

EAST RENFREWSHIRE COUNCIL14 December 2016Report by Kate Rocks, Chief Social Work OfficerCHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16**PURPOSE OF REPORT**

1. This report presents to elected members the Chief Social Work Officer's Annual Report for 2015/16. The report is attached at Appendix 1. It is presented in the format to comply with the template issued by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity. The Chief Social Work Adviser uses this information to produce a national report.

RECOMMENDATIONS

2. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

BACKGROUND

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

4. This report has been previously submitted to the Integration Joint Board on 23rd November 2016 and the Clinical and Care Governance Committee on 30th November 2016 for comment.

5. The report provides a brief narrative on the local authority to set the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:

- Finance
- Performance
- Statutory functions
- Continuous improvement, including complaints
- Planning for change
- User and carer empowerment
- Workforce planning and development; and
- Key challenges for 2016/17.

6. Performance data on some of the key social work indicators are set out throughout the report and reflects the operational delivery of services into the main key groups, childrens services, criminal justice and community care. The report also acts as the required annual report to elected members and council on the operation of the statutory social work function.

FINANCE AND EFFICIENCY

7. There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering within the constraint of financial austerity.

CONSULTATION

8. None

PARTNERSHIP WORKING

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

IMPLICATIONS OF THE PROPOSALS

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

CONCLUSIONS

11. This report provides an overview of the professional activity for social work within East Renfrewshire for 2015/16 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.

12. There continues to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including:

- The continuing challenging financial climate and the uncertainty for all public services
- The increasing expectations and demands from the public and stakeholders
- The increasing cost of supporting vulnerable people
- The significant adverse changes for our most vulnerable due to the impact of welfare reform that has created greater inequalities on income distribution.
- The impact of the living wage.
- The impetus to redesign services to ensure that savings are delivered over 2016/17 and the potential for any unintended consequences for service users due to change management activity.
- The management of increased service demand at a time of diminishing resources.

13. 2015/16 continues to be a challenging year for HSCP, and council in delivering social work services that remain high quality, responsive and provide value for public money against a background of budgetary constraint. Despite these very real difficulties there were key successes and this has been outlined within the annual report.

14. The landscape for all public service will continue to change over the coming years and, in particular, social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community.

15. At the heart of all social work profession lays a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

RECOMMENDATIONS

16. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

REPORT AUTHOR

Kate Rocks, Head of Children's Services & Criminal Justice (Chief Social Work Officer)
HSCP HQ, Eastwood Health and Care Centre, Drumby Crescent, G76 7HN
kate.rocks@eastrenfrewshire.gov.uk
0141 451 0748

November 2016

HSCP Chief Officer: Julie Murray

BACKGROUND PAPERS

Chief Social Work Officer Annual Report 2014-15

KEY WORDS

A report presenting an overview of the Chief Social Work Officer role in 2015-16

CSWO; adoption; fostering; protection; guardianship; statutory; MAPPA; governance; social work

BLANK PAGE



EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015-16

1. INTRODUCTION

Local Authority

East Renfrewshire is located to the south of the City of Glasgow, to the East of Renfrewshire, to the West of South Lanarkshire, and to the North of East Ayrshire. East Renfrewshire covers an area of approximately 67 square miles (174 square kilometres). Approximately two thirds of East Renfrewshire is rural farm land, encompassing the villages of Neilston, Uplawmoor, Waterfoot and Eaglesham, whilst the remaining area is made up of the mainly suburban residential areas of Thornliebank, Giffnock, Clarkston, Newton Mearns and the town of Barrhead.



The population is dynamic and changing. Since 2001, East Renfrewshire has seen population growth of 1.4% to 92,940 in 2015 and is due to grow by 5.4% to 95,482 by 2025. 73% live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stammerland, Newton Mearns and Thornliebank) and 27% live in the Lovern Valley (Barrhead, Neilston and Uplawmoor). East Renfrewshire has the largest number of people moving to the area from elsewhere in Scotland. 86% of those moving to East Renfrewshire moved from other Council areas in Scotland, with 11% from elsewhere in the UK and 3% from overseas.

Our strategic plan has identified a number of trends in East Renfrewshire that are important for planning and delivering social care services.

East Renfrewshire has an **ageing population** with increasing life expectancy. The most marked population increase will be in our 80-84 and over 85 age groups. This is the second highest increase in over 80's in Scotland. Our oldest residents are most likely to experience increased ill-health and disability, coupled with issues around mental health and isolation; more often than not their children no longer live in the area and are more reliant on non-familial supports. As a result of this, they are the greatest users of health and social care services. Many of our older people have more than one long condition sometimes referred to as 'multi-morbidity'.

East Renfrewshire is one of the most **ethnically and culturally diverse areas in Scotland**, with growing numbers of people from different ethnic minorities. In 2015/16, we supported five asylum seeking families to be resettled in the local authority. Due to the adversities that they had

experienced, this required a corporate approach with the HSCP providing support to enhance their well-being.

Median weekly earnings in East Renfrewshire continue to increase and are currently 27% above the Scottish average.

Whilst East Renfrewshire is seen as an affluent area, in small pockets of our community, we have high levels of **deprivation** with around 8% of the population classified as income deprived. People in our more deprived communities experience significant health inequalities both in terms of poor health and shorter life expectancy than people in our more affluent areas. As a consequence of these inequalities, we have prioritised prevention in early years.

Numbers of children and young people fell by 6.9% over the past decade although the area still retains the highest proportion of 10-14 year olds in Scotland and the second highest proportion of 0-15 year olds⁴. In contrast to this, the population of **vulnerable children** is increasing. Over the past ten years our looked after children has risen from around 90 peaking at 230 and is currently at 146. In response to this, in the last year we embarked on a local recruitment campaign for foster carers and have seen a marked increase in kinship carers. Demand will continue for targeted intervention for this group of children therefore one of our key priorities in the forthcoming year 2015-16 will require to further redesign support services to increase internal workforce capacity and improve outcomes for this vulnerable group.

East Renfrewshire has a strong reputation in educational attainment, 95% of 2014 school leavers went into positive destinations, compared to an average 90% across Scotland as a whole. The area has the highest proportion of school leavers entering higher education (60%) and the lowest proportion entering employment (16.5%). The number of children with **additional support needs** in education is increasing and has risen steadily.

It is estimated that around one-third of people will have **caring responsibilities** at some point in their lives. There are an estimated unpaid 9,000 carers in East Renfrewshire at present. Overall, the amount of unpaid care provided in East Renfrewshire is one per cent higher than the national average.

2. PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

The role of the Chief Social Work Officer has been reflected in the development of the Integration Scheme for the new Integration Joint Board. It recognises that the Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirmed that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer is also expected to provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate.

East Renfrewshire HSCPs integration scheme was developed and approved under section 7(2) (a) of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Integrated Joint Board for the area of East Renfrewshire Council was legally established from 27 June 2015. The IJB went live in August 2015.

The model of integration committed to within the Integration Scheme is that of the Body Corporate, establishing a new East Renfrewshire Health & Social Care Partnership Board as the Integration Joint Board for our local area.

The role and responsibilities of the IJB are:

- Responsibility for the strategic planning of its integrated services
- Responsibility for the operational oversight of the Health & Social Care Partnership (HSCP), which is the joint delivery vehicle for those integrated services delegated to the IJB (except for NHS acute hospital services). The Act requires that in order for these services and functions to be formally delegated in practice to the IJB, it must first approve its Strategic Plan which has been approved by the IJB.

Strategic Planning Group

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

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

Membership of the Strategic Planning Group is in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

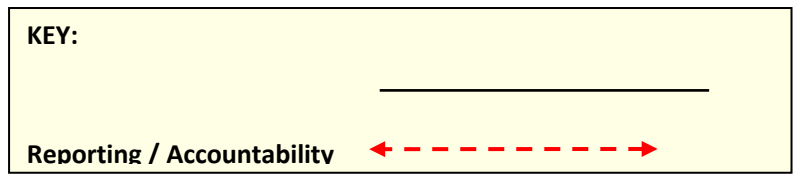
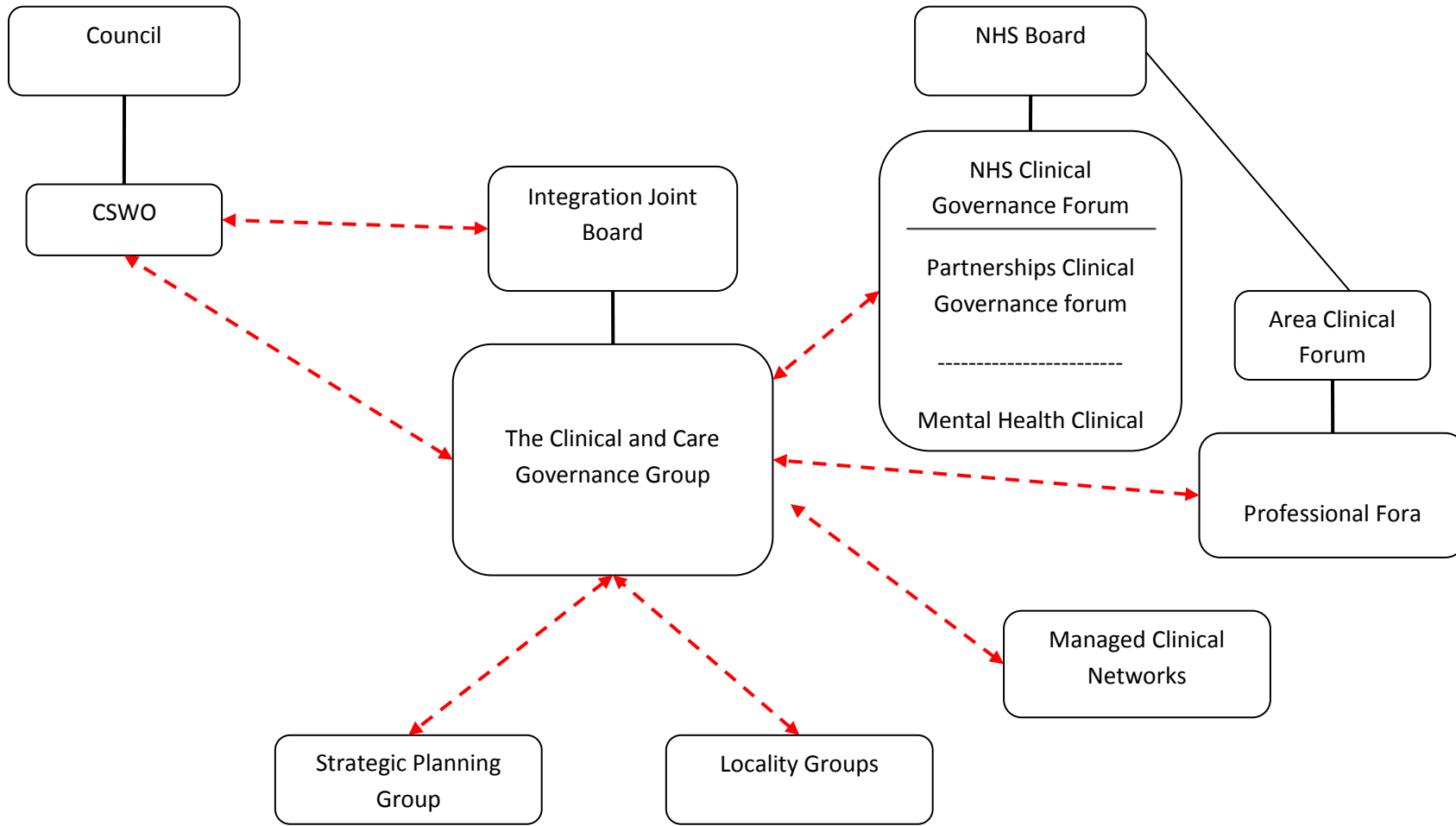
Clinical and Care Governance Group

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

Its remit is to:

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

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



Performance and Audit Committee

The key functions of the Performance and Audit Committee are:

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

Public Protection in East Renfrewshire

Over 15/16, a review of the Chief Officers Group was undertaken, led by the Chief Social Work Officer to ensure that the business of public protection and the information provided to the chief officers was fit for purpose. Terms of reference, including governance and accountability were refreshed including revisiting the role and relationship that the Chief Officers Group had to community planning. A template was designed to collate the information required to manage risk that includes quality assurance processes. The use of driver diagram and logic modelling enhanced this review. The group was renamed Chief Officers Public Protection.

The Social Care Landscape within East Renfrewshire

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

Services for children and young people: The Health and Social Care Partnership has a range of contractual frameworks both local and national to draw upon. The authority has suitable provision for advocacy services, schools based counselling and services for young people with additional support needs. We continue to work with families and young people to offer alternative approaches, including using Carers Information Strategy funding to develop parent mentoring schemes that will promote improved planning for children with disabilities using a community of expertise model and we continue the development of flexible breaks as an alternative to building based respite provision.

East Renfrewshire Health and Social Care Partnership was particularly pleased to be chosen as one of the two national test learning sites for self-directed support in care settings, specifically the use of an option one direct payment, by people assessed as requiring permanent care. Early learning indicates that issues of choice and control continue to be at the heart of the matter.

