



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 November 2017
Agenda Item	8
Title	Chief Social Work Officer's Annual Report
<p>Summary</p> <p>This report provides an overview of the professional activity for social work within East Renfrewshire for 2016/17 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.</p>	
Presented by	Kate Rocks, Head of Children's Services & Criminal Justice (Chief Social Worker Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to comment on and note the content of the Chief Social Work Officer Annual Report attached at Appendix 1.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 November 2017

Report by Chief Social Work Officer

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

PURPOSE OF REPORT

1. This report presents to members the Chief Social Work Officer's Annual Report for 2016/17. The report is attached at Appendix 1. It is presented in the format to comply with the template issued by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity. The Chief Social Work Adviser to Scottish Government uses this information to produce a national report.

RECOMMENDATIONS

2. The Integration Joint Board is asked to comment on and note the content of the Chief Social Work Officer Annual Report attached at Appendix 1.

BACKGROUND

3. Each year, the Chief Social Work Officer is required to produce an annual report. To ensure consistency across Scotland, the Office of the Chief Social Work Adviser to the Scottish Government developed a template for these reports in 2014. The intention was to allow succinct and consistent presentation of information on how social work services are being delivered, what is working well, what needs to be improved and why, and how local authorities, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for local authorities.

REPORT

4. The report provides a brief narrative on the local authority and sets the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:
 - Statutory functions for all care groups including Home Care;
 - Performance;
 - Continuous improvement and practice development;
 - Planning for change;
 - User and carer engagement and participation;
 - Finance;
 - Workforce planning and development; and
 - Key challenges for 2016/17.
5. Performance data on some of the key social work indicators are set out throughout the report and reflects the operational delivery of services into the main key groups, children's services, criminal justice and community care. The report primarily acts as the required annual report to elected members and council on the operation of the statutory social work. It also acts as the Chief Social Work Officer report to the Clinical and Care Governance Group.

FINANCE AND EFFICIENCY

6. There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering within the constraint of financial austerity and references the likely impact to providing high quality services over the forthcoming years.

CONSULTATION AND PARTNERSHIP WORKING

7. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, North Strathclyde Community Justice Authority, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the voluntary sector.

IMPLICATIONS OF THE PROPOSALS

Risk

1. None

Policy

2. None

Staffing

3. None

Legal

4. None

Property/capital

5. None

Equalities

6. There is no direct equalities impact arising from this report

Directions

7. None

CONCLUSIONS

8. This report provides an overview of the professional activity for social work within East Renfrewshire for 2016/17 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
9. There continues to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including:
 - The continuing challenging financial climate and the uncertainty for all public services
 - The increasing expectations and demands from the public and stakeholders
 - The increasing cost of supporting vulnerable people
 - The significant adverse changes for our most vulnerable due to the impact of welfare reform that has created greater inequalities on income distribution.
 - The impact of policy and new legislation.
 - The impetus to redesign services to ensure that savings are delivered over the forthcoming years and the potential for any unintended consequences for service users due to change management activity.

- The management of increased service demand at a time of diminishing resources.
10. 2016/17 continued to be a challenging year for HSCP, and council in delivering social work services that remain high quality, responsive and provide value for public money against a background of budgetary constraint. Despite these very real difficulties there were key successes and this has been outlined within the annual report.
 11. The landscape for all public service will continue to change over the coming years and, in particular, social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community. The scale of what is to come however through efficiency savings for the council is in my view without precedent and could mean up to a 20% reduction in funding to the HSCP. The future of high quality social work services may be under threat compounded with an increased expectation by Scottish Government through policy and legislative changes to improve health and wellbeing outcomes of our most vulnerable citizens without any significant investment into the profession.
 12. At the heart of all social work profession lays a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

RECOMMENDATIONS

13. The Integration Joint Board is asked to note the content of the Chief Social Work Officer Annual Report attached at Appendix 1.

REPORT AUTHOR AND PERSON TO CONTACT

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October 2017

HSCP Chief Officer: Julie Murray

BACKGROUND PAPERS

Chief Social Work Officer Annual Report 2015-16
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**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE PARTNERSHIP**

**CHIEF SOCIAL WORK OFFICER
ANNUAL REPORT**

2016-17

1. INTRODUCTION

East Renfrewshire is situated to the south of the city of Glasgow. It covers an area of 17,400 hectares; 85% of which is rural land. The area is defined by 11 community council boundaries with the Barrhead, Neilston and Uplawmoor communities in the Levern Valley area of the authority and Broom, Crookfur, Clarkston, Netherlee, Giffnock, Thornliebank, Busby and Eaglesham forming the Eastwood area.

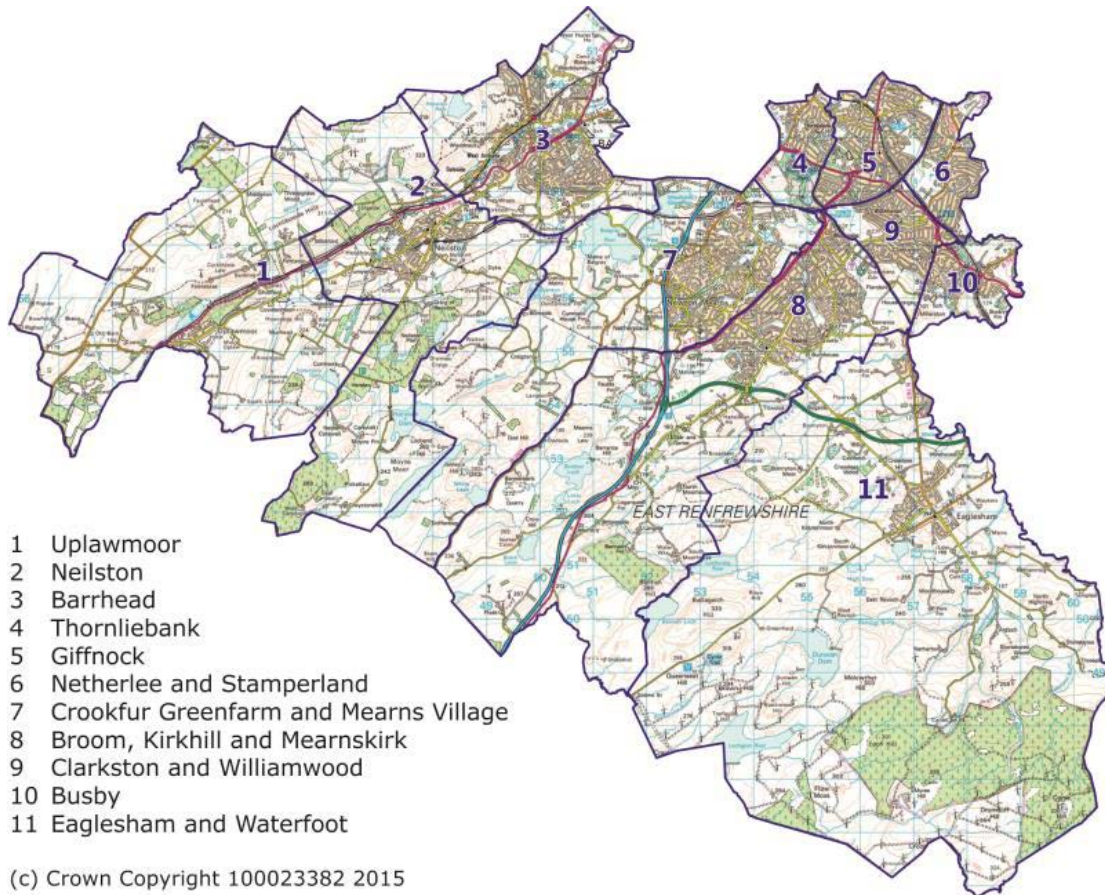


Table 1 shows that the total population of East Renfrewshire is 93,810; an increase of 0.9 per cent from 92,940 in 2015¹. The population of East Renfrewshire accounts for 1.7 per cent of the total population of Scotland.

Table 1: Estimated Population of East Renfrewshire, by Age group, 2016

Age group	Male population of East Renfrewshire	Female population of East Renfrewshire	Total population of East Renfrewshire	% of total population of East Renfrewshire
0-15	9,481	9,181	18,662	19.9%
16-29	7,525	7,008	14,533	15.5%
30-44	7,144	8,280	15,424	16.4%
45-59	9,914	11,134	21,048	22.4%
60-74	7,113	8,205	15,318	16.3%
75+	3,443	5,382	8,825	9.4%
All ages	44,620	49,190	93,810	100.0%

¹ <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

In East Renfrewshire, 15.5% of the population are aged 16 to 29 years. This is smaller than Scotland where 18.2% are aged 16 to 29 years. Persons aged 60 and over make up 25.7% of East Renfrewshire. This is larger than Scotland where 24.4% are aged 60 and over.

By 2039 the population of East Renfrewshire is projected to be 104,727, an increase of 13.3% compared to the population in 2014. The population of Scotland is projected to increase by 8.8% over the next twenty years.

Over the 25 year period, the age group that is projected to increase the most in size in East Renfrewshire is the 75+ age group (89% increase). This is the same as for Scotland as a whole. This projected ageing demographic would have a significant impact upon a range of economic and social issues, both locally and nationally, such as the provision of health and social care services and appropriate housing stock. Of significance and different to the general trend is the population under the age of 16 in East Renfrewshire is projected to increase by 14% over the 25 year period.

East Renfrewshire is one of the most ethnically and culturally diverse areas in Scotland, with significant Jewish and Muslim communities

East Renfrewshire is an area that generally performs well in a national context with:

- Lower rates of teenage pregnancies
- Higher breastfeeding rates
- Lower rates of children living in poverty
- Higher positive school leavers destinations
- Lower proportions of residents claiming out of work benefits
- Lower crime rates
- Lower levels of early mortality and higher life expectancy rates

Some of the biggest inequalities are experienced by whole populations in geographic communities suffering from deprivation although there are also issues which affect people regardless of where they live. Mental health and social isolation are less dependent on geographical location and continue to be a challenge for all services and partner organisations.

SOURCE: Fairer East Ren

2. PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

East Renfrewshire Health and Social Care Partnership's integration scheme was developed and approved under section 7(2) (a) of the Public Bodies (Joint Working) (Scotland) Act 2014. This report reflects the second year of us moving to a Health and Social Care Partnership.

Strategic Planning Group

Our Strategic Planning Group was established in December 2014. To date the group has focused on developing and consulting on the Strategic Plan and considering the approach to Locality Planning. It has:

- Overseen the development of the Strategic Plan through a focus on each of the strategic priorities;
- Supported the development of locality planning and engagement; and
- Ensured alignment between the Strategic Plan and the plans of each of six Health and Social Care Partnerships within the Greater Glasgow area.

In our Strategic Plan we set out our partnership vision of how we will achieve this. Working together with the people of East Renfrewshire to improve lives by:

- Valuing what matters to people
- Building capacity with individuals and communities
- Focusing on outcomes, not services

Our commitment to working together is:

- With individuals - as partners in planning their own care and support.
- With carers and families - as partners in the support they provide to the people they care for. We will ensure the support carers and families can sometimes require themselves are recognised.
- With communities - as partners in shaping the care and support available and in providing opportunities for people to get involved in their communities.
- With organisations - across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.
- With our staff - as partners in developing and delivering our vision, valuing their knowledge, skills and commitment to health and social care.

Strategic Commissioning

The partnership's current strategic plan includes services to children and young people. Over the past twelve months, updates to the plan and to our commissioning intentions have been the focus of work across the partnership. Our strategic planning lead and TEC lead have both been nominated for a Holyrood Connect award in recognition of the innovative work developed. This builds upon last year's TEC programme and a piece of strategic planning work to look at how the partnership identifies and supports its 'high resource users'.

Annual Performance Report

In East Renfrewshire we have been leading the way in integrating health and care services. Our Partnership has always managed a much wider range of services than is required by the legislation. Along with community health and care services, we provide health and social care services for children and families and criminal justice social work.

Over the last ten years, our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations, which focus on improving outcomes for the people of East Renfrewshire.

Our [Annual Performance Report 2016-17](#) has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2016-17. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

Clinical and Care Governance Committee

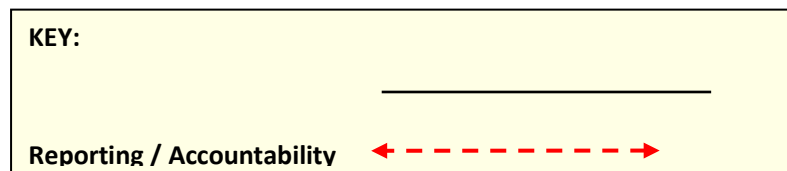
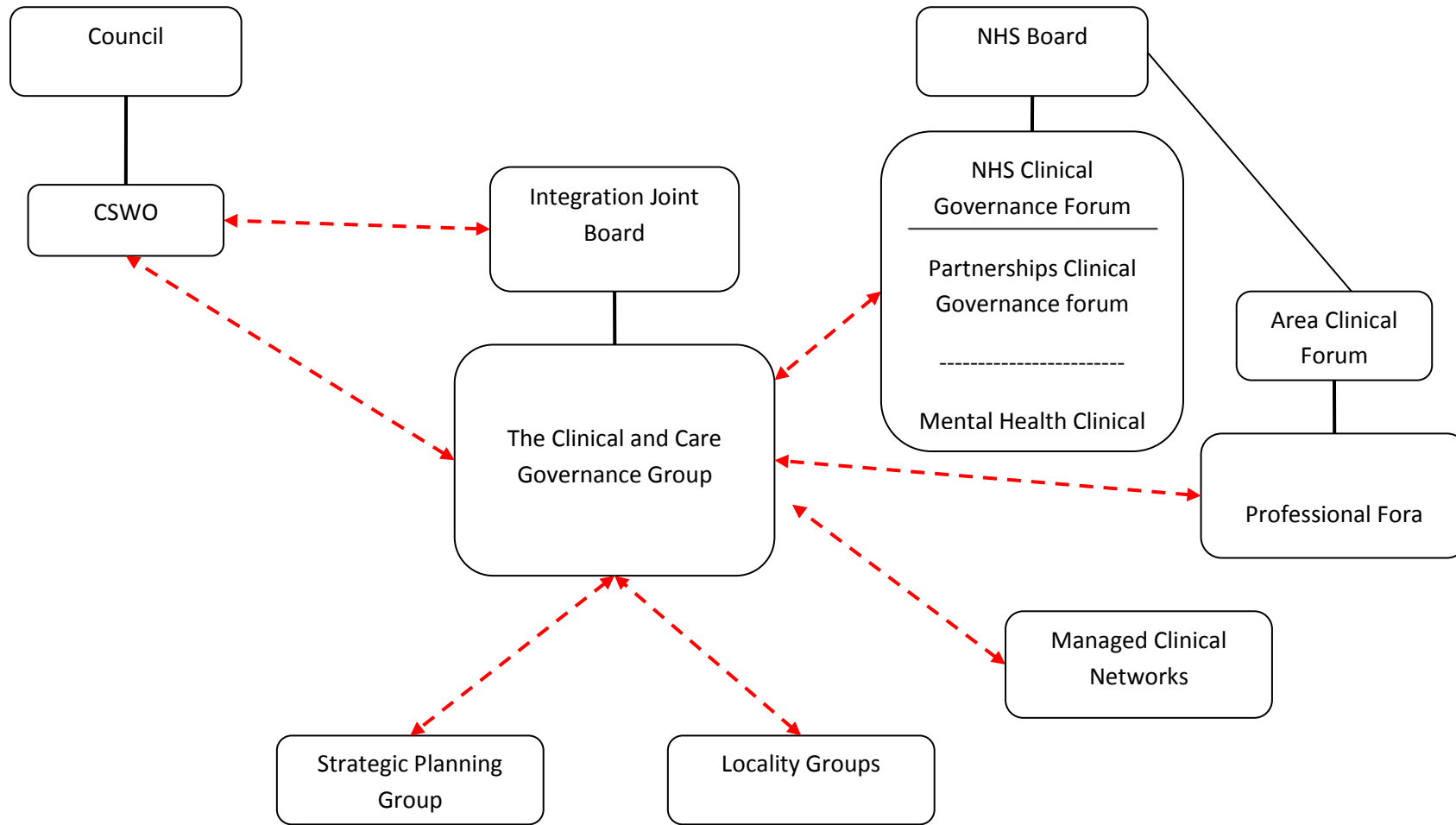
The role of the Clinical and Care Governance Committee considers matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection.

Its remit is to:

- Provide assurance to the Integration Joint Board, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in integrated services are maintained and that appropriate professional leadership is in place.
- Review significant and adverse events and ensure learning is applied.
- Support staff in continuously improving the quality and safety of care.
- Ensure that service user/patient views on their health and care experiences are actively sought and listened to by services.

The membership of the group includes the Chief Social Work Officer; Clinical Director, Chief Nurse, Allied Health Professional Lead, service user and carer representatives, third sector and independent sector representatives and Health and Social Care Partnership senior management.

