Date: 5 March 2021
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TO: **MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 17 March 2021 at 10.30 am**. Please note the change in the time of the meeting.

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Councillor Caroline Bamforth

Chair

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 17 MARCH AT 10.30am

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. **Apologies for absence.**

2. **Declarations of Interest.**

3. **Draft Minute of meeting held on 3 February 2021 (copy attached, pages 5 - 10).**

4. **Rolling Action Log (copy attached, pages 11 - 14).**

5. **Budget 2021/22 (to follow).**

6. **Revenue Budget Monitoring Report (copy to follow).**

7. **Independent Review of Adult Social Care – presentation by Chief Officer.**

8. **HSCP Strategic Plan 2021-22 (copy attached, pages 15 - 58).**

9. **Carers' Strategy and HSCP Short Breaks Statement Updates (copy attached, pages 59 - 124).**

10. **Workforce Planning Update – (copy attached, pages 125 - 134).**

11. **East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change (copy attached, pages 135 - 144).**

12. **Response Update (copy to follow).**

13. **Date of Next Meeting: Wednesday 12 May at 10.00am.**

NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.3

Minute of virtual meeting of the East Renfrewshire Integration Joint Board held at 10.00 am on 3 February 2021

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Heather Molloy	Scottish Care representative
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Morven Fraser	Audit Scotland
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager
Kirsty Ritchie	Communications Officer

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Councillor Alan Lafferty	East Renfrewshire Council
Councillor Jim Swift	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 25 November 2020.

ROLLING ACTION LOG

3. The Board considered a report by the Chief Officer providing details of all open actions, and those that had been completed or removed since the last meeting.

Having heard the Chief Officer explain that a number of actions had been closed off and that due to current demands on officers in dealing with the resurgence of COVID-19 and the rollout of the vaccination programme deadlines for a number of the open actions had been extended, the Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

4. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 25 November 2020.

HSCP RESPONSE TO COVID-19

5. Under reference to the Minute of the previous meeting (Item 11 refers), the Board considered a report by the Chief Officer providing an update on current service delivery in relation to the ongoing COVID-19 pandemic.

The Chief Officer, supported by the Chief Social Work Officer was heard at length on the report.

Thereafter in response to questions from Mr Mohamed the Chief Officer reported on which vaccine was being delivered in the different locations and indicated that although there had been no concerns raised to date in respect of the sufficiency of “blue badge” spaces at vaccination centres, this would be monitored. She also confirmed in response to Ms Tudoreanu that vaccines were being distributed for use as soon as they became available.

Having recognised the tremendous efforts of front line staff Ms Monaghan questioned whether there had been any increase in staff absence, whether there had been delays in treatment for people with life threatening illness and how they could be supported, and in terms of mental health services for children and young people, how prepared was the service for the inevitable increase in service demand.

In reply, the Chief Officer explained that absence levels were lower than expected but continued to be monitored and that she was unaware of any issues in relation to life threatening illness. In addition, supported by the Chief Social Work Officer she outlined the steps that were being taken both at a local level and also across the whole NHSGGC area to both deal with already increased mental health service demand and an anticipated increase in the longer term.

It was also confirmed in response to further questions from Ms Monaghan that the use of individual budgets had continued.

Welcoming the report Councillor Buchanan stated that it demonstrated the huge amount of work that was being delivered not only in respect of regular services but also the range of additional services now being delivered. He referred to the challenges of operating in the current environment and to further challenges yet to be faced.

Ms Khan welcomed the report. She questioned whether it would be possible for COVID-related statistical information to be made available to Board members. She also questioned whether in order to reduce the burden on staff current governance arrangements should be reviewed.

In response the Chief Officer confirmed that statistical information could be provided. She also explained that discussions had taken place across the 6 HSCPs in the NHSGGC area and it had been decided to use a "by exception" reporting system which would help to reduce the burden on staff. Furthermore, also in response to Ms Khan, the Chief Social Work Officer outlined the work taking place in relation to tackling domestic abuse during the pandemic.

The Board noted the report.

BUDGET UPDATE

6. The Chief Financial Officer provided the Board with an overview of preparations for the 2021-22 budget process and the review of the Medium-Term Financial Plan to cover the period 2021-22 to 2025-26.

She explained that the Scottish Government budget announcement had been made the previous week. The implications of the announcement would take time to work through. Planning had been going on behind the scenes in preparation for the announcement and work with partners to progress the implications would continue.

She then summarised the high level information from the budget announcement. £72.6m was being transferred from the Health portfolio to social care to meet Living Wage, uprating of free personal care and continued carers' implementation. All of these costs were included as part of existing cost pressures. In addition she explained that there was a condition that local authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets. The NHS budget uplift was 1.5%, and it was expected that this would be passed through in full in the contribution to the IJB. Further funding for COVID costs, drugs and alcohol, mental health and CAMHS had been set out in the allocations to health boards and any local and system wide implications would be considered upon receipt of detail.

The Chief Financial Officer then summarised the implications of the budget announcement for the IJB. She explained that the current working budget assumption with ERC as part of the estimates process included an assumed savings target and the initial announcement did suggest that this would still be an ask of the IJB, after allowing for the compliance test.

It was explained that there were already existing savings of £2.4m from the current year that it had not been possible to progress during the pandemic. This could make 2021/22 particularly challenging. At this stage it was difficult to consider what the impact of further budget reductions would mean to service delivery when services eventually moved to full recovery when there were so many unknowns on the long lasting impacts of COVID and the associated service demand.

Furthermore the Chief Financial Officer clarified that the current reserves strategy would allow savings to be phased in as planned although the size of the savings requirement may change.

It was further clarified that there were still a number of unknowns in the budget which would have an impact on financial planning.

Concluding, the Chief Financial Officer set out the timetable for approving the IJB budget and that when the Board met in March she would present in detail the issues, pressures, savings proposals and any implications from the national review.

Thereafter the Chief Financial Officer was heard in response to questions from members of the IJB. She clarified that the ongoing assumption that all COVID related costs would be fully funded had now been confirmed. This would include any unachieved savings. She also outlined the level of funding that had actually been received.

In response to questions from Ms Monaghan on the Living Wage, she confirmed that funding would be allocated to ensure partner providers would pay the Living Wage.

Councillor Buchanan having referred to the challenge of financial planning when the UK Government had not yet set a budget, the Board noted the report.

REVENUE BUDGET MONITORING REPORT

7. Under reference to the Minute of the previous meeting (Item 13 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2020-21 revenue budget as at 30 November 2020.

As in previous updates the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. Detailed estimated and actual costs across a number of categories were provided including; staffing additional hours and absence cover for both the HSCP and partner providers, sustainability of partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted current COVID-19 related expenditure assumptions were c£9.7 million. These costs were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption remained that all costs would be fully funded by the Scottish Government. The sustainability costs supporting the social care market were supported nationally by an agreed set of principles, and it was noted that since the last meeting it had been confirmed that this support had been extended to March 2021.

The report explained that projected costs and confirmed funding in relation to remobilisation activity totalled c£9.7 million. Mobilisation funding confirmed and received to date was £4.094 million which, when compared to projected costs meant a potential maximum risk exposure of c£5.6 million. However further funding was expected and the Scottish Government continued to assess costs nationally based on HSCP submissions. Furthermore, in addition to confirmed funding, a further £0.261 million of funding had been received to support mental health and emotional wellbeing for children, young people and their families impacted by the COVID-19 pandemic. Collaborative work was ongoing with the Education Department to fully use this funding. A further £0.037 million to support the work of Chief Social Work Officers during the pandemic was also expected along with £0.020 million for work to support care homes.

Thereafter it was reported that against a full year budget of £131.7 million there was a projected operational underspend of £0.344 million. This was a change from the overspend position reported at the previous meeting, although it was highlighted that the move from recovery back to response meant that unachieved savings would need to be taken forward.

Details of the main projected operational variances as well as ongoing financial risks were set out.

Responding to questions the Chief Financial Officer confirmed that costs relative to supporting autism service sat within Learning Disability. She also clarified that in respect of Bonnyton House there had been some delay in the completion of the project. However this had been due in part to further improvement to the project specification. Additional costs would be funded in part through COVID related costs and through reserves.

The Board noted the report.

EAST RENFREWSHIRE CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2020-2023

8. The Board considered a report by the Chief Officer, presenting for consideration *At Our Heart,* the East Renfrewshire Children and Young People's Services Plan 2020-2023, a copy of which accompanied the report.

The report referred to the obligations placed on local authorities, in conjunction with their relevant health board, to jointly prepare a 3-year Children's Services Plan for the local authority area, as well as the requirement on the local authority and health board to jointly publish an annual report detailing how the provision of children's services and related services in the area had been provided in accordance with the plan.

It was explained that in April 2020 the Scottish Government had extended the submission date for new plans due to the pandemic. This had given a further opportunity for local consultation with families on the final plan and also to consider the impact the pandemic was having on children, families and communities.

Referring to the plan, the report explained that each plan had to be prepared with a view to achieving 5 aims, details of which were listed. Furthermore the report listed those other key matters to be included as well as highlighting various plans, strategies and legislation with which the plan must align.

The report then provided details of the consultation and partnership working that had taken place in the development of the plan. In particular, the overarching role of the Improving Outcomes for Children and Young People Partnership was outlined.

The report concluded by confirming that the purpose of the plan was to set out the vision for East Renfrewshire's children, young people and their families, and demonstrate the commitment to achieve the best possible outcomes for them.

Ms Monaghan having welcomed that the comments that had been made at the draft plan stage had been taken on board, in response to questions the Chief Social Work Officer confirmed that a Children's Rights Impact Assessment would be conducted and presented to a future meeting of the Board. She also outlined the challenges of consultation during the pandemic and the groups that had been consulted in the development of the Plan.

Responding to further questions the Chief Social work Officer explained the work taking place in relation to counselling services for young people, Councillor Bamforth highlighting the collaboration between the HSCP and Education colleagues.

Following discussion and having acknowledged the legislative obligation placed on local authorities and health board, the Board noted the East Renfrewshire Children and Young Person's Services Plan 2020-2023.

HSCP STRATEGIC PLAN UPDATE

9. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer providing an update on the progress made and ongoing development work for the HSCP Strategic Plan for 2021-22. The Board was reminded that it had approved a one year bridging Strategic Plan for 2021-22 in light of the constraints placed on the partnership due to the COVID-19 pandemic.

The report explained that despite the ongoing response to the pandemic, significant work had been undertaken to develop the plan resulting in the development of a consultative draft.

Details of the development work completed to date and next steps and remaining tasks having been outlined, the report explained how the Strategic Planning Group had been used to support the plan's development and gather views from local stakeholder organisations. This had included 3 meetings of the group between September and November with monthly meetings ongoing.

The draft plan would be the subject of public consultation during February with feedback received informing subsequent drafts.

The Board noted the report.

DATE OF NEXT MEETING.

10. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 17 March at 10.30 am.

CHAIR

AGENDA ITEM No.4

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	17 March 2021
Agenda Item	4
Title	Rolling Action Log

Summary

The attached rolling action log details all open actions, and those which have been completed since the last meeting on 3 February 2021.

Presented by	Julie Murray, Chief Officer

Action Required

Integration Joint Board members are asked to note progress.

ACTION LOG: Integration Joint Board (IJB) **March 2021**

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
311	03-Feb-21	6	HSCP Response to COVID-19	Arrange for the COVID stats for East Ren to be included in future briefings for IJB members	Communications Officer	CLOSED	11/02/2021	Now included in briefings
307	25-Nov-20	9	HSCP Strategic Plan Update	Make the necessary arrangements to produce 1 year "bridging" strategic plan for 2021-22	PPPM	CLOSED	17/03/2021	Draft for consultation developed and discussed at seminar held 25.01.2021 (see IJB papers 03.02.2021). Final plan included on IJB agenda 17.03.2021
305	25-Nov-20	11	HSCP Recovery Update	Revisit the format of the update for future meetings to see if those actions that had occurred in the reporting period could be made clearer.	PPPM	OPEN	TBA	Recovery work currently suspended
297	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	Submit a report to a future meeting on the impact of the plan and potential changes following engagement with people with lived experience.	LP (RS)	OPEN	12/05/2021	Added to forward planner - May 2021
287	24-Jun-20	11	Draft Unscheduled Care Strategic Commissioning Plan	The Board approved the draft plan and noted further work underway to finalise the plan, including the planned engagement process. Make arrangements to finalise the plan as outlined and submit a final version to a future meeting.	HAHSCL	OPEN	12/05/2021	Provisionally scheduled for November IJB however final plan not yet available - Deferred to Mar 2021. Progress on the final plan has been delayed due to current pressures however it is anticipated this will be available for the next IJB in May 2021
282	29-Jan-20	4	Minute of meeting of IJB of 27 November 2019.	Provide information to a future meeting on levels of CAMHS access compared to other IJBs.	CO	OPEN	TBA	Deferred due to Covid-19
279	29-Jan-20	5	Rolling Action Log	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSCL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online . Report on Overnight Support scheduled for April has been deferred to due to Covid-19
271	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	OPEN	ONGOING	Next update scheduled for May 2021
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

CCGC	Clinical and Care Governance Committee
IJB	Integration Joint Board
PAC	Performance and Audit Committee

BSM	Business Support Manager
CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CN	Chief Nurse
CSWO	Chief Social Work Officer

DSM	Democratic Service Manager
GCO	Governance and Compliance Officer
HAHSCL	Head of Adult Health and Social Care Localities
PPPM	Policy, Planning & Performance Manager
LP (RS)	Lead Planner (Recovery Services)

AGENDA ITEM No.8

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 17 March 2021
Agenda Item	7
Title	HSCP Interim Strategic Plan 2021-22

Summary

This paper presents the Integration Joint Board (IJB) with the final draft HSCP Strategic Plan 2021-22 for comment and approval. This is a one-year 'bridging' plan reflecting priorities during our recovery from the pandemic. The plan has been developed in collaboration with the Strategic Planning Group, through an IJB Seminar and following a public consultation exercise. A previous draft of the plan was presented to the IJB at its meeting on 3rd February 2021. During the next financial year we will establish a full three-year strategic plan for the period 2022-25.

Presented by	Steven Reid: Policy, Planning and Performance Manager

Action Required

The Integration Joint Board is asked to approve the interim HSCP Strategic Plan for 2021-22.

Directions

- ☒ No Directions Required
- ☐ Directions to East Renfrewshire Council (ERC)
- ☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)
- ☐ Directions to both ERC and NHSGGC

Implications

- ☐ Finance
- ☐ Policy
- ☐ Workforce
- ☐ Equalities
- ☐ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 MARCH 2021

Report by Chief Officer

HSCP STRATEGIC PLAN 2021-22

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the development work for the HSCP Strategic Plan 2021-22 and seek approval for the plan. The plan is a one year 'bridging' plan to cover a period in which we will continue our response and recovery from the Covid-19 pandemic. During 2021-22 we intend to undertake fuller development work to establish a subsequent three-year Strategic Plan for 2022-25.

RECOMMENDATION

2. The Integration Joint Board is asked to approve the interim HSCP Strategic Plan for 2021-22.

BACKGROUND

3. It was agreed at the IJB meeting on 25 November 2020 that for the next round of strategic planning, the HSCP would depart from the normal approach of developing a three-year plan and establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our recovery from the Covid-19 pandemic. It was also agreed that during the next financial year we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25. This revised approach recognises the challenges of undertaking planning activity during the pandemic period and is in line with the other HSCPs required to review their strategic plans by 1 April 2021.

REPORT

4. In the context of the Covid-19 pandemic, significant work has been undertaken to develop a one-year Strategic Plan drawing in views of a range of stakeholders. The following work has been completed to support the development of the plan:
    - Consultation with Strategic Planning Group (SPG) on approach to development of strategic plan for 2021-22 and future years (including discussion on issues around ongoing participation and engagement).
    - Agreement on approach at Integration Joint Board.
    - Review of national and local strategic planning (including relevant local, regional and national plans relating to response and recovery from Covid-19 pandemic).
    - Refreshment of demographic, health and service information in Locality Profiles (in liaison with Public Health Scotland LIST analysts).
    - Assessment of emerging lessons from the Covid-19 pandemic in consultation with HSCP service managers.
    - Discussion with SPG (Sept 2020) on Covid-19 lessons learned, impacts and responses from local people and communities.

- Desk-based review of strategic performance reporting 2018-21 considering progress against priorities in previous strategic plan.
- Discussion with SPG (Nov 2020) to review performance and demographic information, assess progress towards existing strategic priorities and consider suite of priorities for next plan in light of performance assessment, the ongoing Covid-19 pandemic and wider operational context.
- High-level draft strategy for consultation produced.
- Draft strategy considered at IJB Seminar – 25 January 2021.
- Update of consultation draft following IJB Seminar.
- Discussion of consultation draft at SPG and further updating of content.
- Presentation of draft plan to NHS Greater Glasgow and Clyde Corporate Management Team and the six Greater Glasgow HSCPs
- Presentation of draft plan to East Renfrewshire Council Corporate Management Team
- Online public consultation on draft with short questionnaire. Promotion of consultation through social media and through stakeholders and engagement networks.
- Presentation of draft final strategy to IJB – March 2021.

The next steps are:

- Final drafting of strategy recognising comments from IJB and any outstanding consultation feedback.
- Publication of the interim Strategic Plan 2021-22.
- Agreeing work programme for the development of 2022-25 Strategic Plan.

5. The interim Strategic Plan meets the statutory requirements for planning set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The structure of the plan is similar to our previous (2018-21) plan with content updated to reflect changing priorities, including those resulting from the pandemic.

6. The plan describes our partnership and vision recognising the benefits of working together as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic. It includes a review of progress against our existing strategic priorities building on evidence from our ongoing performance reporting and the views of service users and stakeholders.

7. The plan provides an updated assessment of our operating context including current needs assessment information, the key impacts from the Covid-19 pandemic that we will continue to face during 2021-22 and changes in our approach to delivery resulting from the pandemic. It also recognises the changing strategic planning landscape notably through the priorities set out in the NHS Greater Glasgow and Clyde Remobilisation Plan 3 (2021-22), Moving Forward Together and the findings and recommendations from the recent Independent Review of Adult Social Care.

8. In light of our review of performance to date and recognising the context we are now working in, we have revised our headline strategic planning priorities. The majority of our priorities remain unchanged for 2021-22 but will be taken forward recognising the challenges and changing requirements following the pandemic. We have extended our planning priority for mental health which had previously focused on mental illness to include mental health wellbeing across our communities. We have changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare. Finally, we have introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For each priority we set out the contributing outcomes that we will work to, key activities for 2021-22 and performance measures. Our revised strategic priorities are:

- Working together with children, young people and their families to improve mental and emotional wellbeing
- Working together with people to maintain their independence at home and in their local community
- Working together to support mental health and wellbeing
- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.
- Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities
- Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
- Working together with individuals and communities to tackle health inequalities and improve life chances.
- Working together with staff across the partnership to support resilience and wellbeing

9. Finally, the plan describes the collaborative approach we will take to long-term strategic planning (driven by our multi-agency Strategic Planning Group) and the financial context for delivery of the plan.

CONSULTATION AND PARTNERSHIP WORKING

10. We have convened four meetings of the Strategic Planning Group to support the development of the Strategic Plan and gather views from local stakeholder organisations.

11. At the first meeting of the group in September 2020 we considered key lessons learned from the Covid-19 pandemic, impacts and responses from local people and communities, and considered issues around ongoing participation and engagement.

12. The second meeting of the group was held in October and considered the best approach to the development of the Strategic Plan, agreeing that we should develop a one-year plan and establish a full three-year plan from the following year. The group also reviewed the appropriateness of the seven HSCP strategic priorities as set out in the existing Strategic Plan.

13. The third meeting of the group was held in November. The group reviewed strategic performance information, demographic data and a summary of Covid-19 impacts and changes to provision resulting from the pandemic. Participants considered progress toward our strategic priorities and proposed amendments to our priorities for the 2021-22 strategic plan.

14. The fourth meeting of the group was held in January following an IJB Seminar. The group was informed of the changes to the draft plan suggested by the IJB membership and made their own comments on the content of the plan.

15. The Strategic Planning Group is continuing to meet monthly to support the development of our strategic planning going forward.

16. An online public consultation is taking place during February to gather views on the strategic plan for 2021-22 and inform planning priorities moving forward. The consultation has been promoted through our engagement networks and social media.

IMPLICATIONS OF THE PROPOSALS

17. There are no operational implications arising from this report.

DIRECTIONS

18. There are no directions arising from this report.

CONCLUSION

19. Significant work has been undertaken to develop a robust plan for 2021-22 in consultation with stakeholders. This has included ongoing meetings of the SPG, an IJB seminar, public consultation and regular updates to the full IJB membership. The plan represents a strong footing for the partnership as we recovery from the pandemic and move into a post-Covid-19 period. The engagement work for the current plan will inform the development of a full strategic plan for 2022-25. We will build on this with a full programme of community and stakeholder engagement during the coming year and a full strategic needs assessment to inform the next plan.

RECOMMENDATION

20. The Integration Joint Board is asked to approve the interim HSCP Strategic Plan for 2021-22.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid: Policy, Planning and Performance Manager
steven.reid@eastrenfrewshire.gov.uk
0141 451 0746

Chief Officer, IJB: Julie Murray

2021/2022

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire - Strategic Plan for Health and Social Care

1 year plan for 2021-22 recovery period

CONTENTS

1. Introduction

This strategic plan has been produced during an exceptionally challenging period for East Renfrewshire Health and Social Care Partnership (HSCP) as we continue to support local residents through the Covid-19 pandemic and make preparations for recovery.

Our response to the pandemic has seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships.

The partnership continues to find itself in a period of change with significant uncertainty for the months ahead. At the same time, it is essential that we fully understand the impacts of the pandemic in order to produce a strategic plan.

Recognising the need for our focus to remain principally on response and recovery from Covid-19, and that the constraints of the pandemic impact on our ability to fully engage with partners and the community, the Integration Joint Board has agreed to produce a one-year 'bridging' plan for 2021-22. This will be followed by more extensive work, as we move into recovery to develop a three-year plan for 2022-25.

This bridging plan for 2021-22:

- sets out our broad vision for the partnership;
- provides a review of progress during the period of the previous Strategic Plan;
- considers our current context, needs information and lessons learned from the pandemic;
- and summarises our approach to our revised strategic priorities.