The Health and Social Care Partnership has been for several years leading the use of both telecare and telehealth and has benefited from the funding from Scottish Government to drive the up-take of this digital support. Tele Enabled Care (TEC) has enabled the partnership to shift the focus and balance of resource intensive packages for people with a learning disability to provide them with more choice and control over their lives. It is also fundamental to providing a responder service locally to meet the needs of people with unscheduled care events.

3. IMPACT ON LEGISLATIVE CHANGE

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

- Self Directed Support Act (2013)

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

All of these will be referenced throughout the report.

In addition, as a public body, a number of pieces of legislation apply directly to the IJB, including duties under equalities legislation.

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

CHILDREN SERVICES

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

On 31 July 2015, 146 children and young people in East Renfrewshire were looked after in a range of settings. 83 of the children were boys and 63 were girls. This constitutes 0.7% of the total children's population of the area and is one of the smallest proportions in Scotland. Over the last decade, we have experienced an increase in this trend especially of children under 5 years of age. We also know that the needs of certain groups of looked after children, are becoming more complex particularly among those 0-5 years of age and young people post 16 years.

Approximately half of the children (73) are looked after at home whilst 27 are accommodated with our own local authority foster carers. Over the last two years this has doubled for our in-house resources due to the success of our fostering campaign and significant improvement activity in re-balancing internal and external purchasing of care. Kinship and close family support is utilised when it is assessed as safe to do so and in the child's best interests and this is an area that the greatest growth has happened over the last two years, with the number of looked after children being placed in kinship increasing by 100%. As previously outlined, the use of external care placements purchased from the independent sector has significantly reduced, by 35% between 2014 and 2016, as costs were exceptionally high and outcomes for children unclear. The use of residential school accommodation is now minimal except for young people who have exceptionally complex additional support needs and there were no young people in secure care over the period 2014 and 2016.

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

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

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

ensure we are meeting our new duties. East Renfrewshire's first Corporate Parenting Plan will be published in autumn 2016 and the new Integrated Children and Young People's Plan will be completed by early 2017.

Integrated Children's Services Plan 2013-16

Our most recent plan reached its conclusion earlier this year. With our local partners we have made significant progress with most of what we set out to achieve during the last year of the plan. In particular programmes to support parenting have been popular with families and have evaluated very well.

The Inclusive Support Programme for children and young people with significant additional needs is an excellent example of integrated planning and delivery across partner agencies. As a result of its high profile and positive feedback from children and families, demand to participate in the various activities, continues to grow. The ongoing work of the Parents Committee also ensures that leisure, sports, and play for children and young people with a range of complex needs remain a very high priority.

During 2015, we moved further ahead with the implementation of GIRFEC working closely with our partners in Education and NHSGGC. We prepared for the implementation of the Named Person and established processes to ensure the correct protocols are in place to share information appropriately and proportionately. Learning and development sessions have been delivered to ensure health visiting staff are upskilled and ready to deliver in their new roles. The format of our local child's plan "CMAP" was agreed in 2014 and has been in operation since this time providing a multi-agency approach to assessment and planning based on the national practice model. Although there is currently a delay in commencement of the named person, we are prepared for going forward when the new start date is announced.

Children and Families Operational Services

Throughout 15/16, Children Services were integrated through a full system redesign that focused on ensuring that children, young people and their families were at the heart of the structural changes. Small tests of change were carried out throughout the service using the PDSA methodology with the results being implemented into the new structure. The redesigned service is now supported with a service specification that has provided a level of clarity for partners, other council services, elected members and the community about the role, function and responsibilities of the children's health and social work workforce within East Renfrewshire. The impact of the redesign will be fully evaluated over 16-17 however learning is a continuum and is central to the improvements and impact for children and their families therefore we will continue to make changes as we continue to develop and mature as an integrated delivery model.

The integrated health and social work structure mirrors and delivers the policy and intended legislative drivers of GIRFEC and The Children and Young People Act (2014) through a model of tiered service delivery, with tier 1 being health visiting services through to tier 4 being intensive services for children and young people. The operational core delivery for children's statutory social work services is the responsibility of the community social work team who are tier 3. For children and young people with complex needs, they are supported by integrated intensive services. For young people this has seen a dramatic reduction in the use of residential placements.

Intensive Services for Child and Family support

This team was set up in early 2016. The team works primarily with pre-birth to 3's, Looked After and Looked After & Accommodated Children. The Intensive Child and Family Support Service have 3 main overarching objectives. The aims directly link to the East Renfrewshire Health and Social Care Partnership Strategic Implementation Plan 2016/17:

- Improve outcomes for the most vulnerable young children and their families through the provision of targeted, flexible and evidenced based interventions which support children where and when they need it.
- Effective joint assessment and planning – specifically to work alongside community social work team to improve care and support planning and make timely decisions that ensure that permanent destinations are achieved to ensure that younger children's wellbeing is being met throughout the duration of their childhood. Central to this was the development of a foundational vision for permanence that in East Renfrewshire **"Our children and young people are loved, safe, secure and involved in their life journey"**. This will be further discussed under improvement activity
- Develop and improve the capacity of families, universal services and community-based services to meet the needs of our most "excluded" children and their families through the provision of direct support, child-centred planning, training and coaching.

To achieve this, the team operates over 7 days/out of hours to develop parenting capacity, mentoring support will be provided to both children and parents to be more active and engaged in family life and their communities and they will be actively supported to access a range of community sport/leisure and learning based services. The team are providing mellow bump and parenting programmes for parents and families who experience the greatest adversities.

Through the ongoing development and the successful implementation of family capacity building models such as self-directed supports, more participative approaches to support planning will build confidence in families and ensure children's plans are individual and unique to them reflecting the assets within the family and community. Permanent destinations are key to ensuring the best possible outcomes for these children so the team alongside their colleagues within the community social work team will work intensively with families to improve planning through contact and parental capacity assessments that support timely decision making for children where the decision is for them to remain at home or in kinship. The team also deliver evidence-based parenting interventions e.g. Popp and Mellow parenting programmes. In July 2015, future proofed Permanency Planning Procedures were developed to support the intended improvement activity within this year and this has brought consistency to decision making and emphasised the impetus to make early decisions for these children.

Permanence and Care Excellence

In November 2015, East Renfrewshire Council lead by the Health and Social Care Partnership with the Scottish Government and CELCIS, began a journey of improvement for our most vulnerable children to ensure that they are provided with permanent destinations that are timely and provide them with the greatest opportunities to achieve their well-being into adulthood. As stated our vision for permanence is that **"Our children and young people are loved, safe, and secure and involved throughout their life journey"**.

Four routes to permanence were identified for children and young people:

- Return/remain at home with/after support
- Section 11 (Residence) – Kinship Care Order
- Permanence Order
- Adoption

The PACE Champions Group was convened, a multi-agency partnership who work together to improve decision making and permanence for our looked after at home children. There are two streams to this improvement activity Pre-birth to 3 years old to improve early assessment, planning and use of joint chronologies to improve permanence from the start of a child's journey. The use of improvement methodology and in particular the development of stretch aims through driver diagram activity has shown a significant improvement in the timescales for new babies and children coming into the service. It has also supported more integrated working between health visitors and social workers to ensure improvement. In many respects it has fundamentally been the key stone of embedding the opportunities and potential aspirations of the redesign.

The second stretch aim is addressing the drift for children 5 to 11 and nationally we have the highest number in Scotland within this group. We have seen a reduction of children who are looked after at home and it has reduced by 25%. Further work continues within this area.

Psychology of Parenting Programme - An East Renfrewshire Approach

As outlined within my report in 2014-15, the Health and Social Care Partnership in partnership with Education have continued to implement this programme. The funding for the delivery of Psychology of Parenting programmes continues from Health Improvement Scotland. Our 27 to 30-month assessment data shows that approximately 15% of parents are reporting to having significant concerns about their child's behaviour prior to entering Primary School. The purpose of the programme is to improve outcomes for children with levels of on-set disruptive behavioural problems age 3 & 4 through intensive parenting supports to these families before their child enters Primary School.

We strive to provide help as early as possible to ensure that these very young children and their parents have the best possible chance to being supported by universal services and not targeted services like social work. Over 15-16, we delivered this programme to 80 families and were commended by Health Improvement Scotland (funders) for the success of the delivery. To ensure longer term sustainability, community and parental asset approaches will be built to support young children in their communities.

Quality Assurance

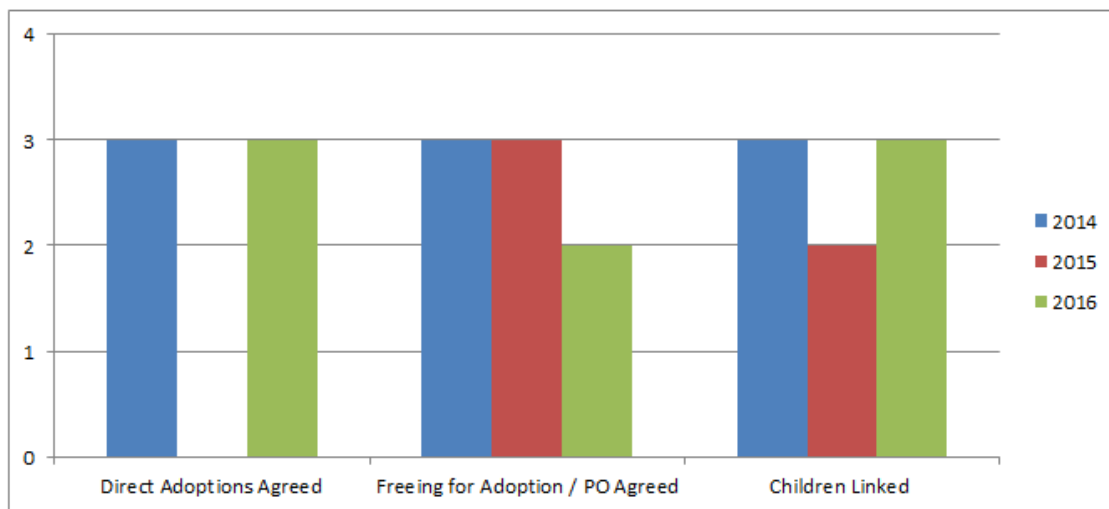
The learning and data from the **PACE** pilots and associated PDSA approaches to improvement will be rolled out across the service. By engaging in this partnership we will improve permanent destinations for children where decision making is prompt, evidence-based and effective. Robust case management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

Fostering and Adoption Services

Fostering and Adoption services are managed through the Intensive Services for Children and Family Support and are pivotal to the success of the ambitions of the new team.

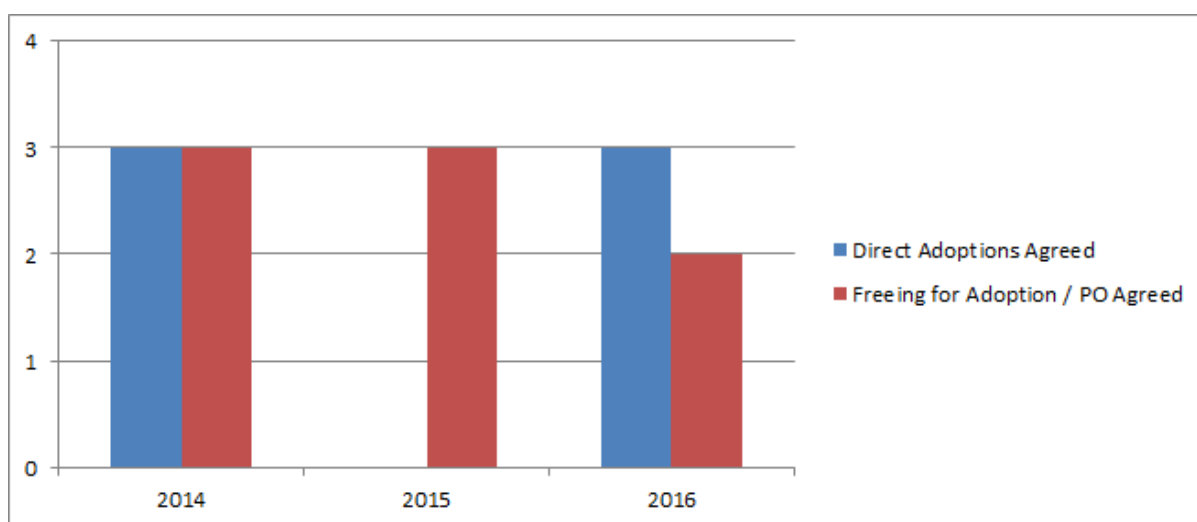
Adoption and Family Placement - The tables below provide information on activity in this area:

Approved Assessment by Type of Resource 2013 – 2016



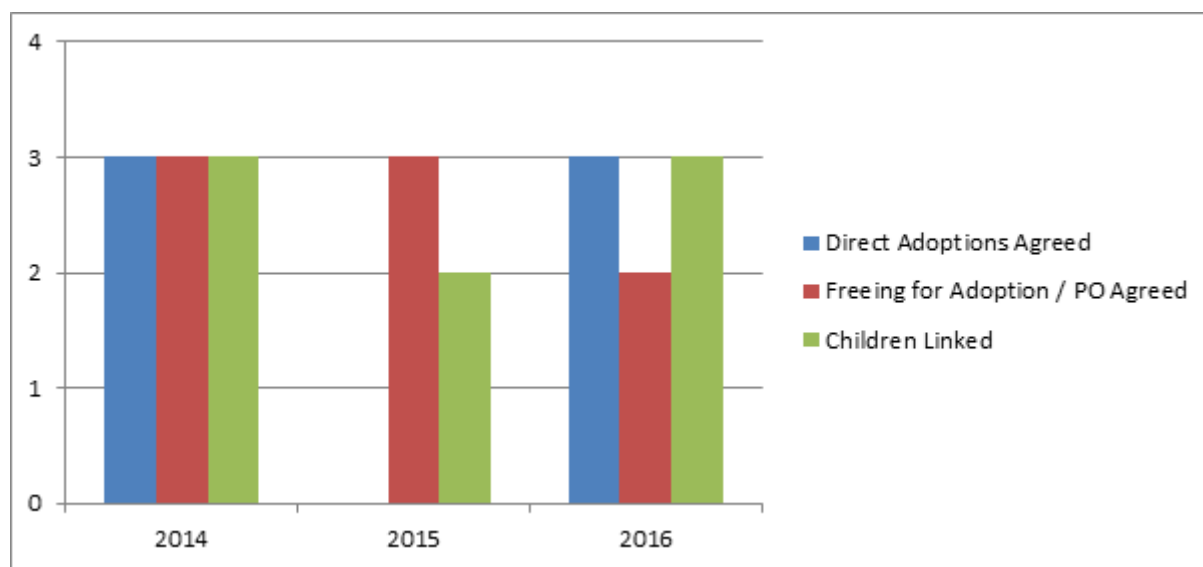
	2013	2014	2015	2016
Approved Assessments	4	3	2	5
Adoption age 2+	3	1	1	1
Foster Care	1	1	0	2
Adoption 0-2 years	0	1	1	2

Permanent Plans Approved Through panel 2013 - 2016



	2013	2014	2015	2016
PO/POA	3	1	3	2
Children Linked to Permanent Carers	3	2	1	3

Type of Adoption Route 2013 – 2016



	2013	2014	2015	2016
Direct Adoptions Agreed	4	3	0	3
PO/POA Agreed	0	3	3	2
Children Linked	5	3	2	3

Over March 2015-April 2016, 5 adoption assessments have been completed by the team. Post adoption support is becoming more complex due to the nature of the children's needs that are being matched to adoptive carers. As such, this necessitates the need for ongoing support to adoptive families in order to secure their children in a sustained and permanent destination. There are currently 13 post adoption contact arrangements being supported by the team. This is set to increase as most adoptions granted have a requirement for post adoption contact with birth families. The team have engaged in process mapping and reflective sessions to refresh our approach to the screening and assessment of prospective adopters.

East Renfrewshire Health and Social Care Partnership launched their East Renfrewshire's fostering campaign in early 2015. The overall purpose of the campaign is to keep our children in East Renfrewshire by increasing the number of people enquiring about fostering in East Renfrewshire and to recruit 5 local foster carers by 2017, increasing our in-house resources by 50%.

Results to Date:

- 72 enquiries generated since 2015 to date, this is a 100% increase compared to 2014 and 700% from 2013.
- Web analysis in 2015/16 up +400% compared to the previous year. Social media reach and impressions:
 - Facebook – over 20K
 - Twitter – over 40K
- 4 new foster carers were approved in 2015/16; there are currently 3 potential foster carers being assessed at present.

Kinship in East Renfrewshire

East Renfrewshire Council implemented the national parity model for Kinship Carers from 1st October 2015. Whilst funding was received from Scottish government, it fell short of the budgetary requirements to implement the national agreement, locally. The shortfall was met through an increase from council. Whilst Kinship procedures had been developed to improve practice within this area in late 2014, the Kinship Care panel was set up in the summer of 2015 to provide more robust decision-making, approval and quality assurance for these looked after children and young people. The panel has multi-agency representation across Health, Social Work, Education, Educational Psychology and Legal Services.

Kinship carers predominately are reliant on state benefits and the impact of welfare reform has brought its own challenges for these families. Working alongside corporate services income advice and maximisation service are central to ensuring we give children and their carers the best support possible and all our Kinship carers have received a full benefit check and incomes have, where eligible to do so, been maximised. The role and commitment of the corporate services team has been invaluable by proactively providing supports to reduce inequalities and I wish to highly commend them for their work.

Intensive Services: Young People

Intensive Services: Young People was established during 2015 as the lead professional for all looked after young people (12 years of age and over) and for young people eligible for Continuing Care and After Care. This is in recognition that for these young people, more intensive interventions are required to improve young people's recovery from trauma, neglect and abuse.

The team reflects the new statutory duties within the Children and Young People's (Scotland) Act 2014 to support young people eligible for continuing care up to the age of 21 and for after care up to the age of 26. For young people subject to Children (Scotland) Act 1995 section 22 and who are at risk of being accommodated/custody, intensive services provide direct interventions alongside Community Social Work colleagues.

Intensive Services for Young People also comprises the Youth Intensive Support Service (YISS) and Child and Adolescent Mental Health Services (CAMHS); it is expected that, during 2016-17, the redesign will also incorporate school nursing (subject to review). The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after, looked after and accommodated and at risk of hospitalisation.
- To reduce the impact of historical trauma and abuse for young people .
- To ensure that the transition into adulthood achieves better long term outcomes.

Of the young people allocated to the service, as at 31 March 2016:

- 67% were receiving intensive support services.
- 33% were care experienced young people in receipt of Throughcare or After Care Support.
- 27% were subject to Compulsory Measures of Supervision.
- Over 50% of young people were aged between 14 and 17 years old.

Key Improvement activity

Champions Board

In early 2016, following a rigorous application process, the Life Changes Trust, funded by the Big Lottery Fund, awarded £224,900 over three years to support the creation of a Champions Board in East Renfrewshire, with the overall aim of improving the life chances of care experienced young people within the wider community. This will demystify and challenge misconceptions about care experienced children and young people and strengthen awareness of the barriers they face, whilst offering opportunities to change practice and policy in a co-produced way with their corporate parents.

A part-time co-ordinator has been appointed from within the staff group and importantly, two care experienced young people will be recruited on a part-time basis as Influencing Change Workers to engage with all care experienced young people in East Renfrewshire and to encourage their participation in the Champions Board, as well as liaising with corporate parents to progress the work of the Board.

The two Young People's Workers will require to be care experienced within East Renfrewshire and they will be supported by Who Cares? Scotland. They will offer independent support and facilitation to their fellow care experienced young people.

Supporting strategies for new ways of working will include small grant awards for care experienced children and young people (match-funded by Health and Social Care Partnership Children's Services), use of social media to engage young people, increasing the take up of voluntary and award schemes for young people and working with Education to secure positive destinations and with Housing colleagues to improve accommodation options in a creative way to meet their aspirations will be delivered by the team.

Young Person's Engagement events

In February 2016, the first of a series of young person's engagement events took place at Barrhead Foundry, where a range of services including Creative Arts, Youth Services and the Citizen's Theatre sought to engage young people in a range of community-based activities.

Further engagement supported by the Ocean Youth Trust will train staff and young people to undertake a five-day sailing trip in the West of Scotland during May 2016, offering a creative opportunity to develop new skills and work co-productively to ensure young people's views help shape services and encourage their engagement with the Champions Board.

In recognition of the statutory duties upon an expanded range of corporate parents within the Children and Young People's (Scotland) Act 2014, staff, partners and young people are also planning a corporate parenting event for the first quarter of 2016-17. Led by our young people, this will formally launch the Champions Board and support corporate parents to explore their wider duties to improve positive outcomes for our care experienced young people.

Family Firm

Economic Development and East Renfrewshire Health and Social Care Partnership jointly lead on Family Firm that reflects our wider corporate parenting strategy to offer care experienced young people opportunities to develop personal and employability skills in the workplace and support them in the local community.

Although the scheme existed in pilot form, it was recognised during 2015-16 that the appointment of a full time Family Firm Coordinator could develop and pursue a range of opportunities in employment, education and training for young people who are or have been looked after.

The new Co-ordinator was appointed in March 2016 and will be co-located with YISS staff two days per week to build relationships with young people and begin to map their individual needs, whilst working with Council and other employers in East Renfrewshire to develop work experience, placements and other employability opportunities.

Family Functional Therapy

During 2015-16, East Renfrewshire Health and Social Care Partnership commissioned Action for Children to deliver Family Functional Therapy (FFT) to six families. FFT is a short-term intervention, working with parents/carers and young people aged 11-17 years old, usually for around five months. FFT is aimed at supporting families experiencing relationship or communication difficulties and those experiencing high levels of conflict.

A positive impact evaluation of the families completing this evidence-based programme has led to a partnership arrangement with two other local authorities to support longer-term provision of FFT.

Out of Hours provision

In early 2015, Children's Services commissioned a third sector partner, through a competitive tendering process, to deliver a pilot model of flexible, out of hours, intensive support to young people and their families, operating from 2-10pm (weekdays) and 12-8pm (weekends). This service was focussed on engaging and supporting young people in crisis situations and sought to engage young people in harm reduction, family work and wider support access sport and leisure facilities.

The evaluation of the pilot programme evidenced the financial benefits to the Health and Social Care Partnership of maintaining young people within the community - the average cost of keeping one child from being accommodated offset the cost of the out of hours pilot. The benefits of multidisciplinary interventions and supports for individual young people supported the continuation of this model, however non-contact time with young people was higher than anticipated, referrals to the pilot took longer to build up than anticipated and a high proportion of contact time with young people did not take place out of hours.

Work will therefore continue during 2016-17 to develop a more focussed out of hours service with a provider who can augment social work interventions with, often short-notice, crisis intervention to support young people and their families.

Child and Adolescent Mental Health Services (CAMHS)

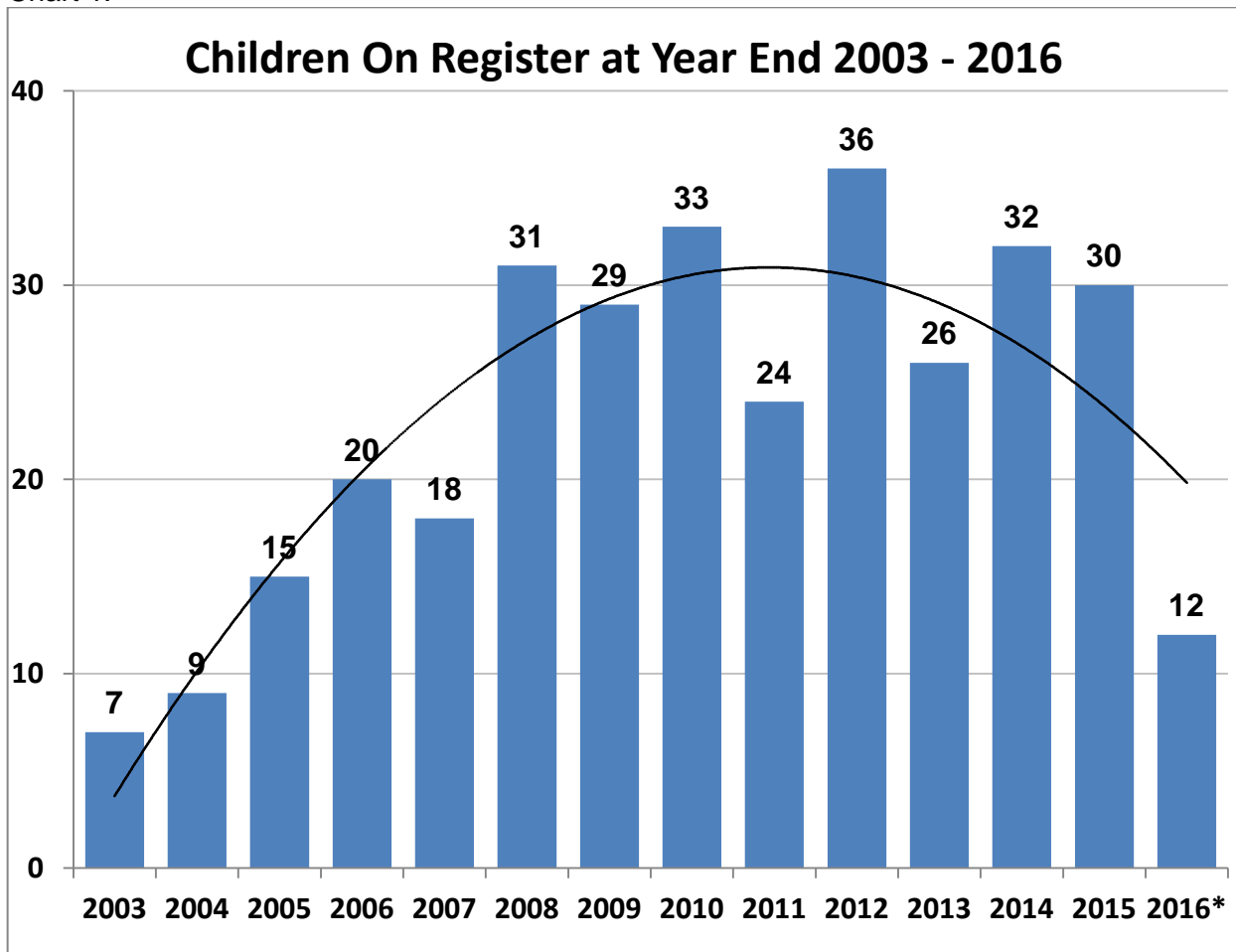
By recently integrating management arrangements for CAMHS provision in East Renfrewshire with the Youth Intensive Support Service, it is expected that the redesign will support improved integration of health and social work services to young people, reflecting the tiered and targeted interventions model.