Our clinical and care governance arrangements over the last year have been enhanced by the development of a new terms of reference, changes in membership and a more balanced approach to ensure that quality assurance is equally weighted to social work and health ensuring that the interdependencies and integrated practice is captured. More information can be found in the [Clinical and Care Governance Report](#).



Performance and Audit Committee

The key functions of the Performance and Audit Committee are:

- To ensure effective performance management systems are in place to evidence delivery of the organisation's key objectives, including the Strategic Plan.
- To act as a focus for best value and service improvement.
- To establish and review information governance and risk management arrangements.
- To review the annual work programme of internal and external audit.
- To ensure appropriate action is taken in response to audit findings.

Public Protection in East Renfrewshire

The Chief Officer Group is responsible for the quality assurance of all public protection services in East Renfrewshire. They meet bi-annually and the Chief Social Work Officer acts as their professional advisor. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes.

The Social Care Landscape within East Renfrewshire

The local market covers provision for a range of services for children and young people, adults and older adults. Set out below are some of the areas in which current funding streams are being deployed and how our local partner provider landscape is being shaped.

Services for children and young people

The partnership has a full range of options for supporting our children and young people. The closure of a commissioned residential service in East Renfrewshire in 2016 has supported the involvement and contribution of parent/carers in developing individual support options for their children. The range of specialist children's secure, residential/non-residential and education services offers operational staff certainty with regards to both price and quality when arranging particular types of placements. For example the Fostering Framework has seen an actual spend of £979,000 (ERC) and will run to March 2019, providing value and purchasing certainty in key areas of service delivery.

Services for adults and older adults

In 2016-17 the Health and Social Care Partnership procured a new framework to ensure compliance with the Scottish Government policy on 'fair work practices'. This framework provides a range of support services to adults, children and young people and is complimentary to the range of specialist frameworks procured through Scotland Excel. Through this framework, we have achieved unparalleled commitment from all suppliers to meeting the fair work practices of paying the Living Wage Foundation rate and the wider commitment to contracts based upon minimum hours and not zero hours. It is anticipated that we will see a positive impact on overall service quality and workforce stability. This will support the Health and Social Care Partnership to manage the particular requirements of the annual increase in the Living Wage as negotiations with providers will be based upon appropriate market intelligence.

The framework provides for a dynamic purchasing list to support an individual's choice and control as provided for under the Social Care (Self-directed Support) (Scotland) Act 2013. The list will support new suppliers to the council and support the development of individual pieces of work, including payment by outcomes and the wider outcomes focused commissioning agenda.

Carers Act

The Carers legislation will commence in April 2018 and a Carers Act Implementation Group has been established to drive the work forward. Within this work stream, the partnership has been selected by the Scottish Government to host one of its pilots in support of the development of the government's guidance to accompany the legislation. The partnership is also working at NHS GG&C Board wide level to support care givers to be appropriately involved in early planning for the safe discharge of the cared for from an acute environment. Our 'Safe and Supported' workstream is leading on the overall unscheduled care agenda but is fully inclusive of all stakeholders within this integrated partnership, involving health, social work and third sector stakeholders in planning and delivery.

3. IMPACT ON LEGISLATIVE CHANGE

The key areas of legislative change, all of which have had significant implications for social work services in 2016-17 in East Renfrewshire:

- Children's and Young People Act (2014)
- Community Justice
- Carers Scotland Act 2016 – due to commence 1 April 2018

All of these will be referenced throughout the report.

4. DEVELOPMENT AND PERFORMANCE OF KEY STATUTORY RESPONSIBILITIES, INCLUDING PLANNING FOR CHANGE

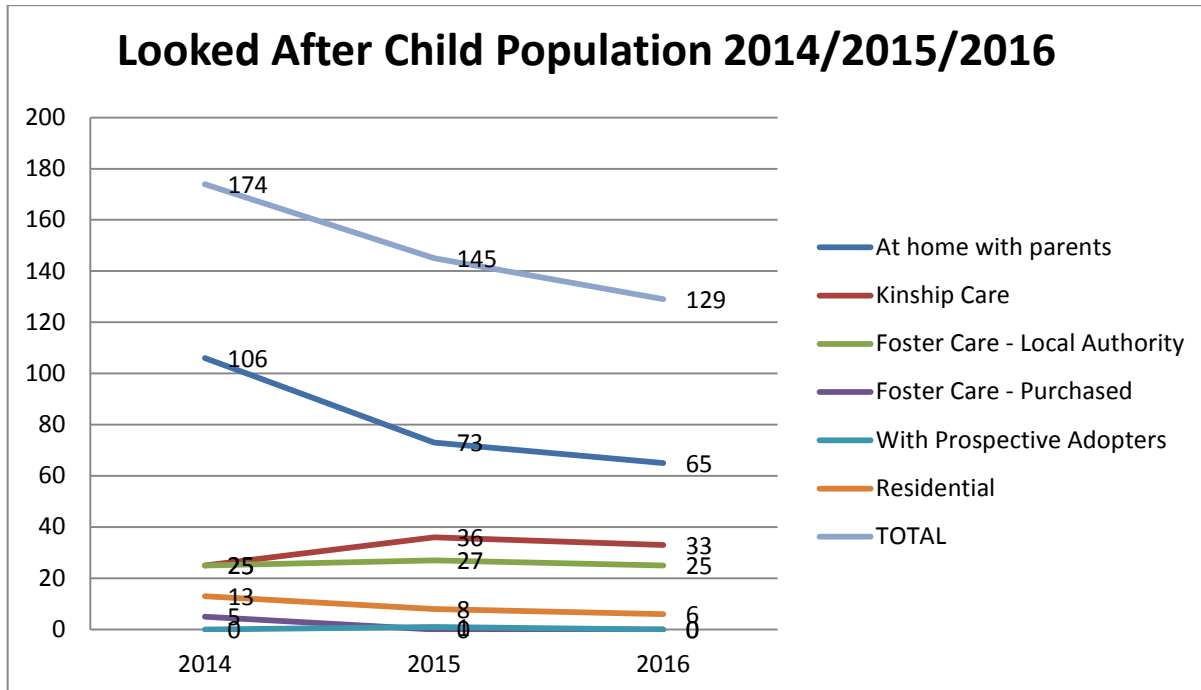
CHILDREN SERVICES

East Renfrewshire's Looked After Children and Young People's Population - a profile of our children.

On 31 July 2016, 129 children and young people in East Renfrewshire were looked after in a range of settings. 73 of the children were boys and 56 were girls. This constitutes 0.5% of the total children's population of the area and is one of the smallest proportions in Scotland. Over the last year, through the PACE (Permanence and Care Excellence) Programme, we have worked to improve outcomes for children by securing permanent destinations for them. This can be seen in the overall reduction of looked after children in all categories (see graph below).

Approximately half of the children (65) are looked after at home whilst 25 are accommodated with our own local authority foster carers. We have seen a reduction of 10% in children who are looked

after at home. With the introduction of the new statutory guidelines for Kinship Care, we have been able to keep children within their birth families, supporting kinship carers to secure legal permanence for the children through Kinship Care Orders (previously known as Residence Orders). The use of residential school accommodation continues to decrease and is only used for children with complex needs.



Children and Young People's (Scotland) Act 2014 – new strategic duties

In East Renfrewshire, local partners have worked in a collaborative way over a number of years to plan and deliver better outcomes for children and young people predominantly through the integrated children's services plan. This approach has worked well and will continue but is being strengthened to meet our new duties in relation to Part 1 and Part 3 of the Act – *Rights of Children* and *Children's Services Planning*, and Part 9 *Corporate Parenting*.

In order to meet these new duties, our children's planning structure underwent a small scale review to streamline the arrangements and importantly to create a new Corporate Parenting Strategic Planning Group. The new Act and the statutory guidance that accompanies it, recommends that local authorities consider developing and publishing their new integrated children's services plans and new corporate parent plans separately but within the wider context of joint children's planning. Children's Services Planning.

For children's planning we recently published "Getting it right with you" the new [East Renfrewshire's Children and Young People's Services Plan 2017-2020](#). This is our first plan since the commencement of the new Children and Young People's Act. Children's planning partners share the view that where possible children and young people's needs should be met by universal service provision in partnership with families and carers. Within the general children's population, there are a significant and growing number of children and young people with additional needs who, due to the complexity of these needs, require to access specialist and intensive services. In addition there

is a growing population of children who are described as vulnerable due to being looked after and in our care, or on the edges of care, who need targeted interventions to safeguard their wellbeing.

Building on our previous approach to children's services planning, this new plan sets out a new vision and aims for the next 3 years in conjunction with other children's services partners. Over this time services will focus on their approaches to partnership working with children and their families, and strengthening how this is done. Ultimately we want to achieve better outcomes and create more opportunities, especially for those in greatest need and those who reside in more deprived communities.

Drawing on a wide range of engagement activity that we have carried out with children, families, our staff, and partner agencies, the Children and Young People's Plan 2017-2020 commits us to continuously improve how we plan and deliver our universal, preventative, and targeted services to ensure children and families continue to get the help they need. Within the new plan we include a focus on reducing inequalities and the impact of them on children and families especially those residing in our more deprived communities. The adoption of a place approach in areas with greatest need as recommended by the Christie Commission will allow us to target our resources where we can have the biggest impact. This work will be reflected further in our new Local Outcome Improvement Plan Fairer East Renfrewshire when it is published in autumn 2017.

Similar to other local authorities and public services generally we face a range of challenges currently and into the life of the Children and Young People's Plan, the most pressing of which is the current economic climate, and operating within a tight budget settlement, whilst the numbers of children and families in need continues to grow. We acknowledge that such a challenging climate necessitates that we find innovative solutions to delivering better outcomes and futures.

Importantly partners are aware that it is not possible for any individual agency or service on its own to deliver the degree of change that many children and families need and as such partners are in agreement that further collaboration and joint working between agencies and in partnership with communities is crucial, as is creating strong purposeful relationships with the children and families we work with. In view of this joint working and involving children, young people, and families, are the cornerstones of this new plan.

Corporate Parenting

During 2016 East Renfrewshire children's services partners and related services recognised their special responsibility for those who are looked after and in our care. The Community Planning Partnership and its members, East Renfrewshire Council, East Renfrewshire Health and Social Care Partnership, NHS Greater Glasgow and Clyde along with an extensive list of other local and national organisations - the new corporate parents - work together throughout the year to agree on how to improve the help and support currently provided. Importantly, looked after children and young people worked alongside this to help services and staff understand what they need to see improved, as have those who care for them.

The duties introduced by Part 9 of the Act create new incentives for organisations to work individually as well as together to deliver better outcomes for care experienced children and young people. The emergent East Renfrewshire's Corporate Parenting Family has recognised its job to ensure that we are creating as many opportunities for looked after children to succeed as is possible. As a result of this development work the first [East Renfrewshire Corporate Parenting Plan](#) has been agreed which builds on the positive work that had already been undertaken in East

Renfrewshire over a number of years. The plan is an acknowledgement that partners now have a corporate duty to go further still by setting more ambitious goals that will deliver improved outcomes for the children and young people that we care for. To make this new responsibility a reality the plan has been underpinned with a pledge to East Renfrewshire's care experienced children and young people that "we - their Corporate Parents - will work together to prioritise and address their needs and we will have high expectations of ourselves to deliver the improvements needed, to make the difference for them".

The plan is unique in that it incorporates a very specific approach to evaluating impact. A sample of child plans are audited and matched against the strategic plan to determine the contribution of partners and how outcomes are being achieved. Innovation is also demonstrated with the unique role adopted by Chief Officers of the Council and Health and Social Care Partnership who oversee the overall delivery of each the six plan themes. The annual report will determine the overall impact of the plan and the contribution partners are making.

Edges of Care

East Renfrewshire Health and Social Care Partnership submitted a bid to the Robertson Trust and Celcis Funding Programme in late 2016. We secured a place in the final round of considered applications and by April 2017 we had been announced as an approved bidder along with two other local authorities. Our bid is in relation to children and young people on the margins of being referred for compulsory measures or hospital admissions for significant mental health and wellbeing concerns. Currently we are working closely with local partners to undertake a scoping exercise to agree the final detail of the programme and prepare for receipt of funding from 2018.

Children and Families Operational Services

Throughout 2015/16, Children's Services were integrated through a full system redesign that focused on ensuring that children, young people and their families were at the heart of the structural changes. Small tests of change were carried out throughout the service using the PDSA methodology with the results being implemented into the new structure. The redesigned service is now supported with a service specification that has provided a level of clarity for partners, other council services, elected members and the community about the role, function and responsibilities of the children's health and social work workforce within East Renfrewshire. The impact of the redesign will be fully evaluated over 2017-18 however learning is a continuum and is central to the improvements and impact for children and their families therefore we will continue to make changes as we continue to develop and mature as an integrated delivery model.

Quality Assurance and Practice Development

Quality assurance and improvement is at the heart of what we do in East Renfrewshire Children's Services and amongst some of our achievements over the last year it has evidenced that targeted activity is making a real difference to improving the outcomes for children. The learning and data from the PACE pilot and associated PDSA approaches to improvement is being rolled out across the service. Relational based practice underpinned by data which is being led across the teams will ensure that our model of improvement has the optimal likelihood of improving permanence destinations from the outset. Internal tracking systems and robust outcomes data have been developed and will continue to be refined over the next year, to allow us to report on the difference our teams are making to children's lives.

Permanence and Care Excellence (PACE)

The PACE programme formally started in February 2016 with the aim of reducing drift and delay in permanence planning for infants, children and young people. This improvement work was important because East Renfrewshire had the highest percentage of children in Scotland on Compulsory Supervision Orders (CSOs) per head of population and more than 50% of those children had been on a CSO for more than two years. We also wanted to prioritise planning for our most vulnerable 0-3 year olds. The overall vision of the programme is that: Our children are loved, safe, secure and involved throughout their life journey.

The original stretch aim was that by April 2017, no more than 50% of looked after and looked after and accommodated children will have been waiting more than 9 months for a permanence decision to be made. There were also two sub-aims:

- By April 2017, 90% of children looked after at home for more than two years, will have had a review that makes a decision about permanence and the need for compulsion.
- By December 2016, 80% of all pre-birth to 3 assessments will be completed within 40 days from allocation.

A number of improvement activities took place in 2016-17, namely:

- New permanence planning procedures were drafted;
- Work on process to track children from permanence planning meeting, including a shared folder with legal services to allow for more streamlined communication and information sharing;
- New Looked After and Accommodated Child review minute format in place, including a checklist for chairs;
- Adaptations to Child Multi Agency Plan (CMAP) in place to include previous LAC episodes;
- Guidance notes and exemplar for CMAP assessments to support the lead professional to complete a more robust analysis and give consideration to the four permanence options from the outset;
- Workshop in August 2016 to consider the permanence plan for all children subject to a CSO for more than 2 years;
- Legal services training on report writing for social workers;
- Panel member workshop on PACE and permanence held in February 2017;
- Kinship panel established March 2016;
- Intensive Family Support Team (IFST) changes to parenting assessments, working agreements and contact.

As part of the improvement methodology of the programme a number of tests of change were undertaken:

- Peer support meetings in advance of children's hearings (Lickert confidence scale);
- Timely 0-3 assessments; to speed up early decision making;
- Use of a child's timeline to support decision making;
- Use of guidance tool when writing reports for children's hearings;
- Social work and panel member survey on hearing decisions and recommendations from 01/06/2016 to 11/06/2016;
- Joint antenatal visit at 34 weeks.

The work done throughout the year has led to the following improvements:

- A data collection system has been established to track a child's looked after journey;
- Significant reduction in children subject to a CSO;
- Some children under 3 are moving through the process quicker. Screening in place for all pre-birth requests;
- Signs of stronger partnership working;
- Learning from the hearings survey results and joint workshop planned for April 2017;
- Positive feedback from staff on positive outcomes for individual children.

We undertook a review of the first year and will continue to build on the good practice that has been developed. We have refreshed our stretch aim (in two parts):

- By 31st October 2017 all children looked after and accommodated before 1st April 2017, will have a LAC review that makes a permanence decision.
- From 1st April 2017, any child accommodated will wait no longer than 6 months for a LAC review to make a permanence decision.

In order to achieve this we will be undertaking a number of new tests of change over 17-18, including:

- LAC minute to include consideration of permanently remaining/returning home;
- Multi-agency chronologies;
- Exploring different legal routes to achieve permanence;
- Parenting Capacity *to change* assessments which will inform permanence decision making.

Psychology of Parenting Programme - An East Renfrewshire Approach

Good parenting has a lasting impact on children's lives, relationships and wellbeing as adults. In East Renfrewshire, we recognise that the vast majority of parents and carers do a good job in bringing up children, but we are also aware it can be difficult and challenging and sometimes families will need help. It is for this reason that we emphasise that parenting support is available to all parents, although the level of and type of support offered will vary depending on the needs of the child and family.

