

Argyll and Bute
Health and Social Care Partnership
Chief Social Work Officer
Annual Report 2021/22

Chief Social Work Officers Report

1. Introduction

This is the annual Chief Social Work Officer (CSWO) report for Argyll and Bute for the year 2021/2022.

During the course of this reporting period, in September 2021, the CSWO changed from Julie Lusk to me, David Gibson. I want to thank Julie for the work she did in Argyll and Bute and particularly the huge efforts made through the first 18 months of the Covid 19 pandemic.

In last year's report Julie wrote, " Little did we expect that the impact of COVID -19 would remain with us and continue to have an impact across services in Argyll and Bute."This is equally true of the year 2021/2022 during which we have continued to experience various levels of restrictions on all our lives,

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of the Remote and Island CSWOs group. Importantly, and as touched on in the introduction, these allow the issues of remote and island practice to be brought to bear on the national stage.

3. Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered.

The CSWO has continued to attend the key service performance and improvement meetings including Clinical and Care Governance, the Chief Officers Group for Public Protection, Child Protection Committee, Adult Support and Protection Committee and the Care Home Oversight Group etc. A daily huddle has been stepped up and down a number of times over the course of the year as the pandemic has waxed and waned. Often this huddle focused on the interface between acute hospital care and care home / care at home.

Use of agency staff across the areas has enabled some additional capacity within the system however several recruitment drives have resulted in few, if any applications for care at home posts. Redesign and collaborative commissioning models are required for care at home.

Support for Carers

those people presenting with substance or alcohol concerns. It is of course noted that the short term funding of such posts is problematic and can often lead to recruitment difficulties.

Recruitment of mental health practitioners, from all professional backgrounds, remains challenging. MHO recruitment at first line manager level remains a concern, however we recently appointed a Social Work MHO operational manager for our MHO and MH social workers to ensure the availability of specialist support, oversight and strong leadership to our teams.

Mental Health (Care and Treatment) (Scotland) Act 2005

Despite the considerable challenges of the pandemic, consent to detention for Mental Health Officers continued to be a priority for MHOs and all people detained using a short term detention certificate in Argyll and Bute, were assessed in person.

There continues to be challenges in consenting to emergency detention certificates, particularly out of hours as there is only 1 MHO covering the ver5.5 (c)2.3 (ha)-5.5 ()-3 (nl)I((C)-2.1rTy1.7eO (ge)-B3Tnle40 Tw 12.ly4 (

supervision, diversion from prosecution, development of a bespoke women's service and increasing the uptake of voluntary through care. This development will improve the range of quality and effective services to those at all pathways into and out of the justice system, and is closely aligned with our Community Justice Strategic Plan.

One key area of practice development over the past year has been the development of improved assessment and interventions for perpetrators of domestic abuse. This links with the Equally Safe and Violence against Women and Girls strategies which outline the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. It is hoped that

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examine and develop the relationship with justice settings. Cross cutting themes including access to services and rehabilitation, reducing drug deaths and services to young people and the links to the justice system are key areas of focus in the development of our new local Community Justice Outcome Improvement Plan

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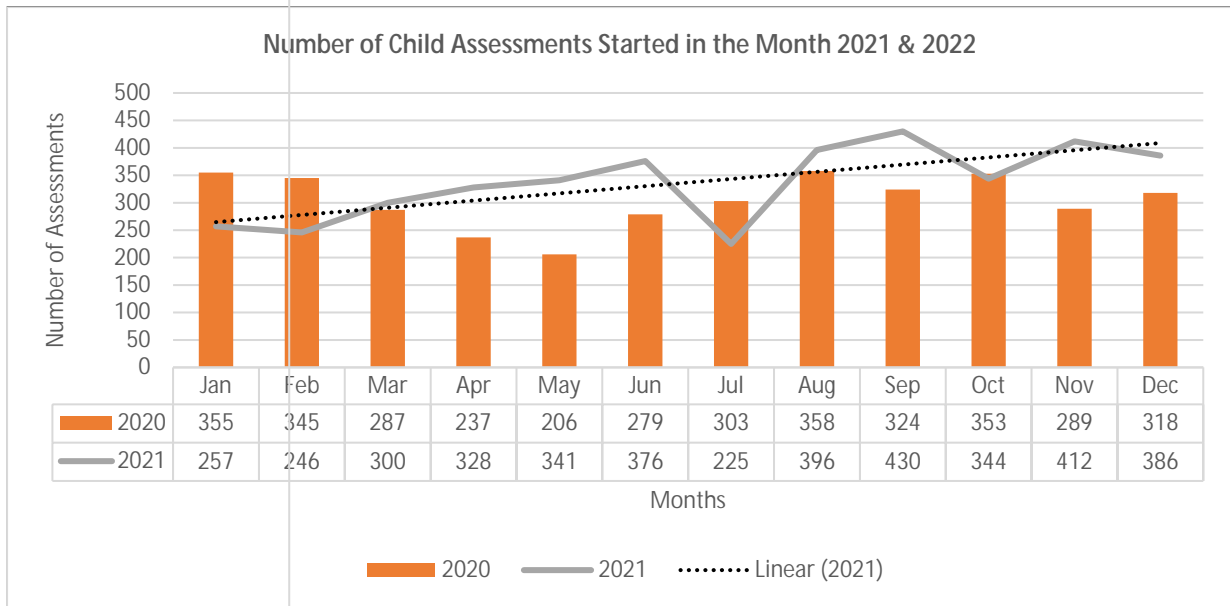
The process through which SCIM was developed demonstrates clearly the need for remote and island needs to be considered at the start of 'national' initiatives. It was clear that the implementation within authorities such as Argyll and Bute, Comhairle Nan Eilean Siar, Orkney or Shetland had not been considered in the initial stages of the SCIM project. As a result there is a huge amount of effort having to be expended later in the process to try to make this model work for us.