Managers will explore how this service can be better aligned with social work provision, including joint training and development sessions, to ensure vulnerable young people can access appropriate targeted interventions within a more integrated model of delivery.

A social worker from the YISS team has been co-located within CAMHS over the past year to improve professional awareness and understanding, identify pathways into and out of Tier 3 service provision and to support closer working relationships between health and social work staff, within the integrated model of provision.

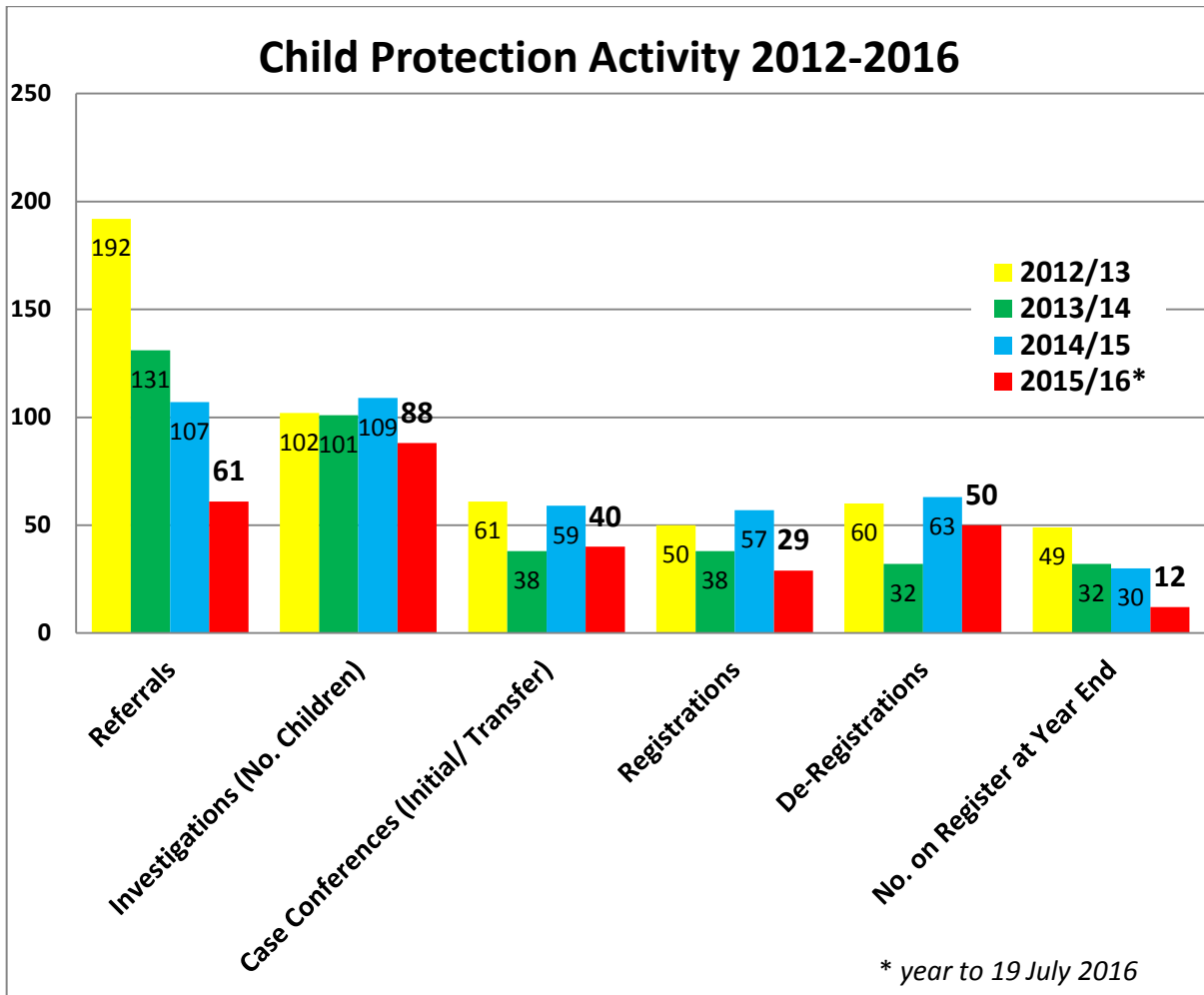
CHILD PROTECTION

Chart 1:



A total of 12 children were on the Child Protection Register on 19th July 2016. There were 30 children subject to Registration at the same time last year. Throughout the period 2015/16, a total of 29 children or young people remained or were placed on the CP Register compared to 57 in the period 2014/2015. The change in child protection registration would suggest that there is a clearer identification of the children who are at risk of significant harm and that the impact of more robust screening processes by the Request for Assistance team in combination with early identification and implementation of GIRFEC may account for the decrease. Over 16/17, an audit of all child protection referrals will take place to evaluate the impact of GIRFEC and the redesign of children services.

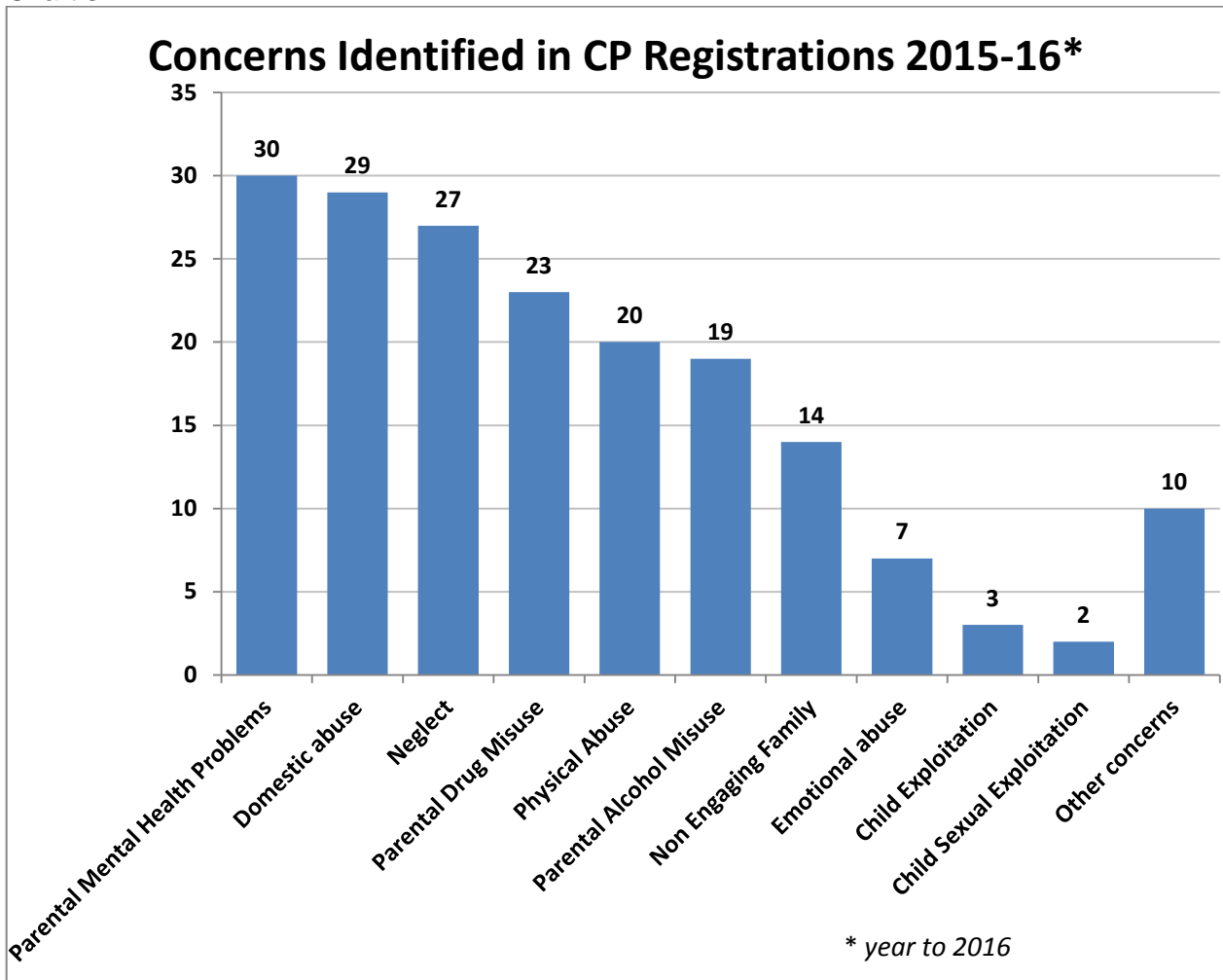
Chart 2:



The continuing reduction in Child Protection referrals is due to improved multi-agency understanding to indicators of concern, meaning more appropriate referrals being made by partners and members of the public. This is supported by the Request for Assistance Team within Social Work who offer a triage system and ensure concerns are routed as appropriate including those that are managed through the Initial Referral Discussion (IRD) process within 24 hours.

100% of children and young people subject to child protection registration in East Renfrewshire at the time of the Initial Child Protection Case Conference have a Child's Plan in place. This measure provides assurance concerning the impact of GIRFEC on systems, culture and practice. 65% of child protection activity is audited in East Renfrewshire as part of our self-evaluation and quality assurance process.

Chart 3



Since 2012, multiple concerns can be recorded at each case conference (rather than just the main category of abuse). This means that the total number of concerns is larger than the total number of registrations and that figures on concerns identified from 2012 onwards are not comparable to previous data on category of abuse/risk. Across Scotland for the 2,751 children on the child protection register at 31 July 2015, there were 6,769 concerns at the case conferences at which they were registered - an average of 2.5 concerns per conference. This is also reflected in East Renfrewshire.

Nationally the most common indicators of concern are (1) Emotional Abuse (2) Neglect (3) Parental Drug Misuse and (4) Domestic Abuse. You will note the variations in East Renfrewshire specifically relating to Parental Mental Health. Whilst supporting young people living with this concern is an operational matter, the East Renfrewshire Health and Social Care Partnership Operational Sub Group are considering a protocol for practitioners supported by Education Psychological Services.

CRIMINAL JUSTICE

Criminal Justice Social Work Services

Overall, East Renfrewshire residents enjoy low levels of crime. There has been a minimal increase in levels of crime, since 2013-2014, of 2.92% (62) on the total number of crimes recorded by police. The East Renfrewshire area accounts for approximately 0.85% of the total crime figures in Scotland.

Reported crime is lower than the national average although demand for criminal justice social work services has increased and the number of persistent young offenders is very small.

During 2015/16, courts included unpaid work and other activity requirements in 97 of 112 CPOs (86.60% of all new CPOs). A total of 10,887 hours of unpaid work were completed during 2015-16 within a range of unpaid work projects and activities seven days per week. East Renfrewshire Criminal Justice Social Work Services employs one full time supervisor and five sessional supervisors, who have a range of skills and experience in landscaping, construction, decorating and health & safety.

A number of new initiatives involving the unpaid work service were established during 2015/16. In particular strong links have been established with Voluntary Action East Renfrewshire. A spring clean event was organised in conjunction with this service in March 2015. This involved canvassing local community groups to vote on which services would benefit from an environmental tidy up. This will become an annual event as the service seeks to establish and improve links with local community groups. Other initiatives have included developing a garden tidy up scheme for elderly residents and focusing on assisting environmental services in handling complaints from the community on fly tipping. Also, a number of service users have continued to undertake voluntary work locally when their order has expired and some have remained as volunteers at personal placements.

Supervision requirements were included within 50% of orders, thus being the second most used requirement by courts and reflecting the same percentage as 2014-15.

Conduct, compensation, alcohol treatment and programme requirements were used in 12 CPOs, down from 14 orders in 2014-15, largely reflected in a small decrease in use of conduct requirements.

Alcohol treatment requirements were met by referral and engagement with East Renfrewshire Community Addiction Team.

There were no Drug Treatment and Testing Orders (DTTO) imposed in East Renfrewshire during 2015-16.

Sex offenders sentenced to community based supervision during 2015-16 were provided with accredited intervention on an individual or group work basis.

The use of Community Service and Probation continues to be minimal. This is reflected in the figure below.

Fig 1

Disposal	2014-15	2015-16	Variation 2014-15 to 2015-16
Probation – Including English Orders	3	0	-3
Section 229	0	0	0
CPO with supervision requirement	49	56	+7
Community Service	1	0	-1
CPO orders with unpaid work requirement	85	97	+12
Total orders with supervision	52	56	+4
Total orders with unpaid work	86	97	+11

Community Payback Orders (East Renfrewshire offenders) and requirements

Fig 2

Requirement	Total	East Renfrewshire Health and Social Care Partnership percentage of total requirements
Supervision	56	34%
Unpaid work and other activity	97	59%
Conduct	2	1%
Programme	4	2.5%
Drug Treatment	1	0.5%
Alcohol Treatment	2	1%
Mental Health Treatment	0	0
Compensation	3	2%
Residence	0	0
TOTAL	165	100%

New cases with supervision requirements increased by 4, whilst those with unpaid work requirements increased by 12 from 2014-15, representing an increase in workload within these categories of service delivery.