Work to develop our full three-year Strategic Plan (2022-25) will begin in 2021 and will include a detailed strategic needs assessment and full programme of community and stakeholder engagement.

2. Our partnership, vision and priorities

2.1 Our Partnership

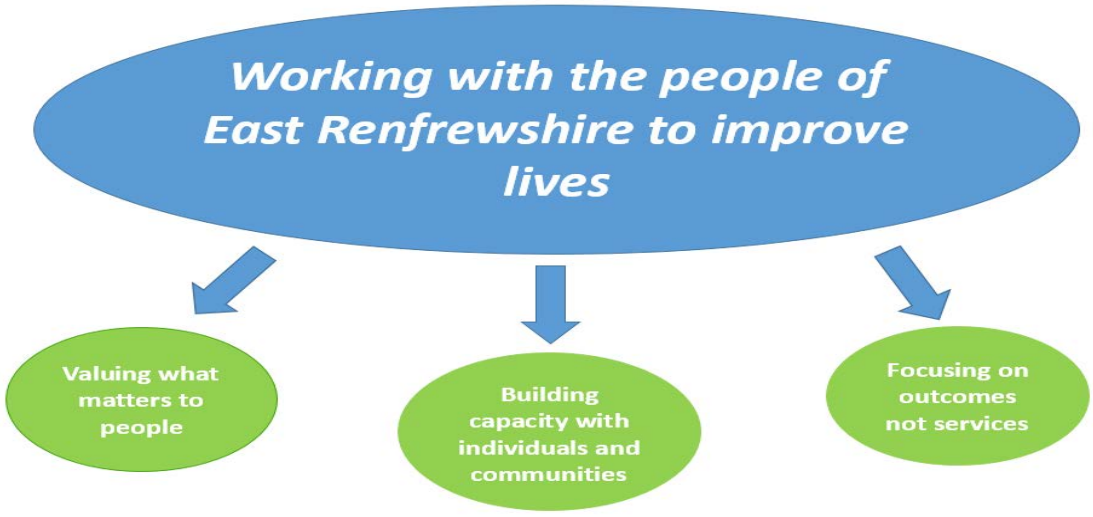
Under the direction of East Renfrewshire's Integration Joint Board (IJB), our HSCP builds on a secure footing of a 15 year commitment to health and social care partnership in East Renfrewshire. Our experiences over the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. Moving forward we must further strengthen our supportive relationships with independent and third sector partners. It is also essential that we recognise the increased levels of participation in our communities and informal support within neighbourhoods that have developed in response to Covid-19. Our partnership must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

2.2 Our Vision

Our vision statement, *"Working together with the people of East Renfrewshire to improve lives"*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction and remains unchanged for this iteration of our Strategic Plan.

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

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



2.3 Our strategic priorities

In line with our vision and the wider priorities for our partnership, we have reviewed our strategic priorities for the 2021-22 plan. While our high-level strategic focus remains unchanged and the majority of our priorities from our 2018-21 plan will continue, we have decided to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce. Our strategic priorities are discussed in more detail at Section 5 and our operational planning will reflect how these priorities will be pursued as we continue our response and recovery from the Covid-19 pandemic.

2.4 Delivering our strategy during the Covid-19 pandemic

The plan covers 2021-22 during which we will continue to respond to the needs of residents resulting from the pandemic. The continuing roll-out of the Covid-19 vaccination programme is of particular importance to residents and will place significant resource requirements on the partnership over the life of this plan. We will continue to support NHSGGC to deliver the vaccination programme as efficiently as possible for East Renfrewshire residents. The programme will run parallel to our recovery activity during 2021-22 as we support services to prepare to move beyond the pandemic period.

During 2020 we established a local Covid assessment centre. As the numbers of local people requiring this service reduced this was put on hold and East Renfrewshire residents are currently directed to Linwood or Barr Street, Glasgow. We are working with colleagues in these HSCPs to support the clinical activity as required during 2021.

The HSCP has established a PPE hub that provides services and carers with protective equipment as required. We will continue to run this service for as long as it is needed. Our team also support the roll out of lateral flow testing and the admiration of outbreak testing for care homes and other social care providers.

3. Review of progress against strategic priorities (2018-21)

With our Strategic Planning Group (SPG) we have reviewed our strategic plan for 2018-21, considering the progress we have made towards the outcomes and strategic priorities we set for ourselves. The review recognised the impact of the Covid-19 pandemic in the final year of the plan and the emerging lessons from the period. More information on our performance is available in our Annual Performance Plan.

3.1 Mental wellbeing for children and young people

We have made good progress in establishing and developing more appropriate and proportionate models to support wellbeing for children and young people with a focus on prevention and holistic support to families. Our Family Wellbeing Service which supports children and young people who present with a range of significant mental and emotional wellbeing concerns is delivering positive outcomes for individuals. The service is now well established and has expanded its reach to all GP practices. We are seeing improving outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP). The programme offers support to families experiencing difficulties with behaviour, building confidence among parents.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. We have made progress with the implementation of the Signs of Safety model which focuses on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. We continue to shift the balance of care and now have the highest proportion of children being looked after in the community in Scotland. Further progress has been made in ensuring our care experienced young people have a voice through our Champions Board with increased levels of participation and engagement.

3.2 Criminal Justice pathways

The IJB has been supporting multi-agency approaches to criminal justice through East Renfrewshire's Community Justice Outcome Improvement Plan with good progress in the establishment of stronger pathways to recovery and rehabilitative services.

High quality person centred interventions have been delivered through the Community Payback Team facilitating unpaid work, reducing the risk of reoffending and supporting individuals to overcome barriers into training and employment. We have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. We receive regular feedback from the public on the positive impact that community payback has had on their local community.

We continue to put effective interventions in place to protect people from harm and have seen improving personal outcomes for women and children who have experienced domestic abuse.

This work needs to continue into the next strategic plan.

3.3 Supporting health and wellbeing in our disadvantaged communities

East Renfrewshire as a whole continues to perform well ahead of the Scottish average for life expectancy and premature mortality rates. Collaborative and targeted interventions with physical activity and health awareness have been delivered in Barrhead and Neilston. In partnership with the East Renfrewshire Culture and Leisure Trust we have been progressing our Ageing Well activity to support health and wellbeing for older residents.

Health inequalities persist in East Renfrewshire and may have been exacerbated by the impact of the pandemic. We will continue to work with our community planning partners to develop our understanding of health inequalities and target interventions appropriately.

3.4 Supporting people to remain independent and live well at home

Supporting independence and minimising reliance on institutional care has been a significant area of focus for the IJB during the period. We have seen good progress in the development of our preventative and community-led supports, promotion of models that increase individual choice and control, and development of innovative support for people to maintain health and wellbeing in their own homes. In particular, prior to the Covid-19 pandemic, Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing and be directed to the right support at the right time. The approach has strengthened our work as a partnership, with clearer understanding among support providers of what is available across East Renfrewshire. This has resulted in increased availability of information and access to community supports.

The HSCP has introduced an ‘individual budget’ calculator to support self-directed support but further work is required to embed the new processes. We have made good progress in supporting independent living for people with learning disabilities including the development of a range of meaningful activities in the community. We have progressed independent living with the promotion of telecare and the expansion of our Home and Mobile Health Monitoring (HMHM) service with GP practices.

We would like to see more improvement in our performance that indicates a shift in the balance of care. Supporting people to live independently and well remains a strategic priority for the IJB and we will work to progress the most appropriate models of care, including making best use of digital opportunities to support local people.

3.5 Supporting recovery from mental ill-health

We continue to develop our approaches to ensure that people who experience mental ill-health can access the appropriate support on their journey to recovery. Community Link Workers have been introduced to all GP practices to support preventative and holistic approaches. Approximately 2000 people have benefitted from a wide range of physical, social and psychological interventions. We have progressed self-management through the promotion of computerised cognitive behavioural therapy (cCBT) and increased our referrals to specialised mental health services.

Available performance information for mental health remains limited and we will work to progress our understanding of local experiences through improved data and engagement. There is strong emerging evidence on the impact the pandemic is having on mental wellbeing across groups in the community. In recognition of this we would like to expand the scope of this strategic priority from tackling mental ill-health to supporting mental wellbeing in the community more widely.

3.6 Reducing unplanned admissions to hospital

Not accounting for the exceptional impact of the Covid-19 pandemic on acute care and patterns of hospital use, we have seen good progress in our development of supportive pathways out of hospital. We perform well on minimising delayed discharges and are seeing a reduction in unplanned days spent in hospital. However, the data shows that (before the pandemic) we were not reducing the volume of emergency admissions to hospital and there had been an overall increase in the number of A&E attendances over the period of the strategy (although with modest improvement for 2019/20).

To minimise unplanned presentations at hospital we have been working closely with GP practices and at cluster level and focusing on local data (e.g. frequent hospital attenders) to support to patients and minimise use of acute services. Prior to the pandemic good collaborative working with local care homes, brought down emergency attendances and admissions from this sector. We have seen good progress in supporting people at end of life with improving performance on the proportion of time people are supported in their own homes.

Our overall performance on unscheduled care indicates that we continue to be very successful at putting support in place to allow people to return to the community after as stay in hospital. However, with attendance and admission rates not improving, we

must work to ensure that people have the appropriate level of support in the community. We must also continue to work to identify those at greatest risk and plan support accordingly.

3.7 Supporting unpaid carers to exercise choice and control

We have seen continued progress in our development of support for East Renfrewshire's unpaid carers working in collaboration with our local Carers Centre. Our most recent report shows 92% of carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role, although 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. Whilst our performance is similar to that across Scotland, we know that this is an area that we can improve and we remain focused on ensuring that local people who provide unpaid care are valued and supported.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. Our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed Adult Carer Support Plans (ACSP) with carers. Those carers identified as having a substantial or critical need for support were referred to the HSCP for further social work intervention.

The HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy. Partners are clear that ensuring choice and control remains the key strategic priority for carers in East Renfrewshire.

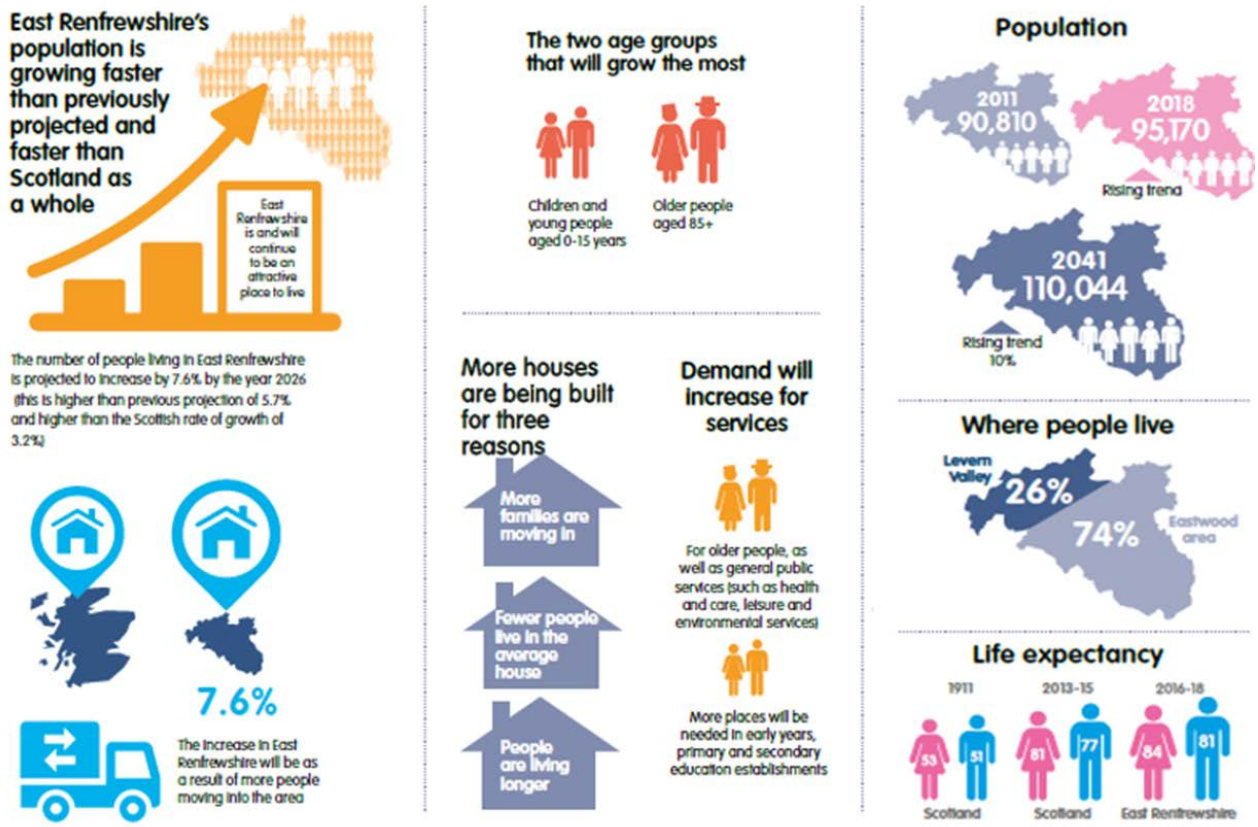
4. East Renfrewshire's current context

This section summarises our current context in relation to East Renfrewshire's demographic and health profile, impacts we are seeing from the Covid-19 pandemic and national priorities for recovery.

4.1 East Renfrewshire's demographics

Detailed needs assessment work will be carried out to support our next three-year Strategic Plan for 2022-25. Full Profiles have been developed for our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services. This section provides an overview.

4.1.1 Population



East Renfrewshire's population is growing and there is particular growth for our younger and older residents, who are the greatest users of universal health services.

There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.

4.1.2 Deprivation

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this mask the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage.

The table below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD datazones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these datazones.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	67	17	55	20
Population in most deprived SIMD quintile	%	2020	0	25	6.4	20

4.1.3 Health outcomes and inequalities

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead.

Data also shows poorer outcomes for the Barrhead local in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male average life expectancy in years	mean	2014-2018*	81.7	76.3	80.7	77.1
Female average life expectancy in years	mean	2014-2018*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-2018	51	90	62	110
Population with long-term condition	%	2018/19	19	22	21	19
Cancer registrations per 100,000	rate	2015-2017	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018/19	16	20	17	19

Data also shows discrepancies across the two localities in our objective to reduce unplanned hospital use with poorer performance in the Barrhead locality for most measures. However, people at the end of life are more likely to be supported in their community during the last six months of life compared with the Eastwood locality. The

Barrhead locality records a higher rate of mental-health related emergency admissions to hospital and unplanned bed days.

4.2 Emerging impacts from the Covid-19 pandemic

This section considers the impacts of Covid-19 and the changes we have made. We will continue to learn lessons as we move through and beyond the pandemic period.

4.2.1 Impacts of Covid-19

- **Impacts of increasing poverty on health and wellbeing.** While the full economic impact of the pandemic is still emerging it is clear that there have been negative consequences for businesses and employment prospects nationally and locally and that this is likely to worsen as supports including the furlough scheme come to an end. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes. We know that the unemployment rate has risen significantly in East Renfrewshire and we have a high volume of people being furloughed. The 18-25 age group has particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.

- **Potentially worsening health inequalities.** National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The loss of social support during the pandemic due to diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. We have also seen at the UK level, that disadvantaged neighbourhoods and areas with poorer, high-density housing have been particularly badly affected by the pandemic.

- **Negative impacts on mental health and wellbeing.** Evidence indicates that the COVID-19 pandemic is associated with social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. Studies have concluded there will be significant longer-term impacts on mental health and wellbeing. For some of the population this could exacerbate pre-existing psychiatric disorders and heighten risks of suicidal behaviour. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, people with underlying health conditions, children and young people (up to age 25). Locally, we know that families and people we support are reporting worsening mental wellbeing.

- **Increased frailty and vulnerability.** Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing

- levels of need, frailty and vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

- **Impacts of ongoing Covid-19 restrictions.** It is unclear how long restrictions such as physical distancing will need to remain in place. These are impacting the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and reducing face-to-face contact and group supports. Alternative approaches are in place and we will work with our partners to re-establish our services and preventative supports as soon as we can.

- **Impacts on the wellbeing and capacity on staff.** The Covid-19 pandemic has placed huge demands on the health and care workforce with frontline staff dealing with the immediate consequences of the pandemic and teams having to adjust to radically different ways of working. Staff teams have also had to work with reduced capacity as a result of sickness absence or staff self-isolating during the crisis. Given the level of stress staff are under and potential for staff to feel isolated it is essential that we continue to support staff resilience and connectedness.

4.2.2 Changes as a result of Covid-19

- **Changing patterns of service use.** The pandemic period has seen new ways that people engage with services with increased use of telephone and video contact. In some instances such as 'wellness calls' people have been able to engage with services in quicker and more convenient ways. We must ensure that we understand people's expectations and preferences when accessing services and make sure that any positive changes to service delivery are retained (while not excluding any groups e.g. those without access to digital technology).

- **Stronger communication across the partnership.** As a partnership the pandemic has brought into sharp focus our shared goals and the shared level of commitment across partner organisations. We have seen increasingly supportive working relationships between statutory, independent and third sector partners. There have been better lines of communication between health professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.

- **High levels of community and third sector activity.** During 2020 we saw high levels of support and participation in our communities. We saw a local surge in residents offering their time as volunteers as well as informal support within neighbourhoods. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.

- **Capacity for change and innovation.** Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward.

4.3 NHS Greater Glasgow and Clyde Remobilisation Plan 3 (2021-22)

Having produced a series of response and remobilisation plans over the course of the Covid-19 pandemic, NHS Boards were asked to produce an operational plan for the period 2021-22 reflecting planned activity in relation to key priority areas. Remobilisation Plan 3 covers a number of activity areas of particular relevance to the HSCP. This includes supporting staff wellbeing, recognising the importance of providing on-going support to promote both physical and psychological wellbeing over the coming year and looking to embed systems of support for the longer term.

The remobilisation plan sets out the approach to full remobilisation across adult services including the provision of advice, support and guidance to Care Homes, provision of services to support people in their own homes including care at home, respite and day care services, whilst ensuring that safety remains the top priority at all times. The plan is clear that lessons learned and innovative approaches developed during the pandemic, irrespective of setting, should be maintained and examples of best practice shared and adopted across IJBs.

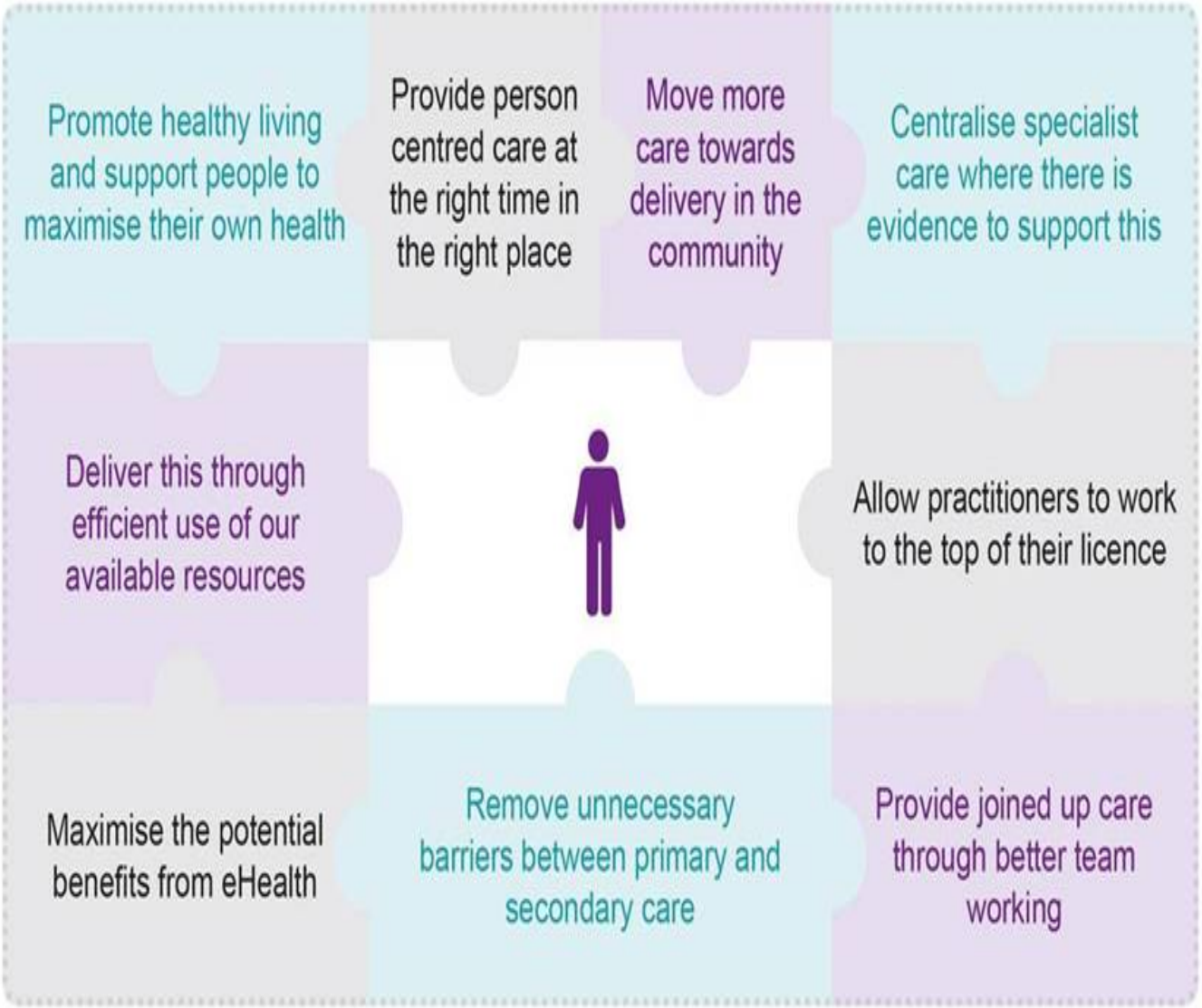
The plan supports the continuing safe delivery of (non-Covid) essential services in parallel with the response to Covid-19. It recognises that optimisation of self-care and an expansion of the role of primary care/community-based services will be a key element of the new “business as usual” following the pandemic. Key areas of activity include: enhancing the interface between primary and secondary care (including the development of Community Care and Treatment Room Services); sustaining Covid-19 pathways; primary care support to the essential roles/functions of care homes and care at home; responding to any increased demand for rehabilitation services (including potential impact of long Covid); and provision of key services in community including pain management, dentistry, and eye care.

