Date: 12 November 2021
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TO: **MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 24 November 2021 at 10.30 am or if later at the conclusion of the meeting of the Performance and Audit Committee**.

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Councillor Caroline Bamforth

Chair

For information on how to access the virtual meeting please email eamonn.daly@eastrenfrewshire.gov.uk

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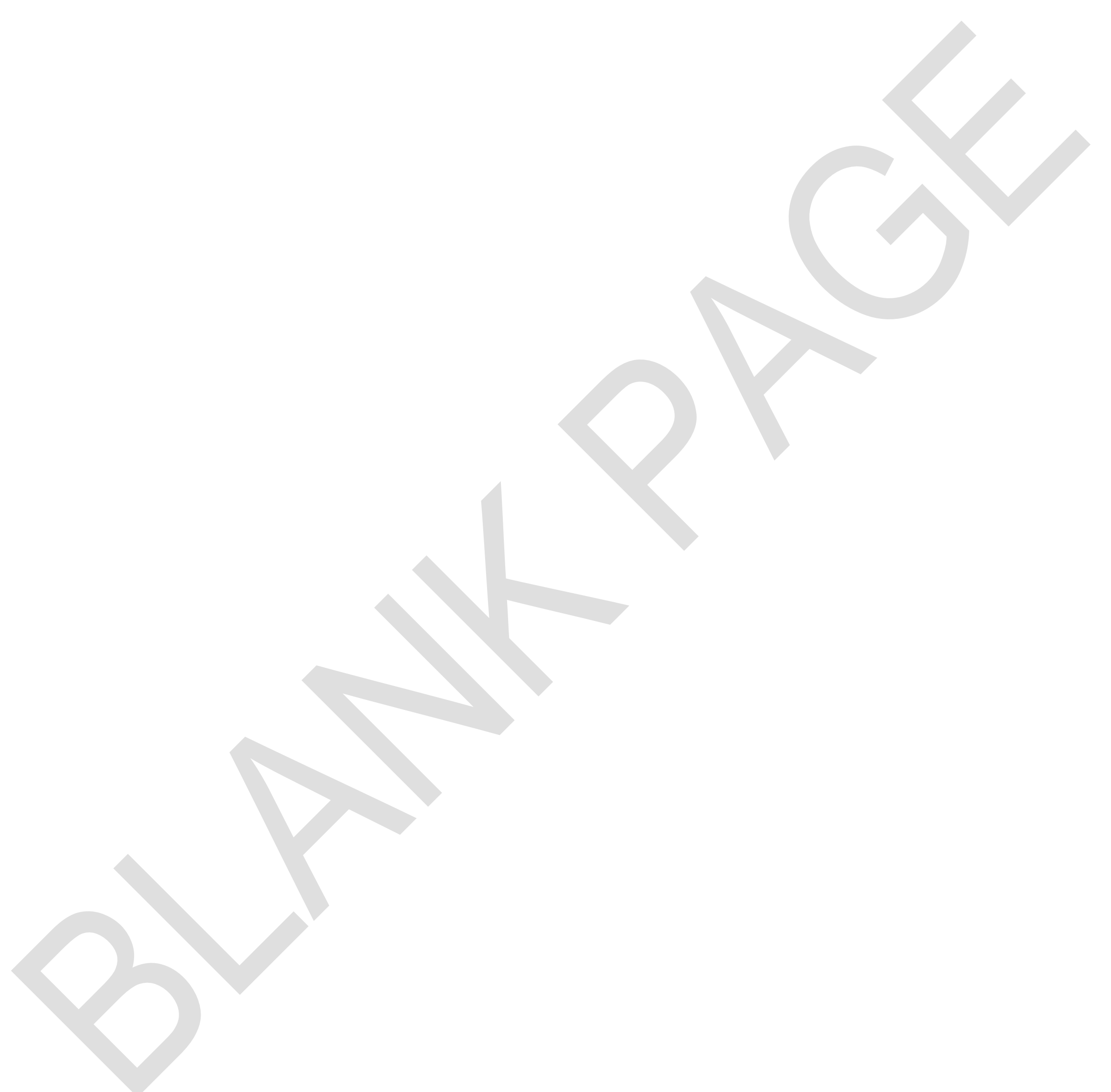
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 24 NOVEMBER 2021 AT 10.30 am

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. **Apologies for absence.**

2. **Declarations of Interest.**

3. **Minute of meeting held on 22 September 2021 (copy attached, pages 5 - 16).**

4. **Matters Arising (copy attached, pages 17 - 20).**

5. **Rolling Action Log (copy attached, pages 21 - 24).**

6. **Performance and Audit Committee Minute – 22 September 2021 (copy attached, pages 25 - 30).**

7. **Annual Report and Accounts (copy to follow).**

8. **Winter Planning – Presentation**

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

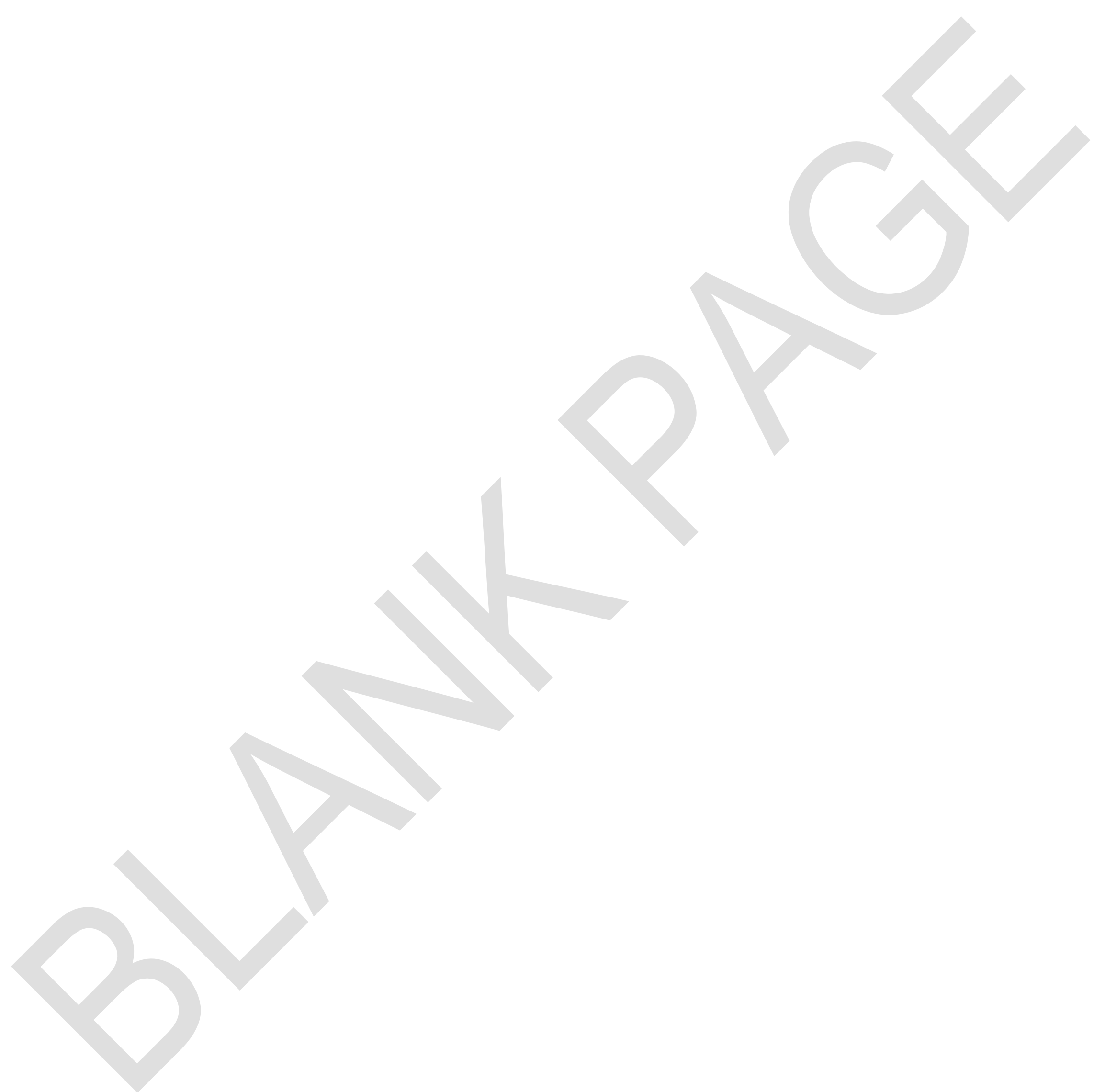
10. **HSCP Recovery and Renewal Programme Update (copy to follow).**

11. **East Renfrewshire Peer Support Service – Mental Health and Addictions Final Evaluation Report (copy attached, pages 31 - 82).**

12. **East Renfrewshire Alcohol and Drugs Partnership Update (copy attached, pages 83 - 112).**

13. **Chief Social Work Officer's Annual Report 2020-2021 (copy attached, pages 113 - 172).**

14. **Date of Next Meeting: Wednesday 26 January 2022 at 10.00 am.**



NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.3

Minute of virtual meeting of the East Renfrewshire Integration Joint Board held at 10.30 am on 22 September 2021

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Heather Molloy	Scottish Care representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Arlene Cassidy	Children's Services Strategy Manager
Mairi-Clare Armstrong	Governance and Systems Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services - Learning Disability and Recovery
Ian McLean	Accountancy Manager
Raymond Prior	Senior Manager – Children's Strategy and Intensive Services
Steven Reid	Policy, Planning and Performance Manager
Gayle Smart	Localities Intensive Services Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Amina Khan	NHS Greater Glasgow and Clyde Board
Lynne Rankin	Staff Side representative (ERC)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

NOT YET ENDORSED AS A CORRECT RECORD

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 23 June 2021.

MATTERS ARISING

3. The Board considered and noted a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

ROLLING ACTION LOG

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

Referring to the regular progress reports to the Board on the Care at Home Improvement and Redesign Programme, the Chief Officer reported on the positive results on the recent re-inspection of the service by the Care Inspectorate and proposed in light of the positive inspection, reports to the Board in future be by exception. This was agreed.

The Board:-

(a) noted the report; and

(b) agreed that in future reports on the Care at Home Improvement and Redesign Programme be by exception.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 23 June 2021.

ANNUAL PERFORMANCE REPORT 2020-21

6. Under reference to the Minute of the previous meeting (Item 8 refers) and the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2020-21.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the third and final year of the 2018-21 Strategic Plan and the fifth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2020-21, recognising the

exceptional circumstances of the pandemic, its impact on ways of working and potential disruption to performance trends. The report was structured principally around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The main elements of the report set out the HSCP's current strategic approach; response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted the unprecedented challenge of the pandemic during 2020-21 and how staff had responded with incredible resilience, commitment and creativity, with examples of some of the work carried out being given. It was explained that COVID-19 response activity had taken place in addition to planned operational priorities and that much of the performance data for 2020-21 reflected the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdown and the pandemic period more generally.

Having referred to the performance update provided to the Board in June, the report then listed summary headline performance information across 7 service areas.

The Policy, Planning and Performance Manager having been heard further, Ms Forbes, whilst acknowledging the retrospective nature of the report, questioned whether there were any matters of concern not referred to in the report about which the IJB should be made aware, and also sought an update on progress in the refurbishment of Bonnyton House.

In reply, the Chief Officer referred to drops in performance in both Intensive Services and Children's Services with there being reports on both matters on the agenda for the meeting. She also reported that Bonnyton House was fully operational and highlighted the successful use of the step/up/step down beds available to assist in hospital discharges.

Further discussion took place on the best way in which to communicate the information contained in the report to the public, it being explained that a simple easy read summary would be produced.

The Board:-

(a) approved the report;

(b) agreed that the report be submitted to the Scottish Government by the revised deadline of 30 September 2020; and

(c) agreed that the Policy, Planning and Performance Team work with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and publish the Performance Report on the website and through social media.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

6. The Board noted that with the absence of the Chief Social Work Officer and Acting Chief Social Work Officer consideration of the report had been deferred to a future meeting.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT

7. The Board took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2020-21. A copy of the Annual Report was appended to the report.

It was explained that the report reflected the clinical and care governance arrangements of the HSCP and progress made in improving the quality of clinical care. It was structured around the three main domains set out in the National Quality Strategy: Safe, Effective and Person-Centred Care.

The report described the main governance framework and demonstrated work to provide assurance for the HSCP in the response to COVID-19 for maintaining services and the unique challenges of the COVID-19 vaccination programme.

The Clinical Director was heard at length in the course of which the key points of the report were summarised.

In particular, having highlighted that despite the amount of work required during the year governance arrangements had been maintained, reference was made to the successful COVID Vaccination Programme, the increased demand for adult and social care during the pandemic, investigations into care homes, and to the general impacts of COVID in terms of health inequality, poverty and staff wellbeing, amongst other things.

In response to questions from Ms Monaghan, the Clinical Director reported that staff were in general feeling tired due to the sustained efforts of dealing with the effects of the pandemic. She confirmed that most care homes were now open for visiting, the Chief Officer also highlighting that new guidance that allowed for continued visiting in care homes the event of a COVID outbreak would be welcomed. In relation to staff wellbeing she explained that tailored support was being developed but noted that staff absence was on the increase with the most likely cause being exhaustion. Thereafter the Clinical Director confirmed that staff did reflect on and learn from complaints received where appropriate, it being noted that there had been a high level of complaints during the year, with some being genuine but others due to frustration.

Ms Forbes questioned the support available for staff with caring responsibilities in response to which the Clinical Director supported by the Chief Officer explained that there were a range of resources and policies available to support these staff. Commenting further Ms Forbes reported that she was preparing a paper for IJB leads on support for carers based on her own experiences.

Provost Fletcher referred to the successful local vaccination programmes and questioned whether local plans were in place for flu and COVID booster vaccinations. In reply, the Chief Officer having provided details of the premises to be used locally, the Chief Nurse outlined the arrangements that were in place, including that GPs would no longer be involved in vaccinations.

The Board noted:-

(a) the Clinical and Care Governance Annual Report 2020-2021; and

(b) that the IJB would retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance would be taken forward.

HSCP RECOVERY AND RENEWAL PROGRAMME UPDATE

8. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme.

Having referred to the presentation made to the Board in May on the proposed HSCP Recovery and Renewal Programme, the report explained that the Recovery and Renewal Programme combined the overall aims of both recovery and transformation into a single programme, and that the programme would seek to ensure that lessons learned during the pandemic were used to inform recovery as well as transform services in the future.

The aims and objectives of the programme having been set out, the report reminded the Board that the programme contained 4 overarching themes under which projects were aligned. These themes were noted as Recovery; Wellbeing; Individuals' Experiences; and Business Systems and Processes, and the report summarised the issues that would be considered across the themes as well as providing an update on progress since the previous meeting of the Board.

The Governance and Systems Manager having been heard further the Chief Officer reported that the work carried out so far had identified some savings opportunities but these would require initial "spend to save" investment. Proposals would be reported to a future meeting.

Responding to questions from Ms Monaghan on potential implications for business systems in light of the Scottish Government's proposals for a National Care Service, and the use of prepayment cards and whether this related to Self-Directed Support (SDS), the Chief Officer acknowledged that the introduction of a National Care Service may have some impact on business systems. However, as the care service proposals were in early stages and the current contract was expired, it was important to move forward with the project, try and build any eventualities into the procurement process and deal with any unknown implications in future as they arose. It was also confirmed that prepayment cards were not for use in relation to SDS.

Ms Molloy having emphasised the need for strong partnership working as part of any programme of transformational change, and that any plans to introduce prepayment cards needed to be first and foremost about the benefits to individual users, the Board noted the report.

REVENUE BUDGET MONITORING REPORT

9. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2021-22 revenue budget as at 31 July 2021. It was noted that this was the first monitoring report for 2021-22 and provided the projected outturn for the year based on the latest information.

As in previous updates the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. For 2021-22 Projected COVID related costs were £7.419 million. Costs were reviewed on a monthly basis and projections continually revised as response to the pandemic continued.. The projections included in the report assumed full Covid-19 funding including support from the Scottish Government for unachieved savings. There was a significant risk to delivering a balanced budget without this support.

Thereafter it was reported that against a full year budget of £131.388 million there was a projected overspend of £0.497 million (0.38%), after assumed contributions to and from reserves.

The report explained that full COVID-19 funding for unachieved savings had not yet been confirmed although this had been included in the first quarter return to the Scottish Government.

Comment was then made on the main projected operational variances. Projected costs were based on known care commitments, vacant posts and other supporting information from financial systems as at 31 July 2021 and allowed for the latest known information.

It was clarified that the overspend would be funded from the budget savings reserve as required, this being subject to final outturn and the agreed reserves position at the end of the financial year.

Approval for a series of budget virements resulting from the allocation of new funding and the reallocation of savings from a summary to a detailed level across service areas was also sought.

The Accountancy Manager was then heard further on the report. In response to questions in relation to the claim submitted to the Scottish Government and the use of reserves, he confirmed that it was planned to use earmarked reserves prior to the confirmation of funding levels by the Scottish Government. Discussions with the Scottish Government over funding had been positive and it was hoped to report confirmation of all funding claimed to a future meeting.

Furthermore, in response to questions from Ms Monaghan, the underlying factors for the increased expenditure in Learning Disability Inpatients were outlined, it being further clarified that the proposed virements would see an increase and not a reduction in the Learning Disability budget.

The Board:-

(a) noted the projected outturn for the 2021-22 revenue budget aand the projected reserves balances; and

(b) approved the budget virements.

CHARGING FOR SERVICES 2022-23

10. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2021-22.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2021-22.

In response to concerns expressed by Ms Monaghan of the impact of charges, the Chief Officer explained that East Renfrewshire HSCP had some of the lowest charges across the country and that a number of potential charges had been removed.

The Board:-

(a) endorsed the proposed increases as outlined in the report;

(b) agreed to remit the proposals to the East Renfrewshire Council Cabinet for consideration; and

(c) noted the addition of a new clause to the Non-Residential Charging Policy revised for 2021-22 under point 4 - Residential Rehabilitation; would not incur any individual contribution given the timing and nature of this service.

MENTAL HEALTH AND WELLBEING IN CHILDREN'S SERVICES

11. The Board considered a report by the Chief Officer providing an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire through community, school and clinical services, and the demand on those services over the last year.

The report referred to the establishment of the Children and Young People's Mental Health Taskforce by the Scottish Government and COSLA. Subsequently, to support the recommendations of the taskforce, it had been agreed to distribute £2 million equally between local authorities, for use by local collaborative partnerships for planning, development, programme and change management costs.

It was further explained that additional funding of £12 million was provided to local authorities from March 2020 to support delivery of access to school counselling services.

In addition it was explained that more recently the Children and Young People's Mental Health and Wellbeing Joint Delivery Board had been formed to continue the work initiated by the taskforce and oversee reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The Board's focus would be prevention and early support as well as promotion of good mental health and the services accessed by children, young people and their families.

Having outlined those areas from the national commitment that were of particular significance to the ongoing design and development of provision in East Renfrewshire, the report provided full details of current local service provision. This included the design and creation of the Healthier Minds Service Hub; arrangements for dealing with neurodevelopmental diagnoses in children and young people; and the introduction of the Family Wellbeing Service. Statistical information in relation to each of the services provided, and plans for future service delivery were set out.

In conclusion the report explained that improving the mental and emotional wellbeing of children and young people was a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicated that children and young people had been experiencing poorer mental wellbeing in recent years and this had been exacerbated by the impact of the COVID-19 pandemic. Whilst there were clinical solutions for a small proportion of these children the majority would not benefit from existing specialist mental health services as their difficulties were routed in the social and familial environment.

The Tier 2 services outlined in the report had been receiving referrals to them that were more appropriately Tier 3 in severity. However, with current demand and workforce pressures on CAMHS. this was expected to continue; and the capacity of the Tier 2 providers to respond to the significant needs of the children and young people referred would require continual monitoring to ensure risks were assessed and managed.

Over the next period the HSCP and local partners would be considering enhancements and improvements to the current service offers to ensure the level of need was anticipated and mirrored the national expectations. This activity would involve children, young people and their families, as well as wider partner organisations, to ensure any recommended changes met specific needs in East Renfrewshire.

The Senior Manager – Children's Strategy and Intensive Services and Children's Services Strategy Manager were both heard further on the report, referring to the demands and challenges, and that all services were dealing with a proportion of high-risk children.

Councillor Buchanan having stated that the report provided good evidence of the extensive range of work being carried out in Children's Services, the Chief Nurse welcomed that the ongoing nursing vacancies had been filled. Referring to the referrals to the Youth Counselling Service, she highlighted that this was 75% female and only 23% male and questioned if there was more that could be done to support young males and encourage them to approach services for help.

The Board noted the:-

(a) level of need and demand on services;

(b) range of different provision available to meet the varying presenting needs among the children and young people's population; and

(c) response of services to the COVID-19 pandemic

INTENSIVE SERVICES UPDATE

12. The Board considered a report by the Chief Officer providing an update in relation to the current pressures within Intensive Services and associated actions taken to address these, as well as providing an update in relation to the recent Care Inspectorate re-inspection of the Care at Home Service.

In relation to the Care at Home Service, the report explained that the service had been re-inspected in mid-June. The re-inspection found that the service met all requirements and improvement areas and was graded as "good" against all inspection themes. One area for improvement had been highlighted in relation to consistency of staff and timings of visits and an action plan had been generated and agreed with the inspectorate.

The report then outlined the challenges facing the service due to increasing service demand and how these were being addressed.

It was explained that numbers of hospital and community referrals had increased with there being significant pressure on the partnership due to the number of delayed discharges. Pressure on care at home services was having an impact on the social care workforce across the country with providers and agencies struggling to provide staff locally. A 50% reduction in the amount of services commissioned providers were able to deliver was also highlighted. This in turn had led to significant pressure on the in-house service.

To address this a move to intermediate care was now part of the standard discharge plan, should community supports not be readily available. In addition to using Bonnyton House, plans were in place to increase availably of intermediate care beds within the partnership as required. Consequently, this enabled individuals to move to these beds from hospital or from home where required, in a step-up, step down approach to care. This approach allowed for a continuation of care to be provided to residents. It enabled individuals to transition from hospital whilst awaiting a home care package to facilitate a discharge home, and based on a thorough risk assessment, also provided care for members of the community at home should there be difficulties in providing their care package. It was highlighted that close oversight and governance was in place to make sure individuals did not stay in that environment any longer than necessary.

Further information on the steps being taken to mitigate the challenges facing the service, including the steps being taken to recruit additional staff, was provided.

The Localities Intensive Services Manager was heard further highlighting that the positive grades from the Care Inspectorate reflected the amount of investment in the service. Notwithstanding, she explained that there were still risks around service delivery, most notably in relation to staffing pressures. Information in relation to arrangements for intermediate care, both at Bonnyton House and in Barrhead, was provided.

Commenting on intermediate care arrangements, Ms Monaghan referred to the importance of any arrangements being in the best interests of the clients with all intermediate care stays being as short as possible. She also commended the turnaround in the home care service.

The Board noted the report.

COMMUNITY CHANGE FUND LEARNING DISABILITY BED REDESIGN

13. The Board considered a report by the Chief Officer providing an update on plans to take forward a collaborative programme of redesign with the HSCPs in the NHS Greater Glasgow and Clyde area following the announcement of the Scottish Government's Community Living Change Fund.

By way of background, the report referred to the agreed strategy, being led by East Renfrewshire HSCP, to redesign inpatient and community learning disability services. It was explained that the focus of the strategy was to improve the care and support of people at risk of hospital admission and/or out of area care, typically people who presented with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need was not the primary reason for admission. The ultimate aim was to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. The embedding of these alternatives to current provision would see a remodelling of bed-based services, reducing bed numbers and reinvesting resources in the community.

The report outlined that Inpatient Services had led on a number of tests of change which had resulted in good outcomes and improved delayed discharge with good progress being made prior to the pandemic taking hold. Furthermore reference was made to the plans to close remaining longer-stay facilities, at Netherton and Waterloo Close, it being noted that 6 of the longer-stay people at Waterloo Close had been relocated successfully and Waterloo Close had closed in late 2017. However Netherton had not yet closed as the remaining people waited for a new service to be developed by Glasgow City HSCP.

It was explained that in early 2020, the Scottish Government had created a short-life working group (SLWG) to explore the ongoing issues relating to bed usage, delays in discharge and out of area care, with membership including the Chief Officer and Head of Adult Services – Learning Disability and Recovery. Subsequently in April of this year the Scottish Government had announced a £20 million fund, shared across Integration Joint Boards, to take forward the main recommendations of the SLWG. It was noted that the SLWG recommendations aligned to the strategic aims already identified locally, and HSCPs in the Greater Glasgow area received £4.7 million over 3 years.

Thereafter the report explained that the Community Change Fund brought about an opportunity to drive forward the strategic aims already agreed locally. A proposal to develop a collaborative approach with NHSGGC HSCPs had been developed and given the interdependent nature of inpatient services, community services and relationships with third

sector providers it had been proposed that a redesigned Programme Board be developed and jointly resourced. Details of the proposed Board and associated sub-groups and their roles were provided.

Details of ongoing plans for the closure of Netherton and associated resettlement of current residents were also explained.

The Head of Adult Services - Learning Disability and Recovery having intimated that Glasgow HSCP was meeting to consider the future of Waterloo Close, Ms Monaghan, whilst welcoming much of the information, expressed concerns in relation to the Waterloo Close proposals. In particular she stated that it appeared to suggest that more traditional models of care were being followed which although easier to implement did not have the needs of the client at their core, and it was important to support more modern approaches to care.

The Chief Officer having explained that as project leads there was a good opportunity for East Renfrewshire HSCP to influence the direction of travel and change practices, the Board noted the report and supported the proposals.

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2021

14. The Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report.

The report explained that the Performance and Audit Committee received updates on the risk register at each meeting with any additions, deletions or changes to the register and the reasons for each also being reported.

It was explained that since the register was last reported to the Board in September 2020, all risk control measures had been reviewed and updated where necessary, all risk scores had been reviewed but remained unchanged, no new risks had been added and no risks had been removed.

In addition the report explained that those risks that scored between 11-16 on the risk matrix post-mitigation, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted those risks identified as red (high), these being in relation to the Scottish Child Abuse Inquiry, and financial sustainability, and explained why these risks were considered as red even after mitigation.

It was also explained that although Failure of a Provider was scored as 9 (medium) post mitigation, it was considered a significant risk given the potential impact on service delivery. Particular issues in relation to recruitment and retention of staff and staffing availability as a result of the pandemic were currently being identified and within care at home a reduction in available provision from externally commissioned providers was being experienced. In the HSCP's own care at home services additional permanent staff were being recruited.

The Board noted the register.

DRAFT UNSCHEDULED CARE STRATEGIC COMMISSIONING PLAN – DESIGN AND DELIVERY PLAN

15. Under reference to the Minute of the meeting of 24 June 2020 the Board took up consideration of a report by the Chief Officer regarding the draft Design and Delivery Plan

2021-22 to 2023-24 which formed the updated and refreshed Board-wide Unscheduled Care Improvement Programme. A copy of the draft Design and Delivery Plan accompanied the report.

By way of background, the report explained that following approval of the draft strategic commissioning plan for unscheduled care by the Board in June 2020 it had subsequently been approved by the 5 other IJBs in the NHS Greater Glasgow and Clyde area.

However since the development of the plan in early 2020 there had been considerable change in the health and social care system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remained relevant, some needed updating to reflect the changed circumstances arising from the response to the pandemic, and additional actions added to reflect the new challenges being faced by the health and social care system.

In addition further work had been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

Having referred to the plan considered by the Board in June 2020, its purpose, and the programme of work in the plan based on 3 key themes following the patient journey, the report explained that the draft Design and Delivery Plan updated the actions in the 2020 Plan. This included adding new actions that had arisen from the response to the pandemic and the redesign of urgent care. It was noted that the refreshed programme followed through on the 3 key themes from the 2020 Plan and showed the key priorities to be progressed in each of the 3 phases of the plan.

It was further noted that a financial framework to support the implementation of the Design and Delivery Plan had been developed in collaboration with NHS Greater Glasgow and Clyde and all 6 associated IJBs within the health board area. It was noted that whilst £21,525 million non-recurring funding had been confirmed only £2.704 million of the required £7.337 million recurring funding had been identified. This had implications for the Plan’s delivery.

The Board noted:-

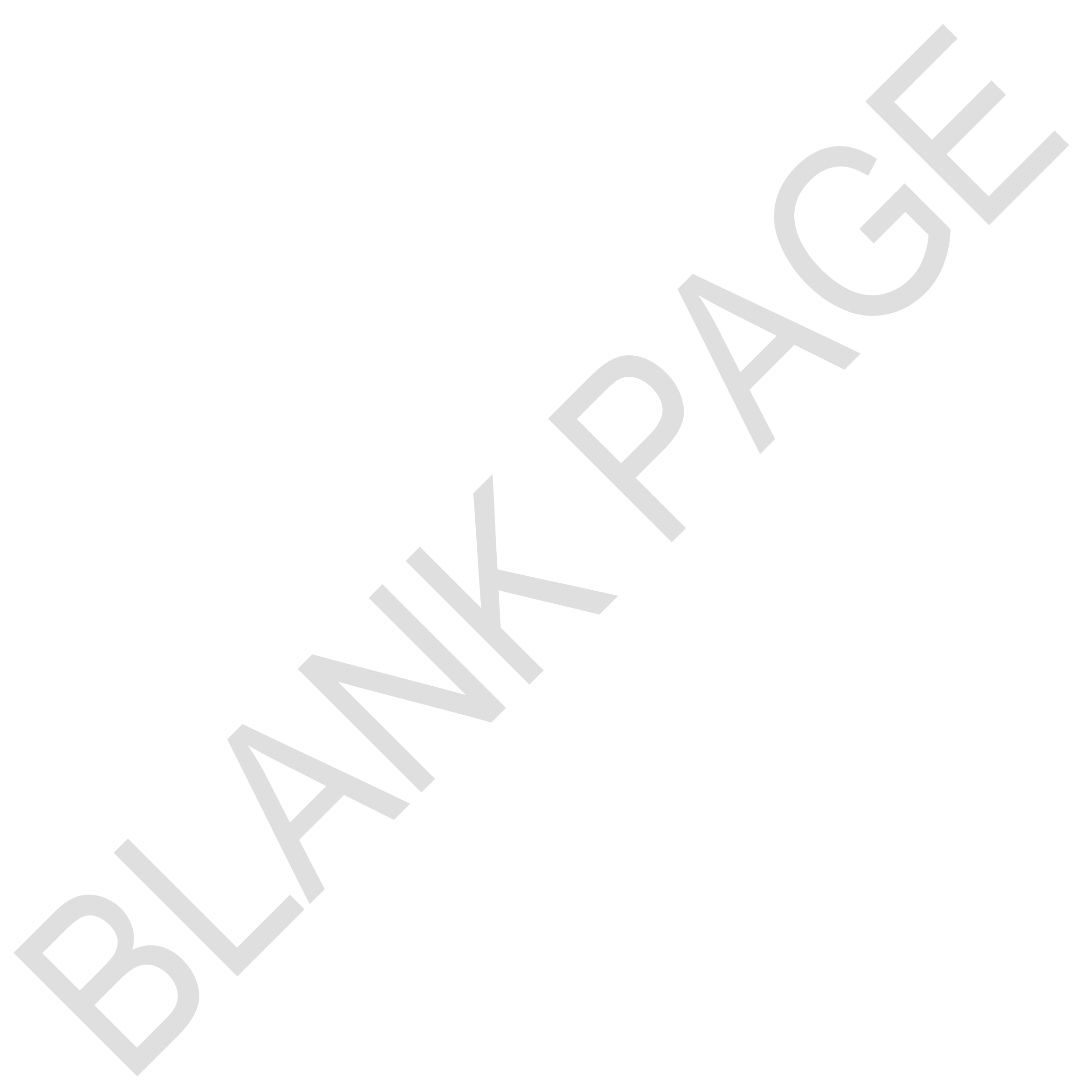
(a) the content of the draft Design and Delivery Plan 2021-22 to 2023/24 as the updated and refreshed Board-wide Unscheduled Care Improvement Programme; and

(b) that the Board would receive a further update on the draft Design and Delivery Plan including the financial framework towards the end of 2021-22.

DATE OF NEXT MEETING.

16. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 24 November 2021 at 10.30 am.