The Psychology of Parenting Project (PoPP) aims to improve the outcomes for children by supporting parents. The project offers two high quality, evidence-based group programmes - Triple P and Incredible Years.

Research has demonstrated that these programmes can:

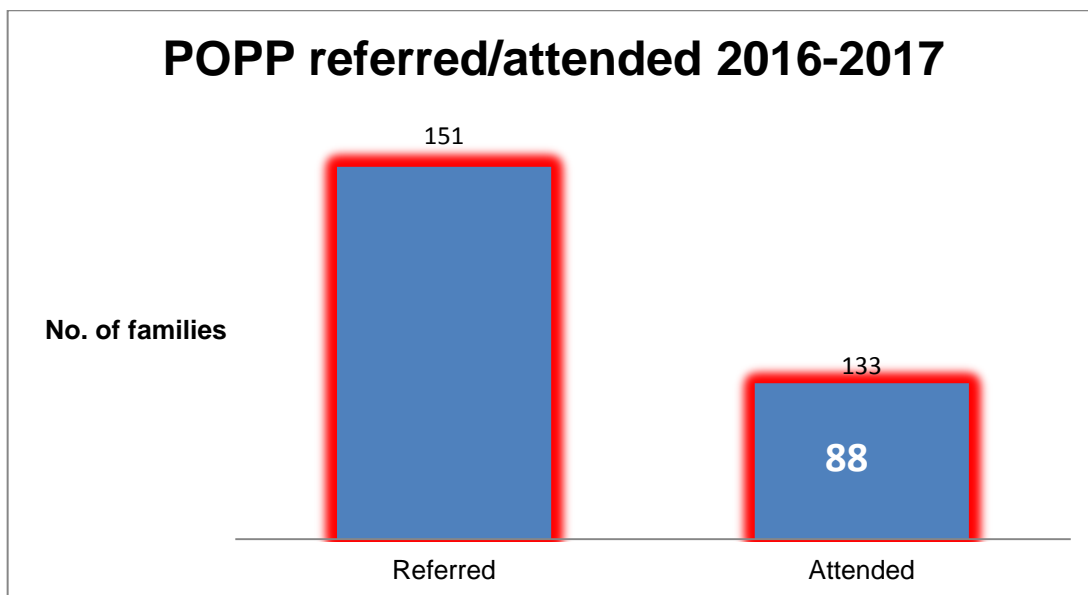
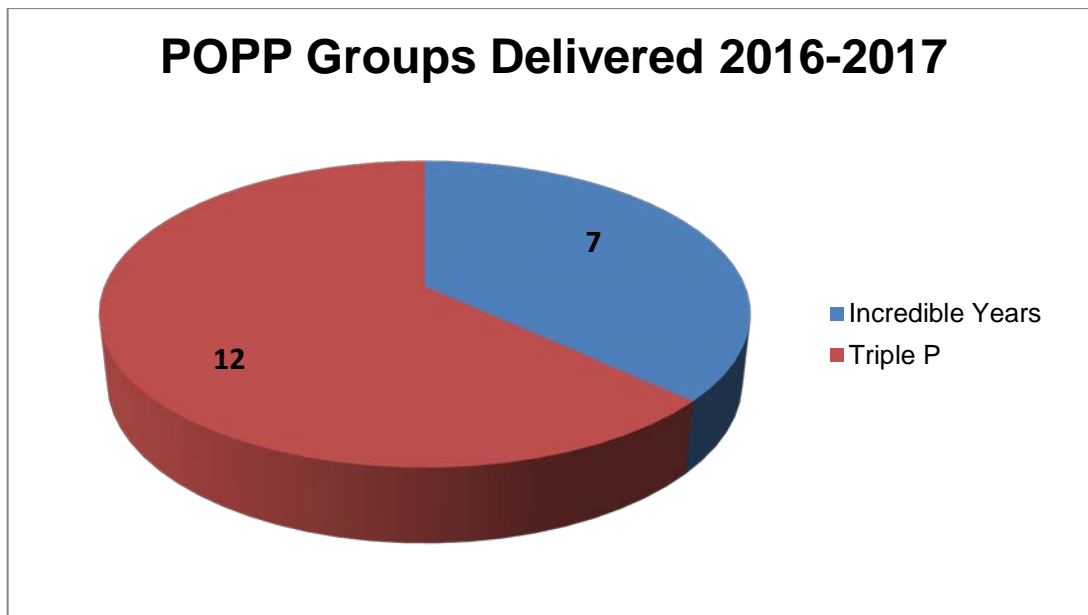
- Significantly increase the quality of parenting approaches for children 3-6 years old
- Support children to feel safe, confident, be enthusiastic and eager to learn
- Improve the wellbeing of, and reduce isolation for, parents, carer and children

The team of twenty four staff across the organisation have been commended by the National PoPP Organisation for the integrated multi-agency approach and effective partnership working. They highlighted that, "*due to East Ren PoPP Implementation team's efforts, lots of families in East Ren are receiving a high quality service; practitioners are delivering at a high level.*" "*East Ren has*

made good use of their Incredible Years and Triple P Champions who have led on the use of supervision and encouraged strong fundamentals of PoPP.” Data collection has been enhanced in the last 6 months by having a consistent business support worker who has been an integral part of the PoPP team. This has led to a greater understanding of the needs of our families in different communities, enabling us to target our efforts to support those who need it most.

Next Steps:

- Increased focus on leadership and organisational elements pertaining to sustainability
- Further development of staff competencies in increasing referrals through tests of change.
- Focus on local data to drive decision making for long- term sustainability

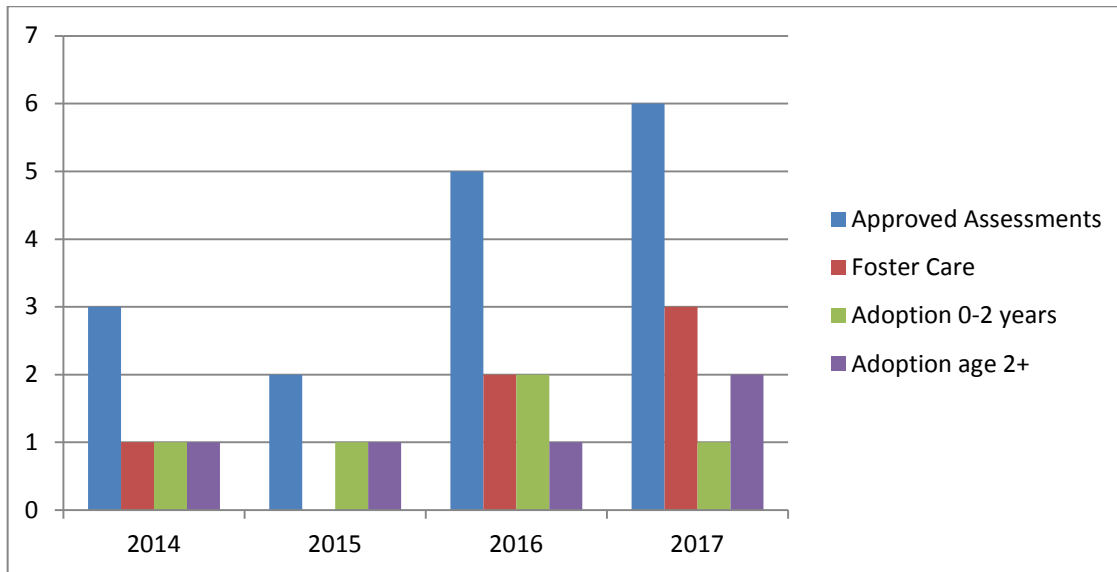


Fostering and Adoption Services

Fostering and Adoption Services are managed through the Intensive Services for Children and Family Support and are pivotal to ensuring that our most vulnerable children are provided with high quality services and permanent families.

Adoption and Family Placement - the tables below provide information on activity in this area:

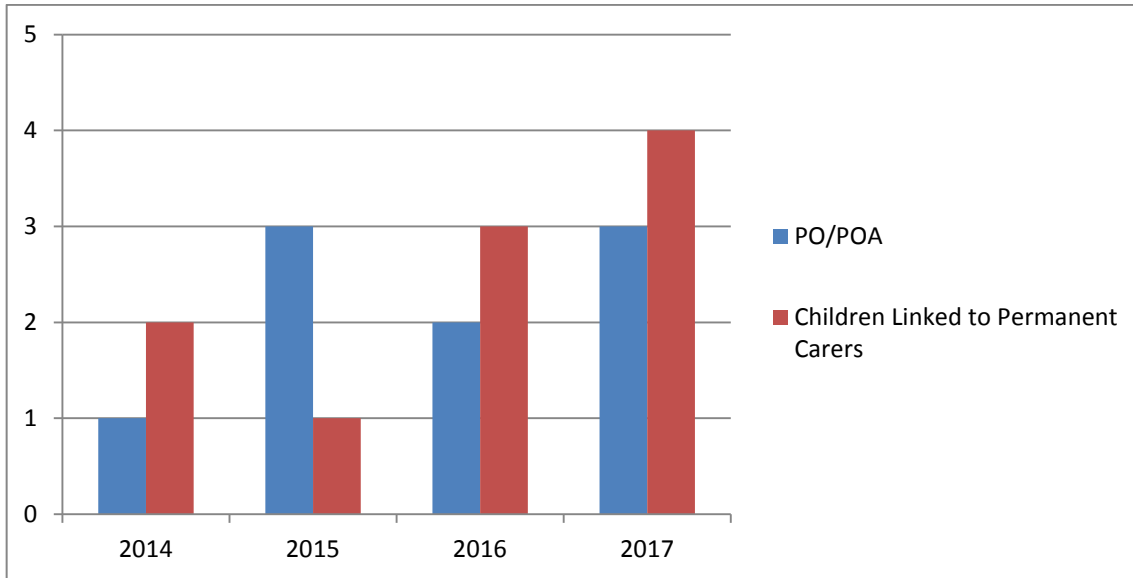
Approvals 2014 – 2017



	2014	2015	2016	2017
Approved Assessments	3	2	5	6
Foster Care	1	0	2	3
Adoption 0-2 years	1	1	2	1
Adoption age 2+	1	1	1	2

Our adoption assessments continue to increase at a steady rate although this has increased by 100% over the last two year evidencing the shift in culture and practice by securing children earlier.

Permanent Plans Approved Through Panel 2014 – 2017



This is also an area that continues to improve and again evidences the shift in culture and practice. Over 2016-17, 12 children were linked to permanent carers as opposed to 7 in 2014/15. This has increased by 133%.

	2014	2015	2016	2017
PO/POA	1	3	2	3
Children Linked to Permanent Carers	2	1	3	4

During 2016-17, 3 adoption assessments were completed by the Intensive Services for Children and Family Support team and these families were considered as potential matches for our children within the Health and Social Care Partnership who require adoption; and three further adoption assessments are in progress. The team have engaged in process mapping and reflective sessions to screen and assess prospective adopters to ensure optimum opportunities to recruit families.

The Adoption Service also provides direct support to families affected by adoption, including supporting post adoption support between the child, their birth and adoptive parent(s). Working with families in this area can be challenging and there is an expectation nationally to support post adoption support planning following the granting of an Adoption Order. The Service also provides a counselling role to birth families who have themselves been adopted, and the siblings of adopted families.

East Renfrewshire Health and Social Care Partnership launched a fostering campaign in early 2015, to recruit local carers to meet the needs of children and young people refocusing the balance of care to support children and young people in their local schools and communities.

Results to Date:

- 5 new foster carers were approved in 2015 – 2017
- We have placed 9 children with local carers since 2015

In 2017 East Renfrewshire Health and Social Care Partnership have prioritised the fostering campaign to focus on recruiting carers who can care for young people 16 years and over, in recognition of the continuing care national agenda. We are actively working across our Intensive Services to build capacity and recruit carers and will continue to involve our young people in this process.

Kinship in East Renfrewshire

Following the introduction of the national parity model for kinship carers on 1 October 2015, East Renfrewshire Council introduced the Kinship and Residence Panel in March 2016. The Kinship and Residence Panel has multi-agency representation across Social Work, Health, Education, Educational Psychology and Legal Services. The purpose of the Kinship and Residence Panel is to review all kinship carers/placements. The panel also has a quality assurance role to ensure that children are legally secured in their kinship care placements if they are unable to return home to their birth parents. This promotes our aspirations to secure positive permanence destinations for all our looked after children and young people.

East Renfrewshire Council recognises the financial impact on kinship carers looking after children placed with them, and in line with the statutory guidance, have now introduced a kinship care allowance scheme in line with our fostering allowances. We also continue to work closely with our Money and Rights Team to ensure that kinship carers' income is maximised by claiming all the benefits that they are entitled to.

Inclusive Support Service – Re-Design

The Inclusive Support Service has been delivering support to children and young people with complex additional support needs since 2006. The service provides:

- Holiday Play Scheme - spring, summer and October breaks, providing fun activities, outings and events, supported by trained staff. Parents/carers value the support that this provides throughout the school holidays and young people enjoy the activities, achievements and friendships that develop.
- Clubs – sports, activities, hobbies. Throughout school term there is an extensive programme of evening/weekend events, supported by trained staff, delivered in partnership.
- Individual Support - opportunities for friendship groups to meet and access community facilities, opportunities for individual and small groups of young people to access mainstream activities

Since 2006 the number of young people being supported by the service has significantly increased as has the complexity of their additional support needs. This has required the recruitment, training and support of a skilled and committed team of support workers and the development of effective partnerships with colleagues in health, education, sports, culture and leisure services and with voluntary partners such as Scouts.

We are currently undertaking a review and redesign of the service:

- To develop a management and staff structure which better reflects the scale and diversity of the service;
- To ensure that the views of young people and their families are properly represented in the review and ongoing delivery of the service;

- To reflect the changing nature of choice and desired outcomes for young people and the opportunities for “personal” budgets through SDS and how these can be enhanced by the service;
- To consider the opportunity for developments in home-based and short break provision that might complement the service currently being delivered;
- To consider the opportunities for expanding this inclusive approach to other vulnerable children and young people e.g. children on the CP register, children looked after at home.

Young People

Our looked after young people are our greatest assets within East Renfrewshire. Every day they never cease to amaze us through their talents, creativity, resilience and wisdom. Over 2016-17 they have driven the change in the service alongside their dedicated social workers. Over 2016-17 we have developed more relational based approaches and intervention that are underpinned by trauma and recovery informed practice that we believe lessens the impact of adverse childhood experiences.

Partnerships

During 2016-17, the Youth Intensive Support Services comprising social workers and para-professionals expanded further to include a range of professionals from other services and organisations who are co-located with the team. This includes:

Youth Services Worker seconded part-time from the Council's Corporate and Community Services who has supported a number of young people to become youth volunteers and mentors to other young people with the opportunity to achieve a Saltire Award for volunteering;

Family Firm Co-ordinator from the Council's Environment Department to develop work experience, placements and other employability opportunities for young people to develop personal and employability skills;

Housing Support Worker from the Council's Housing Service to provide support and advice to care-experienced young people regarding young people's accommodation options, particularly around their move towards independent living (this post is joint funded by HSPC and Housing Services in response to housing needs identified by young people through Champions Board activity);

Skills Development Scotland Work Coaches who link closely with the Family Firm Coordinator, helping identify and support our young people into further training or employment;

Money Advice and Rights Team (MART) Worker to support income maximisation and financial/budgeting advice.

Planning and Delivering Services with Young People

During 2016-17, the committed focus on improving outcomes for children and young people has been strengthened by the vision within YISS where relational based practice is at the heart of everything they do. Evidence-based approaches through intensive intervention are being measured against improvements in young people's wellbeing. Reduced use of residential and foster accommodation allows re-investment to support young people in their own communities.

Engagement and Participation

Early engagement involved a corporate parenting event in June 2016, led by young people and attended by almost 200 professionals. Young people wrote and performed a play, supported by the Citizen's Theatre to tell their corporate parents what they need to help them grow. Young people supported attendees to consider how they could improve outcomes for care-experienced young people and the arising themes shaped East Renfrewshire's Corporate Parenting Plan. Young people are represented on multi-agency steering groups which link to statutory duties within the Children and Young Persons (Scotland) Act 2014.

East Renfrewshire Champions Board

As reported last year, the award by the Life Changes Trust of £224,900 over 3 years has supported the development of a Champions Board, chaired by the Council's Chief Executive and a young person and comprising young people, partners, elected members and Directors.

The expected outcomes for the Champions Board are that:

- care-experienced young people have a meaningful voice to develop positive relationships and become active citizens, able to shape and influence policy/practice relating to their lives;
- service providers and corporate parents improve their understanding of corporate parenting within organisations and implement agreed improvements in policy and practice;
- service design, commissioning and funding decisions better meet the needs of care-experienced young people;
- others are better informed and inspired in their interaction with care-experienced children.