Remobilisation Plan 3 supports a whole system approach to mental health and wellbeing in response to the mental health impacts of Covid-19, addressing the challenges that the pandemic has had, and will continue to have, on the population’s mental health. In line with the national Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan, the Scottish Government will support Boards and IJBs to remobilise services and to improve performance against the CAMHS and Psychological Therapies waiting times standards.

The plan aims to ensure that provision reflects the service user perspective and experience across the whole health and social care system, and is structured around patient/service user pathways rather than service boundaries. It seeks to address the health inequalities that have been exposed and exacerbated by the pandemic and, as appropriate, embed innovative practices and new ways of working that have been evident during the pandemic response.

4.4 Moving Forward Together

Moving Forward Together (MFT) remains the strategic document which describes the vision for future clinical and care services in Greater Glasgow and Clyde. The key principles established through MFT are summarised below:



Although the formal governance arrangements for MFT have been stood down due the pandemic, these priorities continue to be delivered in partnership between clinicians, service users and the public. There has been significant progress since the

start of the pandemic in relation to: maximising the potential benefits from eHealth (with higher volume of remote consultations); centralising specialist care where there is evidence to support this; providing person centred care at the right time in the right place (through the redesign of urgent care and strengthening of pathways); and, removing unnecessary barriers between primary and secondary care (though the cross system approach to recovery and remobilisation planning).

4.5 Independent Review of Adult Social Care

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care. The independent review published its report on 3rd February 2021.

The report suggests a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.

It calls for new thinking and a new positive narrative around the role of social care support, recognising its 'foundational' importance in society and moving towards a human rights based approach.

Old Thinking	*New Thinking*
Social care support is a burden on society	*Social care support is an investment*
Managing need	*Enabling rights and capabilities*
Available in a crisis	*Preventative and anticipatory*
Competition and markets	*Collaboration*
Transactions	*Relationships*
A place for services (e.g. a care home)	*A vehicle for supporting independent living*
Variable	*Consistent and fair*

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review calls for some structural changes such as the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

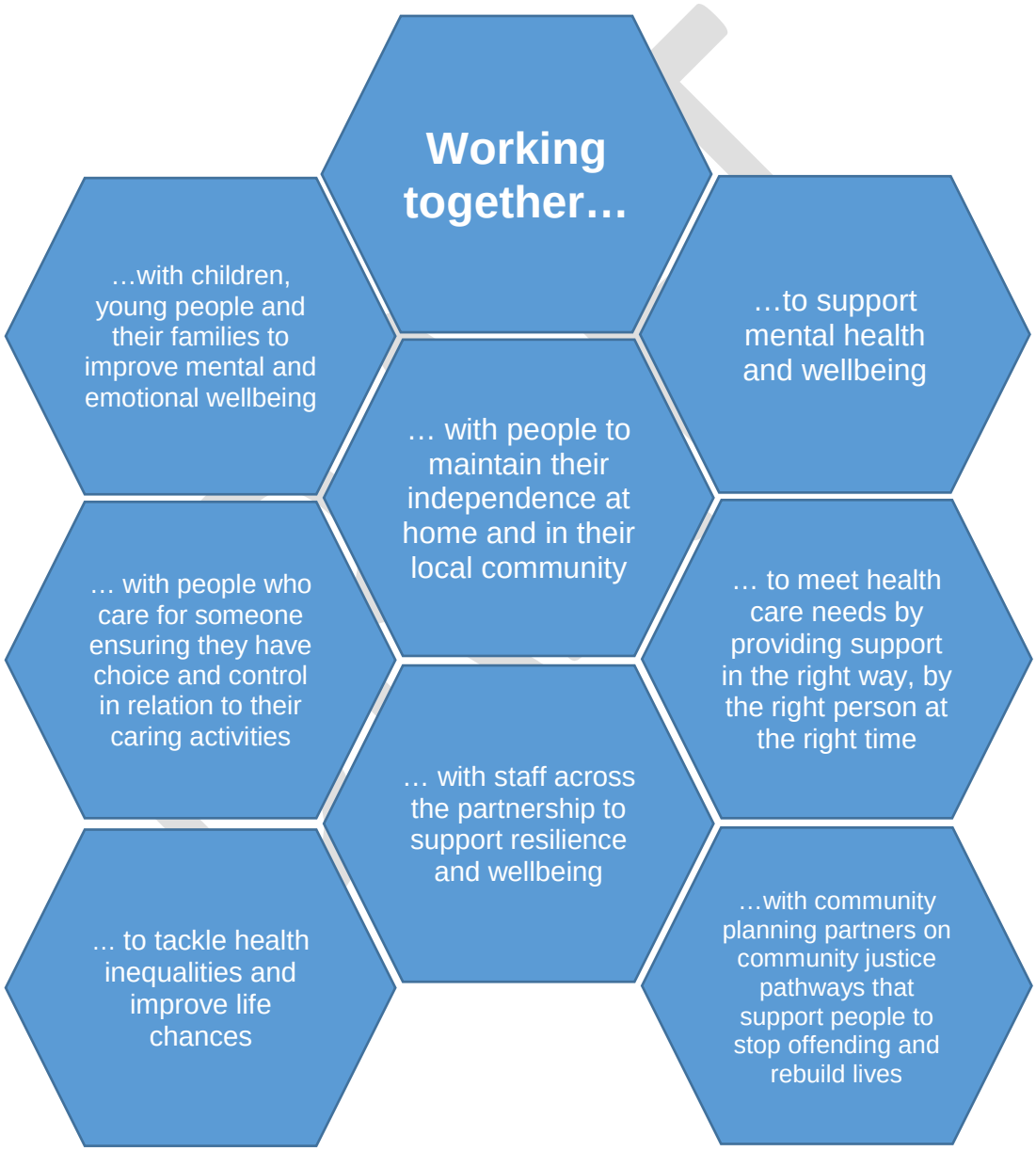
The report makes 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;
- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people's needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

It is expected that the findings from the review will have significant impacts for the delivery of social care and wider supports moving forward. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021-22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

5. Our strategic priorities

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan, assessed our demographic profile and the lessons learned from the Covid-19 pandemic, and in consultation with key stakeholders we have reviewed our priorities for 2021-22. The majority of our high-level priorities remain unchanged but we have decided to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce.



Working together with children, young people and their families to improve mental and emotional wellbeing

Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023. Improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for East Renfrewshire Health and Social Care Partnership (HSCP) as we go forward in future years.

Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. A co-production event which included children, young people and parents/carers supported relationship-based and nurturing approaches which bridge the gap between school and home. There was a shared view that in many instances help for a child or young person would be best placed in the context of the child's family network. From this it was agreed to develop a blended model of support which would incorporate new as well as existing approaches.

Over the past year the impact of the Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. This will work alongside our existing Family Wellbeing Service which links to GP practices and the CAMHS service.

In addition, our Healthier Minds Framework is an evidence-based guide for children, young people, families and practitioners, outlining ways to support mental wellbeing in a holistic way and provides information about service and resources that can help at different stages in time.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise". As outlined in the Children and Young People's Plan we will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

Our contributions to delivering this priority	Key activities during 2021-22	How we will measure our progress
Improved support for vulnerable children Increased confidence among parents most in need of support as a result of targeted interventions	Deliver family support to families that need it the most and that will enhance safe parenting, and reduce risks to children and young people Support engagement and participation through East Renfrewshire Champions Board Undertake scoping activity that quantifies the need for community resources for children and young people with additional support needs Work in partnership with children, young people and their families to implement the recommendations of the Independent Review of Care Report (The Promise). Offer Family Group Decision Making at the initial referral stage through Request for Assistance (s12 duties) Embed the Signs of Safety practice principles across all child and family interventions Fully implement new Scottish Child Interview Model (SCIM), alongside key partner agencies ensuring trauma informed support from referral to recovery.	% Looked After Children with more than one placement within the last year % of children who are looked after away from home who have had a permanence recommendation within 6 months % of children with child protection plans assessed as having an increase in their level of safety % of children subject to child protection who are offered advocacy service

Working together with people to maintain their independence at home and in their local community

We will continue to work together to ensure as many East Renfrewshire residents as possible can maintain their independence at home, during the pandemic and recovery period in 2021-22.

We are aware that many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same the response to the pandemic has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub. We want to build on this joint working going forward to increase the community supports and opportunities available.

We will make best use of technology and health monitoring systems to support independence and self-management. With our partners we will support digital inclusion and the roll out of the AskSARA web based assessment and advice on equipment and solutions to support daily activities. In line with the NHSGGC Remobilisation 3 Plan we will support the increased use of digital technology, telephone and Near Me technology to support remote consultations and enable services to continue seeing patients in new ways.

We will continue to review and embed our outcome-focused assessment tool and our new individual budget calculator and ensure that people who require support to have as much choice and control as they wish in relation to their supports. We will work with our partner providers and in-house services to support them to develop their business/service plans to adapt to these new approaches. As we recover from the pandemic we will build on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

As more people live longer with more complex conditions it is important that we consider the potential contribution of housing to support independent living in our communities. We have committed to work with colleagues in East Renfrewshire Housing Services and local housing providers to better understand local needs and discuss future models of housing, technology and support.

Our contributions to delivering this priority	Key activities during 2012-22	How we will measure our progress
Support more people to stay independent and avoid crisis though early intervention work Ensure the people we work with have choice and control over their lives and the support they receive.	Promote the range of local supports and opportunities available through the Community Hub and Talking Points Promote the use of AskSARA and other digital opportunities that support independence Support use of digital technology, telephone and Near Me technology Improve links and pathways between our rehabilitation and re-ablement services Review and refresh our roll out of individual budget calculator and access to self-directed options Commence work with local care providers in responding to National Social Care Review recommendations Work with housing providers to refresh our housing need assessment and consider future housing opportunities	Number of people engaged though Talking Points events and support Referrals to preventative support through Talking Point engagement % of people whose care need has reduced following re-ablement/rehabilitation Number of people self-directing their care through receiving direct payments and other forms of self-directed support. Percentage of people reporting 'living where you want to live' needs fully met. % of people aged 65+ with intensive needs receiving care at home Percentage of people aged 65+ who live in housing rather than a care home or hospital

Working together to support mental health and wellbeing

Our previous strategic priority had a focus on recovery for people experiencing mental ill health. In response to the impact of the pandemic we are extending this priority to working together to support mental health and wellbeing across our communities.

The pandemic has tested everyone's emotional resilience, and will continue to do so. Many of us have been anxious or worried about our health, our family and friends, and changes to our way of life. Some individuals, families and communities have found the past few months really tough. During 2020/21 we want to see a continued focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this.

Covid-19 has created many challenges. During the pandemic we developed new approaches and ways of working that we can build on to help meet the demands on us going forward as we support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

We will continue to work in partnership with people who use services, carers and staff to deliver the Greater Glasgow and Clyde Five Year Strategy for Adult Mental Health Services. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We will continue to test and develop the impact of lived experience in the delivery of services such as peer support and its contribution to individual's recovery journeys, alongside formal services.

We have committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action taking a leading role. As we recover during 2021-22, we will support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Supporting the wellbeing and resilience of our staff and volunteers is critical to ensuring they can support residents effectively. We will continue our partnership working with primary care and Recovery Across Mental Health in which link workers in all of our GP practices offer social and psychological interventions to improve wellbeing.

Our contributions to delivering this priority	Key activities during 2021-22	How we will measure our progress
A range of supports for individuals on their journey to recovery from mental ill-health A strong partnership approach to enhancing wellbeing through prevention and early intervention Staff and volunteers with the skills, knowledge and resilience to support individuals and communities	Ensure appropriate access to primary mental health services Develop and deliver the programme of activity supported by Action 15 funding Implement the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire and the Coronavirus mental health - transition and recovery plan Support holistic link worker service through all GP practices Develop local peer support service Reflect and build on innovative ways services have been delivered during the pandemic (including digital solutions) Support mental health and wellbeing interventions delivered through local wellbeing partnership activity	Percentage of people waiting no longer than 18 weeks for access to psychological therapies Mental health hospital admissions (age standardised rate per 1,000 population) Positive outcomes for individuals supported through link worker interventions Positive outcomes for individuals receiving peer support *Wellbeing measures – to be agreed*

Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long-term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community. This should allow local GPs to spend more time in clinically managing patients with complex care needs.

During the pandemic we have strengthened the partnership and opportunities for shared clinical conversations between the consultants and clinical leaders in hospitals and GP as the expert medical generalists in the community. The vision set out in NHSGGC Remobilisation 3 Plan is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

We are working together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. Over the next few months we will be finalising our joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years. For 2021/22 we have committed to a number of immediate actions that support this strategy and can be delivered a shorter timescale.

Our joint programme outlined is focused on three key themes:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and **better** supporting people to transfer from acute care to community supports;
- **improving the primary / secondary care interface** to better manage patient care in the most **appropriate** setting.

Our contributions to delivering this priority	Key activities during 2012-22	How we will measure our progress
Early intervention and prevention of admission to hospital to better support people in the community Improved hospital discharge and better support for people to transfer from acute care to community supports Improved primary / secondary care interface to better manage patient care in the most appropriate setting	Complete the implementation of the local Primary Care Improvement Plan Improve quality and quantity of Anticipatory Care Plans and Emergency Care Information Summaries Progress local out of hours response arrangements to support implementation of Urgent Care Resource Hub. Implement discharge to assess protocol. Improve process for AWI patents learning from mental welfare commission recommendations and GGC wider review Develop and test enhanced community support and intermediate care models in partnership with HSCPs across Glasgow Continue support to local care homes and other supported living providers through safety and professional assurance arrangements.	No. of A & E Attendances Number of Emergency Admissions A & E Attendances from Care Homes Emergency Admissions from Care Homes Occupied Bed Days (Adult – non-elective) People waiting more than 3 days to be discharged from hospital Bed days lost to delayed discharge % of last six months of life spent in Community setting *Percentage of people admitted to hospital from home during the year, who are discharged to a care home* *Number of clients supported into intermediate care*

Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

We recognise that carers have been significantly impacted by the pandemic and changes to a range of supports. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. Over 2021/22 we need to move to recovery and make sure that the right supports and services are in place for carers. The work of the Care Collective has demonstrated how we need to strengthen our approach to involving carers through the planning process and with identifying the outcomes that matter to them.

Our Carers Strategy maps how we will work together with partners to improve the lives of East Renfrewshire's carers. Through local engagement and discussion we know that we need to develop our workforce, pathways and supports for Carers. We had commenced work on this prior to the pandemic and will review and refresh this activity as part of our recovery work this year

We have committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information. We will continue to encourage collaboration between providers of supports to carers ensuring local provision best meets carers needs and any infection control requirements. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personal support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

Sadly, many people have lost loved ones as a result of Covid-19. Bereavement is amongst the most difficult challenges any of us will ever experience and the circumstances and restrictions of the pandemic have made this even harder. We will work with our partners to ensure relevant help and support is available to those who have experienced bereavement over the last year.

Our contributions to delivering this priority	Key activities during 2021-22	How we will measure our progress
Staff across the partnership are able to identify carers and value them as equal partners Carers can access accurate information about carers' rights, eligibility criteria and supports More carers have the opportunity to develop their own carer support plan	In partnership with Carers Centre provide information and training to raise awareness of the impact of caring and requirements of Carers Act. Publicise our clear prioritisation framework (eligibility criteria) for support and implement consistently Ensure that carers and support organisations are aware of the scope and different types of respite care and short-break provision available Work with providers to review and modernise our approach to respite and short term breaks in light of Covid-19 requirements Develop tools and supports to help carers identify the impact of their caring role during the pandemic and recovery and plan how best to meet their needs Work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring during the pandemic. Implement carers' support planning including planning for emergencies with individual carers.	Percentage of carers who feel supported to continue in their caring role. (NI8) People reporting 'quality of life for carers' needs fully met (%) Carers supported to develop their own personal support plans

Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our criminal justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will identify and develop opportunities for the unpaid work element of community payback orders to meet the needs of the local community.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the criminal justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

We are aware of the impact of lockdown on people experiencing domestic abuse. As part of our community planning work to protect people from harm and abuse, we have established and will continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. During the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We will ensure that all high-risk domestic abuse victims and children have multi agency action plans in place to reduce the risks posed to them by perpetrators. We will work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

Our contributions to delivering this priority	Key activities during 2021-22	How we will measure our progress
People have improved access to through care and a comprehensive range of recovery services. The risk of offending is reduced though high quality person centred interventions	Using appropriate assessment tools to identify risk and need Delivering a whole systems approach to diverting both young people and women from custody Delivering accredited programmes aimed at reducing reoffending Working with local partners to ensure a range of beneficial unpaid work placements are taken up	% of people reporting community payback order helped to reduce their offending Offenders completing unpaid work requirements Positive employability and volunteering outcomes for people with convictions
Effective arrangements are in place to identify and manage risk Effective interventions are in place to protect people from harm	Providing a range of services for women who experience domestic abuse Working in partnership with people at risk of harm to assess their needs and provide appropriate support	Change in women's domestic abuse outcomes People agreed to be at risk of harm have a protection plan in place

Working together with individuals and communities to tackle health inequalities and improve life chances.

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionally impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic. We will support equalities activities being taken forward under NHSGGC Remobilisation 3 including mainstreaming of changes shown to be effective in reducing inequalities.

This priority also reflects our longer-term ambitions for East Renfrewshire. The HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our contributions to delivering this priority	Key activities during 2021-22	How we will measure our progress
Increase in activities which support prevention and early intervention, improve outcomes and reduce inequalities. Health inequalities will be reduced by working with communities and through targeted interventions	Work to understand and address longer term impacts of Covid-19 on our communities and particular groups Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions for recovery from the coronavirus pandemic Deliver tailored health improvement programmes and activities in communities with greater health inequalities and disproportionate effects of Covid-19 Continue to support local activity to tackle Child Poverty and its effects Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing Working with our partners in Culture and Leisure to plan recovery of our Ageing Well programme where safe to do so Implement the Maternal and Infant Nutrition Framework	Male life expectancy at birth in 15 per cent most deprived communities Female life expectancy at birth in 15 per cent most deprived communities Premature mortality rate per 100,000 persons aged under 75. % increase in exclusive breastfeeding at 6-8 weeks in most deprived SIMD data zone

Working together with staff across the partnership to support resilience and wellbeing

In consultation with staff and stakeholders we have added support for resilience and staff wellbeing as a new strategic priority for 2021-22. Working together with staff and our partners we will develop and deliver a series of positive measures to promote staff wellbeing during the year.

Responding to Covid-19 has tested us in in ways we have never experienced before. The people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are constantly evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has identified a health and wellbeing champion who contributes to discussions at a national level. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have drafted a wellbeing plan entitled 'You care….We care too.' The plan identifies four strategic objectives / outcomes and a supporting action plan. The objectives are given below. We will work to ensure that this priority is delivered across the wider partnership with advice, support and activities made available as widely as possible.

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our contributions to delivering this priority	**Key activities during 2021-22**	**How we will measure our progress**
Staff have access to resources and information that can improve their wellbeing Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership Opportunities are promoted for staff to take part in physical activity, rest and relaxation Staff feel safe in the work place	Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services, including staff working from home and shielding Develop leadership competencies across management in order to focus on resilience across the partnership Ensure regular wellbeing conversations with staff and teams Promote relaxation and physical activity opportunities across the partnership Ensure all physical environments are adapted to be Covid-19 compliant	Number of activities promoted Participation rates in health and wellbeing activities for staff *iMatter / pulse survey feedback from staff – ongoing development.*

6. Long-term strategic planning

This Strategic Plan is a one-year 'bridging' plan covering the 12 month period that will see us moving through our emergency response to the Covid-19 pandemic. Due to the exceptional circumstances we have temporarily moved away from producing a longer-term 3 year plan but will return to this approach for 2022-25.

We wish to take a collaborative approach to our long-term strategic planning driven by our multi-agency Strategic Planning Group. This will mean that over the course of 2021 and into 2022 we want to engage in conversations about future priorities for change. We will also look to refresh the more detailed plans that support the implementation of our Strategic Plan including our Medium-Term Financial Plan, Strategic Commissioning and Market Shaping Plan, and a range of thematic and service-specific plans. Our engagement with residents and partners in developing this work will be in accordance with the principles and approaches set out in our recently revised Participation and Engagement Strategy.

7. Financial context

At the time of concluding this draft plan, we are still working through the implications of the Scottish Government's initial budget announcement for 2021-22 and assessing the potential impact on financial contributions to the HSCP from our partners. We also continue to assess the ongoing financial impact from the Covid-19 pandemic although at this stage it is too early to fully understanding the longer-term implications. We intend to take our budget for 2021-22 to the IJB in March 2021.

On the basis of our updated budget we will refresh our Medium-Term Financial Plan, recognising the ongoing uncertainties from the pandemic as well as the potential changes to our operating landscape resulting from the National Review of Adult Social Care.

AGENDA ITEM No.9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 17 March 2021
Agenda Item	9
Title	Carers Strategy and HSCP Short Breaks Statement Updates

Summary

This report updates the Integration Joint Board on the progress made and ongoing development work to refresh East Renfrewshire HSCP's Carers' Strategy for 2021-22. This report also presents the updated HSCP Short Breaks Statement, which ensures information on Carers' rights to short breaks and the options for this, are published, up to date and readily available.