As CPOs are now fully established within social work services and are applicable to the vast majority of community-based disposals imposed by courts, rates of new probation and Community Service orders have again reduced considerably from the previous year. The table below provides a comparison between 2012-13 and 2013-14:

Fig3

Disposal	2013-14	2014-15	Variation 2013-14 to 2014-15
Probation	0	3	+3
Section 229	2	0	-2
CPO with supervision requirement	37	49	+12
Community Service	2	1	-1
CPO orders with unpaid work requirement	93	85	-8
Total probation orders/section 229 orders/CPO with supervision requirement	39	52	+13
Total Community Service orders/section 229 orders/CPO with unpaid work requirement	95	86	-9

With regard to Criminal Justice Social Work Services, strong partnerships continue to exist across the Health and Social Care Partnership. Partners therefore have a clearer understanding about the requirements and expectations inherent within Community Payback Orders. Links with the Alcohol and Drug Partnership, Child and Adult Protection Committees have enabled multi-agency partners to consider their role in their interventions with people with convictions.

Supporting other activity

People subject to Community Payback orders have been supported with the 'other activity' component by various means, including referral, where appropriate, to the Community Addiction Team, Employability services and Working Links. Established positive working relationships have ensured immediate access to services for service users, as part of drug/alcohol treatment requirements or within 'other activity' where an additional drug or alcohol treatment requirement is not warranted. The unpaid work support worker, who has vast experience in addictions services,

can also provide advice and support to individuals subject to short level 1 Community Payback Orders.

Other activity has also benefited from partnership between East Renfrewshire and Renfrewshire Criminal Justice Social Work Services in the provision of group work services to women who offend. Furthermore, the SHINE women's mentoring service provided by SACRO has supported a small number of women with community integration following release from, or at high risk of, custody.

The Turnaround service, provided by Turning Point (Scotland) across the North Strathclyde Community Justice Authority area, includes staff (co-located with criminal justice staff in Paisley). They work on a group-work or individual basis to support offenders subject to 'other activity' and supervision requirements from East Renfrewshire to address matters such as anger management, drug awareness, alcohol and behaviour, thinking and offending, victim empathy, impulse control and exploring offending behaviour. A small number of service users have accessed the Turnaround Residential Service during the course of their order and successfully completed detoxification programmes.

Partnership arrangements between criminal justice and Adult Learning services provide an innovative approach to support offenders with literacy/innumeracy and employability needs. The 'No Barriers' project provides educational input, explored employment and training opportunities (making CVs/ applications to college etc.) to improve outcomes for offenders subject to CPOs.

Prison Throughcare

In 2015/16, the criminal justice service assumed full responsibility for managing prison Throughcare arrangements locally. Previously this had been managed by the East Renfrewshire, Renfrewshire and Inverclyde Health and Social Care Partnership Criminal Justice Partnership. In practice, this transition was managed smoothly with 37 cases being transferred over to the team. One staff member moved to full time working following this development. Criminal Justice staff has viewed this change as positive and have adapted well to the new demands placed on them. All prisoners are seen during the course of their sentence by social work staff and the team now provides a range of reports to the parole board.

The strong links that exist between East Renfrewshire Housing Services and the Criminal Justice Service also have assisted in the successful resettlement of people being released from prison. This has enabled prisoners to access accommodation prior to release and ensure a smoother transition back to the community.

A significant development was in linking in with Third sector agencies that support people with convictions on their release from custody. One individual accessed the Positive Prisons/Positive Futures service on release from custody. This service employs people with convictions to support prisoners when they are released from custody. Support from this agency enabled the individual to settle and successfully complete their period on licence.

Community Justice

The Community Justice (Scotland) Act 2016 received Royal Assent on 21st March 2016 and allows for Community Justice Authorities (CJA's) to be disestablished and new arrangements for local strategic planning and service delivery to be put in place. Some measures come into effect immediately, however, none of the measures conferring functions on a national body, Community Justice Scotland (responsible for providing national, professional and strategic leadership for community justice in Scotland), or duties upon Community Justice partners will come into effect until 1st April 2017, when CJA's will be disestablished.

These elements are supported by the Outcomes, Performance and Improvement Framework (OPI) and the National Strategy for Community Justice which sets out the vision and aims for improved community justice outcomes and provides structure on how these aims should be achieved. These will be published in June 2016 and will support development of a three year community justice plan for East Renfrewshire.

A local transition plan for East Renfrewshire for 2016-17 was submitted to the Scottish Government in January 2016. Transition arrangements to support the New National Model for Community Justice are supported by additional Scottish Government funding of £50,000 per year for 3 years. This funding has been used in local areas to appoint officers to provide additional capacity within local community justice partnerships. Locally this transition funding has enabled a planning officer and the criminal justice service manager to take responsibility for the development and implementation of the transition plan for this shadow year and to support the development of the local plan for 2017-20.

Locally, the implications for the Council are significant in particular a duty upon partners within community planning arrangements to develop a transition plan for 2016-17, after which a three year strategic plan for the local area will be required which reflects national outcomes to reduce offending.

Work is progressing in East Renfrewshire, by the Health and Social Care Partnership and Community Planning colleagues, to develop governance and operational models to support the transition to the new community justice arrangements. Managers from each service will participate in regional and national events to inform this process.

ADULT SERVICES

Redesign of Learning Disability Supported Living Services

The Health and Social Care Partnership recognised the benefits of working within a Public Social Partnership (PSP) model, and in doing so identified an opportunity to use this approach to review and redesign our Supported Living service for those with Learning Disabilities.

The Supporting Living PSP was initiated as a result of a number of important factors being identified. These included:

- The Self Directed Support agenda, which requires that people have greater choice and control over the design of services they receive.
- The transition to a provider only model for Supported Living, moving away from the current mixed service provision which incorporates both provider delivery and the more traditional in-house delivery;
- The awareness that multiple differing models of care exist both locally and nationally. It was recognised that there was an opportunity to deliver an innovative approach to the future delivery of services – incorporating both national best practice and innovative, locally focused models of care which can benefit the people using the service the most;
- The recognition that demographic changes were increasingly impacting upon the services delivered;
- The growth in professionalism, quality service delivery and the increased role the Third Sector can, and is, playing in the delivery of Health and Social Care services.

The challenge for the HSCP therefore was to define an approach which addressed these factors in an innovative and inclusive manner and ensure that future design and delivery of services which are fit for purpose and sustainable in the long term.

The Health and Social Care Partnership and PSP partners set out the following key principles which they would seek to follow throughout the lifetime of the partnership:

- **Efficiency:** The PSP project would establish baseline data that illustrated the current costs associated with Supported Living services and develop options for how services could be delivered in the future.;
- **Self-Directed:** The PSP project members would develop models that are self-directed and that are focused upon the personal outcomes that are detailed within each person's assessment/review;
- **Capacity Building:** The PSP Partners would be supported to understand how change would impact upon their operations locally through the agreed change process and would have to consider the risks for their business as the process evolves;
- **Relationships:** The PSP process would support partner organisations and the HSCP to build strong working relationships and would encourage a more collaborative approach to service design;
- **Internal Stakeholders:** The PSP would focus on the development of internal skills and capabilities in terms of outcome focused assessments; risk enablement within assessment and care planning; and resource management.

Key results: When the redesign started we had identified a total of 125 people who used Supported Living Services:

- 65 people have had their services redesigned;
- 24 individuals are currently undergoing the redesign journey;
- 36 people still have to commence the redesign journey.

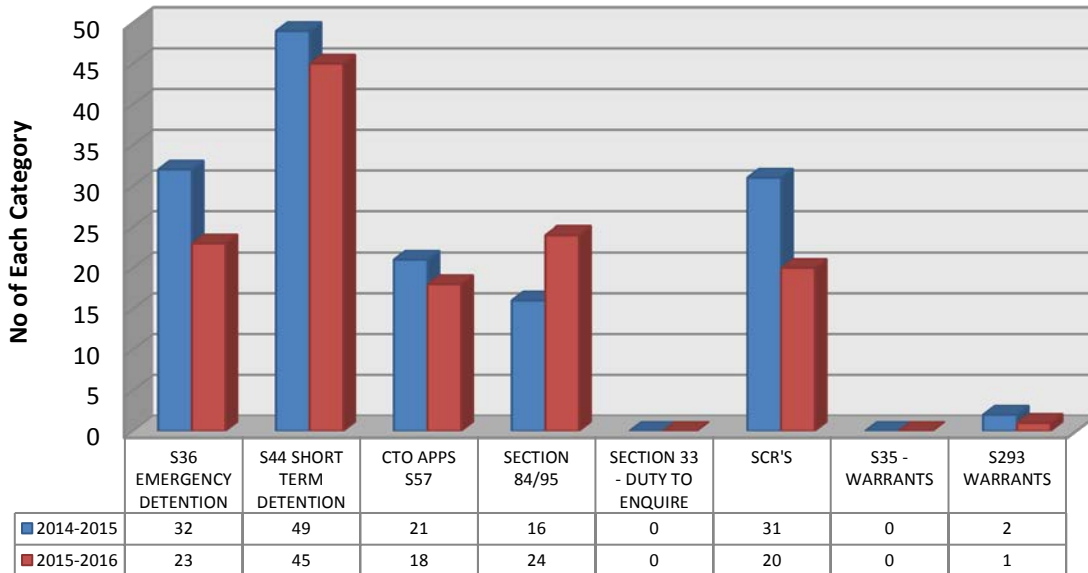
The redesign has resulted in an average reduction in support costs of 24% per person to date.

Redesign of Learning Disability Day Services

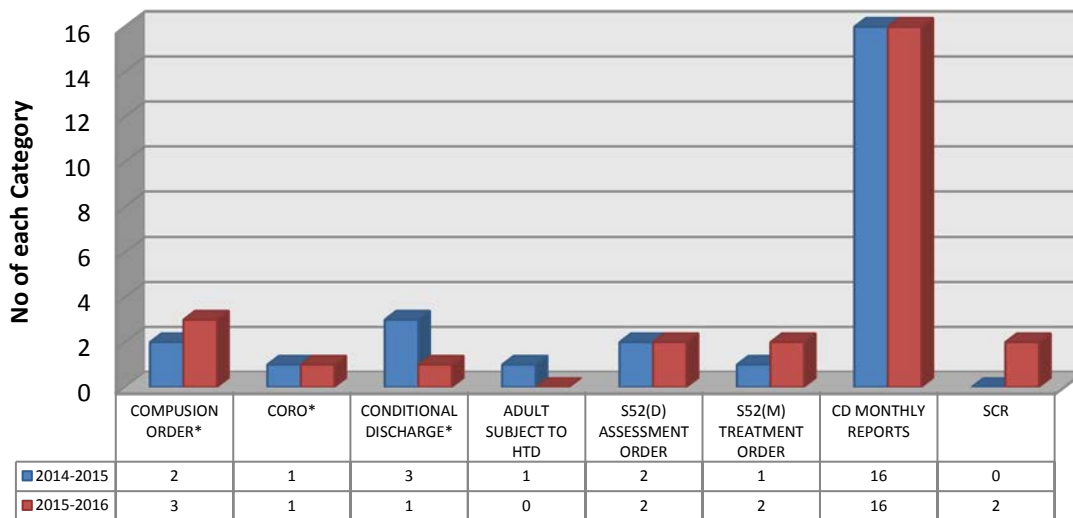
The HSCP is of the view that the provision of more flexible community base supports can improve the quality of life for individuals with less complex needs and work is underway to design a serviced that will support to individuals that enables more choice and control.