A diverse range of engagement events took place during 2016-17 including a mystery-themed activity across the west end of Glasgow, Christmas party and a residential weekend where young people were supported to develop priorities for the Champions Board agenda (further information on engagement events is provided below).

Two care-experienced young people have been recruited alongside a part-time worker from our third sector partner 'Who Cares? Scotland' and they support other children and young people's participation in the Champions Board, as well as liaising with corporate parents to progress the work of the Board.

The Champions Board website continues to be developed whilst the use of Twitter, Facebook and WhatsApp groups developed by young people will be progressed as it is recognised that digital and social media are important tools to promote, engage and communicate with young people.

Improved digital engagement also seeks to capture young people's views about their lives and ambitions, including those who may be harder to reach, whilst a communication strategy has helped to share activity with young people to the wider community, tackling stigma and improving community integration.

Innovation and Leading Practice

We have supported young people to develop ongoing engagement events to build trusting relationships with corporate parents including a summer activity programme, voluntary/award schemes, a residential weekend and two five-day sailing trips with the Ocean Youth Trust where they developed their confidence to engage with and shape our services co-productively. Corporate parents and young people even recorded a Christmas single to promote corporate parenting.

Family Functional Therapy

As reported last year, an initial test of change with Action for Children delivered Family Functional Therapy (FFT) to a small number of families. FFT is an intervention for around five months with parents/carers and young people of high school age to support families experiencing relationship or communication difficulties and those experiencing high levels of conflict.

The success of this intervention has led to a wider, sustained roll out during 2016-17, in partnership with two other local authorities to support the sustainability of FFT. This has contributed to reduced use of respite or foster placements, with savings re-invested in FFT and other evidence-based interventions.

Out of Hours Provision

During 2016-17, following an initial pilot with a third sector partner, a more focussed out of hours service was developed with our third sector partner, Up 2 Us, who provide intensive out-of-hours support across seven days, focussing on young people in crisis, harm-reduction, family work and access to recreational facilities. Young people report feeling supported to remain in their communities and retain links with families, school and friends.

Interventions can now be provided at times of crisis, often at short-notice during evenings and weekends, alongside supportive interventions to young people and their families. Up 2 Us have also supported a small number of young people who require respite accommodation, where individuals' behaviour and/or family relationships have deteriorated. This has allowed intensive, multi-agency interventions to be planned for young people returning to their community and has contributed to reduced use of residential placements over longer periods of time.

Results and Impact

Co-production of service developments during 2016-17 has provided young people with leadership opportunities alongside senior managers, reflected in young people awarding small grants to other care-experienced young people (match-funded by the Health and Social Care Partnership) to achieve their ambitions. 12 young people successfully applied for and received small grants and an evaluation process will map the outcomes of their individual grant spend. This will be reported to the Champions Board and the Life Changes Trust about the impact small grants made to young people's lives.

Ongoing deployment of staff and other resources to undertake responsibilities previously commissioned from external providers reflects a shift away from those with poorer outcomes but at higher cost. Indeed, analysis of expenditure on services reveals that expenditure on secure accommodation has reduced to zero, whilst the use of residential accommodation has fallen by 43% thereby reducing the number of people looked after/looked after away from home.

Strong relationships with partners and young people have supported shifting the balance of care from placements to enabling more young people to remain in their local communities through intensive interventions and community supports to young people and families.

External and match funding continue to support young people's attainment to support their move towards independent adulthood and reduce the risk of placement breakdown. During 2016-17 this has included providing tutor support, extra-curricular activities and additional financial support to two of our care-experienced young people who commenced university courses this year.

It was encouraging that the impact of the approaches used by YISS was recognised during 2016-17 when the Youth Intensive Support Service was a finalist for 'Team of the Year' in the UK Local Government Chronicle Awards and highly commended at the Scottish Association of Social Work Awards.

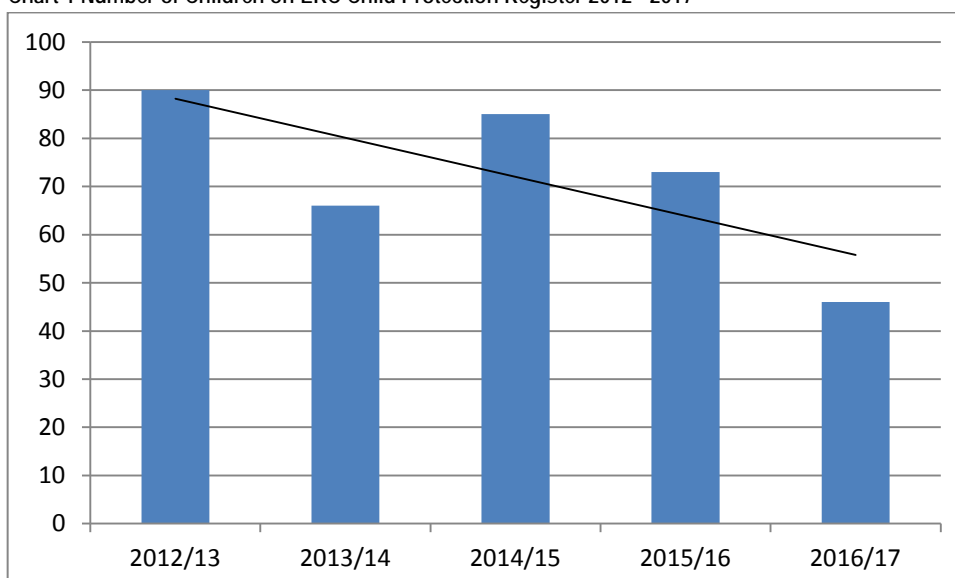
Feedback from young people during 2016-17 on the provision of Intensive Services included the following:

- "We are one big team, my voice is taken into consideration. But they aren't afraid to challenge us... I will always have someone turn to... because we know everyone, even the managers." (N, 15)
- "The team made me realise we have a family we can rely on. They can say to us that you are doing that wrong or don't give up. They motivate us to achieve what we can." (S, 23)
- "The team is flexible and willing to work out of office hours for young people that ordinarily in Social Work would not be seen as normal and they are very approachable." (T, 16)
- "They are really nice, kind approachable people and they want the best for you at all times." (L, 15)

CHILD PROTECTION

Child Protection Registrations

Chart 1 Number of Children on ERC Child Protection Register 2012 - 2017



The number of children on East Renfrewshire's Child Protection Register in the period April 2016 to April 2017 was 46. Over the past 5 years, there has been a steady reduction in the number of registered children. Whilst the very nature of Child Protection work dictates that exceptions will always occur, this shift may be routed in a clearer identification of the children who are at risk of significant harm, more robust screening processes by the Request for Assistance team and the continued implementation of GIRFEC. To test this hypothesis, a planned multi agency audit of those children referred to our services with significant concern, however are not placed on the Child protection Register, is planned for the very near future. This will allow for opportunity to consider our screening process in detail and the impact our GIRFEC implementation is having at this early stage.

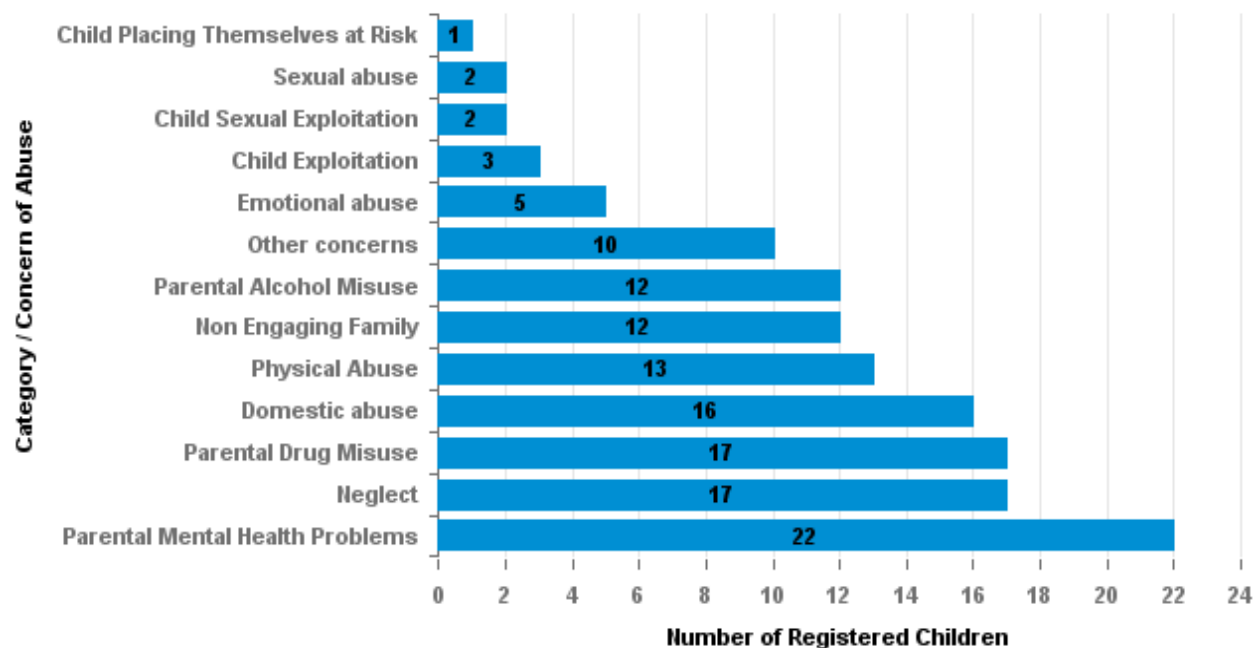
Child Protection Activity

During this period East Renfrewshire undertook 51 Child Protection investigations, relating to 93 children and Young People. Of those, 30 children went on to be registered on our child protection register. The Initial Referral Discussion (IRD) process is now well embedded in our Child Protection Process. This triage system allows social work, police and health to consider child protection referrals at the very onset, agreeing a multi-agency response to investigation. An initial audit of this procedure has highlighted that 100% of IRD's undertaken had representation from all three services. In addition to this, 100% of IRD's were undertaken in line with the West of Scotland Child Protection Committee's Interim Joint IRD Protocol timescales; within 2 days. This highlights that planning an investigation into the nature of concern was undertaken from a multi-agency perspective, considering wider aspects of the child's circumstances at the earliest stage. The quality of response will feature further in our planned multi-agency audit.

This process of planning to ensure safety and wellbeing is further demonstrated with 100% of children and young people subject to child protection registration in East Renfrewshire at the time of the Initial Child Protection Case Conference have a Child's Plan in place. This measure continues to provide assurance concerning the impact of GIRFEC on systems, culture and practice.

Concerns leading to Child Protection Activity

Concerns identified during the Child Protection Process 2016/2017



The above chart displays the concerns identified for children throughout the child protection assessment period. Multiple concerns can be recorded at the case conference, which results in the number of recorded concerns being much higher than the number of children. Nationally the most common indicators of concern are substance misuse and domestic abuse. As outlined in last year's report, there continues to be a slight variation here in East Renfrewshire, with our most significant area of concern recorded continuing to be in relation to parental mental health. The number of concerns recorded around substance misuse and domestic abuse, are prominent and reflective of the national picture.

CRIMINAL JUSTICE

Criminal Justice Social Work Services

Nationally, crime is at its lowest level since 1974. East Renfrewshire has the lowest level of crimes recorded in any mainland local authority area. Crime has fallen by 51% in East Renfrewshire in the last ten years. Recorded crime rates in East Renfrewshire are significantly below the Scottish rate. Reported crime is lower than the national average although demand for criminal justice social work services has increased over the past 3 years. The number of persistent young offenders is very small.

Funding

The disestablishment of the Community Justice Authorities across Scotland means that local authority criminal justice services are now funded directly from the Scottish Government. The grant is ring fenced and is provided under sections 27A and 27B of the Social Work (Scotland) Act 1968 as amended. The allocation of the grant has been determined by the application of a new CJSW funding formula. Each local authority has flexibility, working in partnership with other statutory partners and the third sector, to direct funding to meet local community justice priorities, but have regards to the key delivery of Statutory Criminal Justice Social Work services. Discussions are currently ongoing with our partners in Renfrewshire Council to ensure that we can continue to provide and deliver the services required to fulfil our statutory obligations to prevent and reduce further offending.

During 2016-17, there was a slight increase in the overall workload of the Criminal Justice service with a rise in Criminal Justice Social Work Report (CJSWR) requests and an increase in Community Payback Orders (CPO) imposed by the courts. There was also a 50% increase in both Diversions from Prosecution and Fiscal Work Order requests. The table below demonstrates the changes in workload.

Fig. 1: Workload variation of +/- 5% or more: 2016-2017 from 2015-2016

Area of service	Number 2016-17	Number 2015-2016	Change (n)	Change %
Criminal Justice Social Work Reports	240	230	+10	4%
Community Payback Orders	122	112	+10	9%
Community Service / Probation	0	0	0	0
Throughcare (released prisoners)	10	10	0	0
Drug Treatment & Testing Order	0	0	0	0
Fiscal Work Order	10	5	+5	+50%
Diversion	12	6	+6	+50%

Registered Sex Offenders sentenced to community based supervision during 2016-17 were provided with accredited intervention on an individual or group-work basis. This service is provided by our partners in Renfrewshire Council.

Partnership working

Our Criminal Justice Social Work Services continues to develop strong and effective relationships across the Health and Social Care Partnership and with external partner agencies. Partners therefore have a clearer understanding about the requirements and expectations inherent within Community Payback Orders. Links with the Alcohol and Drug Partnership, Child and Adult Protection Committees have enabled multi-agency partners to consider their role in their interventions with people with convictions.

As well as continuing to provide unpaid work to our established partners within East Renfrewshire, the unpaid work service has continued to explore new initiatives during 2016-17. The Unpaid work service's strong links with Voluntary Action ER led to the development of several projects including gardening for adults with additional support needs. The service also responded to requests from community groups to undertake tasks which were of benefit to the local community including; a general tidy up of a Commonwealth graves site for a special event, cutting back vegetation on a public path and, in conjunction with community police, the dismantling and clearing of a drinking den. The criminal justice service website was updated during 2016-17. The website now includes an unpaid work request form where members of the public can make direct request to the service [Unpaid Work Request](#).

Also, a number of service users undertake personal placements within in a range of voluntary and third sector agencies. Some of these people have continued to undertake voluntary work locally when their order has expired and some have remained as volunteers at personal placements.

Community Justice

The Community Justice (Scotland) Act 2016 received Royal Assent on 21st March 2016 and allowed for Community Justice Authorities (CJA's) to be disestablished and new arrangements for local strategic planning and service delivery to be put in place. The model has 4 key elements: (i) local strategic planning and delivery of community justice services collectively (ii) duties on a defined set of Community Justice Partners to engage in this local strategic planning and delivery. (iii) the creation of Community Justice Scotland to provide leadership and opportunities for innovation and learning for the sector (iv) a focus on collaboration including the opportunity to commission, manage or deliver services nationally where appropriate. In November 2016, The Scottish Government formally launched and published the [National Strategy for Community Justice](#).

A local Community Justice Launch event was held in May 2016 to brief key partners and stakeholders on the new model and proposed transition arrangements. Two improvement planning workshops were held with statutory and third sector partners to inform the development of the community justice improvement plan. Both workshops were well attended key partners. A Community Justice Partnership Transition Steering Group has been established with governance arrangements agreed.

Transition arrangements to support the New National Model for Community Justice are supported by additional Scottish Government funding of £50,000 per year for 3 years. This funding has been

used in local areas to appoint officers to provide additional capacity within local community justice partnerships. Locally this transition funding has enabled a planning officer and the criminal justice service manager to take responsibility for the development and implementation of the transition plan for this shadow year and to support the development of the local plan for 2017-20.

Considerable work has been undertaken to support the development of the [Community Improvement Plan](#). This has been achieved mainly through engaging in existing groups or new emerging groups and key stakeholders to make them aware of community justice and how they can engage and contribute directly to the improvement plan. Specific one to one meetings have been held with a range of partners to consider ongoing engagement and consultation in relation to the plan e.g. victim support.

Further developments have been identified and are being discussed currently with local partners including Police, Skills Development Scotland, Scottish Prison Service, Voluntary Action and Housing etc.

Supporting other activity

During 2016-17, the service has been making efforts to use the “other activity” aspect of Community Payback Orders more creatively, particularly in cases where no supervision requirement or attendance at alcohol and drug treatment has been imposed. In essence service users can be credited a number of hours for attendance at an activity which is beneficial to them and seen as a constructive use of time. Such individuals have been supported with the ‘other activity’ component by various means, including referral, where appropriate to the Community Addiction Team, Employability services, Community Learning and Development, Culture and Leisure Trust and Voluntary Action.

Prison Throughcare

The Criminal Justice Social Work Team is responsible for managing all long term prisoners and those people in custody who are subject to post release supervision.