CHAIR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AGENDA ITEM No.4

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 24 November 2021
Agenda Item	4
Title	Matters Arising

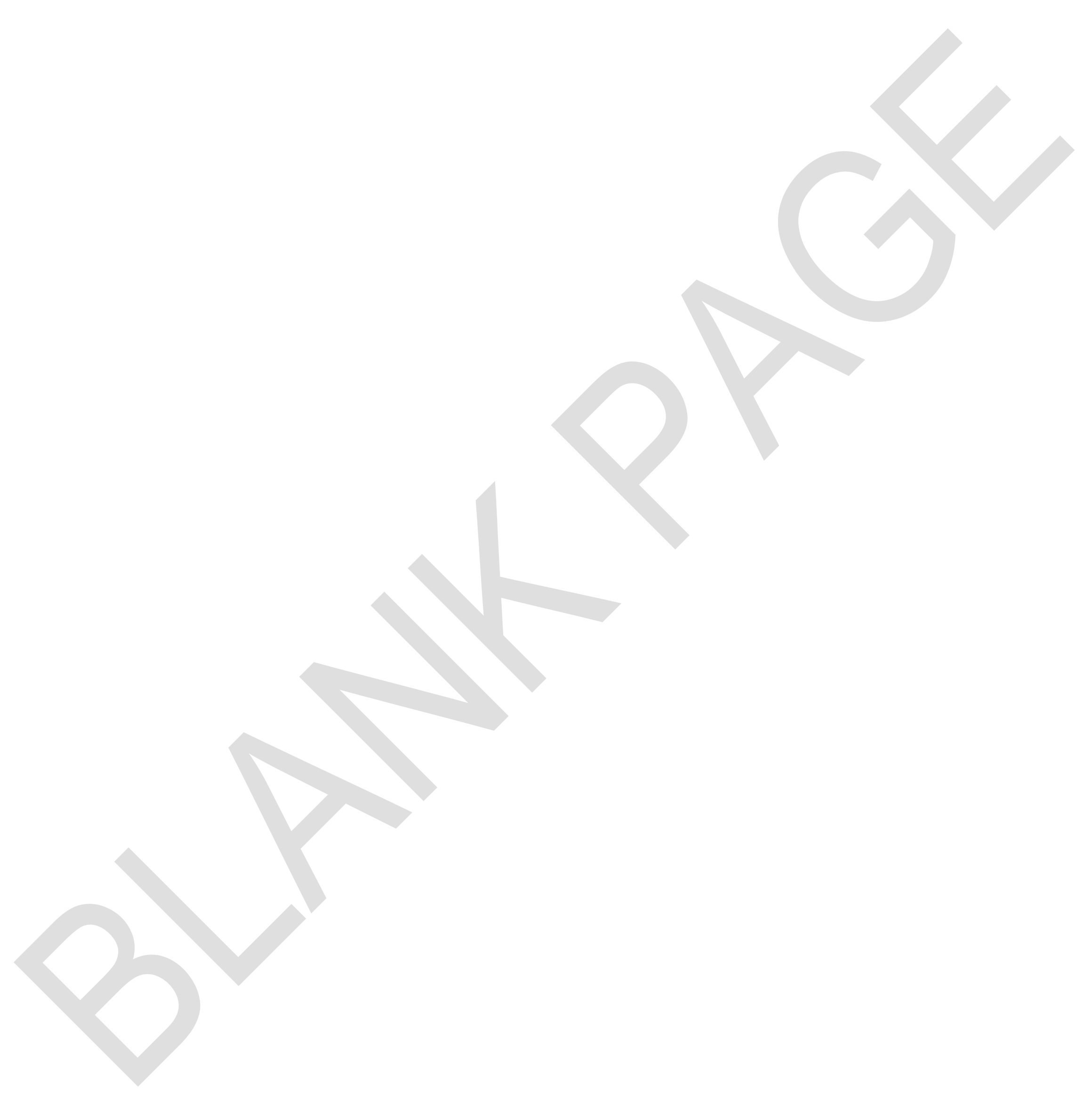
Summary

The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 22 September 2021.

Presented by	Julie Murray, Chief Officer

Action Required

Integration Joint Board members are asked to note the contents of the report.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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 November 2021

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting.

RECOMMENDATION

2. Integration Joint Board members are asked to note the contents of the report.

REPORT

3. There are no matters arising from the last meeting, which aren't addressed in either the rolling action log or on the November IJB agenda.

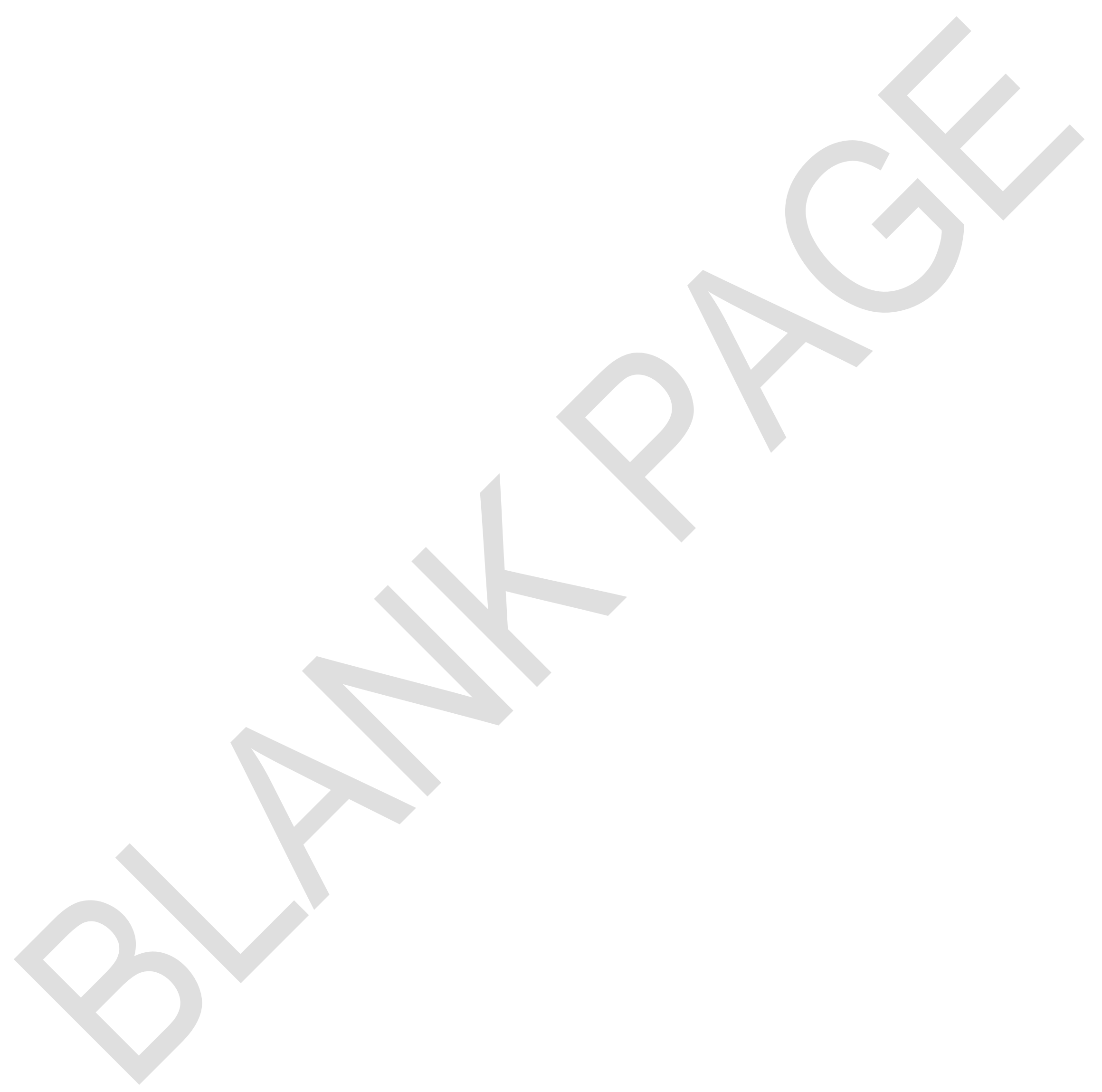
RECOMMENDATIONS

4. Integration Joint Board members are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, Chief Officer
Julie.Murray@eastrenfrewshire.gov.uk

October 2021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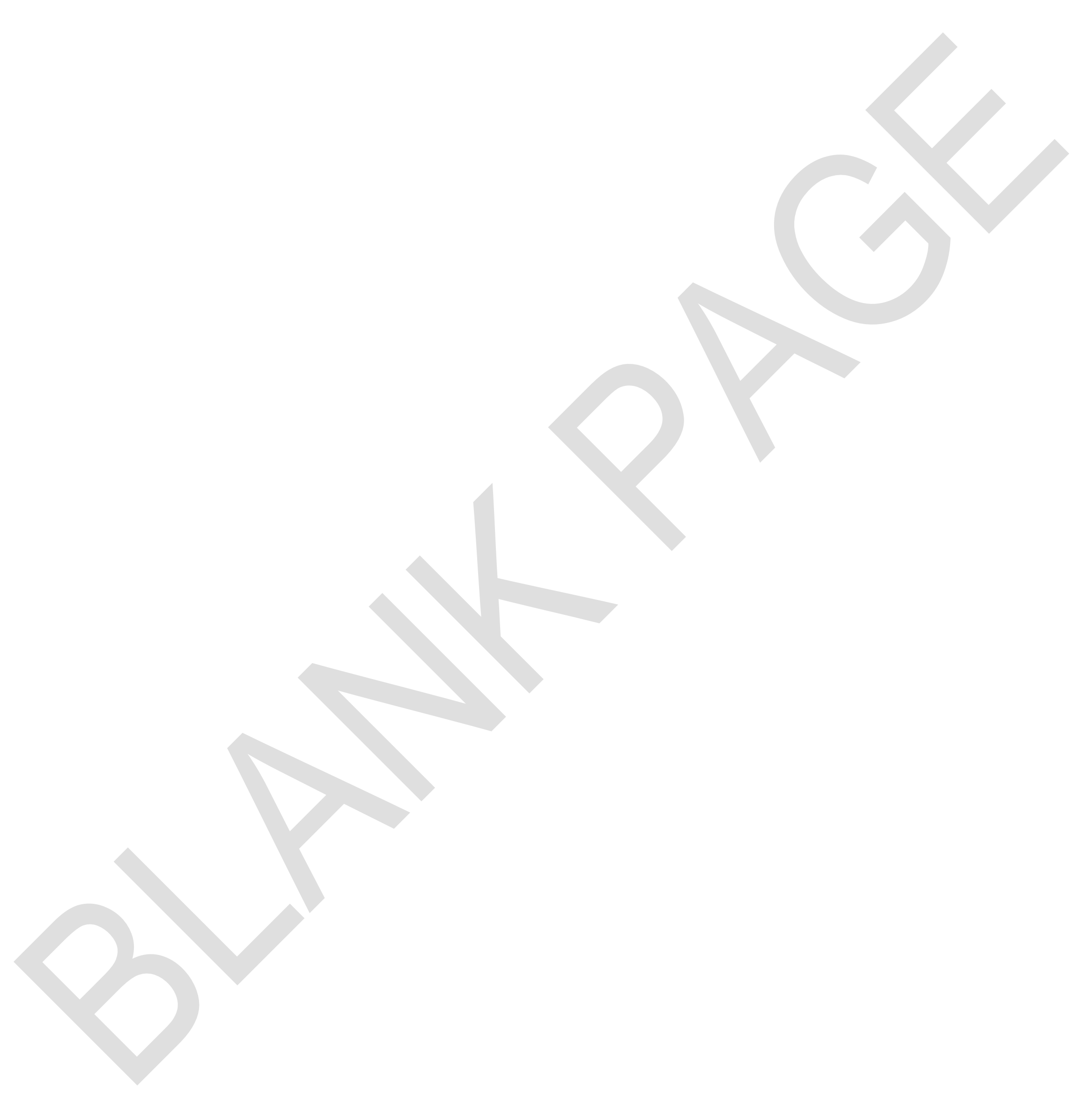
AGENDA ITEM No.5

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 24 November 2021
Agenda Item	5
Title	Rolling Action Log
Summary The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 22 September 2021.	
Presented by	Julie Murray, Chief Officer
Action Required Integration Joint Board members are asked to note progress.	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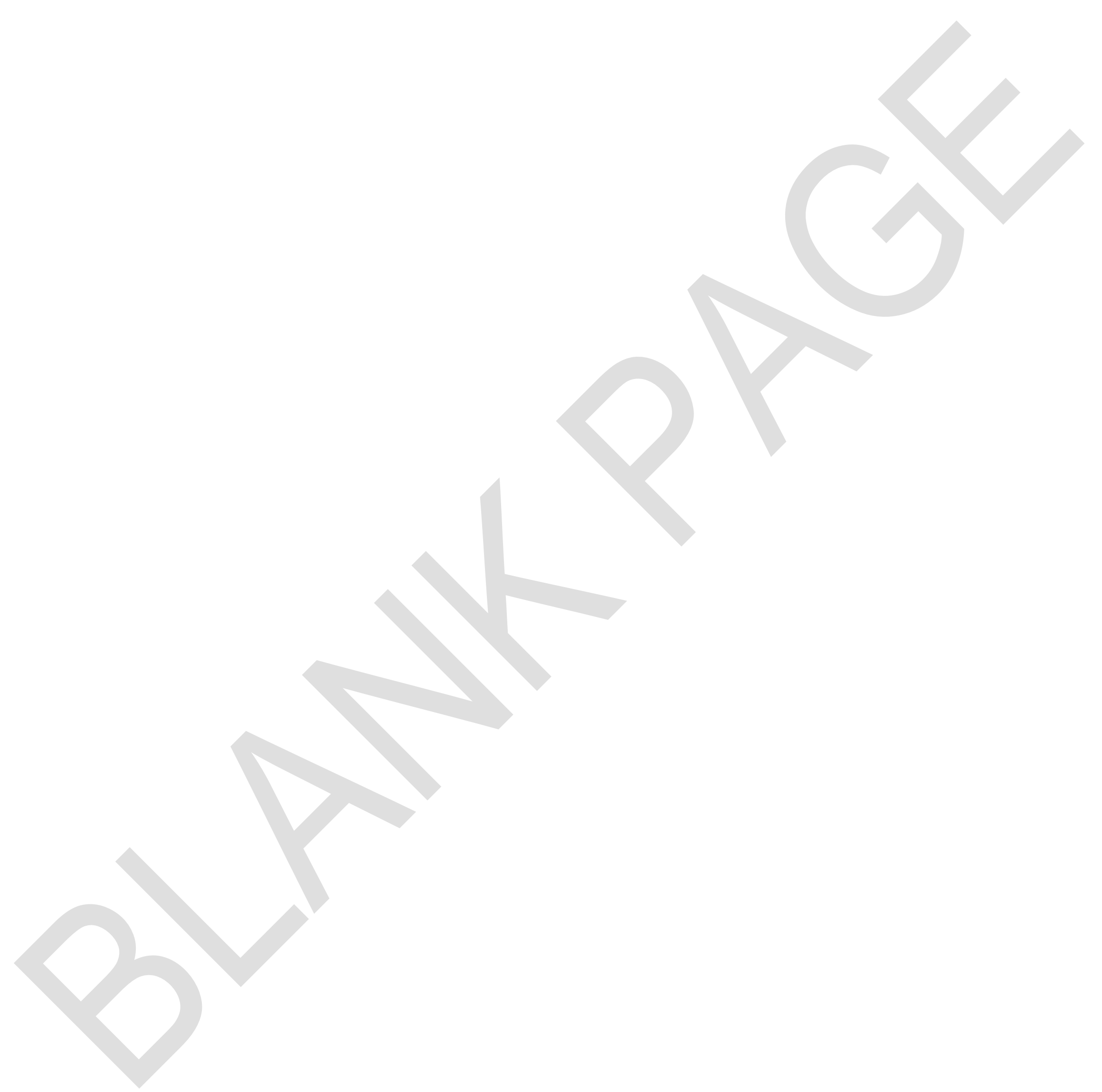
ACTION LOG: Integration Joint Board (IJB) **November 2021**

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
342	22-Sep-21	7	Annual Performance Report 2020-21	Submit APR to the Scottish Government by 30 September Work with the Comms Team to consider a range of media to engage with the public, illustrate performance and publish the report on the website and through social media.	PPPM	CLOSED	Sep-21	Annual Performance Report published
341	22-Sep-21	8	Chief Social Work Officer's Annual Report 2020-21	It was noted that consideration of the Annual Report had been deferred to a future meeting and the necessary arrangements should be made.	GCO/DSM	CLOSED	Nov-21	Included on Nov'21 IJB agenda
340	22-Sep-21	8	Chief Social Work Officer's Annual Report 2020-21	Arrange for the report to be submitted to the Council for consideration	CSWO	CLOSED	Oct 21	Approved by Council 27.10.2021
339	22-Sep-21	11	Revenue Budget Monitoring Report	The Board noted the report and approved the virements and the necessary arrangements should be made	CFO	CLOSED	Sep-21	
338	22-Sep-21	12	Charging for Services	Make arrangements for the report to be remitted to the East Renfrewshire Council Cabinet	CFO	CLOSED	Sep-21	Submitted for inclusion on Nov Cabinet agenda
337	22-Sep-21	15	Community Change Fund Learning Disability Bed Redesign	The Board endorsed the approach and arrangements should be made to proceed on the basis as outlined in the report	HAS - LD&R	CLOSED	Sep-21	
336	22-Sep-21	17	Draft GGC Unscheduled Care Commissioning Plan	The report and draft Design and Delivery Plan were noted. Submit an update on the Plan including the financial framework towards the end of 2021/22	CO	OPEN	Mar-22	Added to forward planner - scheduled for Mar-22
333	23-Jun-21	7	Unaudited Annual Report and Accounts	Submit the audited accounts to the Performance & Audit Committee and the IJB in November	CFO	OPEN	Nov-21	Included on Nov'21 IJB agenda
327	12-May-21	4	Matters Arising	Submit a final version of the workforce plan to a future meeting	CO	OPEN	Sep-21	Feedback received from Scottish Government. Plan will be shared at future IJB seminar
313	17-Mar-21	11	East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change	Submit a copy of the final evaluation report to a future meeting of the Board	SMRS	CLOSED	Nov-21	Included on Nov'21 IJB agenda
297	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	Submit a report to a future meeting on the impact of the plan and potential changes following engagement with people with lived experience.	LP (RS)	CLOSED	Nov-21	Included on Nov'21 IJB agenda
279	29-Jan-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSCL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online . Report on Overnight Support scheduled for April'20 has been deferred to due to Covid-19
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde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NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.6

Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 22 September 2021

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer Audit Scotland
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 23 June 2021
.

MATTERS ARISING

3. The committee considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

The committee noted the report.

ROLLING ACTION LOG

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

Referring to plans for the development of an easy-read version of the annual report and accounts, Ms Monaghan suggested that this could possibly be expedited by outsourcing the work. In reply the Chief Officer indicated that she would pursue this with the Chief Financial Officer on her return from leave.

The committee noted the report.

ANNUAL PERFORMANCE REPORT 2020-21

5. The committee considered a report by the Chief Officer providing details of the performance of the HSCP over 2020-21.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the third and final year of the 2018-21 Strategic Plan and the fifth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2020-21, recognising the exceptional circumstances of the pandemic, its impact on ways of working, and potential disruption to performance trends. The report was principally structured around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The main elements of the report set out the HSCP's current strategic approach; response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted the unprecedented challenge of the pandemic during 2020-21 and how staff had responded with incredible resilience, commitment and creativity, with examples of some of the work carried out being given. It was explained that COVID-19 response activity had taken place in addition to planned operational priorities and that much of the performance data for 2020-21 reflected the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdown and the pandemic period more generally.

Having referred to the performance update provided to the Board in June, the report then listed summary headline performance information across 7 service areas.

The Policy, Planning and Performance Manager was then heard further on the report. Having responded to comments from Councillor Grant on how performance trends were reflected in the report and that this could be reviewed, some further examples of performance improvements as well as areas were performance levels had dropped were provided.

Responding to comments from Mrs Kennedy and Provost Fletcher, the Chief Officer explained that consideration could be given to providing separately to IJB members details of how service delivery had been adversely impacted by the pandemic. She also stated that it was likely that home working had contributed to a reduction in staff absence. Comment was also made on the challenges in relation to the demand for physiotherapy services locally.

Ms Monaghan highlighted that some information contained in the report was out of date, referring by way of example to the plans for reviewing the needs of care home residents, where the report stated these would be complete by the end of June. She sought confirmation that such matters would be addressed in the final version of the report and sought an update on whether the reviews had been completed. In reply, and having confirmed that the report would be updated to reflect the up to date position, the Chief Officer indicated that there were 3 reviews still to be completed but they would be carried out within the coming week. She highlighted that many of the reviews related to local residents living in homes outwith the area and this had lengthened the time taken for the exercise to be completed. Notwithstanding East Renfrewshire was one of the first HSCPs to complete the exercise.

Ms Monaghan highlighted that for performance information provided in percentage terms it would be helpful for numbers to be provided to enable the percentage information to be put in context. She also suggested that it may be useful for expected performance information to be included in graphs and charts where possible as this would help to provide further contextual information. In reply the Policy, Planning and Performance Manager explained that this may not be possible in relation to all the performance information provided cases but confirmed it could be reviewed for future reports.

The committee noted the report.

AUDIT UPDATE

6. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the HSCP since last reported to the committee in June, summarising all open audit recommendations and providing information on internal audit planned activity for the IJB and the HSCP. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Responding to questions from Ms Monaghan in relation to whether there was a threshold below which Option 1 Self Directed Support clients did not need to provide receipts, the Chief Officer indicated that clarification on this would be sought. She indicated that if there was no threshold the possibility of a threshold being introduced was something that could be discussed further with the SDS Forum and the Chief Auditor.

The committee noted the report.

REVIEW OF INTEGRATION JOINT BOARD FINANCIAL REGULATIONS AND RESERVES POLICY

7. The committee considered a report by the Chief Financial Officer submitting for consideration the Integration Joint Board Financial Regulations and Reserves Policy, a copy of which accompanied the report.

The report explained that both the Financial Regulations and Reserves Policy were part of the governance arrangements to support the IJB. It was further explained that both the Financial Regulations and Reserves Policy were reviewed in March 2020 when it had been agreed that reviews should take place annually thereafter.

It was reported that following review no changes had been made to either. However, it had been recognised that the Financial Regulations mirrored to some degree elements of the Integration Scheme so should there be any change to the scheme then a further review would be carried out.

The report also highlighted that whilst no changes had been made to the Reserves Policy the policy had supported the Reserves Strategy which had operated well over a significant and continued period of change.

Whilst the optimum/maximum level of general reserve in accordance with the policy was 2% of the budget, the tensions between holding free reserves and not protecting spend on front line services were recognised with the IJB having taken a clear decision on this in prior years.

The report also reminded the committee that it would be possible to ask the IJB to un-hypothecate certain earmarked reserves should this be required, this having been discussed in March 2021 when the IJB budget was approved.

The Accountancy Manager having been heard further on the report, Ms Monaghan noted that the opportunity for the IJB to un-hypothecate some earmarked reserves could be considered to be a safety net, but acknowledged that in doing so there may be an adverse impact on the IJB's strategic priorities.

The Chief Officer highlighted that the IJB was running with a recurring deficit and that reserves were being used to smooth the deficit. However it needed to be acknowledged that reserves were finite.

Ms Forbes, supported by the Accountancy Manager, referred to the challenge of meeting agreed savings targets and the twin challenge of making savings whilst at the same time trying to make sure the deficit did not increase. In addition, the Accountancy Manager explained that there were £3 million unachieved savings in the current year and this was being included in the COVID returns submitted to the Scottish Government.

Ms Monaghan highlighted that due to the length of time that the IJB and its predecessor Community Health and Care Partnership had operated, and the operational changes made over the years, the IJB was already very lean and less able to make more changes compared to other IJBs.

Councillor Grant also referred to the amount of ring-fenced funding provided by the Scottish Government. In reply, the Chief Officer explained that whilst this did in some instances have adverse impacts on the ability to direct funding locally, it also had provided an element of protection with councils being required to pass funding on to IJBs when they may have directed it elsewhere without Scottish Government instruction. She suggested that Scottish

Government appeared now to better understand the pressures in relation to social care and was hopeful that increased funding and spending flexibility would be available in future. Responding to a question from Provost Fletcher on whether any of the additional funding to be provided to the Scottish Government as a consequence of the increase in National Insurance contributions would be made available for health and social care, she suggested that it was anticipated that there would be funding increases over the next few years.

The committee noted the Integration Joint Board:-

(a) Financial Regulations; and

(b) Reserves Policy.

IJB STRATEGIC RISK REGISTER UPDATE

8. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 23 June 2021 and explained that since then there had been no change in risk scores, no new risks added or any existing risks removed from the register.

However, it was clarified that there had been changes to the risk description of 5 risks with the risks and the changes to the descriptions being set out. In addition it was explained that risk control measures in place had been updated to include any proposed mitigation which had been completed since last reported. Proposed implementation dates had also been reviewed and updated where necessary.

Details of those risks still considered as high or significant post-mitigation were outlined. These related to the Scottish Child Abuse Inquiry where due to the historic nature of the risk no further mitigations had been identified, and Financial Sustainability, which continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and uncertainty around COVID-19 and Brexit implications.

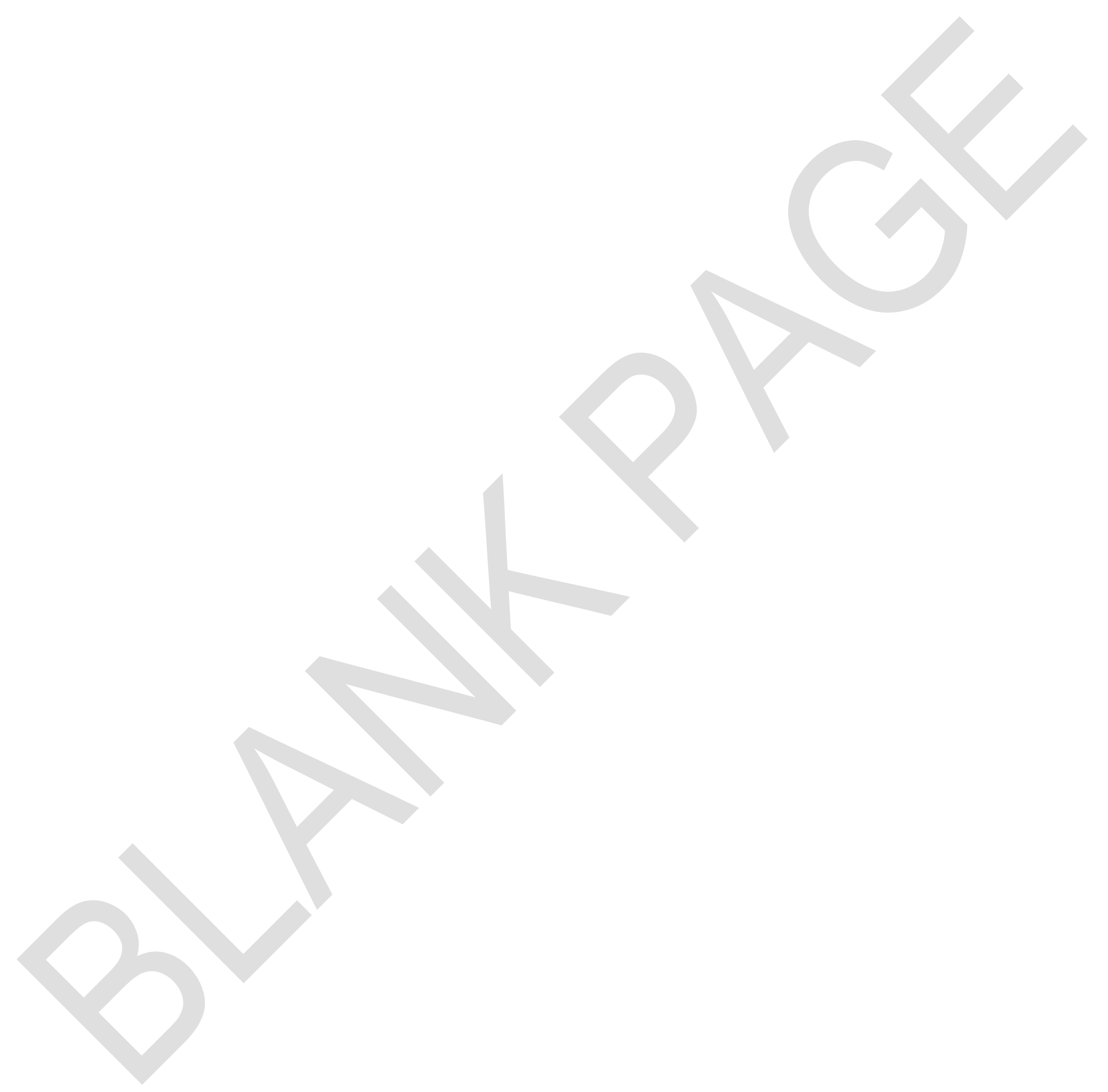
As previously reported, although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered a significant risk given the potential impact on service delivery.

The committee noted the report.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 24 November 2021 at 9.00am.

CHAIR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AGENDA ITEM No.11

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 November 2021
Agenda Item	11
Title	East Renfrewshire Peer Support Service Mental Health and Addictions – Final Evaluation Report

Summary

Members of the Integration Joint Board considered an interim report in March 2021 on the evaluation of the East Renfrewshire Peer Support Service. This report now provides Board members with an overview of the final evaluation of the test of change delivering peer support for recovery across the mental health and addictions service settings. The report also details further progress in embedding peer support in formal service settings and expanding the capacity of the peer support service.

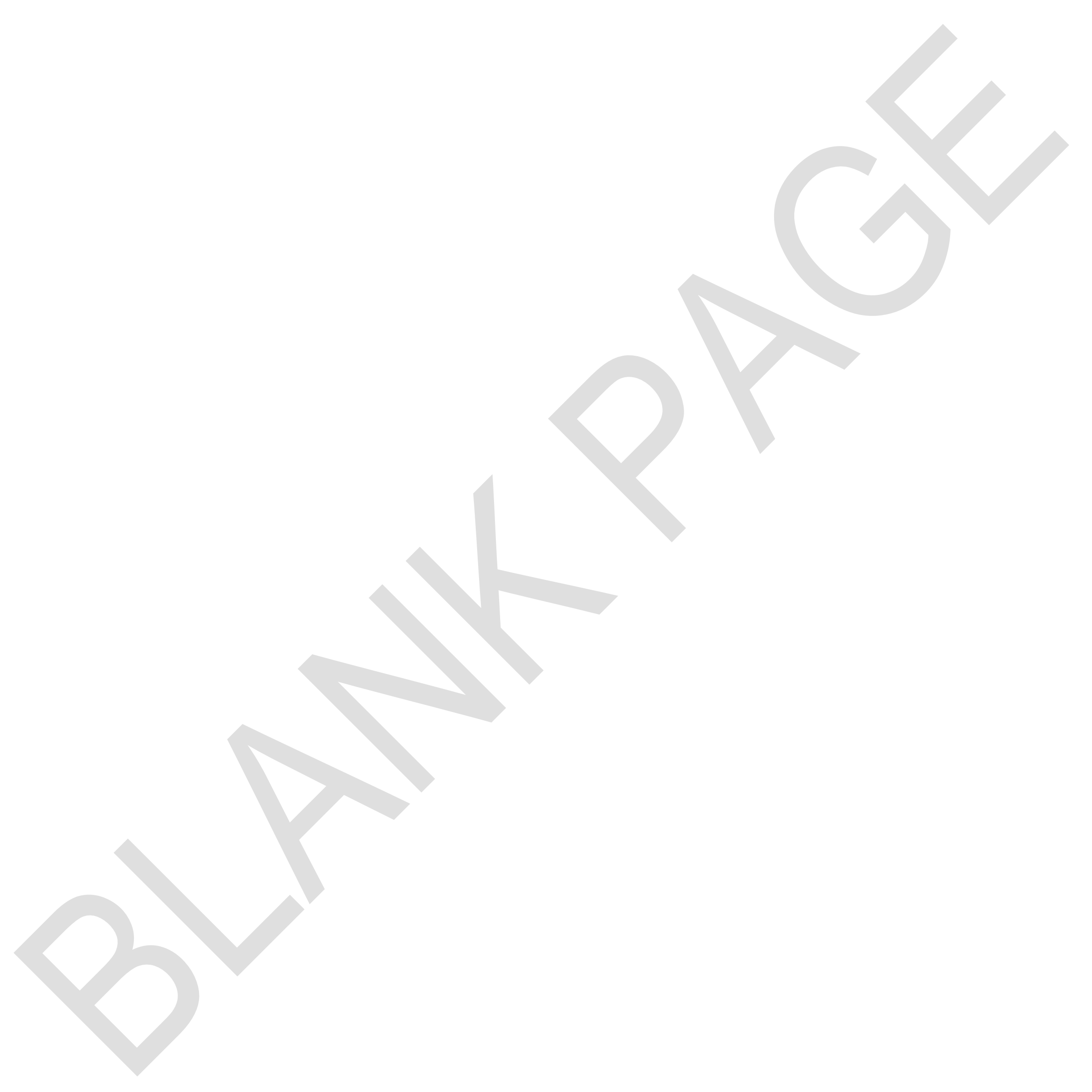
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery

Action Required

The Integration Joint Board is asked to:-

i. Note and comment on the final evaluation report and approve the report for publication and circulation to recovery networks.
ii. Note that the capacity of the service has been increased and the contract with Penumbra to deliver the service has been extended until June 2024.

Directions	**Implications**	
X No Directions Required	X Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	X Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 November 2021

Report by Chief Officer

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

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with the final evaluation report of the East Renfrewshire Peer Support Service, which employs peer workers with lived experience to support individuals in their recovery journeys.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-

   i. Note and comment on the final evaluation report and approve the report for publication and circulation to recovery networks.
   ii. Note that the capacity of the service has been increased and the contract with Penumbra to deliver the service has been extended until June 2024.

