

Chief Social Work Officers Annual Report 2023 – 2024

October 2024



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Waiting Approval at Cabinet

Introduction

I am delighted to share with you South Ayrshire's Health and Social Care Partnerships Chief Social Work Officers Report.

My thanks go to all within the partnership who have worked tirelessly over the past year to continue to work towards our ambition of ensuring that those within our communities start well, live well and age well.

It is difficult for me in this short introduction to encapsulate all these things working for good. We are a sum of our parts and our [Annual Performance Report 2023 – 2024](#) gives greater detail of the highlights and the significant progress achieved by ourselves and our partners across South Ayrshire.

My reflection of the last year is one of many achievements and growth across social work services as we focus on early intervention and prevention while continuing to carry out our statutory duties to safeguard and protect the most vulnerable within our communities against a backdrop of increasing referrals, pressures, and work across all sectors.

Our Child Protection and Adult Protection Committees laid down a new framework to monitor performance, engage with the public and build confidence and competence in practice. In Adult Services the foundations of our new service delivery model were firmly established. Justice Services established new workshop facilities to build capacity and support for those recovering and making reparation to their communities. In Childrens Services our 'Family First' model saw expansion and our commitment to delivering 'the promise' remains resolute. Our Alcohol and Drug Partnership is about to bring into reality the service provision outlined in its Recovery is Reality strategy.

Our teams received national recognition for their work especially with our Young Carers delivering an award-winning thought-provoking film 'The Weekend' to raise awareness of the challenge they face in their young lives.

We continue to strive to make South Ayrshire the best place to live and to work in and the culture and positivity that is apparent throughout our workforce is a credit to them in our continued commitment to be the best in Scotland.

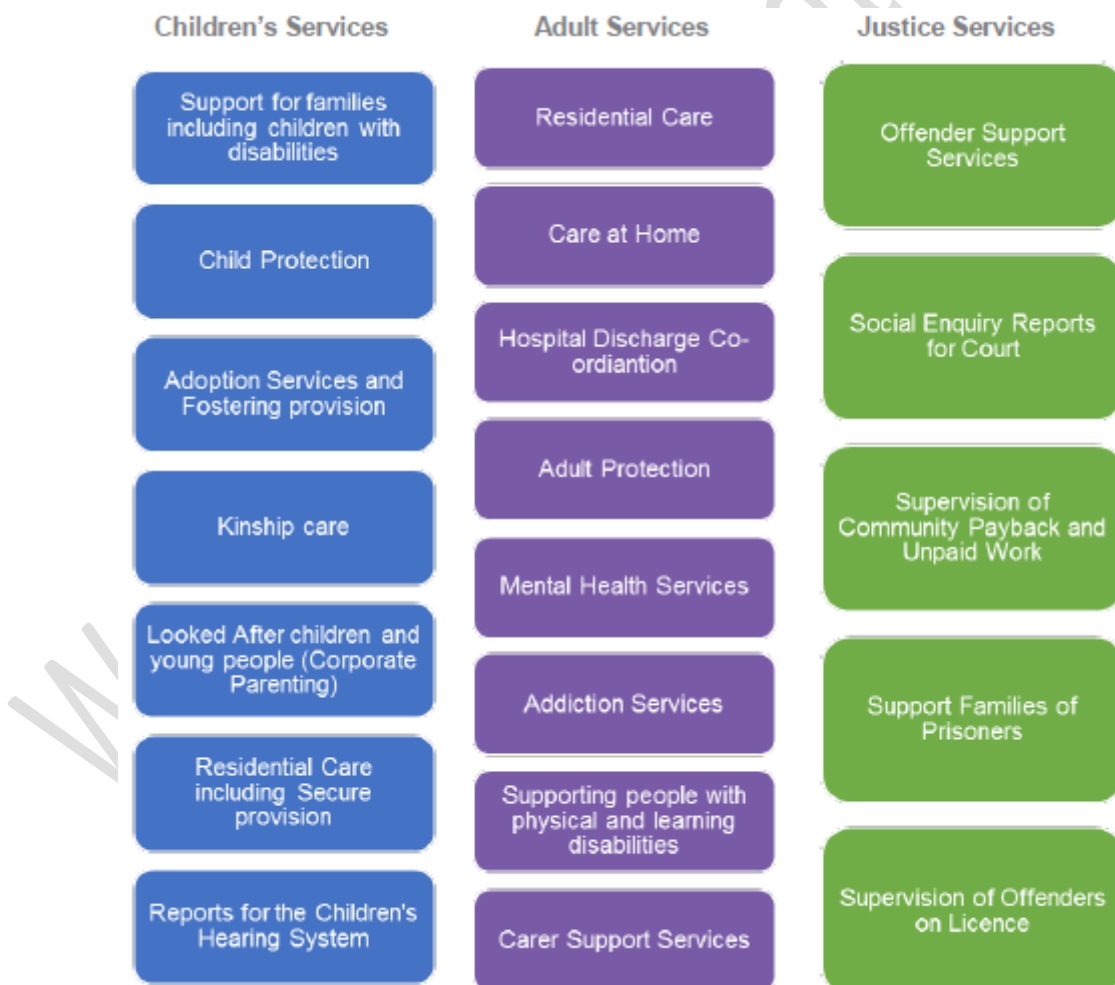
Lastly, I would like to thank our managers, principal workers, colleagues in the Directorate Management Team, the Integration Joint Board and the formal committees for their continued support and commitment to our vision and keeping those that we serve central in hopes and aspirations.

Gary Hoey

1. Governance and Accountability

The Chief Social Work Officer (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 the Scottish Social Services Council (SSSC) and the associated 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 Chief Executive of South Ayrshire Council. The CSWO also reports directly to the Director of South Ayrshire Health and Social Partnership (SAHSCP) on operational and strategic matters across the service. Social Work provides a variety of services to protect and support people, and in South Ayrshire, this is split across three distinct services:

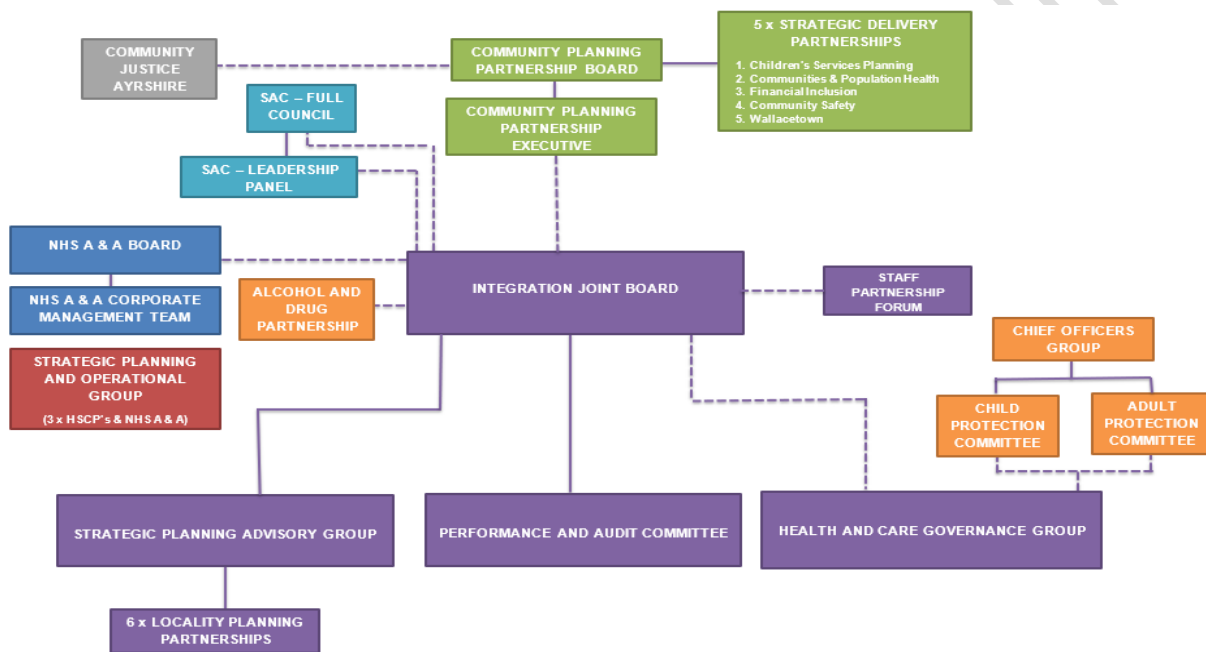


The CSWO is responsible for providing professional and specialist advice on the provision of social work services to strategic governance and accountability structures within South Ayrshire.

[“The Role of the Chief Social Work Officer: Guidance for local authorities regarding the role of the Chief Social Work Officer”](#) outlines the scope and responsibilities of the role.

- Values and standards
- Decision Making
- Leadership
- Reporting

The Governance structure for SAHSCP is shown below.



The CSWO sits on a number of these structures including:

- Integrated Joint Board
- Chief Officers Group
- Adult Protection Committee
- Child Protection Committee
- Social Work Governance Board
- Strategic Planning Advisory Group
- Performance and Audit Committee
- Health and Care Governance Group
- Community Health and Care Services Governance Group
- Children Families and Justice Governance Group
- Social Work Governance Board

In addition to this, the CSWO is an integral member of the SAHSCP's Directorate Management Team and is therefore involved in key aspects of planning, budgeting, service development, and implementation.

The role also involves responding to enquiries, providing support, information, reflection and direction to elected members, relevant Cabinet members, and attendance at relevant Council and Leadership Panel meetings, where required.

The CSWO is currently the Chair of South Ayrshire Alcohol and Drugs Partnership and the Social Work Governance Board. The Chief Social Work Officer leads and participates in short-life working groups and service specific governance groups such as the Community Services Oversight Group.

The CSWO has responsibility for 5 direct reports:

- Child Protection Lead Officer
- Adult Support and Protection Lead Officer
- Self-Directed Support Lead Officer
- Alcohol and Drug Partnership Lead Officer
- Practice Development Team Service Manager

In addition to this, there are a number of significant areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions.

These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements, and removing a child from secure accommodation if appropriate.
- the transfer of a child subject to a Supervision Order in cases of urgent necessity.
- acting as guardian to an adult with incapacity, where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed.

- decisions associated with the management of drug treatment and testing orders.
- conducting functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

Additionally, the CSWO assumes the role of Agency Decision Maker, performing an essential role in making decisions about the best plans for children, their carers, and adopters. The Adoption and Children (Scotland) Act 2007 provides the framework for this role.

2. Service Quality and Performance

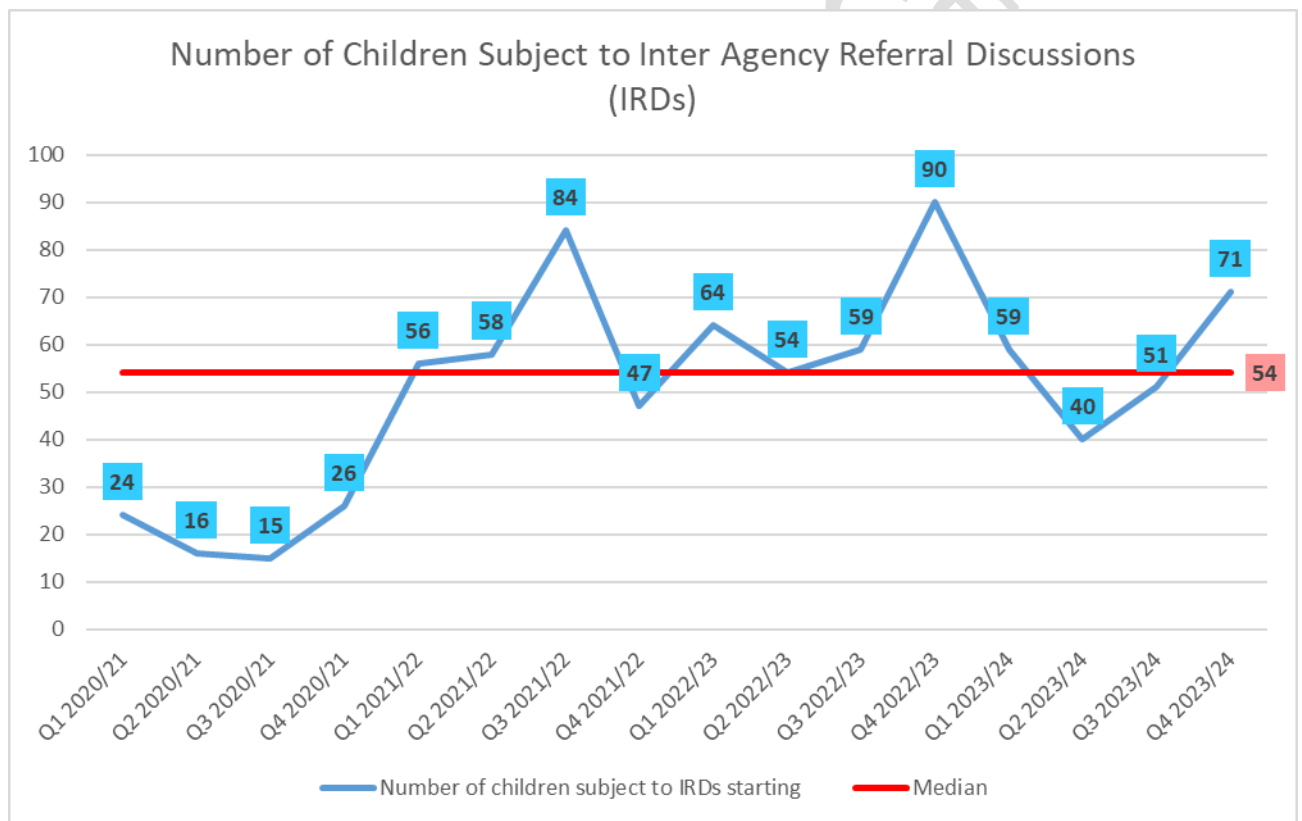
For the purposes of the annual report, we will focus on the following key areas of service quality performance. The report aims to describe our journey and achievements over the past year but also to identify the next steps we must take to excellence.

- Children Services
 - Child Protection
 - Looked After Children
- Adult Services
 - Adult Support and Protection
 - Adult Care and Support
- Mental Health Services
- Justice Services
 - MAPPA
 - Prevent
 - MARAC
- External Scrutiny
- Internal Scrutiny

Childrens Services

2.1 Child Protection

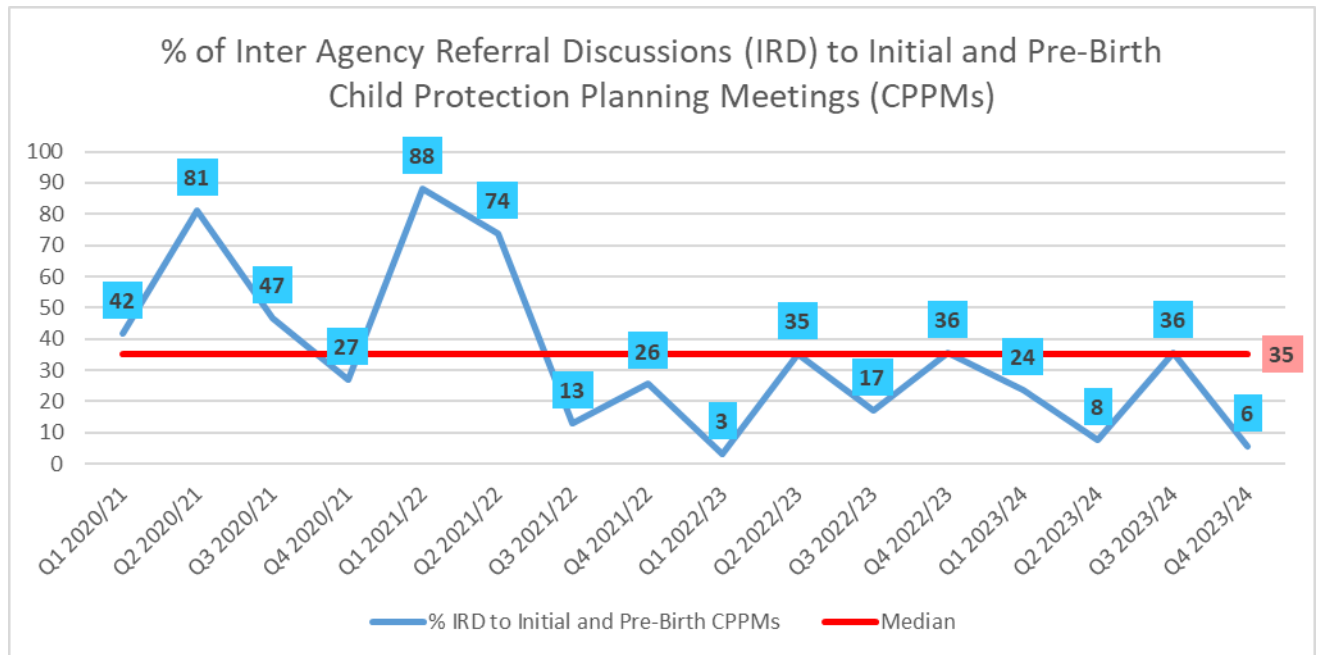
Children are placed on the child protection register when they are deemed at risk of significant harm. Children on the register will be reviewed by the team around the child at core group meetings on a frequent basis. (every 4 weeks) Families and children will also experience more supportive visits to ensure the progression of the child's protection plan. A crucial part of the process is the Initial Referral Discussion (IRD) between agencies that establishes the immediate steps required to safeguard and protect children and commence planning to ensure their continued safety and wellbeing. The IRD is also where the initial decision is made about whether the concerns should proceed to child protection investigation.