Presented by	Irene Brown, Carers Lead

Action Required

The Integration Joint Board is asked to:-

- approve the one year refresh of the Carers' Strategy for the period 2021-22
- note and comment on the partnership working, consultation and actions taken in implementing and refreshing the strategy
- approve the updated HSCP Short Breaks Statement

Directions

- ☒ No Directions Required
- ☐ Directions to East Renfrewshire Council (ERC)
- ☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)
- ☐ Directions to both ERC and NHSGGC

Implications

- ☒ Finance
- ☐ Risk
- ☐ Policy
- ☐ Legal
- ☐ Workforce
- ☐ Infrastructure
- ☐ Equalities
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 MARCH 2021

Report by Head of Finance & Resources (Chief Financial Officer)

CARERS STRATEGY UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the progress made and ongoing development work to refresh the existing Carers Strategy (Appendix 1). It also reports on the updated HSCP Short Breaks Statement (Appendix 2), which ensures information on Carers' rights to short breaks and the options for this, are accurate, up to date and readily available.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
   - approve the one year refresh of the Carers' Strategy for the period 2021-22
   - note and comment on the partnership working, consultation and actions taken in implementing and refreshing the strategy
   - approve the updated HSCP Short Breaks Statement

BACKGROUND

3. The Carers (Scotland) Act 2016 legislation came into effect in April 2018. The Act extended and enhanced the rights of unpaid Carers and set out a wide range of measures to improve support for Carers.

4. The Act requires local carer strategies to be developed across Scotland. These should set out plans to identifying carers, provide support and services to adult and young carers and provide information about local support. The duty to prepare local carer strategies is delegated to Integration Joint Boards, with a strong recommendation to work closely and collaboratively with carers and the third sector in preparing strategies.

5. In addition, there is a requirement for the publication of a Short Breaks Statement which should include information on local eligibility criteria for funding and provide advice and information on Short Breaks to improve the lives of carers.

6. Our existing Carers Strategy covers the period 2018-2021 and was written in collaboration with unpaid carers and partners in line with the National Standards for Community Engagement. The development work was carried out through the 'Care Collective' led by East Renfrewshire's third sector interface organisation Voluntary Action East Renfrewshire (VAER) working closely with East Renfrewshire Carers (ER Carers) and facilitated by an independent third sector agency, along with other partners.

7. The 'Care Collective' approach involved research, interviews, face to face engagement events and social media activity involving 2,000 local people. The work of the Care Collective demonstrated how we needed to strengthen our approach to involving carers through the planning process and with identifying the outcomes that matter to them.

8. The Carers' Strategy has four strategic carer outcomes that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

    - Carers are identified, valued and involved
    - Carers have choice, control and a life alongside caring
    - Carers are living full lives and able to support their health and wellbeing
    - Caring is a positive experience

REPORT

Local Implementation of the Carers Strategy

9. Using the Care Collective's approach to involvement:

    - A leadership collaborative was established involving carers, partner organisations and HSCP managers to form the Carers Act Implementation Group (CAIG) to ensure a shift to meaningful co-production with carers in the process of planning and commissioning services. A Carers Lead post was appointed in January 2020.
    - Adult Carers were involved in developing an Adult Carer Support Plan and a Carer's Emergency Plan.
    - We collaborated with third sector organisations to ensure good, accurate and up to date online advice and information.
    - We worked closely with our partner ER Carers and a group of around 20 carers who meet regularly and are actively involved in the planning of community support and services for carers and the people they care for.

Refreshing the Strategy

10. In September 2020 an online survey was developed and distributed to carers by ER Carers Centre asking carers about their experience accessing and receiving support and services, and the impact of the pandemic on carers. 142 carers responded.

11. The findings from the survey identified

    - Communication is an issue. Carers want more pro-active communication, to receive regular advice and updates on Covid-19 guidelines and on the practical support available.
    - The pandemic has impacted on carers. The lack of resources and stimulation for the person they care for is impacting on the health and wellbeing of both the person being cared for and the Carer. Carers suggested that more support could be provided online for the person they care for and the introduction as restrictions allow of more health and wellbeing activities for carers such as stress management and community walking groups.
    - There is a lack of choice and control over how they and the person they cared for are supported. Carers would like improved access to Self-Directed Support (SDS) options.

In October 2020 nine carers agreed to be interviewed on their experiences of support and their ideas on how to improve this. We found again communication was an issue identified as a barrier to timely access to good support. *"Getting support must be dynamic and less complicated, more supportive, more them coming to you". "There's nothing preventative, there's a lack of information and direct contact"*

12. The Strategy was reviewed by the Carers Act Implementation Group (CAIG) in August 2020 and shared with the Carers Collective in October 2020 for comments before being refreshed. It was agreed it should be shorter. It was also agreed that separating the existing strategy into an Adult Carers' Strategy and a Young Carers' Strategy developed in collaboration with carers would improve accessibility to these documents for all stakeholders.

13. On July 31st regulations on timescales to offer and complete an Adult Carer Support Plan and Young Carer Statements will be introduced for carers of a terminally ill person. Once these timescales are confirmed this strategy will be updated to include this important change along with a process to ensure this happens.

Action taken

14. A newsletter is now sent weekly with updates and guidance on Covid-19 and support available to all Carers registered ER Carers by email or post. We subscribed to a Carers digital advice and information resource and care coordination app available 24/7 on HSCP and partner's websites. This was launched in local press and social media.

15. Check-in calls to Carers have been restarted by ER Carers and carers were offered support to set up and manage a peer support Facebook Group.

16. Carer awareness sessions have been being delivered online since January 2021 across HSCP teams and partner organisations to increase awareness of Carers Rights, the impact of Caring and the support available.

HSCP Short Breaks Statement

17. From our work with stakeholders we agreed our guiding principles for planning short breaks with carers, which remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.
- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

18. East Renfrewshire's Short Breaks Statement has been updated to ensure all advice and information is accurate and includes the development of creative, Covid-safe online breaks that meet the outcomes of the Carer and the cared for person.

CONSULTATION AND PARTNERSHIP WORKING

19. The consultation and feedback detailed throughout this report has informed the refreshed Carers strategy. We are committed to working closely with all partners to support carers as Covid-19 restrictions continue to impact on their caring role. We will align these activities to our strategy implementation.

20. We will continue to use a collaborative approach involving Carers, Carers Collective, ER Carers and other partners in reviewing the implementation of this strategy and with developing the East Renfrewshire's Adult Carers' Strategy 2022-25. We will collaborate with ER Carers, Education and the Young Carers Engagement Group to develop and design East Renfrewshire's Young Carers Strategy 2022- 2025.

IMPLICATIONS OF THE PROPOSALS

21. There are no specific implications arising from this report.

DIRECTIONS

22. There are no directions arising from this report.

CONCLUSION

23. We know that carers have taken on increased caring responsibilities during 2020-21 as a result of the pandemic and that they have faced additional challenges due to changes in support services. Partnership work has taken place throughout the pandemic to progress and refresh our Carers' Strategy and our Short Breaks statement but it has been impacted by the Covid restrictions.

24. The bridging refresh of the existing strategy will allow time to better understand the post Covid impact on carers and the actions we need to take to support carers' wellbeing. It will also give us time to consider the findings of the National Review of Adult Social Care which recognised the vital role that carers undertake.

RECOMMENDATION

25. The Integration Joint Board is asked to:-
    - approve the one year refresh of the Carers' Strategy for the period 2021-22
    - note and comment on the partnership working, consultation and actions taken in implementing and refreshing the strategy
    - approve the updated HSCP Short Breaks Statement

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper - 18 March 2020 – Carers Strategy Implementation and Development Plan 2020-21
https://www.eastrenfrewshire.gov.uk/media/1419/Integration-Joint-Board-Item-11-18-March-2020/pdf/Integration_Joint_Board_Item_11_-_18_March_2020.pdf?m=637284278252500000

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Carers Strategy

2021-2022

I Care, You Care, We Care

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

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اگر آپ اس لیف لیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

Thank you to all our partners involved in the development of this strategy. Particular thanks go to the carers of East Renfrewshire and to East Renfrewshire Carers Centre without whose involvement this strategy could not have been written.

Document Title:	East Renfrewshire Carers Strategy 2021-22	**Owner:**	Irene Brown
Version/Status:	V1 / Final Draft	**Date Approved:**	Final (pending approval)

Revision History:		
Version:	**Date Effective:**	**Author & Changes**

Contents

1. Introduction

The Covid-19 pandemic has had a significant impact on the lives of East Renfrewshire's unpaid carers and the people they care for. At the same time as many carers have been facing additional pressures and taken on increased caring roles, the changes to support services has meant there has been little or no opportunity for a break from caring. At the same time we have seen unpaid carers, our staff and partners show exceptional commitment, resilience and a willingness to adapt to working in different and innovative ways to provide the care and support that people need.

We need to take some time to engage with carers and partners to reflect on the impact of the pandemic, before moving forward with a new strategic plan for 2022-2025. With this in mind, we have reviewed and extended the existing Strategy, I Care, You Care, We Care 2018-2021 for a further year. This will be our short term guide through this extremely challenging time in supporting carers through the response to the pandemic and into the initial recovery of services.

While we acknowledge the importance of each carer's role in the sustainability of our services and maintaining strong communities, we must take into account the impact caring can have on the life of the carer. In East Renfrewshire we are committed to working together to improve the lives of carers by ensuring they have choice and control over their caring role and to supporting them to stay healthy and well. We are also committed to ensuring that Young Carers are children first and foremost. That they are valued, nurtured, inspired and empowered to reach their full potential.

Over the coming year we will be facing further challenges together. It remains our ambition that throughout this year and going forward unpaid carers are our equal and valued partners in care, involved in the planning of any services that affect them and able to say they have choice and control in relation to their caring role. This strategy sets out how we plan to achieve this over 2021-22.

1:1 Who is a Carer?

Before reading further it is important to understand that the term ‘carer’ as used in this strategy refers to someone who provides unpaid care for another person. This is not to be confused with volunteers, or care workers who are often referred to as carers but paid to care. The person receiving care is the ‘cared-for’ person.

- A carer is anyone who provides or intends to provide unpaid care for another person. The cared for person could be a family member, relative, neighbour, or a friend and be any age. "Young Carer" as a carer who is under 18 years old or is 18 years old and is still in school. "Adult Carer" as a carer who is a least 18 years old but is not a young carer.

- A carer does not need to be living with the cared for person.

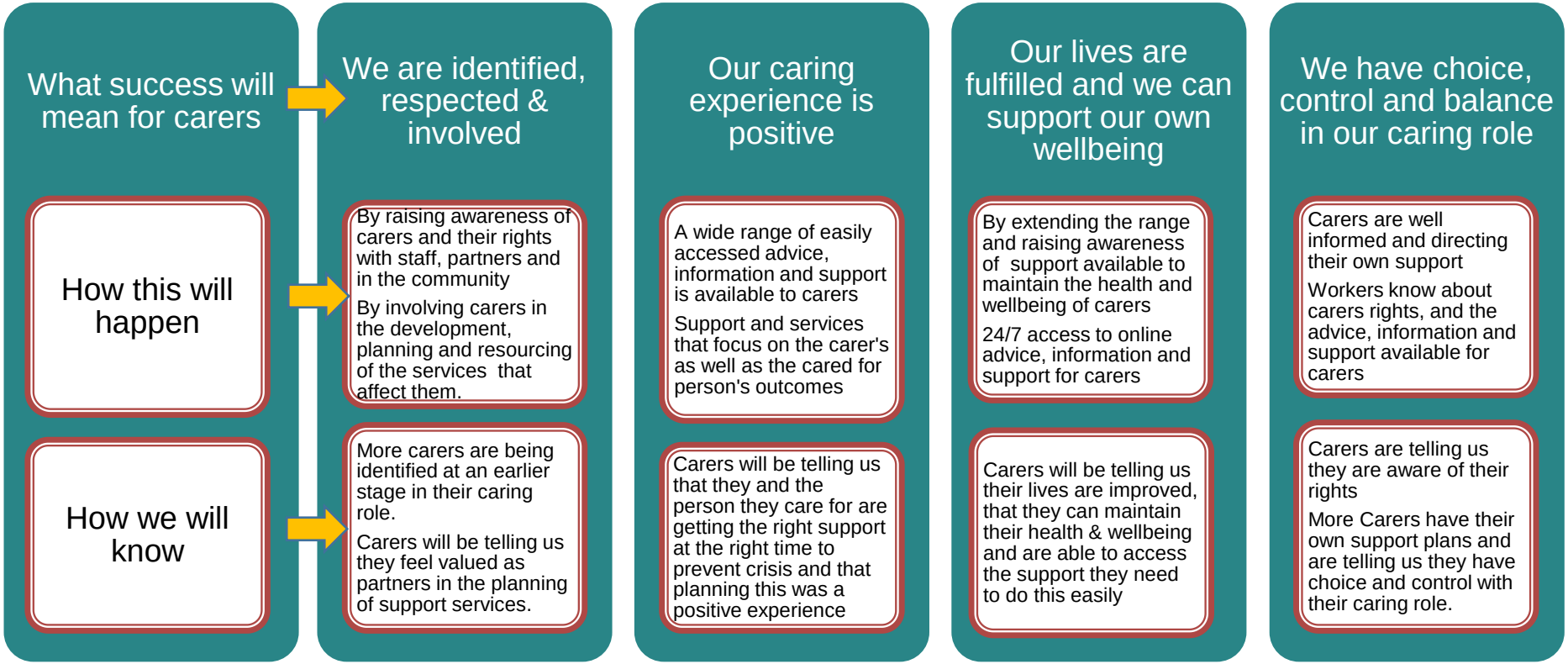
- A carer can already be providing long or short term care for someone or planning to. Their caring roles and activities can change over time.

- Anyone can become a carer at any time and sometimes for more than one person.

What is Caring?

There is no such thing as a ‘typical carer’. A carer can be caring for a person with a physical or mental illness, a disability, frailty, or a problem with substance abuse, the cared for person may have more than one condition, the carer may have their own health issues. Caring not only includes the practical activities normally associated with providing care – shopping, cooking, cleaning, help with bathing, it also includes emotional support and the time spent worrying about someone; the so called “invisible tasks” (Carduff, et al., 2014)[1].

2. Our Strategy at a Glance



Working Together with People who Care …

3. National and Local Policy Contexts

All relevant national legislative and policy documents were consulted in the writing of this strategy. The Carers (Scotland) Act 2016;[2] Children and Young People (Scotland) Act 2014;[3] Caring Together – The Carers Strategy for Scotland 2010 – 2015;[4] Public Bodies (Joint Working) (Scotland) Act 2014;[5] Self-Directed Support (Scotland) Act 2013;[6] Getting It Right For Every Child (GIRFEC)[7] are just some examples. Of these documents some key pieces of legislation, policy drivers and strategies are of particular importance to carers.

Key Duties of the Act

The Carers (Scotland) Act 2016[2] is the most recent legislation that directly affects carer's rights. It sets out a wide range of measures to improve the identification and provision of support to carers. Key duties for Integration Authorities are:

- to ensure all adult carers are offered an Adult Carer Support Plan (ACSP) and young carers a Young Carers Statement.
- to publish a Local Carers Strategy
- to publish a Short Breaks Services Statement
- to involve carers and carer organisations in the development, delivery and review of any services that affect them and with the planning of the cared for person's hospital discharge.
- to publish a local eligibility framework for carers whose needs cannot be met by the provision of information, advice and support within the community including short breaks from caring. Not all support that can be offered is subject to this.
- to provide information and advice service for carers within the Integration Authority area

The Children and Young People's Act 2014[3] takes forward the overarching approach to supporting children and young people in Scotland Getting it Right for Every Child (GIRFEC) [7]. This approach encourages agencies to work together to deliver the right support at the right time for every child in Scotland. The GIRFEC approach:

- puts the best interests of the child at the heart of decision making

- takes a holistic approach to the wellbeing of a child
- works with children, young people and their families on ways to improve wellbeing
- advocates preventative work and early intervention to support children, young people and their families
- believes professionals must work together in the best interests of the child.

East Renfrewshire Integration Joint Board (IJB) has the responsibility to plan and work in partnership with voluntary partners, private sector partners and local communities to achieve the outcomes of all of the above legislation for the people of East Renfrewshire. For the delivery of health and social care the delivery of this plan is managed and co-ordinated by the Health and Social Care Partnership (HSCP).

The HSCP strategic priorities are set out in our HSCP Strategic Plan (2018 - 2021)[8]. In line with National Health and Wellbeing Outcome 6 an agreed HSCP strategic priority outcome is that we will be, "*Working together with people who care for someone to support them to maintain their own health and wellbeing*".

East Renfrewshire's Children and Young People's Services Plan 2017-2020[9], Community Outcome 1 states: *"All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed"*. For Young Carers this will be done by implementation of the Young Carers Statement within the GIRFEC Framework and Carers Act. In East Renfrewshire our Education, GPs and Health and Social Care services share joint responsibility to deliver this along with East Renfrewshire Carers Centre.

The principles of Equality, Diversity and Human Rights are the basic rights for all carers. We will work to ensure that carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010[10].

3:1 Background

Key Facts and Figures

Scotland's Carers[11] a 2015 Scottish Government report estimated there are around 759,000 carers in Scotland. The value of unpaid care in Scotland is estimated to be over £36 billion a year. Caring Behind Closed Doors: Six months On[12], a 2020 report from Carers UK, reported since the onset of the pandemic it is estimated over 392,000 additional people in Scotland are now caring. It is estimated around 60% of us will be a carer in our lifetime.

Adult Carers

16% of the population over 18 are caring for someone. Of these carers 41% are male and 59% female. There are estimated to be over 171,000 carers aged 18+ caring for 35 hours a week or more.

Young Carers

According to the same report an estimated 4% of the under 16 population in Scotland are young carers. Scotland's 2011 Census[12] identified just over 10,000 young carers. It can be difficult to identify young carers.

Young Adult Carers

From the Scotland's 2011 Census[12] we estimate that there are some 360,000 young adult carers. This equates to some 171,000 16+ carers who are caring for 35+ hours per week

Caring Relationships

Family members account for 90% of the total carer population. Over 80% are part of a couple with the next largest group being one parent families. Young carers are more common in lone parent families. The statistics tell us only part of the caring story. Caring relationships can be very complex. Each carer may care for more than one person; and people may have more than one carer.

Early identification of carers can help prevent crisis developing and make for better outcomes for the carer and cared for person but this can be difficult for many reasons.

- Acceptance of the identity of carer means acknowledgement that the other person needs care which can be difficult for one or both parties to do (Carduff, et al., 2014)[1].
- The two primary sources of data for carers are surveys. The Scottish National Census (2011) and the Scottish Health Survey (2018)[13]. When completing surveys people often don't recognise their family member, friend or themselves as a carer as caring is seen as natural to being part of a family or in a friendship.
- Many people don't identify as a carer until they reach key junctures such as giving up employment to care (Carduff, et al., 2014)[1].

The Economic Impact of Caring

We read above the significant contribution unpaid carers make to Scotland's economy. As might be expected, the more care that is being provided by an unpaid carer the less that person will be able to be active within the wider economy. Many carers have to reduce their working hours or give up working to care.

A survey completed by Carers Scotland estimated over 58% of Scots who have started caring since the outbreak of the pandemic are also juggling paid work alongside their caring responsibilities.

Current support for Carers

The Scottish Health Survey 2018[13] was revised in 2020 it found that responses from carers for 2019/2020 were less positive than in previous years. Carers were most positive about the balance between their caring role and other things in their life with 64% responding positively. Carers were least positive about support to continue caring with only 34% saying that they felt supported to continue caring. A Coalition of Carers survey in March 2020 found over half of the carers who responded were unaware of their rights under the Carers (Scotland) Act 2016[2] and had no assessment or carers support plan.

Assessing and planning support with carers and the people they care for was suspended for a period in 2020 by many Integration Authorities, including East Renfrewshire due to the pressures of the pandemic on services. In April 2020, Caring Behind Closed Doors[12] found 78% of carers who responded to a survey were providing

more support since the onset of the pandemic, of these 45% were providing more care because of a reduction in services.

Before the pandemic around 7 in 10 carers reported receiving no help or support. The most frequently cited form of support was help from family, friends and neighbours (19%). The second most common form of support reported was the carer's allowance. Of those eligible to receive carer's allowance (those who provided 35 hours or more of unpaid care per week) 31% reported that they were in receipt of the benefit. Advice and information, a personal assistant/support worker/community nurse or home help, short breaks or respite, practical support, counselling or emotional support were each received by 6% or less of all carers.

3.2 How unpaid care is being provided in East Renfrewshire

From the available data we know that in East Renfrewshire caring commitments increase with age. The greatest number of adult carers are over 65-years old. We also know 67% of carers care for someone over 65.

In the age range 50 to 64, 29% of carers provide in excess of 20 hours care a week. We are an ethnically diverse area and within our Asian community over 4% of the population provides over 20 hours of care a week.

As we plan with young carers, it is worthy of consideration that although the under 25s account for a smaller proportion of unpaid carers, they are providing roughly the same amount of care as the middle band of 50 to 64 year old carers.

From our planning in East Renfrewshire we know that most carers (41%) have been caring for between 1 to 4 years. That amongst older adult carers in East Renfrewshire there are slightly more male carers, overall however, 6 out of 10 females in the total carer population account for an unpaid caring role. As might be expected family members account for 90% of the total carer population. Over 80% are part of a couple with the next largest group being one parent families.

The Impact of Caring

In East Renfrewshire 98% of adult carers who had completed a carers assessment in the past three years said caring had impacted on their emotional well-being, 84% also said it had impacted on their living environment and 67% said it had impacted on their health.

We know many carers work less hours or give up work to care. This seriously impacts the lives of working age carers and it is in the most deprived areas of East Renfrewshire that carers provide the most hours of caring.
In East Renfrewshire 48% of young carers who were supported to plan said the caring role makes it hard for you to do the things you want to do.

3:3 Working Together

East Renfrewshire HSCP vision statement is

"*Working together with the people of East Renfrewshire to improve lives*".

We will achieve this by:

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

These 'integration touch points' are used to guide everything we do as a partnership.