On average during 2016-17, there were around 50 people from East Renfrewshire in prison serving custodial sentences (less than 1% of the total prison population), two thirds of these cases are long term prisoners who will be subject to licence conditions on release and supervised by the department’s criminal justice team. The numbers of women and young people from East Renfrewshire in custody is very low.

The strong links that exist between East Renfrewshire Housing Services and The Criminal Justice Service have assisted in the successful resettlement of people being released from prison. This has enabled prisoners being released to access accommodation prior to release and ensure a smoother transition back to the community. All prisoners released on licence during 2016-17 who required housing, were provided with accommodation by East Renfrewshire Council Housing services.

ADULT SERVICES

Learning Disability

During 2016-17 the Integrated Learning Disability Team moved into the Barrhead Health and Care Centre. Working beside integrated teams of social workers, physios, district nurses and occupational therapist has allowed the team to feel part of the wider Health and Social Care Partnership and has helped strengthen relationships.

Over the last year we have focussed on promoting independence and encouraging people who require additional support to be part of the local community not only in terms of what they can gain from this but also what they have to contribute. This has seen the Integrated Learning Disability Team working closely with our colleagues in day supports and also in children and families to ensure young people who are in transition enter into adult services seamlessly and have the opportunity to fully realise their potential and aspirations.

We identified 32 people from East Renfrewshire Health and Social Care Partnership who were placed out with the area, often in large residential type establishments. Taking the Scottish Governments Keys to Life document into consideration, we embarked on an exercise to review all 32 people with a view to returning them to the local area and to offer support based on the principle of personalisation. These placements were generally historical with some people being placed there for almost 30 years. We are confident that we can meet their outcomes.

Over 2016-17 there has been increasing demands on our service and we believe that this will continue in the future. There is a commitment across the workforce to do things differently, be creative but more importantly work in partnership with service users and their family/community. We have been working closely with the National Development Team for Inclusion (NDTi) as to how we can promote independence for people to achieve their outcomes. The workforce is excited and committed to the principles of community led support and the benefits this will bring to the wider community as well as people who may access our services now or in the future.

We are also working closely with East Renfrewshire Technology Enabled Care and our partners in the third sector to look at alternative ways to promote independence at home and reduce the need for overnight support where this is not required.

Community Led Support

The Health and Social Care Partnership recognises that the best way to access community health and care services can sometimes be confusing and lacking in coordination. Over 2016-17, we have been working with local people, community groups and organisations to redesign by thinking about a new 'front door' and new ways of engaging with people in their communities and with their communities (community led support). We engaged the National Development Team for Inclusion (NDTi) to help us in this work as they have supported successful transformation with improvements in access, waiting times and early intervention across the UK to prevent people unnecessarily being involved in our formal services.

In 2016 we held a series of conversations around East Renfrewshire about creating new ways in which the Health and Social Care Partnership can reach local people to engage with them. We then had a planning day to work out how the Community Led Support model should be implemented locally, thinking about what it would actually look like for people. We were delighted at the outcome

as people who had ideas, information and suggestions and who were willing to get involved in putting these into practice, came along to contribute to our plans. This included people who live and work locally; many of whom use or work within health and social care, community groups and voluntary organisations across East Renfrewshire. This day reinforced to us that creating the right connections for people at the right time is what fundamentally matters as we help to build networks of support around people.

As part of the Community Led Support programme we have offered a series of Good Conversations training courses for anyone who will be, or would like to be, involved in helping local people understand and access community, health, social care or council support in the future. This includes:

- local people and carers;
- staff from the Health and Social Care Partnership;
- staff and volunteers from community, provider and third sector organisations, and
- people responsible for training in these organisations.

Safe and Supported

Our 'Safe and Supported' programme has used improvement methodology to support integrated partnership groups to consider tests of change to help us prevent avoidable hospital admissions and delayed discharges. The four workstreams were:

- Prevention and Anticipatory Care;
- Point of Possible Admission;
- During Admission;
- Discharge from Hospital.

The workstreams included partnership representation from planning partners, working together to improve unscheduled care.

- People who use services and unpaid carers;
- Third and independent sector providers,
- Acute hospital clinicians and discharge professionals
- Social work and home care;
- Nurses, AHPs and other professional groups;
- GP locality links and CHCP RES locality managers

Through the Safe and Supported programme, new roles have been created to improve journeys from hospital to home, including a hospital connector role and a community connector role. These roles will improve information flow, decision making and individual journeys from hospital to home as a result. The following roles are being tested through the programme:

Hospital Connector: Based in the Acute Assessment Unit working to prevent downstream admission, prevent readmission and facilitate discharge. Working closely with the Consultant, Hospital Discharge coordinator, Rehabilitation Teams and Local Community Connector to support and maintain safe and effective discharges. Also working with other ER workers who have inreach as part of their role which will allow seamless early identification of our residents in hospital and reduces duplication for our residents in hospital.

Home from Hospital Community Connector: Voluntary Action worker supporting older people with non-complex needs to get home and reconnect with local community. Strong links with Community Transport Wee Red Bus and Volunteer driver scheme.

Medicine Reconciliation: Pharmacy technicians working to improve patient compliance with medicines, promoting independent medicines management, and helping clients manage their medication post discharge so preventing further admissions.

Carer Link Worker (Carers Centre): Carers being identified in hospital at very early point of admission to ensure the carer is involved with the cared for person throughout the admission.

GP Based Link Workers – RAMH: The community link worker programme is a partnership primarily between RAMH and East Renfrewshire Health and Social Care Partnership. It concentrates on a significant cohort of 'patients' who sought recurring and regular support from GPs for what were often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). Between December 2016 and March 2017 the link workers saw 204 East Renfrewshire residents. The service is capturing significant data with detailed outcomes and evaluation feedback. Service users present with wide ranging outcome needs, the highest needs being mental health (120) and liaising/signposting to other agencies (90). Other significant areas recorded are emotional support (60) followed by employability issues (22).

Reablement and Home Support

The development of a Reablement Service is a key element of the 5 year Care at Home programme which was established in 2013 to reshape how homecare services in East Renfrewshire are delivered and also to support the financial agenda.

Since April 2016 there have been a number of key developments:

- Reablement has now been established in the Levern Valley area as well as Eastwood and plans are well underway to make this available across East Renfrewshire by March 2018
- Approach to reablement roll out has been agreed and a project team has been established that includes Service Managers, Team Managers, Occupational Therapists, Home Support Organisers, Social Workers, Technology Enabled Care Manager and Commissioning representation.
- Reviews of all existing service users receiving homecare support has started.
- Work has started to review the structure of our Homecare Service and how it can better integrate with RES clusters.
- Co-location of Homecare staff within Eastwood clusters as part of accommodation strategy.
- A Care at Home Framework was subject to a formal tendering process and was awarded to Allied Health Care, Careline, Christina's Homecare, Clyde Homecare, Constance Care and HRM Homecare in July 2016.
- The use of CM2000 is a new mandatory requirement for all framework providers. The introduction of the system has provided a range of accurate data on quality and performance in areas such as continuity, punctuality and duration of visits. The system ensures that Health and Social Care Partnership only pays for the care that has actually been delivered.
- Annual inspection carried out by Care Inspectorate.

To date our current Reablement Service has, in the main, concentrated on supporting people who have been discharged from hospital. However, plans are well underway to roll out the service to support all individuals where the initial assessment has identified that they need support to enable them to remain safely in their own home independently.

Some people's variable and ever changing needs mean that offering reablement is not appropriate i.e. end of life and advanced dementia therefore they will be offered a range of options depending on their individual circumstances.

Between April 2016 and January 2017 we received 339 referrals for reablement. We measure the following outcomes:

- Discharged with no services
- Discharged with same service
- Discharged with increased service
- Discharged with decreased service
- Re-admitted to hospital
- Other

In the 10 month period between April 2016 and January 2017, 53% of people who have received reablement have gone on to receive no further support following reablement, 11% had a reduction in their assessed support and 11% having their assessed support maintained at the same level following reablement.

In December 2016 we piloted a Reablement Satisfaction Survey for individuals supported by the Reablement Service in the Levern Valley area. The aim of the pilot was to gather feedback from a sample of individuals about their views and experience of using the service. We are keen to ensure that contact between service users, carers and staff are based on respect and mutual decisions making that leads to service users feeling fully involved in the decision about the support they receive. Some of the comments we have received are detailed below:

"Although I was apprehensive at the start, I soon found confidence in the service"

"Girls are good listeners and they encourage me all the way. Never feel a burden. Girls are always positive. Nothing I couldn't ask them. They make me feel confident about myself"

"This is a great service and would hope it leads to me staying in my own home forever. My family would agree with me that everyone has been very helpful and nice to come in contact with. Thank you."

"Always feel listened to and included in the decision about my care. Also good to discuss things that worry or bother me as some things I don't like to offload or worry my family with"

"The continuity of having the same 2 carers has been reassuring and encouraging"

"I am still restricted with my injury, however happy with my achievements. No pressure was put on me, only advice and encouragement"

Monitoring of External Providers

CM2000 is the company that provides the Health and Social Care Partnership's electronic scheduling and monitoring system. It is a fully hosted web-enabled homecare scheduling and monitoring solution providing accurate, real-time care visit data via the internet, 24 hours a day, 365 days a year. It allows Health and Social Care Partnership to log, analyse and report on homecare delivery, ensuring a cost effective and quality assured service. It was a mandatory requirement of the Care at Home Framework that all external providers use CM2000 for all services undertaken on behalf of Health and Social Care Partnership.

Care Inspectorate

The Care Inspectorate carried out an announced (short notice) inspection of Health and Social Care Partnership's Home Care Service in February 2017. The service was awarded 'very good' grades in all themes inspected. The inspector highlighted that service users in East Renfrewshire are offered a very good quality support which improves outcomes and general wellbeing. He also highlighted that staff were committed, knowledgeable and determined to develop and improve the support offered to people.

Learning Disability Day Opportunities

As part of our strategy of day opportunities, in April 2016 we held a community engagement event which was successful in kick starting a new approach to day service redesign. Clear action plans were developed on the day around 5 main Work streams i.e. Transport, Social Enterprise, Community, Person Centred Review and Staff development. A further Staff Development Day took place in August 16, with staff consolidating their participation by creating a PATH and clear action plans about their role in each work stream.

In the last three years the number of individuals attending LD Day services has reduced as individuals are enabled to access alternative appropriate community options;

- 2015 – 88 individuals
- 2016 – 84 individuals
- 2017 – 79 individuals

This represents a 10% reduction over the three years.

Since 2015, 15 individuals have reduced the number of days they attend building based services.

Real employment with Greenhouse café

The Greenhouse Cafe's employability programme seeks to give individuals with learning disabilities a broad range of skills that will eventually allow them to undertake permanent employment. They regularly monitor and report on the trainees' progress, which further strengthens each individual's confidence in their own abilities. Currently, the Greenhouse Cafe is in the final stages of becoming a qualified test centre for the Scottish Qualifications Authority. At the heart of Greenhouse Cafe is an emphasis on robust and relevant training. The majority of staff members have a coaching or teaching background, and are well equipped to tailor their approach according to each trainee and their requirements.

One person now has a permanent paid employment at the Green House Café and has given up his full time placement in the Day Centre. In addition 5 people with learning disabilities have work placements at the café on a part time basis. There are 2 new applications for work in café, 2 new employment opportunities in a restaurant via Greenhouse café. Opportunities are also now available in Greenhouse Cafe for under 16's from Isobel Mair School.

The Brew Crew

The Brew Crew is a Day Centre initiative which provides skills, training and experience to people who wish to move on to employment opportunities at the Greenhouse Café. The Brew Crew also provides lunch at Barrhead Day Centre and ad hoc catering services for local functions.

The initiative supports individuals to develop in the following areas:

- Exploring what employment means
- Exploring the different roles within the café
- Food hygiene training – theory
- Skills in serving people
- How to conduct yourself within a public setting
- Food preparation
- Cooking

We have received positive feedback from families:

- “Your assessment of my daughter is spot on. You have captured her character and abilities in such a short placement”.
- “I didn't think my son would ever be in employment, and I know now that it was me that was stopping him”.

The Gardening Group

The Gardening group continues to work a sheltered housing complex and provide a regular maintenance service. The Garden recently won an award. The Group is now also working on the gardens at Eastwood Health and Care Centre - and along with having their own allotment at the Waterworks in Barrhead, they are increasing opportunities for those who want to be involved.

Community bee keeping

A community Bee Keeping course has started and promises to bring lots of activity in the spring with involvement with lots of Community groups. This ties in with our Local Biodiversity Action Plan and has already generated lots of community interest.

Jewellery making group

The existing jewellery group has become much more visible with its time based on the ground floor of Eastwood Health & Care Centre. Community members have taken a real interest, with some people asking to join. The group are linked to charity work in aid of National Autistic Society and Poppy Scotland.

New referrals for shopping buddies

Shopping Buddies is a service offered to people in the community who are housebound and require some support with their weekly shopping. This initiative has been hugely successful in building natural networks and has recently won an award and has now increased from 1 day per week to three days with new networks have started in Giffnock and Neilston offering more opportunities that are not building based.

Transport and independent travel

Day services continue to promote alternative to traditional transport. Initiatives include the use of ERC electric cars for some routes and new independent travel programmes to support the use of public transport and active encouragement of use of personal vehicles through motability. So far there has been a reduction in the number of minibuses used by the centres from 6 to 4, with further reductions possible.

"New door" to day services

We have developed a new protocol which outlines important key messages and processes for future access and exit to Day Services. Clear outcomes, objectives, timescales for using Day services will be identified with more use of commissioning short term placements for meeting outcomes where appropriate.

Day Opportunities for Older PeopleRe-imagining day care

We have been working with our staff, partner organisations and families to redesign day opportunities for older people. As we collaborated on reshaping care for older people we realised we could move away from fixed building based services to achieving a much more personalised approach to day activities. Our Kirkton service can still offer safe, stimulating support in a modern setting but our focus has shifted to supporting people to connect better to local communities. Key to this has been our partnership working with, for example, Age Concern and Jewish Care to build networks of support that are highly flexible, focusing on positive outcomes for people.

We have an exciting joint approach with our learning disability service where we share learning and resources to make sure we help people benefit from the resources that already exist in East Renfrewshire.

We have helped develop a network of colleagues across the UK doing similar work and believe our residents have benefited from this approach. We will continue to develop this work, clearly focusing on building capacity to support our growing, older population enjoy fulfilling lives.

Kirkton

2014 – 105 service users received 4,013 interventions.

2015 – 140 service users received 5,332 interventions.

2016 – 215 service users received 8,188 interventions.

Link Worker

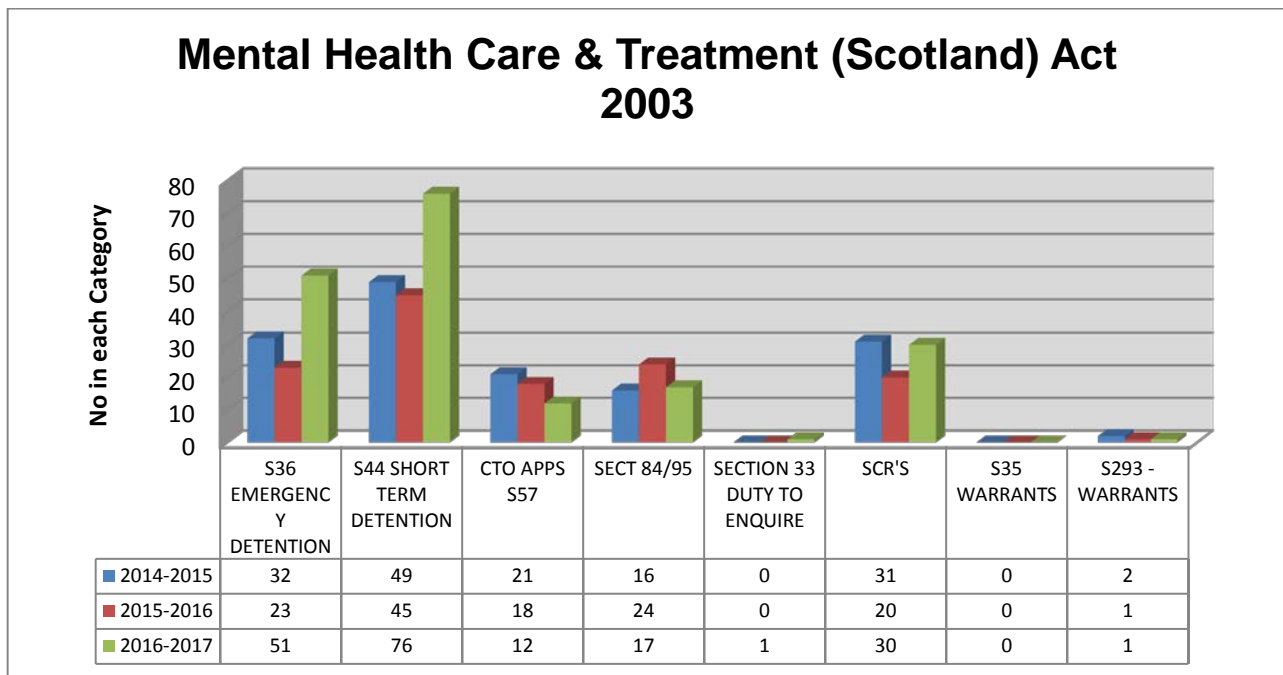
2014 – 38 Home Visits – 68 group participants – 26 groups and organisations supported.