Mental Health Improvement

Mental Health (Care and Treatment) (Scotland) Act 2003



MENTALLY DISORDERED OFFENDERS



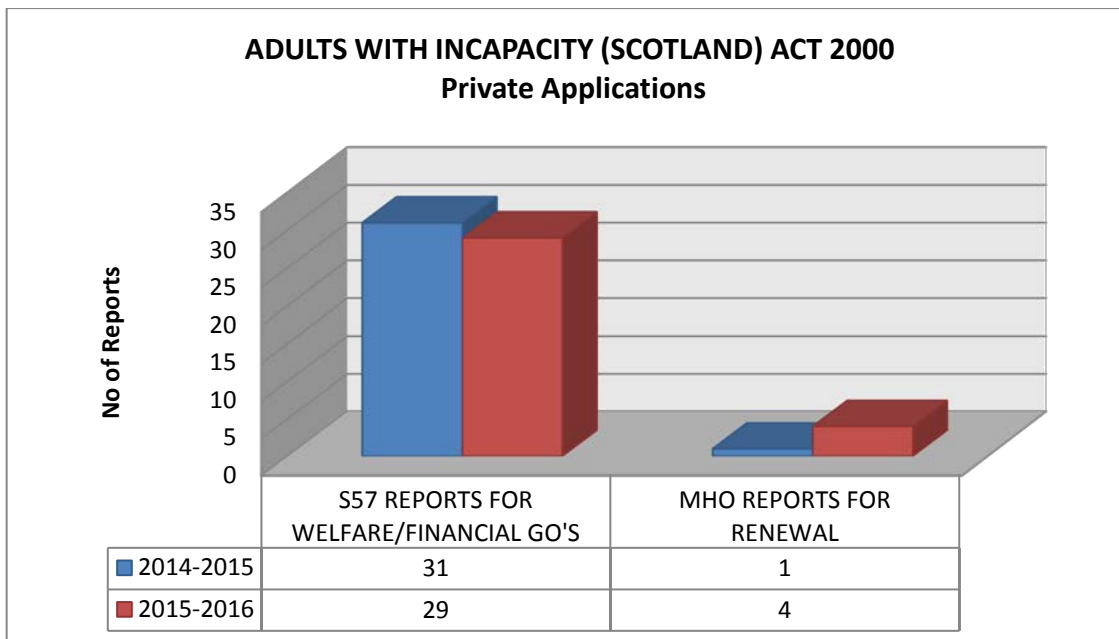
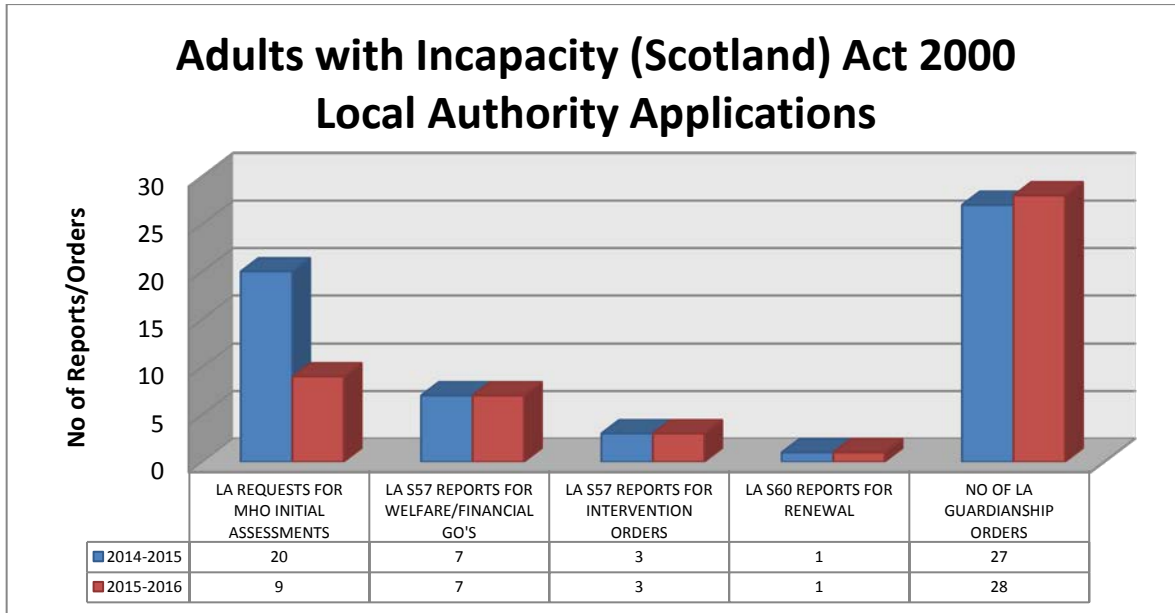
* Adults subject to

Demand for statutory work under the Act has largely remained consistent with previous year as noted in graph above. The decrease in number of Social Circumstance Reports (SCR) completed is due to number of adults with multiple detentions. The number of adults subject to a Compulsory Treatment Order (CTO) has remained the same over past 2 years.

Emergency Detention Certificates (EDC) are still quite high. The preferred route for detention is a short term detention Certificate (STDC) which affords the adult more rights. The majority of those

highlighted over past two years have been granted out of hours. There was only one EDC granted during day time hours.

In relation to work with Mentally Disordered Offenders, the graph shows the number of adults that are currently subject to CO, CORO and conditional discharge. The number of new referrals that come to East Renfrewshire via the Court process for MHO services is generally low. Over the past two years there has been an increase in statutory activity in this area of work.



Similarly with Mental Health Act statutory duties, the demand for MHO services under AWI has remained high. There have been an increased number of applications for young adults with complex needs and/or learning disability by families. There has been an increase in Section 60 renewal reports for Private Welfare Guardianship. This is partly due to the Sheriff's appropriately granting orders for shorter periods of time for young adults. There is likely over the next few years to be an increase in number of Orders due for renewal. There is subsequently an increase in the number of Welfare Guardians who require supervision. All Local Authority Guardianships are

reviewed regularly and an MHO remains in place as designated Welfare Guardian on behalf of CSWO.

The HSCP is committed to the need to establish a recovery oriented system of care, community referral and self-directed support in Mental Health Services and will link directly to clinical services and operate a viable care-pathway from CAMHS to adult mental health services.

We have established a medium-term programme-management process to complete April 2017; the final phase of which will comprise a one year's Public Social Partnership (PSP). The programme management process has been supported by nine short-life working groups that investigated the key service areas.

The Short Life Working Groups include:

- Service users & carer involvement
- CAMHS transitional arrangements
- Recovery-oriented systems of care
- Community referral/social prescribing
- Self-Directed Support
- Retrospective data analysis
- Outcomes Framework
- Procurement & commissioning
- Financial framework
- Communication & consultation

The Adult Mental Health Service Improvement Steering Group is the principal multi-agency group with responsibility for overseeing the development and the implementation of the newly configured community-based adult mental health initiative, which responds to the exigencies described within 'Towards a Mental Flourishing Scotland'

We have established an inclusive process for service user and carer involvement in the improvement planning arrangements and have developed working brief for service user and carers groups. We also provided support in order to ensure that their views were collated, analysed and presented with final recommendations to the steering group. Service users and carers are represented on the steering group to ensure probity and transparency of process and to engender a co-production methodology. This has been achieved through:

- Open community meetings presenting the current position & proposed developments.
- Focus groups across East Renfrewshire with a variety of representative groups utilising a consistent & outcome focussed structure.
- Individual interviews with service users utilising semi-structured questionnaires.
- Develop a discussion forum on the User Led Organisation web-site.
- Survey monkey questionnaires reviewing and recommending inclusions to a developing outcomes framework.
- Survey of young people moving from Child and Adolescent Mental Health services to adult services.

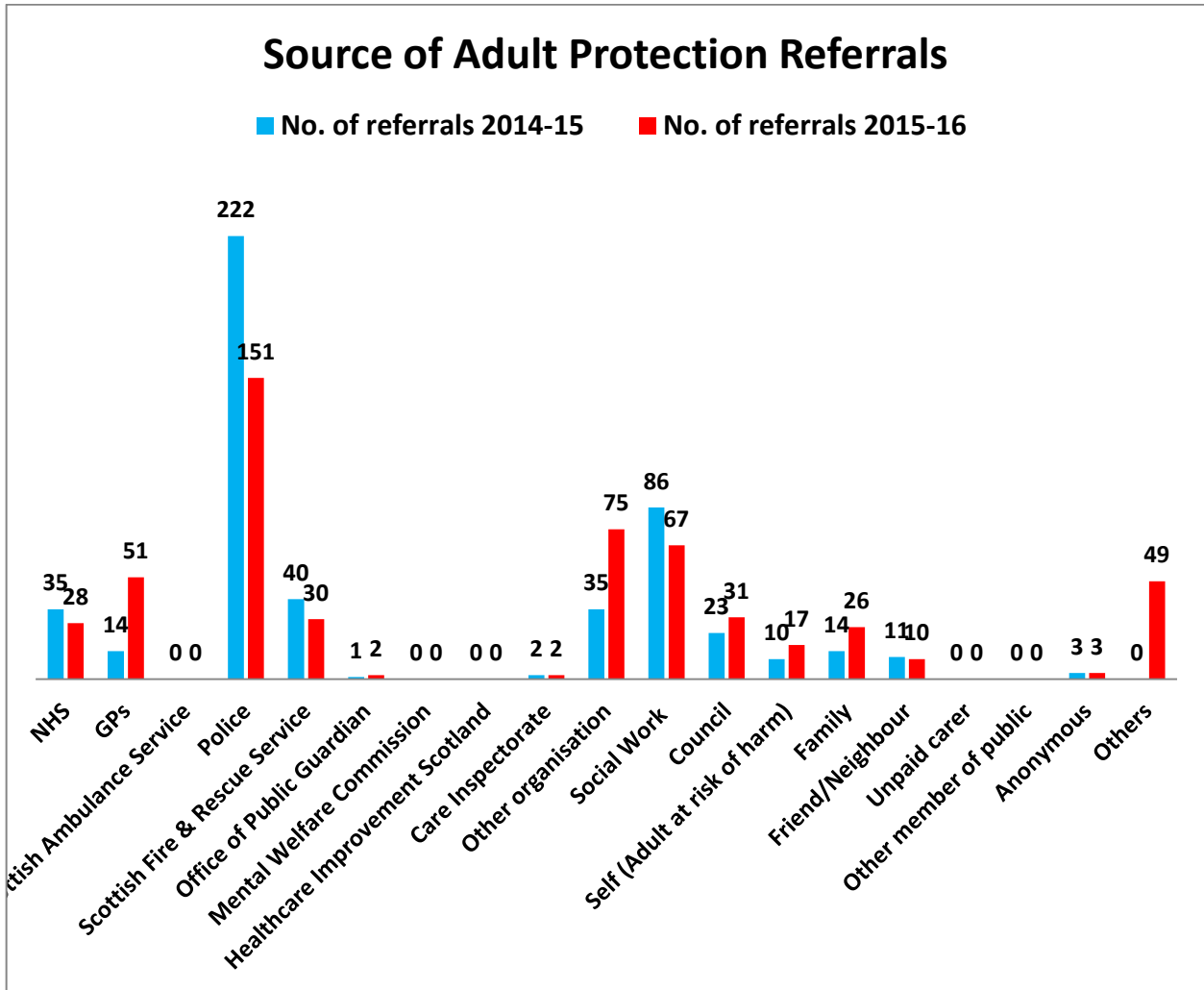
Preliminary work has highlighted the need to address a number of topics in relation to service users concerns and need for clearer communication:

- To reduce misunderstandings with clear and annually reviewed care-pathways in place and made accessible to service user groups. This would make clear the processes of access across all services and initiatives.
- If service users were better informed it would augur well in improving engagement and retention rates.
- Transition from one service/initiative to another would be clearer and less anxiety provoking, particularly in relation to transitions from CAMHS.

Over the next three years through a comprehensive programme-management plan, we will improve the currently available community-based adult mental health services and include Recovery Oriented Systems of Care (ROSC), Self-Directed Support (SDS), Community Referral/Social Prescribing and annually reviewed care-pathways.

Adult Protection

Chart 1:



In February 2016, the Scottish Government published its Adult Support and Protection National Data Collection (2014-2015). It noted that there are 672 recorded referrals for every 100,000 adults in Scotland. Referrals in East Renfrewshire matched the national average*.

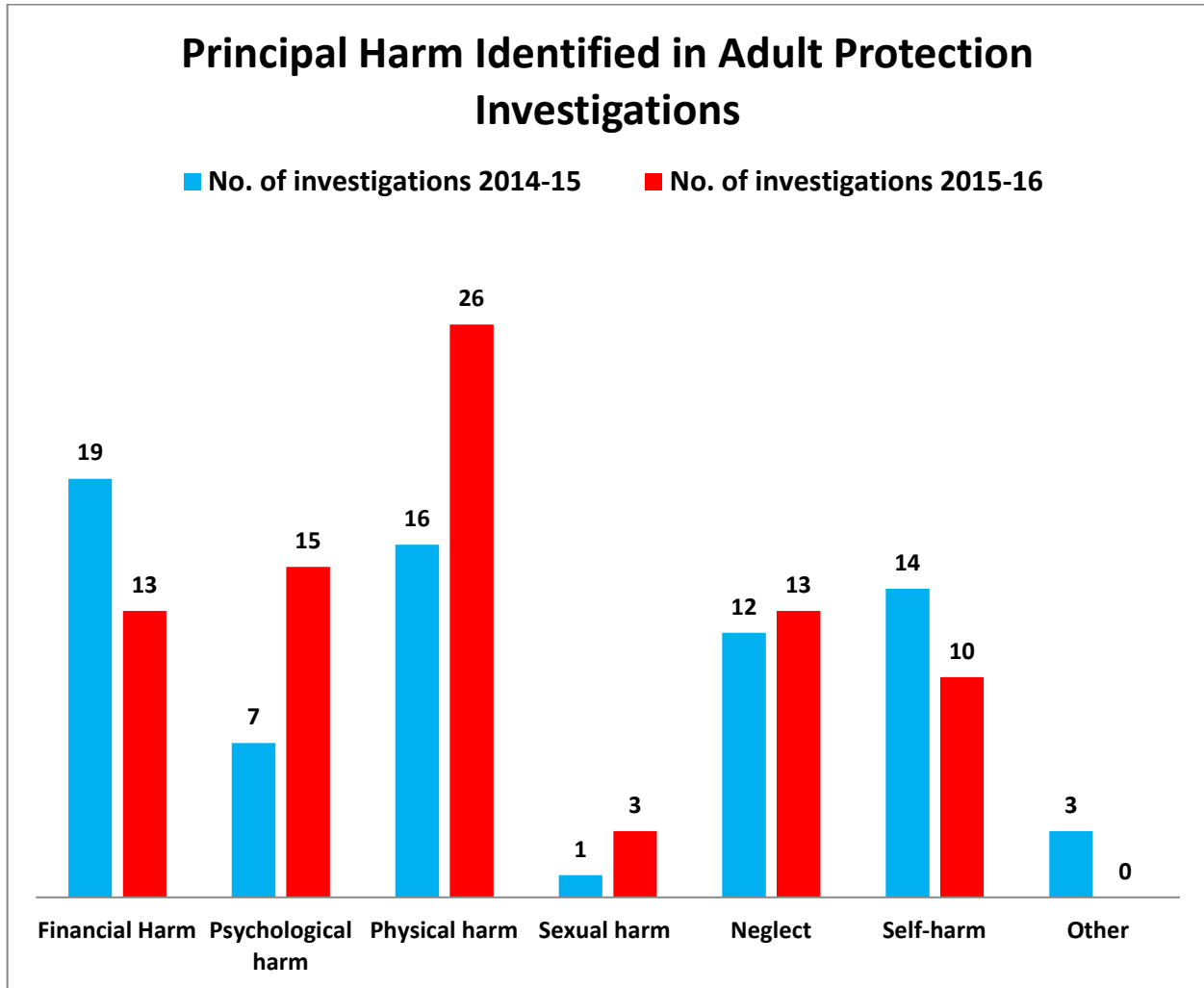
Multiple referrals associated with the same person sit within the National data and can affect the accuracy in terms of adults where Adult Support and Protection is required.