Graph 1 – Number of Children Subject to Inter Agency Referral Discussions.

The number of children subject to IRDs has increased year on year between 2019/20 and 2022/23 however in 2023/24 we see a reduction of 17% of children subject to IRDs starting from 267 in 2022/23 to 221 in 2023/24. However, we do see an increase of 20 children subject to IRDs starting between Q3 (n=51) and Q4 (n=71) which equates to a 39% increase. South Ayrshire has a median of 54 and sits with a rate of 3.7 per 1,000 0-17 population.

Following an IRD, a child protection investigation will assess and recommend whether to progress to a Child Protection Planning Meeting (CPPM)

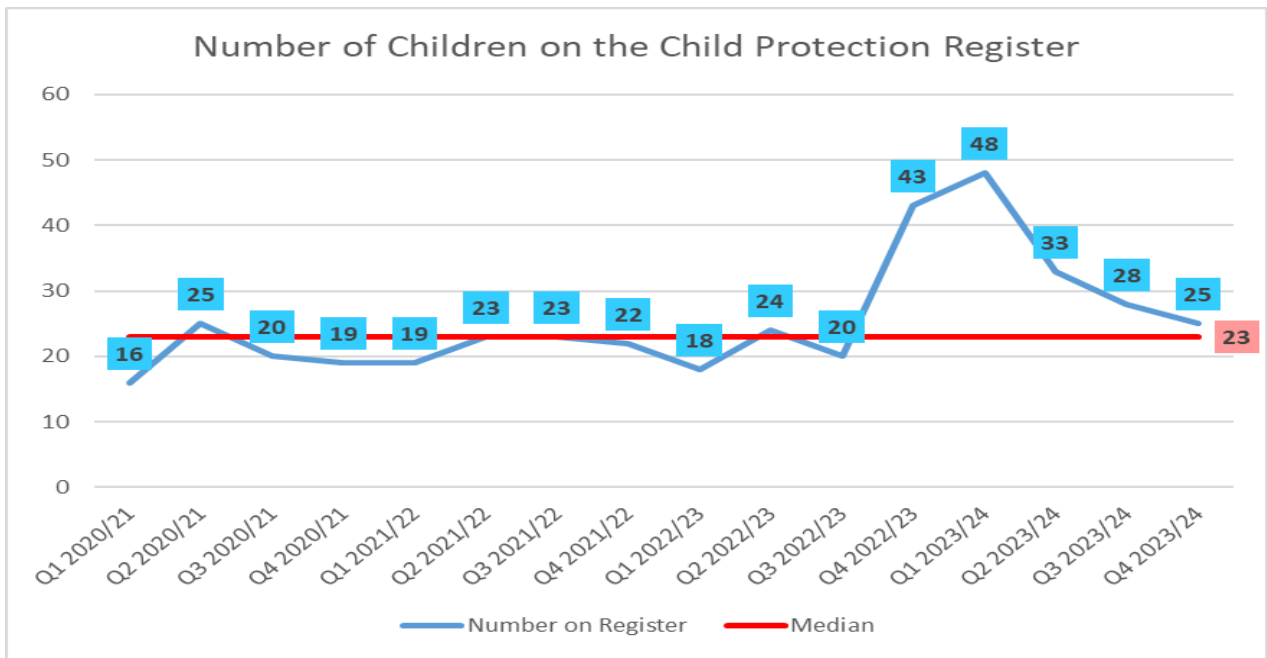


Graph 2 – Inter Agency Referral Discussions conversion to Child Protection Planning Meetings

While there has been an increase in the number of children involved in IRD, there has also been a corresponding decrease in conversion rate from IRD to CPPM. This has raised some questions about the thresholds for CP referral and IRD. However, in this quarter, South Ayrshire had a conversion rate median of 35% IRD to CPPM. This compares to the national average of 19% and would indicate that CP referrals being considered at IRD are appropriate, with a higher number of these than the national average continuing to further child protection involvement.

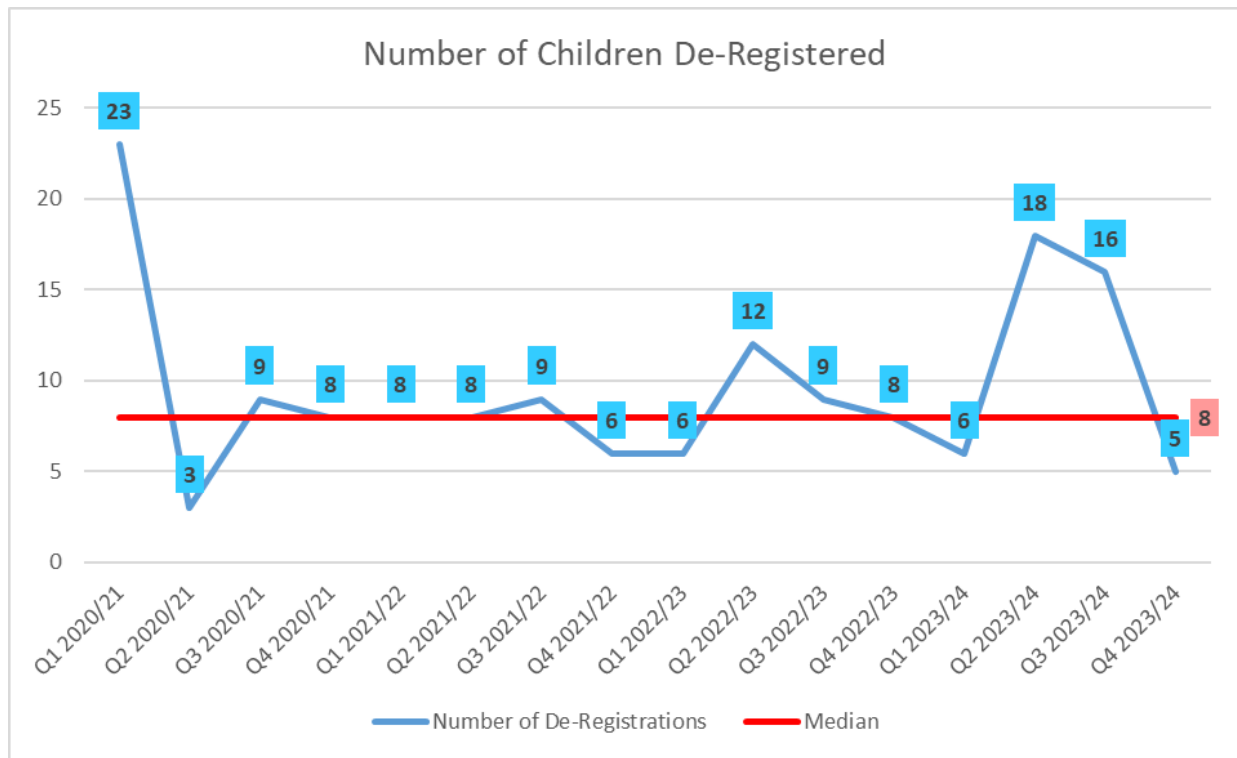
To monitor quality assurance around child protection referrals and IRD decisions, there are ongoing bi-monthly multi-agency IRD audits, as well as quarterly audits of child protection referrals that do not proceed to IRD. The findings from these audits are summarised for the child protection committee and chief officers group, and are also considered within the Pan-Ayrshire IRD strategic oversight group to ensure any concerns identified can be addressed effectively. From the three CP referral audits that have taken place this year, it was found that the decision not to proceed to IRD was correct in 10 out of the 14 cases considered. This would indicate that decision making is mostly robust, although there is some improvement work that could take place with regards to the decisions made around proceeding to IRD when a CP referral is received.

It is within the Case Conference Planning Meeting that a decision will be made by the multi-agency team regarding whether the child should be placed on the child protection register.



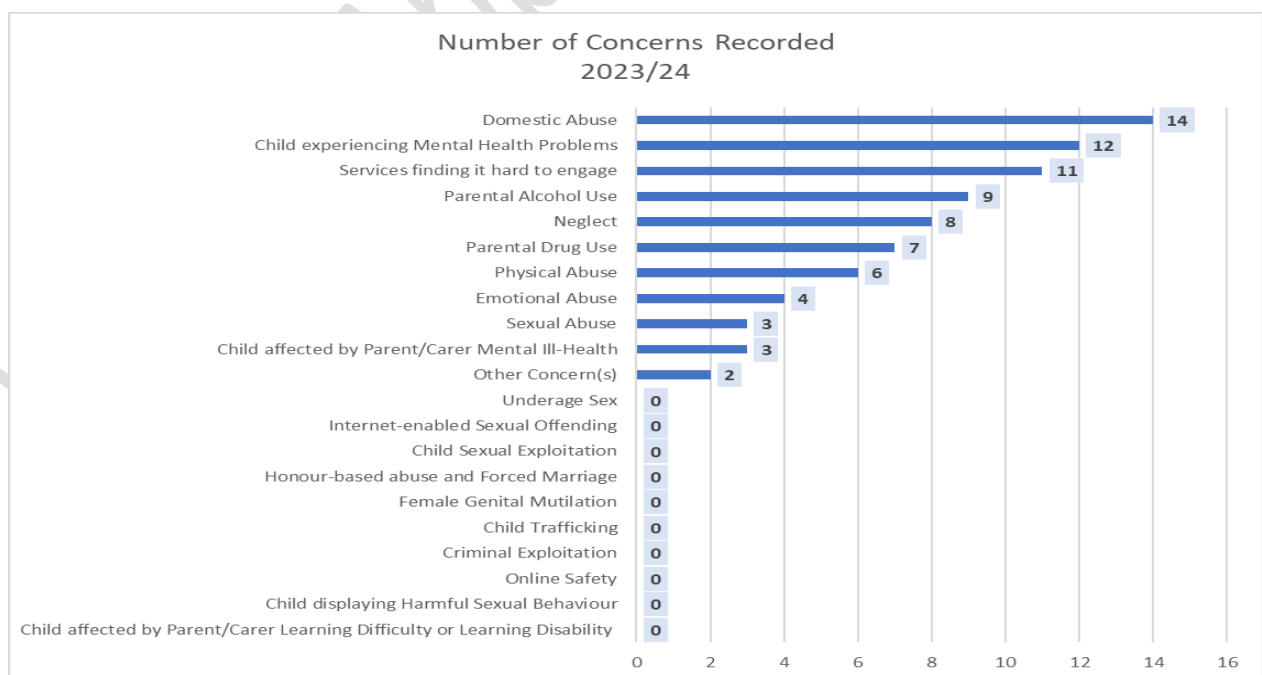
Graph 3 – Number of Children / Families on the Child Protection Register.

As of 31 March 2024, there were 25 children on the Child Protection Register which brings the numbers closer to our median range level over the past 3 years. SAHSCP currently sit at a rate of 1.3 per 100 with the National rate is 2.1 per 1000. We have consistently sat under this national rate which is similar to other local authorities who have adopted the strengths-based Signs of Safety Approach. The spike in figures which occurred Q 2022/2023 and in the next two quarters occurs as we emerged from Covid. We see this returning to the median rate for South Ayrshire. This spike is also apparent in comparator and national figures.



Graph 4 - Number of Child Protection De-registrations

The relatively stable number of children on the child protection register is also mirrored in the data regarding registrations and deregistration's. The figures through the reporting period have remained within a steady range with the medians in respect of new registration and deregistration remaining close to each other. South Ayrshire has a median of 9 new registrations, 8 de-registrations.



Graph 5 – Concerns Recorded at Registration 2023/24

During referral, IRD and CPPM the concerns and vulnerabilities present within each individual case are noted. Changes have been made in relation to recording of this data with classifications expanded to include added vulnerabilities and concerns. This provides greater exposition of the vulnerabilities and intricacies involved. Analysing available data through 2023/2024 headline concerns recorded at registration are:

- Domestic Abuse
- Services Engagement
- Children Experiencing Mental Health Problems
- Parental Drug Use
- Parental Alcohol Use
- Physical Abuse
- Neglect

Reviewing this expanded information, it provides greater clarity on the areas we need to focus on moving forward in terms of assessment, planning and risk management. The concerns and vulnerabilities noted will be shared with our CPC to seek assurance with regards training to ensure that we have a workforce that has the confidence and skills to identify prevent, intervene and support.

Over the next year we also expect to see the introduction of Medical Assisted Treatment (MAT) standards regarding Alcohol that will focus on this area highlighted by graph 7.

Of note is the rise in relation to children and young people impacted by Domestic Abuse. Our MARAC (Multi Agency Risk and Assessment Conference) provide oversight and intervention for those who experience domestic abuse. Reflecting on data provided by MARAC we see an increasing referral rate within our South Ayrshire of those experiencing domestic abuse.

	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
3 months	0	0	0	0	0	0	0	0	0	0	0	0
6 months	0	1	0	0	0	0	0	0	0	0	0	0
12 months	0	0	0	0	0	0	0	0	0	0	0	0
24 months	0	0	0	0	0	1	0	0	0	0	0	0

Table 1– Rate of new registrations/ number on register and number of deregistration's.

Table one highlights the number of re-registrations over 4 years. This is a valuable indicator that highlights the success of post registration support,

Through 2023/2024 data informs us that there were no re-registrations within the reporting period.

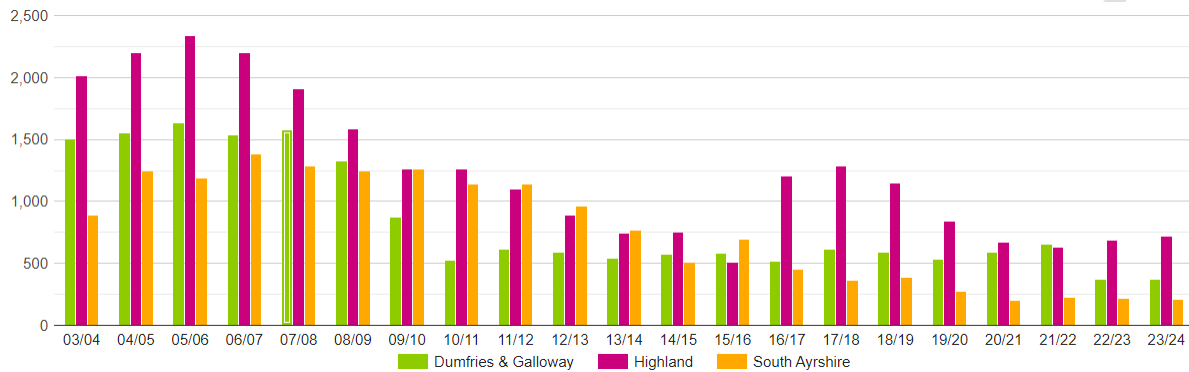
Looking Ahead

Our Child Protection Committee over the past year has developed a robust plan to ensure that we continue to meet our statutory requirements to continue to safeguard and promote the welfare of children and young people and support families to remain together. Over the next year we will.