2015 – 19 Home Visits – 19 group participants – 17 groups and organisations supported.

2016 – 77 Home Visits – 153 group participants – 60 groups and organisations supported.

Mental Health

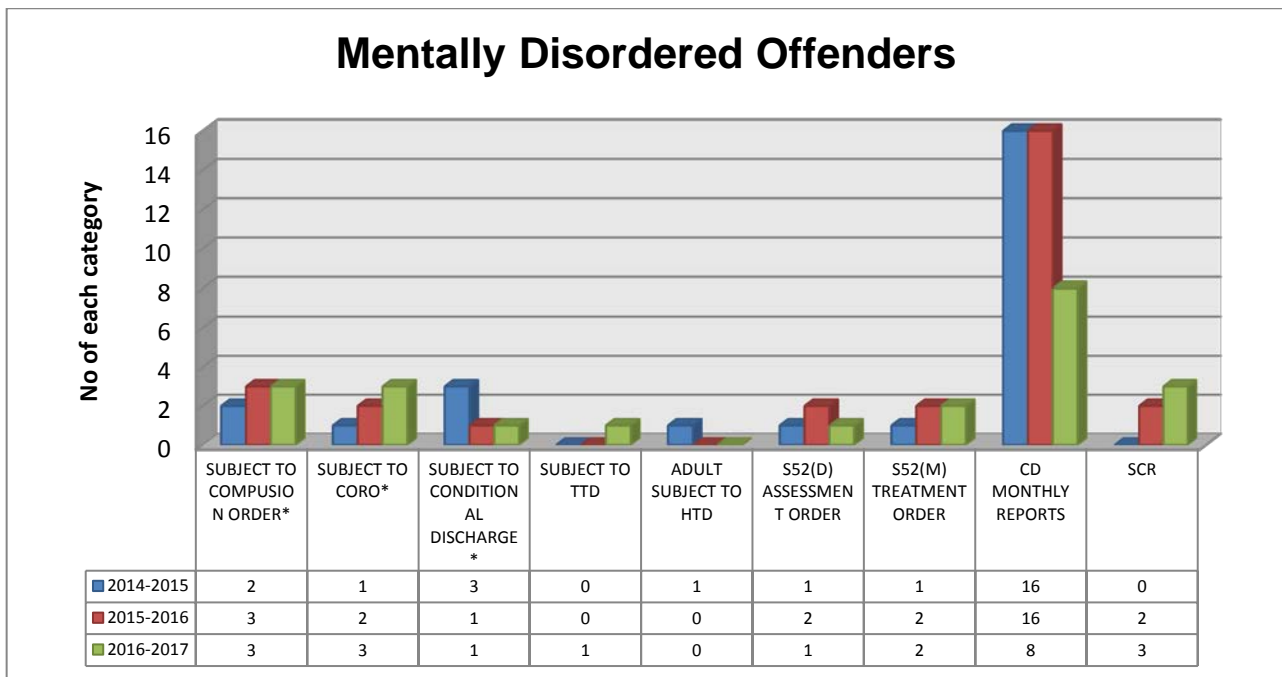
The demand for Mental Health Officer (MHO) services over the past year from April 2016 to March 2017 remains high and in some areas activity has increased. This is specifically in relation to both the Adults With Incapacity (Scotland) Act 2000 and Mental Health (Care and Treatment) (Scotland) Act 2003.



The above chart highlights the increase in Emergency Detentions (EDC); an increase of 122% from previous year.

In respect of Short Term Detention Certificates (STDCs), the figure of 76 noted above denotes a 69% increase on the previous year. This is the highest figure that East Renfrewshire Health and Social Care Partnership has logged since inception of the Mental Health Act in October 2005. No single reason is identified which accounts for this increase in detention.

Alongside this there has been an increasing rise in the number of adults appealing these detentions consistent with human rights.

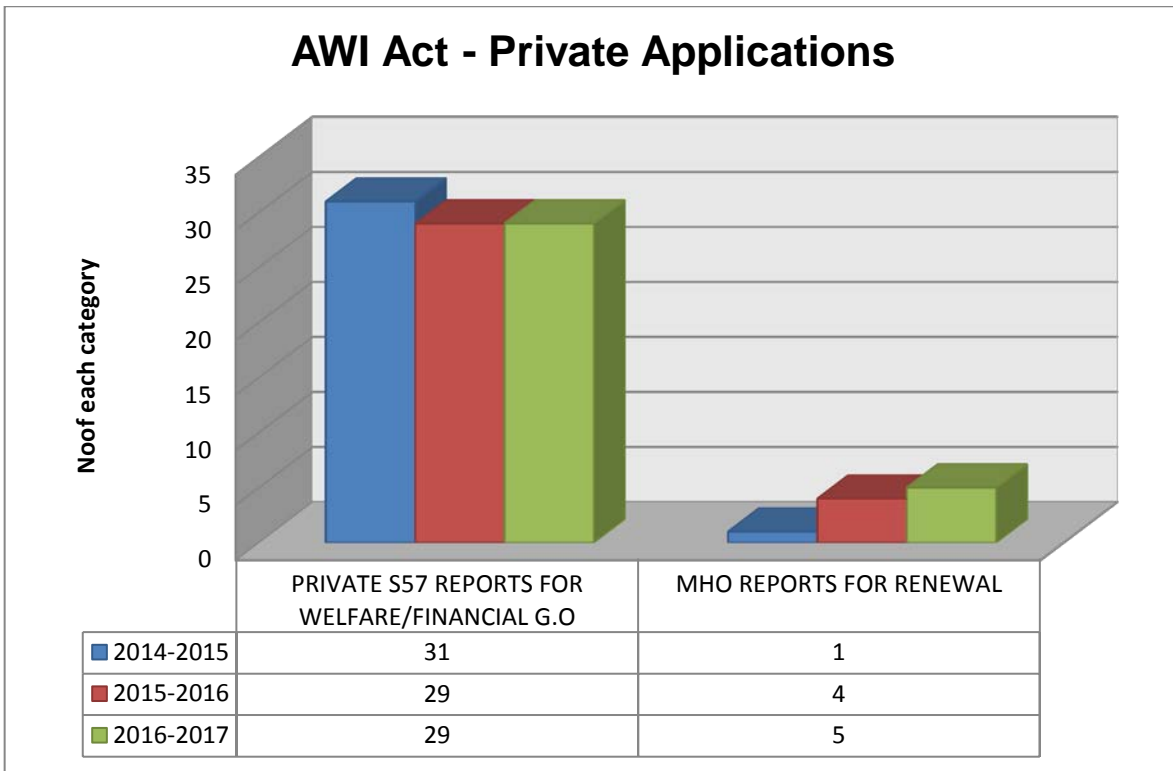


The chart above for mentally disordered offenders shows an increase in the number of adults subject to Compulsory Order with Restriction Order (CORO) for 2016-2017. The decrease in those subject to conditional discharge reflects the decrease in the number of monthly conditional discharge reports required. However the increase in COROs places additional duties and responsibilities on designated MHOs. The number of those subject to a compulsion order remains the same.

Working with mentally disordered offenders involves good multi-disciplinary working with colleagues in forensic services and medical personnel within the State Hospital and Rowanbank Medium Secure Unit.

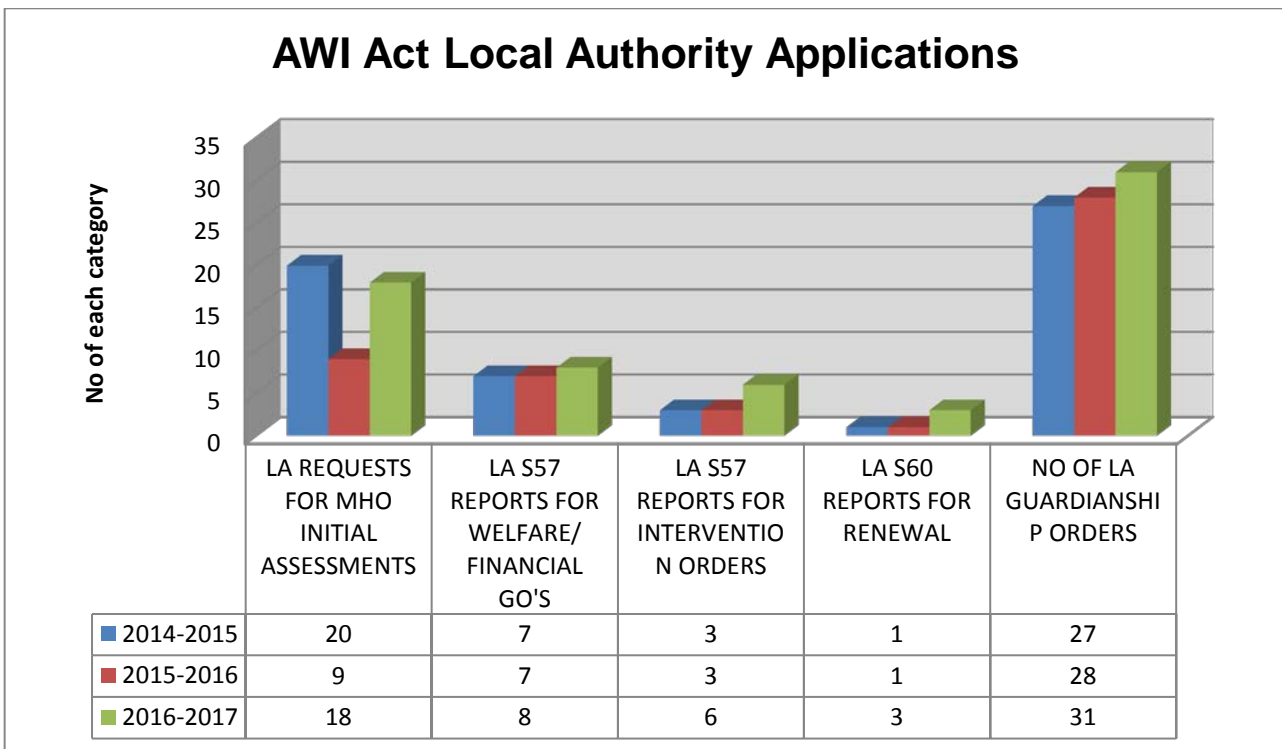
Given the relatively low numbers of adults that are referred through the court system, it is important for MHOs to maintain and update their knowledge, experience and practice in this area of work. We participate in the Forensic Network Social Work Sub Group with representatives from other Local Authorities. This forum facilitates the opportunity for practitioners to discuss practice issues and get involved in training opportunities for MHOs.

The new Mental Health (Scotland) Act 2015 is due to be implemented on 30th June 2017. Section 14 of this Act e.g. appeals against excessive security was implemented in November 2015. However there have been delays implementing the full Act as the Code of Practice was not completed. The implementation of this Act will involve additional duties and responsibilities for MHOs and training will be required for MHOs, medics, nursing staff and others.



The demand for statutory reports for private applications under the Adults with Incapacity (AWI) Act has remained almost the same as the previous 2 years. The number of requests for renewal of guardianship orders is steadily increasing; 1 in 2014-15 and 5 in 2016-17. This is likely to continue to increase as guardianship orders are now granted for shorter periods of time.

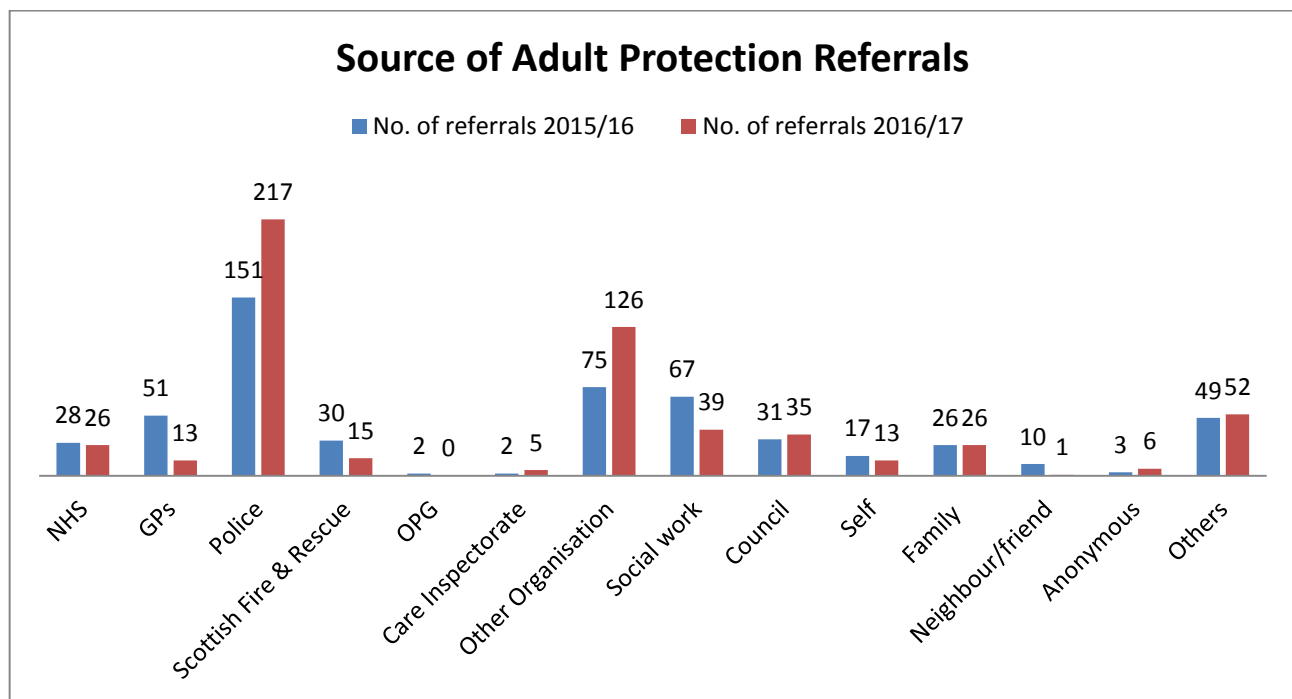
There are a greater number of applications for young adults who are moving from children and families to adult services and to more independent living. Many have high support needs and have self-directed support services in place. Families wish to be able to continue to manage this on their behalf as they reach adulthood.



The graph above highlights that there has been an increase in the number of initial local authority assessments being requested internally from other adult services e.g. 100% increase from 2015-16 to 2016-17. Most of these have led to local authority applications for Welfare Guardianship and /or Intervention Orders. As a result, the number of adults where the Chief Social Work Officer is Welfare Guardian has increased from 28 to 31. Many of these adults do not have any family members able or willing to make an application.

Over the past two years the increasing demand on MHO services, particularly in relation to AWI reports has been noted by Local Authorities, Mental Welfare Commission and the Scottish Government. Consultations are ongoing at a national level to address this.

Adult Protection

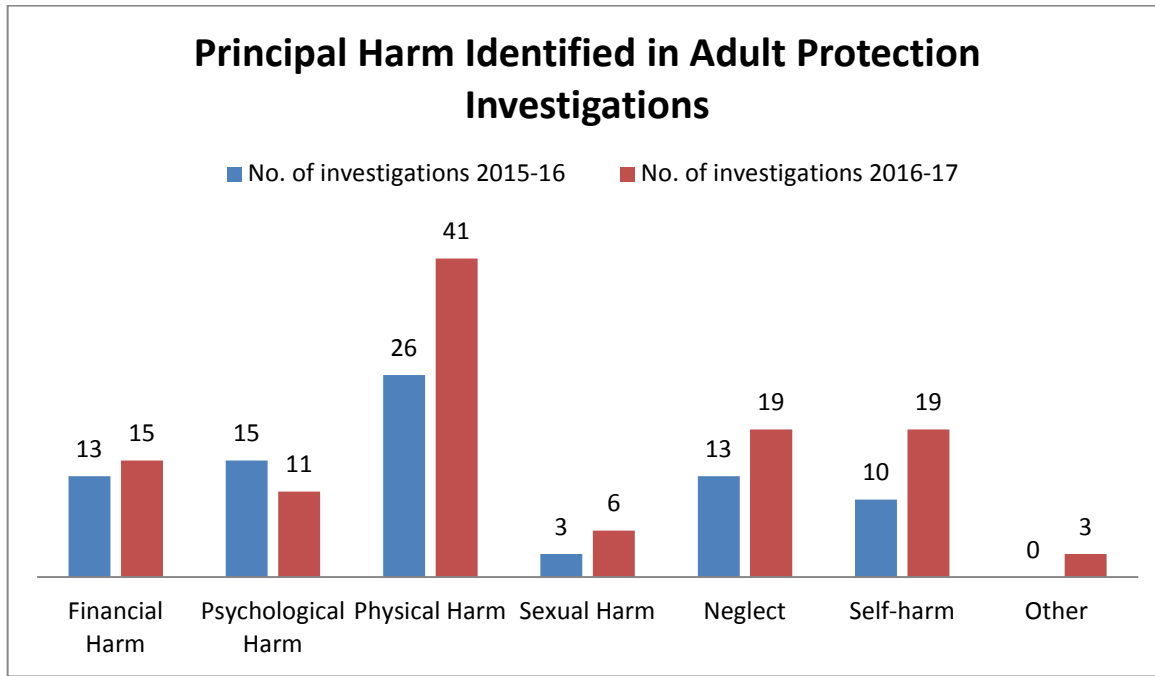


The last national adult protection data was published by the Scottish Government in February 2016 and covered the period 2014-15. It noted that there were 672 recorded referrals for every 100,000 adults in Scotland. There has been a small increase (from 542 referrals to 574 referrals) in the number of referrals within East Renfrewshire and this follows the national trend.