BACKGROUND

3. Integration Joint Board members will recall the discussion on the interim evaluation findings at the meeting on 17 March 2021. The report included an interim evaluation report and a short film demonstrating the impact on individuals receiving peer support and hearing the reflections of one of the peer workers.

4. East Renfrewshire Health and Social Care Partnership recognised the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change. Perhaps uniquely, it was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. A 12-month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals.

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

6. Despite the significant challenges presented by Covid, the service design work with stakeholders took place virtually from June 2020. Ensuring that individuals with lived experience were involved remained a high priority and interviews via telephone took place. The East Renfrewshire peer support service took the first referrals in early September. Peer support was offered to individuals for the first time very quickly thereafter with opportunities to meet face-to-face, within the restrictions at that time. In line with the test of change approach, a robust evaluation model was built in from the outset, working with an independent evaluation facilitator, Matter of Focus, and using the OutNav outcome mapping tool.

7. The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust. It is an additional, complementary support to help individuals identify their personal goals for recovery.

REPORT

8. The final evaluation report, prepared by Matter of Focus, is attached at Annex 1. A shorter, succinct summary of findings for a wider audience has also been prepared and can be accessed online using the following weblink - Peer Support Evaluation Summary.

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

10. The service has benefitted from strong engagement with HSCP staff and partners, evidenced by the wide range of referrals to the service from Adult Mental Health Teams, Community Addictions Teams as well as from voluntary sector partners RCA Trust and RAMH. In particular the service has had strong support from psychiatrists, with more than half of referrals coming from the Adult Mental Health Teams coming from that source.

11. The key findings of the evaluation are invaluable in aiding our understanding of the positive impact of peer support for supported individuals and continuing to develop the approach:

- Strengths of this test of change project include how quickly it reached capacity and the way in which people using the service chose to sustain their engagement. There is strong evidence that the Peer Support Service has been well-received by people accessing support who value the nature of the relationship and the holistic approach taken.
- People valued working with someone with lived experience because it helped them develop a sense of clarity and reflection on their own experiences. In this way of working connections can extend beyond the experience of mental health or substance use to other experiences or passions.
- A common thread across the experiences of those using the service was that it supported greater self-awareness and knowledge, and therefore aided their own personal goals. In this evaluation we heard powerful testimonies of people using the service.
- Evidence that people who engaged with the service used the space for open dialogue to understand what was important to them and to take positive steps forward.

- At this stage, more modest gains are seen in the quantitative indicators. Analysis of I.ROC (Penumbra's bespoke recovery tool - Individual Recovery Outcomes Counter) data for ten people who completed the tool on assessment and then review shows modest improvements in some domains, with small steps back in others. The I.ROC tool will continue to provide valuable evaluation of impact and will be regularly analysed to aid further learning.

12. As we continue to develop peer support the recommendations made in the evaluation report provide a focus for the continuous improvement approach. The HSCP and Penumbra are already progressing with the recommendations which include:

- Continue to raise awareness of the service across the referring services and agencies and the range of clinicians and practitioners to ensure peer support is considered for all individuals using services
- Develop the range of ways that individuals referred can connect with peer support - such as group work opportunities as well as one-to-one models of support – to maximise the number of people the service can support
- Undertake work to understand the gender imbalance in people using the service (approximately 70% of supported individuals are women)
- Continue to use the well-developed evaluation framework in place for the service

13. Thirty-two individuals are currently benefiting from peer support[1] in East Renfrewshire, in the form of regular 1:1 sessions with their allocated peer worker. Group sessions are in the early pilot stage and have been well received. People are being identified and connected with peer support from across the relevant services, The majority have come from the Adult Mental Health Team (64%), followed by the Community Addictions Service (25%) and a small number from RAMH and RCA Trust (which is in line with the smaller caseloads in our third sector organisations). Additional promotion to services of the benefits of peer support and referral process has been undertaken. It is evident that fewer men are being referred to peer support and further exploration of this is underway.

14. The evaluation findings on increased feelings of hope and wellbeing are promising. Referring services are making consideration of peer support for individuals a key part of care planning. Work to embed peer support within formal services is also progressing and Penumbra peer workers regularly attend team meetings within Adult Mental Health Team and the Community Addictions Service. This allows joint discussions about the progress being made in developing peer support, the benefits of peer support and potential referrals. Progress is already being made on some of the recommendations, including the delivery of group work.

16. Following the early, positive evaluation findings and evidence of the demand for peer support, the peer support contract with Penumbra was expanded in June 2021 – increasing the number of peer workers from two to three, and extending the contract to June 2024. This demonstrates the HSCP's commitment to peer support and maximises the opportunity to fully embed peer support, lived experience and a focus on recovery within the delivery of mental health and addiction services.

17. Importantly it should be noted that, while peer support is being provided, Covid continues to have an impact. Penumbra have the insight into the delivery of peer support outwith Covid restrictions, and the opportunities it would normally provide for peer support workers to support individuals to engage in community activities or services as part of their recovery goals. Although the most significant restrictions are no longer in place, many

[1] (correct as at 20 October 2021)

community groups and activities have yet to remobilise and this continues to inhibit participation in communities overall. The impact of this on the recovery of individuals should be acknowledged. In the meantime, peer support has been identified by individuals as providing a vital lifeline, reducing the feelings of isolation, and providing the opportunity to explore recovery goals.

CONSULTATION AND PARTNERSHIP WORKING

17. The partnership between East Renfrewshire HSCP and Penumbra continues to flourish. It should be noted that Penumbra have responded quickly to the need to expand capacity of the services and have now successfully recruited three peer workers during a challenging period. In addition the adult mental health team and community addictions team within the HSCP, and third sector partners RAMH and RCA Trust, have supported the development of peer support.

18. The critical importance of lived experience is at the heart of peer support and Penumbra's peer workers have played an active role in influencing the initial design and delivery of the service and the ongoing evaluation. To date the following activities have steered the test of change and the shape of peer support in East Renfrewshire:

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

IMPLICATIONS OF THE PROPOSALS

Finance

19. The Peer Support service is funded through mental health Action 15 and Alcohol and Drugs Partnership funding. The evaluation to date is providing early indications that peer workers have a valuable role alongside formal services, providing a unique support in recovery from a perspective of lived experience. There are potential benefits in terms of reduced likelihood of relapse and re-entering formal services, and potentially a shorter time within formal services for a modest amount of investment. These are anticipated and desired outcomes and will be monitored over a longer timeframe.

Workforce

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

Infrastructure

21. There are no implications for infrastructure.

Risk

22. There are no risk implications in the report.

Equalities

23. There are no equalities implications.

Policy

24. There are no policy implications.

Legal

25. There are no legal implications.

Fairer Scotland Duty

26. There are no Fairer Scotland Duty implications.

DIRECTIONS

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

CONCLUSIONS

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

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

NEXT STEPS

30. The HSCP and Penumbra continue to work closely together to develop the service, including responding to the evaluation findings and recommendations, gathering and analysing data to inform continuous improvement, and developing group work. Further evidence gathering will focus on impact of the service on individual's recovery outcomes and goals, the length of time that individuals might require peer support and what moving on from peer support looks like.

RECOMMENDATIONS

31. The Integration Joint Board is asked to:-

    i. Note and comment on the final evaluation report and approve the report for publication and circulation to recovery networks.
    ii. Note that the capacity of the service has been increased and the contract with Penumbra to deliver the service has been extended until June 2024.

REPORT AUTHOR AND PERSON TO CONTACT

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Evaluation of the Peer Support Test of Change

East Renfrewshire Health and Social Care Partnership

Dr Simon Bradstreet and Dr Ailsa Cook,
Matter of Focus

2021

About Matter of Focus

Matter of Focus is a mission-led company and certified B Corp based in Edinburgh.

We work with organisations, projects and programmes to explore, map, analyse and assess the outcomes that matter to them, the people and populations they care about, and their funders. We provide tools and techniques to bring together evidence, data and evaluation to ensure that projects and programmes can meet their outcomes, are successful and adaptable, and can demonstrate that success to funders, service-users and other stakeholders.

We have created an innovative and easy to use software tool, OutNav, that enables public service organisations and funders to make effective use of their data and information to learn, improve and tell the story about the difference they make.

Matter of Focus is led by Dr Ailsa Cook and Dr Sarah Morton. Ailsa and Sarah are internationally renowned thinkers, both well known for their ability to develop practical tools backed by robust evidence-based approaches, with extensive experience of delivering solutions for public service organisations.

Acknowledgements

We would like to acknowledge the East Renfrewshire Health and Social Care Partnership for commissioning this evaluation, in particular the consistent and enthusiastic support of Tracy Butler and Cindy Wallis. We would also like to thank Penumbra for their commitment to, and support for, the completion of this evaluation, most notably Natalya Fineron and Lucy Macpherson. Finally, we would like to acknowledge the support of past and present members of the wider Matter of Focus team who have contributed to this project.

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BACKGROUND

About this work

East Renfrewshire Health and Social Care Partnership (HSCP) is committed to embedding peer support for recovery within statutory services - for individuals with harmful alcohol and / or drug use, and individuals with mental health issues. The HSCP wishes to achieve positive outcomes for people in recovery by exploring the extent and potential for people with lived experience to work alongside people in recovery and those with clinical experience.

In addictions services considerable work has been done to develop a recovery-oriented pathway to improve outcomes. Embedding peer support will play a significant and important part in enhancing and complementing this pathway. As part of NHS Greater Glasgow & Clyde's Five-Year Mental Health Strategy, peer support is viewed as a key building block for improving outcomes and East Renfrewshire is now in a position to embed this into their local services.

East Renfrewshire HSCP is keen to develop a model of peer support across its mental health and addictions services that works both for people who could benefit and for teams delivering services locally, including third sector partners, RAMH and RCA Trust. The HSCP has commissioned Penumbra to develop and deliver the Peer Support Service in East Renfrewshire. This will be the first service in East Renfrewshire operating jointly across alcohol and drugs and mental health, recognising that peer support for recovery has the potential to be effective in both settings.

Aims and objectives

In February 2020, East Renfrewshire HSCP commissioned Matter of Focus to conduct an evaluation of the Peer Support Service programme. This pilot was set up with the central aim of testing the programme with people already engaged with the Adult Community Mental Health and Addictions Services to understand the potential impact of this approach to improve or maintain outcomes.

Given the complexity of the pilot and the context in which the work is being undertaken, it was agreed that contribution analysis[1] would be used for the evaluation. This theory-based approach to evaluation involves two main stages. The first stage involves working collaboratively with key stakeholders to map the ways in which the pilot contributes to the intended outcomes and the ways in which this is supported or hindered by a wide range of contextual factors. In the second stage, the logic is then tested in the evaluation through various forms of data collection with participants and other stakeholders.

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[1] Bradstreet, S. (2006) 'Harnessing the "Lived Experience": Formalising Peer Support Approaches to Promote Recovery', *Mental Health Review Journal*, 11(2), pp. 33–37. doi: 10.1108/13619322200600019.

Aims:

1. To support the collaborative development of the Peer Support Service in East Renfrewshire
2. To review the background literature to strengthen the rationale for the Peer Support Service
3. To provide contextual analysis of any barriers and enablers for a Peer Support Service
4. To design and deliver an evaluation which would show the emerging impacts of the Peer Support Service, for individuals and for the wider service environment
5. To support the embedding of outcome-based reporting through OutNav in Penumbra and the East Renfrewshire HSCP
6. To share learning and support ongoing development of the Peer Support Service

Context for delivery

What can we learn from the evidence base on peer support working?

A recovery-oriented practice is one that is holistic and assumes the position that an individual's recovery is a journey or process rather than a clinical outcome. It supports improving quality of life rather than necessarily achieving an end of symptoms. Employing people with lived experiences of recovery to work as peer support workers in support of other people in receipt of services has long been recognised as being a preferred means of realising recovery principles.[2]

Peer support works alongside other kinds of services, supports and people's own self-management practices: "whereby their expertise, garnered through their lived experience, is given enhanced recognition and self-management is encouraged".[3] Peer support can be part of a range of recovery-oriented supports to "provide a multi-faceted support at all points; before, during, after and, where appropriate, instead of formal treatment and care services."[4] As such, peer workers have been described as occupying a liminal space, somewhere between formal services and the people who use them.[5]

[2] Bradstreet, S. (2006) 'Harnessing the "Lived Experience": Formalising Peer Support Approaches to Promote Recovery', *Mental Health Review Journal*, 11(2), pp. 33–37. doi: 10.1108/13619322200600019.
[3] Gordon, J. and Bradstreet, S. (2015) 'So if we like the idea of peer workers, why aren't we seeing more?', *World Journal of Psychiatry*, 5(2), pp. 160–166. doi: 10.5498/wjp.v5.i2.160.
[4] Rome, A. (2019) Independent Review of the Glasgow Recovery Communities. Available at: https://www.glasgow.gov.uk/CHttpHandler.ashx?id=46671&p=0.
[5] Gillard, S. (2019) 'Peer support in mental health services: where is the research taking us, and do we want to go there?', *Journal of Mental Health*, 28(4), pp. 341–344. doi: 10.1080/09638237.2019.1608935.

Important to peer support working is adherence to an agreed values base. One widely cited set of values[6] suggests peer support working should be characterised by:

- relationships based on shared lived experience
- reciprocity and mutuality
- validating experiential knowledge
- leadership, choice and control
- discovering strengths and making connections.

However, maintaining the peer-led ethos can be a challenge in some contexts, particularly if the value base or organisational culture is more professionalised, standardised, and clinically oriented.[7] Role clarity,[8] good quality training and sensitive supervision[9] have also been shown to be important considerations in supporting and satisfying effective peer working.

While systematic reviews to date suggest limited evidence for the effectiveness of peer approaches in improving clinical outcomes,[10] [11] it is noteworthy that reviews of broader peer-support literature suggest improved outcomes linked to recovery domains as well as treatment engagement and stigma reduction.[12] [13] [14] Additionally, the largest clinical trial in the UK to date showed peer supported self-management to be effective in reducing psychiatric hospital readmissions.[15]

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[6] Gillard, S. et al. (2017) 'Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services', *Mental Health and Social Inclusion*, 21(3), pp. 133–143. doi: 10.1108/MHSI-03-2017-0016.
[7] Gillard, S. et al. (2017) 'Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services', Mental Health and Social Inclusion, 21(3), pp. 133–143. doi: 10.1108/MHSI-03-2017-0016.
[8] Mancini, M. A. (2018) 'An Exploration of Factors that Effect the Implementation of Peer Support Services in Community Mental Health Settings', *Community Mental Health Journal*, 54(2), pp. 127–137. doi: 10.1007/s10597-017-0145-4.
[9] Simpson, A. et al. (2014) 'Evaluating the selection, training, and support of peer support workers in the United Kingdom ', *Journal of psychosocial nursing and mental health services*, 52(1). Doi: 10.3928/02793695-20131126-03.
[10] Lloyd-Evans, B. et al. (2014) 'A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness', *BMC Psychiatry*, 14(1), pp. 1–12. doi: 10.1186/1471-244X-14-39.
[11] Pitt, V. et al. (2013) 'Consumer-providers of care for adult clients of statutory mental health services', *Cochrane Database of Systematic Reviews*, (3). doi: 10.1002/14651858.CD004807.pub2.
[12] King, A. J. and Simmons, M. B. (2018) 'A Systematic Review of the Attributes and Outcomes of Peer Work and Guidelines for Reporting Studies of Peer Interventions', *Psychiatric services* (Washington, D.C.), 69(9), pp. 961–977. doi: 10.1176/appi.ps.201700564.
[13] Mahlke, C. I. et al. (2017) 'Effectiveness of one-to-one peer support for patients with severe mental illness – a randomised controlled trial', *European Psychiatry*, 42, pp. 103–110. doi: 10.1016/j.eurpsy.2016.12.007.
[14] Repper, J. and Carter, T. (2011) 'A review of the literature on peer support in mental health services', *Journal of Mental Health*, 20(4), pp. 392–411. doi: 10.3109/09638237.2011. 583947.
[15] Johnson, S. et al. (2018) 'Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial', *The Lancet*, 392(10145), pp. 409–418. doi: 10.1016/S0140-6736(18)31470-3.

The East Renfrewshire Peer Service team

The East Renfrewshire Peer Service, operated by Penumbra, is delivered by a recovery team that includes an area manager, a support manager, and two whole time equivalent peer workers who work with mental health and addiction teams. An area manager is responsible for ensuring that the service adheres to Health and Social Care Standards, complies with the terms of the contract and to all relevant regulation and legislation. The support manager is the main liaison for service delivery, attending planning meetings, and ensuring that the service meets the needs of wider teams in the HSCP. The manager will support the Recovery Team to retain an ethos and approach that is values-based and recovery focused.

Approach to service delivery

Penumbra peer support workers provide one to one support that is focused on enabling people to work towards personal outcomes, often using their own lived experiences, demonstrating that recovery is possible. While there were initially some face-to-face contacts, phone calls are now the primary mode of contact due to Covid-19 restrictions.

Support can be practical, emotional, and or social and focuses on those areas that it is agreed will make the most difference. Conversations are structured using the GROW model, that is, Goal, Reality, Options, and Way Forward. This is described as focusing on enabling people to live full lives, and achieve their goals through developing skills, confidence and opportunities that promote recovery and inclusion.

All of Penumbra's support staff use the Individual Recovery Outcomes Counter (I.ROC), which is an outcome measurement tool developed and validated by the organisation. I.ROC consists of three indicators for each of the four areas of HOPE (Home, Opportunity, People, Empowerment), that form the basis of Penumbra's model of wellbeing.

I.ROC is used by peer workers to help guide and inform work with peers and, through reviews, as a measure of progress and areas for action. Depending on individual goals and outcomes, people may be signposted to other agencies such as literacy support, welfare/citizens' rights, employment or educational support, volunteering opportunities, as well as other community resources to foster a culture of inclusivity and hope for the future.

Peer workers may also deliver group support in the form of time-limited wellbeing workshops, known as POWWOWs. These focus on particular areas of recovery and wellbeing e.g., Wellness Recovery Action Planning (WRAP), Living Life to the Full, building confidence, coping with addictions, community connecting, managing emotions, managing money and Ready Steady Work.

Peer workers have regular support and supervision to ensure the service is recovery focused and retains the principles of peer working. In addition to supporting people individually and collectively with recovery planning, time is taken to support peer workers' own recovery and wellbeing. Regular team meetings and an extensive training program delivered by Penumbra's Learning and Development Team and the Scottish Recovery Network ensure ongoing reflective practice and continuous learning.

Methodological Approach

The work shown in this report has been carried out using the Matter of Focus approach. The Matter of Focus approach is a theory-based approach to outcome monitoring and evaluation, learning, and improvement that builds on contribution analysis.[16] In using the approach, we have gone through the following logical and structured process:

- Developing a theory of change for the project informed by an understanding of the context in which it operates.
- Agreeing an outcome map that shows how we think activities contribute to outcomes, and what needs to be in place to make this happen.
- Identifying clear change mechanisms by which the programme works; these are shown in pathways.
- Developing a plan to gather data to understand progress towards intended outcomes. This includes integrating existing and routine data and information, as well as capturing new data specifically for this purpose.
- Systematically reviewing this data against each of the stepping stones for each pathway in the outcome map.
- Summarising key findings against each of the stepping stones to tell the contribution story.
- Phone interviews with a number of stakeholders, which were conducted in February and March 2020 to (a) develop an understanding of existing services offered by the HSCP, (b) determine what stakeholders understood about peer support work and (c) how the programme might interact with wider existing services.
- A scoping literature review to understand the key concepts, definitions and theoretical underpinnings of what peer support is and how a peer support service may operate.
- A context analysis workshop conducted in June 2020 with members of the HSCP, Penumbra and other stakeholders. This workshop explored the context for delivering the new service and also impact of the Covid-19 pandemic on pre-existing HSCP services.
- Phone interviews with people who have accessed mental health services and support in East Renfrewshire to develop an understanding of (a) what peer support could offer in addition to these services and (b) what would help or hinder people in accessing a Peer Support Service.
- Outcome mapping workshops with staff from the HSCP and Penumbra including recovery workers with lived experience and other stakeholders, to determine the

[16] Mayne, J. (2008) 'Contribution analysis: an approach to exploring cause and effect', *Institutional Learning and Change Brief*, pp. 1–4. Available at: https://www.betterevaluation.org/en/resources/guides/contribution_analysis/ilac_brief

outcomes for the Peer Support Service as well as the activities needed to achieve those outcomes.

- Two data audit workshops to understand the data, feedback and evidence needed to understand the difference that the service made to people.
- Four interviews with people accessing the Peer Support Service.
- 18 reflective impact logs by peer workers reflecting on individuals accessing the service.
- Two focus groups with practitioners referring into the Peer Support Service.
- Collective analysis sessions with East Renfrewshire HSCP and Penumbra staff.

Following the presentation of an interim report to the Integration Joint Board (IJB) of the HSCP in March 2021 it was agreed to undertake a further review of progress and to update or supplement data for final reporting. Additional data and information reviewed at that stage included:

- Updated data from the I.ROC outcome system, including follow-up I.ROC data for a number of service recipients which allowed for the analysis of outcomes agreed at the start of service use.
- Feedback from one group-based recovery and wellbeing session (POWWOW).
- Further feedback from the HSCP, gathered via an interview with a planner in the HSCP and limited wider staff feedback. The interview included a focus on the rationale for the extension and expansion of the service, which happened following the delivery of the interim evaluation report.
- Updated information on service usage, the characteristics of service recipients and referral sources.
- Case note review for eight people who had used the service. Both peer workers completed four reviews using an agreed data extraction tool. Peer workers were also asked to identify the use of tools and resources recommended during contacts with people using the service.

The analysis for this final report is based on data gathered in both stages of the evaluation. This final report therefore represents a synthesis of all of the methods and sources of data described above.

OUR RISKS AND ASSUMPTIONS

Risks

There is an over reliance upon champions for referrals.

Tools and resources that were designed for face to face working are harder to use because of Covid-19 restrictions.

People being referred, or those making referrals, don't know what peer support is or what it can offer

The Covid-19 pandemic exacerbates problems and health issues for people accessing support increasing complexity.

Supporting people over the phone (due to Covid-19 restrictions) does not meet people's needs.

Communication between the HSCP and Penumbra does not meet information needs of one or both parties.

Assumptions

Peer workers are supported by Penumbra and the HSCP.

People with lived experience will be involved in decision making around their own care and support.

Peer support models meaningful relationships and supports people to work on strengthening and expanding their own relationships.

People get the right support at the right time in their recovery journey.

Important and necessary perspectives are included in the development of peer support service.

East Renfrewshire is recovery focused and working to reduce stigma around mental health and harmful alcohol and or drug use.

When ready, the HSCP and service support people to plan a positive exit from formal supports.

People are open to recovery, which is understood as the realisation of a meaningful life in the presence or absence of symptoms.

People who can benefit from peer support get access to the service.

DEVELOPING AND PILOTING A PEER SUPPORT MODEL

Pathway progress

	Great Progress	Some Progress	No Progress
High Confidence			
Some Confidence			
Low Confidence			

What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference does this make?
Identify people who could benefit from peer support and refer them to the service **Progress: Great** **Confidence: High**	Individuals requiring peer support **Progress: Great** **Confidence: Some**	Supported, trusting and willing to engage **Progress: Great** **Confidence: High**	People using the service know what matters to them and how peer support can help **Progress: Great** **Confidence: High**	Use tools and knowledge gained to support goals **Progress: Great** **Confidence: High**	People move forward in their recovery and their quality of life is improved **Progress: Some** **Confidence: Some**
Have conversations with people about what matters to them, their needs, strengths and how peer support can help **Progress: Great** **Confidence: High**	Partners and HSCP staff **Progress: Great** **Confidence: High**		Increased confidence and self-belief **Progress: Great** **Confidence: Some**	The HSCP embeds peer support as part of formal services **Progress: Some** **Confidence: Some**	Peer support brings an additional and complementary support for individuals **Progress: Great** **Confidence: High**
Support people individually and with group work **Progress: Some** **Confidence: High**	Peer workers **Progress: Great** **Confidence: High**		The HSCP gains greater understanding of peer support and how it complements other services **Progress: Great** **Confidence: Some**		
Collaborative service design with relevant stakeholders **Progress: Great** **Confidence: High**					

DEVELOPING AND PILOTING A PEER SUPPORT MODEL

Detailed findings

What we do

Highlights

- In a six-month period, the peer workers delivered 196 appointments to 25 people. The average number of appointments was 12, showing that once engaged, people tended to sustain their engagement.
- The decision to work with Penumbra, as experts in supporting recovery and peer-based approaches, helped build trust in the project and equipped and supported the peer workers.
- We saw evidence of strong relationship between people in receipt of the service and peer workers. Relationships were often built upon lighter touch and informal conversations, which set the conditions for a high degree of trust and mutuality which in turn supported change. This relational practice emerged as a 'golden thread' across our analysis, helping to explain why this way of working was experienced so positively by those using the service.
- Collaboration in service design and the network of service champions were important features of this work.

Identify people who could benefit from peer support and refer them to the service

Progress: **Great**

Confidence in Evidence: **High**

The first referral to the Peer Support Service was made in September 2020. The service was considered at full capacity with 25 individuals accessing support by December 2020. As of February 24th, 2021, there were six people on the waiting list. At the end of June 2021, 28 people were being supported by the service, ten people were on the waiting list and four had exited the service. Figure 1 below demonstrates the flow of people into and out of the service at two time points.

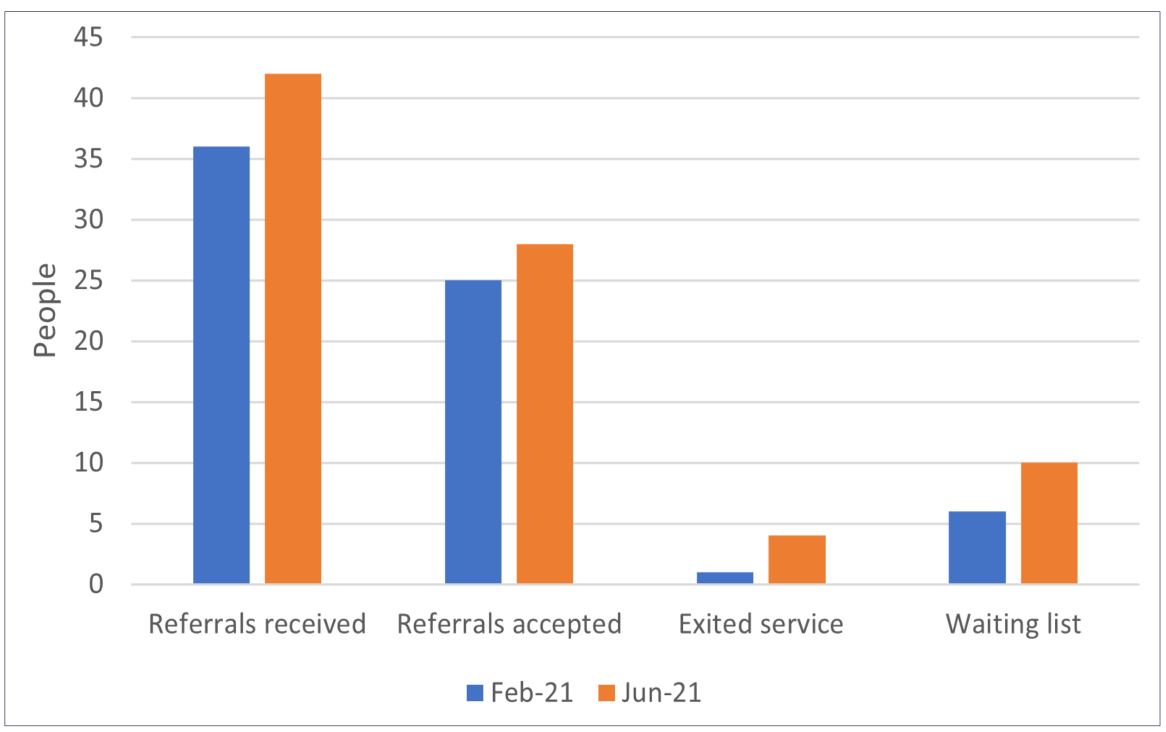


Figure 1 Flow of people into and out of the service

While the service has been at full capacity since December 2020, it has worked to keep the time between initial referral and contact with the peer worker as low as possible. The average time between referral and access to the service in February 2021 was 27 days but as demand has increased this has risen to an average of 40 days in June 2021.

Have conversations with people about what matters to them, their needs, strengths and how peer support can help

Progress: **Great**

Confidence in Evidence: **High**

Penumbra is one of Scotland's largest mental health charities and has significant experience of delivering peer work in locality-based recovery teams across Scotland. The organisation developed the first peer worker service in Scotland and brings a strong understanding of recovery, robust evidence-based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. We saw evidence that peer workers work with people to:

- create a peer relationship built on mutual respect and empowerment
- provide support, a safe space, motivation, and structure for people

- promote recovery and strengths-based approach
- use tools such as I.ROC and the HOPE toolkit to help people to evaluate their lives and create positive changes for themselves.

At the centre of the Peer Support Service is a recovery-orientated practice that is holistic and assumes that an individual's recovery is a process rather than a clinical outcome. This is underpinned by the HOPE model developed by Penumbra. Figure 2 shows the four domains of the HOPE model and the respective I.ROC indicators which are discussed with people entering the service and then reviewed at a later date. The use of these and other well developed and tested recovery tools provides a good degree of confidence that people in receipt of the service are able to take part in meaningful conversations about their needs, wellbeing, and recovery.

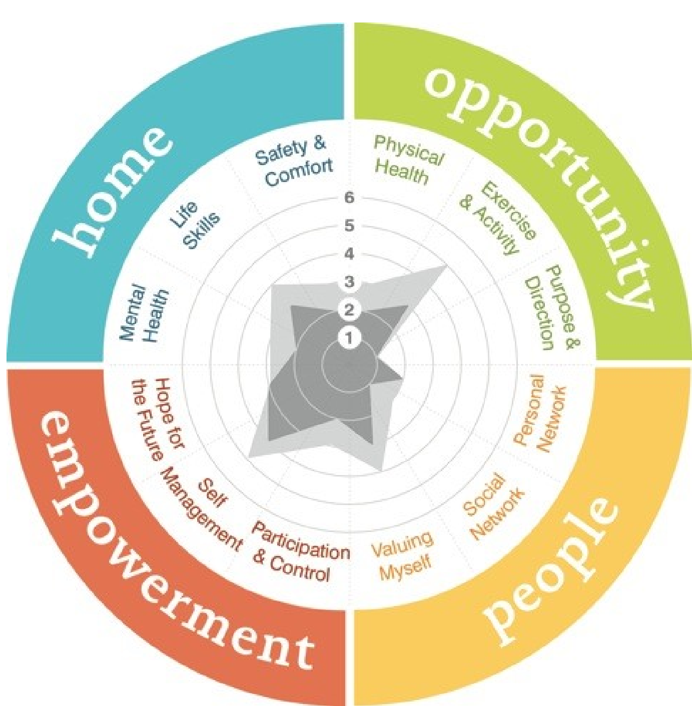


Figure 2 The Penumbra HOPE model with associated I.ROC indicators shown in the centre

“Peer support is a chance to just have a chat. We have shared podcasts/hobbies/tv show recommendations with each other” Reflective Impact Log 14

“Someone to have conversations about ‘light’ topics as this is something the client does not have” Reflective Impact Log 3

Support people individually and with group work

Progress: **Great**
Confidence in Evidence: **High**

We explored data in relation to engagement with the service to review progress against this stepping stone. We found that the majority of people accessing the service had been consistent in their engagement, having regular phone calls with the peer workers. From evidence we reviewed, call lengths varied from as little as five minutes to an hour and a half. Frequency of calls varied from twice a week, to weekly, to every ten days or two weeks; it was most common to have weekly calls. Less frequent contact was due to people having busier lives or the need to balance with other supports in their lives. Higher frequency (e.g., twice a week) was unusual, and based on agreement with wider care and support teams. Four people have exited from the service: one because they felt they had achieved their goals; one person had moved out of the area and two people no longer wished to receive support from the service.

Between launching in September 2020 and the interim reporting period of February 2021, peer workers had delivered 196 appointments to 25 people. When considering the entire report period (up to June 2021), appointment data was only available for one of the peer workers. The following is therefore only representative of the activity of one member of the team. This showed that they had 185 appointments attended with 25 people. This means an average of 12 appointments per person for that peer worker. 61 appointments were not kept for that peer worker (25%). This rate of non-attendance may be explained in part as a result of the switch to phone-based support for Covid-19 reasons.

A few people have found it challenging to have regular engagement. However, barriers for engagement seemed less to do with the service, and more to do with personal reasons such as feeling unable to answer the phone or having caring responsibilities.

All in all, based on the evidence we reviewed about the complex and challenging lives of the majority of people using this service, we believe these engagement figures provide good evidence of the acceptability of the individual peer support offered.

For most people the phone calls and remote way of meeting is affecting them as they want to be getting out and about." Peer Worker 2

The Covid-19 pandemic has also negatively affected plans to deliver regular group-based sessions in the form of POWWOWs. At the time of reporting just one group session, on the importance of sleep, had been delivered and from feedback reviewed this had been very well received by participants, despite some initial reticence about the group format. In the words of one participant: "I attended the POWWOW group on Zoom. I hope there are further things like that. I was anxious beforehand, but it was a positive experience, and I became less anxious quickly." There was also evidence that peers had shared experiences in the group and benefited as a result. Given the interest in further groups and wider evidence for the benefits of peer-group interventions, for example with Wellness Recovery Action Planning (WRAP) groups,[17] further work to extend group delivery is rightfully under consideration at the time of reporting.