Parallel discussions are taking place about the process of Age of Criminal Responsibility Investigation (ACRI) and the Bairns Hoose initiative. Argyll and Bute staff absolutely welcome all these developments and concur with the values which underpin them, however will continue to push for them to be fit for the whole nation and most

(Data Dashboards 2020/21 & 2021/22)

Care Experienced Children

Overall total numbers of care experienced children in each financial year since 2011/12

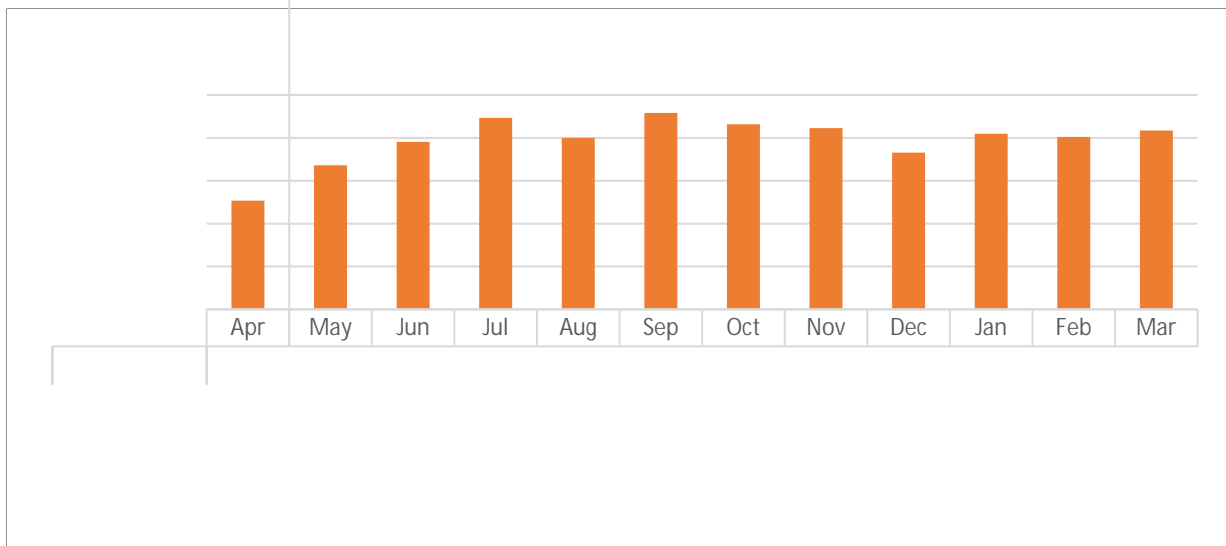


(Data Dashboards 2020/21 & 2021/22)

Adult Services

Social Work Contacts

Data for initial Adult Social Work Contacts notes a 33% reduction in average social work contacts for 2021/22 (567) against the previous year 2020/21 (789). The overall data trend for 2020/21 notes a reduction in contacts, in particular from November 2021- February 2022, with a recovery in March above trend.



(Data Dashboards 2020/21 & 2021/22)

Care at Home


Care at home trends note a 2.4% reduction in total hours for 2020/21 (54,868) against 2021/22 (56,210) and for the months December 2021 to February 2022 this reduction is more evident and may be a result of the emergence of the OMICRON variant, this is partially recovered in March.

(Data Dashboards 2020/21 & 2021/22)

4. Resources

The financial resources for Social Work and Social Care are intrinsically intertwined with the overall HSCP position. The financial year 2021/2022 saw a balanced budget for the HSCP as a whole and indeed we were able to report a small underspend. It is acknowledged that a number of factors contributed to this position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/2022 was an underspend of 682k against the resources available to the HSCP, which totalled £13m. It is noted that the entirety of this underspend was in Social Work Services. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/2023 on service transformation. These reserves are not ring fenced to Social Work Services. The other important aspect of financial performance during the year was that the HSCP was able to repay the full historical debt balance due to Argyll and Bute Council during the year, this totalled £.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	Actual £	Budget £	Variance £	Variance %
				

The budget for the HSCP 2021/22 included a total savings target of £.3m spread across 142 projects. As at the end of March 2022, £.2m of the savings target was delivered. Of this total, £.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year

6. CONCLUSION

The year 2020 – 2021 has seen us all work and live through the continued period of world pandemic. It has been a dynamic period involving new variants of the virus and various levels of restrictions and freedoms. As the period drew to a close there was sense of starting to 'live with the virus'.

Over the preceding 18 months or so the importance of 'key workers' has never been more in the public conscience. Often this has concentrated on the role of the NHS and others in the public sector including social workers have perhaps not had the same profile. I make no apology for re-iterating my thanks, from the introduction, to social work and social care staff for the enormous role they have played in supporting the most