Our Partnership's Strategic Priorities

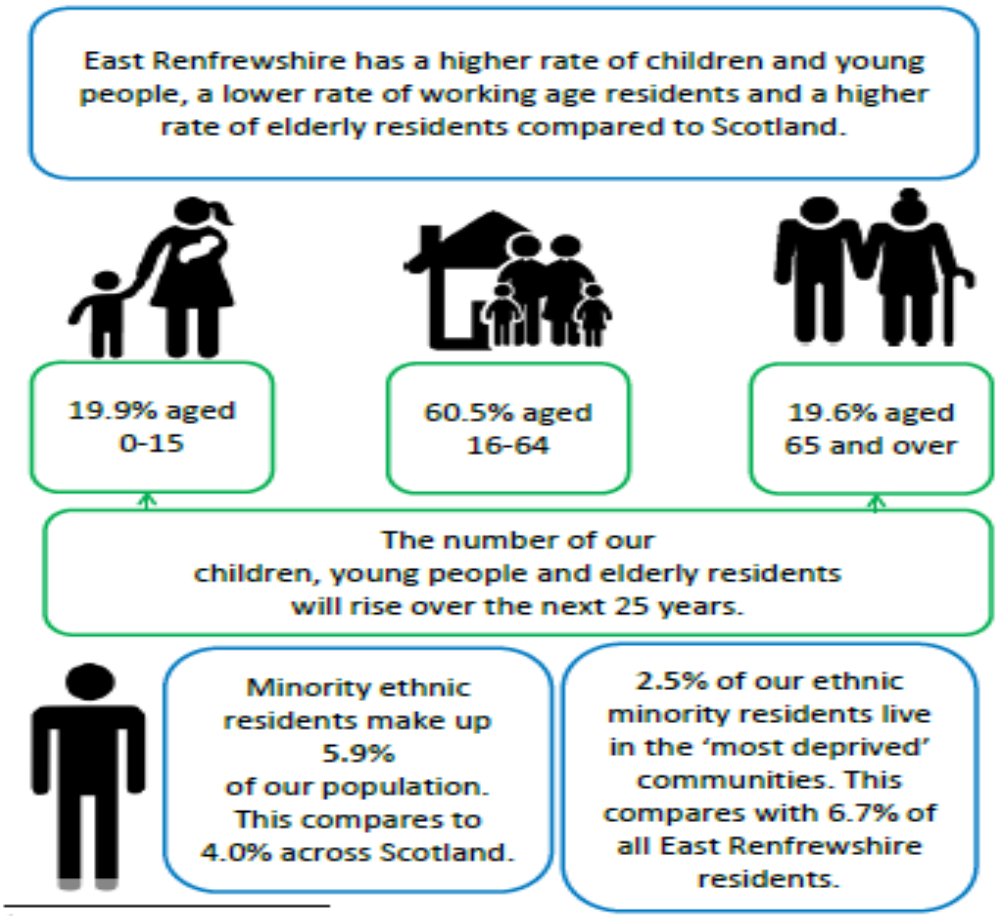
The HSCP's Strategic priorities focus on working together in partnership with our independent and third sector partners so people are able to receive the advice, information and support they need in their local communities and have any care and support they need delivered in their own home. Our experience over the pandemic has reinforced the benefits and importance of working together in partnership to develop the range of advice, information and support on offer locally and ways to access this.

Working like this means carers are able to receive advice, information and support on first contact whether that be with East Renfrewshire Carers Centre (ERCarers), our main provider of support for carers, or Voluntary Action East Renfrewshire (VAER) Community Hub or another partner organisation such as at a Talking Point or with the HSCP.

Our Key Strategic Outcomes

- **Working together** with children, young people and their families to improve mental wellbeing
- **Working together** with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
- **Working together** with our communities that experience shorter life expectancy and poorer health to improve their wellbeing
- **Working together** with people to maintain their independence at home and in their local community
- **Working together** with people who experience mental ill-health to support them on their journey to recovery
- **Working together** with our colleagues in primary and acute care to care for people to reduce admissions to hospital
- **Working together** with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

From our community planning work we know that:



4. How our Strategy was written

Our 2018 to 2021 strategy was written in collaboration with unpaid carers and partners in line with the National Standards for Community Engagement. An initiative was established known as the 'Care Collective' led by East Renfrewshire's third sector interface organisation Voluntary Action (VAER) working closely with ER Carers Centre and facilitated by an independent third sector agency. Other partners were also involved.

The approach involved research, interviews, face to face engagement events and social media activity involving 2,000 local people. The work of the Collective demonstrated how we needed to strengthen our approach to involving carers throughout the planning process and with identifying the outcomes that matter to them.

Working as the Care Collective we identified a Vision for 2018 to 2021 and four strategic carer outcomes were agreed that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.
Although it has been difficult at times during this past challenging year we have continued using the Care Collective approach to find ways to engage and involve carers and partners in reviewing and evaluating carers' outcomes for the period 2018-2021.

Involving Carers

Through local engagement and discussion that took place before Covid-19 we know that we need to continue to develop our workforce, pathways and supports for carers.

In September 2020 an online survey was developed and distributed to carers by ER Carers Centre asking carers about their experience accessing and receiving support and services, and the impact of the pandemic. 142 carers responded.

The findings from the survey identified:

- Communication is an issue with carers and between agencies.
- The pandemic has impacted on their caring role
- The lack of resources and stimulation for the person they care for has impacted on both the person being cared for and the carer's health and wellbeing.
- There is a lack of choice and control over how the carer and the person they care for access and use Self-Directed Support (SDS) Funding Options.

Carers who participated in the survey said:

- They want more pro-active communication, to receive regular advice and updates on Covid-19 guidelines and on the practical support available.
- They want more support to be provided online for the person they care for and health and wellbeing activities for carers like stress management and to have community activities like walking groups
- They want to have choice and control over any support they or the person they support receives and support with accessing SDS Options

In October 2020 nine carers agreed to share their experiences of support and their ideas on how to improve this. Communication was the issue identified as the main barrier to timely access to support to prevent crisis.

They told us:

"Getting support must be dynamic and less complicated, more supportive, more them coming to you"

"There's nothing preventative, there's a lack of information and direct contact"

"It was very difficult initially before any services for my daughter began. Once we had support in place it has been really good. It should be easier. Communication is the main issue"

The 2018-2021 Strategy was shared with Carers and partners in the Carers Act Implementation Group and the Carers Collective for comments. It was agreed it would benefit from being shorter. It was also agreed that separating the existing strategy into an Adult Carers Strategy and a Young Carers Strategy developed in collaboration with the relevant group of carers would improve accessibility to the carers strategic plan for all stakeholders.

Where are we now?

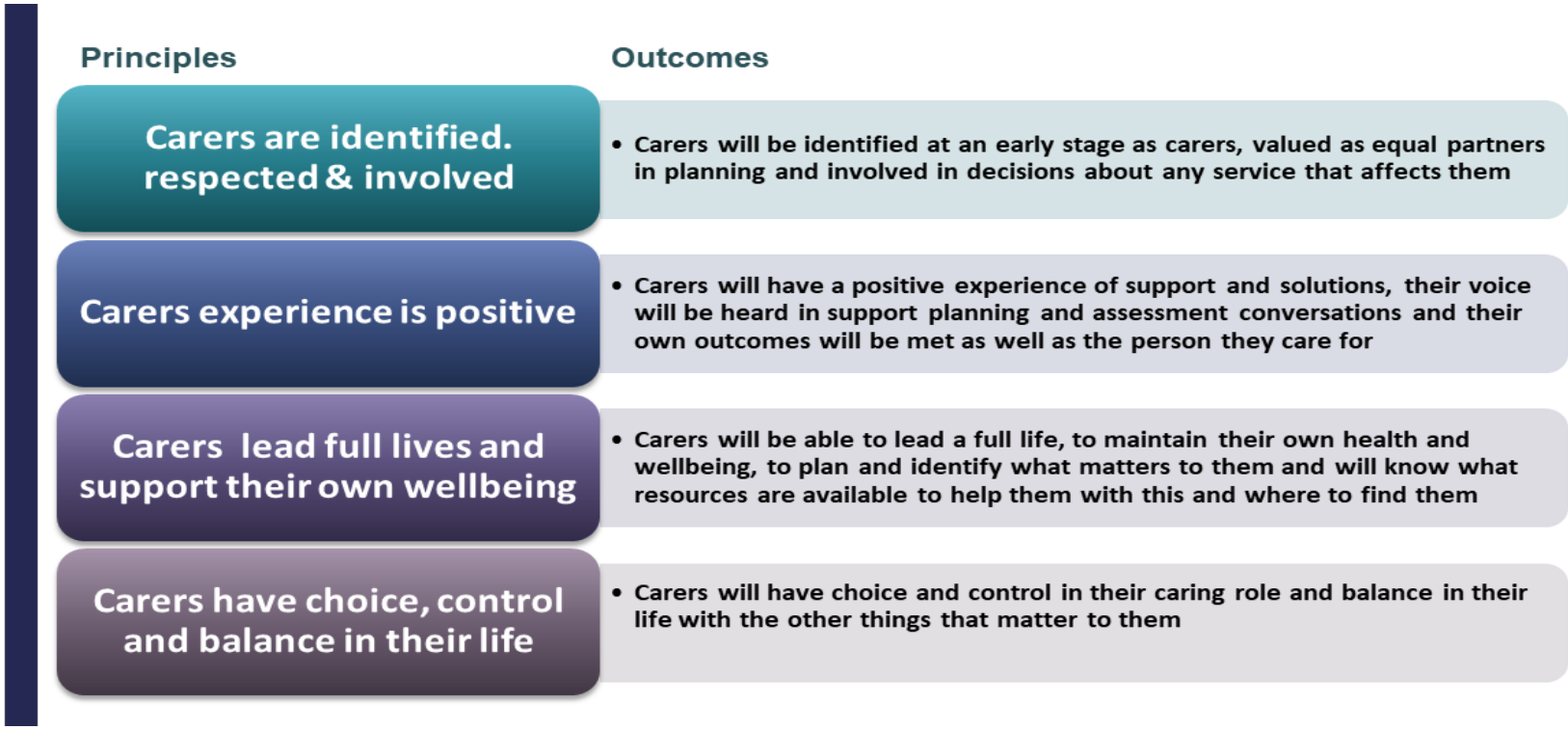
We are focusing on improving the lives of carers as a priority, taking the achievements, learning and challenges from the past three years into account, over the next year. We need to involve carers and all our partners in reviewing the impact of the pandemic on carers' lives, our communities and our services before moving forward together with a strategic plan for the period 2022-25. We will also be taking into account the recommendations for unpaid carers from the Independent Review of Adult Social Care[16].

The Vision Statement, Principles and Outcomes below are from the 2018-2021 strategy and were identified by the Care Collective. They are still appropriate for the coming year and will stay the same.

5. Vision, Principles and Strategic Outcomes

Vision

We are working together with people who care for someone to ensure they have choice and control in their caring role



5.1 Outcome 1: Identified, respected and involved

Carers will be identified at an early stage in their caring role, valued as equal partners in planning and defining their personal outcomes and involved in decisions about how services that affect them are planned for and resourced.

What do we know about how we are doing?

- We are succeeding in raising awareness of carers' rights and the support available to them with HSCP staff through an extensive roll out of Carer Awareness sessions. The feedback from the sessions and an increase in referrals from the teams to ER Carers Centre is telling us this.
- Although a SCI Gateway referral process was introduced to make it easier for GPs to refer to local Carers Centres only two referrals were received during 2019 and none during the pandemic. This is similar across Greater Glasgow.
- We have developed the Caring Conversation a clearly defined process to identify carers and ensure they are being offered advice, information and support. We are requesting that this be embedded in health and social care assessments and support planning across ERHSCP teams and services
- A Young Carers Education Worker appointment has resulted in a 200% increase in identification of young carers during 2019-2020. There were 96 new referrals in 2019 – 2020.
- Young carers and stakeholders across education developed and designed the Young Carers Statement
- During 2020-2021 carers, ER Carers Centre and HSCP staff were involved in reviewing the Adult Carer Support Plan and developing a Carers Emergency Plan.
- Carers' voices are being heard. The Carers Collective, a carers strategic group and carers engagement group have been established and are involved in planning the support and services that affect carers. Carer representatives sit in the Integration Joint Board and other relevant strategic and planning groups.
- A Carers Lead was appointed in Jan 2020 to ensure the key provisions of the Act are being met

What will our priorities be over the next year?

- **Prevention of crisis for carers and the people they care for through early identification and timely support** – During the pandemic response and recovery we must continue to raise awareness of carers, their rights, the impact of caring and importance of early identification and provision of advice, information and support in preventing crisis for carers and the people they care for. We do this with ERHSCP staff, our partners in Primary Care Services and with our care provider partners.

- On July 31st 2021 regulations on timescales to offer and complete an Adult Carer Support Plan and Young Carer Statements will be introduced for carers of a terminally ill person. Once these timescales are confirmed this strategy will need to be updated to include this important legislative change along with a process to ensure early identification and that this happens.

- To prevent admission, readmission and to ensure a person is discharged safely from hospital with an appropriate level of support includes identifying the carer and the caring role that they are able and willing to sustain. Ensuring carers are being involved in the planning of support with the person they care for during discharge from hospital and are being offered a carers support plan to ensure their own outcomes are considered is a carer's right. These key principles of the Act are vital for successful discharge planning and for the health and wellbeing of the carer.

- **Carers are involved in planning** - Our health and social care services would be unsustainable without the care and support provided by unpaid carers to East Renfrewshire citizens. The work of the Carers Collective during the pandemic has demonstrated the difference it can make to carers, the cared for person and services if they are involved as partners in planning. We will strengthen the Collective's approach across ERHSCP services by continuing to raise awareness of carers' right to involvement in planning, highlighting examples of the difference this makes and by developing more meaningful ways to involve carers in the design and planning process of any services that affect them.

Outcome 1: Carers are being identified at an early stage in their caring role, valued as equal partners in planning support and involved in decisions about how services that affect them are planned and resourced			
How this will happen	**By when**	**Who will be involved**	**How will we know this has happened**
By ensuring carers have access to accurate and timely advice, information and support to prevent crisis and know where to find this.	Ongoing	Carers; ER Carers Centre; ER Carers Lead	Improved reporting Number of carers identified Number of carers using carers digital resource for information and support Number of carers identified We have evidence from support plans carers are getting the right support at the right time
By raising awareness of the importance of early identification in preventing crisis, the impact of caring, carers' rights and the support available to them.	Ongoing	Carers Lead; ER Carers Centre; HSCP Learning & Development; HSCP staff and partners	We have evidence a significant number of HSCP staff, Primary Care staff and partners have attended carer awareness session / completed Carer E-Learning course. An increase in identification and referrals to ER Carers centre from these sources
Carers will be actively involved in the planning of any support and services that affect them	Mar-22	Carers; Carers Lead; ER Carers Centre; Education; HSCP; Partners	We have gathered evidence from carers of their involvement in planning support and services and the difference it has made.
We ensure that the voices of carers are heard and consistently reflected within our strategic planning work	Ongoing	Carers Lead: ER Carers Centre; HSCP Strategic Services	Carers outcomes, views and involvement in planning are evident in our strategic plan

5.2 Outcome 2: My caring experience is positive

Carers will be saying they have a positive experience of support and solutions, that their voice is heard in planning and assessment conversations and that their own outcomes are being met as well as the person they care for.

What do we know about how we are doing?

- The 2017/18 Scottish Health and Care Experience Survey[13] showed that just 37% of carers in East Renfrewshire felt supported in their caring role. Although our performance is similar to that across Scotland this is an area where we must improve.
- 35 young carers accepted the offer to complete a Young Carers Statement during 2019/2020. 73% of young carers in East Renfrewshire with a Young Carer Statement say their school understands their caring responsibilities and 95% are happy at home 'most or all of the time'
- 69 Adult Carers were supported to make a plan during 2019-20, 68% of these were supported to do this by ER Carers Centre staff and 32% by HSCP staff.
- ER Carers Centre was recommissioned and there is an increased awareness with HSCP staff of the advice, information and wide range of responsive support they can provide such as carer grants, support that benefits the carer and cared for and regular 'check in' calls.
- ER Carers Centre employed a Digital Communications Worker and improved their website. Regular online and hard copy newsletters are sent out by ER Carers Centre and VAER Community Hub with information and updates on Covid-19 guidance and community supports such as food delivery.
- The HSCP subscribed to a Carers Digital Resource and Care Coordination Planning App to ensure accurate and up to date advice, information and support to plan is available 24/7 for carers. This resource is available on HSCP and partner websites.

What will our priorities be over the next year?

- **Improved communication with carers** – We see above carers have told us poor communication is often a barrier to a positive support experience. That they are tired of completing surveys unless they can see change. Supporting carers and the person they care for will continue to be challenging during the pandemic response and recovery and good communication will be key to this. To understand the impact of the pandemic on carers and best ways to support them in their caring role we will need to develop different and new ways to communicate with carers and that advice and information is timely, clear, accurate and consistent.

- **More carers have their own support plan and are involved in planning the support of the person they care for** - Carers' outcomes are as important as the person they care for and we must see this reflected and evidenced in assessments and support plans. We need to involve carers and partners to understand the reasons why the vast majority of carers don't have a support plan and to know how best to address this.

- **Carers are involved in developing community based supports and commissioning of care and support services -** Carers want and have a right to support and services that listen and involve carers as equal partners and focus on the carers outcomes as well as the outcomes of the person they care for.

Outcome 2: Carers will be saying they have a positive experience of support and solutions, that their voice is heard in planning and assessment conversations and that their own outcomes are being met as well as the person they care for.			
How this will happen	**By when**	**Who will be involved**	**How will we know this has happened**
Carers will be valued as an equal partner in the planning of their own support and the support of the person they care for	Mar-22	Carers; HSCP staff; Carers Lead; ER Carers Centre; Carers Collective	It is evidenced in care and support plans and carers are telling us that they are being listened to and involved and their outcomes are as important as the outcomes of the person they care for .
Carers will be involved in planning the commissioning of services to ensure that these services are meeting the outcomes of both the carers and the cared for person	Mar-22	Carers; HSCP Commissioning; Carers Lead	Carers are involved in commissioning services and telling us they feel valued by care provider partners, have their own support plan and that their outcomes matter as well as the cared for person's outcomes.
Partners will be involving carers in developing a wide range of community based support and solutions for both carers and for the people they care for	Mar-22	HSCP; Talking Points; Carers Centre, 3rd Sector Interface Organisation (VAER}; Partners and wider Community	Carers have a wider range of community based solutions to help prevent crisis and will know how to access them.
Carers will be easily able to find advice, information and support that is timely, clear, accurate and consistent.	Mar-22	Carers; HSCP staff; Carers Lead; ER Carers Centre; Partners	We have a clearly defined and simple process for carers to access advice, information and support. We are communicating in different and new ways with people who care

5.3 Outcome 3: I am fulfilled and I can support my own wellbeing

Carers will be telling us they are leading a full life, that they are able to maintain their own health and wellbeing, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them.

What do we know about how we are doing?

- Our most recent report shows 92% of adult carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. We know though from the Health and Care Survey 2018 results only 38% of carers in Scotland said that caring did not have a negative impact on their health and wellbeing.
- 95% of young carers said they are happy at home 'most or all of the time' although 48% say the caring role makes it hard for them to do the things you want to do, 78% have been unhappy or tearful recently and 25% say they had not eaten healthily.
- GP SCI Gateway referral system to ER Carers Centre has not been successful. The Carers Centre received only two referrals from a GP during 2019-2020 and has received none during the pandemic.
- 98% of adult carers who had completed a carers assessment in the past three years said caring had impacted on their emotional well-being, 84% and 67% said it had impacted on their health.
- Our Carers Survey found the pandemic and change to support services has impacted negatively on both the carers and the cared for persons health and wellbeing. Through the Care Collective Carers of people with dementia are now planning regular online support with HSCP Support Services and a third sector partner that will benefit both them and the person they care for wellbeing.
- ER Carers Centre have adapted to offer online access to a wide range of self-help activities training and awareness sessions, incl. emotional support, peer support, activity and social groups that were previously face to face. Attendance can vary some carers struggle with online but more are adapting. The Centre is also supporting carers with access to hardship and grant, regular calls to carers who

want this support and developing creative and online support that benefits the carer and the cared for.

What will our priorities be over the next year?

- **Understanding the impact of the pandemic on carers' health and wellbeing and involving carers in planning how we best support them to stay as healthy and well as possible through the coming response and recovery phase** – Through surveys, interviews and through the Care Collective we must involve carers in planning how to maintain their health and wellbeing and identify the support required to do this.

- **Ensuring HSCP, partners and Primary Care workforces are focusing on the carers outcomes and health and wellbeing as well as the cared for persons –** We need to know that partners are knowledgeable and informed about Carers (Scotland) Act 2016 legislation, carers rights, the impact of caring and the support available for carers from ER Carers Centre and in the community. That there are clear referral routes for carers and the link with prevention of crisis is clear.

- **Support to minimise the impact of financial hardship as a result of caring**

- **Carers have direct access to a range of good quality information and advice around health and wellbeing and a range of targeted informal supports which they can access directly**.

- **To ensure carers are involved in planning for preventing admission and hospital discharge planning** – For a person to be discharged safely, with an appropriate level of support includes identifying the caring role that a carer is able and willing to sustain beyond discharge. Carers have a right to be involved in the planning of the discharge and to support to make a carers support plan to ensure their outcomes are considered also. This may be vital for successful discharge planning and for the health and wellbeing of the carer. We must ensure and evidence this is happening.

Outcome 3: Carers will be telling us they are leading a full life, that they are able to maintain their own health and well being, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them. **A. Health & Wellbeing**			
How this will happen	**By when**	**Who will be involved**	**How will we know this has happened**
Young carers have a Young Carers Statement that helps them work out how caring is affecting their life, to identify what the hopes and personal outcomes they want to achieve and any support they need to do this.	Ongoing	Young Carers; ER Carers Centre; Young Carers Education Worker; Education	Number of Young Carer Statements completed.
We will be involving carers to understand the impact of the pandemic on their health and wellbeing, and in planning how best to support them maintain and improve this and develop to any resources that will help them with this	Mar 21	Carers; Carers Lead; HSCP; Carers Centre; Education; Partners	We will have evidence of impact of the pandemic on carers' health & wellbeing and ways to support carers with this.
We will be working in partnership to develop multi-agency approaches to supporting carers with their health, wellbeing, resilience and relationships	Mar-22	Carers; ER Carers Centre; Carers Lead; HSCP; GPs;	% ER Carers Centre referral source indicates GPs, HSCP staff and other partners are referring more to ER Carers Centre. An increase in multi-agency information, advice; training; awareness sessions; and support for carers.
We will work with our Technology Enabled Care (TEC) services to help carers make better use of digital resources that can support their health and wellbeing.	Aug-21	Carers; HSCP TEC Service; ER Carers Centre; Carers Lead;	There is evidence of an increased awareness and uptake of TEC solutions by carers

Outcome 3: Carers will be telling us they are leading a full life, that they are able to maintain their own health and wellbeing, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them.