- Continue to monitor and work with colleagues across the child protection to review and professional judgement and decision making at Initial Referral Discussion.
- Continue to embed and implement our new subcommittee framework.
- Develop training and awareness to address the emergent and present vulnerabilities and concerns that are drivers in protecting and safeguarding families and our children and young people.
- Continue to audit our IRD process to ensure professional multi agency decision making is appropriate to the concerns, vulnerabilities and risks identified.

2.2 Looked After Children

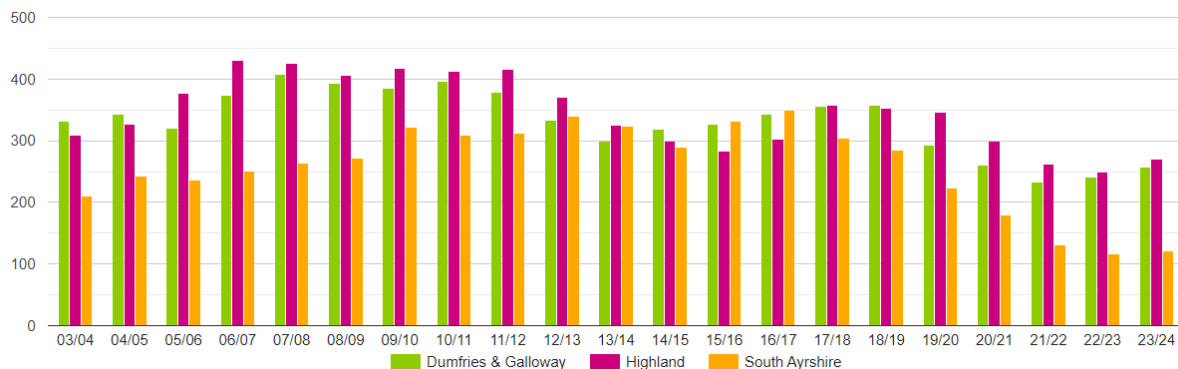
South Ayrshire Health and Social Care Partnership also carry out their statutory function in relation to children and families who may require more focussed support. Some children and families will have been referred to the Scottish Childrens Reporter Administration. (SCRA) resulting in statutory measures being implemented under the auspices of a Compulsory Supervision Order.



Graph 6 – Children referred to the Childrens Reporter. Analysis by comparator authorities.

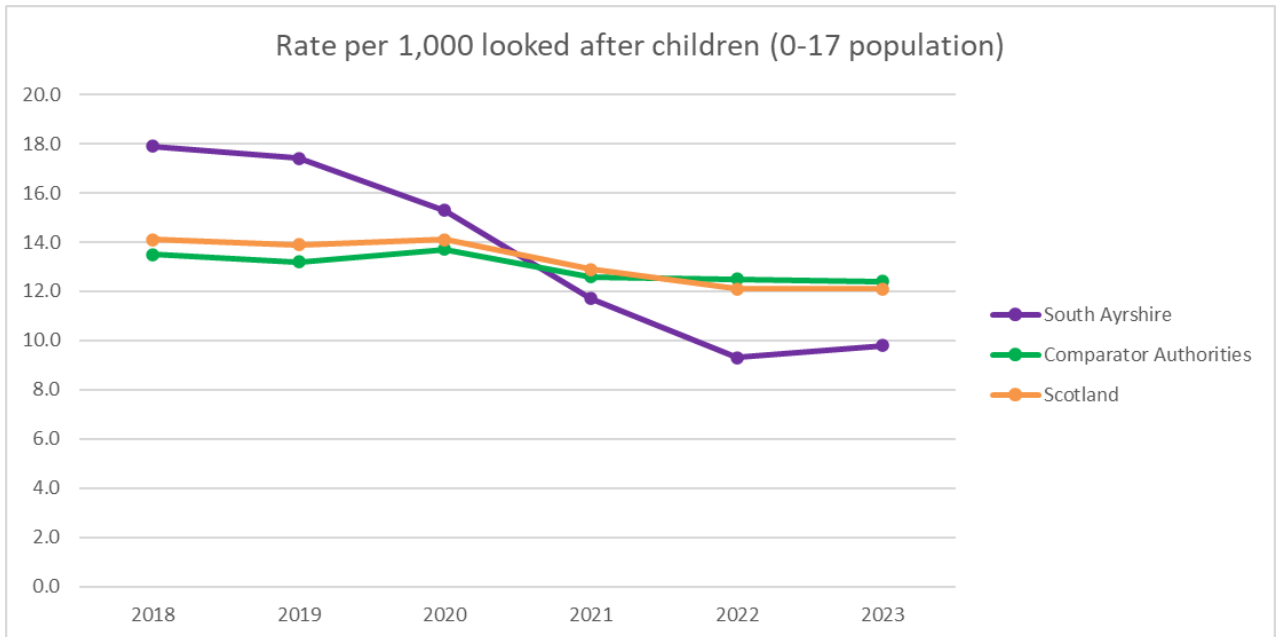
Within South Ayrshire referrals to the SCRA have remained relatively static over the past three years. Ranging from 203 in 2021, 226 in 2022 and 216 in 2023 and 210 in 2024

Of note, within these figures the numbers of children referred in respect of non-offence grounds has decreased from 191 in 2023 to 174. We however see an increase on children referred on offence grounds from 30 in 2023 to 47 in 2024. This mirrors figures pre pandemic levels. However still sits low in relation to comparator authorities.



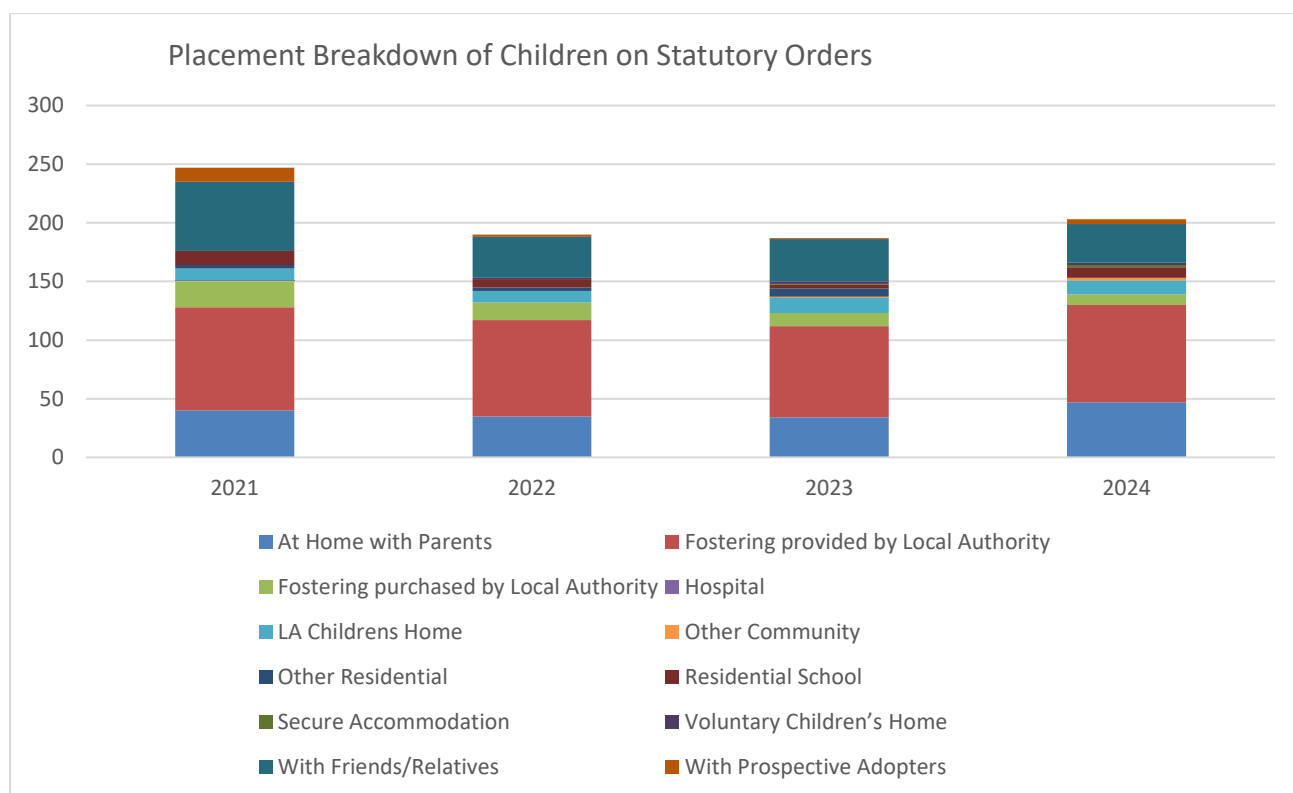
Graph 7 – Children Subject to Compulsory Supervision Order including Comparator Authorities.

The downward trend highlighted in the previous CSWO report reverses and we see a slight increase in children subject to Compulsory Supervision Orders.



Graph 8 – Number of Children Looked After Per 1000 population aged 0 - 17.

Graph 8 highlights that South Ayrshire (9.8) sits below the comparator authorities (12.4) and sits below the national average (12.1). As previously mentioned, reasons for this may be the transformational work we have undertaken in terms of early intervention and prevention. A key feature in this is the robust and supportive relationship we have both with the Scottish Childrens Reporters Administration and Childrens Hearing. As part of our ongoing implementation of the ‘Signs of Safety’ approach we plan to deliver a refresh of training and knowledge all partner agencies regarding this approach.



Graph 9 – Placement Breakdown of Children on Statutory Orders

Summary	01/04/22	01/04/22	01/04/23	01/04/24
At Home with Parents	40	35	34	47
Fostering provided by Local Authority	88	82	78	83
Fostering purchased by Local Authority	22	15	11	9
Hospital	1	0	0	0
LA Childrens Home	10	10	13	12
Other Community	0	0	1	2
Other Residential	3	3	7	0
Residential School	12	7	3	9
Secure Accommodation	0	0	1	2
Voluntary Children's Home	0	1	2	2
With Friends/Relatives	59	35	36	33
With Prospective Adopters	12	2	1	4
Sum:	247	190	187	203

Table 2 – Placement Breakdown of Children on Statutory Orders.

Reflecting the data provided by the Scottish Reporters Administration we see a rise in the number of children subject to statutory orders. Most of these children within

South Ayrshire are being looked after in the community either at home, with their parents, with friends or relatives, or with foster carers. South Ayrshire currently sits at a rate of 88% in the community this is 1% below the national rate of 89% Within South Ayrshire and based on previous years we see the number of children on statutory orders increase while maintaining them within their community.

Quality Assurance Reviewing Officers (QARO)

The partnership has two Independent Reviewing Officers who are responsible for chairing all Looked After Reviews and Child Protection Review Case Conferences.

The QARO maintains an independent view over these forums taking into account the views of the family, children/young people and the multi-agency practitioners to review the care plan and make decision to ensure that the child or young person's welfare and development is promoted.

The QARO's produce quarterly data reports for the Corporate Parenting Executive Group. This data focuses on areas of practice with respect to Looked After Reviews to drive improvement. These are identified through the collation of Key Performance Indicators which focus on: placement type, how many reviews go ahead as scheduled, the number of reports received on time, and the availability of children and young people's views prior to a review.

Recently, our Reviewing Officers have been involved in producing the Scottish Review Officers Handbook alongside five other Local Authorities, including Glasgow, Edinburgh, Aberdeen and Perth and Kinross. One of our Officers has been one of the five key contributors to this Handbook and has worked alongside our partner authorities and Social Work Scotland to finalise this piece of work.

Looking Ahead

In summary the partnership has invested in and continues to grow support to promote early intervention, diversion and prevention.

Children and Families through the range of strategies and services noted below that aim to identify strengths within individuals and families and support them to start well live and age well.

- Signs of Safety Approach
- Child Poverty Action Plan
- Family First Approach
- Functional Family Therapy
- Small Steps to Wellbeing Service.
- Throughcare and Aftercare
- Carrick Family Wellbeing Service
- Kinship Care
- Youth Diversion
- Intensive Family Support

These transformational projects have evidenced financial efficiencies over and above targets as well as delivered improved outcomes for children and their families. This has enabled the change in the balance of care with more focus and investment being placed on early intervention and prevention, collaborative working and whole system change away from expensive care providers and intrusive statutory interventions.

Children and Families Social Work has also taken a lead role in the review and redesign of Childrens Services Planning amongst those who hold corporate parenting responsibilities within the authority to enhance our universal and statutory responsibilities to ensure that we meet our strategic objectives.

This work, along with the more “whole system, cultural change” challenge that the Promise brings, and the focus on being Trauma informed and Children Rights driven, creates an opportunity for change in not only what we do but how we do it.

We will continue to:

- Roll out to other schools, a Family First Schools project, learning from the Small Steps to Wellbeing project and expanding on the Belmont First model.
- To have teams in localities working with partners to respond to local needs and develop strong community partnerships.
- Transform and modernise the children with disability team.
- Create additional nursing support within Ayr North / Wallacetown

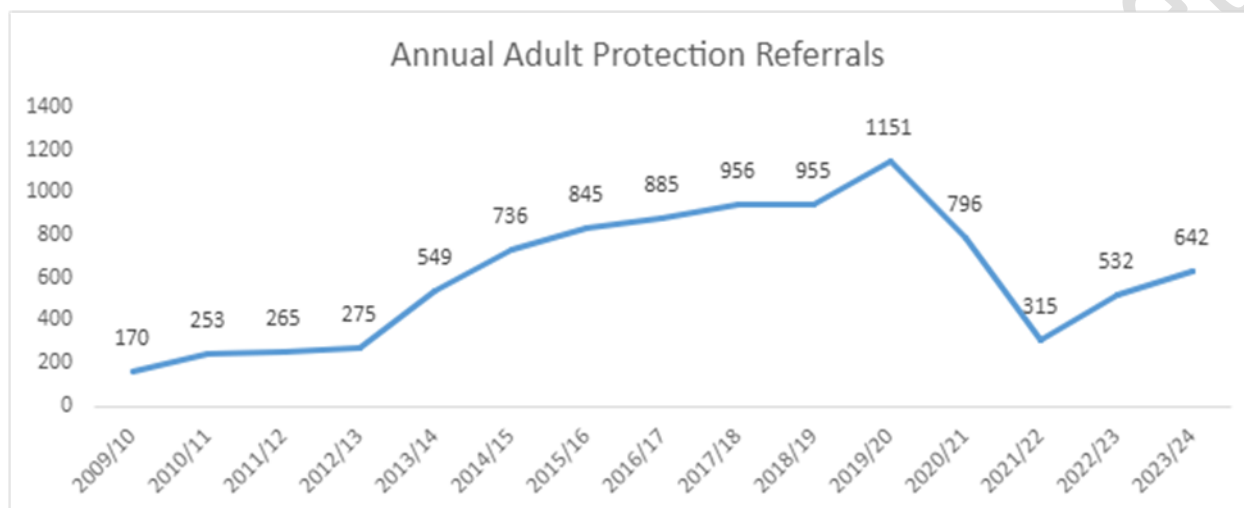
- Redesign of Young Persons Support and Transition Team with Youth Justice and Through Care and After Care clearly defined.
- Develop trauma informed therapeutic services for children looked after in Foster and Kinship Care, including the employment of a Play Therapist and enhanced training to reduce the number of family care break downs.
- Contribute to lead on the review and role of our Children Services Planning Partnership, Whole Family Wellbeing to ensure a coordinated and cohesive approach to Family Wellbeing as outlined within the Promise.
- Take the learning from the work of Horizons Research commissioned by the Children Services Planning Group, to develop a whole family approach offer in South Ayrshire that is informed and reflects the whole Community Planning Partnership contribution through the Children's Service Planning Partnership
- To deliver on the Promise and change the "whole system" and how we care for Children who are in Care or Care Experienced, in particular the challenge to the use Care based language.
- To deliver on the Parenting Promise and our objective of loving our Care Experienced Children and young people in word and in action
- Improve the use of data and the presentation of it, to inform service design and resource allocation.
- To devolve more data and local decision making to front line managers.

Adult Services

2.3 Adult Support and Protection

During 2023-24 there were 642 Adult Protection referrals, which is an increase of 21% from the 532 referrals received in the previous year.