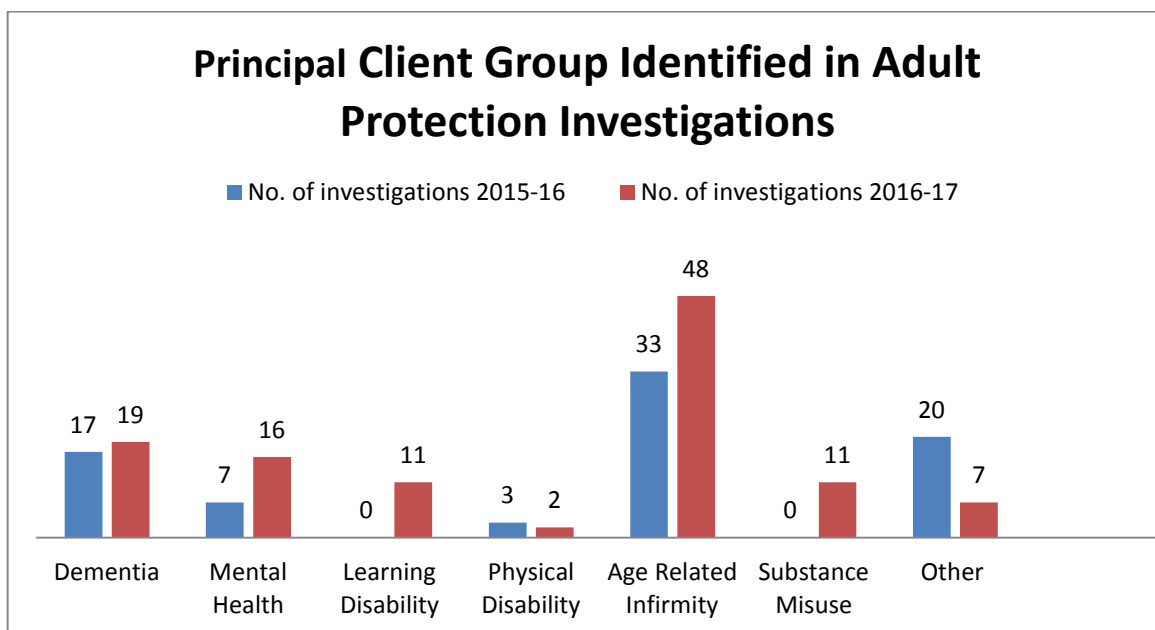
Nationally for the period 2014-15, 53% of referral sources were from Police Scotland. Within East Renfrewshire for the period 2015-16 the referrals from Police Scotland had reduced to less than 30%, for 2016-17 the referrals for Police have increased and account for 38% of all referrals. The other significant change is in relation to referrals made by other organisations. For the period 2015-16 the referrals in this section accounted for 14%, for the period 2016-17 the referrals from the same section account for 22% of all referrals.

This increase may be as a result of increased awareness of Adult Protection and the recognition that organisations have a responsibility to act to safeguard an Adult that may be at risk of harm by referring to the appropriate agency.

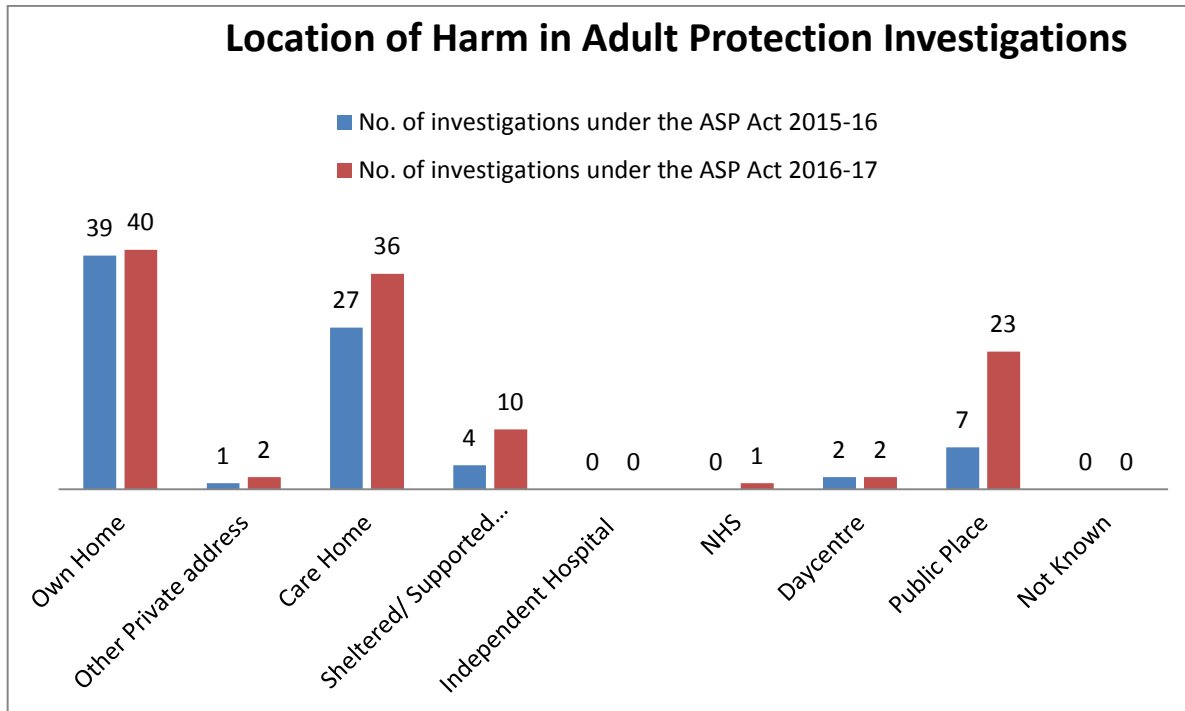
In addition over the past year we have experienced an increase in Adult Protection Enquiries, it is not clear if this increase is reflective of any specific trends or due to people being more aware of the legislation and being more vigilant because of this. We have been working closely with one of our support providers to look at our thresholds around this and look forward to progressing this further.



Within East Renfrewshire there has been an increase in investigation activity. For the period 2015-16 there were 80 Adult Support & Protection investigations (15% of all referrals), for the period 2016-17 there were 114 Adult Support & Protection investigations (20% of all referrals). The principal harm identified continues to be in relation to physical harm and there has been a marked increase in this as a reason for referral. The reason for this increase is not clear and over the next year we will undertake greater analysis of this increasing trend.



The last published Scottish Government Data Collection report shows that people over 85 years are nearly ten times as likely to be subject to an investigation compared to ages 25-64 across Scotland. Within East Renfrewshire the available data does not reflect this trend, in 2016-17 there was 39 investigations for Adults ages 25-64, in contrast in the same period there was 40 investigations for Adults age 85+.



Current data for the period 2016-17 shows an increase in number of investigations related to care homes. The Lead Officer Adult Protection attends the Care Home Forum and Home Care Forum and will continue to work with partners to gain a greater understanding of the incidents taking place. The significant increase (9% to 20%) shows that harm occurred in a public place and there needs to be more understanding of the context and nature of this.

For much of 2016-17 the lead officer post for Adult Support and Protection was vacant. A new officer will be in post in September and one of their first tasks will be to develop a work plan that, amongst other things, will include reviewing practice and procedures in addition to drilling down the data and the themes identified throughout the adult protection section of this report. There will be a further review of all sub committees that directly and indirectly support the work of East Renfrewshire's Adult Support and Protection Committee. The plan will scope out the many interdependencies between the public protection sub groups and, where possible, they will be strengthened by integrating the membership and reducing the duplication of activity in areas that are common to all, such as forced marriage and exploitation.

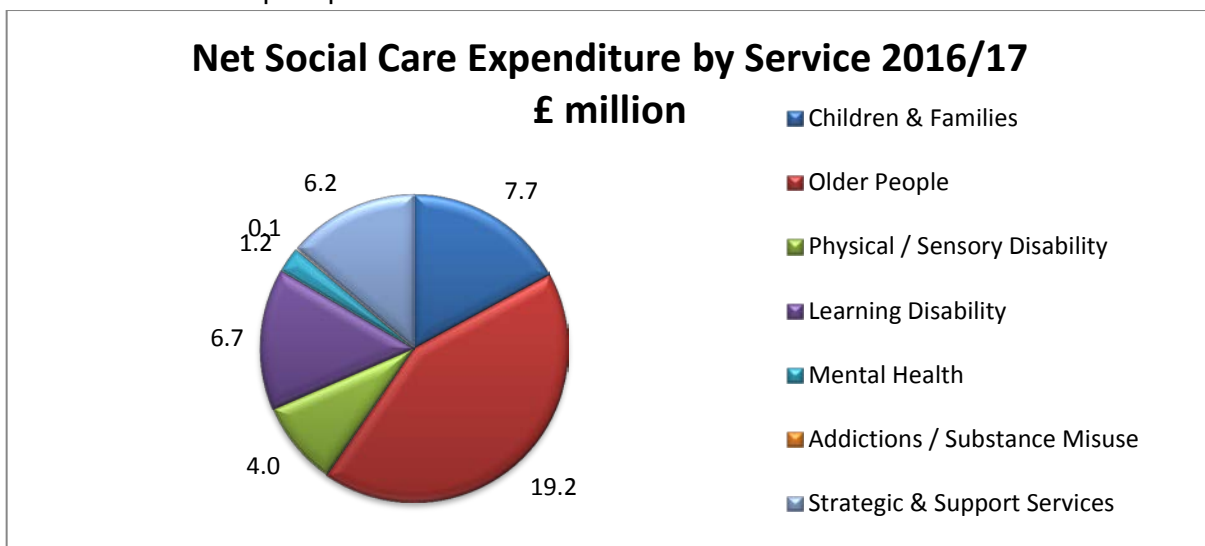
5. FINANCE

East Renfrewshire Integration Joint Board (IJB) has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The 2016-17 total IJB resources were £146 million, of which £112 million was directly controlled revenue budget. The social care budget was £46.1 million and we ended the year with an under-spend of £1.1 million (2.5%) mainly as a result of turnover savings and a planned reduction in the costs of care packages. This surplus is earmarked to specific projects and to allow us to phase in our 2017/18 budget savings.

The key messages from financial year 2016-17 are:

- We had a real focus on delivering future financial sustainability. As a long standing integrated partnership we have already made the savings and efficiency gains that can be achieved through integration of health and social care.
- We recognised early the scale of future financial challenges and the IJB invested funding to a budget savings reserve to allow us to achieve our 2017/18 savings requirement on a phased basis. This strategic approach recognises that future savings can only be achieved through a radical review of the way we deliver our services and we embarked on our change programme “Fit for the Future”.
- We achieved our in year savings targets of £1.8 million and in addition realised early achievement of 2017/18 savings mainly from the review of purchased care costs.
- We moved our headquarters to the new Eastwood Health and Care Centre, which became operational during August 2016. We also undertook minor building and refurbishment works on Barrhead Health and Care Centre to enhance our agile working facilities and mirror the Eastwood Health and Care Centre working practices; agile working is a key component of our asset strategy.
- We worked with service providers to implement new contractual framework agreements for the delivery of Care at Home and Care and Support services.
- We also worked with adult care providers to ensure the Scottish Government requirements to pay the Living Wage and other fair work practices are met.

The funds that we spent provided:



Future Financial Challenges

Demographic pressures are a particular challenge for East Renfrewshire as we have an increasing elderly population, a higher life expectancy than the Scottish average and a rise in children with complex needs resulting in an increase in demand for services.

In the current period of austerity it is difficult to predict the future funding levels for both social care and for health. We continue to develop our scenario planning to allow us to model the impact of different funding levels.

- We have recognised the challenges in the medium term and will continue to use invest to save models and reserves to smooth the impact of change over a number of years.
- We are developing an Individual Budget allocation methodology, based on the principles of transparency, simplicity and sufficiency. We are reviewing all supporting processes to ensure we are as streamlined as possible.
- We continue to explore shared services; systems and technological opportunities.

The Fit for the Future change programme incorporates around 40 individual projects, ranging from major redesign to small tests of change, all of which fall under four key areas:

1. Community Led Support; shifting the demand for services to the community and where possible signposting to non-statutory services.
2. Workforce Planning; reviewing our staffing structures from the bottom up and ensuring we have the optimum skills mix to deliver future services.
3. Systems and Processes; making sure we optimize technology and digital opportunities and solutions and making sure our process and procedures are as lean and efficient as possible.
4. Quality Assurance; making sure all of our changes do not adversely impact on safe and effective delivery of services.

The 2017-18 savings challenge is £4 million, with firm plans in place to deliver £2.6 million with the balance of £1.4 million being delivered from our Fit for the Future change programme.

6. STATUTORY FUNCTIONS

Summary of key achievements and areas of strength

- Our implementation of PoPP and the national recognition that this has received.
- The excellent work of the PACE team and the real difference this is making to securing and improving children and young people's life chances through the use of improvement science.
- Our Corporate Parenting Plan
- Our Childrens Services Plan
- The continued implementation of Getting it Right for Every Child (GIRFEC) and the improvement in measures for the most vulnerable children and young people.
- The redesign of children services into an integrated model of operational delivery.
- Consolidation and key results emanating from the implementation of a single point of access for children and young people that ensures quicker and more proportionate responses resulting in them accessing the right help.

- The work of the Youth Intensive Support Service in shifting the balance of care for children and young people within the authority.
- Successful fostering campaign and the recruitment of five new foster carers enhancing capacity of in-house services.
- Our partnership with Life Changes Trust for the development of a Champions Board and other creative approaches to improve outcomes of care experienced young people in East Renfrewshire.
- Self-Directed Support (SDS) and the increasing number of people, including children, young people and their families exercising choice and control over their support.
- The consistent delivery of positive outcomes on our Talking Points - Personal Outcomes measures.
- Reduction in delayed discharge bed days.
- The delivery and planning for roll-out of our successful home care re-ablement model.
- Continued delivery of high standard criminal justice services.
- Re-design and efficiency work within services including rehabilitation and enablement services, child health services, dementia post-diagnostic support and public social partnership work.
- Implementing community led supports.
- The implementation of improvement science throughout the Health and Social Care Partnership and the positive impact on practice, systems and culture.

7. CONTINUOUS IMPROVEMENT

Continuous Improvement and Self Evaluation

The Health and Social Care Partnership is committed to delivering positive outcomes for people and promoting effective and reflective practice to continuously improve on how we achieve this. A core part of this is the involvement of staff and stakeholders in evaluating our current position and how we can improve on this. Self-evaluation is an integral component of development and improvement.

Self-evaluation can be defined as a comprehensive, systematic review by the organisation of its activities and results referenced against a model of excellence which allows the organisation to discern its areas of strength and improvement.

The model of excellence drawn on here is based on EFQM (European Foundation for Quality Management) and fits with that developed under the Public Sector Improvement Framework (PSIF), and former regulatory bodies SWIA, HMIE, QIS. The model fits with the Health and Social Care Partnership Transformation Programme under East Renfrewshire Council's Public Sector Excellence approach and NHS Greater Glasgow and Clyde's Facing the Future Together (FTFT) initiative.

Self-evaluation is part of a 'golden thread' throughout the organisation and links to the development and delivery plans of the Health and Social Care Partnership, to strategies, service and team plans and to individual performance and development. Self-evaluation is not a one-off event but part of an ongoing process of evaluation, review and action.