B. Access to Advice and Information

How this will happen	By when	Who will be involved	How will we know this has happened
We will involve carers in reviewing, identifying and developing the best ways to communicate with carers	Mar-22	Carers; ER Carers Centre; HSCP Communications HSCP TEC; Carers Lead	Advice and information will be reaching not only the carers who already receive support and services but carers unknown to services
Ensuring supports are available to carers to minimise the impact of financial hardship as a result of caring during the pandemic.	Apr-21	Carers; ER Carers Centre; Carers lead; HSCP Staff; MART; Partners	Numbers of carers accessing grants and supports that are available Numbers of carers receiving financial advice and support
We will ask carers to identify the issues that most matter to them and work with our partners to ensure carers can access any training and awareness sessions that might help them in their caring role, this might include; caring for someone who is dying; caring for someone with a long term health condition	May-21	Carers; ER Carers Centre; Carers lead; HSCP Staff; NHS Primary Care Staff; HSCP Learning & Development	We will know what matters to carers Numbers of carers who have attended training and awareness sessions
We will work with supported employment services to develop supported employment opportunities that support both the cared for person and the carer	Mar-22	Carers; Carers Centre; Carers Lead; Supported Employment Services; HSCP Commissioning; Local Businesses	There will be more examples of creative opportunities that benefit both the carer and cared for person.

5.4 Outcome 4: I have choice and control and balance in my life with my caring role and my life outside caring.

Carers will be able to say that they have choice and control in their lives, that they have balance between their roles as a carer and as a person pursuing their own interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.

What do we know about how we are doing?

- From the results of the Scottish Health and Care Experience report we know that some 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. We know from the 48% who reported a negative impact that this is an area that we can improve in. Whilst our performance against the Scottish average is slightly higher we are not complacent and we are working together to do better.
- Carers are helping us to develop community based supports and solutions
- Carers were involved in developing an emergency plan that asks about options for replacement care (respite) were the carer unavailable
- Creative options to support breaks from caring are available from our Carers Centre. Examples of this during the pandemic have been, a bike for a carer, camping equipment for another who was a hill walker, lap tops and tablets, vouchers for a meal and garden furniture.
- 35 young Carers took up the offer of support to plan for a better balance in their lives by making a Young Carers Statement during 2019/2020
- With carers, HSCP staff and ER Carers Centre we have reviewed and revised our Adult Carer Support Plan to better capture how carers feel about the choice and control they have over their caring role and the support they receive.
- We have an HSCP Eligibility Framework published that is easily accessible to guide carers on the support available to them.
- There is a Short Breaks Statement with advice and information on breaks

- Partners attended an online Carer Positive event to raise awareness of working carers rights with employers. ERHSCP has gained Carer Positive Level 3 award and ER Carers Centre has gained Carers Positive Exemplary award.
- More work is needed to support carers in employment or carers looking to gain employment, training or further education opportunities
- An independent survey by the SDS ForumER and ER Carers Centre on carers experience with Self Directed Support (SDS) Options found that carers found accessing and managing SDS Option 1, a direct payment, added to their caring responsibilities. Carers also said they experienced a lack of choice and control over how they, and the person they cared for, were supported in relation to SDS. They want clearer communication, information, consistency and support with accessing and managing SDS Options.

What will our priorities be over the next year?

- Through our work locally with the Carers Collective we know that we must do more to involve carers in planning replacement care options and short breaks
- Carers have choice and control in the caring role they are able and willing to sustain
- More carers have emergency plans that include replacement care options
- We involve carers in work with our local market to develop more respite and creative short breaks options that work for carers
- We have developed more types of support and breaks that benefit both the carer and the cared for person
- Carers in employment, education and/or training are supported

Outcome 4: Carers will be able to say that they have choice and control In their lives, that they have balance between their roles as a carer and as a person pursuing their own interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.

B. Carers are supported if they choose to continue to provide care

How this will happen	By when	Who will be involved	How will we know this has happened
Offering every carer identified the opportunity to plan, identify their outcomes and the support they need to achieve these, an agreed plan review date and an emergency plan incl options for replacement care	Ongoing	Carers; Carers Centre HSCP Staff; Carers Lead	Carers are supported to develop their own support plans. % carers who feel supported to continue in their caring role.
An eligibility framework accessible to carers and staff on HSCP Carers Support webpage to ensure access to SDS Options is equitable and transparent. SDS Options are offered to all adult carers who have been identified as eligible for support from services	Ongoing	HSCP Staff; SDS ForumER: Carers Lead	Carers will be telling us they have choice and control over their caring role using Self Directed Support Options
SDS Information sessions for carers including Eligibility Framework	Jun-21	HSCP Staff; SDS ForumER: Carers Lead	Carers will be telling us they are well informed on Self-Directed Support Options and Eligibility for services

Outcome 4: Carers will be able to say that they have choice and control in their lives, that they have balance between their roles as a carer and as a person pursuing their own Interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.			
How this will happen	**By when**	**Who will be involved**	**How will we know this has happened**
C. Short Breaks and Respite			
We will ensure that carers, HSCP staff and support organisations are aware of the scope and different types of respite care and short-break provision available	Apr-21	Carers; Carers Lead; ER Carers Centre; HSCP Commissioning Staff	We have a published Short Breaks Statement that is easily available for carers to refer to
Work with providers to review and modernise our approach to respite and short term breaks in light of Covid-19 requirements	Mar-22	Carers; Carers Lead; HSCP Commissioning	We will have evidence there has been a shift in approach to creative and flexible options for carers to take short breaks
D. Carers in Employment and/Training or Further Education Are Supported			
Work together to develop more Carer Positive workplaces	Mar-22	Carers; Carers Lead; Carers Centre	We will have more organisations in East Renfrewshire engaged in and receiving Carer Positive Awards at higher levels
E. Being Eligible for Support			
We will share and publicise our Eligibility Framework for support from services and implement consistently	Mar-22	Carers; HSCP Staff; Carers Centre; Carers Lead	Carers will be telling us they know what types of support are available to them

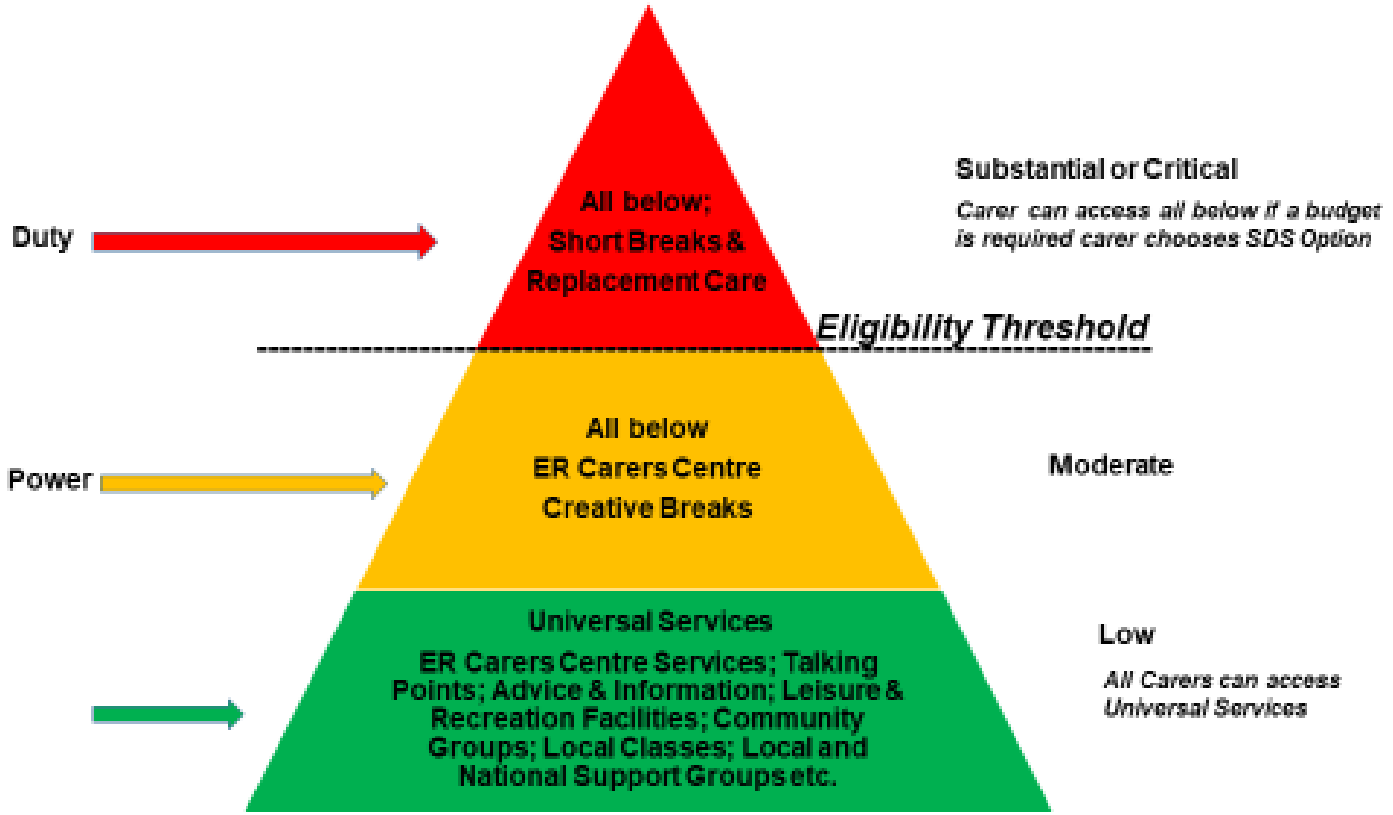
Being Eligible for Support

As carers it is important to know how you will be supported when you make contact with the HSCP. That is why we are re-designing how people interface with HSCP services and a range of our partners who are also involved in strategic delivery across the authority. As a citizen you can expect to be treated consistently and appropriately upon first contact with the full range of our services. In keeping with what people told us about services being person centred we have invested in our workforces both internally and across third sector agencies to agree a common approach. As a starting point everyone providing a service to carers has been offered Good Conversations training. This means that you have the reassurance whether you speak with a worker from a Talking Point or the Carers Centre you will know we share a common understanding about how we do our work.

Eligibility for services is an important aspect of the work that we do. We believe that we are working towards getting the right balance between a good conversation that explores an individual's assets as well as their needs and looks to a range of community based supports as a first response. For people experiencing change because of a long term condition such as dementia this could mean accessing our post-diagnostic support services and our dementia link workers. If you are visiting your family doctor and you are experiencing stress because you are at school but are supporting mum at home the GP might offer to refer you to the Carers Centre for a discussion about support or might suggest a meeting with one of the area link workers. In line with The Act an Eligibility Framework has been published to inform Carers the level of support they should be able to expect from services within East Renfrewshire.

Read more about the Carers' Eligibility Framework [181.92KB].

Carers Eligibility Framework



6. Caring for Someone in Hospital

Outcome: Carers will be an equal partner in care before, during and following hospital discharge

The Carers (Scotland) Act 2016 gives carers the right to be involved in decisions regarding the hospital discharge planning of the person they care for. This is to help ensure that patients are discharged safely and that carers receive the support they need in order to continue to care if they choose to do so.

To prevent admission, readmission and to ensure a person is discharged safely from hospital with an appropriate level of support includes identifying the carer and the caring role that they are able and willing to sustain. Ensuring carers are being involved in the planning of support with the person they care for during discharge from hospital and are being offered a carers support plan to ensure their own outcomes are considered as a carer's right. These key principles of the Act are vital for successful discharge planning and for the health and wellbeing of the carer.

East Renfrewshire HSCP Home from Hospital Support for Carers

We know that the person you care for being admitted to hospital and planning for their return home are stressful times for families and unpaid carers. This is particularly the case where the admission to hospital is for an emergency.

Where there's the possibility of the person you care for having to go to hospital on an emergency basis the HSCP team, which includes your GP, nursing and social work staff, will work together to support them to get treatment at home if that's the right thing to do.

A lot of people are admitted to hospital, receive their treatment and then return home to carry on their lives as before. However, for some people making the return home will be more difficult.

The effect of time in hospital on the person you care for or the ongoing effects of their reason for admission may make it difficult to pick up the threads of regular life when

they get home. Where this is the case we would plan with you, the person you care, Hospital and HSCP staff what supports are needed to get the person you care for home. We would then work together to make the necessary arrangements.

How does a person ask for support?

The hospital ward staff will be able to offer advice on who to contact. East Renfrewshire Carers Centre can offer practical and emotional support, information and advice specifically for carers on **0141 638 4888.** Alternatively, you can phone the Initial Contact team on **0141 800 7850** for advice on who can help you and the person you care for.

Who can get the support?

Anyone who's likely to go into hospital or is going to be discharged can get support where necessary. Planning this would include talking and planning with the person or people who care for them. Usually, it'll be people who have more complex needs who'll need more support.

What happens once the person you care for is home?

It's likely that we'll want to support the person you care for with rehabilitation and re-ablement once they are home and through Technology Enabled Care (TEC), this will enable the person you care for to live as safely and independently as possible in their own home.

Although we'd always aim to get the person you care for home, sometimes it won't be possible to return home safely. If the person you care for is in that situation, hospital and HSCP staff will work together with them and with you to plan where they'll move to.

How much does it cost?

The advice and assessment process to help either keep the person you care for out of hospital or enable them to return home is free.

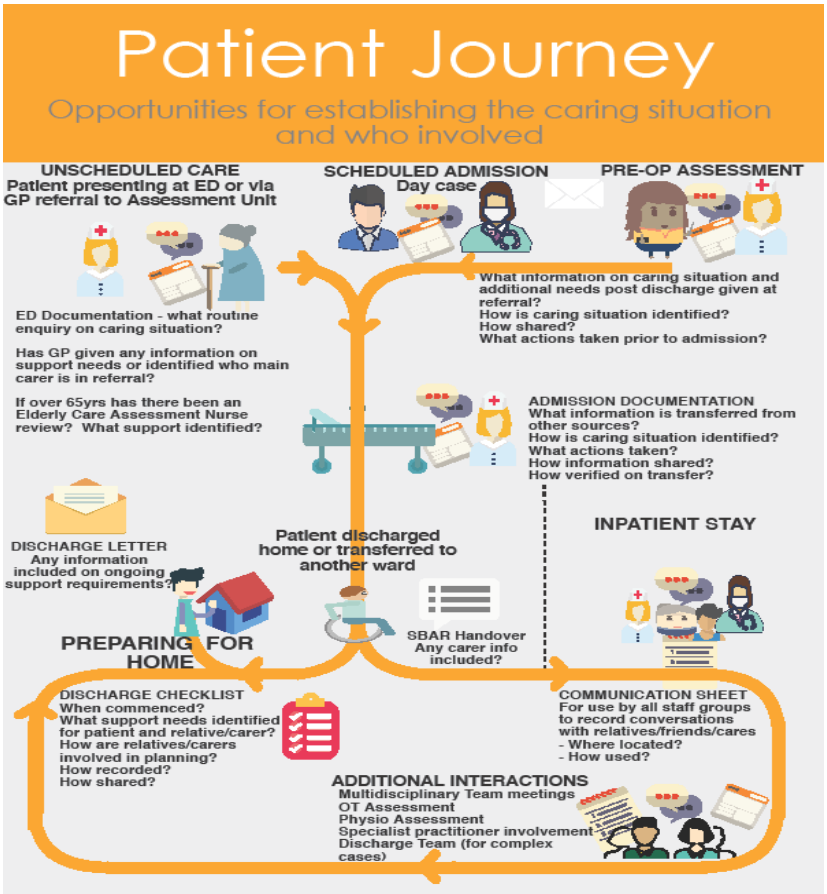
Following a discharge from hospital all care at home services are free for a period of up to 4 weeks.

Contribution by NHS Greater Glasgow and Clyde (NHSGGC)

We want to make sure that all our patients are supported while they are in hospital and when they leave. Friends and family play an important role in this and we want to work with everyone to make sure that patients receive the best care possible.

Universal Carer Pathway

A universal pathway is in place across all hospital services to identify, involve and support people with a caring role. Support for carers in NHSGGC is delivered via a partnership between HSCPs, Local Government and voluntary sector organisations.



They offer services which include: information and advice; emotional support; money advice; access to education, training and employment support; and, access to short breaks from providing care. These can be accessed either by the Carers Information Line 0141 353 6504, email mailto:supportandinformation@ggc.scot.nhs.uk, through the website www.nhsggc.org.uk/carers.

Appendix

1. Carduff, E., Finucane, A., Kendall, M., Jarvis, A., Harrison, N., Greenacre, J. and Murray, S.A. (2014). Understanding the barriers to identifying carers of people with advanced illness in primary care: triangulating three data sources. *BMC Family Practice*, 15(1).

2. https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/

3. https://www.gov.scot/publications/children-young-people-scotland-act-2014-national-guidance-part-12/pages/3/

4. https://www.gov.scot/publications/caring-together-carers-strategy-scotland-2010-2015/

5. https://www.gov.scot/collections/public-bodies-joint-working-scotland-act-2014-statutory-guidance-and-advice/

6. https://www.gov.scot/publications/guide-social-care-self-directed-support-scotland-act_2013/

7. https://www.gov.scot/policies/girfec/

8. https://www.eastrenfrewshire.gov.uk/about-hscp.

9. https://www.eastrenfrewshire.gov.uk/children-and-families

10. https://www.gov.uk/guidance/equality-act-2010-guidance

11. https://www.gov.scot/publications/scotlands-carers/

12. https://www.scotlandscensus.gov.uk/

13.https://www.carersuk.org/images/News_and_campaigns/Caring_Behind_Closed_Doors_Oct20.pdf

14. https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/23

15. https://www.gov.scot/publications/community-empowerment-scotland-act- summary/

16. https://www.gov.scot/groups/independent-review-of-adult-social-care/

Jargon Buster

ACP - Anticipatory Care Plan

ACSP - Adult Carer Support Plan – A form designed to help unpaid carers plan for the future.

HSCP - Health and Social Care Partnership

IJB – The 'Integration Joint Board' is made up of representatives of people who use Health and Social Cares Services, NHS, Council and partners from other organisations who are responsible for the planning, resourcing and oversight of health and social care services in their area.

Outcome – What matters to the person; the impact of activity, support and services

Primary Care – The 'front door' of the NHS e.g. GPs, Pharmacy, Dentist, Optician

Talking Point – An easily accessible point of contact in the local community or online where advice, support and information on community, health and social care can be found.

Vision Statement – What a group or organisation aspire to achieve

Strategic Outcome – A desired end result from work

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

East Renfrewshire Health and Social Care Partnership

Carers (Scotland) Act 2016

Short Breaks Statement

(Version 2)

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EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

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Faodar am pàipear seo fhaotainn ann an Gàidhlig agus ann an cruthan eile mar ann an clò mòr agus Braille. Airson tuilleadh fiosrachaidh, feuch gun cuir sibh fios gu Customer First air 0141 577 3001 no post-d gu **customerservices@eastrenfrewshire.gov.uk**

इस सूचना-पत्र मे उल्लेखित सूचना यदि आप हिन्दी अनुवाद मे चाहे तो कृपया सम्पर्क करे।

如果您想得到该资料所含信息的译文，请联系：

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس لیف لیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

Thank you to all our partners involved in the development of this statement. Particular thank goto the carers of East Renfrewshire Carers Centre, without whose involvement this could not have been written.

Contents

Background

The Carer (Scotland) Act 2016 came into force on 1st April 2018, placing many duties on East Renfrewshire's Integration Joint Board (IJB) including the requirement to publish a Statement setting out information on Short Breaks under Section 35 of the Act. This is to ensure better and more consistent advice, information and support is available for Carers and Young Carers so that they can continue to care, if they choose to do this, in better health and able to have a life alongside caring.

Section 25 of the Carers (Scotland) Act 2016 requires responsible Integration Authorities to consider whether support to meet a carer's identified needs should take the form of or include a short break from caring. Integration authorities have a duty to consider breaks from caring to support carers based on eligible needs. Further duties under the Carers (Scotland) Act 2016 as part of the Carers Charter can be accessed on the Scottish Government website: *https://www.gov.scot/publications/carers-charter/pages/2/* .

This statement has been produced by East Renfrewshire Health and Social Care Partnership (ER HSCP) https://www.eastrenfrewshire.gov.uk/about-hscp and will be reviewed annually. It has been informed by what carers told us matters to them during the consultation for East Renfrewshire's Carers Strategy, and with the engagement of our commissioned carers support service, East Renfrewshire Carers Centre (ER Carers Centre) https://www.eastrenfrewshirecarers.co.uk/ .

East Renfrewshire Health and Social Care Partnership acknowledge the significant contribution unpaid carers provide to the health and wellbeing of people living in East Renfrewshire and that this means more people are able to remain living at home and to be part of their communities.

Who is a Carer?

The term 'carer' as used in this statement refers to someone who provides or intends to provide unpaid care for another person. The cared for person could be a family member, relative, neighbour, or a friend and be any age. For the purposes of this statement the term "Carer" is not applicable to volunteers or care workers who are paid to care but often referred to as carers, or to a person providing care for a young person under 18 years if the care provided has only to do with their age.

- A "**Young Carer**" is a carer who is under 18 years old or is 18 years old and is still in school.
- An "**Adult Carer**" is a carer who is a least 18 years old but is not a young carer.

The person receiving care and support can sometimes be referred to as the "**Cared-for person"**.

The Purpose of this Statement

This statement's purpose is to promote choice and control for carers and the people they care for by providing information on:

- What we mean by Short Breaks
- Where to go for advice, information and support on how to access Short Break opportunities
- Short Break opportunities and services available to carers both locally and nationally
- Who can help you find out more about how to fund a short break and if you may be eligible for a personal budget
- Information, support and guidance on the choices and rights you have as a carer

What is a Short break?

It is widely recognised that Short Breaks can be vital to sustain the health and wellbeing of unpaid carers and to maintaining caring relationship. In East Renfrewshire we use the Shared Care Scotland description of a Short Break:

"A short break is any form of service or assistance which enables carers to have sufficientand regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation."

