAPPA by OMU) and 16 were for existing offenders (notified by SPS) who had returned to prison at some point during the reporting period.

7 MAPPA referrals were received in this year. Of these, Justice Services referred 1 (RSO in community at the time) and the Scottish Prison Service referred 6.

Table 13 below shows the number of MAPPA cases and MAPPA levels in 2019-20:

Number of MAPPA cases in South Ayrshire at 31 March 2020	
Level 1	141 (116 community; 25 prison)
Level 2	4 (2 community; 2 prison)
Level 3	0
Total	145
Number of MAPPA cases by MAPPA level between 01.04.19 and 31.03.20	
Level 1	164
Level 2	8
Level 3	0
Total Managed	172

3.8.2 Drug Treatment and Testing Orders (DTTO)

Drug Treatment and Testing Orders (DTTO) have been established at Ayr and Kilmarnock Sheriff Courts covering Ayrshire since 2004 to address the link between drug use and offending behaviour, specifically to reduce or eliminate an offender's dependency or propensity to misuse drugs; and achieve positive changes in the scale and frequency of drug related offending. The DTTO team based within the Partnership Delivery Team have positive relationships with the locality Justice Services teams, where Criminal Justice Social Work report (CJSWR) writers liaise with the team to screen individuals for suitability prior to including a recommended option.

The main outcomes for DTTOs are 'soft' Recovery outcomes, the main focus of the order being to stabilise drug use and lifestyle patterns thus reducing offending behaviour as a consequence. The DTTO Team introduced the Recovery Outcomes Web (ROW) tool in 2017 to measure and evidence areas of progress in addition to general compliance with the Order.

Of the individuals who continued the DTTO beyond 6 months (19), 95% (18) showed an improvement in Drug Use by the 6 months review (95% with a >3 differential and 50% of those with >5 differential) and 84% (16) had sustained the improvement at the Completion/Revocation of the order. In terms of the Offending outcome, 95% (18) showed an improvement by the 6-month review (84% with a >5 differential and 56% Of those with >7 differential) and 84% had sustained the improvement at the Completion/Revocation of the order.

- Between 1st April 2019 and 31st March 2020 there were 15 SAC service users assessed for this high tariff disposal.
- Between 1st April 2019 and 31st March 2020 there were 12 SAC service users made subject to a DTTO.
- Between 1st April 2019 and 31st March 2020 there were an average of 15 open DTTO cases of SAC service users, each calendar month.

3.8.3 Supervised Release Orders

Supervised Release Orders can be imposed for people convicted of an offence on indictment to come into force once they have been released from prison. It is put in place in order to protect the public and can last up to 12 months. It requires the individual to be under the supervision of a justice social worker and follow any conditions that have been set. Those who breach a Supervised Release Order can be returned to prison. This Order can only be utilised if an individual is sentenced to a short term sentence (less than four years in custody) and the offence is not a sexual one.

In South Ayrshire Supervised Release Orders (for service users resident in South Ayrshire) are supervised within the Justice fieldwork team. Qualified Social Workers manage these Orders and return these to Court under breach proceedings where there are issues of non-compliance or further offending.

- Between 1st April 2019 and 31st March 2020 17 Supervised Release Orders (SROs) were managed within the team.
- Of these 4 were subject to breach proceedings.

4. Resources

Partnership services include the full range of community-based health and care services delegated by the partner organisations under the terms of the Integration Scheme. South Ayrshire Health and Social Care Partnership has the lead partnership role in Ayrshire for the Community Equipment Store, Continence team and Family Nurse Partnership.

The overall financial performance against budget for the financial year 2019-20 was an underspend of £0.411m, (£0.694m underspend in Health offset with a £0.283m overspend in social care services). This position includes a pay back of £0.291m of the £3.277m debt, the remaining balance will be paid over the next three years. The underspend of £0.411m has been earmarked for various commitments in future financial years including Alcohol and Drug Partnership, Primary Care Improvement Fund and Mental Health Action 15.

The main financial variances during 2019-20 are noted below:

- **Community Care and Health overspent by £0.852m.** This was exacerbated by transfer of funding from Biggart Hospital to provide for beds in the community. However, beds remained opened in the Hospital to relieve pressure within acute settings, bank staff were used to support the unfunded beds and support patients requiring an increased level of nursing care.
- **Mental Health Services underspent by £0.959m** mainly due to less than anticipated demand for social care packages together with a number of high cost care packages ceasing during the year.
- **Children and Justice Services overspent by £0.939m** due to demand in residential and familial placements with providers based out with the local authority, this type of care is more expensive. During the year progress has been made to reduce these placements providing better outcomes for the children and reducing costs at the same time.