In the period 2014-2015 for Scotland, 53% of referral sources are from Police Scotland. In East Renfrewshire, 45% of referrals came from Police, lower than the national average. This has dropped further to less than 30% for the period 2015 – 2016.

It is worth noting that this data is currently being reviewed across Scotland due to regional variations of referrals from Police. Ranging from 3% to 95%, these suggest recording arrangements may differ considerably in local authority areas.

The Scottish Government has suggested that nationally there are consistencies in the recording of concerns. Work has begun locally to improve accuracy including information received from Police Scotland's Vulnerable Person's Database (VPD).

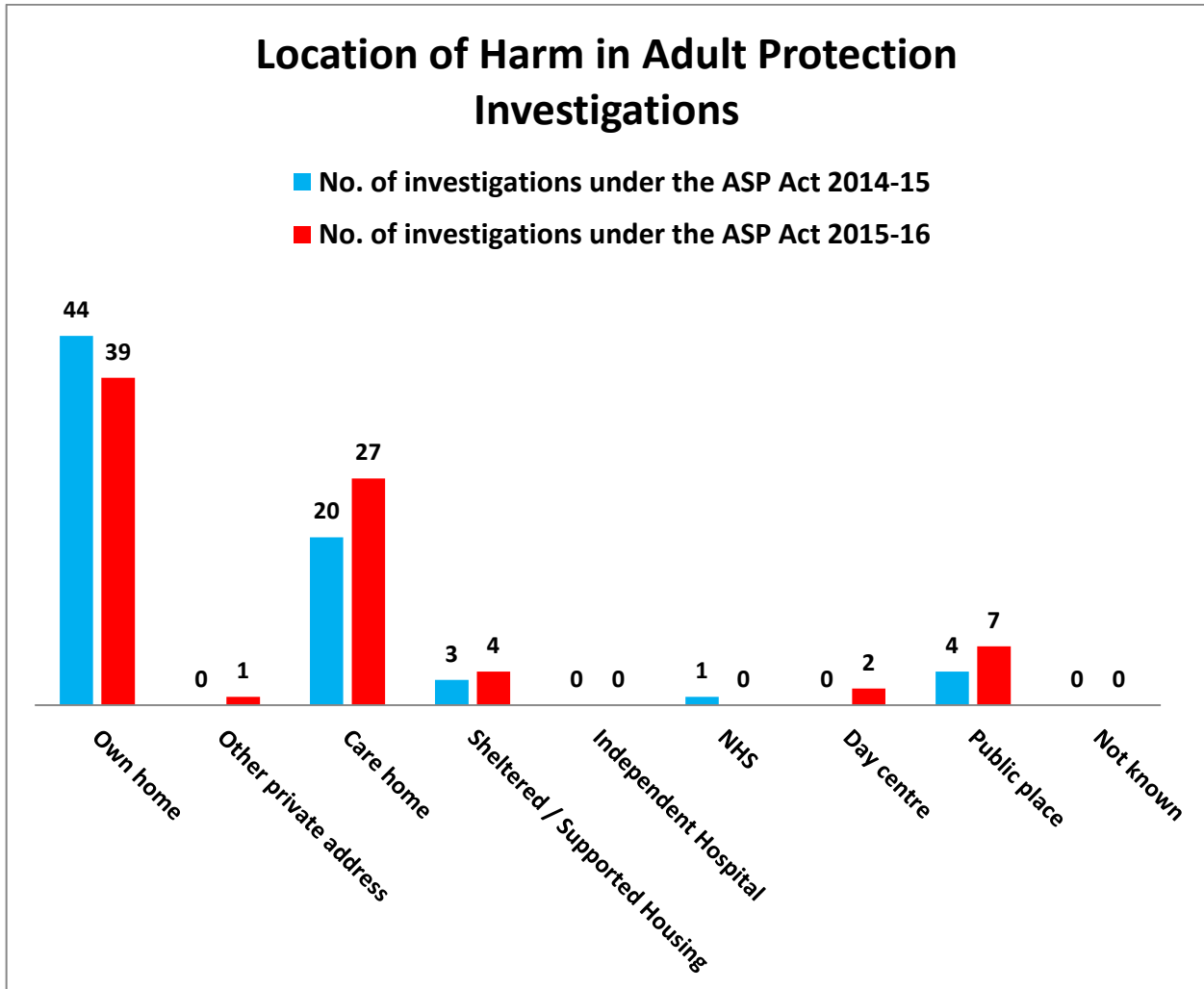
Chart 2:



The recent Scottish Government Data Collection report shows that people over 85 years are nearly ten times as likely to be subject to an investigation compared to ages 25-64 across Scotland. There is currently no accurate data to confirm this in East Renfrewshire. A review of data systems will resolve this in the coming months.

The sharp increase in reports of Psychological and Physical Harm in East Renfrewshire is concerning and will form part of forthcoming work being undertaken by the recently formed ASP Committee Operational Sub group. Considerable work has already taken place locally to distribute information relating to the *See Something - Say Something* Campaign and the Elder Abuse Hotline.

Chart 3:



Current data for the period 2015-2016 shows an increase in number of investigations related to care homes with a reduction in those within the home of the adult concerned. The Lead officer Adult Protection attends the Care Home Forum and is working with partners to gain a greater understanding of the incidents taking place.

A total of 51 adult protection case conferences were held in 2014-2015 for every 100,000 adults in Scotland. In East Renfrewshire, in 15/16, 31 case conferences took place in the same time period, this was below the national average and in the lower quartile overall.

More information is being gathered on what other outcomes are recorded for example; when a case conference does not take place or when an investigation takes place but protective measures are not required. A review of all adult protection data will take place over 16/17.

Community Asset Building – Shifting the Balance

Scottish Government and the Joint Improvement team encouraged Health and Social Care Partnerships to consider the Community Led Conversations programme and test it in an integrated environment. East Renfrewshire HSCP is one of the three partnerships to sign up to the first wave of this programme which is designed to support Health and Social Care Partnerships to put their work right at the heart of communities. The programme is about cultural and system change,

transforming social work practice to be much more rooted in communities, working in collaboration with local people, other agencies and organisations.

The programme works on the principle that frontline community health and social care support and services can be delivered out of “Hubs” based in local communities. Experience of delivering the model in England and Wales is that this results in reduced bureaucracy, better outcomes for individuals and cost savings. Feedback from staff involved is overwhelmingly positive, with professionals talking about increased job satisfaction through getting back to “good old fashioned social work”.

The values driving the Community Led Conversations programme are:

- Co-production, which must underpin the process for development of the model locally from the very start, sharing power and decision making with all stakeholders as equal partners in the design and delivery of the change process. In this way, the programme aims to build resilience with local people and communities to develop their own solutions to local issues.
- Person centred thinking and working at all levels, based on skilled conversations, a focus on outcomes and an asset based approach to finding solutions. The starting point is that we value what matters to people and are focussed on outcomes, not services.
- Empowered staff teams, with a proactive focus on delegating responsibility and decision making as close to the individual being supported as possible.
- Reduced bureaucracy and simplified processes, which must be integral to the new model and which in turn contribute to the overall savings which working in a community led way have been seen to achieve.

Rehabilitation and Enablement Services

For Adults and Older People, access to assessment and planning services is through an integrated cluster model located within the three main localities. These teams deliver all the non-specialist community care functions and one of the key benefits for service users and families is that they are integrated and provide a single point of access and planning for all primary health and social care needs.

As outlined in the 2014/15 report, service demand is high and over 2015-16 work has been undertaken to identify more partnership working with the 3rd sector to ensure earlier prevention so that people get the right supports at the times they need. This may include signposting to other services. This improvement activity has meant that for older people that require more complex interventions, they get the help at the time they need it most and this has been strengthened by opportunities provided through digital and assistive technology.

We recognise that within East Renfrewshire, our older population are our greatest assets.

Ongoing practice and service highlights:

- The teams have, through earlier implementation of personal outcomes and Talking Points, developed a practice base that is more creative, solution focussed and person centred. This is well evidenced.
- My Life My Way, the Scottish Government SDS care home pilot, steering group is providing the evidence of what can shape of supports in the future, and is a different type of relationship with the private care home sector in East Renfrewshire.
- Pilot light - Aging Well with Self-directed Support in East Renfrewshire - being undertaken with IRISS, Scottish Care and Dementia Scotland with our staff, 3rd sector and other provider users and carers. This is funded for 2 years by Scottish Government.

- Safe and Supported (Delayed discharge SG funding to support the imminent 72hr discharge target). This is overseen by multi-professional steering group, with 4 work streams charged with enhancing and changing the processes and outputs needed to avoid admission to hospital where appropriate and developing a more outcome focussed pathway that provides a safe and sustainable return home. This links to the projects above, and also embeds the digital and assistive living technology.
- Smart care/United for health will be a significant and valuable resource for prevention and self-care through use of technology, tele-health, website and web enabled support. This will enable independence and personal control.
- Day Care Redesign - this is a key priority due to multiple morbidity issues which are higher than the national average in our older population within East Renfrewshire. The further development of day care and strengthening partnership opportunities are central to sustaining older people in their own homes.

The Bonnyton service is an Older Peoples Residential and Day Service and is part of the transformational programme to achieve budget savings and over 2015-16 there has been considerable activity to provide options as to the way forward that ensures that the residents continue to be cared for to a high standard. This has been a significant area of activity for 2015-16.

5. FINANCE

During financial year 2015/16, the Health & Social Care Partnership (HSCP) went live, under the direction of the Integrated Joint Board (IJB) which was established in June 2015. This included full financial delegation of budgets, effective from October 2015. For continuity the financial information included within this report reflects the full year position for the Social Work revenue budget within the HSCP.

The 2015/16 Social Work revenue budget of £47.6 million included approved savings of £1.3 million and ended the financial year with an under spend of £0.2m being 0.46% of the budget.

Included in our planned social care spend was investment into reserves of £0.4m recognising project and investment work on areas such as community capacity building; integrating learning & development; children workforce development through investing in evidence based programmes, redesign of Inclusive Support; foster care recruitment campaign, spanning financial years.

Adults and Older People ended the year with an overspend of £0.2m (0.6% of the £33.5m budget) primarily reflecting the cost of care packages within older people and learning disabilities.

Children & Families under spent by £0.5m (6.5% of the £8.07m budget) as a result of the phased restructuring impact on vacant posts along with the cost of care packages.

Over this year, the HSCP had to deliver £1.3m social work savings. The savings challenge in 2016/17 and 2017/18 is £1.6m and £2.8m respectively, within the social work related revenue budget. The settlement for 2017/18 remains to be confirmed so may further impact on the Council revenue budget contribution to the IJB. The savings challenge is significant across the HSCP and our transformation programme including redesign of services, commissioning activity, modernising processes and community led support continues. Whilst this report focusses on social work, the transformation programme relates to the whole HSCP, including our NHS services.

There remain ongoing demographic pressures for young people with disabilities, as well as our older people. There is a potential budget pressure relating to unaccompanied asylum seeking children. These pressures have been highlighted to the council as possible risks.

6. STATUTORY FUNCTIONS

Summary of key achievements and areas of strength

- Our Early Years work in general and some strong examples of improvement and community engagement.
- The implementation of Getting it Right for Every Child (GIRFEC) and the improvement in measures for the most vulnerable children and young people.
- The redesign of children services into an integrated model of operational delivery.
- Consolidation and key results emanating from the implementation of a single point of access for children and young people that ensures quicker and more proportionate responses resulting in them accessing the right help.
- Shifting the balance of care for children and young people within the authority.
- Successful Fostering campaign and the recruitment of four new foster carers enhancing capacity of in-house services.
- Successful bid of £225,000 from Life Changes Trust for the development of a Champions Board and other creative approaches to improve outcomes of care experienced young people in East Renfrewshire.
- Self-Directed Support (SDS) and the increasing number of people, including children, young people and their families exercising choice and control over their support.
- The consistent delivery of positive outcomes on our Talking Points - Personal Outcomes measures.
- Reduction in delayed discharge bed days.
- The delivery and planning for roll-out of our successful home care re-ablement model.
- Continued delivery of high standard Criminal Justice services.
- Re-design and efficiency work within services including Rehabilitation and Enablement Services, child health services, dementia post-diagnostic support and public social partnership work.
- Implementing community led supports.
- The implementation of improvement science throughout the HSCP and the positive impact on practice, systems and culture.