The graph below shows (for comparative purposes) ASP referrals across the three Ayrshire Partnerships over four biennial reporting periods:

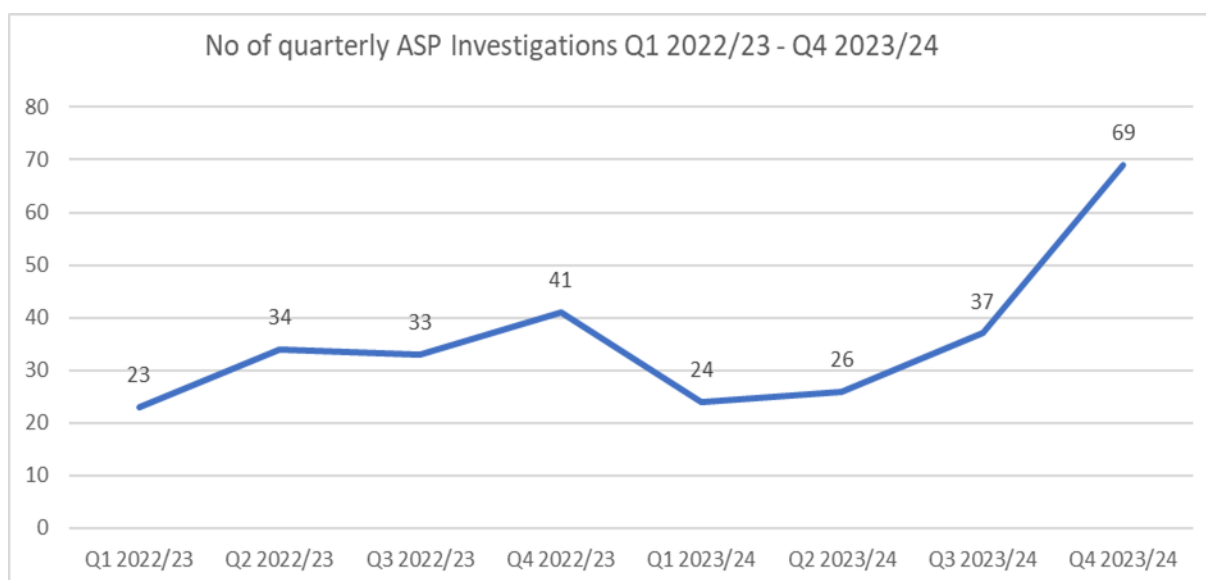


Graph 10 – Total ASP Referrals 2016 – 2024

Adult Support and protection referrals have shown a consistent year-on-year increase from 2009 to 2020. Thereafter, the impact of COVID-19 restrictions in 2020 resulted in a reduction of ASP referrals. This figure was also impacted by a revised Vulnerable Adult/Adult Concern Escalation Procedure,

The number of referrals recover showing a sharp increase in the period 2021-22. The rate of increase is less pronounced for the year 2023-24 although still showing a 21% increase on the previous year's figure.

This increase is likely attributable to the lifting of pandemic restrictions and recovery for services. Over the year work has taken place with Care Home Providers and this is attributable to the rise in numbers. There has also been a clear focus on ASP practice development in general as implementation of the ASP Inspection Improvement Plan progressed.



Graph 11 – ASP Investigations Q1 2022/23 to Q4 2023/24

The number of ASP Investigations highlights a growing increase in this area of activity. 156 were completed in the reporting period representing an 20% increase on the number carried out in 2022-23, which itself was an 18% increase on the previous year. Quarter 4 (and, to a lesser extent, Quarter 3) had significant increases in the number of ASP Investigations taking place following referrals for adults at risk of harm in care homes. These increases were directly to related Large-scale Investigation (LSI) activity, with one full LSI being carried out and a number of others being actively considered. These LSI activities will invariably result in not only an increase in the number of individual ASP referrals for residents in the establishments concerned but also an increase in the number progressing to an ASP Investigation. This activity also led to engagement with providers and discussions around ASP referrals, “adult concern” referrals and “notifications” to the Care Inspectorate and the HSCP Contracts and Commissioning Team. This led to a practice development workshop and the setting up of a short-life working group to develop further guidance and clarification. (Draft guidance has been produced and will be finalised and ready for implementation in Quarter 3 2024-25).

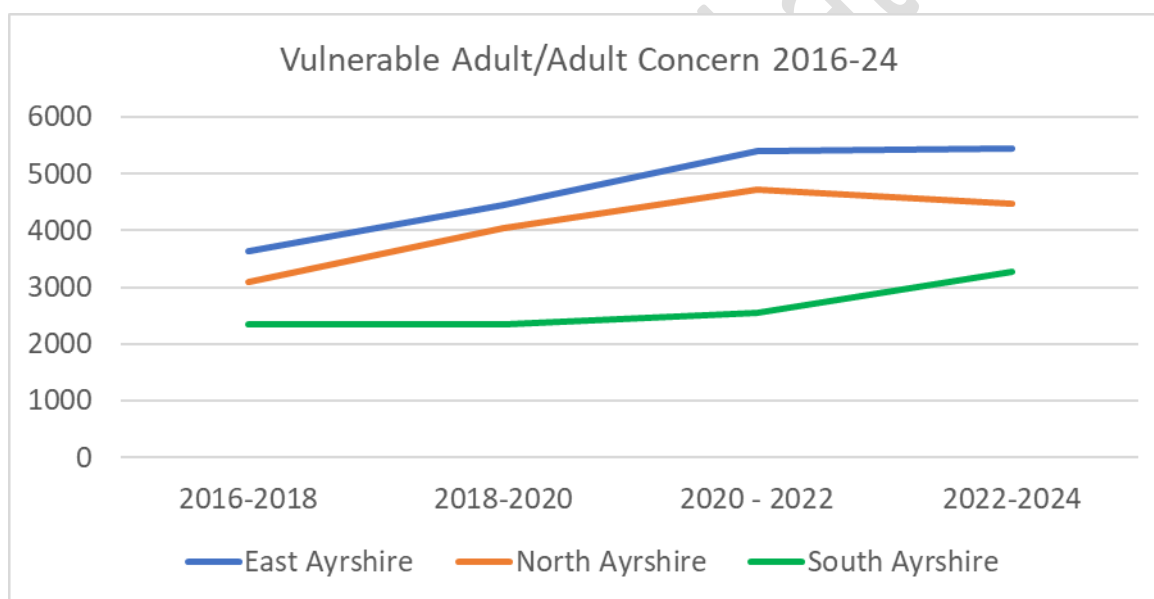
21 (13%) of these ASP Investigations carried out in 2023-24 progressed to an ASP Case Conference – this compares with 28 (22%) that progressed to an ASP Case Conference in 2022-23. This lower rate of progression to Case Conference is again related to the LSI activity in a few care homes.

Nationally we note that adults at the centre of ASP inquiries using investigatory powers indicates notably towards older females, (22% higher for women – significantly greater than the gap between South Ayrshire genders) and suggest that people aged 85+ are eight times more likely to be the subject of such an inquiry using investigatory powers than those in the 16-64 age group. Drawing reference to our own demographics - the largest population group being 45–64-year-olds, 27% of our population is over the age of 65 and this that is expected to increase by almost 7% by 2028. The 75 and over age group has

seen the largest percentage increase of 40%, and this is projected to increase further by around 27% in the next ten years. 52% of our population are female – we can envisage a greater demand on ASP which will test our current operating model.

Responding timeously and appropriately to Adult Support and Protection concerns presents a continuous and increasing demand on the HSCP workforce and Council Officers in particular. In addition to ASP referrals, Adult Social Work Teams also have a responsibility to respond to Vulnerable Adult/Adult Concern referrals. These referrals are generally submitted by referrers who have concerns for the wellbeing of individuals who are not considered to meet the criteria for ASP. However, part of the response to these referrals is to assess whether or not the subject of the referral may be an “adult at risk of harm”. As such, they therefore require a swift and thorough response, and the increasing volume of these referrals adds a significant demand to the Social Work Teams’ workload.

Data in respect of this is gathered on a biennial basis and the next reporting period is scheduled in 2024. Taking a midpoint measurement in this reporting cycle highlights that there have been 1471 adult concern referrals through 2023 highlighting a 13% increase in adult protection concerns.



Graph 12 – Total Ayrshire Vulnerable Adult/Adult Concern Referrals 2016 – 2023

Historically, South Ayrshire has had significantly fewer such referrals than partners in East and North Ayrshire. South Ayrshire has seen a 28% increase across the biennial periods 2020-22 and 2022-24, compared with a 1% increase in East Ayrshire and a 5% decrease in North Ayrshire. Local audit activities and discussion with colleagues in East and North Ayrshire have not resulted in any clear explanation for these variations but the figures will be regularly monitored and will continue to be reported to the APC and HSCP governance fora.

Looking Ahead

The review of the Adult Protection Committee was undertaken by our independent chair establishing roles, functions, responsibilities, and structure. A new framework of subgroups was introduced with clear terms of reference and governance reporting to the Adult Support and Protection Committee and beyond.

In 2023 we completed our Adult Support and Protection Improvement Plan in response to the Inspection of Adult Support and Protection in late 2021. Since its completion, further work has been carried out to audit its implementation and provide assurance to stakeholders that improvement activity was achieving the desired outcomes. We await the announcement of Phase 2 of this inspection.

South Ayrshire is a key partner in the national work being done on the implementation of the Revised Adult Support and Protection Code of Practice, being represented on the broader "national" group and also two of the four sub-groups.

South Ayrshire is also one of the pilot areas to develop the Adult Support and Protection National Minimum Dataset and continues to work closely with IRISS and the Scottish Government on both these important areas of work. This work has seen the rollout of the first phase of national, quarterly, reporting and it is anticipated that the final phase will be ready for implementation late 2024.

The Adult Protection Committee has developed and refined its own Improvement Plan. Following work with South Ayrshire Council, this Plan is now on the electronic "Pentana" system which enables more robust recording, monitoring and accountability. This is reviewed regularly by the APC.

Over the next year we will.

- Monitor the implementation of revised ASP Multi Agency Guidance and the revised ASP Local Operating Procedures
- Continue to explore ways in which the Committee can more effectively engage with individuals, families and carers who lived-experience of the adult support and protection process and that these experiences can the inform the development of the work of the Committee
- Review, update and publish ASP information leaflets.
- Continue to develop the ASP SharePoint as a useful resource and repository of ASP information and resources
- Prepare for phase 2 of the Adult and Support inspection that was published on the 16th of November 2021

2.4 Care and Support for Adults

Within Adult Services the demand upon services continues to be high and increasing. The data below that provides details of the referrals into the service and therefore demands a huge breadth of initial inquiry, action planning and review throughout the year (01/04/22 – 31/03/2023)

Referral Activity	Number 2022/23	Number 2023/24
Adult Support and Protection Referrals	532	642
Carer Support Plan	476	485
Mental Health / Adult with Incapacity Referral	279	288
My Life My Outcomes - Assessments	755	774
My Life My Outcomes - Reviews	1930	1855
My Life My Outcomes - Support Plan	1815	1730
Vulnerable Adult Referral	1471	1803

Table 3 – Referral, Assessment and Review Activity in Adult Services April 2023 – March 2024.

Within the reporting period the Community Health and Care service has made significant progress in the redesign of teams, systems, and service delivery on a locality-based model. In effect we are building Teams Around the Locality, with a presence in our towns and a single front door on our high streets. We will establish over the next year wellbeing hubs utilising face to face contact, telephone / video conferencing and online to deliver:

- Easy access to support and information.
- Co-located services to reduce bureaucracy and duplication for those accessing the hub.
- Individuals receive the right help, at the right time and in the right way.
- Locality services become more joined up and embedded in communities and delivered in a way to meet the needs of the community.

The HSCP Locality Management Team will be working in partnership with the locality and stakeholders to shape and deliver services to empower individuals and communities to start well, live well and age well.

The objective of the model will be to connect practitioners and people from health, social care, independent sector, the voluntary sector, and the community with a focus on the needs of individuals and their local community.

Within the model is a vision that includes integrated hubs serving as a convenient point of access for individuals seeking support. These hubs will provide information, advice, assessment, treatment and various support services all in one local location.

The model will be based on the following principles:

- **Person centred**; Engage individuals in thoughtful dialogue and joint decision making. Providing the information, advice, and support needed to protect their independence.

- **Building local capacity**; strengthening local community capacity, promoting local responses, including volunteering, and developing micro-enterprises.
- **Partnership working**; fostering strong partnerships with the local community as well as with teams, partners and independent organisations.
- **Integrated care**: striving for coordinated, collaborative services that cater to specific needs and promote the wellbeing of local communities.
- **Community engagement**: active engagement with local residents to collectively shape services and support to address the needs of the local community.
- **Quality improvement**: integrating quality improvement approaches into our work, ensuring we provide the best outcomes for our communities.
- **Prevention/early intervention**; ensuring timely access to information, advice, and support, promoting independence and ageing well.
- **Strength / asset-based assessment**: building upon the strengths of individuals, their families, and the communities that support them to live well.

The Team Around the Locality model will bring into line clear alignment of support and care for individuals in the locality ranging from community led focus on prevention, early intervention and supported self-management to coordinated and integrated supports for adults with complex care needs.

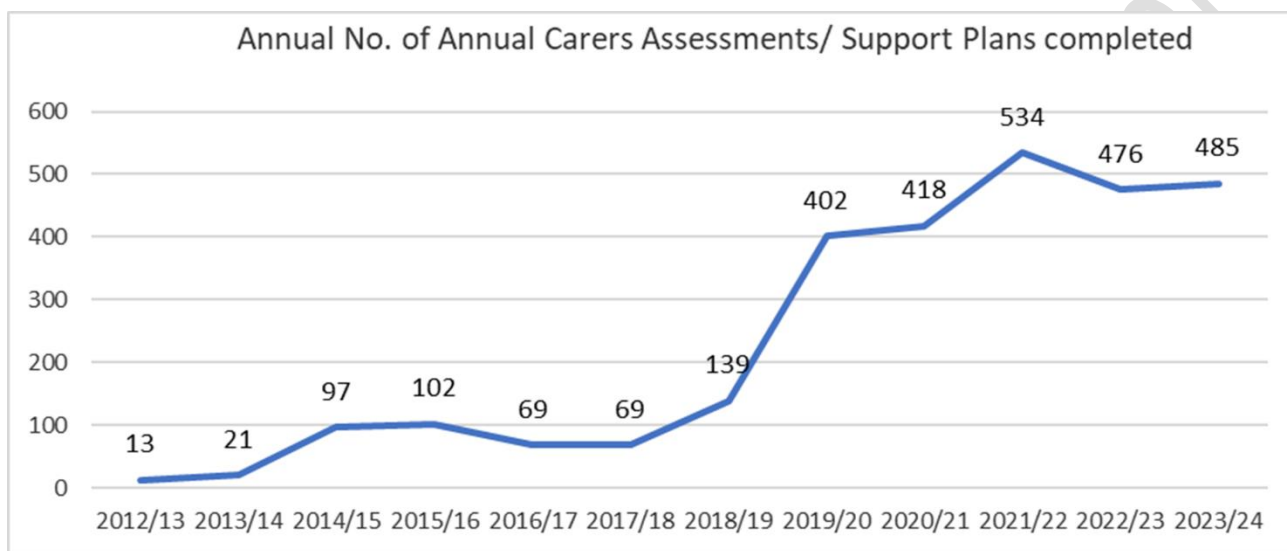
The model will be aligned to clinical standards, evidence-based practice, professional development and staff governance to ensure that our workforce is prepared, competent and confident. This will mirror recognition within the NHS Staff Governance Framework that the workforce must be well informed, involved in decision making, appropriately trained, and developed, treated fairly and with respect, and working within a safe environment.

Fundamental to this approach across the locality and plan will be psychological safety and a culture where all key stakeholders are encouraged to be curious with a focus on learning and continuous improvements.