There was significant progress during 2019-20 in implementing new ways of working, focusing on early intervention and prevention and transferring care to community settings, however the full financial impact of this work will not be seen immediately. The increasing demand on older people's services has meant the eligibility criteria for statutory care has remained at critical. The change in focus of children's service to early intervention approaches, led to a reduction in young people placed in outwith authority placements towards to the end of the year; the financial impact of this has been factored into the Budget for 2020-21.

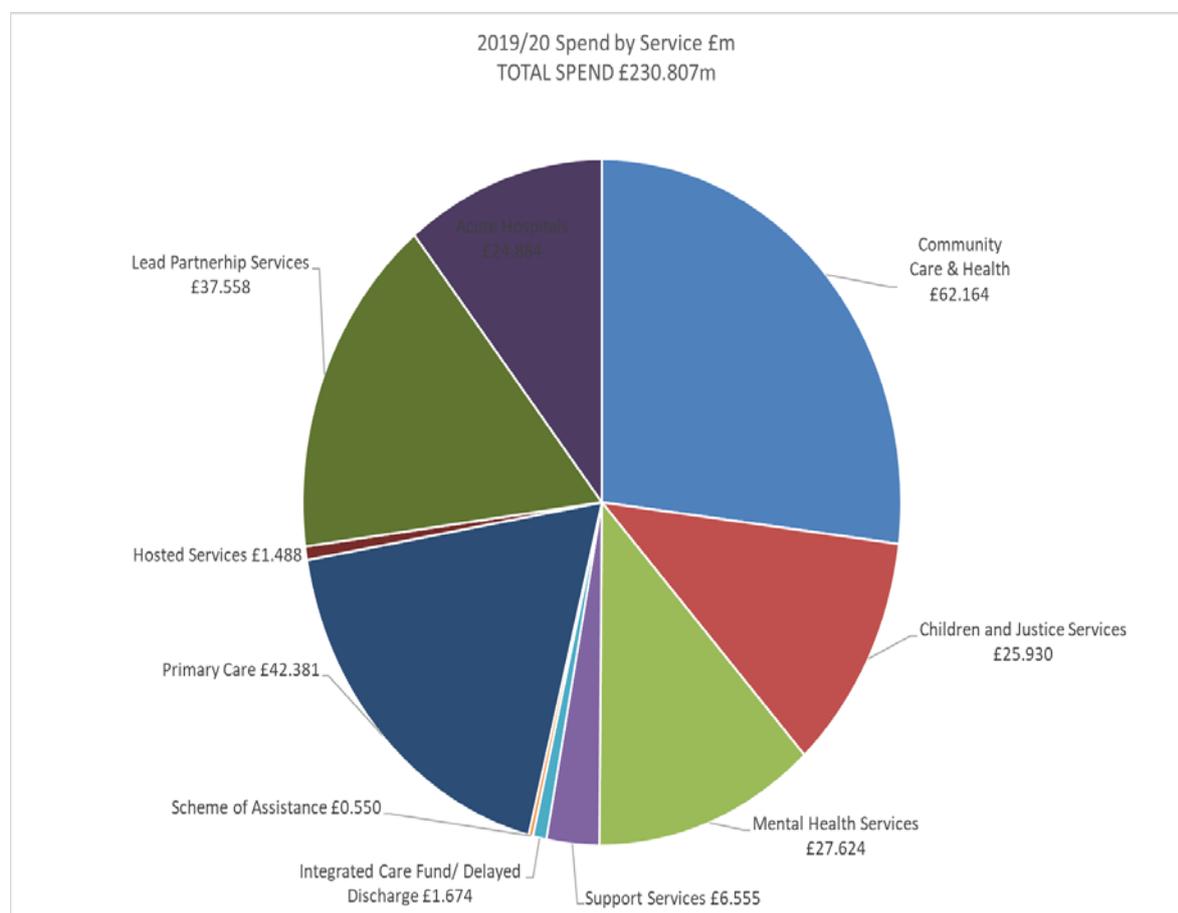
It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Significant progress has been made during 2019-20 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2020-21.

Key successes for 2019-20 include:

- Repayment of the outstanding debt to the Council has commenced, although less than the £0.819m planned, a contribution of £0.291m was made to the outstanding debt.

- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities.
- Savings totalling £4m were delivered in-year, against an approved savings plan of £5.5m, £1.2m of these savings have been addressed in the 20-21 budget.
- Progress with reducing the financial overspends in 2019-20 which will have an impact on the financial plans and sustainability for future years.
- Social Care services supporting older people in the community remained within budget, following a significant overspend in prior year.
- Approval of Medium-Term Financial Strategy, including transformation activities.
- Review of the Integration Scheme.

A full analysis of the financial performance for 2019-20 is detailed in the [Financial Outturn 2019-20 report](#). The chart highlights the spend by service this year:



5. Workforce

The SAHSCP [Workforce Plan 2019-2022](#) was approved at IJB on 16th May 2019. This is the Partnership's first workforce plan and focuses on the next 3 years (2019-22), but also aims to look beyond that by setting foundations that will deliver requirements for many years to come. It will be reviewed annually. The scale of the Partnership's remit and activities is extensive, and the workforce plan will never, nor should it attempt to, address every single aspect of the Partnership's operation. The purpose of the workforce plan therefore is to establish, in broad terms, how best to ensure the workforce delivers the Partnership's vision, values, mission and strategic objectives.

5.1 Recruitment and Retention

The Partnership has been improving the information available for candidates thus ensuring the Partnership is viewed as an employer of choice, and will continue to explore alternative, or supplementary, measures which encourage applications from the relevant talent pool. Other recent improvements include the introduction of online contracts and references within South Ayrshire Council, which has reduced recruitment time-scales by an average of 7 days for many Partnership social work/social care and other support posts.

Turnover for Council Partnership employees is higher than for NHS Ayrshire & Arran employees, and higher when compared internally with South Ayrshire Council (11% for Partnership Council employees and 8.8% for non-Partnership Council employees).

To further understand why any employee would choose to actively leave the Partnership, and to identify any dissatisfaction a new employee might have, a Pan-Ayrshire exit interview process (based on the South Ayrshire model embedded in 2018) and a Pan-Ayrshire new joiners questionnaire (based on NHS A&A's existing model) will be adopted by all three Councils and NHS A&A to have local understanding of workforce needs and to create consistency of approach for better benchmarking.

5.2 Workforce Development

Working in partnership with colleagues in East and North Ayrshire HSCPs has enabled the sharing of resources and the joint planning of learning opportunities.

Course Title	Number of Attendees
MAPPA	148
Moving & Handling	211
Medication	64
Food Hygiene	71
Skilled Dementia	47
Managing Difficult Epilepsy	10

Working with Difficult, Dangerous & Evasive people	37
3 Day Looked After and Accommodated	10
Child Mental Health	17
Disability Awareness in Child Protection	5
Impact of Poverty on Child	7
Parental Mental Health & Impact on Child	9
Motor Neurone Disease Awareness	2

There is a requirement for staff in particular services to be registered with the Scottish Social Services Council (SSSC). There are six people in the Partnership undertaking SVQ courses of study to obtain or maintain SSSC Registration.

The following table shows the number of staff that completed an SVQ course in 2019-20:

Qualification	Number of Staff
SVQ Leadership and Management	1
SVQ 4 Social Services and Health Care	1
SVQ 3 Social Services & Health Care	3

5.3 Neglect Toolkit Evaluation

Neglect is extremely damaging to children in the short and long-term. It affects all aspects of a child's development. Practitioners often describe the high levels of anxiety they feel about such children and what they should do.

The Neglect Toolkit is a validated tool which has been adopted across South Ayrshire HSCP Children's Services as the main risk assessment process in the assessment of neglect. This will continue to be used within training to support an increased and shared understanding of neglect.

The Toolkit is designed to provide practitioners with necessary knowledge to identify and respond to issues of neglect within the home environment. Training on the toolkit took place during 2018 and 2019 and an evaluation on the use of the toolkit was carried out from October to November 2019.

The majority of practitioners (87%) felt that the Toolkit has been beneficial to their practice as it supported them to have a better understanding of neglect, focus on outcomes and be more confident in addressing issues relating to neglect. The evaluation highlighted that the toolkit is being used in a variety of ways i.e. direct work with families, within supervision, team around the child meetings and to raise concerns.

Some of the positive outcomes identified by practitioners were:



Learning will be taken from the evaluation to inform the use of the Toolkit going forward. Issues that will need to be considered include:

- The language and terminology used which some families may find off-putting.
- Further evaluations will ask respondents to identify the service that they represent to enable further analysis.
- Capacity for professionals

5.4 Practice Teaching

South Ayrshire Health and Social Care Partnership has a well-developed practice learning programme offering practice learning opportunities for social work students to undertake work experience in a social work setting.