Collaborative service design with relevant stakeholders

Progress: **Great**

Confidence in Evidence: **High**

East Renfrewshire HSCP has taken a collaborative approach to the design of the Peer Support Service, working closely with commissioned partner Penumbra, practitioners within the HSCP who might refer into the service, and other providers of mental health services and supports: RAMH and RCA Trust. Much of this process was facilitated by Matter of Focus, the evaluation partner for this work.

This collaboration has taken three forms:

- Interviews with stakeholders to understand the service landscape and aspirations for a peer support service
- Workshops to define a theory of change for the Peer Support Service
- Service champions who have raised awareness about the service and been a key point of contact as the service developed and was evaluated.

Initial research was conducted by Matter of Focus with stakeholders in February and March 2020 as the service was being set up to determine (a) what stakeholders understood about peer support and (b) how the programme might interact with existing services.

Stakeholders were invited to attend a series of workshops to collaboratively define the theory of change for the Peer Support Service, outlining together what the service could offer, how it

[17] Cook, J. A. et al. (2012) 'Results of a randomized controlled trial of mental illness self-management using Wellness Recovery Action Planning', *Schizophrenia bulletin*, 38(4), pp. 881–891. doi: 10.1093/schbul/sbr012.

would work, who would be engaged and the outcomes that were expected for people accessing support as well as the wider service landscape in East Renfrewshire. The workshops included:

- A context analysis workshop conducted in June 2020 with members of the HSCP, Penumbra and other stakeholders for the Peer Support Service. This workshop explored the unique impact of the Covid-19 pandemic on the context in which the pre-existing services of the HSCP had been affected.
- Three workshops with staff from the HSCP, Penumbra and other stakeholders to determine the outcomes for the Peer Support Service as well as the activities that are needed to achieve those outcomes. These workshops defined the steps needed to make progress towards these outcomes, the challenges, and enablers for a successful service, as well as the evidence needed for the evaluation.

The screenshots on the following pages give a flavour of the online workshops and the collaborative ethos adopted. For example, different coloured sticky notes reflect the different perspectives of stakeholders. Feedback from participants in these workshops highlighted that stakeholders' felt positively about peer support and valued having an evaluation process run alongside the development of the service.

Figure 3 Early iteration of the current outcome map - developed collaboratively during one of the three virtual outcome mapping sessions.

An important consideration when developing a theory of change for a service is the voice of lived experience and the aspirations of people who might access this kind of support. Five phone interviews with people who have accessed mental health services and support in East Renfrewshire were conducted in August 2020. These interviews aimed to (a) understand what peer support can offer in addition to other services and (b) what would help or hinder people in accessing a peer support service.

Following on from these workshops, stakeholders from the HSCP, RCA Trust and RAMH were invited to act as 'champions' for the service within their teams and organisations. The champion model is another important aspect of the collaborative approach to service development. The value of these champions is particularly clear to one manager in the HSCP, who noted: "It's been so lucky that we have had the champions we have had to show the benefits of peer support" (Manager 1). The value of the champion role was echoed by champions themselves who observed: "There's a lot more chat and conversations about it and it seems like more people are considering it. People bring it up at meetings as potential option for certain individuals" (Practitioner 3).

Who with

Highlights

- The Peer Support Service was delivered by two peer workers with experience of mental health issues and recovery; their role has been pivotal to design, delivery and evaluation of the service.
- People are typically referred to the service because of isolation, mental ill-health, anxiety, depression and low mood.
- The service has received referrals from a range of sources such as Adult Mental Health Teams (including psychiatrists), Community Addictions Teams and voluntary sector partners.

Individuals requiring peer support

Progress: **Great**
Confidence in Evidence: **Some**

An analysis of the referral information shows a set of common issues that people might address through peer support. Social isolation is the leading issue that referrers felt peer support could help address. Mental ill health and anxiety, depression and low mood were also amongst the top issues that referrers have identified for people needing support. Beyond these three issues, referral information showed that priority issues for people also included: additional support for the recovery journey, rebuilding confidence and support with past trauma, recent difficult experience or challenging relationships. Three referrals highlighted that people had benefitted from peer support in the past, which is a promising indication of its value.

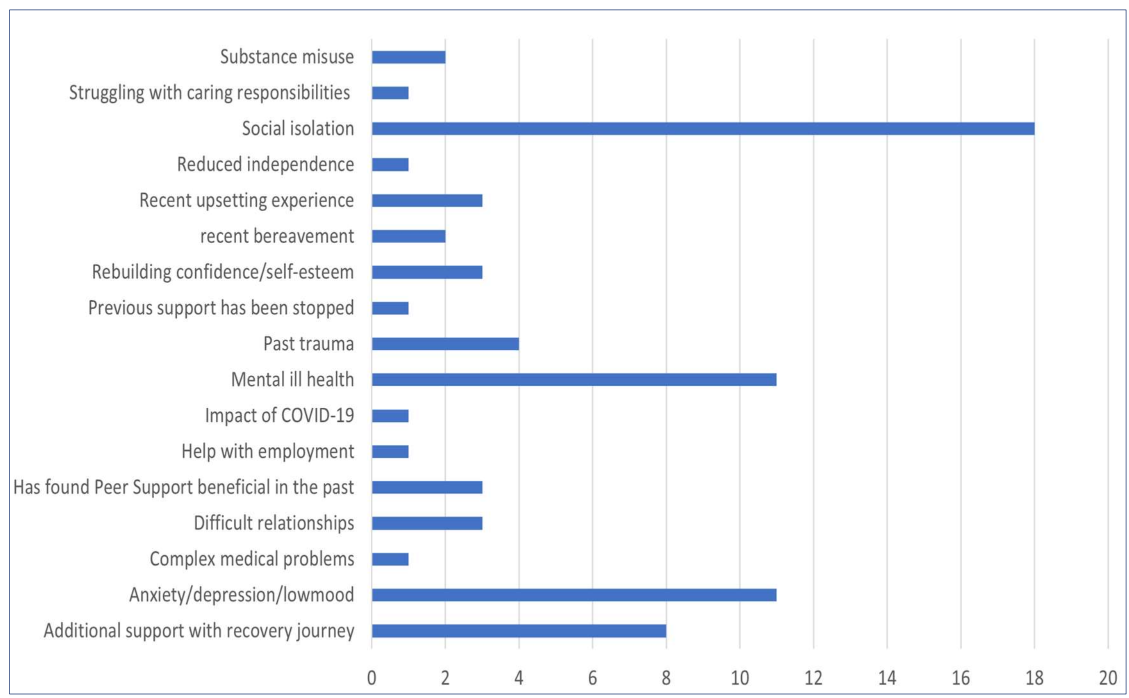


Figure 5 Number of times a particular need was mentioned across 25 referrals

The I.ROC tool is used at the beginning of a person's engagement with Penumbra and again at key points in the recovery journey (Figure 6). A score of 1 expresses a feeling of low progress and a score of 6 a high level of progress. Baseline information from initial I.ROC assessments shows that people self-identified the following areas as having the four lowest scores (meaning that people are needing support with these areas): social networks (1.4), hope for the future (2.22), valuing myself (2.11) and mental health (2.36). These self-identified issues fit with the referral information which also identified the need to address social isolation and help with rebuilding confidence.

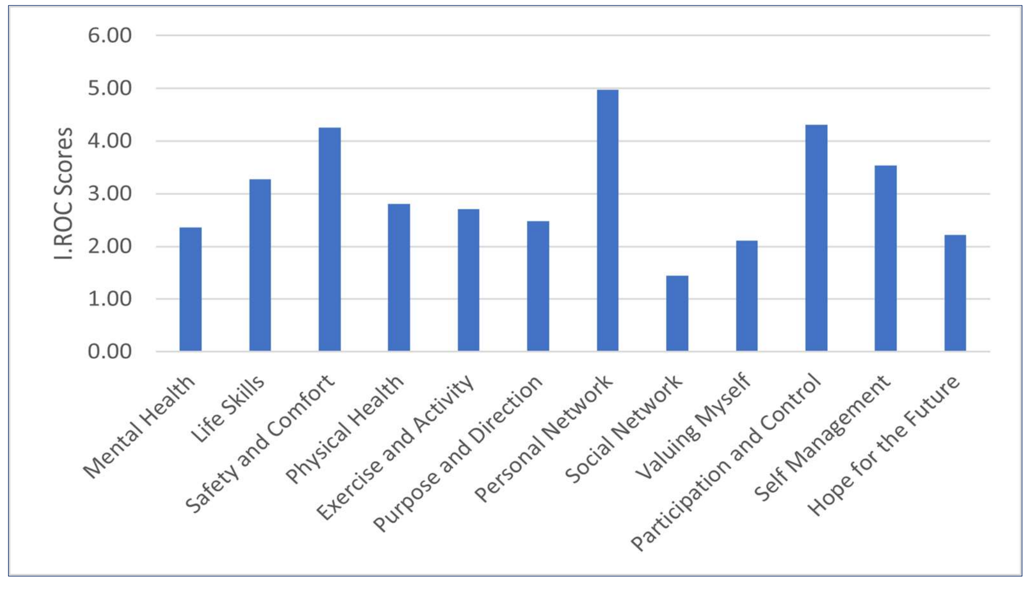


Figure 6 I.ROC scores at point of service access

Follow-up I.ROC assessments were available for a subset of people who have used the service and are reported elsewhere in this report.

Demographic data for people using the service suggests a strong bias towards female service users (83%). We do not have sufficient data to make any kind of judgement as to why this is the case, but it is notable, not least because of the relatively even gender split in wider adult services. Additional work may be required to better understand male needs in relation to the service and how they might best be addressed.

Partners and HSCP staff

Progress: **Great**

Confidence in Evidence: **High**

There has been very positive engagement with the Peer Support Service by both partners and HSCP staff, not least evidenced by the breadth of referrals to the service. Referrals have been received from HSCP Adult Mental Health Teams (67%), Community Addictions Teams (14%) as well as from voluntary sector partners RCA Trust (2%) and RAMH (17%). Of the referrals from the Adult Mental Health Team, it is notable that 16 (57%) were made by psychiatrists, with one psychiatrist responsible for 13 of them. This compares, for example, to just over a quarter of referrals having been made by community psychiatric nurses.

Feedback from the Peer Support Service suggests that a central enabler has been the leadership and 'championing' by senior members of staff in wider teams who have supported the development of the service, raised awareness about the service offer and worked to identify and refer individuals who would benefit into the Peer Support Service. Several staff from the HSCP's Community Addictions Service, Adult Mental Health Teams, RCA Trust and RAMH acted as service 'champions' for the Peer Support Service. These champions shared information about the service, attended workshops to support its design and development and were on hand to answer questions from their teams about peer support. They also participated in focus groups and interviews as part of this evaluation.

Feedback from people making referrals has suggested that it was easy to identify people that they felt would most benefit from the Peer Support Service. For example, one practitioner said that she has recommend it for "people with a limited support network so could benefit most" (Practitioner 2). Conversely one practitioner suggested that while isolation was a reason to refer people, social anxiety could prevent people from engaging with the service: "I offered it to a lady recently and she turned it down as she has very severe social phobia, so the idea of meeting with a stranger, even someone who has had similar problems, was too much."

The main challenge for identifying and referring people seems to be the limitations to social contact due to the Covid-19 pandemic. Some practitioners voiced concerns about the use of the phone as a primary mode of contact: "the phone stuff can be very off-putting for people ... it's

difficult to make connections over the phone. For example, [the peer worker] met a client a few times in person and this has really helped building a relationship" (Practitioner 2).

Wider staff have been very positive about the referral process, both in terms of the ease of referral as well as the uptake. Interviews and focus groups with staff members suggest that staff feel very comfortable with the referral process: "It was fairly easy to do this – directed where to send referrals and no issues" (Practitioner 1). Similar comments were made by other practitioners: "The process was quite simple - just had to fill in form and then send over email. The guidance notes have made the process quite easy and that overall, they found whole process was very straightforward and easy" (Practitioner 3).

Peer workers

Progress: **Great**

Confidence in Evidence: **High**

The first peer worker started taking referrals in September 2020 and the second in December 2020. In the intervening period, additional capacity was offered by Penumbra from other parts of its Scottish service to meet demand in East Renfrewshire. By December 2020 (three months into the service being active), there were two full-time peer workers. The second peer worker started taking referrals within a few weeks of coming into post.

Both peer workers have lived experience of mental health issues and recovery, which they bring to their professional role as peers supporting others in the recovery journey. As the following quotes highlight, both existing workers see these experiences as critical to their role.

Mental health has been an area I've been passionate about for the entirety of my adult life. As such, when me and some friends noticed a gap in support at our university, we co-founded a mental health society to raise awareness amongst our peers and to signpost people to resources. Nothing has been as helpful to me as being in a room full of people who understand what having mental health issues is like." Peer Worker 1

Recovery happened for me over a long number of years and my anxiety and depression is still something I have to work on but today I am a peer support worker who has managed to take the most negative experiences I have gone through and turn their outcomes into skills and knowledge which I can use to support others. Something about using my 'worst' qualities to have a successful career is completely cathartic to me- the perception of how I see my mental health has been turned on its head." Peer Worker 2

The extension of the service means an additional peer worker has been recruited. This brings with it the opportunity to assess whether the fit of people using the service with peer workers is a good one and whether there is a need to recruit based on specific characteristics or experiences. For example, there could be an argument for employing a male worker to allow for the targeting of men, given the potential bias towards female service users.

The peer workers have played a vital role in developing, delivering and evaluating the service to date. They have also undertaken extensive wider activities to raise awareness of their roles and the service and have acted as champions for the importance of lived experience in service design, delivery, and evaluation.

How they feel

Highlights

- People using the service valued the nature of the relationship and the holistic approach taken.
- People valued working with someone with lived experience because it helped them develop a sense of clarity and reflection on their own experiences. In this way of working connections can extend beyond the experience of mental ill-health or substance use to other experiences or passions.

Supported, trusting and willing to engage

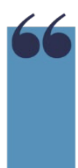
Progress: **Great**
Confidence in Evidence: **High**

There is strong evidence that the Peer Support Service has been well-received by people accessing support. There is consistent evidence that people accessing support value the nature of the relationship and the open approach to conversation which can focus on a range of topics - not just mental health or harmful alcohol and/or drug-use issues.

One of most significant reflections from people accessing the service is the level of support they feel. For example, from six service user feedback surveys the support provided was rated as ten (out of a possible ten) by all but one respondent, who rated their support at eight out of ten. Additionally, all respondents scored four out of a possible four on the extent to which they had been treated with dignity and respect.

People value working with someone with lived experience because it helps them develop a sense of clarity and reflection on their own experiences. As the quotes below suggest, there is a strong sense of validation in the peer relationship which creates opportunities for change.

Even sharing the most negative thing with her, after I've spoken about that, I don't feel as bad. I don't feel like I'm only one that feels like that. It's a bit of a realisation that I should be on this world, I'm meant to be here and it's okay. I've got things that I want to deal with rather than putting them under the carpet". Voice of person supported by the service: Interviewee 2



It's been absolutely excellent. She's tried to guide me through, it's definitely working. She has shared her own experiences with me. Everything is so much better now, so much clearer. It's been invaluable to me." Voice of person supported by the service: Interviewee 4

The importance of trust is also noted by peer workers in their professional role. As one peer worker notes, trust takes time and in this case is built on shared experiences: "Laying a positive foundation with people and really getting to know them has been crucial in gaining trust and sharing stories from my own life means that we have a shared understanding and bond of trust" (Reflective Impact Log - Peer Worker 2). There is good evidence that this time has been taken and that feelings of trust and support are high.

On leaving the service one person commented that they felt that talking to their peer worker felt like talking to a "neutral person" and that they felt more comfortable talking with a peer worker than a family member. Others commented on the contrast with conversations they had with other service providers, a heightened degree of trust and feeling listened to in a way which was non-judgmental: "Good to have a person who listened as opposed to reacted."

"XX engaged fully with the service and trusts and respects me a great deal. They have told me this on many occasions. They are really glad to have me to talk to as someone outside of their family of a similar age, who has had similar experiences and feelings. XX feels heard and supported and says so themself." Excerpt from Peer Worker case note reviews

"YY trusts me to confide in because I never take what she says and pass it on. They always tell me they prefer to speak to me out of everyone they work with because it is like speaking to a supportive friend. They have said that they would rather talk to me than anyone else when they feel compulsive or anxious because they can trust me to be supportive and non-judgemental." Excerpt from Peer Worker case note reviews

There were examples from the case note review of people seeming to benefit from what were characterised as being different types of conversation. This was founded both on shared lived experiences but also on the basis that the peer worker was able to occupy what Gillard has described as a liminal space, somewhere between formal services and the people who use them.[18] Such spaces, which are nurtured through mutuality and empathy, create a sense of trust and support between peers. It is, however, important to note that mutuality was built in a variety of ways and that shared lived experiences included things like a shared love of the outdoors or cats. In some instances, these different types of conversation seemed to encourage remarkable shifts in perspective. For example, one case note review described someone as recognising prior adverse childhood experiences as abuse for the first time in their life, as a result of the trusting peer relationship and shared experiences. This had opened the door for them to consider alternative positive means of managing their emotions and wellbeing.

What they learn and gain

Highlights

- There has been significant learning from this peer support test of change for the people using the service, the peer workers and the HSCP.
- A common thread across the experiences of those using the service was that it supported greater self-awareness and knowledge, and therefore aided their own personal goals. In this evaluation we heard powerful testimonies of people using the service, sitting alongside more modest gains in quantitative indicators.

People using the service know what matters to them and how peer support can help

Progress: **Great**

Confidence in Evidence: **High**

Goal identification and review is widely recognised as being a key element of behavioural health and social care and peers may be especially well suited to this role.[19] In keeping with that, a key objective for the Peer Support Service is that through working with a peer, people gain a better understanding of where they could benefit from more support. As has been described

[18] Gillard, S. (2019) 'Peer support in mental health services: where is the research taking us, and do we want to go there?', *Journal of Mental Health*, 28(4), pp. 341–344. doi: 10.1080/09638237.2019.1608935 .

[19] Bellamy, C., Schmutte, T. and Davidson, L. (2017) 'An update on the growing evidence base for peer support', *Mental Health and Social Inclusion*, 21(3), pp. 161–167. doi: 10.1108/ MHSI-03-2017-0014.

elsewhere, a standard element within all of Penumbra's support planning is the use of the I.ROC outcome tool. Everyone who has used the service has completed at least one I.ROC to help them discuss and identify goals in a range of life domains, so the exploration of goals and support needs is ingrained into the ethos of the service. Some people using the service have now also been through a review process which has helped to explore progress towards goals and to re-examine hopes and aspirations.

We saw evidence that working with someone with lived experience was an enabler for people's ability to self-identify needs and goals. The idea of peer workers 'modelling' recovery is to some extent controversial. Critics suggest it could diminish the mutuality in the peer relationship and put unreasonable pressure on peer workers to maintain their recovery. However, we saw clear examples where people at very least took inspiration for making changes in their lives from working with a peer, as described in the quote below.

Seeing other people's lives and where they've made changes in their lives, I can look back at my own life and see where I can make changes."
Voice of person supported by the service: Interviewee 4

For others accessing the service, the process of talking through and sense-making with someone else was also an enabler for understanding how support could help. As one interviewee put it: "I'm on my own – I won't reach out, but I'll pick up. It's only when you start talking to people that you realise how down you are. I think a lot of my emotional problems are when I don't talk to people – they just build up and build up. It's great to have someone call you, to check in with me" (Interviewee 1).

Peer workers have identified areas where people accessing support have been able to get clear about their needs for support. The following are examples from the Reflective Impact Logs that peer workers created for each person accessing support.

"Someone to talk about her personal life and self-medicating without judgement" Reflective Impact Log 5

"Peer support allows client a space to focus on/talk about progress/goals" Reflective Impact Log 15

"We've had limited communication, however she is able to recognise things she wants to work on (e.g. being able to set boundaries in relationships/putting herself first)" Reflective Impact Log 9

“When TT first came to the service they wanted to have more contact with their daughter and start rebuilding their relationship after a period of difficulty accessing their daughter. They wanted to understand their anxiety more and talk to someone else who experienced it. They had a really hard time coming to terms with the fact that they have mental health problems and chronic anxiety." Excerpt from Peer Worker case note reviews

The excerpts above provide supporting evidence that people wanted to explore hopes, dreams, and goals with someone else in a relaxed and safe setting, and that shared lived experience helped in this. We also found evidence in case note reviews that some people were able to identify quite quickly what they wanted to achieve and peer support set a useful context for exploration. For TT (below) it was clearly important that they were able to contemplate this work with someone who 'had been there'.

Peer workers were able to reflect on some of the barriers they faced in supporting people in the best way possible, both in terms of restrictions to the service model due to Covid-19, the availability of wider supports and their own support needs. For example, one peer worker reflected that the following areas of their work need additional attention:

- Remote working limits the work you can do, there are lots of individuals who would benefit from having someone to accompany them on walks/help with tasks.
- Some people couldn’t do remote so have to suspend support until we can meet in person.
- Lack of support in other areas, such as physical health, money issues etc., makes it harder for people to engage in the service.
- When people are inconsistent with their engagement it can be hard to find out what’s going on (can’t go and knock on their door if they don’t show up!).
- Isolation due to working from home means that I have to work harder to ensure I’m looking after myself.

(Reflective Impact Log - Peer Worker 1)

Increased confidence and self-belief

Progress: **Great**

Confidence in Evidence: **Some**

One of the stated aims of the Peer Support Service is to support people to gain confidence, as a foundation for wider recovery. As one peer worker reflected, the service offers people "the space to just talk, and a space to build confidence and that it can act as a catalyst for change because it offers that outside influence to help people focus on things" (Workshop with peer workers).

The need to help people build confidence and increased self-belief is in keeping with data from I.ROCs completed at the start of service use, which showed that 'valuing oneself' was one of the areas which people rated lowest (2.1 on average out of a possible 6). Based on data derived from ten people who had completed a later I.ROC review there were some signs of improvement in this domain with the average score rising to 2.5. Aligned to confidence and self-belief is the concept of hope. Indeed, it is hard to build self-belief or confidence without having some degree of hope for the future. Here we saw a more marked improvement on average between initial and review scores, rising from an average of 2.2 to 3.1. Conversely, we observed a slight reduction in the 'participation and control' domain between first and second I.ROCs (from 4.6 to 3.7). While these comparisons are based on small numbers, and therefore need to be interpreted with caution, the finding on participation and control seems to be at odds with wider qualitative evidence so it will be important to continue to analyse trends in these and other domains as more I.ROCs are repeated.

Interviews with people using the service provided strong examples of how confidence and self-belief had built. In one instance this was encouraged through the informal style of interaction with their peer worker.

When we do meet up it shows me I can do it – pushes me out of my comfort zone, it's also very informal, it's quite calm and relaxed, she never puts me on the spot and keeps the chat going. I kinda struggle with the chat. I gain crucial experience in a safe way." Voice of person supported by the service: Interviewee 3

Another interviewee identified the way that peer support had significantly increased their confidence and communication skills.

"It has helped me no end. It's been a new light in my life. I didn't have confidence. I had low self-esteem. I didn't have the confidence to speak to people. I can speak to people now, I can go into a shop and if I don't see something, if I can't find something, I can ask." Voice of person supported by the service: Interviewee 4

It is, however, important to have reasonable expectations of peer workers' ability to instil confidence and self-belief, given the complexity of many service users lives and the long-standing nature of the problems many people were experiencing. Recovery can be a long-term and challenging process with jumps forward or steps back. However, we saw examples where peer relationships had allowed people to reframe experiences and to build a sense of self-worth and agency.

Such instances were perhaps most noteworthy from case note reviews prepared at the later stage of this evaluation. Across the reviews there were strong themes of empowerment and increased self-belief. One review described how someone had been supported to channel their anger. Through the service they had not only accessed additional support to help them cope with the trauma, which was the source of their understandable anger, but they had also started to raise awareness in the community of safety and risk. As a result, they had also started to build their local social network.

"They are able to now channel their anger constructively, use their experience to raise awareness and this helps them feel more in control again." Excerpt from Peer Worker case note reviews

In another example someone was described as having come to the realisation through the peer relationship that the way they had been treated in another service was unacceptable and that rather than letting it fester they wanted to act on it. This was described as having increased both their confidence and their awareness of rights.

People referring into the service also noticed positive changes in confidence: "We've seen increases in people's confidence. This is feedback I have had: It's not like coming to other appointments ...It's important that it is a person that's been through similar experiences. This confidence and independence building is part of doing stuff out with the formality of the service" (Practitioner 2).

Finally, peer workers have made gains in their own confidence through their work in the service. One peer worker notes the learning they have gained about their own recovery: "An awareness

of how far I've come in my own recovery/self-actualisation that I'm in a position where I can do this work." Another entry described how the role had helped them: "become more confident as my relationships with people grow" and be more confident in, "the limits of my influence/responsibility (i.e. you can't help someone with everything)" (Reflective Impact Log - Peer Worker 1).

The HSCP gains greater understanding of peer support and how it complements other services

Progress: **Great**
Confidence in Evidence: **Some**

It is vital that wider services making referrals into the service have an understanding of its role, potential value, and complementarity. We saw evidence earlier that when referrals were made from various sources, there was a good match between the reasons people were referred to the service and the needs later identified during I.ROC reviews, suggesting a good understanding of what the service could offer.

Also important to the increased understanding of peer support and what it offers were:

- the collaborative approach to service development and evaluation
- service champions
- awareness sessions involving peer workers.

Collaborative approaches to service design, delivery, and evaluation (including HSCP partners such as RAMH and the RCA Trust) have helped ensure increased understanding of the service and its potential.

Service champions have acted as conduits for increased understanding of the service and peer worker role in services. As one manager commented: "We're lucky that we have had the champions we have had and to show the benefits" (Manager 1). Champions have also shared useful insights through the evaluation and provided the HSCP and Penumbra with important suggestions for improvement, for example, in relation to consistent communication back to referring practitioners. Champions for the service offered additional thoughts for raising awareness of peer support within the HSCP. "As a service champion, my role has been jogging people's memories and reminding people in meetings" (Practitioner 1). Another champion reflected that "the stories and experiences are powerful to tell to colleagues and clients" (Practitioner 2).

Awareness raising work that the peer worker team completed with wider teams were also very helpful in helping increase understanding of the service in wider teams, affording useful

opportunities for wider staff to ask questions. One referrer recounted: "When they came to the meeting, it was so appreciated. And our whole team came, and we could ask questions, how this would work and where this Penumbra name came from" (Practitioner 4).

Wider staff members need to see the value of the service and its unique contribution, and practitioners that were interviewed as part of this evaluation voiced a strong sense of support in the service and in the possibility of peer support. For example, a manager linked service uptake with staff being able to see what it had to offer (below).

One practitioner notes that both she and her team feel 'positively' about the service and its contribution, particularly in light of the increased isolation people were experiencing in the pandemic.

> I've been incredibly impressed in the uptake by workers... this is testament to staff seeing the benefits and the difference it can make."
> Manager 1

> It's viewed very positively by the team. I think that it's a fantastic support in East Renfrewshire. My colleagues have a similar kind of view. Especially at this time, during the pandemic when the people we support can't go out, can't go anywhere, can't meet anyone. They are speaking to someone who can help them open up. Both of my clients that I have referred have said that they would like to continue this support."
> Practitioner 4

One practitioner wanted more information on the training around risk management for peer workers, so that she could feel confident in the service's ability to manage the needs of particular clients: "I want to pay attention to the level of risk that someone has such as self harm, suicidal, how chaotic their life is. I wonder if peer workers have all been trained in risk. I'm uncertain how it is from their perspective, because it's hard to gauge where the risk levels are at for some people" (Practitioner 1). It will continue to be important to offer assurances to wider teams. Case note reviews suggested that peer workers are routinely working in complex, and at times risky situations, but are doing so in a way which is supported by Penumbra's management and is routinely in collaboration with staff in wider adult teams.

From a strategic perspective, evidence of an understanding of peer support and its' fit within the wider service offering of the HSCP can be derived from a paper submitted to the HSCP's Integrated Joint Board, in March 2021. It clearly cites the importance and place of peer support, backed by relevant local and national strategy and evidence, whilst also recognising the progress made in developing the East Renfrewshire service in the challenging context of the Covid-19 pandemic. The fit of the service was clearly described as complementary to wider teams and services (see below).

It is important that peer support is not seen as an "add-on" to services, but that peer support is part of the offer to individuals at any stage in their treatment and support." Excerpt from paper to the East Renfrewshire IJB

While these are very positive signs of increased understanding of the role and service it will be important to maintain efforts to raise awareness and increase understanding. The sharing of lived experiences as part of a formal service offering is a relatively new concept, and for some people, remains controversial and challenging.[20] It would be helpful to better understand the extent to which wider staff are reluctant to refer or if there are questions about the approach and service that have, yet, not been answered. Raising awareness and encouraging buy-in are likely to remain important, not least because of traditionally high levels of staff turnover in referring teams.

What they do differently

Highlights

- There was evidence from our review of case notes that people who engaged with the service used the space for open dialogue to understand what was important to them and to take positive steps forward.
- Awareness of peer support appeared to be growing in the area, with more practitioners becoming aware of the benefits and considering referrals.

Use tools and knowledge gained to support goals

Progress: **Great**

Confidence in Evidence: **High**

We saw significant evidence that people accessing support have been engaging in active learning and reflection through the service. We saw examples of where the relationship, and the relatively informal approach to conversations, had led to significant realisations for people. This is well articulated in the quote below from an interview with someone using the service, where the very act of speaking things had been a gateway to the reframing of challenges. Elsewhere, such realisations were described as an "eye opener. [The peer worker] helps me break it down, my thoughts, my feelings, my emotions. Rather than keeping these deep, it's about speaking

[20] Mancini, M. A. (2018) 'An Exploration of Factors that Effect the Implementation of Peer Support Services in Community Mental Health Settings', *Community Mental Health Journal*, 54(2), pp. 127–137. doi: 10.1007/s10597-017-0145-4.

about them. It's a much better, much healthier way" (Interview 2) People using the service also commented on how the use of I.ROC had helped them to reflect on their lives, strengths and areas for action.

We did a questionnaire before Christmas – in my head, I've known for a long time, but actually speaking it out loud – it made me realise things, and in some senses it made me upset, But all in all I've actually grown from it – you know for yourself, but then to hear yourself and explain to someone else, seeing it from someone else's point of view – but hearing myself, it made me understand myself at a different level and process it differently" **Voice of person supported by the service: Interviewee 1**

The case note review which took place later in the evaluation provided compelling evidence of how people had been able to take experiences, learning and reflections from peer support and to apply that in their recovery. For example, we read examples of people being supported to stay sober, join a gym for the first time, feel safe in their own garden, better understand diagnoses, rebuild close family relationships, travel alone, reframe previous negative experiences, and seek therapy for the first time. We also saw encouraging examples where people had felt able to assert and enact their rights through the service including accessing benefits and pursuing remediation from wider services. People were encouraged and supported to access a broad range of wider services including Rape Crisis and sexual health services, Citizens Advice and advocacy services. We saw clear evidence from case note reviews that accessing these wider supports and services had led to significant gains for people using the service. For example:

- "This makes PS feel listened to and taken seriously and like someone understands the complex feelings of trauma she is experiencing"
- "...has never applied for PIP until this year with my encouragement she has been able to receive payment and use this money to have a better life and more freedom"
- "...this resource allowed... peace of mind about her sexual health and learn a lot more about safe sex"
- "The advocacy support... gives her peace of mind and someone to talk to after meetings who can break things down with her if she feels any decisions are questionable"
- "Supported [person] to join a gym, arranged an induction with someone who could show [them] how all the equipment works ... benefitted by getting up early, sleeping better, eating well and eating more, feeling like he has a purpose and a focus, all round this boosts his mood."

Active learning also occurred for peer workers as well, who reflected on the value of the peer relationship for shared learning: "It models a positive, healthy relationship with good boundaries, helps both myself and the supported person take that into our other relationships. And sharing

different ideas/ways of thinking allowing both parties to see things from a new perspective" (Reflective Impact Log: Peer Worker 1). The mutuality of the Peer Support Service means that peer workers themselves have also been able to learn from their experiences, set goals and develop peer practices. For example, one peer worker noted they gained an "awareness of my strengths and also areas I need to work on" - for example "how to navigate boundaries in a formal peer relationship" and "how to look after myself whilst also supporting others" (Reflective Impact Log - Peer Worker 1).

The HSCP embeds peer support as part of formal services

Progress: **Some**
Confidence in Evidence: **Some**

Between the interim and final report of this evaluation and following the delivery of a paper to the Integrated Joint Board (IJB), a decision was reached to extend the service by a further three years and to increase its capacity. Moving beyond the initial test of change approach this effectively embeds the service and formalises peer working and lived experience as part of local adult services. Based on information provided in an interview with a planner in the HSCP, this decision was informed by a number of elements, including:

- The reception of wider teams and practitioners to the service and the willingness to refer appropriately to the service
- The level of engagement of people who had been referred with the service
- The agreement that the service was providing something additional and complementary to the current adult service offering in the area
- Data and evidence generated through the evaluation process and a general assurance provided through ongoing evaluation
- The services fit within the long-term strategy of the HSCP.