2.5 Adult Carers Support Plans

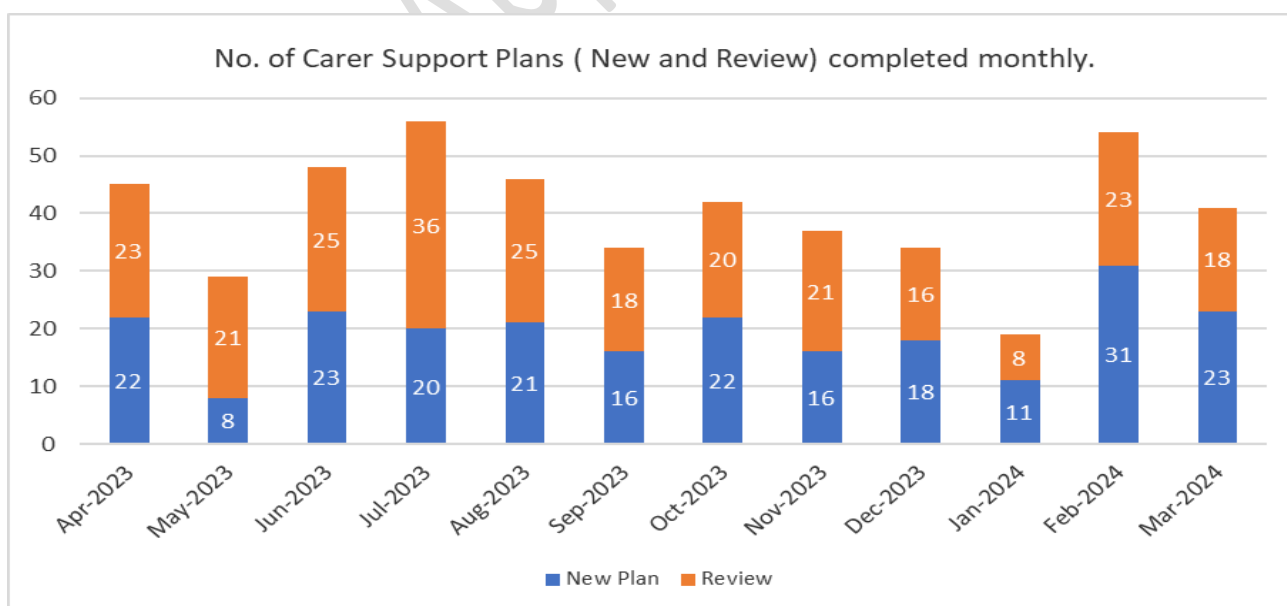
The Carers (Scotland) Act imposes a duty on the Local Authority that a Carer over the age of 18 must be offered an Adult Carer Support on being identified as carrying out a caring role for an individual or individuals.

We are currently supporting more than **1,055** known Carers presently active within our commissioned service with a further **485** having been identified and opting to have a Support Plan completed via our Adult Services Teams in 2023 / 24.



Graph 13 – Number of Adult Support Carers Plans Completed.

There has been an improvement in the numbers of Adult Carer Support Plans being offered and generated locally (formally Adult Carer Assessments) over the last five years.



Graph 14 – Number of Carers Support Plans by Month and Type.

The Partnership continue to review and progress carers assessment and data from our Adult Services Teams this has displayed a good balance of new support plans being completed alongside active plans being reviewed.

Furthermore, we have broadened the access opportunities for carers by introducing electronic carer registration. Initial data highlights a cautious uptake of this new system we will continue to offer this as an option to those who use our services and promote awareness of the system.

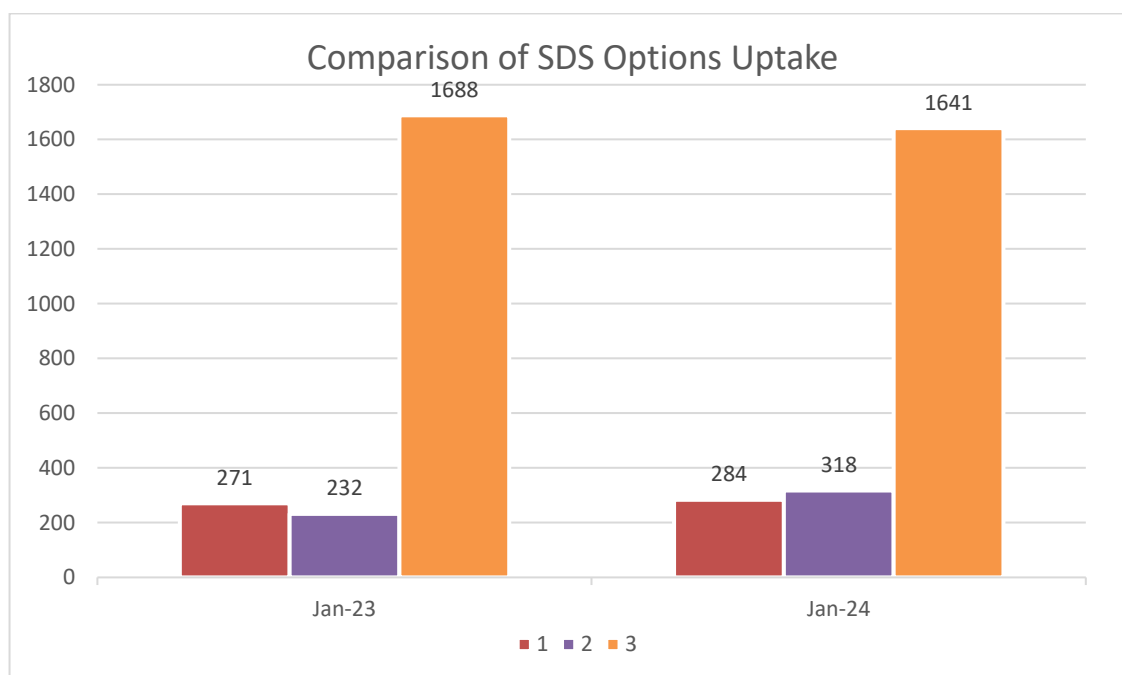
Waiting Approval at Cabinet

2.6 Self-Directed Support

Choice and control are core to the delivery, of person-centred health and social care and we utilise Self-Directed Support (SDS) to deliver this across all our services. Staff carry out their statutory role to offer SDS at each assessment and review (as evidenced by our audit of support plans) and information on SDS is available on our [website](#). Those looking to exercise their right to have 'their care their way' also have the support of the Ayrshire Independent Living Network, Circles Advocacy and Community Brokerage to achieve this.

Analysing data in regard to Self-Directed Support we see:

- The number of SDS Packages show an overall increase compared to the previous year.
- The majority of people we support continue to choose Option 3 as the means to deliver services.
- From 2017 - 2018 to 2022 - 2024 there has been an increase of people choosing to take more control of their care and support through the option 1 and 2 route.
- The uptake of SDS option 1 has shown a slight increase from April 2023 to April 2024 of 5%
- The uptake of SDS option 2 has shown a slight increase from April 2023 to April 2024 has shown an increase of 38%.
- The uptake of SDS option 3 has shown a slight decrease from April 2023 to April 2024.



Graph 15 – Balance of SDS Option 1, 2 and 3.

Improvement work around systems, processes and practitioner development of Self-Directed Support is ongoing and the benefits of this are now emerging. Examples of this include;

- Roll out of SDS Practitioner Toolkit and inclusion of this on our SAHSCP SDS webpage.
- Roll out of SDS Framework of Standards (also on webpage). Linked to this is SAHSCP participation in phase 2 of the Social Work Scotland SDS self-evaluation framework. This work has commenced.
- Roll out of the e-learning course which is targeted across the partnership. This means that as well as practitioners having a more skilled knowledge and support system around SDS, frontline staff also have a basic knowledge and are therefore able to direct potential SDS clients to places to find further information, guidance and advice.
- Review of ISF contracts for use in option 2 and microenterprises. This is a Scottish government funded project specifically for SAHSCP. The aim is to both provide a more formal level of quality assurance and means that microenterprises can be further developed and will be available to individuals using option 2. Currently the contract only allows for this as an option 1 meaning that this community based, less formal, softer approach to less intense care is not available to all. The redesign of the ISF will change this.
- SDS Lead involvement in various ongoing SDS development national workstreams. These are working towards achieving the targets set out in the national SDS Improvement Plan, the SAHSCP SDS Improvement Plan also reflecting its content and improvement strategies.
- Introduction and development of an SDS Operating Procedure, currently in adult services.
- The agreement for the use of electronic signatures to help speed the process of putting packages of care in place.

- The creation of a new SDS Booklet which will be available as an electronic document or in printed form. This will be a helpful guide to SDS for practitioners, front line first point of contact staff and service users.
- Training for Reablement and hospital staff to support good conversations around SDS promoting choice and increasing home care capacity by considering all options.
- SDS Lead also the lead for ILF and working on promotion of this also.

Further changes include the rise in knowledge, confidence and understanding of processes and options for SDS among social work practitioners. An initial baseline survey was carried out last year which highlighted a need for further support for practitioners to ensure that they were confident and knowledgeable in supporting individuals with SDS. The initial survey gave low figures when staff were asked to rate this on a scale. The follow up survey is currently live and initial responses show an increase plus also continue to offer suggestions for further areas of SDS development within the partnership.

2.7 Delayed Transfers of Care.

A comparison of figures from 31st 2022 to 31 March 2023 show the following:

Date	Delays by Setting			Total
	Acute	Mental Health	Community	
31 st March 2022	39	5	27	71
31 March 2023	55	2	39	96
31 st March 2024	29	1	32	62

Table 4 – Number of Delayed Transfers of Care March 2022 - 2023

This report takes a measure as of the 31st of March 2024. However, in the past calendar year we see fluctuation in the weekly figures with a low of and a total high of 117 and low of 50.

The figures in relation to the Delayed Transfers of Care have been the most scrutinised data within the partnership locally and at a national level. Our Senior Managers and others consistently monitor this vast and complicated system to look for opportunity to return individuals home as soon as we can meet their needs at home or in other settings.

The impact of Moratoria and Large Scale Investigation in response to inspection and our monitoring of quality within our care homes and care at home provision impacts on capacity. Additionally, our resources in terms of qualified workers to support assessment and return to the community is proving problematic. Emerging data in terms of assessment times and waiting times show a positive movement as the structure of our adult social work locality teams embeds.

Throughout the health and social care system workforce recruitment and retention continues to pose significant risk to deliver of our ambition.

We have continued to implement strategies to create capacity and efficiency across the system.

These include:

- Implementation of a Hospital at Home Service
- Opened our Racecourse Road Intermediate Care Unit.
- Increased capacity in relation to discharge to assess beds.
- Established the RUNAT Team (Reablement Unmet Need Assessment Team)
- Stepped up our recruitment activity in relation to Home Care.
- Continued to encourage the growth of Micro Enterprises.
- Worked with colleagues in council HR to prioritise and speed up process and waiting times for vacancy approval.

- Established our workforce development group to increase and improve recruitment and retention of staff.

2.8 Mental Health

South Ayrshire have invested in a dedicated team of Mental Health Officers (MHO) who are registered social workers required by law to have undertaken specialist training and hold an additional qualification in mental health. When the Statutory mental health team began in August 2022 south Ayrshire sat 32nd out of 32 local authorities in respect of MHO services.

From the 2021 MHO report completed by the SSC South Ayrshire provided 4.9 MHOs per 100,000. of the population. There has been a dramatic improvement in this resource and with the input from the statutory MHO team South Ayrshire now sits 14th out of 32 local authorities in the MHO report published by the SSSC in 2023. This is likely to have improved further in 2024 given the success of the MHO team. However, we are still awaiting figures from the SSSC for 2024 to verify this projection.

South Ayrshire now provides 23.7 MHOs per 100,000 of the population.

The Statutory MHO team has been a significant success story for social work services in South Ayrshire.

- In the year October 2023 to October 2024 there has been a significant increase in the number of allocations to the statutory MHO service. There have been 621 allocations to the MHO service in the past year. This is a significant increase on the previous year 2022/23 when we recorded 437 allocations for the year. This is also reflected in the national trends in the recent reports from the MWC particularly in terms of the use of AWI legislation.
- In our overall figures for allocation in 2023/24 there have been significant increases in AWI work as reported as part of the national trend. One area that was not reported on in 2022/23 was in relation to the supervising officer role and the first 12-week visit being completed by the MHO team. This has been a consistent part of the statistics for this year and on average we are looking at competing 16 of these visits and reports per month in 2023/24. This explains in large part the increase in reporting from 437 allocations in 2022/23 to 621 in 2023/24. The use of MHOs in providing the first 12 week SO visit has improved our statistics in terms of ensuring that SO visits are completed regularly by our social work colleagues in locality teams. We moved from a reporting figure of 40% in 2022/23 to 80% in 2023/24 for all SO visits. MHOs have completed 100% of all 12 week SO visits for 2023/24. A very real improvement in ensuring that people subject to a welfare guardianship orders are appropriately supported and visited regularly.
- Figures for EDCs, STDCs and CTOs have remained consistent over the past two years and there has not been a significant increase in these areas of work. The MHO service

had a four-month period from April to July 2024 when allocations doubled in this period. This related to the increase in AWI allocations where we moved on average from 11 applications a month to 20 per month over this four-month period in 2024. Thanks are due to the MHO group for managing these increases effectively and supporting one another through this stressful period. Overtime was offered throughout this four-month period to complete AWI reports and it was evident that the MHO service was able to avoid waiting lists and completed all reports on time.

- The MHO service has made continued improvements over the past year. We have completed all AWI reports on time and without waiting lists. MHOs have completed 100% of SCR reports, completed all CTO applications requested and attended 100% of AWICC. We have improved our performance in the SO role and helped our colleagues in locality teams improve their performance in continuing to provide a consistent SO service.

The MHO service has made significant innovations in promoting the national agenda for change in working on supported decision making (SDM) and other aspects of the Scott review alongside colleagues from the Scottish Government. The new SDM service has a dedicated social worker and performance assistant who work on promoting SDM and POA service. A new POA service begun in July 2024 and is providing support to citizens in South Ayrshire in supporting new applications for POAs.

The MHO service has been innovative in offering AWI clinics for staff, training and briefings on the SO role, Section 13Za, POA and SDM services. The MHO service will continue to strive to support colleagues in carrying out statutory mental health work.

2.9 Learning Disability

Within Learning Disability we are making excellent progress in all areas of the current Learning Disability Strategy and action plan. The strategy builds on the principles of the South Ayrshire Wellbeing Pledge and outlines what we offer to people with learning disabilities in South Ayrshire. The Strategy is informed by and supports delivery of the priorities and requirements set out in South Ayrshire Health and Social Care Partnership's Strategic Plan for 2021-31.

The League of Champions are a group who were established to support the development, coproduction and to review the outcomes of the new Learning Disability. They came together from across South Ayrshire to champion the rights of people living with a learning disability. They have shared lived experiences as service users, parents and carers, have influenced and promoted positive changes in services, policies and practices, including recently having been consulted on the new Mental Health Strategy and the Dementia Strategy. They communicate honestly and openly with people, listen to people's views and share this information with the Health and Social Care Partnership. This group recognise the importance of being able to share their views knowing that they are helping to make a difference for everyone in South Ayrshire with a Learning Disability.

Day Services now offer a range of flexible options to support people to meet their outcomes utilising both Girvan and Ayr (Suzi's Space) for flexible day supports including supports within the building and in the community. There are now 10 groups each week running with a minimum attendance at each group of 17, highlighting the demand for this and helping reduce social isolation and supporting people to feel they are part of the communities they live in. Groups are running across South Ayrshire, for example supper clubs, social clubs, gardening groups, bowling groups and litter picking groups, alongside a range of volunteering opportunities, e.g. in the leisure centre, Ayr Town Hall. We are making progress with opening of a new Community Hub in the Town Centre which will offer more opportunities for groups and volunteering in the community.

Utilising the Community Living Fund, we have been able to design a model of support – Flexible Assessment Support Team (FAST) and secured a tenancy within the new Core and Cluster which enables FAST to support crisis situations, to prevent hospital admission and support early hospital discharge, also for assessment purposes and to offer short, targeted home supports in crisis situations. We continually review the Dynamic Risk Register and holistically review our residents who live out of area and consider what is required to safely support a successful transition back to South Ayrshire if that is in best interest of the adult.

Core and Cluster is very much part of the housing options offered within South Ayrshire for our residents who have a Learning Disability. We are approaching the 1-year anniversary of the opening of our 3rd Core and Cluster within Learning Disability services and are looking forward to helping people to celebrate this. In this latest Core and Cluster is in Ayr Town centre with onsite 24/7 support, we have had the most up to date telecare installed, utilising Health Improvement Scotland to consider the most person-centred telecare, enabling people to be as independent in their own tenancies. This Core and Cluster has a range of people with learning disabilities living alongside people in mainstream housing within the same housing complex. Additionally, we were also able to secure tenancies within the mainstream part for several people who needed a lower level of support but the ongoing reassurance, checks, advice and guidance to enable them to be as independent as possible, very much aligned with the vision of the strategy which is Live your best life in the way you choose.