Respite is another term that is sometimes used to describe a break from caring. In developing this statement, stakeholders including our staff, partners and carers themselves commented that 'respite' is most often associated with institutional services or emergency situations. We prefer to use the term 'Short Breaks'. We believe it is a more positive term and more in line with the flexibility and creativity that you as carers have told us you want. (Carers can request advice or support with planning for an emergency by contacting ER Carers Centre. Click https://www.eastrenfrewshirecarers.co.uk/ to make an enquiry or call **0141 638 4888**.)

Types of Short Breaks

ERHSCP is keen to promote choice and control for both you and the person you care for so a Short Break could take many forms dependent on the situation. Short Breaks from caring can:

- Be for short or extended periods during the day or overnight
- Be provided at home or out and about in the local community or in a suitable supported environment.

- Be at times that fit in with your plans, to give you one off break/s when you need it or regularly if that is required.
- Be provided by a family member; friend; volunteer; paid support; attendance at community groups/centres/play schemes.
- Mean the carer and the person they care for having a break together, with assistance if necessary, to provide a break from the demands of their daily caring routines
- Be something the adult or young person you care for enjoys doing that gives you time for a break.

A Short Break from caring means you can:

- Spend time on your own or with friends regularly
- Take a holiday or do something that you enjoy and that helps you unwind
- Do things that will improve your health and wellbeing
- Deal with other things that matter to you like family responsibilities, or to attend a doctor or dentist appointment.

Below are some real life examples from ER Carers Centre of Short Breaks that will help you to understand more about the possible opportunities for Short Breaks:

A group of teenage carers were running their own fortnightly group to support each other through a particularly challenging time. They were studying for their final exams and thinking about their post school options alongside managing their caring roles.

The group received funding for a Christmas night out, to go for a meal, bowling and on to the cinema.

They have since formed a lasting bond and continue to meet as friends after leaving school.

It can be difficult for P and his wife to do things that are easy for other parents with adult children to do. Caring for their son takes up a lot of their time which can be stressful and cause tension. P and his wife didn't want a break without their son instead they wanted to go somewhere together where they could relax and re-connect as a family. It was agreed this would be the best way to meet the outcomes of the family as a whole, funding for the break was agreed and they were able to get away with their son for a three day trip to the coast.

"The process was straightforward and the break allowed us to relax and recharge our batteries away from our normal, hectic domestic environment. We returned in a much more relaxed and refreshed state and better able to manage."

Not long after retiring S found herself caring full time for her husband. Along with missing her work colleagues, S quickly found herself isolated and bored at home. When she left her home for short periods she was preoccupied worrying about her husband. After approaching the Carers Centre to explain her predicament, staff there supported S to plan and think about what type of break would most suit her.

S's husband now has a community alarm he can use if anything goes wrong, he also has a falls detector and can make voice activated phone calls using Alexa. S decided she felt confident enough to enrol for weekly University of the 3rd Age classes that are held locally and applied for funding to help with this. ***Now S has something to look forward to every week, has met new people with similar interests and is really enjoying learning new things that occupy her at home as well as in the class.***

M lives with and cares for her dad who has dementia and can leave him on his own for only short periods of time. M approached the Carers Centre and told them about the stress she was experiencing. During the conversation M said she was keen to try a relaxation therapy. M received funding for a course of reflexology that she chose to attend for one hour every week. ***The session is provided locally and only lasts for one hour so M can attend without worrying about her dad and the sessions help relieve her stress. M said she feels she can cope better with caring for her dad now.***

Being in the countryside enjoying outdoor pursuits is J's way of relaxing but getting away is difficult as he cares for his parents. J manages to get away now and again for a day or two when family and neighbours step in to help but overnight stays at short notice can be costly and this has limited his opportunities.

After planning with staff at the Carers Centre J identified what he needed to give him the break he wanted was a tent and some camping equipment. J received funding for these. ***Now whenever he gets the chance J is able to get away to the country for a day or two where he can switch off, be with friends and stay healthy and active in the outdoors.***

Outcomes of Short Breaks

The ‘outcome’ of a Short Break is simply the difference it makes to the life of the carer. Real life examples of the types of outcomes achieved in East Renfrewshire can be seen highlighted in the case studies above. Outcomes are individual to each person so where it is identified there is a need for a break from caring ER Carers Centre and/or ER HSCP will work together with the carer to identify the personal outcomes they hope to achieve from a short break. This will be done through the process of completing an Adult Carers Support Plan or a Young Carers Statement.

Outcomes of Short Breaks for Young Carers

For young carers it is important that they can be children and young people first. Achieving Young Carers’ outcomes may include individual and group activities personalised to the needs of the young carers. This will include school holiday based activities, targeted group work and interventions to promote confidence, resilience and well-being.

Below are further examples of the likely outcomes for carers from a short break:

Before a Short Break:

- I am able to have a break that suits my personal life style
- I am informed about my choices and rights
- I have more opportunities to take a break that suits me and the person I care for
- I am listened to and plan my Short Break as an equal partner
- I have control and choice over the resources available to me

After a Short Break:

- I feel rested and able to cope
- I feel safe and supported and that a crisis is less likely
- My caring contribution is recognised and valued by services
- My health and wellbeing is improved
- I am able to continue caring
- I have more people in my life *e.g. social circles, classes, activity groups*
- I’m able to do the things to do that I want to do

Guiding Principles for Planning Short Breaks with Carers

- Carers will be **recognised** and **valued** as **equal partners** in planning for Short Breaks.
- Planning and assessment will be **outcomes focused** to ensure that we focus on what both the carer and the cared for person wants to happen. This will be essential to developing effective Short Breaks.
- By using our framework we will have an **equitable** and **transparent** system for determining eligibility for funding Short Breaks that is **consistent** and easily understood.
- There will be **timely decision making**.
- Planning a short break will be a safe, respectful and inclusive process where **diversity will be recognized and respected** and every carer treated equally.
- **Ease of planning**. Planning a Short Break should not be burdensome. Questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- **Prevention** will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

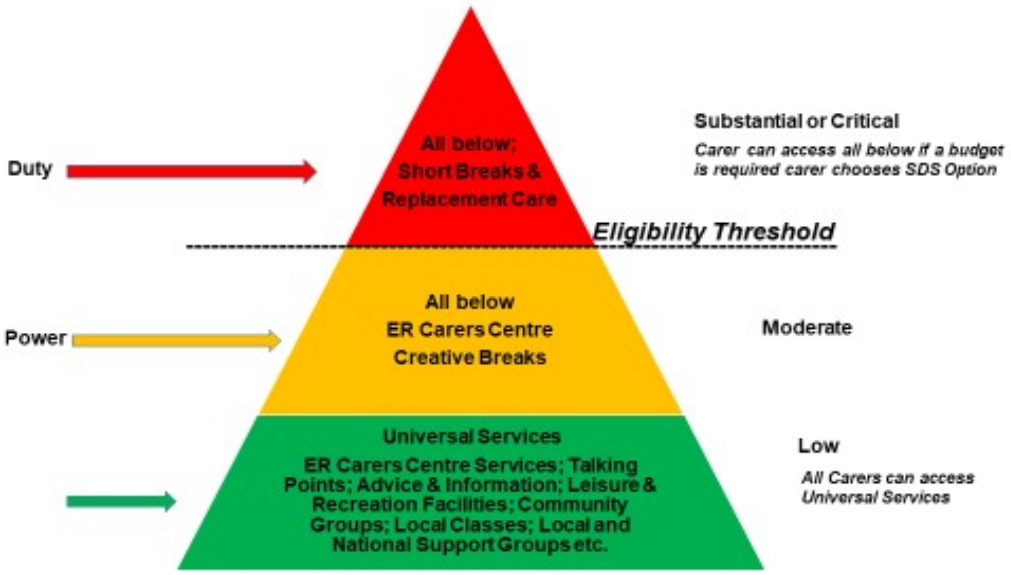
Eligibility and Getting the Right Support

A Short Break is a key support, amongst other types of support, that can be provided to a carer and, as discussed above in outcomes section, should always be personalised and make a positive difference to both you and the person you care for. To do this successfully a plan will need to be in place that includes the person you care for, this means you can relax and be confident that when you are not there the person you care for will be supported in the way they want to be.

When you first make contact you should always be offered support to complete an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS). If not you can ask, this is your right under the Carers (Scotland) Act 2016. Planning should start with a good conversation and an important part of this conversation will be to understand the impact your caring role is having on:

- Your physical and mental health
- Your wellbeing including your emotional wellbeing
- Your employment, education and/or training
- Your relationship with the person you care for, family members and how caring is affecting your wider social networks
- Your balance in life between your caring role and the opportunities you have for a life outside caring
- Your financial position

The Carers Act places a duty on every Integration Authority in Scotland to provide support for carers where the impact of their caring role has been identified as having a critical or substantial need for support, and a power to provide support to carers who have moderate to low level support needs where there is available funding to do so. To ensure the type and level of support offered reflects the impact of the caring role and specific circumstances of each individual we use an Eligibility Framework. This is to ensure we have a fair and transparent system to determine the level of support required. To do this we need to understand the impact your caring role has on your life. The diagram below shows our Eligibility Framework at a glance:



Contributions and Charging Policy

You can see above that the Carers (Scotland) Act places a duty on our local authority to ensure every carer has access to the information and advice they need to get the right support. This is provided in East Renfrewshire by the Health and Social Care Partnership and ER Carers Centre along with other local information and advice services.

Universal services are services that are available to all carers and the people they care for. You can see examples above and below in the Short Breaks Opportunities Section. Often these services can be used to access a short break that works for you. Universal Services do not carry any requirements for financial assessment or subsequent financial contribution.

If after Completing and Adult Carer Support Plan you have been identified as having a substantial or critical need for a short break, and have met the eligibility criteria, then you will have a right to choose how that support should be funded and provided. These are your Self Directed Support (SDS) Options. You can find out more about these at: https://www.eastrenfrewshire.gov.uk/self-directed-support

- **SDS Option 1** – You receive a direct payment and organise the short break independently
- **SDS Option 2** – ER HSCP or the provider hold the budget but you select the short break
- **SDS Option 3** – ER HSCP identify, arrange and pay for the short break.
- **SDS Option 4** - You choose a combination of the first three options

In July 2020 Scottish Government published COVID-19 guidance on Option 1 and Option 2 for Integration Authorities and Health and Social Care Partnerships. The guidance makes it clear that flexibility is required to ensure that support for carers is maintained with minimal disruption throughout this time of crisis. It encourages social work professionals to be mindful of this when making decisions around support - 'This flexibility should continue to operate during the period of the pandemic, and enable the exploration of creative solutions during this unprecedented period'.

For further information and advice on Self Directed Support you can contact SDS ForumER at https://www.eastrenfrewshire.gov.uk/self-directed-support or you can call them on **0141 638 2525**

If your short break doesn't include the person you care for, we will have to consider, along with them, what **replacement care** needs to be provided while you are away.

When planning this support we will always ask you to consider firstly the informal and existing formal supports that are in place. This is likely to be those who you trust and know best, friends, family and paid carers who know the person you care for well. Next we will consider universal services as above with a focus on using technology and Technology Enabled Care. You can find out more about this at https://www.eastrenfrewshire.gov.uk/telecare-self-check-tool.

If these options are not suitable to meet the person you care for and your own outcomes and you meet the eligibility criteria above then the cared-for person's Social Worker / Care Manager will look at what arrangements can be made using formal care services. The Carers (Scotland) Act states any provision of replacement care to support a short break that is an identified, assessed need for an eligible carer, will not be subject to any financial assessment or contribution.

Find out if you as a carer may be eligible for social care funding at:
https://getinvolved.eastrenfrewshire.gov.uk/chcp/carersscotlandact2016eligibilitycriteria/supporting_documents/ERHSCP%20Cares%20Eligibility%20Framework.pdf

Find out if the person you care for may be eligible for social care funding at: https://www.eastrenfrewshire.gov.uk/assessment-eligiblity-criteria

Other relevant information about Carers rights and the support available for Carers can be found in East Renfrewshire's Carers Strategy **"I Care, You Care, We Care 2021-22**

Information on Short Break Opportunities

A short break can be delivered in many ways as long as it is personalised to you as a carer and provides you with the sense of having had time away from the routine of your caring responsibilities. This wide scope of possible opportunities means it would be impossible to include all options within this statement. We have included here some examples of the possible opportunities with links and some useful information included

Below are examples of **Universal Services.** These are services available to all carers and the people they care for:

East Renfrewshire Carers Centre https://www.eastrenfrewshirecarers.co.uk/

ER Carers Centre can provide advice and information, links to support groups; online resources; support with stress management and more. They can also support you to plan and source funding if it is required for a short break. Details of these are below

Time to Live Fund – with funding awarded through Shared Care Scotland the Centre can make a financial grant to carers (cared for person must be older than 21 years) of up to £250.

The grant will be personalised to each applicant but must be used to provide carers with a short break. Examples of recently funded breaks include:

Hotel breaks with the cared for person; Hotel breaks without the cared for person; Gym membership; Hill walking Equipment; Golf club membership; Therapies such as massage and aromatherapy.

Carefreebreaks https://carefreespace.org/

ER Carers' Centre have entered into a partnership with Carefree to provide carers with access to unused hotel rooms and accommodation across the UK.

Carefree have developed a simple referral process but you must come through the Carers' Centre. The breaks provided are throughout the UK and you will have to consider transport and other expenses such as dining.

Carers can take someone with them but as the mission of Carefree is to provide carers with a break from their caring, you cannot take the person you care for.

Respitality

Respitality is a short break programme managed in Scotland through Shared Care Scotland. It matches Scottish Hospitality Providers who are willing to donate or gift a short break, a day out, a meal out, a family experience or a longer holiday break for unpaid carers and their families and friends.

We are in the process of starting this programme in East Renfrewshire and are looking for volunteers to help us reach out to possibly donators.

Find out more about Respitality at: https://www.sharedcarescotland.org.uk/respitality/about-us/

Please contact the Centre should you require further advice and a short break can be delivered in many ways as long as it is personalised to you as a carer and provides you with the sense of having had time away from the routine of your caring responsibilities. This wide scope of possible opportunities means it would be impossible to include all options within this statement. We have included here some examples of the possible opportunities with links and some useful information included.

Grants and donations - The staff at ER Carers Centre can identify grants and other resources that will support carers breaks, current examples include:

Carers Trust Grants Programme https://carers.org/grants-and-discounts/introduction ; Support in Mind – Creative Breaks https://www.supportinmindscotland.org.uk/news/creative-breaks-fund-round-2-now-open ; East Renfrewshire Good Causes https://www.ergoodcauses.co.uk/

Other Resources

Voluntary Action ER https://www.va-er.org.uk/ Talking Points; Community Hub; Volunteering; Groups and local information

ER Culture & Leisure https://www.erculturеandleisure.org/coronavirus Fitness and Wellbeing Classes & Activities;

ALISS https://www.aliss.org/about/ A comprehensive local information system delivered by the Health

and Social Care Alliance Scotland whose aim is to help carers and the people they care for should be able to access the information they need to help them live well.

Shared Care Scotland Directory https://www.sharedcarescotland.org.uk/directory/?action=search A comprehensive directory of short breaks available in Scotland

Technology Enabled Care (TEC) https://www.eastrenfrewshire.gov.uk/tec Sometimes simply having a Community Alarm reassures you it's safe to leave the person you care for an hour or so to be able to do something you want to do. TEC is the umbrella term to describe how technology can be used to support people's health and wellbeing. TEC includes Telecare, Telehealth and digital health and care.

Everyday Technology – Voice Activated and Smart Home technology can often be used to help a carer have a short break and online resources such as Zoom or other social platforms to chat with friends, or Stress Management Tools

National Carers Organisations - Carers UK Scotland https://www.carersuk.org/scotland and **Carers Trust** https://carers.org/resources/all-resources are good examples and there are many other local and national organisations who provide free advice, information and resources.

Carers discount schemes such as **Young Scot Card** https://young.scot/get-informed/national/how-to-sign-up-for-the-young-carers-package can offer things like free cinema tickets or first aid training and 50% off meals out.

Below are examples of more traditional ways that breaks can be provided. East Renfrewshire HSCP's Eligibility Framework may need to be applied to the funding of these options following completion of an **Adult Carers Support Plan** or **Community Care Assessment** for the person you care for.

Short Breaks in adapted / specialist accommodation

The accommodation, which is only used for short breaks, might be guest houses, community flats, purpose-built or adapted accommodation. Depending on the group catered for, facilities may be able to offer specialist care. Click here for examples from the Shared Care Scotland Directory.

Short Breaks in residential or nursing care homes

Some care homes may have a small number of places set aside specifically for short-term guests to suit individual needs and interests. You can find examples from the Shared Care Scotland Directory at: https://www.sharedcarescotland.org.uk/directory/?action=search

Short Breaks provided at home through paid day or overnight support

This includes one to one support provided in the home of the cared-for person for periods of a few hours or overnight. The purpose may be to provide support while the carer is away, or to support the carer in other ways. You can find examples from the Shared Care Scotland Directory at: https://www.sharedcarescotland.org.uk/directory/?action=search

Who to Contact if you need a Short Break

If you or the person you care for have an urgent need for immediate support and are over 18 contact **ER HSCP Initial Contact Team** directly on **0141 800 7850** if the person you care for is under 18 contact **ER HSCP Children and Families Request for Assistance Team** directly on **0141 577 8300**. In all other cases:

If you and the person you care for are over 18 years old:

You can contact **ER Carers Centre** at: https://www.eastrenfrewshirecarers.co.uk/ email: enquiries@eastrenfrewshirecarers.co.uk or call them on **0141 638 4888**. Their staff will offer you support to complete an **Adult Carer Support Plan**, planning together will help with understanding the impact of your caring role, the need for support and the outcomes you want to achieve. If during planning if it is identified the impact of your caring role is such that you need the support of health & social care services **ER Carers Centre** will support you with this.

If the person you care for is under 18 years old:

You can contact **ER Carers Centre** at: https://www.eastrenfrewshirecarers.co.uk/ email: enquiries@eastrenfrewshirecarers.co.uk or you can call them on **0141 638 4888** for advice or you can contact our **Children and Families Request for Assistance Team** directly on **0141 577 8300** who will be able to advise or support you to complete an **Adult Carer Support Plan**.

If you are a Young Carer under 18 years old:

You can contact **ER Carers Centre** at: https://www.eastrenfrewshirecarers.co.uk/ email: enquiries@eastrenfrewshirecarers.co.uk call them on **0141 638 4888** or you can speak to your **Pastoral or Guidance Teacher at school or another teacher you find it easy to talk to.** You can ask to complete a **Young Carers Statement** (YCS) to help you with identifying what is important to you and the impact of your caring role on your life. If you decide you want to continue caring they will help you to think about the support you may need to do this. This will also help you decide what type of short break would work best for you. If you choose to complete a Young Carers Statement you can be shown how to do this online independently and in your own time, or you can get support from your school or from East Renfrewshire Carers Centre staff.

Further Information

Our duties under the Carers (Scotland) Act 2016 will be met by working together with our partners in the community. We are committed to gathering information on the services that are most effective in supporting carers and services that are committed to focusing on carers' outcomes, health and wellbeing and to supporting carers to lead as full a life as possible.

This Statement will be reviewed annually following Scottish Government guidance. East Renfrewshire Carers Lead will take responsibility for engaging carers in this review. Due to the pressures of the Covid 19 pandemic during 2020-21 it has been difficult for carers to access short breaks and to engage with carers in the usual ways. This review has therefore focused on updating information and ensuring it is accurate.

The next review will involve carers and the organisations that support them and will be completed by 1st April 2022. Our intention is to ensure there is as much opportunity as possible for people to contribute their views in a way that works for them. The information we gather from this review will influence the Short Breaks services that we commission going forward.

For further information about this document or to provide feedback please contact:

East Renfrewshire HSCP Carers Lead: irene.brown@eastrenfrewshire.gov.uk

For further advice and information on Short Breaks please contact:

East Renfrewshire Carers' Centre
Tel: 0141 638 4888
Email: enquirires@eastrenfrewshirecarers.co.uk
Web: https://www.eastrenfrewshirecarers.co.uk/

AGENDA ITEM No.10

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 17 March 2021
Agenda Item	10
Title	Workforce Planning Update

Summary

This report informs the Integration Joint Board of the Scottish Government guidance for updating Workforce Plans and outlines the local process to undertake the development of a one year interim workforce plan for 2021 - 2022.

Presented by	Candy Millard, Head of Adult Health and Social Care Localities

Action Required

The Integration Joint Board is asked to note and comment on the report.

Directions

- ☐ No Directions Required
- ☐ Directions to East Renfrewshire Council (ERC)
- ☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)
- ☐ Directions to both ERC and NHSGGC

Implications

- ☐ Finance
- ☐ Policy
- ☐ Workforce
- ☐ Equalities
- ☐ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 MARCH 2021

Report by Chief Officer

WORKFORCE PLANNING UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to inform the Integration Joint Board of the Scottish Government guidance for updating Workforce Plans and outline the local process to undertake the development of a one year interim workforce plan for 2021-2022.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report

BACKGROUND

3. The HSCP produced a workforce plan in 2016 as part of the suite of documents required to support the establishment of an integrated health and social care partnership.

4. In 2019 the HSCP commenced work to update the three year workforce plan pending on Scottish Government guidance. In 2020 this work was paused due to the Covid-19 pandemic.

5. In recognition of the pandemic the Scottish Government revised timescales for NHS Boards and Health and Social Care Partnerships to complete their plans. The revised date was originally 2021 but Scottish Government have subsequently advised that 3 year workforce plans should be submitted by 31st March 2022. This will bring the workforce plan in line with the timescales for our proposed new Strategic Plan 2022-2025.

6. The Scottish Government have indicated that an interim workforce plan should be submitted by the end of April 2021. They have issued an interim workforce template along with guidance to cover the 12 month period from April 2021 to March 2022. This report gives an overview of the guidance and local process to produce the interim plan.

REPORT

7. The purpose of the interim workforce planning guidance is to develop a cohesive picture of health and care workforce need across the HSCP geographic area. This should be inclusive of the independent sector, voluntary sector and GP contractors.

8. The template for completion has a number of important sections for consideration locally, with strong links to our local strategic planning priorities and approach.