As described earlier a number of additional elements helped increase understanding of the service and approach and likely contributed towards strategic commitment and the service being extended beyond the initial test of change period. These included the champions programme, awareness raising from Penumbra workers in teams and the collaborative approach to service development and evaluation. There is evidence that champions have kept peer support on the agenda in the teams in which they are based (as described in the quote below) and there is also evidence that champions are personally responsible for a high number of referrals to the service.

There is much more discussion in meetings about peer support and people are coming to me to ask if this service is appropriate for their clients. So there is a lot more chat and conversations about it and it seems like more people are considering it and now people are bringing it up at meetings as a potential option for certain individuals." Practitioner 2

While this level of engagement in the service sets an excellent starting point it will be important to continue to move beyond the champions approach to assess the extent to which referrals are being made evenly across teams, disciplines and practitioner types. It is possible that an over reliance on champions is a risk to the sustainability of the service. However, the more the service is able to evidence its unique role and impact the more champions will emerge.

Feedback suggested that there is a desire to further embed peer-based approaches in the HSCP. The learning from this evaluation could usefully inform those efforts as could learning from wider peer-based initiatives internationally. The extent to which this outcome is achieved will be contingent upon the work of many people across the HSCP, but the experience from this test of change project helps local planners and advocates of peer approaches to make the case for broadening the approach more effectively.

What difference does this make?

Highlights

- The Peer Support Service has provided a complementary service to people using mainstream addictions and mental health services, providing opportunities for informal conversation and connections of different kinds.
- There is evidence in this evaluation that people using the service have maintained or moved forward in their recovery, being mindful that recovery can be a long process for many people and one subject to many influences.

People move forward in their recovery and their quality of life is improved

Progress: **Some**

Confidence in Evidence: **Some**

Recovery has been widely defined as a process with ups and downs which can take place over an extended period. It is often characterised as being realised in small steps and it is agreed that progression is not always smooth. This means that it places a high expectation upon one small

and relatively limited service to be able to evidence recovery impact over a relatively short period of time.

However, we saw many examples of where people could realistically be described as having moved forward in their recovery, as a result of their interactions with peer supporters. These have been described throughout this report and have included people becoming more financially independent, building and rebuilding social networks, becoming sober, taking up exercise and addressing long-standing and deeply complex challenges for the first time in their lives. We have also seen that it is possible to link many of these shifts in wellbeing and quality of life to the peer relationships, characterised by informality, trust and shared learning.

This was for many people a new and important type of relationship and speaks to the power of harnessing lived experience in the support of others. The importance of hope and trust should not be downplayed in these interactions. Similarly, we saw how the validation of lived experiences from a peer could precipitate quite profound reflections and realisations for both service users and peer workers. This opportunity for shared learning and progression is indeed the hallmark of mutuality which is widely described in the literature as being foundational to peer support.

The strongest evidence for recovery and wellbeing was garnered from qualitative feedback from peer workers and people using the service. Less clear was the review of quantitative I.ROC data from the ten people who had undertaken an I.ROC review which facilitated a 'before and after' comparison against its wellbeing indicators.

I.ROC indicators are rated on a scale of one to six with a higher score being more positive. From Figure 7 (page 37) it is possible to see that the overall trend against recovery indicators is positive, in other words the blue line (time point one) tends to be below the orange line (time point two). It is important to reiterate that these comparisons are based on small numbers of repeated I.ROCs, and differences, therefore, need to be interpreted with caution. For example, the reduction in people’s sense of participation and control over time was markedly affected by one person’s scoring (going from a six at referral to a two at follow up). As more people use the service and repeat I.ROCs it will be possible to have more confidence in what the data is saying, which will help the service refine and adapt approaches based on data. Encouragingly, given its centrality to recovery-based approaches, there is a marked increase in the hope for the future domain (albeit subject to the same caveats on data). This was illustrated nicely by one service user in the early stages of the service: "It has given me more and better reasons to look ahead and see that I’m moving forward, rather than been stuck in that horrible moment, which is still there, but dealing with the everyday and putting on a better mindset and pushing myself" (Interviewee 2).

Overall though, the message from the limited number of repeated I.ROCs is one of modest progress. This contrasts with, but to some extent balances, the overwhelmingly positive qualitative feedback.

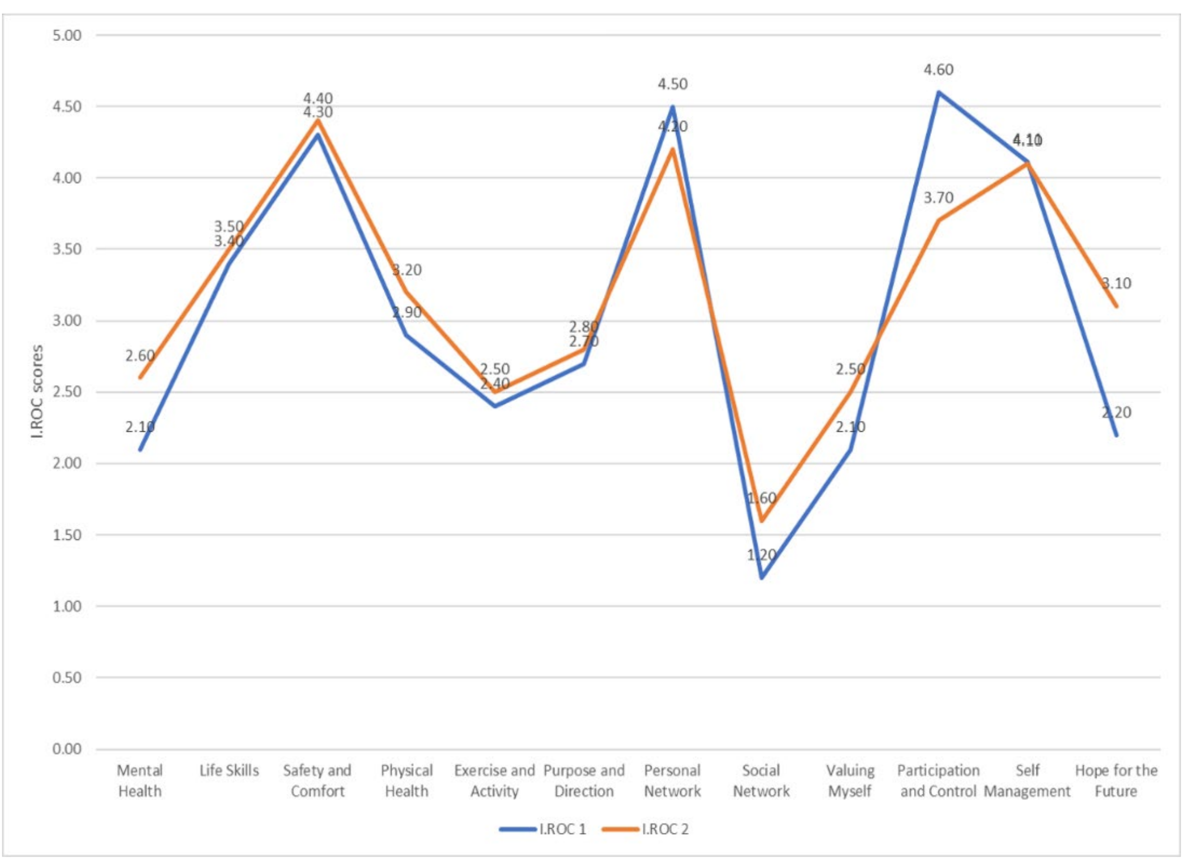


Figure 7 Variation in I.ROC scores

Peer support brings an additional and complementary support for individuals

Progress: **Some**

Confidence in Evidence: **High**

Throughout this evaluation we have heard evidence from practitioners, service users and peer workers that the new service offers something which is both complementary to wider services but also unique. There is a sense that it can and is filling a gap in the HSCP's service offering. As we saw earlier in this report, people using the service described how it allowed for different types of relationship which were less problem-focused and more founded on trust than those they typically experienced in wider services.

People accessing the service seem to value it as a place "to have conversations about 'light' topics as this is something the client does not have" (Reflective Impact Log 3). The service also offers "a space in which to vent and chat" or "someone to talk to about one's personal life and self-medicating without judgement" (Reflective Impact Log 5).

The non-judgmental nature of the service and the importance of having someone with lived experience to speak to was seen as a valuable addition to other forms of support. For example, one person who is currently accessing the service described the importance of 'not' talking about their harmful alcohol and/or drug issues: "I'm a wee bit up and down with [some of my other supports] because they involve talking about addiction all the time – this brings it into my head. But [the peer worker] has calmed me down a lot, she doesn't even mention the word. It's all about my life... I'm hugely appreciative. She has done wonders for me". (Interviewee 4)

Talking about 'light' things and about shared interests was seen as different, and important, for everyone who was interviewed for this evaluation, as described in the quote below. This informality does not equate to triviality or a lack of focus. From what we have seen it seems to be the foundation upon which trust and mutuality are built, and from this come other outcomes.

I can talk to her just like a friend. There have been times when I've very been down, and [she] has been my lifeline. She's been good at keeping me distracted. We have similar interests. It's not straight down the line about mental health or addiction. We can talk about the news, the world."
Voice of person supported by the service: Interviewee 1

The complementary nature of the service was echoed by peer workers, who can see the additional value they bring people. As one peer worker reflected, "[the client] likes the fact that with me she can talk more about what causes the substance misuse issue on a personal level, and she talks to me about her family and partner confidentially" (Reflective Impact Log 8). This sense of a different approach to support was also echoed by another referrer into the service where they described the approach as providing "another avenue".

It's about giving people another avenue – less formal support than from a worker – this is feedback I have had. It's not like coming to appointments and info recorded. It's helping advocate for people, help them go to appointments, someone they can call and ask for advice and it's important that it is a person that's been through similar experiences. It's about confidence and Independence building – doing stuff out with the formality of the service" Practitioner 2

Peer workers understand the way different services and supports helped them in their own recovery journey and noticed the importance of 'just talking to other people who feel the same': Personally, through every avenue I turned with endeavour to recover, the most fruitful part of the whole experience was just talking to other people who feel the same as me and made me feel 'normal'" (Reflective Impact Log - Peer Worker 2).

CONCLUSIONS

The Peer Support Service in East Renfrewshire was conceived of as a 'test of change', which would run for 12 months in order to:

1. Develop a peer support service that works locally and embed a peer support service within the formal service landscape of the HSCP.
2. Deliver a recovery-oriented service which emphasises the value of lived experience for helping others to progress towards their own recovery goals and personal outcomes.

From the evidence we have reviewed we conclude that these objectives have been well met. We also conclude the following.

1. There is clear evidence that the service has been carefully developed with good involvement from wider stakeholders.
2. We saw evidence that the service was complementary to wider services in the area and that people referring to the service were satisfied by the experience and relatively well informed about what it had to offer.
3. The service was experienced as different by people using it. There was clear evidence that the peer approach and the sharing of lived experience encouraged different types of conversation and that these could be a gateway to improved wellbeing.
4. The service has engaged peer workers who are confident in the delivery of the service, learning and adapting as they go. Additionally, in contracting Penumbra to run the service the HSCP benefited from their experience in, and infrastructure for, the delivery of peer-based and recovery-focused services.
5. The service champion role played an important part in establishing the credibility and wider awareness of the service.
6. Problems with communication were rightly identified as a risk in the outcome mapping process. Early issues, such as feedback to key workers on the progress of referrals they had made, were promptly rectified as a result of well-developed and trusting partnership working. Work will be required to maintain this positive start.

Strengths of this test of change project include how quickly it reached capacity and to the way in which people using the service chose to sustain their engagement. We also saw high engagement of partners in the collaborative development of the service and in ensuring productive and wide-ranging referral routes.

A number of 'golden threads' run though our analysis and help to explain the progress that this test of change project made. One relates to the qualities in the relationships and communication between peer workers and people using the service, including the informal or everyday conversations which took place and the particular personal skills and qualities that the peer

workers brought to their role. This reaches out to the point raised in our initial literature scan; that peer support sits in a liminal space between formal support and people using the service, and to the value of connection and mutuality. We saw powerful testimonies of people using the service showing the personal impacts of those open conversations with peer support workers and how they led to greater self-knowledge and an openness to exploring new opportunities and approaches.

The decision to contract an external organisation with expertise in providing the infrastructure for supporting peer-based services was shown to be important to providing informed support for the peer workers, and also to the trust shown in the service by wider stakeholders including clinical staff. Again, this mirrors points in the evidence base related to the importance of role clarity, training and supervision. This trust, alongside the role of service champion and the collaborative approach taken in developing the service, helps to explain why the service was able to reach capacity in such a short period of time. The particular skills and attributes of the peer workers have also been critical as well as their expansive role, and their effect can be felt across the pathway. Together these elements suggest points of good practice that may inform efforts to develop effective peer support in other settings.

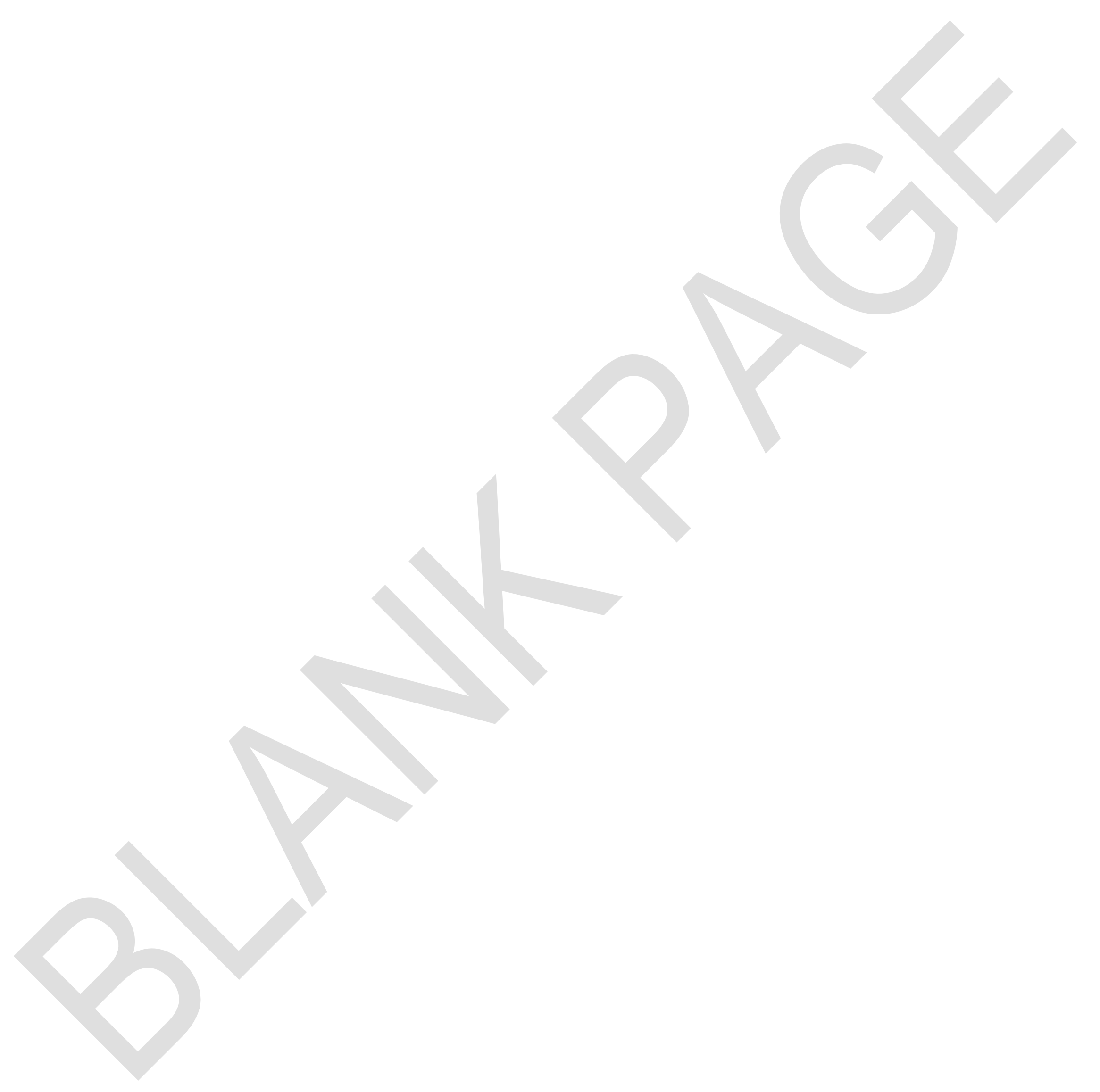
RECOMMENDATIONS

1. A large proportion of referrals to date have come from the peer support service champions in each team as well as some key senior clinicians (e.g., a consultant psychiatrist in Adult Mental Health Team) and continuing efforts to raise awareness of the service more widely should encourage more referrals from other practitioners and support longer term sustainability. Efforts should also continue to ensure that all referring services consider peer support so that as many people as possible can benefit. This includes the need to increase referrals from the Community Addictions Team and third sector partners in the HSCP.
2. The success and wider acceptance of the service has meant it was at full capacity quickly and has remained so. It will be important to carefully manage demand and to ideally ensure additional peer worker capacity. The service should also consider whether service demand could be managed in other ways. These could include increased group working. Given the risk of increasing waiting times thought may need to be given to time limiting the service, albeit this is a complex issue for a service founded on relationships.
3. Covid-19 has had a profound effect on the development and delivery of the service. As restrictions are reduced there will be new opportunities to alter practices to better support service user needs and preferences, including opportunities to support community integration and inclusion. Reduced restrictions could also have an impact on service capacity and planning. For example, shifting to face to face meetings may reduce the number of people that it is possible to see in a day, when compared with phone support. Such considerations should be factored into service planning.
4. Work should be undertaken to better understand the gender imbalance in people using the service. This could allow for improved targeting of potential male services users increasing access to the service.
5. There is much to learn from this evaluation both for the HSCP but also for the wider movement of people with a role in developing recovery-focused and peer-involved services. We encourage the dissemination of these findings both locally to raise awareness but also more widely to the community of people seeking to develop peer-based approaches.
6. We encourage the continued culture of evidence and evaluation in the service and recommend that the service continues to use the well-developed evaluation framework which now exists to facilitate the process. However, high quality monitoring and evaluation takes time, and this must be recognised and factored into the time of the peer workers.

This evaluation offers a good news story for East Renfrewshire HSCP, its partners and most importantly for the people who could potentially benefit from this new approach. Developing any new service is hard. Developing new services which integrate and value lived experience in delivery adds complexity. That such obvious progress has been made in a relatively short space

of time is all the more remarkable given it also happened during a global pandemic with all the additional problems this has brought.

The HSCP, Penumbra and partners are therefore to be congratulated for their efforts and commitment. It is also important to recognise the dedication and hard work of the two peer workers who have enthusiastically and intelligently contributed to this evaluation despite the pressure of operating the service at full capacity.



AGENDA ITEM No.12

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 November 2021
Agenda Item	12
Title	East Renfrewshire Alcohol and Drugs Partnership Update

Summary

This report provides members of the Integration Joint Board with an overview of the progress being made to enhance the involvement and influence of people with lived experience in the work of the Alcohol and Drugs Partnership, in response to IJB members request to prioritise this area of work. In addition, the report includes an update on the high-profile national Drugs Mission that has been developing since January 2021.

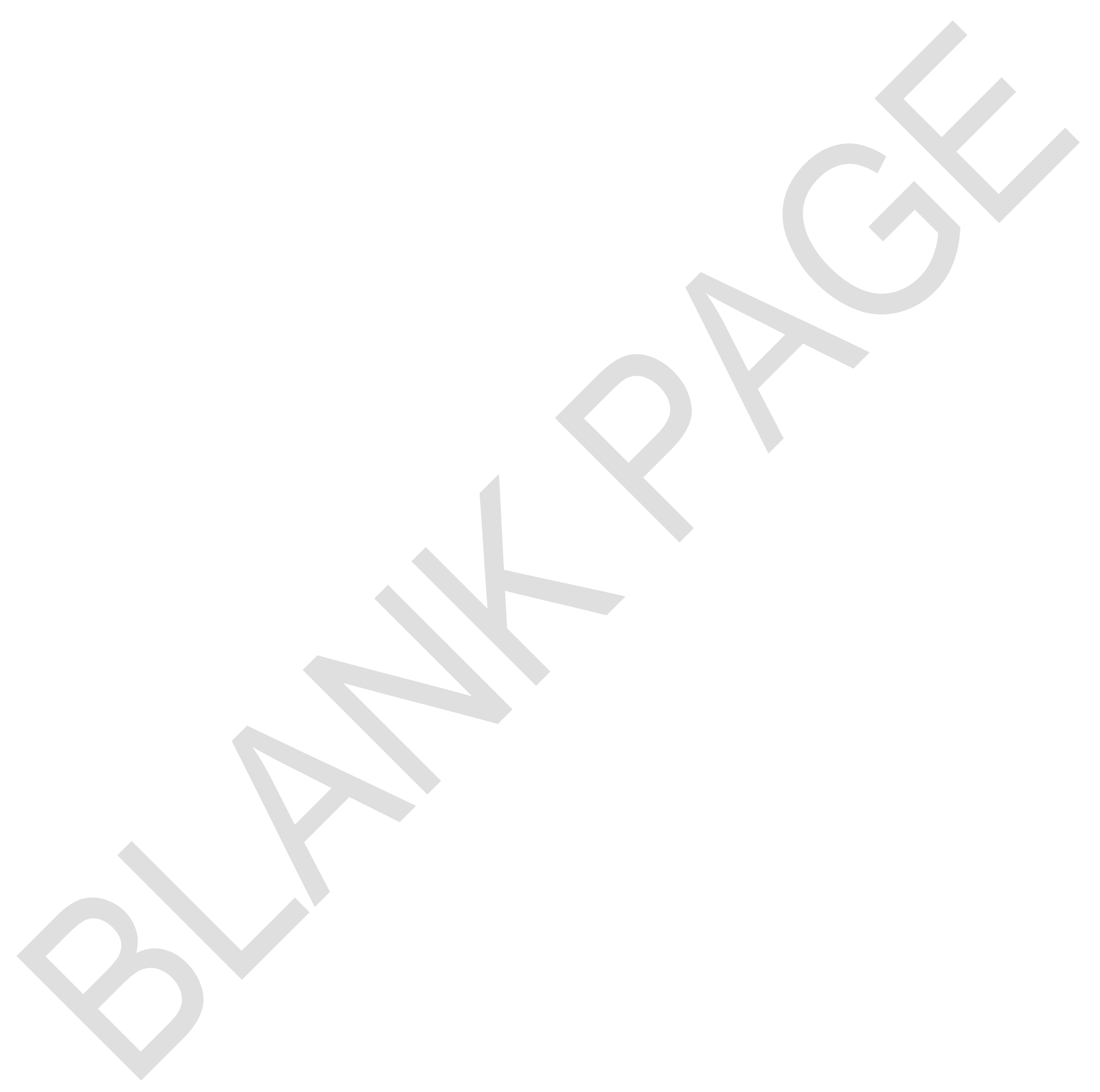
Presented by	Julie Murray, Chief Officer, Alcohol and Drug Partnership Chair

Action Required

The Integration Joint Board is asked to:-

i. Note and comment on the progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership.
ii. Note the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment and advise of issues the IJB would like to be considered
iii. Note the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards
iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government in response to their request.

Directions	Implications	
X No Directions Required	x Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	x Equalities	x Fairer Scotland Duty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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 November 2021

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

PURPOSE OF REPORT

1. The primary purpose of this report is to update the Integration Joint Board on work that is being undertaken to enhance the voice of lived experience in the work of the Alcohol and Drugs Partnership. In addition, there have been significant developments at national level around the drug related deaths emergency situation, with the launch of the national Drugs Mission. The opportunity is taken in this report to update the Integration Joint Board on the Drugs Mission and the implications and opportunities for East Renfrewshire.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-

   i. Note and comment on the progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership.
   ii. Note the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment and advise of issues the IJB would like to be considered
   iii. Note the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards
   iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government in response to their request.

BACKGROUND

3. In September 2020, the Integration Joint Board (IJB) considered and approved the East Renfrewshire Alcohol and Drugs Strategic Plan and Delivery Plan, developed by the local Alcohol and Drugs Partnership. The Plan is strongly influenced by national ministerial priorities and strategic aims set by Scottish Government

4. The Scottish Government published two strategic frameworks in 2018 to inform and influence local plans and the local plan clearly draws on these priorities. The Alcohol Framework sets out national prevention aims around alcohol and tackling the associated health inequalities. Rights, Respect and Recovery introduces new ministerial priorities, and associated outcomes, for reducing alcohol and drug related harm and supporting individuals, families and communities:

   i. Early intervention and prevention
   ii. Recovery oriented approaches
   iii. A whole family approach and;
   iv. A public health approach to justice

5. In recent years, the ADP has worked closely with PARTNER, the local community recovery group, and undertaken peer research to inform priorities and service delivery. It was acknowledged that opportunities to work with local people with experience of alcohol

and drug related harm and of services had been limited due to the impact of the Covid pandemic. IJB members requested that work to enhance lived experience involvement be progressed as a priority and a report brought back to the IJB.

6. During 2021, there have been a number of significant developments in the Scottish Government's approach to the drug related deaths emergency. On 20 January, the First Minister announced the Drugs Mission, an enhanced approach focusing on fast access to treatment and increased access to residential rehabilitation, together with significant additional funding for ADPs. The new Medication Assisted Treatment Standards were published in May. Following a number of funding letters and clarifications over the period June to September, the East Renfrewshire ADP had a clear picture of the additional investment available locally. This information is detailed later in the report.

REPORT

Enhancing Lived Experience Involvement

7. This is a key priority as part of the delivery of the East Renfrewshire Alcohol and Drugs Plan. It is recognised there is no single mechanism that can be put in place to achieve meaningful involvement and the Alcohol and Drug Partnership's approach has several strands, with a capacity building approach across these strands to ensure that individuals are supported to engage and influence. The HSCP continues to link with PARTNER recovery group around their support needs. This approach will take time to fully develop and establish but good progress has been made to date.

i. Peer research development programme

8. The Alcohol and Drugs Strategic Plan for East Renfrewshire includes two key actions – strengthening user involvement and redesigning the delivery of Opiate Substitution Treatment (OST). The ADP invested in a peer research development programme. People with lived experience of alcohol and drug related harms, recovery and using services are recruited and trained to carry out local research. The key premise of this approach is that people using services value being able to talk to someone with a shared experience and are more likely to engage and open up about their experiences. The benefits of a peer research approach are wide ranging including:

- Individuals with lived experience are offered the opportunity to develop a range of skills including research, analysis and report writing which can enhance confidence, self-esteem and employability
- Involvement in volunteering as a key aspect of progressing or maintaining the recovery of individuals
- Services become informed and influenced by the rich evidence gathered through peer research

9. The East Renfrewshire programme has been progressing well. Six peer researchers with a range of lived experience were recruited for the first round of training, including individuals with experience through their family member's alcohol or drug harm, those who have been engaged with services locally and peer researchers from outwith East Renfrewshire, who provided a valuable mentoring role within the programme as well as supporting the research. The first study focused on service user experience of the provision of Opiate Substitution Treatment and 14 in-depth qualitative interviews were conducted with service users. The report is at an early draft stage but so far provides a greater understanding of individual's experiences and feelings about being in treatment and what could be improved – including mental health supports and the interface between alcohol and drugs and mental health services and gaps in community-led recovery supports. There are

some messages that are difficult to hear in the research findings but provide valuable evidence of what we need to improve and inform the delivery of actions in the Strategic Plan. A second programme of training has now begun and a second study is planned looking at wider needs across services and the community to support recovery from alcohol and / or drug harms. The ADP has made financial investment to enable the initial development of peer research and options for sustaining the approach are being considered.

ii. Lived experience panel

10. On behalf of the ADP, our third sector partner The Advocacy Project have been working to recruit local individuals with lived experience to join a panel. A small number of individuals have expressed an interest and four panel meetings have taken place, focusing on introducing panel members to one another, identifying why people want to get involved and discussing views on local services and priorities. A capacity building programme including group work and one-to-one supports is being offered as a key part of the approach. The panel is at an early stage of development and recruitment of more people with a range of experiences, including family members, remains a key priority. It is hope the Panel will work with the ADP, in a way that works for them. The ADP is open to new and different ways of working to make meetings more accessible and engaging for those who do not work within services.

iii. Employing more people with lived experience

11. IJB members will already be aware of the East Renfrewshire peer support service delivering recovery support across alcohol, drugs and mental health service settings. Peer workers use their lived experience to support individuals in a person-centred way, complementing formal services and providing hope that recovery is possible. A further peer-based service is now being developed specifically targeting individuals at risk of drug related harm and death. The peer navigators test of change will support individuals who experience significant crisis and distress and would benefit from more holistic support to achieve stable engagement with drug treatment services as well as other supports such as money advice and rights services or housing support. We will support the peer research volunteers and lived experience panel members to take part in the development of the service. Overall, the number of people with lived experience employed in East Renfrewshire is increasing and this is another part of our approach to increase the influence of lived experience in design and delivery.

12. The timing of these developments is critical. Working with peer researchers on their study findings and the lived experience panel on their views and ideas will support ADP partners as they enter a period of change in how services are delivered and introduce new service approaches. It is hoped that these areas of development reassure the IJB that enhancing lived experience involvement in the ADP and alcohol and drugs services is a critical priority. Work will continue to develop and evaluate these approaches in terms of the impact on service delivery.

National Drugs Mission and Funding Uplift for ADPs

13. Following significant political discussion and scrutiny of rising drug related deaths figures[1], increased funding for Alcohol and Drugs Partnerships was announced via formal letters on 17 June and 18 August. Regarding the duration of the funding, further clarification was issued in September stating that all the funding allocations are “intended to be recurring for the life of the National Mission i.e. the financial years 2021-22 to 2025-26”. The funding is allocated in ring-fenced amounts for particular priority areas – for example, a very specific drive to increase residential rehabilitation placements, including the preparation, detox and

[1] East Renfrewshire drug related deaths annual figures for the past ten years are in Annex 1

aftercare. There are some very specific goals such as the availability of same day prescribing for Opiate Substitution Treatment by April 2022. The funding now available for investment in East Renfrewshire is shown in Table 1.

Table 1:

Piece of work/PRIORITY	Allocation
Fast Access to Treatment e.g. same day prescribing, assertive outreach	79568
Residential rehab including preparation and aftercare	79568
Whole family support	55698
Lived experience panel development	7957
expand assertive outreach	47741
expand NFO pathways	47741
Total additional annual funding 2021-22 to 2025-26	**318273**

14. The commitment to an annual funding uplift for this financial year and the following four years is significant and allows longer term planning for services and supports that meet local need. It is important to note that we are already more than halfway through year 1 of this funding package.

15. In advance of knowing the financial package, preparatory work has been underway for some time – recruiting and preparing the lived experience panel for working with partners on the priorities for investment, the conduct of the OST study by the peer researchers, ADP review of drug related deaths, amongst other areas of work. At a meeting on 6 October, the ADP discussed the Drugs Mission and a range of potential priorities for investment. Partners recognised that it is critical that the process and timeline for finalising proposals is shaped around the lived experiences of individuals, recognising the developing Lived Experience Panel and the work of the peer research group. The ADP agreed two short term actions, in line with the specific criteria for some of the funds, still leaving significant scope for all partners to shape the investment plans over the five years:

- Recruitment for a fixed term and part-time medical officer in order to ensure delivery of same day prescribing by April 2022
- Utilisation of the residential rehabilitation allocation as required to place individuals appropriately based on a person centred approach

Medication Assisted Treatment Standards

16. The Drugs Death Task Force published the Medication Assisted Treatment Standards in May 2021 and achievement of the Standards will be a key pillar of the work to prevent drug related deaths. One of the key standards is to provide same day prescribing for Opiate Substitution Treatment for those who need it, by April 2022. However the standards represent a much more holistic approach to Medication Assisted Treatment, including the accessibility and availability of mental health supports, a trauma informed approach to services, and person centred choice. A summary of the Standards is attached in Annex 2 for IJB members to note.

Alcohol and Drugs Partnership Annual Review

17. The Scottish Government required all Alcohol and Drug Partnerships to complete an Annual Review template for 2020-21. This was prepared and approved by the ADP prior to submission in October and is attached in Annex 3 for reference for the Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

18. Partnership working is critical to the success of all of the areas of work highlighted in this report and we are already demonstrating strong partnership links. The ADP is drawing on the skills and experience of The Advocacy Project to progress the lived experience development work. The scale of the Drugs Mission will require the contribution of all ADP partners to develop robust proposals, and deliver in partnership. The ADP has also given formal support to funding applications by third sector partners, RCA Trust and Turning Point Scotland, for new services they will deliver in East Renfrewshire if successful.

19. The Scottish Government has worked with a national lived experience panel to inform the Drugs Mission and criteria and there is the desire for a rapid pace of change at local levels. However, the clear view of the Alcohol and Drugs Partnership is that we must balance the need for rapid delivery with the time needed to explore the lived and living experience in East Renfrewshire. It is anticipated that the work to date outlined in paragraphs 7 to 12 means we are in a strong position to engage in meaningful conversations with peer researchers and the lived experience panel to ensure that we meet needs at local level.