2.10 Adults and Older People

Building on the success of our Strategic Plan and Wellbeing Pledge we have a clear vision for our “team around the locality” and whole system approach to service provision set out in our Adult and Older People Service Plan.

Following significant investment in our front-line teams and Senior Management and Professional Leadership capacity we will be developing and delivering on Locality Plans for each of the six localities.

We are a Scottish Government GIRFE (Getting It Right for Everyone) pathfinder site and have been asked by Health Improvement Scotland to share our whole system frailty work nationally.

Waiting Approval at Cabinet

Looking Ahead

Across Community Health and Care Services we have invested significantly to drive quality improvement, professional standards, and integrated working with a focus on prevention, early intervention and partnership working. Building on the positive Joint Inspection of Adult Services our mission is to go from “Good to Great”, delivering and celebrating sector leading services.

Moving forward there are a number of areas of improvement that we will continue to deliver:

- Build practice knowledge and competence around SDS leading to empowerment for those who use our services.
- Continued development with the third sector on the use of micro enterprises to support the social care landscape to increase choice.
- Improve performance management dashboard and develop methods to collect qualitative data (service user and carer survey, provider survey, roll out Care Opinion).
- Continue to invest in locally tailored, prevention and early intervention initiatives and microenterprises through Participatory Budgets
- Development and provision of easy-to-understand information and service directories to help people to self-manage and find the support they need.
- Embed team around the locality approach within each of the six localities to Improve access for people and their carers for early intervention, assessment and support using learning from new initiatives to reshape our approach.
- Promote and support the early identification of Power of Attorney to ensure those who cannot offer their views have a voice through their appointed person.
- Development of advocacy strategy.
- Further improve visibility of Partnership improvement work within the NHS and Council, building on current work to celebrate success locally, nationally and internally.

2.11 Justice Services

The National Outcomes for Justice Social Work goal is to work toward reducing reoffending, while aiming to gain and sustain the public's confidence in the work of justice related services through promoting the values of safety, justice, and social inclusion. The objectives are to work toward reducing reoffending, contribute to public protection and community safety and to promote rehabilitation of people convicted of offences.

Activity	2021/2022	2022/2023	2023/2024	Change
Full Criminal Justice Social Work Reports Submitted	475	642	589	-8.6
Community Payback Orders	376	399	323	-21%
Unpaid work requirement CPO	141	175	206	24%
Number of throughcare cases	115	118	132	+7%
Supervised in the Community	53	50	59	+17%
Custody	62	68	73	+7%
Number of interviews by CJ staff in Ayr Sherriff Court	1406	1419	1408	-1%

Table 5 – Comparison of activity in Justice Services 2021/2022 – 2022 - 2023

Table 5 highlights a decrease in the level of full Criminal Justice Social Work reports. This mirrors a national trend but it must be noted that these reports are becoming more intricate in nature as those who come to the attention of Criminal experience an increased level of multiple complex need. We also see a decrease of Community Payback Orders and again this mirrors the picture nationally. There is a significant increase relation Unpaid Work, Throughcare Cases, and Supervision within the Community influenced by the national initiative to reduce demand on our Prison Estate. These are all required to be supervised and supported by our Criminal Justice Team thus creating greater demand in this area..

Community Payback Orders with an unpaid work requirement continue to increase. Working from our newly established workshop we continue our responsibility to rehabilitate individual and provide reparation to our communities. This includes supporting several local charities and community groups with maintaining allotments; building outdoor activity equipment and furniture for local Early Years Centres and primary schools; refurbishing outdoor buildings for a residential home for elderly; creating shelving and storage for a local foodbank; building a polytunnel for a local Special Education school; building and installing a series of outdoor planters for a local primary school. They have also supported the Ayrshire Hospice by building outdoor Christmas ornaments, raising over £1000 for their charity. Core path maintenance and grass cutting for community groups is also a regular activity.

Unpaid Work Initiative



A cycle track through a tunnel had been badly vandalised, attracting anti-social behaviour and was raised as a concern by members of the local community. A local community group set up a charity and raised funds for an ambitious project that is set to become one of the largest murals in the UK. Staff from the UPW team met with organisers and the commissioned artist and agreed work to support the project. The UPW team were involved in the initial clean-up of the tunnel, power-washing and removing loose paint. Over the months the Unpaid Work team took delivery of over 200 wooden and metal panels, and under the direction of the commissioned artist prepared them for the final artwork.

Once the mural sections had been painted by the artist, local school children, and community groups they were returned to the UPW workshop where a protective coating was applied to each panel.

These panels were then attached in the tunnel forming a giant mural depicting scenes from Ayrshire, the life of Robert Burns and local characters.



2.12 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA 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).
- Category 3: other dangerous offenders, at risk of causing serious harm.

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: Sex Offender Policing Unit (SOPU). The agencies provide robust risk assessments and continue to monitor and provide interventions for individuals subject to sex offender registration, through the Multi Agency Public Protection Arrangements.

MAPPA cases in South Ayrshire									
	2021 - 2022			2022 - 2023			2023 - 2024		
	Number	Comm.	Prison	Number	Comm.	Prison	Number	Comm.	Prison
Level 1	138	118	20	146	121	25	154	131	23
Level 2	6	2	4	6	3	3	4	0	4
Level 3	0	0	0	2	0	2	2	0	2
Total	144	120	24	154	124	30	160	131	29

Table 6: The number of MAPPA cases and MAPPA levels in 2021-22 with Justice as lead agency.

The table above shows an overall increase in MAPPA cases within South Ayrshire. Within MAPPA cases of Level 1 overseen in our communities we see an 8% rise. Within this reporting year the number of people subject within Prison has remained relatively static. We do however see an increase of 8% within

2.13 Partnership Delivery Team

Partnership Delivery Team (PDT) is part of the three Ayrshire Justice Services: East, North and South. It has a pan Ayrshire remit and is responsible for delivery of specific services which offer an economy of scale. It is jointly funded and strategically managed by the three Ayrshires. North Ayrshire are the host authority. The specialist services delivered by PDT are Caledonian System (domestic abuse), Moving Forward Making Changes (sex offending) and Drug Treatment and Testing Orders. Over the years PDT have also delivered Women's Service, Bail Supervision, Structured Deferred Sentence and Diversion from Prosecution, with Electronic Monitoring being added most recently. However, these services will return to locality teams and PDT will concentrate on the specialist services during the next year, working closely with the locality Justice Teams

	2022 – 2023	2023 – 2024
Structured Deferred Sentence:	7 imposed	20 imposed
Drug Treatment & Testing Orders:	14 active	21 active in total
Caledonian requirements:	46 Imposed	28 imposed
Moving Forward Making Changes	18 commenced	10 commenced
Bail Supervision	37 assessments completed, and 13 cases commenced.	200 assessments completed, and 36 cases commenced

Diversion:	64 assessments undertaken; 48 cases commenced	86 assessments undertaken; 42 cases commenced
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Similar to the activity noted in relation to our Criminal Justice team we see an increase in demand in the activity to support and supervise those within our communities in line with the initiative to lower the prison populations which creates further demand on services.

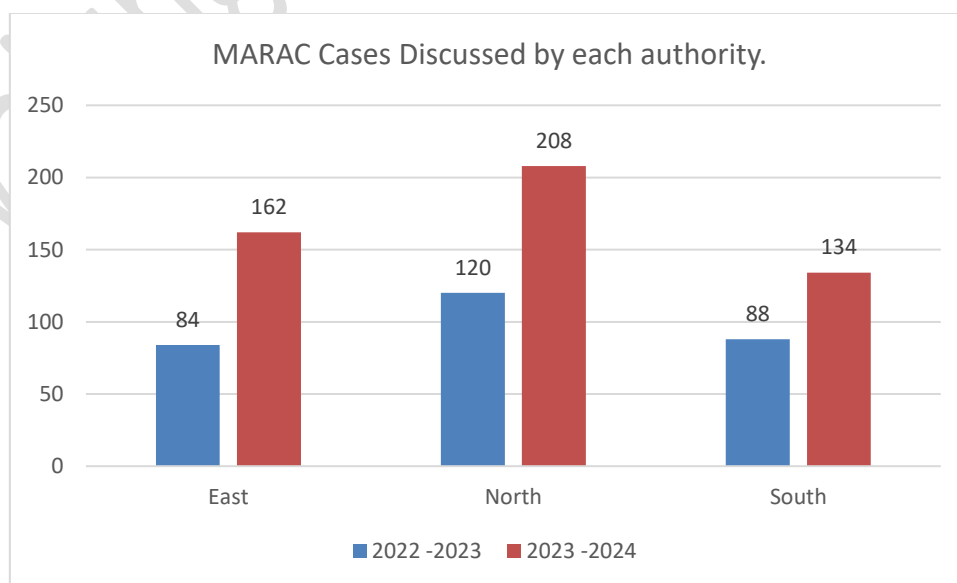
2.14 Multi Agency Risk Assessment Conference

The year has seen the continuation MARAC (Multi-Agency Risk Assessment Conference). MARAC was implemented in August 2022 and there are monthly meetings for those identified by multiagency partners through the process.

MARAC process provides a structured response to the highest risk cases of domestic abuse and gender-based violence (GBV) and is embedded within the Scottish Government's Equally Safe Delivery Plan. It is an ambition of all Violence against Women Partnerships in Ayrshire to support those most at risk of serious harm.

As indicated in prior data reports, this performance report highlights that the agencies referring most frequently are Police Scotland, Women's Aid and ASSIST. (An independent domestic abuse advocacy service.) The most prevalent factors are Physical Abuse, Coercive Control and Emotional Psychological Abuse. The use of alcohol and drugs are also by the perpetrator is also prevalent in referrals.

Data available highlights the number of referrals into MARAC from South Ayrshire started lower than both North and East but as processes have embedded, we have seen these rise.



Graph 17 – MARAC Cases discussed by each authority.

Graph 17 highlights that across all local authority areas MARAC Case Discussions have increased. South Ayrshires shows an increase of 41%. This number has risen as expected as repeat referrals increase and as local processes have become more established.

MARAC in South Ayrshire has established strong foundations since its commencement in August 2022. It continues to gather momentum and confidence continues to build for those professionals involved.

Safelives continue to shape the MARAC landscape and some important work streams are anticipated to progress in the coming year with the aim of national standardisation of systems and processes. South Ayrshire will continue to benchmark against areas of good practice nationally.

2.15 Prevent

Within the reporting year we have continued to work with a range of multiagency partners to protect those who may be targeted by individuals who wish to promote radicalised thinking. Prevent is an early intervention programme to protect individuals targeted by terrorist influences by providing local, multi-agency safeguarding support. The type of support available is wide-ranging, and can include help with education or careers advice, dealing with mental or emotional health issues, or digital safety training for the individual or those who have care for them. During the reporting period there have been no referrals received for individuals to be considered for adoption into Prevent.

2.16 Alcohol and Drugs Partnership (ADP)

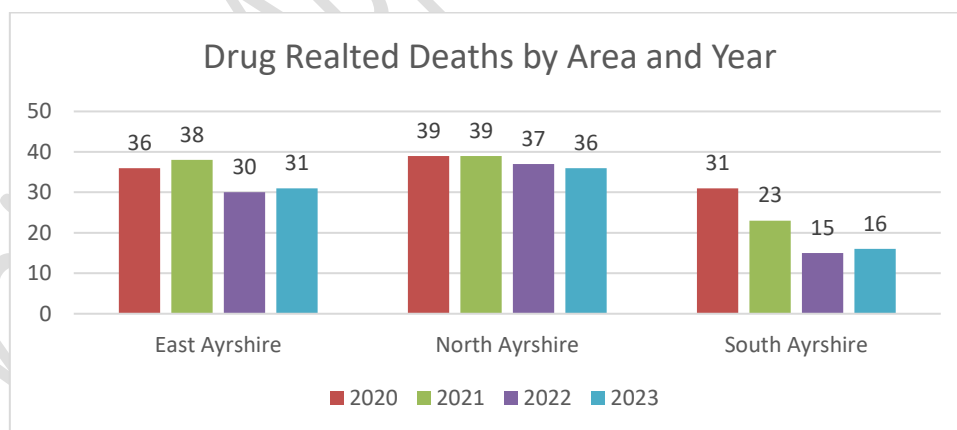
The [National Records for Scotland Drug Related Deaths in Scotland 2023](#) report showed that drug related deaths in South Ayrshire reduced from 23 in 2021 to 15 in 2022. Within the past year we have seen an increase of 1 to 16 within the reporting year.

The ADP with partners meets to review each of these deaths and analyse the root causes and preconditions around each individual case. Of note is the changing nature in terms of the composition available nationally, locally and to a growing extent online of substances. Nitazenes have been identified as the latest challenge to those working to reduce risk and prevent death to those in our communities. The ADP is working with a range of partners including public health to ensure that our workforce and those using substances are aware of the risk and the steps they can take to keep themselves safer.

Table 7 and Graph 19 present data in relation to drug related deaths in East Ayrshire, North Ayrshire, and South Ayrshire from 2020 to 2023.

Year	East Ayrshire	North Ayrshire	South Ayrshire	Ayrshire & Arran
2020	36	39	31	106
2021	38	39	23	100
2022	30	37	15	82
2023	31	36	16	83

Table 7: Drug Related Death Ayrshire Statistics.



Graph 19 – Drug Related Deaths by Area and Year

In May 2021 Scottish Government introduced the [Medical Assisted Treatment](#) standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care.

Each year the ADP are required to be benchmarked in relation to their performance to meet these standards.

MAT Standards Benchmarking by Reporting Year

Reporting Year	South Ayrshire										
	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Amber	Green	Green	Green	Green	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Amber	N/A	Amber	Amber	Provisional Amber	Provisional Amber
2024	Green	Green	Green	Green	Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

RAGB colour legend
 Provisional Amber
 Amber
 Provisional Green
 Green

2022 – MAT 6 to MAT 10 were not assessed
 2023 – MAT 6 and MAT 10 were assessed separately
 2024 – MAT 6 and MAT 10 were assessed jointly

Year on year we see good progress by our ADP and Partners in meeting the these with green across 4 of the standards, provisional green across 4 of the standards and two which were not assessed.

In delivering Recovery Orientated Systems of care our Integrated Joint Board invested heavily to support us to meet the demands of the MAT Standards, particularly in providing additional funding to ensure that those who were ready to enter residential rehab could access this resource.

During 2023-24 the Alcohol and Drug Partnership (ADP) continued to build, design and implement the range of actions, services and resources identified in our [Change Story](#) published in November 2022.

Central to this is the establishment of hubs where building on the GIRFE and locality model those who are currently caught in substance use and those who are in recovery can start or continue their journey and receive a range of services such as independent advocacy and support for housing, welfare and income needs.

The ADP has established three main hubs that include:

- @48 to support our recover community.
- Compass to support those who are beginning their journey to recovery
- Outreach bus

Through the next year we will continue to grow and develop these resources, linking in with the locality planning model implemented by the Adult Service Learning Review.

This year has also seen further engagement and consultation to inform us how we can shape services especially for those with Multiple Complex Needs and Women who use our services. We will ensure that the valuable learning from this is incorporated into our future planning and commissioning.

Additional to this the ADP has commenced a robust evaluation of services throughout south Ayrshire with a view to ensure that we commission the right support in the right areas for our people.

Waiting Approval at Cabinet

3. External Scrutiny

3.1 Adult Support and Protection.

There has been no inspection of adult support and protection processes and procedures in the reporting year. We are currently preparing for The Care Inspectorates follow-up to the 2021 inspection (Phase 2, Year 2 of their ASP Inspection Programme) which is expected to begin in August 2024.

3.2 Adult Services

There has been no external inspection activity in relation to Adult Services.

3.3 Child Protection

There has been no external inspection activity in relation to Child Protection

3.4 Fostering and Adoption Services

The Care Inspectorate undertook an announced Inspection of Family Placement services in June 2023. This was the first inspection since 2018. A full copy of the report is available here.