9. Supporting staff wellbeing is one of our new strategic priorities for 2021-22. The workforce plan asks the HSCP to set out how we will provide ongoing support to promote both physical and psychological wellbeing over the coming year and to consider what measures we require to monitor and evaluate their impacts on staff wellbeing and staffing levels. The HSCP has a group that has been leading on this work chaired by the Head of Recovery and Intensive Services. It is the intention to widen the work and membership of this group and it will develop local plans to embed systems of wellbeing support for the longer term including lessons learned locally relating to staff wellbeing.

10. Our workforce planning is also asked to consider short, medium and longer transformational staffing and skills changes required. In the short term this includes clearly identifying areas of immediate workforce risk in key job families/ sub families and professional groups, considering:
    - Sustainable Vaccination Programme (COVID-19 and seasonal flu);
    - Supporting the safe provision of Adult Social Care;
    - Continuing Mutual Aid to Care Homes;
    - Maintaining Essential Services;
    - Support to remobilise primary care services;
    - Care at Home and Housing Support;
    - Mental Health Officer capacity;
    - Reablement and Disability Services.

11. In supporting the workforce through transformation, workforce planning is asked to consider a number of areas including:
    - Workforce implications of innovative approaches building on transformation of health and care delivery during the pandemic.
    - Workforce skills development that will be required to support new models of care/ service.
    - Examples of local initiatives that are being used to mitigate demand and ensure workforce supply.
    - Need for and development of new roles/extension of current duties such as advanced practice, assistant practitioner.

12. The HSCP proposes to take the following approach to meet the tight deadline.

    March
    - Initial Meeting of workforce planning group
    - Workshops with partners to consider themes

    April
    - Draft template shared with partners – early April
    - Final comments submitted and agreed – mid April
    - Submission to Scottish Government

    May:
    - Update Integration Joint Board and Strategic Planning Group

CONSULTATION AND PARTNERSHIP WORKING

13. The template and guidance was shared with the Strategic Planning group on 26 February in order to agree engagement with partnership colleagues. A workforce planning group consisting of representatives from HSCP services, Primary Care, Independent/ Voluntary sectors and Trade Union colleagues will be established.

IMPLICATIONS OF THE PROPOSALS

Workforce

14. This report informs the Integration Joint Board of the requirement to develop an interim workforce plan and details some of the workforce areas to be consider in undertaking the planning work.

Equalities

15. The guidance asks that HSCPs ensure that all staff within the workforce are supported and protected equally. This includes setting out how we will collect good quality data on ethnicity as well as all other protected characteristics

DIRECTIONS

16. There are no directions required at this stage.

CONCLUSIONS

17. Scottish Government have issued guidance for updating Workforce Plans which outlines the local process to undertake the development of a one year interim workforce plan for 2021-2022. The plan should develop a cohesive picture of health and care workforce need across the HSCP geographic which is inclusive of the independent sector, voluntary sector and GP contractors.

18. Local work to develop the plan will be in line with our Strategic Planning priorities and carried out in partnership. The plan must be submitted to Scottish Government in April prior to the next Integration Joint Board meeting but will be shared with members of the IJB and Strategic Planning Group.

RECOMMENDATIONS

19. The Integration Joint Board is asked to note and comment on the report

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities
Candy.Millard@eastrenfrewshire.gov.uk

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Chief Officer, IJB: Julie Murray

ANNEX 1

Guidance on Indicative Interim Workforce Plan 2021/22 Content

Note that this guidance is not intended to be prescriptive or exhaustive.

The content of this guidance should be viewed as 'areas for consideration' which provide illustrative examples to assist in completing the detail required for each section, these may be jointly applicable to NHS Boards and Health and Social Care Partnerships (HSCPs) or distinct to either, and should be applied as relevant.

NHS Boards and HSCPs will also wish to reflect any local labour market factors which will influence workforce demand and supply.

Section 1 – Background

This section should be used to provide a general, high level overview of the organisation, outlining the scope and coverage of the plan and indication of lead responsibility for the delivery of the Interim Workforce Plan

Organisations should outline the process of developing the workforce plan including a description of the consideration of workforce planning issues in the context of a wider system of planning and linking workforce to any relevant key performance indicators of targets.

Organisations may wish to describe the opportunities for, or work currently underway in the following areas:

- Cooperation between NHS and Local Authorities
- Mutual support across Territorial Board borders
- Regional working
- Working with COSLA/National NHS Boards

Section 2 – Stakeholder Engagement

NHS Board and HSCP workforce planning leads should continue to work with each other (including engagement with Trade Unions and colleagues from the Primary Care and Third and Independent Sector) to ensure that, collectively, the output from the interim workforce plan development process presents a cohesive picture of health and care workforce need across their geographic area.

It is not intended that the interim workforce plans contain specific detail on existing workforce numbers and projected need for primary care or independent social care settings.

Including representatives from primary care and third and independent sector partners as key stakeholders in the development of workforce plans, is seen as an opportunity to reduce some of the uncertainty experienced by providers in determining their own future workforce needs.

Interim Workforce Plans should describe the process of engagement with internal and external stakeholders including, but not limited to:

- Local Service Planning Leads
- Financial Planning Leads
- Trades Unions
- NHS/HSCP Workforce Planning Leads
- HR Leads
- Third and Independent Sector Representatives
- Primary Care Contractor Representatives

Organisations should outline how the needs of stakeholders have been included within the planning process and reflected in the completed workforce plan.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Supporting staff wellbeing must be seen as key to sustainability of the workforce during the current pandemic. The welfare of the workforce is a fundamental interdependency that cuts across remobilisation and workforce planning.

The Board Remobilisation Plans for 2021/22 will set out how organisations are providing on-going support to promote both physical and psychological wellbeing over the coming year noting areas such as:

- Local workforce wellbeing services;
- Health and Social Care national hub;
- NHS24 mental health support services.

Interim Workforce Plans may wish re-inforce this while providing additional details on the anticipated workforce implications such as:

- monitoring performance and evaluating impacts on staff wellbeing;
- projections of future staff retention and turnover;
- staff availability and absence levels
- the impact of staff annual leave deferred during the pandemic

Organisations should also look to consolidate and embed systems of wellbeing support for the longer term as a potential means of increasing staff availability and reducing turnover. This may include:

- Analysis of the primary causes of pre-COVID-19 staff sickness absences;
- Lessons learned locally relating to staff wellbeing, and potential opportunities to increase staff availability.

In order to ensure that all staff within the health workforce are supported and protected equally, workforce plans should also address how organisations intend to support the work of Scottish Government and Public Health Scotland to improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics.

Section 4 – Short Term Workforce Drivers (Living with COVID)

This section should focus on the immediate operational period (12 months) aligning with the content of Remobilisation Plans and describing the known impact on workforce requirements in areas such as:

- Maintaining and Extending Test & Protect Programme;
- Sustainable Vaccination Programme (COVID-19 and seasonal flu);
- COVID-19 Beds and Maintaining Surge Capacity Needs;
- Supporting the safe provision of Adult Social Care;
- Mutual Aid to Care Homes;
- Maintaining Essential Services;
- Extended role for Public Health Workforce;
- Support to remobilise dental, eye care and other primary care services;
- Care @ Home and Housing Support;
- Mental Health Officer capacity;
- Reablement and Disability Services;
- The Health and Care (Staffing) (Scotland) Act including the use of/outputs from existing Nursing and Midwifery Workforce and Workload Modelling Tools.

Organisations should clearly identify areas of immediate workforce risk in key job families/sub families and professional groups.

Where possible organisations should provide whole time equivalent details of anticipated workforce demand associated with specific drivers.

Section 5 – Medium Term Workforce Drivers

This section should be used to describe the workforce impact of any changes to staffing models required as a result of service changes/developments across the medium term (12-36 months).

These may include issues such as:

- Redesign of Services building on new ways of working (Post- COVID-19);
- Redesign of Urgent Care;
- Capacity/Productivity Issues: Social Distancing in Health and Care services;
- Clinical Prioritisation of Planned Care
- Care implications of "Long" COVID-19 on Rehabilitation Services;
- Resourcing Older Peoples' Services;
- Increased role of Primary Care and Community Services;
- Development of Elective Centres;
- General Medical Services Contract;
- Post COVID-19 treatment backlog;
- Increased service demand due to population demographic factors;
- Independent Review of Adult Social Care;
- Fair Work Agenda;
- Further development of Safe Staffing and Workload Tools;
- The potential workforce impact of recent changes to pension schemes.

Organisations should include text reflecting Local Labour Market factors including:

- The impact of Remote and Rural issues;
- Potential Economic Impact of COVID-19 on labour supply in some job families.

Organisations should describe areas of anticipated workforce risk in key job families/sub families and professional groups and outline any known whole time equivalent requirements and likely timescales.

Section 6 – Supporting the workforce through transformational change

NHS Boards and IJBs will have described examples/opportunities to transform the delivery of health and care services during the pandemic and how best practice in these areas is being maintained and shared. Organisations should consider the potential workforce implications of any innovative approaches to care delivery e.g.

- Embedding and extending the role of Digital Health and Telecare;
- Opportunities to support Mutual Aid, Joint and Regional Working;
- Improving workforce data quality.

This section may be used to describe any areas of workforce skills development that will be required to support current or future models of care/ service.

Organisations should provide some narrative on those factors affecting workforce supply such as:

- Hard to Fill Posts;
- Skills Gaps in key areas.

Organisations may also wish to provide examples of local initiatives that are being used to mitigate demand and ensure workforce supply including:

- Local Recruitment;
- Use of National Staff Recruitment Portal;
- Use of Temporary Registrants via GMC, NMC, HCPC, GPhC;
- Use of Supplementary Staff Groups;
- Modern Apprenticeships;
- Supported placements;
- Kickstart Scheme;
- Work Experience.

Organisations should describe the need for and development of new posts or the introduction of new roles/extension of current duties such as:

- Advanced Practice roles;
- Physicians Associates;
- Assistant Practitioners;
- Any other examples of new roles.

AGENDA ITEM No.11

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 17 March 2021
Agenda Item	11
Title	East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change

Summary

This report provides members of the Integration Joint Board with an overview of the findings to date of a test of change delivering peer support for recovery across the mental health and addictions service settings.

Presented by	Cindy Wallis, Senior Manager Recovery Services

Action Required

The Integration Joint Board is asked to:-

i. Note and comment on the findings of the test of change to date.
ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.

Directions	Implications	
☒ No Directions Required	☒ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☒ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 March 2021

Report by Head of Recovery and Intensive Services

EAST RENFREWSHIRE PEER SUPPORT SERVICE MENTAL HEALTH & ADDICTIONS – TEST OF CHANGE

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the test of change to develop an East Renfrewshire Peer Support Service, employing peer workers with lived experience to support individuals in their recovery journeys.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-

   i. Note and comment on the findings of the test of change to date.
   ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.

BACKGROUND

3. The Scottish Recovery Network's (SRN) definition of peer support is "a relationship of mutual support where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences". It is a person-centred approach, focused on wellbeing, based on the key principles of respect, shared responsibility and a mutual agreement of what is helpful (Mead, Hilton and Curtis, 2001). Peer support is not intended as a replacement for formal services but to work alongside them.

4. A robust evidence base has grown over the past 10-15 years showing positive impacts for:

   - Individuals – a hopeful and empowering support for recovery gained from someone (a peer worker) who has shared similar experiences, showing that recovery is possible
   - Peer workers – experience a sense of value in supporting others, increasing their own self-esteem and enhancing their own recovery
   - Services and systems – increased focus on recovery within services, challenging stigma, involving individuals in their own care and support and wider design and delivery of services

5. Peer support for recovery is a key strand in the NHS Greater Glasgow and Clyde Five Year Mental Health Strategy, where recovery is understood, not as an intervention by professionals, but a journey that is undertaken with, and alongside, people with mental ill health. As part of this, it is identified that recovery does not need to take place within a clinical setting. Central to the approach is the role of lived experience, employing peer workers who have their own experiences around mental health and services, to work with individuals in their recovery. The Strategy set out a commitment to pilot peer support in a number of areas across Greater Glasgow and Clyde.

6. At a local level, East Renfrewshire Health and Social Care Partnership has recognised the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change. Perhaps uniquely, it was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. This will enhance the recovery approach in both settings, and in particular will build on the design of a recovery-oriented system of care within the alcohol and drugs service over the past few years. A 12 month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals.

7. Penumbra were identified as the preferred provider of peer support in East Renfrewshire. Penumbra is one of Scotland's largest mental health charities and have significant experience of delivering peer work in locality based recovery teams across Scotland. Penumbra brings to East Renfrewshire a strong understanding of recovery, robust evidence based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. Identifying goals is a core part of Penumbra's approach to peer support and is enabled by their use of the I-ROC outcome measurement tool and HOPE (focusing on Home, Opportunity, People and Empowerment) model of wellbeing. There is more detail on Penumbra's approach in Annex 1.

REPORT

8. In line with the test of change approach, a robust evaluation model was built in from the outset, working with an independent evaluation facilitator, Matter of Focus, and utilising the OutNav outcome mapping tool.

9. Service design and development activity has included virtual workshops with stakeholders, including peer workers who bring a unique lived experience perspective to the service design. Individuals currently using formal services were engaged about their understanding and past experience of peer support and what it would mean and look like to them.

10. Service design work around peer support was scheduled to begin in March 2020, just as the Covid-19 pandemic hit and when strict lockdown restrictions were introduced. The impact on the delivery of frontline health and care services, mental health and alcohol and drugs services being no exception, was unprecedented, with the majority of service provision to individuals moving to telephone or video-based and face-to-face delivery only in urgent cases. Despite the significant challenges presented by Covid-19, the service design work with stakeholders took place virtually from June 2020. Ensuring that individuals with lived experience were involved remained a high priority and interviews via telephone took place. The East Renfrewshire peer support service took the first referrals in early September. Peer support was offered to individuals for the first time very quickly thereafter with opportunities to meet face-to-face, within the restrictions at that time. At the current time, all peer support is being offered via phone or video call, in line with individuals' preferences.

11. The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust.

12. It should be noted that Penumbra also successfully recruited peer workers during a challenging period, and they have made a significant contribution to the design and ongoing evaluation of the service, as well as delivering peer support to individuals.

13. By December 2020, just over two months from the first referral, the peer support service was operating at capacity, with two full-time peer support workers, working with 25 individuals. Support is weekly for the majority of individuals and there have been 196 peer support appointments to date. As of the end of January 2021, there are now a small number of individuals on a waiting list for peer support.

14. There are two key aspects to the test of change – developing a peer support service that works locally and embedding a peer support service within formal services to explore the extent and potential of using people with lived experience, alongside people with clinical experience, and where the right balance is. It is important that peer support is not seen as an "add-on" to services, but that peer support is part of the offer to individuals at any stage in their treatment and support

15. In light of the Covid-19 challenges, the test of change, and therefore the evaluation findings at this stage, are based on six months of operation of the service. Valuable insights have been gained about the benefits of peer support and what it means to individuals currently accessing the service. Individuals are engaging with peer support workers on recovery outcomes and using a range of recovery tools and data from these are yielding information to continue the development of peer support. However it is too early to measure progress towards recovery outcomes or begin to estimate how long individuals may remain in peer support. In addition, the aspect of the test of change looking at embedding peer support in formal services is at an early stage.

16. Importantly it should be noted that, while peer support is being delivered, Covid-19 continues to have an impact. Penumbra have the insight into the delivery of peer support outwith Covid-19 restrictions, and the opportunities it provides for peer support workers to accompany individuals to activities or services as part of their recovery goals. Significant restrictions continue to inhibit participation in communities overall and the impact of this should be acknowledged. In the meantime, peer support has been identified by individuals as providing a vital lifeline, reducing the feelings of isolation, and providing the opportunity to explore recovery goals.

17. The evaluation findings to date of the test of change to date are set out in the summary report and weblink in Annex 1.

CONSULTATION AND PARTNERSHIP WORKING

18. The critical importance of lived experience at the heart of peer support and the test of change in East Renfrewshire has ensured that lived experience has influenced the initial design and delivery of the service and the ongoing evaluation. To date the following activities have steered the test of change and the shape of peer support in East Renfrewshire:

- Phone interviews with individuals who have accessed mental health services and support in East Renfrewshire to (a) develop an understanding of what peer support can offer in addition to these services and (b) what would help or hinder people in accessing a peer support service.
- A number of virtual workshop sessions with HSCP services, Penumbra (including peer support workers), RCA Trust and RAMH. These included exploring the unique impact of Covid-19 on the delivery of formal services and the development of peer support, developing the outcomes for the Peer Support service as well as the activities that are needed to achieve those outcomes.
- Four in-depth interviews with individuals accessing the peer support service
- 18 reflective impact logs by peer support workers reflecting on individuals accessing the service
- Two focus groups with practitioners referring into the peer support service
- Collective analysis sessions with East Renfrewshire HSCP and Penumbra

19. Continuing, and further enhancing, the involvement and participation of individuals with lived experience in peer support remains a key priority as the test of change continues.

IMPLICATIONS OF THE PROPOSALS

Finance

20. The evaluation to date is providing early indications that peer workers have a valuable role alongside formal services, providing a unique support in recovery from a lived experience standpoint. There are potential benefits in terms of reduced likelihood of relapse and re-entering formal services, and potentially a shorter time within formal services for a modest amount of investment. The service needs investment for a longer period to establish firm evidence of these benefits in East Renfrewshire. The long term aim is to put investment in peer support on a firm footing alongside/within formal services.

Workforce

21. Embedding peer workers alongside the clinical and social care staff within mental health and addictions services has the potential to strengthen the workforce and the recovery focus within services.

DIRECTIONS

22. There are no directions arising as a result of this report.

CONCLUSIONS

23. The design and development of peer support in East Renfrewshire is underpinned and informed by the significant body of research and evidence that already exists around peer support and its positive role and contribution in service settings across Scotland. This test of change and the learning from it will be shared with NHS Greater Glasgow and Clyde to inform the Mental Health Strategy and the commitment to pilot peer support.

24. Furthermore, the East Renfrewshire test of change is grounded in and informed by the needs and preferences of individuals and their lived experience of services and recovery. This development work remains core to the test of change and critical to its success. It is an opportunity to fully embed lived experience in both mental health and alcohol and drugs services.

'It's not walking in front leading or from behind pushing — it's walking alongside'
(Scottish Recovery Network, 2013)

25. Early findings are positive in terms of the benefits for individuals using the service in East Renfrewshire, particularly the opportunity to discuss their recovery in a safe and supported way with someone who has a shared experience, and most importantly, has overcome their challenges and shows recovery is possible. Individuals using peer support are seeing benefits – including being able to discuss their issues and increase their understanding of them, increases in confidence, and making lifestyle changes. Awareness of peer support within formal services is increasing, practitioners reflect that there is increasing discussion and consideration of peer support as an option for individuals and observation of positive changes in the individuals they work with.

Next Steps

26. The test of change and evaluation remains ongoing to maximise the evidence base for peer support. Further evidence gathering will focus on impact of the service on individual's recovery outcomes and goals, the length of time that individuals might require peer support and what moving on from peer support looks like. Work is also focused on how we embed peer support within formal services to enhance recovery pathways for individuals.

RECOMMENDATIONS

27. The Integration Joint Board is asked to:-

    i. Note and comment on the findings of the test of change to date.

    ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.

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3 March 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

Annex 1

East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change – Interim Evaluation Report

The Interim Evaluation Report has been the result of a collaborative approach with key partners – HSCP mental health and alcohol and drugs services, Penumbra, RAMH and RCA Trust – supported and guided by facilitators Matter of Focus.

This report has been produced in OutNav. OutNav is a software system developed by Matter of Focus that supports organisations to take a collaborative and outcome focused approach to evaluation planning, implementation analysis and reporting. The report can be accessed via the OutNav link below:

https://www.outnav.net/view-live-report/g/RhQIkdg40INWY4pyqVSNdZsxj0wjhvEP

Content

The OutNav evaluation report sets out:

- The background, risks and assumptions to the test of change, including the HSCP's commitment to embedding peer support for recovery within formal services and the role of Penumbra in delivering the service.
- The outcome pathway for the test of change, developed collaboratively with partners is shown on page 6 of the report.
- Evaluation evidence for each milestone in the outcome pathway, with an assessment of both progress and confidence in the current evidence.

Key Messages

The key messages within the evaluation report include:

- **Local services have embraced the peer support model.** Using a model of peer support champions in each of the referring services (adult mental health, mental health officers, addictions, RAMH and RCA Trust) has raised awareness of peer support and its value and encouraged referrals. Referrals have been of a high quality, demonstrating a good understanding of the values of peer support and who would benefit. Senior staff within services have led by example by referring individuals they work with.
- **Penumbra have mobilised quickly to recruit peer workers and accept referrals, while adapting to Covid-19 restrictions.** Individuals have engaged well with mainly phone-based support, although some valued the opportunity to receive in-person support during the time of reduced Covid-19 restrictions. Restrictions on meeting face-to-face remain a key challenge.
- **The evidence from the pilot shows that the service is making a valuable contribution to peoples' recovery. People are identifying goals and making changes in their life to improve their health and wellbeing, through the I-ROC and HOPE tools.** Some individuals receiving the service are recognising that working with someone with similar life experiences to them is bringing a sense of hope. Early feedback on I-ROC is that it is a helpful reflective tool, used in a supportive way to help them see and understand themselves better**.** More time is needed to undertake follow up I-ROC evaluations with individuals but there is early evidence of progress and change. the evidence from the pilot shows that the service is making a valuable contribution to peoples' recovery. People are identifying goals and making changes in their life to improve their health and wellbeing.
- **Penumbra peer support workers are very clear about their roles and how they can use their own experience to inspire hope for the individuals they support.** But they recognise that the current restrictions are affecting the ability to engage creatively with individuals to achieve their goals, such as being out and about in their community or being able to attend groups.

- **The evaluation process is identifying small changes that can be made in the service on an ongoing basis**, such as changes to the referral process / form and the communications pathways between Penumbra and referring practitioners
- **Reflections from peer workers and referrers, as well as direct feedback from some individuals using the service give a sense that peer support is delivering benefits for recovery in East Renfrewshire.** The service is still in a pilot phase and individuals accessing support have been engaging with peer support for three-six months. Further monitoring of outcome data and progress towards personal goals through I-ROC, and continued focus on learning from the lived experience of individuals, will help strengthen our understanding of the benefits of the service. But early signs indicate a promising contribution to the HSCP's offer to people in East Renfrewshire.