IMPLICATIONS OF THE PROPOSALS

Finance

20. The Scottish Government makes ring-fenced funding allocations to ADPs. Any investment arising from this report will be met within these allocations.

Workforce

21. There are no implications for workforce.

Infrastructure

22. There are no implications for infrastructure.

Risk

23. There are no risk implications.

Equalities

24. This work will ensure that those with lived experience of alcohol and drug related harm have a stronger influence on the work of the ADP and the design and development of services, including identifying and reducing inequality. The additional investment will be targeted to support those most marginalised individuals who have multiple complex needs including disability, income deprivation, unemployment etc.

Policy

25. There are no policy implications.

Legal

26. There are no legal implications.

Fairer Scotland Duty

27. The Fairer Scotland Duty will be considered within specific decision making around investment of the Drugs Mission Funding.

DIRECTIONS

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

CONCLUSIONS

29. The national Drugs Mission demonstrates the Scottish Government commitment to prevent drug related deaths. East Renfrewshire has a relatively small number of drug related deaths but every death is preventable, and the Drugs Mission goes beyond simply the prevention of deaths. It presents the opportunity to enable significant improvements in the quality of life and wellbeing of individuals with harmful drug use, often due to their experience of significant trauma and mental health issues. The work to date to support and build capacity amongst individuals with lived experience who wish to be involved in this work presents the opportunity to work closely in partnership and ensure services and supports meet local needs.

NEXT STEPS

30. It is proposed that the Alcohol and Drugs Partnership continues to develop the range of approaches that improve the way we listen and respond to lived experiences in our work to reduce alcohol and drug related harms and influence our investment of the new funding, and progresses with the planning work around the additional funding.

RECOMMENDATIONS

31. The Integration Joint Board is asked to:-

i. Note and comment on the progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership.
ii. Note the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment and advise of issues the IJB would like to be considered
iii. Note the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards
iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government as per their request.

REPORT AUTHOR AND PERSON TO CONTACT

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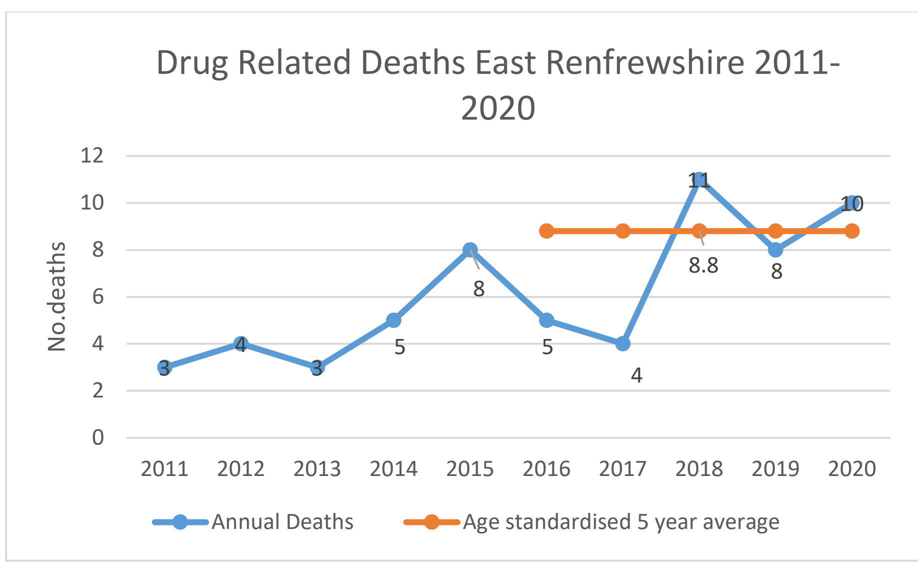
Julie Murray, Chief Officer, HSCP
Chair, Alcohol and Drugs Partnership
julie.murray@eastrenfrewshire.gov.uk

Annex 1



Source: National Records of Scotland

Annex 2

Medication Assisted Treatment Standards

Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4: All people are offered evidence based harm reduction at the point of MAT delivery.

Standard 5: All people will receive support to remain in treatment for as long as requested.

Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

Standard 7: All people have the option of MAT shared with Primary Care.

Standard 8: All people have access to independent advocacy and support for housing, welfare and income needs.

Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

Standard 10: All people receive trauma informed care.

Annex 3

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (*East Renfrewshire Alcohol and Drugs Partnership*)

I. Delivery progress
II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018 We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissiondeliveryteam@gov.scot

NAME OF ADP: East Renfrewshire

Key contact:
Name: Tracy Butler
Job title: Lead Planner (Recovery Services)
Contact email: tracy.butler@eastrenfrewshire.gov.uk

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	☒
Children's Partnership	☒
Integration Authority	☒

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair *(Name, Job title, Organisation):* Julie Murray, Chief Officer, East Renfrewshire HSCP / IJB

Representation

The public sector:

Police Scotland	☒
Public Health Scotland	☐
Alcohol and drug services	☒
NHS Board strategic planning	☒
Integration Authority	☒
Scottish Prison Service (where there is a prison within the geographical area)	☐
Children's services	☒
Children and families social work	☒
Housing	☒
Employability	☒
Community justice	☒
Mental health services	☒
Elected members	☐
Other	☒ Please provide details…….

The third sector:

Commissioned alcohol and drug services	☒ Penumbra and RCA Trust
Third sector representative organisation	☐
Other third sector organisations	☒ The Advocacy Project, Scottish Drugs Forum
People with lived / living experience	☐
Other community representatives	☐ Please provide details…….
Other	☐ Please provide details…….

NB we are currently developing a lived experience panel locally and working with them on designing their role within the ADP.

1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	☐
Papers and minutes of meetings	☐

Annual reports/reviews	☐
Strategic plan	☒ see hyperlinks below

Strategic Plan
Delivery Plan
The web pages are currently being reviewed.

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?
4 meetings during 2020-21, plus additional Drugs Death Prevention Working Group meetings

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. Lead Planner (Recovery Services)	Full time role split 50/50 ADP and mental health
2. Business Analyst (Recovery Services)	0.8FTE (with 50% of that time on ADP business)
3. Health Improvement Senior (ADMHW)	full time role split 50/50 alcohol/drugs and mental health

Total WTE 1.4FTE

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?
Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	☒
Posters	☐
Website/ social media https://www.eastrenfrewshire.gov.uk/alcohol-and-drug-services	☒
Accessible formats (e.g. in different languages) Please provide details…….	☐
Other East Renfrewshire Talking Points – single point of contact for HSCP services	☒

2.2 Please provide details of any specific communications campaigns or activities carried out during 2020/21 *(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)* (max 300 words).
Partnership working with Health Improvement and HSCP Communications to support awareness raising around alcohol, drugs and mental health and wellbeing, including promotion of various health events. Promotion via HSCP social media channels, internet, staff intranet and via third sector partners. Health Events included: Suicide Prevention Week, Fetal Alcohol Spectrum Disorder Awareness, Alcohol Awareness Week, Dry January, No Smoking Day, Stress Awareness Month. A Health Events Calendar has been created for 2021. Awareness raising will be elevated with funding for paid social media campaigning, targeting selected demographics in line with evidence base. Two Alcohol Awareness Consultations have been completed using Citizen Space during December 2020 and February/ March 2021- a report on consultation findings will be finalised and data utilised to support future planning on alcohol awareness/ education.

2.3 Please provide details on education and prevention measures/services/projects provided during the year 200/21 specifically around drugs and alcohol (max 300 words).
Safe East Ren Partnership Approach
Through 2020-21, the response to the Covid 19 pandemic impacted on the traditional engagement Police Scotland's Campus Officers were able to have with pupils across East Renfrewshire schools and beyond. Inputs normally delivered at high school assemblies in relation to the dangers associated with harmful alcohol and drug use and also anti-social behaviour could not be undertaken, due to schools removing such large gatherings as part of their response to the virus.

Campus Officers however, continued to work in these areas, targeting smaller groups of pupils and individuals of concern, where blending learning permitted.

The link between Alcohol, Youth Disorder and Anti-Social Behaviour was identified as one of particular local importance for Police and partners in the early part of 2021, with increases in reports noted following the relaxation of restrictions through that period and a number of high profile incidents attracting media attention across the Local Authority Area. It should be noted that similar rises in such youth activity was experienced elsewhere in the Greater Glasgow area and beyond.

Appreciating that the summer period of 2021 would see more residents holidaying at home and wishing to enjoy East Renfrewshire's many parks and open spaces, a proposal was submitted to the Chair of the Safe East Ren Group to implement a joint Summer Action Plan as a critical activity to address Anti-Social Behaviour / Youth Disorder.

This proposal was accepted and significant engagement was progressed with a number of partners, to plan a joint response and supportive public messaging. The strategy very much focussed on the safety of young people and parks and open spaces being safe places to be enjoyed by all East Renfrewshire residents and visitors.

Key partners included;
Police Scotland
ERC Community Safety, including Wardens and Youth Workers
ERC Education
Scottish Fire & Rescue
British Transport Police
Scottish Water

In advance of the Summer 2021 Plan being implemented, a weekly joint tasking meeting was implemented involving all partners, to share awareness and information on locations of concern where partner interventions would be targeted and other impact factors such as anticipated good weather / other influential events. These meetings regularly established that large numbers of youths were regularly visiting the East Renfrewshire area from neighbouring areas within the Glasgow area and from East Kilbride.

In anticipation of the potential impact of traditional 'Muck Up' school leavers activity, partners also worked together to support a joint plan in this area too. Education colleagues arranged activities to spread school attendance for leavers over a number of days, reducing the significance of 'last day' of school

Engagement with our young people provided a key focus for all partners understanding the challenges they had faced through the pandemic and the fact that not all were engaging in risk taking behaviour and tolerance levels to any gatherings within the wider community may have lowered, due to Covid impacts.
In relation to the Summer Plan itself, a public communications strategy was led by East Renfrewshire Council including messaging from Education to parents of senior school pupils across East Renfrewshire High Schools prior to the end of the school year, to alert parents of the inherent dangers of not only alcohol consumption, but the locations which some of our young people were gathering, for example disused quarries, and reservoirs.

The Summer Plan was subsequently implement alongside a Summer Youth Project run by Police Scotland Campus Officers and funded via their Divisional Commanders Partnership Fund.

Through consultation with East Renfrewshire Education Pastoral Care Teachers, Campus Officers identified a small number of young people from each of the 7 local high schools with emotional, welfare and wellbeing needs.

Police Scotland Local Problem Solving Team Officers also attended a number of sessions arranged by East Renfrewshire Youth Services at parks across East Ren to engage with young people participating in these projects.

Whilst the Summer Plan has yet to be fully evaluated by all partners, and comparisons to 2020 data are challenging due to the effects of Covid restrictions, Police Scotland recorded no significant violence or disorder and no injuries or loss of life on local reservoirs, as was tragically experienced elsewhere across the country.

With the relaxation of Covid restrictions through the first quarter of 2021-2022, plans for inputs from Police Scotland Campus Officers to school pupils across a range of topics, (including Alcohol, Drugs, Hate Crime, 'No Knives Better Lives'), are once again being considered with Education colleagues along with work traditionally conducted with local Trading Standards and Licensing colleagues in relation to the identification of and response to potentially problematic licensed premises.

Outreach and Engagement with Young People

Covid restrictions have impacted on how youth work has been targeted and delivered throughout the year by the CLD team. Targeted group work supporting young people who have been the most impacted by the pandemic has been allowed to continue including LGBTi, ASN and young parents work. Our youth work and schools programmes where we would normally facilitate focused alcohol, drugs and sexual health work are only just returning with RespectER (sexual health, relationships and risk taking behaviour) and small issue based group work being a priority. Our main focus throughout the pandemic has been to deliver an authority wide detached youth work programme. Detached Youth Work is a method of where youth engagement where workers meet young people on the streets and in other locations where they congregate (eg shopping areas, car parks, school grounds, train stations and parks). Over a period of time workers will establish positive relationships with young people and will engage with them on their own terms'. Detached workers provide confidential advice, information and support on issues that affect the young people they meet. They develop and maintain contact with young people who may not or cannot attend or access existing services. They signpost and support young people to access appropriate services and work alongside young people to develop activities and services that meet their needs. Throughout the pandemic young people have initiated conversations around drug and alcohol use and associated risk taking behaviours.

Approximately 350 sessions of detached outreach were delivered across all communities in East Renfrewshire between June and December 2020, enabling conversations with a wide range of young people (due to COVID restrictions there was no detached youth work deliver from January to March 2021.) Throughout the pandemic detached youth work remained our main focus for engaging with young people in local communities. In order to respond to the need, youth workers were deployed into areas where we have previously not delivered this service. This gave us the opportunity to engage with young people in their own community, build relationships with those who did not access our services and signpost, when relevant, to other agencies and organisations for support. Through this engagement young people highlighted their concerns to staff about the impact of Covid-19, their own mental health and well-being, increased drugs (cannabis) and alcohol use (their own and family use), their fears around increased knife crime and large scale anti-social behaviour. The findings from sessions have been reported to a range of partners and partnership groups, including the ADP, to inform work in schools, social work and other settings.

2.4 Please provide details of where these measures / services / projects were delivered

Formal setting such as schools	☒
Youth Groups	☒
Community Learning and Development	☒
Other – please provide details	☐

2.5 Please detail how much was spent on Education / Prevention activities in the different settings above

Formal setting such as schools
Youth Groups
Community Learning and Development
Other – please provide details

The above activities were carried out within mainstream staffing resources and it is not possible to quantify the precise spending at the current time.

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes ☐
No ☒

Please provide details (max 300 words)

The Licensing Forum has not met since December 2019 due to Covid. Council Buildings remain closed and the Forum is not set up for virtual meetings. Forum members stated they did not wish to do virtual meetings.

2.7 Do Public Health review and advise the Board on license applications?
All ☐
Most ☐
Some ☒
None ☐

Please provide details (max 300 words)
Public health colleagues at NHSGGC have been focused on managing the Covid pandemic response and there has been limited opportunity to comment on licensing applications. During Covid, like many areas, East Renfrewshire has seen increased applications for outdoor drinking spaces to support businesses to continue operating through restrictions and increase safety for residents using local bars and restaurants.

3.3 RRR Treatment and Recovery – Eight Point Plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland: priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☐
No ☐
In development ☒

Please give details of developments (max 300 words)

NHSGGC wide Crisis Outreach Service was in development. Outreach aspects of service don't cover East Renfrewshire individuals however there are pathways in place to local services. Turning Point Scotland secured funding for a harm reduction oriented Overdose Response Team during 2020-21 with service delivery commencing September 2021. In March 2021 East Renfrewshire ADP secured funding for a peer navigators test of change which will target NFO in A&E, MHAU and people leaving prison at risk of DRD with service delivery commencing in late 2021. While these developments are being designed, local team continue to carry out routine checking of emergency department admissions of service users for reasons of overdose, which are picked up by staff and followed up. During Covid, work undertake to ensure all individuals issued with Naloxone kit, where required.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

If an individual is still an open, allocated case then they will re-enter treatment immediately. Alternatively individuals are re-referred with access within 3 weeks, and Opiate Replacement Therapy cases are fast-tracked.

3.3 What treatment or screening options were in place to address drug harms? *(mark all that apply)*

Same day prescribing of OST	☐
Methadone	☒
Buprenorphine and naloxone combined (Suboxone)	☒
Buprenorphine sublingual	☒
Buprenorphine depot	☒
Diamorphine	☐
Naloxone	☒
BBV Screening	☒
Access to crisis support	☐
Access to detox from opiates/benzos – rehab	☒
Other non-opioid based treatment options	☐Please provide details…….

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

East Renfrewshire Community Addictions Team has been among the first alcohol and drugs service to roll-out Long-acting Injectable Buprenorphine (Buvidal), a long acting, injected buprenorphine opiate substitute. It is the first service in Greater Glasgow and Clyde to operate a nurse led administration protocol, which commenced in September 2020. This was initially in response to the potential roll-out of Long-acting Injectable Buprenorphine in prisons, due to COVID restrictions, and recognising that a number of individuals would require continuity of treatment on release. In addition, others on alternative opiate substitute medications were considered good candidates to switch to Long-acting Buprenorphine. All nurses in the team and the medical officer were trained in the provision of advice to individuals on the effects/potential benefits of and in the administration of the medication. Specific pharmacies were identified to store and dispense the medication, and governance arrangements for the management of controlled drugs were put in place. 15 individuals chose to switch and were initially stabilised on a weekly injection before switching to the monthly injection. Nurse led clinics now run monthly in different locations to allow easy access for individuals across the East Renfrewshire area. East Renfrewshire is also the first service to have nurses administering the Injectable Buprenorphine instead of the prescriber, with the medical officer continuing to review their care. Nine individuals currently remain on the treatment, many of whom are reporting feeling well and experiencing the benefits Injectable Buprenorphine treatment offers. For example, with no requirement for daily medication and daily attendance at a community pharmacy, this allows more flexibility to engage in volunteering, paid employment, education and recovery based activities that lead to a more satisfying and fulfilling life. A second roll out of this was postponed due to impact of Covid and is planned for the end of the year.

In September 2020, East Renfrewshire Health and Social Care Partnership began testing a new service providing peer support to individuals recovering from mental health issues or alcohol or drug related issues. Peer support is based on the idea that working with someone with a similar experience can inspire hope and show that recovery is possible. The service is delivered by Penumbra, a leading organisation in employing people with lived experience of mental health and recovery to support others. The service has been well-received with two peer workers supporting 28 individuals. Early feedback is extremely positive - from teams referring to the service, peer workers and individuals receiving support. The main differences for individuals at this early stage include building a positive relationship with a peer worker, feeling supported and able to think about their goals for recovery, and we are seeing increases in confidence and self-esteem. The service has now been expanded with the addition of a further peer worker with specific experience of alcohol and drugs recovery while ensuring that this is a key part of the service offered to individuals in recovery from alcohol or drugs, or mental health.

"It's been absolutely excellent. She's tried to guide me through - it's definitely working. She has shared her own experiences with me. Everything is so much better now, so much clearer. It's been invaluable to me." Peer support service user

"Seeing other people's lives and where they've made changes in their lives, I can look back at my own life and see where I can make changes." Peer support service user

Routine assessment appointments are offered over the telephone unless the individual specifically wants to be seen face to face or there are more complexities identified in the referral that the service would want to see the individual face to face. Home visit assessments are also offered if there is a need identified for this. All opiate referrals are routinely given a timely face to face joint assessment with the specialist medial officer and duty worker to reduce any duplication and increase speedier access to medication assisted treatment.Ongoing appointments are a mix of telephone, face to face and home visits – prioritised by complexities, risks and needs.

All new referrals are processed through the duty system, with urgent cases being prioritised. The service is meeting the waiting times target of 90% of individuals accessing treatment within 21 days. The service started using the new DAISy database from 1 April 2021.

3.5 What treatment or screening options were in place to address alcohol harms? *(mark all that apply)*

Fibro scanning	☐
Alcohol related cognitive screening (e.g. for ARBD)	☒

Community alcohol detox ☒
Inpatient alcohol detox ☒
Alcohol hospital liaison ☐
Access to alcohol medication (Antabuse, Acamprase etc.) ☒
Arrangements for the delivery of alcohol brief interventions in all priority settings ☐
Arrangements of the delivery of ABIs in non-priority settings ☐
Other – Please provide details ☐

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	Adult Services	*Children and Family Services*
Third sector	☒	☐
Public sector	☒	☐
Other	☐	☐

3.7 Please give details on how services were Quality Assured including any external validation e.g. though care inspectorate or other organisations? (max 300 words)
The Alcohol and Drugs Partnership reported on performance through local arrangements for East Renfrewshire Outcome Delivery Plan. Waiting times performance reported through Scottish Drug Misuse Database. There were no external reviews or inspections during 2020-21.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?
Yes ☒
No ☐

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)
A care pathway is in place to ensure that residential rehabilitation is the most appropriate course for the individual, based on in-depth discussion with individuals about their desired outcomes and which residential rehabilitation facilities will best suit based on their offering and approach. Residential is considered when all community treatment options are proving The care pathway includes the following steps (not exhaustive list): (i) Care Plan Review carried out by allocated worker and service user; (ii) ensure community approach fully explored and tested; (iii) explore the available routes for hospital admission, through alcohol and drugs, mental health etc.; (iv) financial assessment. Comprehensive plans are made for return to the community following rehabilitation.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)
Numbers currently being confirmed for Public Health Scotland return.

People with lived and living experience will be involved in service design, development and delivery

3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members *(mark all that apply).*

For people with lived experience:

Feedback/ complaints process ☒

Questionnaires/ surveys ☒
Focus groups / panels ☒
Lived/living experience group/ forum ☒
Board Representation within services ☐
Board Representation at ADP ☐
Other ☒ Peer Research Programme

Please provide additional information (optional)
The Advocacy Project have been undertaking work on behalf of the East Renfrewshire Alcohol and Drugs Partnership to set up a lived experience panel. This work has included identifying individuals who wish to be involved, by promoting the opportunity through local services and via social media. The Lived Experience Panel is at an early stage and those who get involved will be supported through capacity building to shape the role of the Panel and work with the ADP. A peer research programme was established during 2020-21, and six peer researchers completed the training programme and the first study on experiences of OST is at draft report stage.

For family members:

Feedback/ complaints process ☒
Questionnaires/ surveys ☒
Focus groups / panels ☒
Lived/living experience group/ forum ☒
Board Representation within services ☐
Board Representation at ADP ☐
Other ☒ Peer research programme

Please provide additional information (optional)
Detail above also for family members

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

Please give details of any changes Peer research programme and lived experience panel as described above are new approaches that weren't in place prior to 2020-21. Still in early development stages and expect further improvements in 2021-22
(max 300 words)

3.12 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?
Yes ☒
No ☐

Please give details below (max 300 words)
The peer research programme offered opportunities as peer research volunteers, with six taken up in 2020-21 and further opportunities into 2021-22. The peer support service, described in section 3.4, employed two peer workers during 2020-21.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? *(mark all that apply)*

Setting:	*Supply Naloxone*	*Hep C Testing*	*IEP Provision*	*Wound care*
Drug services Council	☒	☐	☐	☐
Drug Services NHS	☒	☒	☐	☐
Drug services 3rd Sector	☐	☐	☐	☐
Homelessness services	☐	☐	☐	☐
Peer-led initiatives	☐	☐	☐	☐
Community pharmacies	☐	☐	☒	☐
GPs	☐	☐	☐	☒
A&E Departments	☐	☐	☐	☐
Women's support services	☐	☐	☐	☐
Family support services	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Justice services	☐	☐	☐	☐
Mobile / outreach services	☒	☐	☐	☐
Other … *(please detail)*	☐	☐	☐	☐

Click or tap here to enter text.

A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☒
Partially embedded ☐
Not embedded ☐

Please provide details (max 300 words)
Our approach to ROSC is focused on: the breadth of psycho-social interventions offered together with medical intervention to achieve the best outcomes with individuals. Provision of mutual aid and peer support groups; strengths based assessment model; naloxone provision; a recovery service and family support service as part of provision. Support to the recovery community; the promotion of choice in the provision of Medication Assisted Treatment. RCA Trust are a member of our partnership and provide tenancy based support services to individuals in their treatment and recovery. In 2020, we have welcomed housing and employability services to the ADP, recognising the importance of access to housing and employment opportunities in supporting individual's recovery from alcohol and drugs, as well as adding peer support for recovery as part of the formal service.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?
Yes ☒
No ☐

Please provide details (max 300 words)
There is an NHS Greater Glasgow and Clyde Interface Protocol in place between Mental Health and Alcohol and Drugs Services.

Is staff training provided (dual diagnosis)?
Yes ☐
No ☒

Please provide details (max 300 words)

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?
Yes ☐
No ☒

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?
Yes ☒
No ☐

3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?
Yes ☒
No ☐

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)
PARTNER (People Achieving Recovery Together Now in East Renfrewshire) formed in 2011-12 and group members support one another in their recovery through a SMART Recovery Model. PARTNER received ADP funding to support running costs to resume face-to-face meetings. Scottish Recovery Consortium were engaged to identify any support needs of PARTNER during the pandemic however the group were not in a position to take up support. The group are continuing to meet as a small group and are aware of support available and we continue to encourage uptake of that support, while we identify wider needs in the community.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a trauma-informed approach?

All services ☐
The majority of services ☐
Some services ☒
No services ☐

Please provide a summary of progress (max 300 words)
All staff are trained in core skills psychological therapy approaches and some staff have been trained in Trauma Informed Approaches. East Renfrewshire HSCP is taking forward a commitment for significant staff capacity building programme to ensure a trauma informed workforce across all services. Staff from across the HSCP have been seconded into a team to drive this. Leadership level training has taken place and we await detail on timescales and roll out plan.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

Alcohol harms group ☐
Alcohol death audits (work being supported by AFS) ☐
Drug death review group ☐
Drug trend monitoring group ☒
Other ☒ Drug Related Death Prevention Working Group, NHSGGC Care Governance Group and SAER Sub Group

A group of partners have been meeting to consider evidence to inform DRD prevention work, ahead of the Drugs Mission funding announcements. As part of the evidence review the group considered a review of DRDs in East Renfrewshire over the period 2018-2020. At team level the Multi-Disciplinary Team Meeting is used to review deaths.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)
DATIX process is used if the individual is currently accessing the service or the record has been closed within one year. Every death for those in service at time of death or within 12 months of their death will be recorded on DATIX and a Briefing Note (Previously Rapid Alert Briefing Note and Severity 4/5 Note) will be completed. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussions. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)
DATIX process is used if the individual is currently accessing the service or if the record has been closed within one year. Depending on nature of the death, there may be a Rapid Review Form or a Severity 4/5 Report. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussion. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant. A review of drug related deaths in East Renfrewshire over the period 2018-20 was undertaken, shared and discussed at the local drug deaths prevention group, ADP, and the findings are being used to inform investment of Drugs Mission funding

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?
Yes ☒
No ☐

Please give details (E.g. type of support offered and target age groups)
Young people under the age of 25 experiencing significant issues/problems with alcohol and/or substances are supported by East Renfrewshire's Youth Intensive Support Service. Support offered is relational based and trauma informed working alongside the young person. This service supports young people aged 12 and over.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☒
No ☐

Please give details (E.g. type of support offered and target age groups)
Young people aged 12 up to 25 who are affected by alcohol and/or drug problems by a parent, carer or other adult can be supported by the Youth Intensive Support Service and by the Community Social Work Team. Children aged 12 and under can be supported by the Community Social Work Team and by the Intensive Family Support Team. Support offered will vary depending on each child's circumstance but will be relational in approach and may include diversionary activities, forms of groupwork or individual counselling approaches.

4.3 Does the ADP feed into / contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)
An ADP representative attends the Improving Outcomes for Children and Young People Partnership and participates in planning processes, particularly around education and prevention work focused on children and young people and children affected by parental harmful drug or alcohol use.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
An intensive Family Support Service was set up within Children and Families Social Work during 2020-21, which supports a number of families whose needs stem from parental alcohol and / or drug related harm.

4.6 Did the ADP have specific support services for adult family members?

Yes ☒

No ☐

Please provide details (max 300 words)

The Community Recovery team also includes family support for anyone concerned about their family members alcohol or drug use. Family members can access this support even if their relative isn't involved with the service. Family support can provide specific details about alcohol and drug use, behaviour change and some practical approaches that may be helpful to the family member. Family members can also be involved in the recovery care plan of the person using alcohol and drugs if their family member agrees to this. There are currently no family support groups in East Renfrewshire, however, the Recovery Team could establish and support a group if the need was identified. Family members are signposted to groups in neighbouring areas.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

Please provide additional information (max 300 words)

Click or tap here to enter text.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? *(mark all that apply)*

Services:	*Family member in treatment*	*Family member not in treatment*
Advice	☒	☒
Mutual aid	☒	☐
Mentoring	☐	☐
Social Activities	☐	☐
Personal Development	☐	☐
Advocacy	☐	☐
Support for victims of gender based violence	☒	☒
Other *(Please detail below)*	☐	☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☐
No ☐
No prison in ADP area ☒

Please provide details on how effective the arrangements were in making this happen (max 300 words)
Individuals from East Renfrewshire would usually go to HMP Low Moss in Bishopbriggs. Where an individual is identified as at risk of drug related overdose they are offered the opportunity to participate in Naloxone education at the point of induction. This is currently provided by healthcare staff but plans are in place to train peer mentors within the prisons to support this function. Following participation in the education session people are asked if they wish to take naloxone with them when they leave custody. Where this is agreed a take home naloxone kit is then provided for issue on release. Naloxone Data is recorded and provided to Public Health Scotland on a quarterly basis.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒
Coordinating activates ☒
Joint funding of activities ☐
Upon release, access available to non-fatal overdose pathways? ☒
Other ☒ Please provide details

Please provide details (max 300 words)
Transfer of medication assisted treatments into and on release from prison to community. Prisoners would be offered an appointment on the day of release.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒

Coordinating activates ☒
Joint funding of activities ☐
Other ☐ Please provide details

Please provide details (max 300 words)
Click or tap here to enter text.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest
At a local level, much work is undertaken to divert people, including those with alcohol and / or drugs issues, from the criminal justice system at various points in the pathway from arrest to the court process – with a number of partners supporting this, including Police Scotland. The public health approach now adopted in Police Scotland's Greater Glasgow Division Drugs Strategy will contribute to the delivery of the outcomes in this area, particularly for vulnerable individuals in regular contact with police.

b) Upon release from prison
Prison Health Care staff liaise with relevant community services/staff from both statutory and third sector agencies to ensure continuity of care and treatment for individuals with drug and alcohol concerns. This can include Medication Assisted Treatment, medicine management, recovery services, family support, peer support and formalised counselling on release from prison. Liaison with community prescribers to ensure continuity of treatment for any physical and/or mental health needs. Where patient consent has been agreed family members can be included in the provision of these throughcare arrangements for people returning to East Renfrewshire. An opportunity has been identified to create links between peer research and peer support work in East Renfrewshire with the development of a peer mentoring approach across the three prisons in Greater Glasgow and Clyde that will provide opportunities for individuals preparing to leave prison to gain skills and qualifications. We continue to work on these areas for development.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups: Across the HSCP there is universal access to services. Alcohol and drugs services are person-centred and initial referral assessments explore individual's needs and how they can be best supported to participate in their treatment and recovery. An equality impact assessment of alcohol and drugs services was undertaken in 2016. Equality impact assessment work was undertaken as part of the development and implementation of the Strategic Plan which we intend to develop further with a lived experience panel. Local HSCP feeds directly to and from NHSGGC Care Governance Committee and the Person Centred and Equalities Sub Group.
6.1 Older people *(please note that C&YP is asked separately in section 4 above)* No specific interventions to report
6.2 People with physical disabilities No specific interventions to report
6.3 People with sensory impairments No specific interventions to report
6.4 People with learning difficulties / cognitive impairments. No specific interventions to report. The Community Addiction Team links directly with the sensory impairment officer within the council for additional supports as required
6.5 LGBTQ+ communities No specific interventions to report
6.6 Minority ethnic communities Through the NHS Board there is access to translation and interpretation services where required.
6.7 Religious communities No specific interventions to report
6.8 Women and girls (including pregnancy and maternity) Routine Sensitive Enquiry is embedded into the Addictions Single Shared Assessment to allow the opportunity for any individual to identify and share childhood and/or adult experiences of sexual abuse, sexual assault and trauma. In conjunction with the Violence Against Women Partnership, an audit took place of the completion of Routine Sensitive Inquiry in local alcohol and drugs services to ensure that women and girls affected by domestic abuse are identified and referred to appropriate support. The audit demonstrated that robust arrangements are in place for RSI and onward referrals to MARAC and other supports where appropriate.

II. FINANCIAL FRAMEWORK 2020/21 (FIGURES CURRENTLY BEING COMPILED)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	528,214
2020/21 Programme for Government Funding	121,511
Additional funding from Integration Authority	0
Funding from Local Authority	153,416
Funding from NHS Board	263,050
Total funding from other sources not detailed above	0
Carry forwards	191,077
DDTF: 6 evidence based priorities and residential rehab allocation	76,712
Other	0
Total	1,333,980

B) Total Expenditure from sources

Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	0[1]
Community based treatment and recovery services for adults	987,914[2]
Inpatient detox services	0
Residential rehabilitation services	7,800
Recovery community initiatives	50,862
Advocacy Services	0[3]
Services for families affected by alcohol and drug use	49,950[4]
Alcohol and drug services specifically for children and young people	0[1]
Community treatment and support services specifically for people in the justice system	0
Other (total ADP earmarked reserves balance)	191,077[5]
DDTF balance earmarked for 2021-22 spend	38,577[5]
Total	1,333,980

[1] While no monies allocated specifically from ADP to children and young people's services, these are funded through wider HSCP budgets (such as children and families social work). Likewise for prevention activities.
[2] This total includes services that support adult family members and people within the justice system with alcohol/drug harm
[3] The HSCP has an advocacy contract in place with a third sector partner and alcohol and drugs services are specifically included in this. The costs of this are met from another budget and are not apportioned.
[4] The HSCP (children and families social work) also provides intensive family support where there is parental harmful alcohol and / or drug use. The costs of this are met from another budget and are not apportioned here.
[5] The ADP has agreed in principle an investment plan to spend reserves, and the DDTF reserves are already earmarked.