Overall, the 3 areas of inspection were assessed under the framework of the Health and Social Care Standards for Scotland concentrating on Quality indicators 1.1-1.4 and 5.1 with gradings of good and very good across all 3 areas as detailed in the graph below:

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How well is our care and support planned?	4 - Good
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5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good
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The gradings across the 3 service areas is a reflection of the outstanding improvement and commitment from the Teams involved. Of particular note is the increased confidence the Care Inspectorate have in our Continuing Care service. Previous inspection gradings were 3 and 4. A confidence in leadership and commitment both from operational and strategic teams continues to promote the Children's Services Strategic plan, ensuring children, young people and families "Live Well, Grow Well and Age Well".

The Care Inspectorate identified areas for improvement to drive us forward from good to excellent.

These have been incorporated into the Family Placement and Adoption Team's improvement plan and are regularly monitored by the Head of Service, Senior Manager and Service managers within Children and Families.

3.5 Childrens Houses

Cunningham Place

The Care Inspectorate undertook an unannounced Inspection of Cunningham Place Children's house in June 2023. The report published in July 2023 is available here:

Care Inspectorate Report : [Cunningham Place 28 July 2023](#)

The overall inspection assessed the house against the quality indicator; *"How well do we support children and young people's rights and wellbeing?"*

How well do we support children and young people's rights and wellbeing?	3 - Adequate
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The overall inspection grade was : Adequate.

The report noted the following:

- Young people had individualised support, including access to activities.
- Young people were supported with their rights, having access to advocacy services.
- Staff were good at developing meaningful relationships with young people.
- Admissions and matching processes were not in place and required improvement.
- Care plans and risk assessments should be in place for all young people. They should clearly detail the young person's needs, how they will be met, and use up-to-date knowledge, theory, and research.

- Staff training and formal support, including supervision and debriefs, required improvement.
- The management team and staff showed commitment to the welfare of young people.

The report identified two improvement action areas around the following areas:

- Admissions are fully informed by a robust, clearly evidenced assessment and matching process.
- The service ensures that each young person has a robust plan and risk assessment.

To address these areas practice around matching and consideration was reviewed and a commitment to both House Managers attending all consideration meetings was reaffirmed and this has been consistently the case since the CI report was delivered. This process is part of support and supervision discussions both between the Senior Manager and Service Manager and the Service Manager and House Managers.

Every young person in our Children's Houses now has a plan and risk assessment in line with a new, agreed format which was discussed with the CI. All plans and risk assessments have been audited by the House Manager and a development session was held in late March to ensure quality and consistency. This will remain a development point in the year ahead with regular audits being undertaken.

Sundrum View

The Care Inspectorate carried out an unannounced inspection of Sundrum View Children's House, in person, on 28 February 2024.

[Care Inspectorate Report : Sundrum View 6 March 2024](#)

The overall inspection assessed the house against the quality indicator; *"How well do we support children and young people's rights and wellbeing?"*

How well do we support children and young people's rights and wellbeing?	4 - Good
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The overall inspection grade was : Good

The Care Inspectorate noted key the following messages;

- Young people were supported to access their individual hobbies and interests.
- The environment was welcoming and homely.

- Staff supported young people to keep in contact with those that were important to them.
- Staff kept in touch with young people who had moved on from the service.
- Assessments and risk assessments could be SMART-er (specific, measurable, achievable, relevant, timebound).
- Training plans were being developed to include refresher safeguarding training and trauma training for the staff.

The report identified two improvement action areas:

- The provider should ensure that staff have learning and development opportunities and apply this in practice. This should include but is not limited to, trauma training.
- The provider should ensure that the service implements effective plans and risk assessments.

To address these areas a full staff training audit was undertaken which was completed in June 2024. This resulted in appropriate training dates being agreed and shared via Seniors to ensure relevant staff can attend. In addition, new training evaluation forms have been developed to understand impact and appropriateness of the training provided. An additional Crisis Prevention Intervention (CPI) trainer has been trained and all staff will receive training or refresher training. Nurture training refreshers will be delivered to all staff. Domestic staff have also completed appropriate Child Protection training.

Caring 4 U meeting minutes have been aligned with Sign of Safety language to ensure clarity and consistency and the revised format is now in use and is being monitored. Additional Trauma and CPI training has been delivered and a programme of dates has been established to ensure all staff receive what is required. New feedback forms have been developed and will help to guide future training and grow understanding of impact.

Effective tracking and debriefing of all significant events will be improved by a new tracking spreadsheet and regular Management oversight.

The Champions Board will have regular visits to the House to improve the quality of feedback from our young people and inform planning and development of practice, planning and training.

Waiting Approval at Cabinet

3.6 Care Homes

Within the reporting period there have been 21 unannounced inspections to older people care homes and 2 announced to Adult care homes within South Ayrshire between April 23-March 24 by the Care Inspectorate.

Six of the homes inspected had excellent inspections receiving grades of excellent and very good.

Three of the homes inspected were awarded grades of good and adequate.

There have been three care homes within this reporting period that had not achieved well with grades of weak resulting in moratoriums being placed on them until the necessary requirements and improvements were made. Following multiple further re-inspections of these care homes they have now met the necessary requirements resulting grades of adequate with some goods until their next full inspection.

The adult care home inspected within the reporting period had been the same care home on two separate occasions they received grades of adequate and good within both inspections.

3.7 Care at Home

Within the reporting period 3 care at home services commissioned by the council were inspected.

The Care Inspectorate, regulatory body for care services completed x 7 unannounced inspections to care at homes services commissioned by South Ayrshire Health and Social Care Partnership between April 2023 and March 2024.

Key Question 1 'How well do we support people's wellbeing?'

- X 5 care at home services were awarded 'Grade 4 – Good' or above.

Key Question 2 – 'How well is our care and support planned?'

- X 5 care at home services were awarded 'Grade 4 – Good' or above.

Key Question 3 - 'How good is our staff team?'

- X 4 care at home services were awarded 'Grade 4 – Good' or above.

Key Question 5 - 'How good is our leadership?'

- X 6 care at home services were awarded 'Grade 4 – Good' or above.

2 care at home services were awarded 'Grade 2 – Weak' across more than one Key Question which resulted in enforced moratoriums implemented by the Partnership.

The enforced moratoriums remained in place until the Requirements and Areas of Improvements allocated by the Care Inspectorate were met by the care at home services.

Following the re-inspections of the services by the Care Inspectorate, the care at home services met the allocated Requirements which results in the Partnership lifting the enforced moratoriums.

4. Internal Scrutiny.

In May 2022 the Scottish Government published new guidance relating to the undertaking of Learning Reviews in both the areas of Adult Support and Protection and Child Protection. This replaced the previous guidance on conducting Significant Case Reviews (SCR)'s and Initial Case Reviews.

4.1 Adult Services.

Within the reporting period there have been two cases which were considered for an ASP Learning Review. Both cases concerned two individuals.

The first case concerned two young women who had been cared for and supported in HSCP accommodation and who had both died both died suddenly and unexpectedly three weeks apart. Due to these commonalities, the South Ayrshire Chief Social Work Officer requested that an internal review of the circumstances of the deaths be carried out to inform a decision as to whether a formal referral for the consideration of an Adult Support and Protection Learning Review should be initiated.

A Review Team was appointed to consider all the circumstances around the deaths, identifying any commonalities, and to consider if there was a need for, or benefit from, progressing to a full ASP Learning Review.

The Review Team concluded that there was no need for, or benefit from progression to an ASP Learning Review. In the process of their own review, they were able to make some practice recommendations. Their findings and recommendations were reported to the Adult Protection Committee in February 2024.

The second case to be considered for an ASP Learning Review consisted of a married couple. In March 2024. Police had attended at the family home where the couple lived together and found the woman deceased in the house. Her husband was subsequently charged with her murder. Both had previously been the subject of Adult Support and Protection referrals (although not recently) and it was agreed that it would be useful to consider whether an ASP Learning Review would be required.

A Review Team was set up to consider the circumstances of the death and any previous ASP interventions. The Team were able to identify learning and make some recommendations but did not feel that progression to a formal ASP Learning Review was required. It was agreed that the identified learning should form the basis of a workshop-based multi-agency practice learning event. However, this has been put on hold while the case is sub judice.

4.2 Childrens Services

There has been two Learning Reviews initiated by Children's Services between April 2023 and 2024.

The first of these relates to Children MD. The learning from this review will be published in the latter half of 2024.

The second of these relates to Child JM and will be published in May 2024.

Waiting Approval at Cabinet

4.3 Large Scale Investigations

In October 2023, a Large-scale Investigation (LSI) was initiated following an accumulation of concerns (including a Care Inspectorate "Improvement Notice") regarding a local care home provider. The HSCP led a broad multi-agency investigation and support team, ensuring appropriate practical support, advice and guidance was available to the provider. The LSI Team reviewed, and provide support on, issues relating to adults at risk of harm, residents' care and support needs, staffing and a sudden death in the grounds of the care home. Throughout the LSI the investigation team and care home management have followed the principles set out within the national framework for LSI; person centred, supportive, planned, multi-agency, professional curiosity, lawful and clear communication.

Working with the provider and the Care Inspectorate, the Investigation Team developed an extensive Improvement Plan. The provider was supported in the implementation of this plan, which was monitored by the Investigation Team and the Care Inspectorate.

Over the course of several months, the provider service was motivated to work with the Investigation Team and the Care Inspectorate in the implementation of the Improvement Plan.

Following a Care Inspectorate follow-up Inspection in December it was recognised that while significant progress had been made, some Improvement Actions remained outstanding. It was agreed that additional time would be allowed to complete the implementation of the Improvement Plan.

The LSI concluded in March 2024, with the Investigation Team and the Care Inspectorate satisfied that the Improvement Actions had been taken and that no outstanding concerns remained.

4.4 Care Home Moratorium

Within the reporting period 2 Care homes and 2 care at home providers were subject to local moratoria. These were instigated by the feedback and reporting from the Care Home Review Team, Community Services Oversight Group and the Care Inspectorate.

Working with providers we were able to offer leadership guidance and support to ensure that the necessary improvement plans were implemented and people using those services continued to experience a high standard of care.

4.5 Duty of Candour

Within the reporting there have been no reportable incidents under Duty of Candour guidance as set out by Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018.

5. Resources

5.1 Summary of Financial Performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. This year's financial reporting included regular updates on transformation activity including projects approved within the Improvement and Innovation Fund.

This year's financial performance reflects the challenges in health and social care recruitment with underspends in both internal and purchased frontline health and care services. The performance is also reflective of transformation projects within children services focussing on early intervention approaches keeping children with their families or community-based services.

Within community care and health there was significant underspends in relation to the ability to recruit to front line posts within Allied Health Professionals (AHP's), and both internal care at home and commissioned care at home services. The underspends in care at home were offset with overspends in care homes, direct payments and costs of beds within both community hospitals.

Last year the HSCP worked to mitigate the staff shortage risk by creating new models of care delivery focussing on early intervention within the community. This includes the frailty team, Reablement Unmet Needs Assessment Team (RUNAT) and Racecourse Road Intermediate Care Unit (RRICU), with teams focussing on supporting people to reduce their level of care needs and maintaining their independence for longer, ultimately reducing the level of mainstream care required. These new models of care have now been implemented operationally following successful evaluation during the year.

There continues to be an underspend in looked after children placements, an anticipated demand in need for foster carers has not materialised and we have been supporting children in our neighbouring authorities. This can be attributed to the Whole Family, Whole System approach including the Signs of Safety training and Functional Family Therapy.

The overall financial performance against budget for the financial year 2023 - 24 was an underspend of £7.292m. The underspends are partially due to reserves carried forward not fully utilised.

On the 14th of June 2023, the IJB approved £4m to create an Improvement and Innovation Fund, at the end of 2023-24 £3.167m was committed to a variety of projects. On the 12th of June 2024 a further £2m was invested into The Improvement and Innovation Fund to be used

over the next two years to provide investment in specific projects or services to embed future financial sustainability.

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 2023-24 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2024-25.

Key successes for 2023-24 include:

- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities.
- Improvement and Innovation Fund approval of £3.167m of projects and earmarking of a further £2m to the fund to continue investment in early intervention approaches.
- Continued progress with reducing the number of children placed in out with authority and family placements in 2023-24 has been achieved through transformation in Children Services.
- Investment in our internal care at home services increasing internal capacity to meet community care needs.
- Investment in new ways of working to provide care in the right place at the right time through Stroke Pilot and AHP Front Doors.
- Recurring investment in early intervention and prevention approaches including Frailty work and Racecourse Intermediate Care Unit.

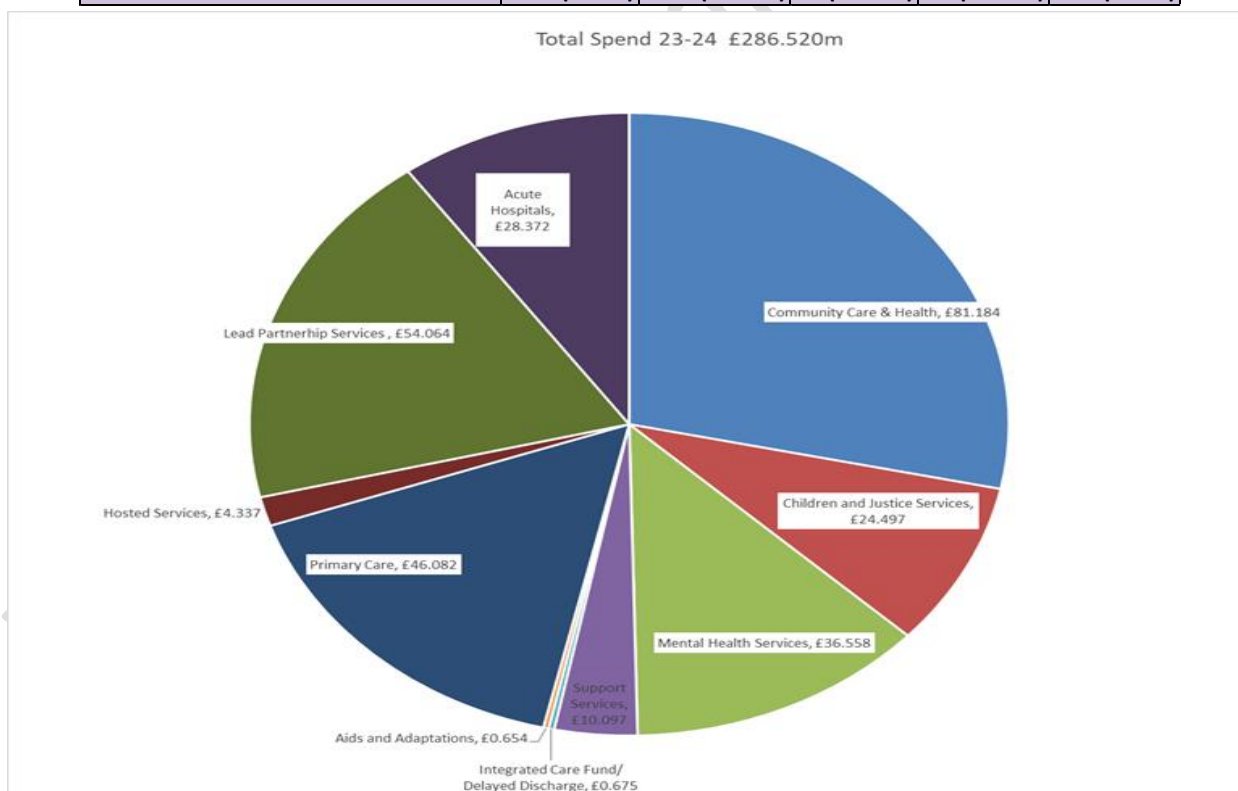
Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, and the IJB moved into 2024-25 with an approved balanced budget.

Financial Reporting

Financial monitoring reports were presented to the Integration Joint Board throughout the year. A full analysis of the financial performance for 2023-24 is detailed in the [Year End Outturn report](#).

The financial funding made available from NHS Ayrshire and Arran and South Ayrshire Council to the IJB to deliver services and the costs associated with delivering these services over the last 5 years is detailed in the table below from 2019/20 to 2023/24.