In 2019-20, 17 placements were provided in South Ayrshire. These placements are coordinated through two main intakes. The latter intake from January 2020 to May 2020 unfortunately experienced significant disruption due to the COVID-19 pandemic. In March 2020, all Universities serving the West of Scotland took the decision to suspend placements with immediate effect. This was understandable as the safety of students and service users was paramount. This sudden reaction however provided no time for debriefing, discussion around cases and endings. We know for most students that this was upsetting and therefore our thanks go to colleagues for supporting students as best they could during this difficult time.

COVID-19 has also impacted on developmental work around practice teaching. The HSCP has been working in partnership with the University of the West of Scotland and Children and Adolescent Mental Health Services (CAMHS) to further develop integration and practice learning through enhanced student placement programmes. This programme builds upon South Ayrshire's Social Work Degree Programme and the BSc Mental Health Nursing Programme which are both delivered and supported by the University of the West of Scotland. The focus of the exchange programme is centred on Children's Services specifically around Children and Family Locality Teams and Child and Adolescent Mental Health Services (CAMHS). The main component of the programme enables students from Social Work to spend a proportion of their 2nd Year placement in the CAMHS Services. Nursing student who are in Year 2 or Year 3 and have CAMHS as their designated base placement will spend a proportion of their placement with the Children and Families Locality Team.

Placements are provided as an Experience and Inquiry Observation of Practice with the purpose of:

- Giving students a better understanding of legislation, social policy and the organisation.
- Understanding the role and remit of practitioners and how these structures can integrate and work more effectively for service delivery.
- Develop a greater understanding of people and their communities and how organisations serve and effect living experiences within the communities they serve.
- An understanding of inequality and disadvantage and where this comes from.
- Consider the structural and cultural issues which affect people's social functioning and their ability to be proactive citizens.

Students have been required to actively inquire about the organisations, its ethos and remit; and investigate how and why services within which they are based are delivered and, how service users are involved in informing delivery of service. Each student will be asked to produce a learning log on their experience and learning.

This programme is now in its second year and is progressing well. All Placements provided within this programme have been followed by focus groups across students and staff teams to explore this experience and capture this for ongoing evaluation and development. Early indications are that this is proving both beneficial to the students involved and to the wider staff teams. Our ambition is to complete our evaluation of this work which we anticipate will provide a positive platform that we can build on to expand opportunities across the social work and nursing professions.

6. COVID-19

In response to the early stages of the pandemic, we have focused a significant proportion of our resources on supporting our communities through this uncertainty and maintaining service provision as best as possible prioritising critical need.

The impact on performance is not yet wholly clear across all services and although governance meetings were temporarily stepped down we continued to provide assurance to our Integration Joint Board and tracked key data in relation to the pandemic response e.g. delayed discharges, infection and testing rates within care homes and waiting times for key services.

As the scale of the outbreak intensified, and working from home became the new normal, daily teleconferences of the Directorate Management Team (including the CSWO) were held to discuss key issues as they are emerging and planning implementation of the specific national guidance as it is being produced.

A local mobilisation plan was created, detailing the financial impact of the activity necessary to respond to Covid-19. The most recent submission by South Ayrshire HSCP estimates a cost of £5.595m to the end of the year. The costs are continually changing as new guidance and policies emerge. The plan provides a focal point for the partnership's response to the pandemic, and allows senior management to track progress and costings against key actions. Included in the plan are the additional costs the HSCP will incur as a result of managing and responding to the pandemic, most significant costs are PPE, additional staff costs to cover absence, additional care home and care at home placements to facilitate

delayed discharges and payments to commissioned providers to ensure financial sustainability.

We continue to work in close cooperation with care homes and Scottish Care throughout the pandemic; these have been unprecedented times for our care home partners and the HSCP has been prioritising our support to the vital work they have been doing to keep residents safe and ensure their wellbeing.

Within South Ayrshire the delayed discharges at 4 March were 76. As at the 22 April they had reduced to 27, a decrease of 64% in line with expectations of Scottish Government. In order to achieve the reduction, we had to commission additional care home beds and care at home provision. The additional costs will be met by the Scottish Government through the mobilisation plan.