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

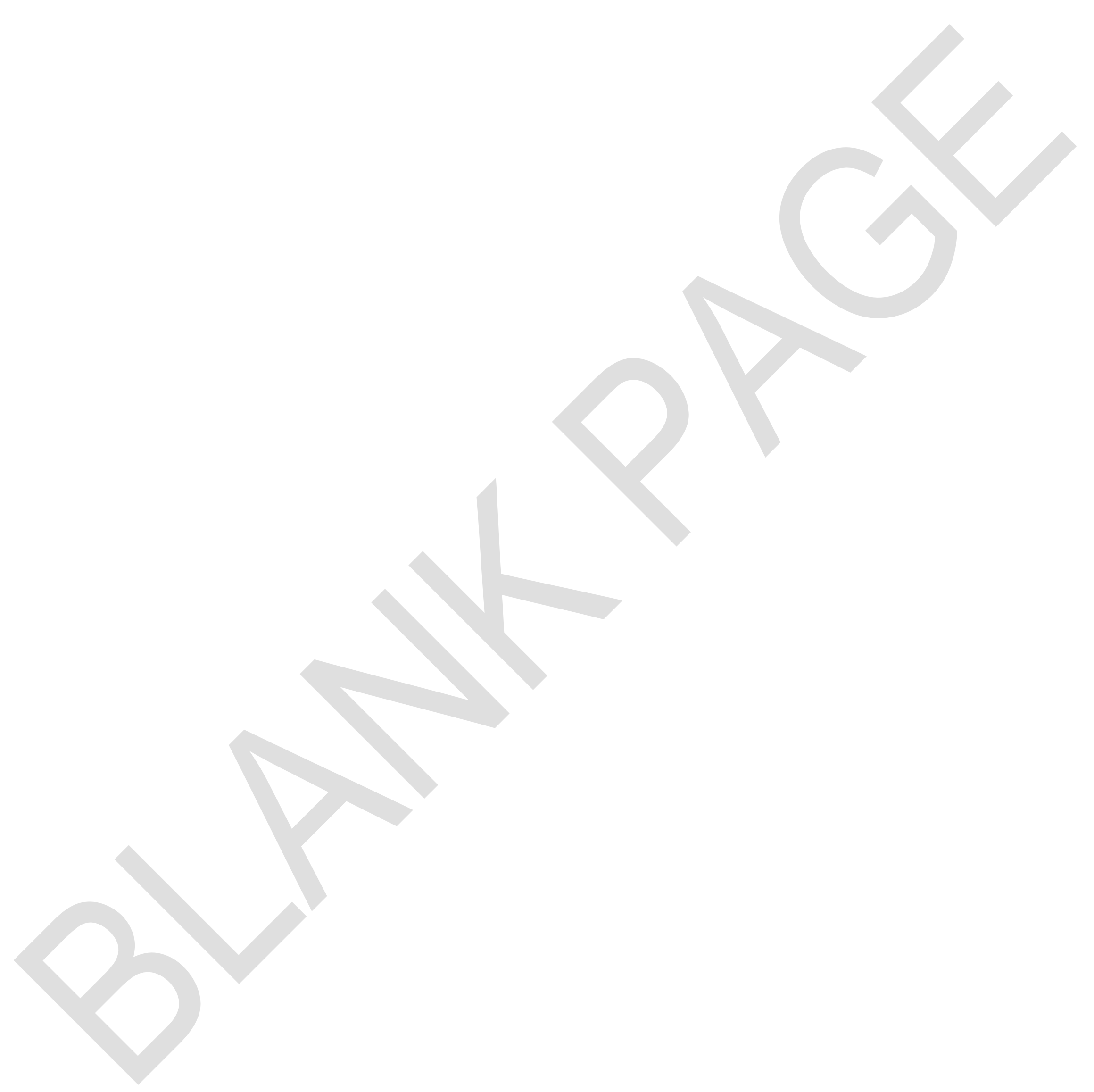
Yes ☒
No ☐

Please provide details (max 300 words)
Agreed in partnership with ADP but there is not always a requirement for IJB approval

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☐
No ☒

Please provide details (max 300 words)
There is information sharing where appropriate / relevant but not an approval process



AGENDA ITEM No.13

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 November 2021
Agenda Item	13
Title	Chief Social Work Officer's Annual Report 2020/21

Summary

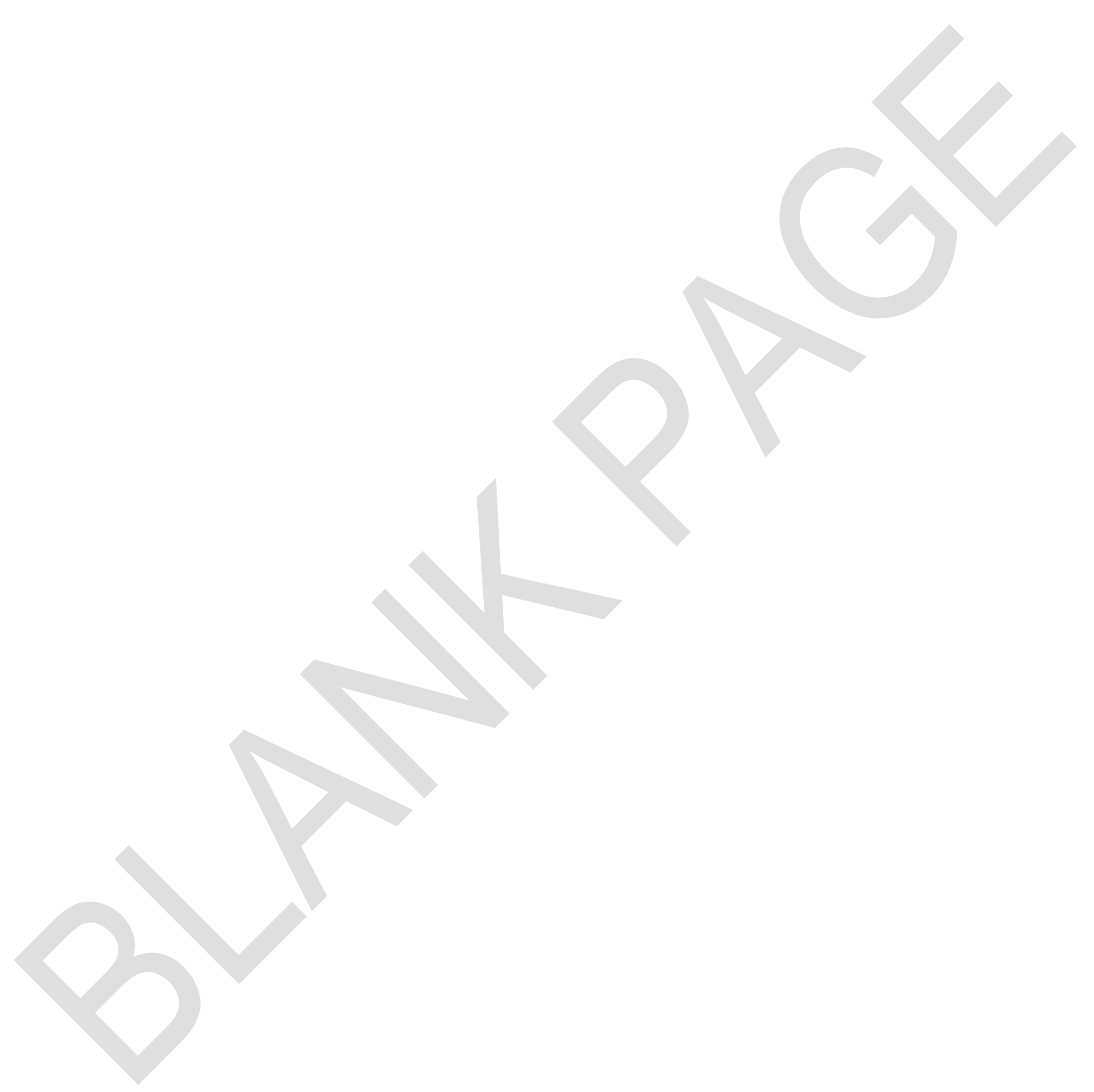
This report provides an overview of the professional activity for social work within East Renfrewshire for 2020/21 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.

Presented by	Kate Rocks, Head of Public Protection and Children Services, Chief Social Worker Officer

Action Required

The Integration Joint Board is asked is asked to consider the content of the report and note that the report was presented and approved by Council on 27th October 2021.

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



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 November 2021

Report by Chief Social Work Officer

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2020/21

PURPOSE OF REPORT

1. This report presents the Chief Social Work Officer's Annual Report for 2020/201 which is attached at Appendix 1.

RECOMMENDATIONS

2. The Integration Joint Board is asked to consider the content of the report and note that the report was presented and approved by Council on 27th October 2021.

BACKGROUND

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser.

4. This year, given the workload implications caused by the Covid-19 pandemic, the template outlines the current pressures being experienced across the service.

5. The report provides a narrative of statutory social work and social care activity. It describes:
    - Governance and Accountability arrangements
    - Service Quality and Performance
    - Resources
    - Workforce
    - Covid-19

6. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

CONSULTATION AND PARTNERSHIP WORKING

7. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the Violence Against Women Partnership as well as being the professional advisor to the Council.

IMPLICATIONS OF THE PROPOSALS

Finance

8. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the HSCP.

DIRECTIONS

9. There are no directions arising from this report.

CONCLUSIONS

10. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2020/21 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.

11. We have many examples of success to celebrate and build on:

- An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.

- An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.

- A multi-agency approach to Signs of Safety.

- Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.

- Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.

- In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.

- Continue to improve direct participation with individuals in taking ownership of their own care via Self Directed Support Option 1 (18%) and Option 2 (9%).

- A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.

- Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.

- Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good.

- Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.

- Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.

- The overall strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.

- East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).

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

- Increased demand for social work support across both children's and adult services and care at home for adults both in terms of numbers and complexity of need.

- Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.

- Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences (MARAC).

- Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.

- The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress, and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.

13. The landscape for all Health and Social Care Services will change over the coming years as a consequence of Covid-19 and statutory social work and social care will be required to adapt to ensure we support the recovery, rising demand and renewal associated with protecting and caring for our most vulnerable citizens and all those who are at risk in our communities.

14. At the heart of the social work profession lies 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

15. The Integration Joint Board is asked to consider the content of the report and note that the report was presented and approved by Council on 27th October 2021.

REPORT/…

REPORT AUTHOR

Kate Rocks, Head of Public Protection and Children Services (Chief Social Work Officer)
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0141 451 0748

November 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Chief Social Work Officer Annual Report 2019-20

APPENDIX 1

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

1 April 2020 – 31 March 2021

Contents

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Introduction – Reflection on the Past Year

Social Work professionals work alongside individuals and families providing care and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults.

Over the past year our Social Work professionals in partnership with colleagues across the Health and Social Care Partnership and our communities have continued to do this work in the most unprecedented and challenging times throughout the Coronavirus (Covid-19) pandemic. This has involved responding to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Due to illness this report has been written in collaboration between the Chief Social Worker and the Acting Chief Social Work Officer. We have seen our social work and social care workforce locally respond compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support and for this I thank them.

We are always proud of the contribution that social workers and social care workers make to our society, this year more than ever with staff working hard to support vulnerable children, adults and families whilst dealing with this the impact of Coronavirus (Covid-19) in their own personal and family lives.

This report provides a detailed summary of our statutory services and the commitment of our staff in supporting our residents and improving outcomes. It also provides some reflections on the impact of Coronavirus (Covid-19) on our work and our plans as we move towards recovery from the pandemic.

We have many examples of success to celebrate and build on:

- An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
- An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.
- A multi-agency approach to Signs of Safety.
- Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
- Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.
- In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
- Continue to improve direct participation with individuals in taking ownership of their own care via SDS Option 1 (18%) and Option 2 (9%).
- A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.
- Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.

- Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good across all areas.

- Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.

- Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.

- Overall the strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.

- East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).

We also know what our most significant challenges are and are making progress in tackling these:

- Increased demand for social work support across both children's and adult services and Care at Home for Adults both in terms of numbers and complexity of need.

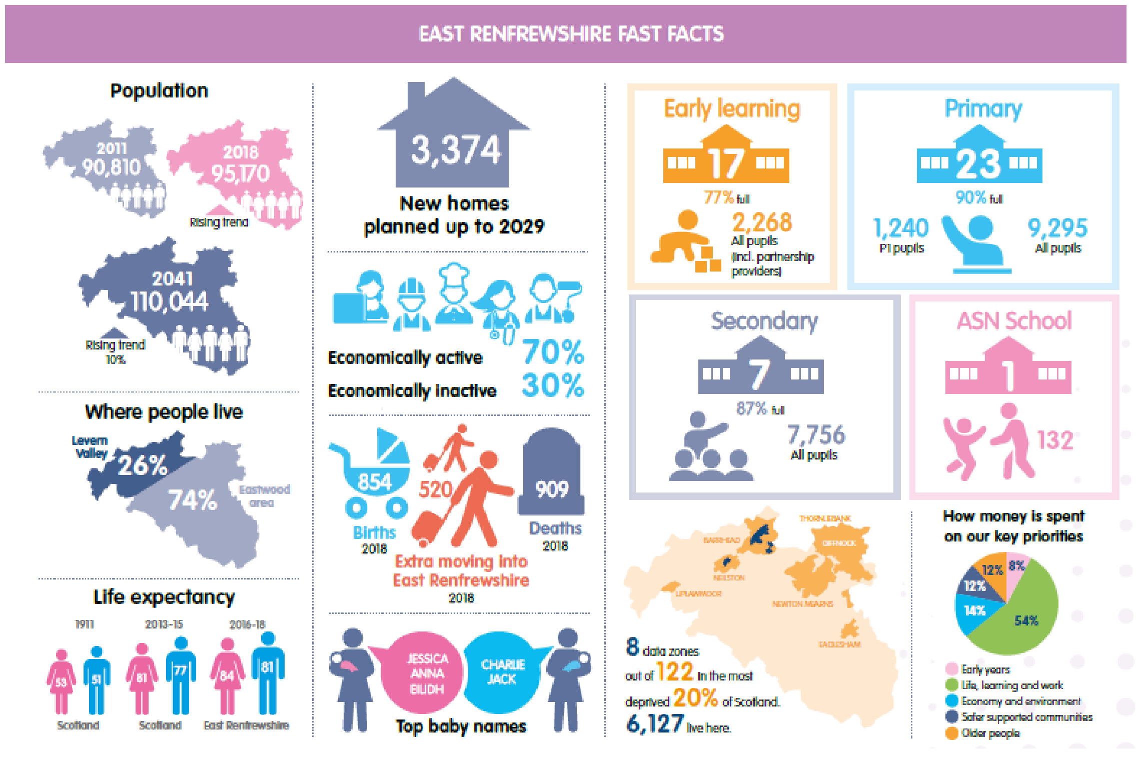
- Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.

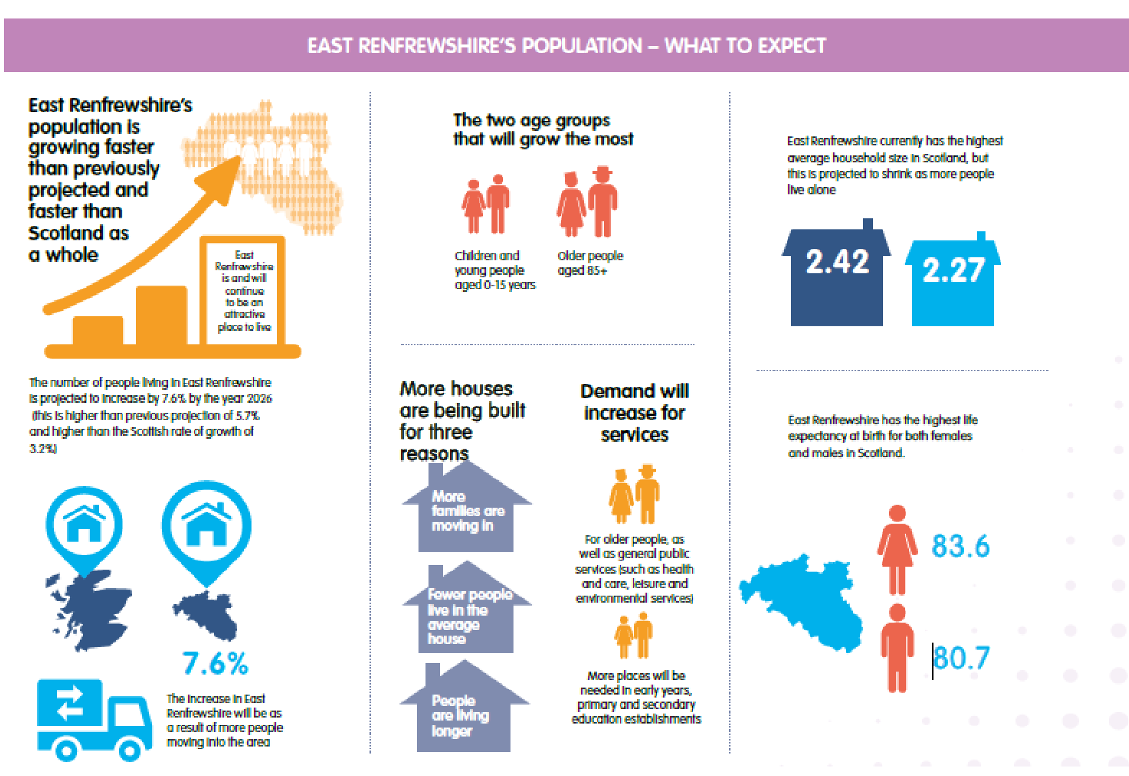
- Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences

- Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.

- The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.

East Renfrewshire Population Facts





Section 1: Governance and Accountability

East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board and it has built on the Community Health and Care Partnership, which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and social work and care services, we provide health and social work services for children and families and criminal justice social work.

During the last 15 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire Health and Social Care Partnership is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches.

This Chief Social Work Officer's report captures the sixth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership and Council with professional advice, leadership and oversight of all social work and social care functions. She reports to the Chief Executive for East Renfrewshire Council in her role. The Chief Executive chairs the Chief Officer Public Protection Group and the Chief Social Worker is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire. This also includes Violence against Women and Girls. The group is chaired by East Renfrewshire Council's Chief Executive and usually meets bi-annually and the Chief Social Work Officer acts as their professional advisor. The Chief Officer Public Protection Group has met more regularly during the pandemic. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes, outputs and outcomes. The Chief Officer Public Protection Group met regularly throughout lockdown and will continue to do so through recovery.

The Chief Social Work Officer and the Chief Officer will provide professional advice and leadership to the Health and Social Care Partnership locally and to national forums to help shape the implementation of the Independent Review of Social Care and the development of a National Care Service. This will ensure that our approach continues to be underpinned by human rights and that local implementation meets the needs of the people of East Renfrewshire.

Our Strategic Vision and Priorities

East Renfrewshire has a proven track record integrating health, social work and care services for 15 years. From the outset of the Community Health and Care Partnership we have focused firmly on outcomes for the people of East Renfrewshire that improve health and wellbeing and reduce inequalities. Under the direction of East Renfrewshire's Integration Joint Board, our Health and Social Care Partnership builds on this secure foundation. Throughout our integration journey, we continue to develop strong relationships with many different partner organisations. Our longevity as an integrated partnership helps us to improve outcomes for the citizens of East Renfrewshire.

Our vision statement, *"Working together with the people of East Renfrewshire to improve lives"*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

Our Strategic Plan

The strategic plan for 2018 - 2021 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

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

Recognising the continuing pressures as we recover from the Coronavirus (Covid-19) pandemic and the current level of dynamism in the health and social care sectors, the partnership chose to establish and interim one-year Strategic Plan for 2021-22. The interim plan builds on the seven priorities listed above and adds a further priority to support resilience and wellbeing among staff across the wider partnership. During this financial year we are undertaking engagement and needs assessment work to support the development of our next three-year Strategic Plan for 2022/25. We plan to do this in collaboration with people who use our services, family carers and local partners. A draft plan will be produced for public consultation by December with the final plan published by April 2022.

Annual Performance Report

Our Annual Performance Report 2020-21 has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2020/21. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

Clinical and Care Governance Group

In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integration Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice. More information can be found in the Annual Clinical and Care Governance Report.

Section 2: Service Quality and Performance

2.1 Children's Services

Early Identification and Intervention

The Request for Assistance team ensures that children and their families receive a thorough and prompt response to any referrals and / or inquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

The team is staffed by experienced social workers, an occupational therapist, an advanced practitioner in domestic abuse; and also benefits from the expertise of our third sector partner Children 1st, who consider referrals under Section 12 of the Children and Young People (Scotland) Act 2014 for Family Group Decision Making (FGDM).

From 1 April 2020 to 31 March 2021, the Request for Assistance team completed a total of 1,047 initial assessments, with 19% requiring targeted intervention. These figures are consistent with the previous year's activity.

Family Group Decision Making

During the period April 2020 to March 2021 there was a focus on specific support to families including delivery of food parcels, help with fuel debt and provision of financial advice. In addition to this, there was a recognition of the impact Coronavirus (Covid-19) restrictions were having on families with an initial move away from progressing to meetings and a focus on supporting families with their emotional wellbeing. Engagement with families happened via Microsoft Teams, phone calls, emailing of resources, meeting families outdoors (when restrictions allowed) and text messages. Virtual platforms were used from July 2020 to progress to family meetings and continued for the rest of the year.

The service was able to support 17 families, involving 25 children and young people with eight families progressing to family plan meetings and four in the early stages of the support. The vision continues to focus on prevention on the need for statutory social work involvement when early identification is made.

In response to the Coronavirus (Covid-19) pandemic and to ensure families have immediate support from the service, an additional two Family Group Decision Making workers were employed and are now in post. Continued development with this service has widened the referral routes to include education and health visiting as direct referrers.

Children and Young People's Mental and Emotional Wellbeing

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children's population, and in our new Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Coronavirus (Covid-19) pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This includes those who have a neuro developmental diagnosis.

In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. This is working alongside our existing Family

Wellbeing Service which links to GP practices. In addition local Youth Counselling provision has also been increased. Demand for these services is outlined below.

Family Wellbeing Service

The last year has brought a unique set of challenges and demands for the local Family Wellbeing Service delivered by Children 1st. However, it has also brought opportunities. Working in partnership with families and colleagues in East Renfrewshire the service has been able to continue to build on successes and learning despite the pandemic.

The increase in the demand for the service is evidence of this. Although funded to accept a minimum of 178 referrals per year this figure was exceeded significantly demonstrating the need for emotional wellbeing support from the children and families population. Moving into reporting period 2019/2020 179 families were being supported with a further 159 referrals received during 2020/2021. This amounts to a total of 338 children / young people and their families being offered support from the Family Wellbeing Service during this year.

Promotion of the service among GPs has been highly successful with almost all accessing the service when required for their patients. Programme evaluation indicates a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. This demonstrates the efficacy of the family support and wellbeing intervention model deployed by the service.

Healthier Minds Team

This new multi-disciplinary team established in autumn 2020 is directly responding to the emotional wellbeing needs of children and young people aged 10 – 18 years. Although the majority of referrals are from schools other agencies are accessing the service and very importantly this includes self-referrals from young people themselves. By the end of the 2020/21 academic year 278 children and young people have been referred to the service. Professional membership of the team comprises Children 1st, Recovery Across Mental Health (RAMH), school nursing, educational psychology, social work and Child and Adolescent Mental Health Services (CAMHS). This professional oversight means referrals are processed quickly and children are seen timeously. Child and Adolescent Mental Health Services involvement and oversight also results in children being referred to this tier 4 service urgently if it is required.

Signs of Safety - Our Approach

Over 2020/21 we have continued the implementation of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). However, much of our implementation plan has had to be postponed due to the impact on services as a result of the Coronavirus (Covid-19) pandemic. Despite this, we have continued to support practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. This has been more important than ever during the pandemic. From analysing our data we have found that our approach and safety planning with families is having a positive impact. Most new referrals coming to our Request for Assistance team are families who were not known to us previously.

Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from the multi-agency Signs of Safety Implementation Team.

- The multi-agency practice lead network, continued to meet regularly throughout the year, with a clear focus on direct practice improvements.

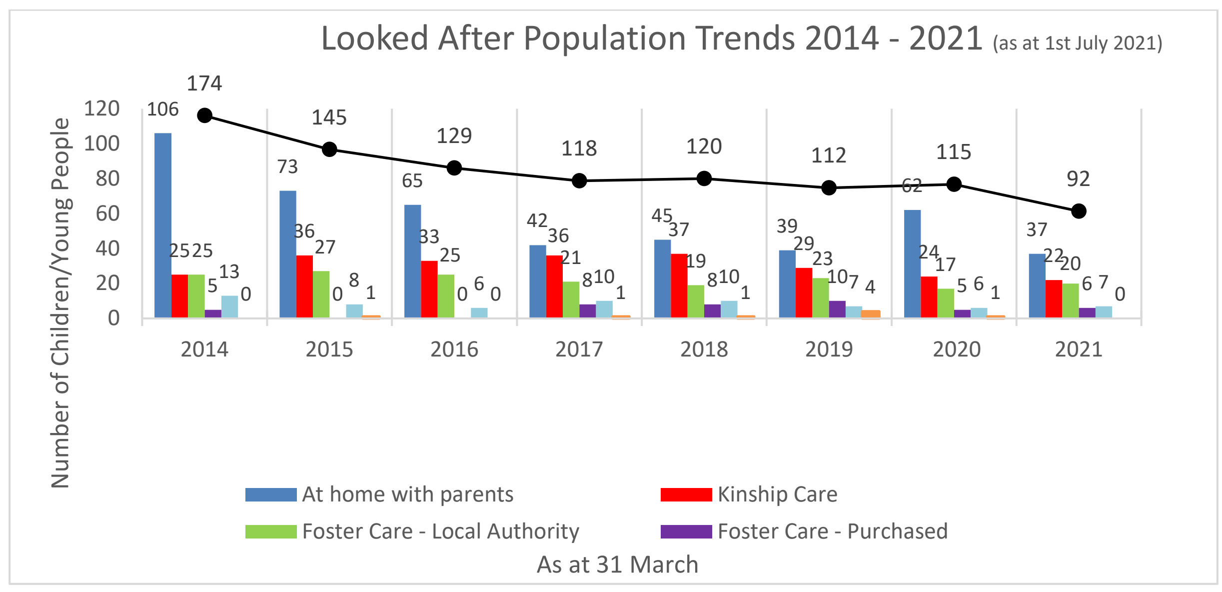
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services. This was adapted to allow for appropriate social distancing guidelines applicable at the time.

- Under the powers of the Coronavirus Act 2020, we reviewed our assessment paperwork to allow for partial assessments to be undertaken. We will revert back to full assessments once the powers cease, however will incorporate all the learning from this into our revised full assessment and plan paperwork

- Continued application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strengths based and risk focused.

East Renfrewshire's Looked After Children and Young People's Population - A Profile of our Children

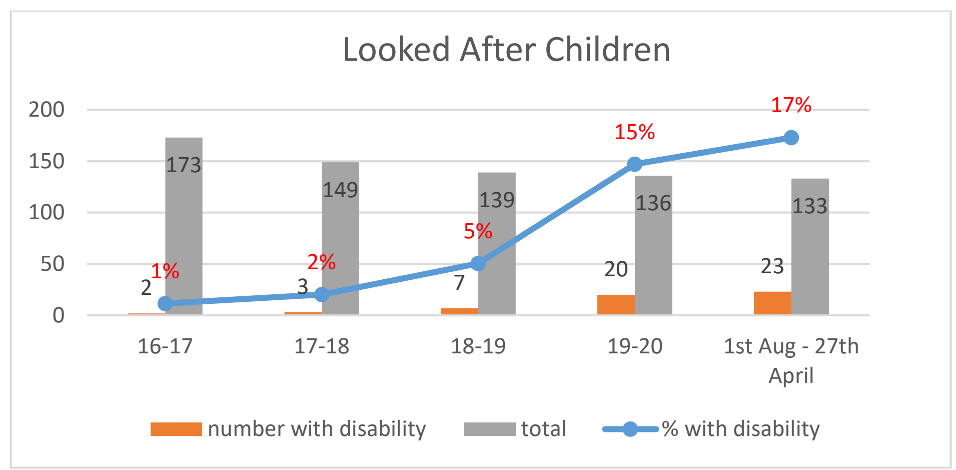
On 31st March 2021, 92 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children's population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 60% boys and 40% girls. We have continued to work to improve outcomes for children by securing permanent destinations for them. This year there has been a decline in the number of children looked after at home with the number looked after away from home remaining consistent. The reduction in the number of children looked after at home correlates with a decrease in referrals to Scottish Children's Reporter Administration (SCRA) overall.



In this year, the average amount of time children were looked after at home increased from 15 months to 20 months. This can be attributed to the significant reduction in children's hearings taking place and the powers afforded by the Coronavirus Act to extend Compulsory Supervision Orders.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 17% of

looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



Intensive Family Support Team

The Intensive Family Support Service works alongside families who present with more complex needs and where it has been identified that extra support would be helpful. The service when required works across the full week, including evenings and weekends and on an individual and / or group basis. The team operates a trauma sensitive and strengths based model to improve the safety and wellbeing of children.

Examples of support in 2020/21 include:

- Parenting capacity assessments to support permanence decision making.
- Intensive support to parents and family networks to contribute to child protection assessments and reducing risk.
- Attachment focused work to strengthen relationships and understanding within families.
- Intensive support to build on the identified strengths of families to help them manage family life including building routines; managing boundaries; understanding and addressing the health and development needs of children and the needs of parents.
- Intensive parenting and relationships support to help parents and children recover and support rehabilitation.
- Continued support to allocated families during initial stages of the Coronavirus (Covid-19) pandemic providing practical support (collecting prescriptions, food shopping for families with children with additional support needs etc.) and emotional support (helping families maintain face to face connections outdoors).
- Support to families in evenings and weekends during initial stages of the Coronavirus (Covid-19) pandemic. This included out of hours support, responding to child protection concerns and supporting child protection cases out of hours.
- The team contributed to the distribution of food parcels to families across the authority and liaised with a community based charity to identify families who would benefit from the provision of hot meals. This support continued until schools returned in August 2020 with staff from the team volunteering to support distribution. The team also made up and provided summer activity packs to families.

Between April 2020 and March 2021, 93 children received support from the Intensive Family Support Service, with children from all single year age groups from 0 to 13+. Parental Mental Health is the most common reason for intervention, and this is a consistent characteristic within our report.

Children and young people receive support from the team for a range of legislative reasons. However, the majority (77%) of children fall under Welfare of Child in Need legislation. It should also be noted that 15 children's names were placed on East Renfrewshire's Child Protection Register.

Youth Intensive Support Service

The Youth Intensive Support Service (YISS) was established during 2015 as the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse.

Using a relationship based model the team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, namely to support young people eligible for Continuing Care up to the age of 21 years and for Aftercare up to the age of 26 years. The service's aim is to successfully engage the most hard to reach young people in East Renfrewshire by providing and co-ordinating multifaceted support plans. The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- To maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

From the period between 1st April 2020 and 31th March 2021, Youth Intensive Support Service directly supported 155 young people and their families.

- 38 were care experienced young people in receipt of Continuing or After Care support.
- 45 of care experienced young people were supported through East Renfrewshire's Family Firm.
- 62 were assessed as being of immediate risk of custody.

Additionally, Youth Intensive Support Service has two Advanced Practitioner posts. The Advanced Practitioner for the Champions Board co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority. Our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people. Both have additional responsibilities within East Renfrewshire's Corporate Parenting sub-groups and support the practice development of partner agencies.

During the Covid pandemic the contact levels with young people remained very high. This is evidence of the success of our relationship-based practice, averaging at 81% of young people having contact at least once per fortnight.

Champions Board, Group Work and Participation

Despite Covid restrictions in 2020/21, we continued to engage with our children, young people, families and communities. Although participation opportunities were reduced overall there were key successes in the period:

- Continued Champions Board activity including daily video calls during lockdown period and the distribution of wellbeing bags.

- Summer Programme 2020 - daily activities of Yoga, Fishing, Football, Drama, Graffiti and photography for young people run by Youth Intensive Support Service with support from other agencies. 100 opportunities offered. 30 young people attended in total, with most young people attending a number of the groups. (Under 12s group run for graffiti and football)

- Creative consultation around a vision for the East Renfrewshire Children's Services Plan August 2020. Articulate Cultural Trust were commissioned to consult with young people in a creative way to explore their views on what is important to them to help create a vision for the East Renfrewshire Children's Services Plan. A Care Experienced Young Person from East Renfrewshire was paid as a creative consultant to support this. Consultation took place with 30/40 young people from Mini Champs, Champions Board, and young people attending the Education HUBs.

- Young people were involved in a variety of consultation and planning activities as well as being part of staff and panel member interviews.

- Three of our Care Experienced Young Persons have completed their Peer Mentor training with Move On (online). Three young people attended eight sessions.

- Health and Social Care Partnership Traineeships (four care experienced young people were successful in gaining posts and will work alongside the Champions Board).

- Two Care Day events (2020 and 2021) which reached 60 and 50 young people respectively.

- 15 young people attended in partnership with the Culture and Leisure Trust an Easter 2021 activity programme where they were given the opportunity to participate in Sport/Arts and Cultural activities.

- Craftivism Group run by Articulate Cultural Trust- group for under 12s and over 12s (six days, 10 young people attended). Showcase to Corporate Parents.