Services	Total Spend 19/20 £m	Total Spend 20/21 £m	Total Spend 21/22 £m	Total Spend 22/23 £m	Total Spend 23/24 £m
Community Care & Health	62.164	62.666	69.152	76.624	81.184
Children and Justice Services	25.930	23.069	24.607	25.163	24.497
Mental Health Services	27.624	28.871	29.869	33.972	36.558
Support Services	6.555	4.697	7.909	5.835	10.097
Integrated Care Fund/ Delayed Discharge	1.674	3.057	1.052	0.845	0.675
Aids and Adaptations	0.550	0.785	0.780	0.797	0.654
Primary Care	42.381	44.026	44.403	44.814	46.082
Hosted Services	1.488	2.107	3.334	3.456	4.337
Lead Partnership Services	37.558	41.515	41.889	45.902	54.064
Acute Hospitals	24.884	27.54	28.311	30.626	28.372
Covid Costs		8.216	5.549	2.182	0
Cost of Services	230.807	246.549	256.855	270.216	286.520
Funding					
NHS Ayrshire and Arran	154.924	178.631	189.37	179.479	191.059
South Ayrshire Council	76.294	78.124	92.510	105.504	102.753
Total Funding	231.218	256.755	281.880	284.983	293.812
(Surplus) or Deficit on Provision of Services	(0.411)	(10.206)	(25.025)	(14.767)	(7.292)



5.2 Best Value

NHS Ayrshire and Arran and South Ayrshire Council delegate functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs NHS Ayrshire and Arran and South Ayrshire Council to deliver services in line with the objectives and programme set out in its Plan.

The governance framework sets out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders and residents of South Ayrshire. The IJB also has a duty under the Local Government in Scotland Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised, having regard to economy, efficiency, effectiveness, the need to meet the equal opportunity requirements and contributing to the achievement of sustainable development.

During this year transformational change within services has continued as well as development of new ways of working to mitigate against challenges from lack of workforce capacity and improve services through early intervention and prevention approaches. It is recognised that transformation is key to shaping health and care services for the future, shifting the balance of care to more early intervention and prevention approaches and community-based services with less reliance on institutional based services.

Reports to the IJB this year included updates on [Improvement Projects](#) and use of the [Improvement and Innovation Fund](#). Within adult services the development of core and cluster in central Ayr provided the opportunity to create a Flexible Assessment Support Team (FAST) team utilising Scottish Government Community Living Funding to fund relevant technology and equipment in the flat. The team will work from the flat providing a 24/7 service to young people and adults whose health or social support needs are in crisis, providing short term support to reduce hospital and emergency respite admissions. The success of the Belmont Family First Schools project was a catalyst to the Family First model now embedded in South Ayrshire Children and Young People Services Plan 2023-2026. Funding for extending the model is provided through the Scottish Government Whole Family Wellbeing Fund. Implementation of the Family First "Team Around the Cluster model" is now in place and is a test of change led by Education. The model is based on early intervention and prevention, through locally based multi-agency teams working at the earliest opportunity to prevent needs arising.

In 2023-24 Scottish Government Care at Home Capacity funding and IJB reserves were used to continue to fund Racecourse Road Intermediate Care Unit (RRICU), based on the third floor of South Lodge Care Home. The unit was set up in December 2022 to reduce delayed transfers of care. The 12 intermediate care beds provide rehabilitation and care for people discharged from hospital who have been assessed as needing care at home but have rehabilitation potential. The unit is supported by a team of social care workers and occupational therapists and a local GP practice providing an enhanced service. An evaluation of the outcomes following an average 30 day stay at RRICU highlighted that 86% of service users are discharged home with no care at home package, 4% discharged with a reduction in care package and 8% discharged with the same care package assessed on discharge from hospital.

During 2023-24 £3.167m has been committed to various improvement and innovation projects, which are at various stages of implementation as noted in the report to IJB. These projects will be monitored during the year as part of the financial reporting process and also included in Performance and Audit Committee Agenda's focussing on progress against Key Performance Indicators approved as part of projects inception to ensure best value is achieved.

6. Workforce

6.1 Workforce Plan

The South Ayrshire Health and Social Care Partnership has a statutory duty to provide a workforce plan, the Scottish Government requires all Partnerships and Health Boards to provide 3-year plans for the periods 2022-25 and thereafter. The workforce plan primarily focuses on workforce requirements within South Ayrshire Council (SAC) and NHS Ayrshire and Arran (NHS A&A), but also considers the workforce within the Third and Independent Sector.

The South Ayrshire HSCP 2022-25 Workforce Plan was approved by the Integrated Joint Board in October 2022 and Performance and Audit Committee in November 2022. This was subsequently submitted to the Scottish Government Health and Social Care Workforce Planning and Development Division and received positive feedback.

Section 7 of the [workforce plan](#) contains an action plan which sets out a broad range of activities that will progress during the next 3 years. To support the action plan, a Staff Governance Group was established in November 2022 tasked with providing strategic direction and oversight. Three sub-groups were created to the key themes of Recruitment and Retention, Learning and Development, and Wellbeing (with a focus on Strategic Planning underpinning all groups). Membership of groups consists of a range of expertise across both SAC and NHS A&A. Sub-groups meet bi-monthly and provide updates to the Staff Governance Group (which also meets bi-monthly). To ensure consistency and minimise any duplication, the Organisational Development Workforce Lead attends and supports all sub-groups.

The activities within the action plan fall within the following themes:

- Embedding and supporting evidence-based workforce planning within service planning and business transformation.
- Progressing a range of activities that will develop a 'pipeline' of employees and enhance recruitment to attract the best candidates into health and care employment in South Ayrshire.
- Supporting employees through education and training to equip them with the skills required to deliver the best quality of care, and to ensure continuity of service in key roles.
- Making the South Ayrshire Health and Social Care Partnership an "employer of choice" by ensuring staff feel valued and rewarded.
- Creating a workforce and leadership culture with a heightened focus on the health and wellbeing (physical, mental, and financial) of employees.

Updates on the action plan are presented to the Performance and Audit Committee on a six-monthly basis.

The workforce plan highlights a range of workforce risks which the Partnership is attempting to mitigate, although these are not unique to South Ayrshire or the wider health and social care sector. These include –

- turnover averaging 10%
- significant number of employees (in some cases one-third) leaving within 3 years
- 50% of the Partnership workforce aged over 50 within the next 9 years.
- absence rates averaging 7.5% (with some services facing 20 working days lost per employee) and with increasing rates of psychological absence.
-

6.2 Practice Development

The Practice Development team is key to improving the skills, competence, and confidence of our workforce to ensure that they can safeguard and promote the wellbeing of individuals and meet the various requirements of registration,

Over the last 12 months in particular, significant growth has been experienced across Practice Development. This includes:

Training and Development activity has grown significantly since the inception of the team and during the period April 2023 to April 2024 with over **600** training places being offered to staff across the HSCP. Our training calendar offers a range of training across Public Protection, Regulatory and Mandatory Training and Developmental Training opportunities.

The Practice Development Team have also developed a Training and Development webpage on the Health & Social Care Partnerships website which can be accessed here:

[Practice Development Training](#)

This provides all members of the workforce with increased information on the content of learning and development courses available. This is the second year we have been able to produce and promote an extensive calendar of Training and Development opportunities which is continually changing and adapting to need. This does not include the SVQ 2, 3 and 4 or PDA work in Supervision which is additional.

The team are also preparing to distribute a further Training Needs Analysis, changing this year to focus more on knowledge and skills gaps within our workforce with training and development opportunities for the year 2025 to 2026 being planned from the findings of this analysis.

Four of our current training courses, namely Adult Support and Protection Level 2, The Role of the Second Person in Adult Support and Protection, Working with Neglect and Child Sexual Exploitation have also undergone a rigorous independent assessment process to be

recognised and accredited as training that meets the learning value and structure of Continuous Professional Development.

There are now 80 trained Council Officers within the HSCP, the majority of whom have undertaken bespoke training in Trauma Enhanced Practice Level 3 courses specifically for Council Officers, in line with the renewed emphasis on Trauma Informed Practice within the Adult Support and Protection Code of Practice.

The Practice Development Team also piloted a new Child Sexual Exploitation training course, incorporating a local focus, and including Signs of Safety within the training material. We also updated the Child Protection E-Learning module hosted by Coast, bringing this in line with the National Child Protection Guidance. The team also offered support in the form of Child Protection training resources to the Fostering and Adoption Team to provide bespoke training for South Ayrshire Foster Carers. There were also two cohorts of Child Protection 5-day training and the team facilitated two further bespoke inputs from Legal Services and the Safeguarding Midwifery Team for Newly Qualified Social Workers with Children and Families to support additional identified learning needs. Members of the practice Development Team also represent South Ayrshire HSCP on National Child Protection Groups including the National Learning and Development Practice Group.

Along with Police Scotland, Practice Development supported the roll out of the Prevent Agenda to HSPC staff in addition to Third / Private Sector Partners. Ten bespoke sessions in respect of effective safeguarding of adults at risk of Financial Harm were also delivered to Police Scotland Ayrshire Division between February and April 2023. These inputs delivered across Ayrshire, were attended by 163 officers across front line groups, Local Policing Teams and the Public Protection Unit.

In 2022, Practice Development, alongside Organisational Development, were able to develop a process to include NHS Colleagues within South Ayrshire's HSCP for the first time to access our COAST system to ensure that both local authority and NHS staff can both book and train together. All training is uploaded and recorded on COAST.

In late 2022, in conjunction with our Third Sector partners in VASA, we were able to develop a process of engaging with external Third / Independent sector partners in a range of training opportunities. This has been welcomed across the Third and Independent sector providers.

Grow Your Own

The Partnership has invested resources to train qualified social workers from within the Partnership's workforce. This was in direct response to growing concerns about recruitment and retention of staff.

The programme has been fully implemented with 20 staff registered on the programme. We have worked in partnership with the Open University accessing both the Post Graduate

Diploma in Social Work and the Undergraduate route. The main intake route has been the undergraduate route enabling staff across the Partnership the opportunity.

The programme will shortly celebrate the first of our graduates coming through the programme followed by graduates each year over the next 3 years.

SVQ Activity

There is a requirement for staff in particular services to be registered with the Scottish Social Services Council (SSSC). Over the past 12 months

- Six staff members are due to complete their PDA in Supervision with another 12 due to enrol in September 2024.
- In the SVQ program, there are currently 170 candidates enrolled. Of these, 67 are on track to complete their course by 2025.
- For the SVQ intake, 55 candidates enrolled in 2023 and 78 in 2024. Specifically:
 - In 2023: 37 candidates joined at Level 2, 14 at Level 3, and 4 at Level 4.
 - In 2024: 64 candidates joined at Level 2, 9 at Level 3, and 1 at Level 4

6.3 Practice Teaching (Social Work)

South Ayrshire HSCP continues to have a robust practice learning programme in place and has worked closely with the Learning Network West and Universities within the West of Scotland providing 19 practice learning opportunities for social work students. This was achieved through the commitment and creativity of South Ayrshire's Practice Teachers, Link Worker and services who were committed to ensure that social work students were well supported.

The HSCP have 23 qualified practice teachers and is continuing to recruit on the Professional Development Award in Practice Learning with approximately 4 candidates each year. Link worker numbers have been strengthened through Link Worker Workshops which has been delivered collaboratively with North Ayrshire Council. This approach ensures that practice teacher numbers do not decline as workers retire or move to new positions. Four candidates have completed the Professional Development Award in Practice learning and recent financial investment from the Partnership will enable additional staffing resource within the Practice development Team to support students within Adult Services.

The HSCP continues to be active supporting the work of the Social Work Education Partnership where the focus is moving towards the development of regional areas. The HSCP supported the University of the West of Scotland undertaking research on the use and application of virtual reality in education and practice. This assisted in the production of educational content that could be utilised with the education curriculum.

6.4 Newly Qualified Supported Year

The Newly Qualified Social Worker Supported Year will be implemented by the SSSC across Scotland from October 2024. The NQSW Supported Year has been developed in conjunction with key stakeholders and informed by evaluation and research with the aim of supporting all NQSW's entering the workforce to have access to support and development opportunities which consolidate social work education, professional identity and social work practice. By solidifying early career experiences in this way, it is anticipated to have a positive impact on future staff retention.

South Ayrshire have been one of the local authorities who have piloted the early implementation of the NQSW Supported Year since February 2022. In the first 2 years, there have been 25 newly qualified Social Worker's either undertaking or having completed the Early Implementation of the Supported Year. South Ayrshire have provided regular feedback to the SSSC in relation to the progress and challenges of the early implementation programme which has been consistent with other implementation sites.

It is worth noting, in January 2024, the SSSC released updated guidance with additional changes and requirements of the Supported Year which were not previously known therefore not tested in practice. As we approach the full implementation of the NQSW Supported Year, the key areas for development include:

- The requirement for all NQSW's to be provided with a formal induction programme when commencing employment.
- Local processes and guidance to be established and embedded which align with the SSSC requirements.
- Support and guidance required for Supervisors of NQSW's who play a critical role in the implementation and delivery of the Supported Year.
- To ensure that all NQSW's are matched with a mentor and to establish a consolidated mentoring approach and mentor training for staff undertaking this role.
- Review of mentor payments to support a more streamlined and equitable process.
- Reinstate monthly NQSW groups which align with the Supported Year requirements and provide additional support and guidance.

A dedicated member of staff will be in post from April 2024, currently on a temporary basis, who will play a lead role in the implementation and oversight of the programme.

As with all new approaches to practice, there will be areas of progress and challenges, which will be monitored, reviewed and adaptations made to support the success of the NQSW Supported year.

6.4 Quality Improvement

South Ayrshire HSCP's Framework for Quality Improvement was approved in September 2022 and describes the HSCP's desire to embed a culture which empowers our workforce to deliver quality services through continuous improvement.

In 2023/24, focus has been on empowering our workforce to strive for quality within their services; with an overall aim to improve staff knowledge of Quality Improvement (QI) and

confidence in using QI tools to 75%, as determined by an annual HSCP wide survey undertaken annually each September. In pursuit of this we have focussed on building QI capacity/ capability through tiered training designed to meet the needs of all staff, based on their role and level of involvement in improvement work. Results from the annual survey undertaken in September 2023 showed 38% of respondents reporting confidence and competence in using the Model for Improvement and QI tools; and 65% reporting they were involved in QI activity.

To build improvement capacity and capability within our workforce, mandatory (Foundation Level) QI training was introduced for all staff in February 2023, with a June 2024 compliance target of 75%. Good progress had been made towards this with 64% of HSCP staff having completed their Foundation Level training as at the 31st March 2024. These learning resources should provide a helpful introduction to quality improvement and widely used improvement methods which in turn will support staff to develop team plans using self-evaluation to identify areas for improvement, as well as providing the knowledge and tools needed to participate in improvement projects at team level.

In addition, 50 staff completed the Ayrshire and Arran Improvement Foundation Skills (AAIFS) (Practitioner Level) training in 2023/24, supported by our colleagues in the QI Team within NHS Ayrshire and Arran, resulting in positive improvements being made through 46 QI projects progressed as part of their training and bringing the total amount of HSCP staff trained to Practitioner Level to 93. This training will continue to be rolled out in 2024/25 with a further 40 staff expected to complete their Practitioner Level training before the end of 2024. The expectation is that all staff undertaking Practitioner Level training will continue to undertake further improvement work post AAIFS graduation.

Staff have also been encouraged and supported to access national (Lead Level) QI training with 4 staff successfully securing places on Cohort 45 of the Scottish Improvement Leader (ScIL) Programme, which commenced in June 2023 and which will conclude in June 2024. Access to national training is limited due to availability of spaces and as such in May 2023 we also trialled a Certificate in Team Coaching for 13 staff to allow us to 'grow our own' mentors to support staff who are at an earlier stage of their QI learning journey.

Progress made to date in implementing our ambitious plans to develop and mainstream a quality improvement agenda across the Partnership was acknowledged in the Care Inspectorate's March 2023 report, "Joint Inspection of Adult Services Report on Integration and Outcomes for SAHSCP" where it was noted that the "the partnership had made a major commitment to developing and implementing a framework for quality improvement that made improvement work a core element for all staff, tailored to their level. This reflected a visible commitment from leaders to ensure continuous improvement and ensure the partnership was equipped to rise to the challenges it was facing currently and may face in the future".

Further work will be progressed in 2024/25, to promote and raise awareness of QI; to continue to increase and develop our training offering to build capacity and competence in improvement techniques across our workforce; and to continue to build our community of improvers across our workforce in order to deliver high quality services across all areas of the HSCP.

Waiting Approval at Cabinet