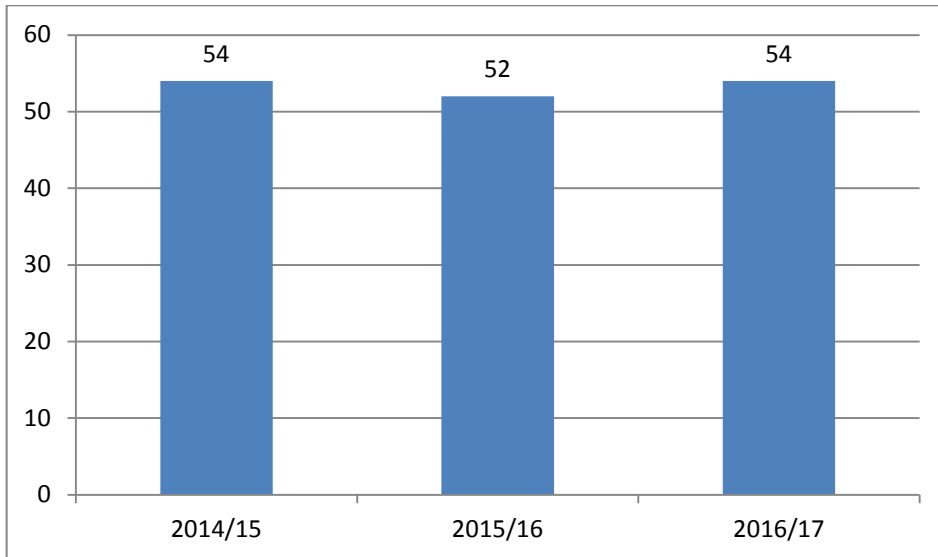
The Health and Social Care Partnership views self-evaluation as a shared and collaborative activity and one which should be approached as a developmental opportunity. For this reason, it is desirable that, where possible, self-evaluation should form part of wider team development activity.

This approach to self-evaluation complements external scrutiny arrangements under the Public Sector

Complaint Handling and Learning

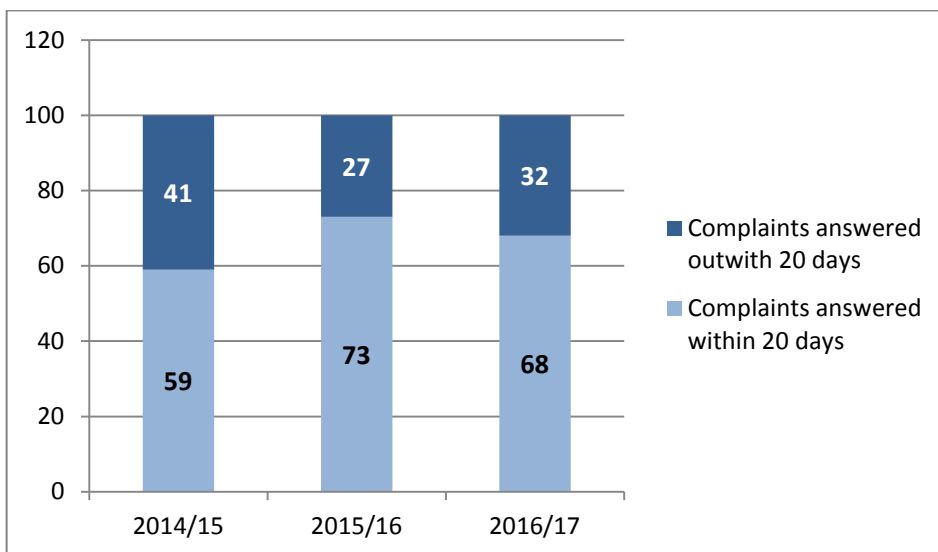
During 2016-17, 54 complaints from Health and Social Care Partnership service users, patients and carers were logged. This was an increase of 2 from the 52 complaints received the previous year.

No of complaints received



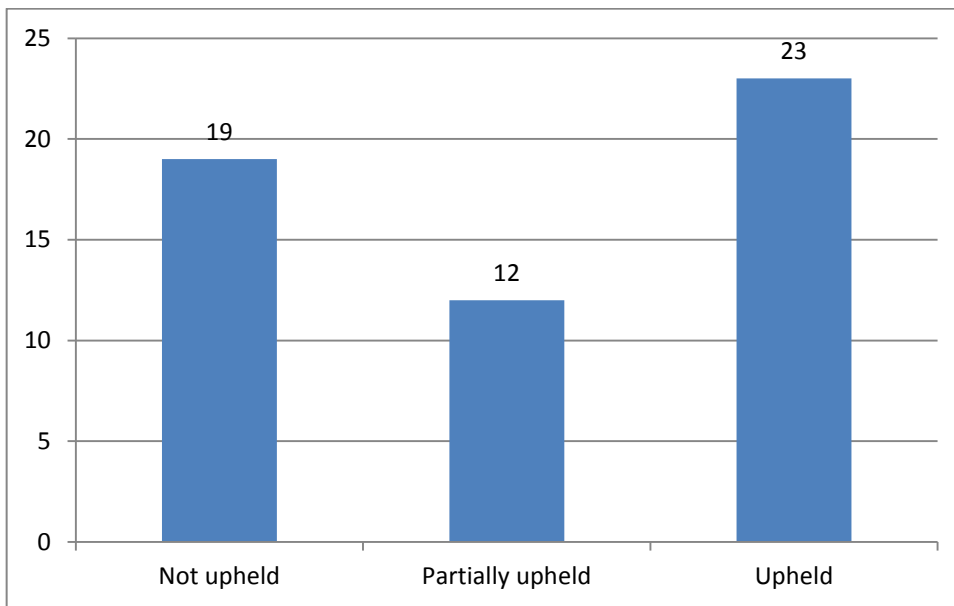
34 (68%) of complaints were responded to within the required 20 working days timescale, a decrease in the previous years performance figure of 73%. The often complex and multi organisational nature of Health and Social Care Partnership complaints continues to be a challenge in meeting timescales.

Answered on target



19 (35%) complaints were not upheld, 12 (22%) partially upheld and 23 (43%) upheld.

Complaint Conclusion



Change to complaints process

From 1st April 2017 the way we handle complaints changed. The Health and Social Care Partnership adapted and adopted the Scottish Public Service Ombudsman (SPSO) Social Work Model complaint handling process. Key changes in this process are as follows:-

- A move from a three stage process to a two stage one with “Frontline Stage” complaints being handled quickly and locally and “Investigation Stage” complaints for dealing more complex issues.
- Appeals against Health and Social Care Partnership complaint outcomes for issues received after 1.4.17 will be considered by the SPSO.
- The Social Work Complaint review committee consider appeals only for complaints received prior to 1.4.17 and will stand down after that.

8. USER AND CARER EMPOWERMENT

In August 2016 the Integration Joint Board agreed its [Participation and Engagement Strategy](#). The strategy is based on four key commitments linked to our touch stones that define our approach to engagement and participation:

- Valuing Voices and Lived Experience
- Creating the conditions for open and honest conversations
- Planning together with local people and community
- Supporting everyone who wishes to be involved

During 2016 the Health and Social Care Partnership also worked with council and community planning partners to develop an approach to participation requests made under the community empowerment legislation. The Health and Social Care Partnership guidance and procedures will mirror and compliment that of East Renfrewshire Council.

Your Voice in Health and Social Care East Renfrewshire (formerly, Public Partnership Forum) is a network of local individuals and organisations who are interested in health and social care services and want to be kept informed and involved in how they are designed and delivered in East Renfrewshire. User and carer representation on the Integration Joint Board and its governance structures is drawn from Your Voice.

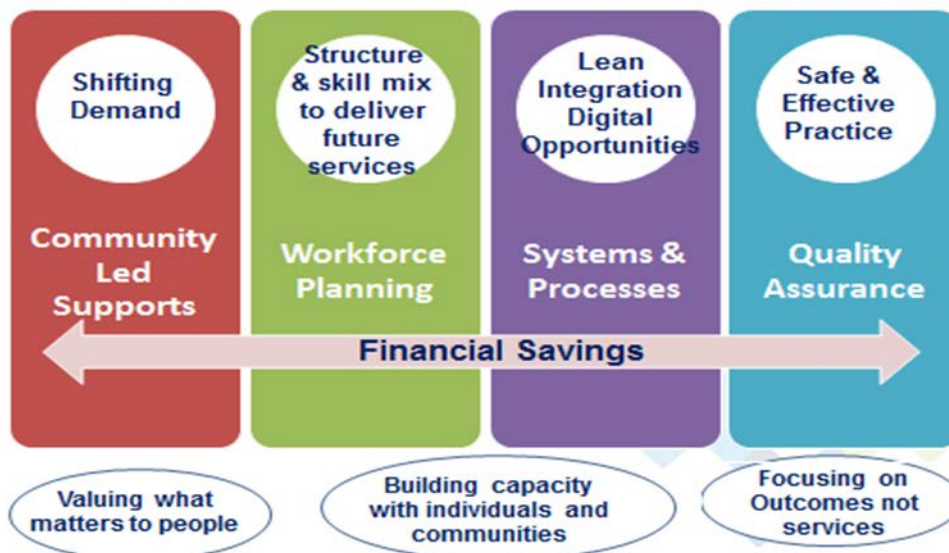
Anyone who lives or works in East Renfrewshire can be part of Your Voice. This includes individuals, carers, service users and organisations. Your Voice has an Action Group which meets regularly to plan involvement and participation activity in the community, and communication and information flow to and from the public and the Health and Social Care Partnership. Your Voice Action Group aims to have representation from all care groups, localities and equality networks.

9. WORKFORCE PLANNING AND DEVELOPMENT

The Health and Social Care Partnership has a workforce plan to support the Strategic Plan for 2015-18, however the Health and Social Care Partnership and Integration Joint Board recognised that a further review was needed in response to the rising demand, pressures on public finance and opportunities offered through the new modernised workplaces. The Fit for the Future Service Review Programme has been established to undertake:

- End to end reviews for all services in community care
- Consider structural changes to be fit for the future
- Review roles and responsibilities
- Review and lean processes
- Explore digital opportunities and review fitness of IT equipment
- Underpinned by Quality Assurance

Working with People of East Renfrewshire to improve lives



The initial scope of the review is community care but this will also impact on areas of strategic services and management structures. The output of the review will form the basis of the next stage of the Workforce Plan and a Joint Staff Forum workforce planning group has been established to take this forward.

Recognising our responsibilities to the wider workforce, the Health and Social Care Partnership intends to work together with providers and contractors to shape our local health and social care market and define our future whole system shared health and care workforce requirements including:

- Whole system workforce numbers and skill mix
- Future roles, competencies and registration requirements
- Qualities, interests and behaviours

This work will enable us to inform the next update of the workforce plan including actions relating to:

- Joint recruitment and development of employability pipelines
- Development of wider health and care career pathway
- Integrated health and care learning and workforce development plan

10. KEY CHALLENGES AND PRIORITIES FOR YEAR AHEAD

Despite the many challenges over 2016-17, I am delighted to report that there has been significant improvements made over the last year, in particular within children and families but not exclusively. The shared vision and belief by all within the Health and Social Care Partnership has made this happen and I am extremely proud of the many social workers and others who have gone that extra mile for our most vulnerable children and adults that no doubt will have a lasting impact on their lives.

Nevertheless as outlined in the 2015-16 report, the impact of continuing efficiency savings over the last three years has been a significant challenge for the Health and Social Care Partnership from both a health and social care perspective. There are many benefits of sharing the risks associated for service users and patients by being integrated and whilst this has been a continual feature for staff and teams of having a shared approach to risk that sits alongside efficiencies delivered through the redesign of services. The scale of what is to come through efficiency savings for both Council and NHS is without precedent and may mean up to a 20% reduction of local authority funding to the Health and Social Care Partnership. The future of high quality social work services may be under threat with an increased expectation from Scottish Government through policy and legislative changes to improve health and wellbeing outcomes of our most vulnerable citizens without any significant investment into the profession. The Chief Social Work Officer will be central to addressing these challenges and will be required, alongside her fellow management team, to advocate, challenge and develop strategies that lessen the real impact to the most marginalised and excluded citizens who through poverty, health, unemployment and adversities will continue to experience harm and abuse.

For children's services, there continues to be significant policy implications due to the landscape being crowded and often confusing and this has been further complicated by the Supreme Court's judgement on the information sharing part of the Children and Young People's Act "which impacted on our named person" implementation across the authority.

Over the next twelve months we will implement our Family Wellbeing Service, the first of its kind nationally that will provide early help to children and their families that are experiencing emotional

and low level mental health concerns as a result of childhood adversities caused by trauma. Our partnership with our third sector provider Children 1st will strengthen the principles of ensuring that relationships are at the heart of all we do in East Renfrewshire.

In further support of our vision we will redesign our child protection processes and will embed the principles of Family Group Conferencing into our systems, practice and culture to ensure that restorative approaches underpin relational based practice within East Renfrewshire.

The last phase of the change programme for the redesign for children services is concerning the direct delivery of support services for our most vulnerable younger children 5 to 12 years including children with additional support needs. We continue to redesign and increase capacity within the Inclusive Support Service which currently supports children and young people with additional support needs to include vulnerable children at risk of being accommodated through an assertive community asset based approach which will require us to deliver this in partnership with the Culture and Leisure Trust. This will require “in-reach” partnership working to help us shape a truly more inclusive approach to the integration of these young children into mainstream leisure and recreation opportunities through assertive targeting of families known to the service. For this to be successful it will require us to individually mentor, coach and support parents to increase their self-esteem, self-efficacy skills and address their own wellbeing by being more actively engaged in family life within their communities.

Although the fostering campaign has been hugely successful in recruiting carers for younger children, our plans are underway for the campaign for 2017 to recruit foster families for older children and supported carers for young people who require after care supports. Our recruitment plan is building on our previous success but is actively involving our care experienced young people much more meaningfully in the advertising and recruitment processes. Their voices will be at the fore front of the campaign and we will draw on their very real and lived experiences to ensure we recruit the right adults to see them through the many adversities that they face moving to adult hood and independence. Our Influencing Change workers will be central to helping us develop an engagement strategy that ensures that our most marginalised looked after young people will be included.

The learning and data from the PACE pilots and associated PDSA approaches to improvement will be rolled out across the service. By engaging in this partnership, we will improve permanence destinations for children where decision making is prompt, evidence-based and effective. Robust case management led by the Community Social Work Team and supported by Intensive Services will ensure that our model of improvement supported by PACE has the optimal likelihood of improving permanence planning from the outset. Internal tracking systems and robust outcomes data will be developed over time to report on the difference changes in practice are making to children’s lives.

Based on consultation with young people, their families and staff, managers have identified the following priorities for 2017-18 for Intensive Services (Young People):

- First formal meeting of the East Renfrewshire Champions Board (summer 2017);
- Development with Education, Commissioning, Health and third sector colleagues to launch a test of change project for young people to address mental health and wellbeing;
- Engagement, by Influencing Change Workers, with younger care-experienced children aged 5-11 years of age to ensure their voices are heard and they can contribute to corporate parenting and children’s service planning;

- Campaign to recruit supported carers, where young people can be assured of care and support in a family environment into adulthood.

For adult services a major challenge in 2017-18 will be to work across adult services and with our colleagues in acute settings to reduce unscheduled care admissions to hospital. Building on our work reshaping care for older people we remain committed to keeping people out of hospital. It is our view that, for older people in particular, admission to acute hospital should be for as short a time as possible, and that after appropriate treatment most people do better living at home with good support.

We recognise that lost bed days and delayed discharges over the 72 hour target impact on our performance, although East Renfrewshire currently performs better than most Health and Social Care Partnerships across the country.

We have made significant progress in our safe and supported programme ensuring Health and Social Care Partnership staff and community based organisations are working together and pooling resources to ensure people are supported to live well at home.

We will continue to develop this approach with an even stronger emphasis on data collection and sharing of information. We now receive daily reports on numbers of East Renfrewshire residents aged over 60 who have become unplanned admissions to the Queen Elizabeth University Hospital and the Royal Alexandra Hospital. Our next phase of work will allow us to refine how we use staff embedded in the hospitals to identify East Renfrewshire residents immediately on admission and follow them through their stay. This approach will allow for better coordination of resources when they become ready for discharge.

Building on this way of working, developed over the last few years with our community partners, we will develop a more systematic approach to anticipatory care planning. This is a challenging area of work, involving GPs, families, Health and Social Care Partnership staff and community colleagues that should result in clearer decision making about the level of interventions required for vulnerable older adults.

We are tackling several substantial and linked areas of work in adult services over the next year. Central to this is our approach to working with community partners, sharing resources and expertise to benefit East Renfrewshire residents.

Community led support, working to prevent necessary admissions to hospital and developing personalised support to people discharged from hospital, rolling out reablement and expanding our telecare all help to improve the lives of adults in East Renfrewshire communities.

Finally, I would like to thank the social work staff who have and continue to work tirelessly for the benefit of the citizens of East Renfrewshire. Your dedication, commitment, creativity and humanity truly never cease to amaze me, so thank you as the improvements and successes within this year's reports are all yours.

Kate Rocks

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