As a result of social distancing measures, some services had to cease. Where possible, innovative solutions were put in place using technology to communicate with service users. Communications are emailed out to all commissioned providers, thrice weekly, providing them with updates in practice and links to useful websites. Weekly teleconferences are also undertaken giving providers an opportunity to ask any questions. During the calls information is provided on operational issues and financial assistance, including developments in new legislation relating to financial sustainability for providers. COSLA provided commissioning guidance to ensure financial sustainability, this has been implemented including payments for additional PPE costs, payments to care homes due to fall in occupancy levels. All these additional costs are included in the mobilisation plan and are expected to be fully funded by the Scottish Government.

Technology was sourced to enable staff to work from home, through working in partnership with both NHS and Council IT teams.

Workforce requirements were identified and addressed, via the "Silver" staffing group. This group developed workforce requirements for the community hub, whose job is to receive and respond to referrals from primary care Covid-19 Clinical Assessment Centre. Remobilisation plans were developed to redeploy existing staff to areas of need.

Support to staff was and continues to be paramount. A Practice Support Session is held weekly with the CSWO and the Partnership's Learning Officer to offer support for all social work staff. At the beginning of the pandemic, a staff bulletin was issued daily with information on staff wellbeing. A Listening Service is available for staff as is Staff Wellness Hubs at three sites across South Ayrshire.

The response to the Covid-19 pandemic, has seen new ways of working emerging quickly and rapidly, relationships developing with wider services in partner organisations and with external providers, overall there has been an increased sense of partnership working to get things done.

Moving into 2020-21, the IJB has a significant challenge in shaping a "new normal" for health and social care particularly when future funding levels are unknown. The pandemic has seen the emergence of new ways of delivering care through increased use of technology, in some areas this has accelerated the pace of change what was already planned and in other service delivery areas this has proved an effective way of communicating both within operational teams and with service users and their families.

The lessons learned from responding to the pandemic and the ease with which we rapidly responded to emerging changes in work practices need to be harnessed. There are

opportunities that have arisen through rapid change and implementation of new processes, systems development and relationships that can further imbed integration and transformation required going forward. These changes should be enablers to further shift the balance of care from institutional to community settings.

The budget plans for transformation within older people and children's services will help manage demand for services in year, and hopefully mitigate any unexpected increase in demand following the pandemic.

Examples of innovative practice during the pandemic:

6.1 Children and Families Social Work services

To support families with their wellbeing, the social work teams:

- Delivered goods from Childsmile (e.g. toothbrushes, drinking cups) to promote good dental health during the pandemic.
- Sourced tomato plants and flowers for families to grow from a local allotment.
- Developed activity packs.
- Developed baking sets made up with individual recipes.
- Delivered school work on behalf of colleagues.
- Delivered video Bookbug through social media.
- Bought outdoor games for families.

The **Children and Families Disability Team** moved at the start of lockdown to adopt a Managed Crisis Response, in partnership with parents and carers to support the needs of the most complex families.

The decision was made that a planned, targeted response would better meet the needs of the 335 families supported by the Children and Families Disability Team, rather than no practical respite potentially resulting in family breakdown.

To support this decision, the team all cases and triaged into Stage 1, 2 and 3 responses with Stage 1 identified as requiring a practical break from caring duties as families reached the point of exhaustion with the potential of poor responses to care needs.

The Stage 1 supports included children with complex health care needs, very challenging behaviour, Kinship and Foster Carers and young adults with impacting mental health issues. To support the provision, the team had to pool the services available as many providers were unable to support any practical service provision.

All cases, across Stage 1, 2 and 3 Tier Groups were reviewed every 4 weeks and care plans and supports adjusted accordingly. This approach was supported by families, third sector partners and staff.

6.2 Justice services

The Justice Services team demonstrated good practice during the COVID-19 restrictions whilst working with a person that had been convicted of offences. This proved to be a very

complex case overseen by the MAPPA process to identify a multi-agency risk management plan. The staff involved worked very hard with the individual and maintained daily contact either by telephone or home visits. Close partnership working took place with the Offender Management Unit (Police Scotland) and all agencies during this period.

The social worker followed the statutory requirements and National Outcomes and Standards of managing a person sentenced to a Community Payback Order. It was very quickly identified that the individual could not be managed within the community. Good communication was maintained with the Court in initiating breach proceedings which eventually led to the imprisonment of the person involved.

6.3 Community Mental Health Team

Support for staff and team morale has been really important. The service has used WhatsApp groups and Microsoft Teams to keep in touch with staff. A buddy system was created whereby the team are buddied into pairs so they know who to go to in terms of second workers for visits, in terms of ASP, for support and in terms of cover if needed. This enables the staff to continue to feel part of a team.