7. CONTINUOUS IMPROVEMENT

Continuous Improvement and Self Evaluation

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

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

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

Self-evaluation is part of a 'golden thread' throughout the organisation and links to the development and delivery plans of the HSCP, to strategies, service and team plans and to individual performance

and development. Self-evaluation is not a one-off event but part of an ongoing process of evaluation, review and action.

The HSCP views self-evaluation as a shared and collaborative activity and one which should be approached as a developmental opportunity. For this reason, it is desirable that, where possible, self-evaluation should form part of wider team development activity. This approach to self-evaluation complements external scrutiny arrangements under the Public Sector

Complaint Handling and Learning

During 2015/16, 52 complaints from HSCP service users, patients and carers were logged. This was a decrease of 2 from the 54 complaints received the previous year. 38 (73%) of complaints were responded to within the required 20 working days timescale. This is an improvement from 59% responded to on time 2014/15. 16 (31%) complaints were not upheld, 15 (29%) partially upheld and 21 (40%) upheld.

All complaints received are categorised to assist with analysis of data and identified trends. Data analysis for the year 2015/16 shows the main areas of concern as being:

- Standard and quality of service
- Delays
- Attitude of staff
- Policy and procedure

To improve the handling of frontline complaints 70% of business support staff attended Customer Care training during 2015/16, with the remainder attending during 2016/17.

8. USER AND CARER EMPOWERMENT

The Public Partnership Forum (PPF) has been the mechanism for the formal voice of users, carers, patients and public to be heard within the HSCP. In preparing for the new Health and Social Care Partnership, the PPF has reviewed its membership to ensure that all community care, equality group and local communities are represented in its structures. The PPF is a network of local individuals and organisations that are interested in health and social care services and want to be kept informed and involved in how they are designed and delivered in East Renfrewshire. The PPF intends to engage local service users, carers and the public in discussion about how to improve services. Their involvement has informed the HSCP Strategic Plan and helped identify local priorities for service improvement. They will also support wider public involvement in council planning and decision making about public services.

User and Carer Representation on Integration Joint Board

User and carer representation on the Integration Joint Board and its governance structures is drawn from the Public Partnership Forum. The Public Partnership Forum includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.

The Public Partnership Forum is committed to regularly reviewing the way it works. Over recent months it has looked at how structures are changing in other areas and Public Partnership Forum members have attended Our Voice meetings to understand how the national arrangements are developing. Public Partnership Forum members are keen to further develop their role in peer support to explore other developments such as community research. The group is considering having some themed workshop meetings offering the wider network opportunities to explore specific topics of interest.

East Renfrewshire Community Planning and Council Activity

Over the past few years community planning partners have undertaken mapping of community groups within East Renfrewshire and compiled a helpful data base of groups. The mapping tells us that East Renfrewshire is comprised of resilient and active communities and there is a vibrant third sector. There is generally a good spread of groups across gender, age, ethnicity and location. The data base enables community planning partners to target specific groups and individuals with particular interests relevant to the consultation subject.

Voluntary Action, our local Third Sector Interface, leads work on behalf of the partnership to increase the capacity of people, organisations and groups. We have been working in this way for a number of years since Reshaping Care for Older People, increasing the ways individuals and groups can become involved in designing and delivering supports. For example, last year through East Renfrewshire Collaborates, Voluntary Action facilitated a series of conversations involving almost 300 people and 80 organisations.

Strategic Planning Conversations and Engagement

Our approach to strategic planning has been to start a conversation with people and professionals about how we can work together to respond to the changing needs of our communities and agree our priorities for health and social care. We have consistently signalled that this will be an ongoing conversation about priorities and use of resources, working in a flexible way to involve local people, professionals and service providers in discussion.

A variety of approaches were used to achieve meaningful engagement in the strategic planning conversation. These included different approaches to sharing information, and providing locally relevant examples to which people could relate and contribute. Through this initial work we learnt that:

- People valued clear and jargon free documents and information.
- Telling and sharing stories helped make engagement interesting and meaningful.
- Our use of info-graphic was helpful in making data accessible and interesting.

Locality Planning

Initially we brought stakeholders together to discuss locality priorities through sessions modelled on our Lets Take Time to Talk events. These are facilitated workshops that allow a range of local stakeholders to work with GPs to prioritise and plan. Over 150 people participated, including GPs, health and social work managers and practitioners, third sector representation and service user representatives from our Public Partnership Forum. This approach enabled us to discuss some initial priorities but it has proved difficult to find sufficient medical cover to continue. Over the coming year our intention is to have some further locality time to talk events that bring together GPs from our clusters with other locality holder.

9. WORKFORCE PLANNING AND DEVELOPMENT

In order to fulfil the requirements in respect of promoting the values and standards of practice, and ensure compliance with this, the Chief Social Work Officer has in place appropriate arrangements for:

- Induction programme for newly qualified social workers.
- Workforce planning and safe recruitment and retention of staff.
- Support, supervisory and management processes at all levels.
- Policy and procedures for the assessment of need, management of risk and health and safety.
- Organisational and Employee Development plan.
- Organisational Development programme in place for all Children Services and Criminal Justice.
- Further development of Senior Practitioners by using their skills and experience in redesigning services to ensure that we have the strategic thinkers of the future.

- In house development sessions for staff led by CSWO that focuses on strength based working and associated redesign developments.
- The use of social media platforms such as Yammer to develop conversations for improvement and allow more focussed interface with CSWO.
- For integrated children services/criminal justice three monthly development and practice learning sessions for all health and social work services. Plans are in place to roll this out over 2016/17 for all integrated adult and older people services.

In the main, the significant majority of learning opportunities for social work staff are delivered through multi-agency training and development and partnership with other organisations such as CELCIS.

10. KEY CHALLENGES AND PRIORITIES FOR YEAR AHEAD

As outlined in the 2014/15 report, the impact of continuing efficiency savings for 2015-18 continues to be a significant challenge for the HSCP from both a health and social care perspective. Risks associated for service users and patients continue to be mitigated through increased efficiencies and redesign of services. The Chief Social Work Officer will continue to be central to addressing these challenges and will be required, alongside her fellow management team, to develop strategies to address this. Whilst these savings have been achieved in 2015/16, it is not without risks as we move forward considering the significant pressures already outlined in the report and the uncertainties for parent organisations; the local authority and the health board concerning the scale of the savings to be delivered.

For children's services, by far the most challenging policy implication is the implementation of the Children and Young People's Act "named person" and published guidance. The new act which enshrines Getting it Right For Every Child (GIRFEC) approach and will become statutory for the provision of the remaining parts of the act such as named person, Child's plan in August 2016. *The GIRFEC* implementation plan will further embed culture, systems, and practice change into children and young people's services with the introduction of the named person role and the one child, one plan approach. Whilst the principles are clearly supported, there will be a need for clearer protocols for information sharing nationally.

In partnership with Education, we will review the delivery of Psychology of Parenting programmes which targets 3 and 4 year old children who exhibit behavioural difficulties. This links directly to our agenda of prevention and early identification of need.

The next phase of the redesign for children services is concerning the direct delivery of support services for our most vulnerable younger children 5 to 12 years including children with additional support needs. We will redesign and increase capacity within the Inclusive Support Service which currently supports children and young people with additional support needs to include vulnerable children at risk of being accommodated through an assertive community asset based approach which will require us to deliver this in partnership with the Leisure Trust. An agreement has been made that an active school coordinator post will be provisionally funded by children services to help us shape a truly more inclusive approach to the integration of these young children into mainstream leisure and recreation opportunities through assertive targeting of families known to the service. This will include individual mentoring and support to parents to increase their self-esteem, self-efficacy skills and address their own wellbeing by being more actively and engaged in family life within their communities i.e. the Green Space Network and the Countryside Rangers.

Although the fostering campaign has been hugely successful in recruiting carers for younger children, our plan for the campaign in 2016 is to raise awareness of the need for foster families for older children and supported carers for young people who require after care supports. Our

recruitment plan for the period of October 2016 to April 2017 will build on our previous success but will involve our care experienced young people much more meaningfully in the advertising and recruitment processes, their voices will be at the fore front of the campaign and we will draw on their very real and lived experiences to ensure we recruit the right carers that have the stickability to see them through the many adversities that they face moving to adult hood and independence. Our Influencing Change worker will be central to helping us develop an engagement strategy that ensures that our most marginalised look after young people will be included.

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

Based on our consultation with young people, their families and staff, the following priorities for 2016-17 have been identified:

- Implementation of an evidence-based Out of Hours support service model.
- Development of a Youth Intensive Support Service Delivery Plan for 2016-18, which will complement and support the emerging Corporate Parenting Plan for East Renfrewshire and reflecting the Community Planning Partnership's single outcome agreement.
- Progression of the East Renfrewshire Champions Board.
- Implementation of Family Firm.
- Workforce Development around evidence-based interventions to effectively address the needs of vulnerable children young people.

Over 16/17, our corporate parenting plan will be developed in line with the statutory responsibilities placed on partners as outlined in The Children and Young People Act (2014). This will be aligned to the development of the champion's board and the children's planning process. A series of events led by care experienced young people will be delivered to support this activity.

Services for children and young people who experience emotional wellbeing and mental health will be reviewed and pathways will be developed that enhances capacity into tiered two and three services for mental health. To date we have engaged with young people regarding their views about what would help in relation to mental health difficulties and scoped out alternative support around Tier 2 Mental Health and Wellbeing for young people in East Renfrewshire. We will expand the remit of the Young Persons Resource Group to include children and young people with Mental Health Issues. We will reframe Youth Counselling Services by strengthening our relationship with partners to support mental health improvement and early intervention. Services will be redesigned around early identification, attachment and trauma recovery using a systemic family support approach. This will require us to develop and commission service with a sector leading third provider and we believe that this approach will provide greater capacity for young people and their families that are experiencing mild to moderate emotional and mental wellbeing difficulties.

As previously outlined in the report, the delivery of community justice services will likely be the responsibility of the community planning partnership in 2017 and for 16-17, we will continue to implement our transition plan that moves us from our shadow year.

Whilst our care home estate continues to perform well locally with good grades, particularly in the area of care and support, we are now seeing some adjustments to the local care market which is introducing uncertainty and risk is being managed to ensure that it does not impact on the quality of the delivery of nursing home placements and families and service user ability to choose. The importance of implementing the learning and influencing national policy through the My Life My Way

- the Scottish Government SDS care home pilot and Pilot light - Aging Well with Self-directed Support in East Renfrewshire will be fundamental in providing the change required to meeting the needs of older people who have more complex needs as it will give us the opportunity to provide a more flexible and responsive approach to meeting future demand

Our local commissioning framework will be refreshed in 2016/17 to take into account prevailing conditions within the local market and to encourage new partners into the local market, a more targeted approach to encourage children providers to engage with the framework will be taken.

Over 2016/17, we will fully implement the opportunities presented to us through community led conversations by making the necessary systemic and cultural changes required to improve practice and reduce bureaucracy. This will allow for coproduction approaches and will reposition the person and their community at the heart of decision making.

The commitment of the Scottish Government to implement the Living Wage, a level of pay for social care staff above the statutory minimum wage will present a significant challenge at a time of reductions overall in funding to local government. In East Renfrewshire Health and Social Care Partnership, we will use the impetus of the policy driver to align this to the development of our new framework to ensure that our suppliers are committed to passing on any uplift in their rates to the relevant frontline staff. The sustainability of the living wage going forward will only be possible if the full range of costs including on-costs and payment differentials is reflected in the overall grant to the Health and Social Care Partnership.

Funding to address delays to a person's hospital discharge is in the process of being deployed across the system. Our focus is on ensuring that we can identify East Renfrewshire residents in a timelier fashion upon entering acute care. Funding for in patient link workers will ensure that this is possible with early conversations about appropriate discharges and pre-discharge planning taking place in a coordinated manner to ensure that community services are asset based. The strategic use of care home beds to support our acute partners to manage their pressures will also be a focus of our 'Safe and Supported' programme.

In summary, this has been a year of considerable change activity, achievements and improvements to address the challenges that we have faced through diminishing resources, rising demand and expectations and national policy drivers. Throughout this year the leadership being shown at all levels of the organisation has made this possible. However without effective partnership working throughout the Council, this would not have been possible.

I would particularly wish to thank the children's service workforce, health and social work for engaging, delivering on the vision for children services and the wider HSCP in valuing what matters to people, building capacity with individuals, families and communities and focusing on outcomes, not services. The improvements that have been made are with a great debt of gratitude to Linda Davidson, CELCIS, University of Strathclyde and the Scottish Government Permanency team, Belinda Robertson and Diana Beveridge who have provided us with support, patience and more importantly helps us implement a journey of improvement through the use of improvement methodology that will reach further than just children services.

What makes the difference to service users' lives is the commitment and creativity of our staff who have worked hard to ensure that the citizens of East Renfrewshire are kept safe, are healthy, included and respected. This and the support provided by elected members and partners, have in my view improved the outcomes for many service users.

Kate Rocks
31 October 2016

BLANK PAGE