This is not an exhaustive list of the activity in 2020-2021. However it demonstrates some of the breadth and success of the continued focus on participation and sustained contact with our children and young people despite the pandemic.

Fostering, Adoption and Supported Care

Intensive Services Adoption, Fostering and Supported Care Team have sought to continue to provide safe and stable placements to meet the needs of children and young people during the challenge of the pandemic. Our carers have been integral in continuing their support to our children and young people. They have provided consistency, stability and care throughout this year. We have worked creatively to provide direct visits and indirect support and supervision to carers and continued to review our carers and progress assessments through having an online Adoption, Fostering and Permanence Panel. Development work was postponed, including a planned advertising campaign to recruit carers for older children.

During the first four weeks of lockdown, East Renfrewshire experienced a 14% increase in the number of children requiring to be removed from their family homes. At this time internal resources were approaching maximum occupancy. Through consultation with the Care Inspectorate we were able to approach and recruit registered employees (either Scottish Social Services Council, Nursing and Midwifery Council or General Teaching Council for Scotland) to act as temporary foster carers until such times as alternative measures of care

could be provided for children. Without these measures, East Renfrewshire Children's Service may have had nowhere to place our children safely.

The Care Inspectorate subsequently published a supportive guidance note regarding the use of employees registered with the Scottish Social Services Council or General Teaching Council for Scotland as temporary foster carers.

Fostering

- Three additional carer households were temporarily recruited along with one carer, increasing registration during this time. All carers were utilised in providing support to children from short term to short breaks care, offering necessary support and care to children at this time.
- Currently 14 registered foster carer households caring for 16 children / young people looked after or ceasing to be looked after in receipt of continuing care.
- Two children accessing short breaks care to provide support to them and their families. This support has been invaluable to families over the past year.
- Four registered Supported Carers, two of whom have approval along with fostering approval providing care for four young people.
- Within the reporting period East Renfrewshire have had eight children in foster placements with independent fostering agencies.

Adoption

During 2020/21, the service has:
- Offered our post adoption support group to a membership of approximately 35 families.
- Through our indirect letterbox service we offer and provide support to both adoptive parents, birth family and birth parents in engaging in their letterbox exchange.
- Provided targeted intervention and letter box contact support to 11 adoptive families supporting 23 letter exchanges a year.
- We offer origins counselling to individuals and families through our service agreement with Scottish Adoption Support Services and they have provided support to three families.

Supported Care

Our team has developed specific supported care support groups. To allow for carers to meet together and discuss topics and themes relevant to the role of supported carer. We also offer ongoing support to our supported carers through direct visits, virtual visits and supervision.

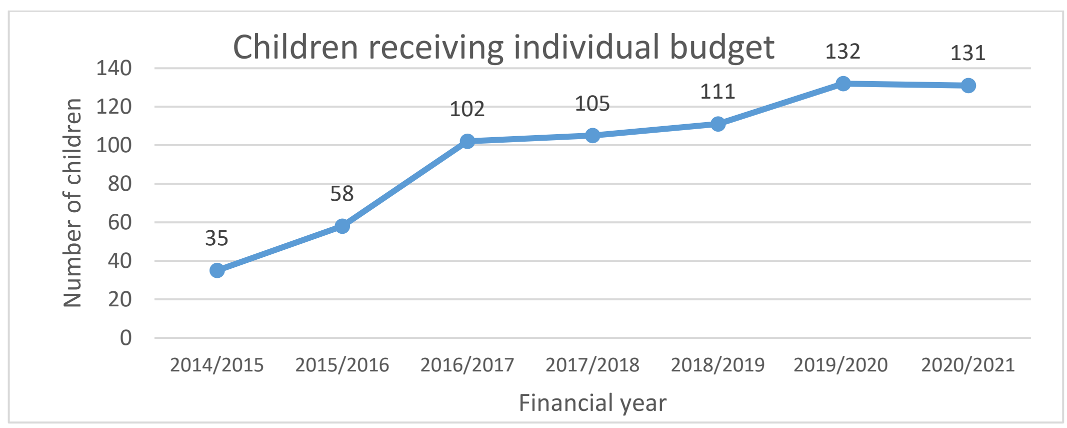
Registered Services Inspection

Our three registered services, fostering, adoption and adult (supported care) placement were inspected in October 2019 and all services received Grade 5 (very good) for the areas inspected with a number of areas commended:

- The strengthened collaborative and relationship based approach by aligning registered services within our Intensive Services structure.
- The commitment from staff especially the partnership working across health, social work and education to ensure we are providing the best possible care to our children and young people.
- The way children, their families and foster households were empowered to contribute to decision making and feel listened to.

Children with Disabilities

We have fully adopted the principles of Self-Directed Support in partnership with children, their families and other people who are important to them. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 38% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has quadrupled since 2014 as shown in the chart above. In 2020/21, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has increased from just over £200,000 in 2014/15 to £471.558 for option 1 payments in 2020/21 which is consistent with the same period last year.

It is anticipated that this will continue be an area of significant demand over the years, considering the migration of families who have children with disabilities into East Renfrewshire. Further analysis will be needed to consider the required financial investment moving forward.

This impact is noted at the transition stage with a continued increase in numbers of young people presented at Transition Resource Allocation Group. As a result of this increase in demand a multi-agency working group is developing Transitions Guidance to support practice and improve data. This will support good transitions and accurate projections for coming years including all transitions from children's to adult services.

Inclusive Support Service.

The Inclusive Support Service (ISS) continues to comprise of three distinct services: holiday provision, out of school activity clubs and individualised support services. The service provides a range of targeted support for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

East Renfrewshire Inclusive Support Team in consultation with social work refocused activity during Coronavirus (Covid-19) pandemic by working closely with partners in Education, Health and Adult Social Care Services to ensure support for our most vulnerable children and young people. In response to the unprecedented Covid-19 outbreak the team continued to support the 226 children, young people and their families through creative and innovative means. The team adapted service delivery as part of the multi-agency response to the changing and challenging demands placed upon the Health and Social Care Partnership. The team showed

their compassion and commitment to the health and wellbeing of children, young people and their families through 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provisions.

In response to a growing need for families the team organised and delivered a summer, October and December HUB provisions for 52 children and young people with complex support needs, who fell under the Key Worker and Critical Childcare category. The team also supported our colleagues within the adults with learning disabilities teams to provide provisions to young people transitioning from children's services. Further supporting the services ethos of providing the right support at the right time.

***"At Our Heart"* - East Renfrewshire's Children's and Young People's Services Plan 2020-2023**

As in previous years and in accordance with the Children and Young People's (Scotland) Act 2014, local and national partners who deliver services for East Renfrewshire's children and families, came together to design and publish the new Children's Services Plan for 2020-2023 titled "*At Our Heart*". Based on a wide ranging assessment of local needs, agencies agreed a plan which has at its heart, the overarching aim of improving the wellbeing of local children, young people, and their families. Children's planning has a very high profile in East Renfrewshire and all partners again demonstrated a genuine enthusiasm to engage with young people, parents and the communities they reside within. As such the assessment of needs within the plan includes what children and parents / carers told us about their experience of living in East Renfrewshire and the challenges they may encounter.

Furthermore the new ***vision*** for the 2020-2023 Children and Young People's Plan was developed by children and families during a series of engagement events, agreed by partners during this year is the following:

"*East Renfrewshire's children should grow up loved, respected and be given every opportunity to fulfil their potential.*

We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE".

The Coronavirus (Covid-19) pandemic, the national lockdowns, and the ongoing restrictions, continue to affect all communities in East Renfrewshire, as they have elsewhere in Scotland and the UK. As the impact on children, young people, and families becomes more apparent, East Renfrewshire Council and partners will adapt our Children's Services Plan accordingly to ensure emerging needs are identified and where possible addressed.

The Promise in East Renfrewshire

Another important event also took place earlier in 2020 with the publication of the national Independent Care Review report "The Promise". This long awaited report into the children's care system in Scotland is regarded as the most significant in a generation and it is anticipated it will have a fundamental impact on the design and delivery of *all* children and family services now and over the next decade. As local authorities are expected to commence with implementing the findings of "The Promise" report, East Renfrewshire Council and partners have reflected the importance it will have over the life time of the new children's services plan and beyond.

Recently our multi agency Corporate Parenting Group worked with the East Renfrewshire Champions Board - our care experienced young people's participation group - to agree a set of new local priorities. These priorities are now included in this Children and Young People's

Service Plan for 2020-2023, along with a suite of measures to track the progress we are making. Integral to these priorities are the findings of The Promise, as implementation of phase one of The Promise is from 2021-2024 and the East Renfrewshire Children and Young People's Services Plan timeline is 2020-2023, there will be opportunities to incorporate newly emerging learning and actions as they unfold. This will also enable the Health and Social Care Partnership to consider how these actions can best be achieved and the resources required.

Children's Rights

Whilst we await the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill, East Renfrewshire Health and Social Care Partnership and Education Services have established a local Children's Rights Act Implementation Group to begin the process of ensuring we are compliant with the new legislation and the policy guidance that will subsequently be published. The group is building on the considerable work already undertaken to comply with part one of the Children and Young People (Scotland) Act 2014 'Rights of Children' duties as well as the very long established activity in schools, social work, and other departments and settings.

As required under this legislation in December 2020 we published our first East Renfrewshire Council Children's Rights Report which was approved by Council and submitted to the Scottish Government. The report was the culmination of a series of audits of a wide range of services and some of this was undertaken with the involvement of children and young people. In Health and Social Care Partnership the focus for our audit activity has been in the areas of child protection, kinship care, health visiting, and children with complex needs, with the purpose of ensuring that procedures and processes are informed by the United Nations Convention on the Rights of the Child articles and children and young people's rights are respected, protected, enabled and fulfilled. The East Renfrewshire Council Children's Rights Report includes a series of improvement actions that the new group has been tasked to take forward into 2021/2022.

The fulfilling of The Promise will be another step forward in enhancing the rights of children and young people who experience the care system, in particular a child's right to a family life, continuing relationships with siblings, and to grow up loved and safe, and protected from poverty and discrimination. We will be considering the changes that need to take place within the Health and Social Care Partnership and also in the wider local partnerships.

Currently we are awaiting the publication of accessible guidance, training and other materials from the Scottish Government as part of the new Act implementation programme that will assist us to be ready for commencement in October 2021.

2.2 Adult Social Work and Social Care

Adults with Incapacity

The support and protection of the rights of adults who lack capacity to make informed decisions regarding their welfare and finances is a core responsibility of all social work practitioners within the East Renfrewshire Health and Social Care Partnership. Practice to support these individuals is informed by the Adults with Incapacity (Scotland) Act 2000 (AWIA) and section 13za of the Social Work (Scotland) Act 1968 as amended by the Adult Support and Protection (Scotland) Act 2007. Social Work take the lead role in ensuring appropriate processes are in place that enable a human rights approach, supported decision making and appropriate application of the legislation including the ongoing supervision and monitoring of use of legislation and powers. New local procedures to inform practice and ensure consistency have recently been developed with a strengthened focus on:

- The importance of identifying if someone lacks capacity and ensuring their rights are protected including access to independent advocacy services.
- Clarifying the roles and responsibilities of social work and mental health officer staff in the application of the legislation.
- The development of a clear pathway from point of when incapacity has been identified with regard to section 13za reviews and AWIA Case Conferences.
- The development of documentation within Care First that ensure all decision making is evidenced based and that this information is captured and accessible.
- Ensuring that there is appropriate governance and leadership with oversight of the application of legislation at senior management level.

The procedures are currently in draft form with a plan to roll these out over the coming year alongside a training programme to all relevant Health and Social Care Partnership staff. The training will focus on the process and procedures, the enhancement of skills for those staff taking on new responsibilities and an overarching emphasis on ensuring that rights and strength based practice is enshrined in the delivery of all services going forward.

Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2014 is a key piece of legislation and was enacted as part of the 10 year National Self-Directed Support Strategy. The purpose of this legislation was to drive transformation in terms of shifting the balance of power from services to individuals who use them and to provide greater choice, control and creativity to individuals and families in terms of meeting their agreed personal outcomes.

Between November 2020 and March 2021, East Renfrewshire Self-Directed Support (SDS) Forum and East Renfrewshire Carers Centre were commissioned by East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. They completed this by holding focus groups for people who use our services and their unpaid carers and by facilitating focus groups for frontline practitioners and managers.

The East Renfrewshire Self-Directed Support Forum and East Renfrewshire Carers Centre have worked in partnership with East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. The review highlighted many areas of good practice alongside areas where our processes /

systems could be improved to improve practice and the user experience. Common themes were evident as well as responsive positive solutions. Some gaps in the implementation of self-directed support still exist locally although there is a strong value base and willingness to streamline systems to work from.

Person centred and relationship practice is the foundation to social work practice and self-directed support. There are clear opportunities to build on our strengths locally and drive forward improvements in processes and practice.

In the spirit of collaboration and partnership working, a Self-Directed Support steering group has been established to oversee our implementation programme locally. The group will be co-chaired by a Head of Service and Self-Directed Support Forum manager and the membership will include people with lived experience of using self-directed support, practitioners, managers and finance officers.

The group will collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to the Directorate Management Team, the Chief Social Work Officer, the Performance and Audit Committee and Integration Joint Board as required.

Local Uptake of the four Self Directed Support options is reviewed regularly and detailed below:

2020-2021 Self-Directed Support care packages	**Option 1**	**Option 2**	**Option 3**	**Total SDS**
Children & Families Total	**£476,084**	**£0**	**£739,709**	**£1,215,793**
Community Addictions	£0	£0	£117,534	£117,534
Carers	£2,163	£0	£0	£2,163
LD	£1,410,813	£232,200	£10,678,297	£12,321,309
MH	£39,284	£95,869	£1,138,990	£1,274,143
OP	£1,080,261	£1,333,940	£1,664,109	£4,078,310
PD	£1,133,895	£132,580	£1,088,298	£2,354,773
Total Adult Expenditure	**£3,666,416**	**£1,794,589**	**£14,687,227**	**£20,148,232**
Total Expenditure	**£4,142,500**	**£1,794,589**	**£15,426,936**	**£21,364,025**
% split Children & Families	**39%**	**0%**	**61%**	
% split Adults	**18%**	**9%**	**73%**	
% split Total	**19%**	**8%**	**72%**	

Supporting Unpaid Carers - Carers (Scotland) Act 2016

Over the past challenging year for carers, East Renfrewshire Health and Social Care Partnership Carers Lead has worked closely with East Renfrewshire Carers' Centre (ERCC) who contacted all carers registered with them to identify people most at risk during lockdown to offer support and alert services where necessary. Over the past year 18 carers rights awareness sessions have been delivered to Health and Social Care Partnership teams and partners. Since April 2020 there has been a 21% increase in carers identified by East Renfrewshire Health and Social Care Partnership staff, much has overtaken self-referral as the main source of referral to the Carers Centre. The Centre has in turn seen a 20% increase in referrals. The Centre currently has 1,600 carers registered, with 214 being young carers. Throughout the past year East Renfrewshire Carers Centre have offered carers online advice, information, support, including social support and to have their own support plan. Ninety-two Adult Carer Support Plans (ACSPs) have been completed since April 2020 an increase of 1% on the previous year. Schools being closed over such a long period has made it difficult to identify Young Carers this year. A 200% rise in new Young Carers identified (96) the previous

year fell to 26 this year with seven Young Carer Statements completed compared to 35 the previous year.

Examples of creative breaks provided for carers by East Renfrewshire Carers' Centre during the pandemic have been: a tandem bike for a carer and the person they care for; camping equipment; laptops and tablets to allow families to stay in touch; garden furniture to support very short breaks from the caring role. The Carers Collective was established in October 2020 and carers are engaged and involved in shaping local support and services. Examples are with support for autistic young people, their parents and carers and Dementia Day Support Services. Processes and systems are currently being streamlined to ensure each carer identified is being offered the right support at the right time. Equal Partners in Care, an E-learning resource for East Renfrewshire Health and Social Care Partnership staff was introduced in 2020 and in January 2021 East Renfrewshire Health and Social Care Partnership subscribed to an online resource for carers that offers a range of resources to help manage care and caring, 73 people have since downloaded this resource.

We have strengthened our partnership approach to collaboration with unpaid carers in the design and review of local services and the recruitment of staff and managers. A number of local carers helped to design and deliver a development session for our Integration Joint Board to explore the impact of Coronavirus (Covid-19) on local carers and to provide re-assurance about the creative support options available locally.

Assessment and Review Activity

Our improvement journey has continued to make significant progress throughout 2020/21, under the most challenging of circumstances.

Whilst Coronavirus (Covid-19) has affected all social work services, our front door, locality and specialist teams have demonstrated great resilience and quickly adapted our delivery models in line with Scottish Government guidance. Staff have been dynamic, flexible and proactive in their response, utilising technology and a variety of communication techniques to ensure that the most vulnerable in our communities have been protected. The Connecting Scotland programme was a great resource for staff to provide digital devices, data, training and support to get online to those who need it most.

The volume and complexity of referrals coming into the service has changed significantly, and led to the decision to complete a comprehensive review of the front door of the service starting in summer 2021. An external professional adviser will support our management team to analyse our policy and procedure, governance, resources and activity and respond with recommendations to support our continuous improvement and recovery processes into next year.

Our pandemic response, coupled with growing demand levels at the front door has led to a growing backlog of overdue community care reviews. In response, plans are in place to utilise the successes and lessons learned from the care home review team, to replicate this model, and broaden the scope to undertake all adults receiving care with outstanding, and pending reviews.

In-house Care at Home Service

The East Renfrewshire Health and Social Care Partnership Care at Home Service has been at the forefront of the delivery of good quality, person centred care during the pandemic. The social care workforce within this service have continued to demonstrate compassion and commitment providing care to allow people to be cared for in their own homes.

The unannounced inspection in February 2019 by the Care Inspectorate resulted in the requirement to undertake a significant programme of improvement across in house service provision. These improvements were across nine key areas, including care planning and review of support packages, staff supervision, training and management of medication.

The service inspection in 2020 was delayed due to the pandemic with the inspection undertaken in July 2021 and the inspection reporting the service had met all requirements. The revised grading for the service is now good across all inspection themes that were considered during the inspection process. The inspectors noted the high level of service user satisfaction and the sustained and continued improvements across the course of a pandemic. The additional inspection theme - How good is our care and support during the Coronavirus (Covid-19) pandemic - was also graded as good.

The redesign of the service will recommence as part of our recovery plan and will take cognisance of the growing demands on service provision due to the increasing complexity of people being supported as a result of the pandemic. It will also focus on creative and sustainable approaches to recruitment to ensure that we are able to provide support in the right way and the right time. Our focus will be on supporting people to maximise their independence through strengthening our reablement approach.

Bonnyton Care Home

In January 2020 the residents and staff at Bonnyton House in Busby moved to a care home in Crossmyloof for what was meant to be a 12 week renovation.

Our colleagues in Bonnyton House experienced extremely challenging circumstances and long lockdown periods, but they responded with such resilience, flexibility and determination. They lost much-loved residents, nursed others back to health, helped residents through periods of isolation and supported families who lost their loved one or couldn’t visit for months. Many of our Bonnyton colleagues also became unwell themselves. To say it was difficult would be an understatement and we are very grateful to every single member of staff.

While residents continued to be cared for at Crossmyloof, as soon as restrictions allowed the team continued to push the renovations forward. The work was complete in October 2020 and after 10 long months, returning to Busby was a huge milestone.

The team worked closely with families during the move back and compiled a short video to show residents and families to support the transition during a time when families could not readily visit their loved ones. The Care Inspectorate noted this as a model of good practice.

The care home underwent a huge refurbishment. All common lounge areas and dining areas were transformed. The bedrooms were fitted with new showers and wet room areas as well as furnishings. The courtyard was paved, making it look much larger and it is now also easier for residents to get about. Residents are enjoying looking after the planters which were installed into the courtyard which are now filled with beautiful flowers, herbs and even some vegetables.

The exterior of the building was painted and the shrubbery areas are also blooming thanks to our colleagues in the council’s Neighbourhood Services department.

A Phase two of renovations is planned for next year which will include other communal areas as well as a larger and fit for purpose staff area.

Care Home Assurance Visits and Care Plan Reviews

The Coronavirus (Covid-19) pandemic has had a significant impact on health and social care with arguably the most significant impact on our care homes, the residents, their families and care home staff.

In February 2021, The Cabinet Secretary for Health and Sport requested via Chief Social Work Officers that assurance visits to all care homes were undertaken to provide assurances regarding the quality of care. There was also a request to complete individual reviews for all residents who did not have a recent review completed. This recent assurance activity builds on a the first round of assurance visits within care the home population in response to the Scottish Government update to the National Clinical and Practice Guidance for adult care homes in Scotland during the Pandemic issued in May 2020. The Cabinet Secretary set out additional requirements for enhanced professional clinical and care oversight of Care Homes during Coronavirus (Covid-19) in a letter to NHS Boards outlining immediate actions required to progress this and proposed the need for a longer term supporting structure.

During 2020, East Renfrewshire Health and Social Care Partnership has led two Large Scale Investigations both of which were intelligence led. As a result of these investigations one care home closed resulting in 55 residents transitioning to their new care homes between March and April 2021. Whilst the timing and scale of this work for a small Health and Social Care Partnership proved a challenge, the learning and collaborative approach from our work very much informed our approach to both care home support and assurance visits and individual care reviews.

We made a decision early on that we wanted to complete these visits through a joint health and social work lens with a real focus on human rights. The visits were completed by Chief Social Work Officer, Chief Nurse, Head of Service and Senior Nurse. The rationale behind this was partly due to capacity issues across our services and also that we were keen to model a compassionate and trauma informed approach that reinforced the message to care homes that their work was valued and appreciated by our most senior leaders.

Key Themes

- Overall the quality of care within care homes was very good. We saw many examples of person centred care, specific care plans to support residents during lockdown and when care homes opened to visiting.

- We were humbled and inspired by the care home staff / managers and were shown many examples of where they had provided care and end of life care in the most difficult and unprecedented circumstances. We were very reassured to hear confirmation that residents died well and appropriate just in case medications were in place for residents. Care home managers and staff have undoubtedly experienced significant levels of grief and trauma and despite this have continued to support each other and care for residents. We heard stories of loved ones who were unable to be with their dying relative at the start of the pandemic and who watched from the window and care home staff holding phones to residents' ears whilst their loved ones spoke with them.

- Whilst the experience of those managers and staff who did not experienced a Coronavirus (Covid-19) outbreak within the home and / or resident deaths due to Coronavirus, the ongoing fear and focus required to protect the residents from Coronavirus over a prolonged period of time has been challenging. In one of the homes visited 59 staff members contracted Coronavirus (Covid-19) out of 65. Despite this the uninfected care staff ran the home until colleagues returned when no longer infectious in many cases unwell too. Their prime consideration was the residents. The successful

roll out of the Coronavirus (Covid-19) vaccination programme for residents and staff however has had a very positive impact on all notwithstanding the need for ongoing vigilance in relation to existing IPC measures.

- We noted resilience amongst residents however noted that reduced physical activity (due to periods of isolation), lack of visits from families and limited indoor / outdoor activities has most definitely impacted on the health, cognitive ability and mobility of the resident population. Locally this appears to correlate with a higher number of falls and we are keen to examine this data with our colleagues in Public Health. There is evidence of the significant emotional / mental impact that deaths of their friends have had on residents. There are many examples that this has triggered physical, emotional and cognitive deterioration.

- We found many areas of good practice around resident visiting, creative indoor activities and wellbeing support for staff. We also provided a sensitive critical friend approach highlighting areas where improvements could be made. The visits also allowed sharing of good practice between homes and helpful solutions to key issues shared. It also requires to be highlighted that our visits and the subsequent review activity has reduced the capacity for the homes to absorb family and friends visiting and this in our view should have been factored into the assurance expectations.

- Communication and networks between the care home managers has developed from pre Coronavirus (Covid-19) position - we heard examples where care home managers reached out to support one another and we anticipate that the now fortnightly care home manager forum will support us to build on this.

- Whilst there was some variability in the level of support from and access to GPs with some very positive reports further work is required to strengthen the local arrangements for GP support to care home residents.

- There was a concern regarding the indefinite use of DNACPR (do not attempt cardiopulmonary resuscitation) for care home residents where there has been little / no consultation with families / guardians. This is a human rights issue and needs to be reviewed. This emotional impact of this was significant and experienced by resident's families and care home staff.

- Despite collaborative planning and reassurance before visits, Care Homes reported staff were anxious about the further level of assurance being required after such a difficult year.

- We found tensions between the guidance around infection prevention and control and resident's human rights.

- Care home staff were observed as demonstrating very good adherence to the Personal Protective Equipment (PPE) requirements specific to task and any issues in relation to Infection Prevention and Control (IPC) which required attention were addressed during visit and / or shared with the care home manager as part of ongoing improvement activity.

- Staff put their lives on hold. Their focus and priority was the residents and the selflessness that they demonstrated overwhelmed all of us who visited. We were given many examples of staff moving into the home to protect family members who were shielding and / or where there was workforce resilience issues due to impact. There were only a few homes where the use of agency staff was higher and in most cases they kept this to the same staff by block booking. Moving out of restrictions it was great to

hear and meet some of the agency staff who have been given substantive contracts with the homes.

- Leadership has already been outlined within the report as being visible at all levels. The role of the care home manager however needs to be commended as they were often were having to balance the health and emotional risk; to staff, residents whilst being that supportive ear for very anxious carers and combing this with the huge expectations of their external partners, commissioners, public health, and scrutiny body. In retrospect this at times must have been impossible task to deliver on considering the continual changing priorities and the unknowns about the transmission of the virus. There is no doubt this at times the system demands reduced their capacity to meet the very high and public expectations and it created additional stressors. For recovery this should be factored into a more proportionate response as nationally we move out of Coronavirus (Covid-19) and there should be more emphasis on compassionately supporting the sector in a more trauma informed way that seeks to restore and renew.

In March we were able to offer additional resources, through Local Mobilisation Plans, to undertake Care Home Assurance Visits and Care Plan Reviews for all East Renfrewshire residents living in a care home.

Telecare Services

The in-house telecare service has circa 3000 service users and has performed well over the past 12 months. The service recently had its annual audit by the Technology Enabled Care (TEC) Services Association audit. The initial feedback was positive and the final report is awaited. A key work stream over the coming months will be in relation to supporting the progress and implementation of the changes required as part of the analogue to digital transformation.

The service was delighted to secure funding support from East Renfrewshire Council to lead the development of the analogue to digital programme. In addition, funding has been secured from the Scottish Government Technology Enabled Care Pathfinder Programme to ensure that individuals and families are supported to consider technology as part of our early intervention and prevention approach. A Technology Enabled Care Peer Mentor will be recruited to support our workforce to ‘think digital’ as part of the self-management supports for adults.

2.3 Mental Health

Mental Health Officers (MHOs) are responsible for carrying out specific duties on behalf of the local authority detailed within the Mental Health (Care & Treatment) (Scotland) Act 2003, Mental Health (Scotland) Act 2015 and Adults with Incapacity (Scotland) Act 2000.

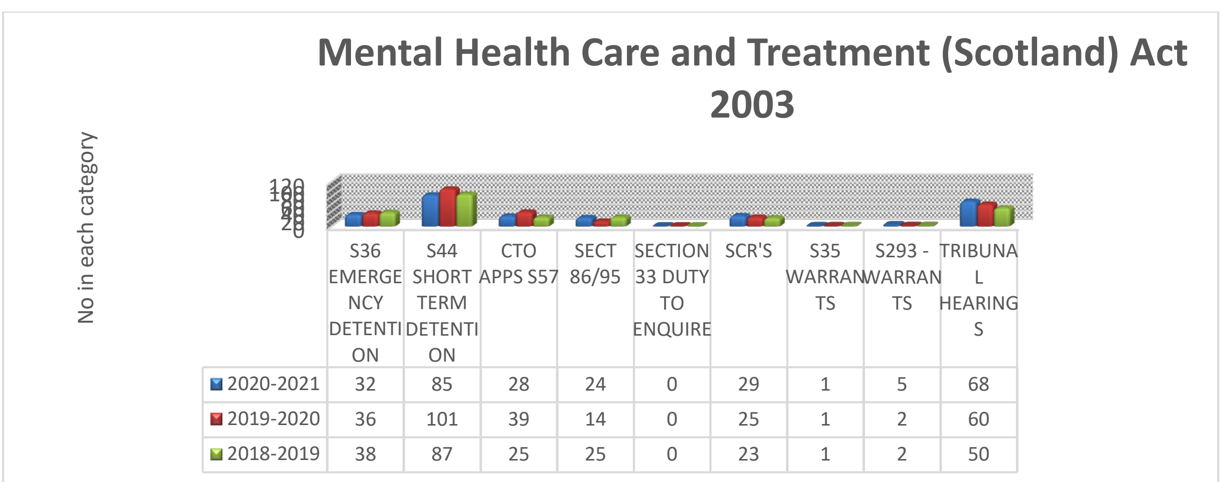
The East Renfrewshire Mental Health Officer service sits within the mental health social work team based in the Barrhead Health and Care Centre. Staff provide the dual role of Mental Health Officer and Care Manager to individuals subject to statutory measures under the Mental Health and Adults with incapacity legislation.

Mental Health Officers work closely with other agencies and professional to improve the quality of experience of people subject to statutory measure and ensure their rights are protected. These include:

- Community health and social work teams including those supporting children and young people experiencing poor mental health.
- Voluntary Sector Partners.
- Independent Advocacy Services.
- The Carers Centre.

Like all staff the Mental Health Officers required to adapt to the changing environment brought on by the pandemic and the associated restrictions in early 2020. Staff were able to work in an agile manner while continuing to provide a responsive service. The introduction of emergency legislation from the Scottish Government created some tensions with regard to ensuring individuals' rights were protected. Therefore the virtual monthly Mental Health Officers Forums were an essential part of keeping staff up to date with relevant changes to practice and legislation and local practice had individuals' rights at the heart.

The Mental Health Officers activity generated by the Mental Health (Care & Treatment) (Scotland) Act 2003 over the last 12 months within East Renfrewshire is not reflective of the national picture. The graph below highlights that statutory work relating to Emergency Detention Certificates, Short Term Detention Certificates, and Compulsory Treatment Order applications all reduced in comparison to the previous 12 months. Areas of work which reflected a slight increase over this period were an increase in the completion of Social Circumstances Reports, section 293 warrants and attendance at Mental Health Tribunals, most likely as a result of increased capacity due to these being held virtually.



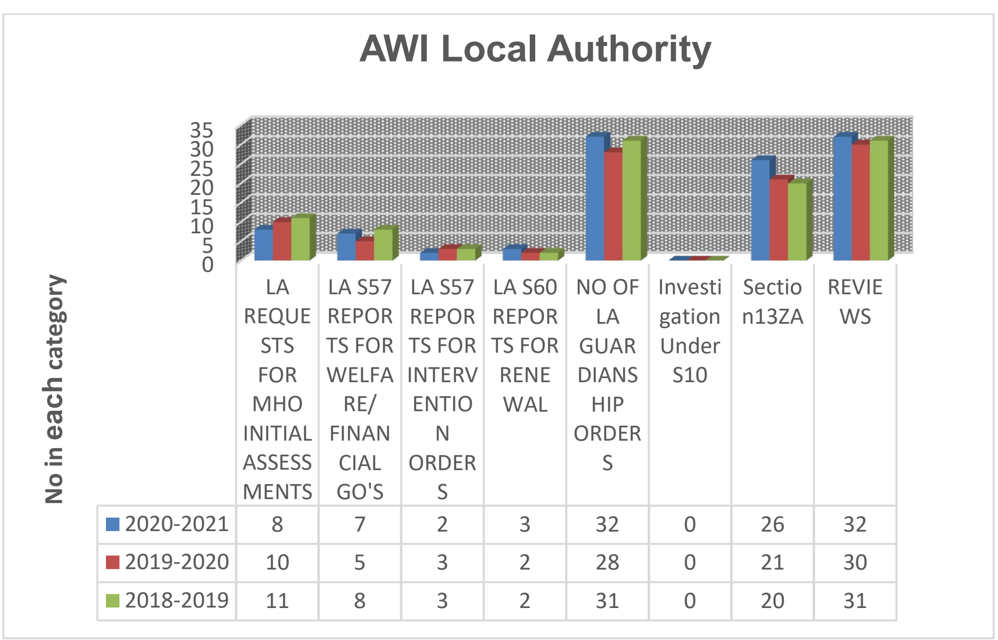
	S36 EMERGENCY DETENTION	S44 SHORT TERM DETENTION	CTO APPS S57	SECT 86/95	SECTION 33 DUTY TO ENQUIRE	SCR'S	S35 WARRANTS	S293 - WARRANTS	TRIBUNAL HEARINGS
2020-2021	32	85	28	24	0	29	1	5	68
2019-2020	36	101	39	14	0	25	1	2	60
2018-2019	38	87	25	25	0	23	1	2	50

Despite the pandemic figures show that activity remained consistent across the year with a slight spike in Emergency Detentions and Short Term Detentions between October and November.

The Adults with Incapacity legislation section 57(2) places a duty on the Local Authority to make an application for Welfare and / or financial Guardianship when specific criteria are met. The Chief Social Work Officer has overall responsibility for the governance and management of local authority Welfare Guardianship Orders while the role of Designated Welfare Guardian is currently delegated to Mental Health Officers. The graph below indicates

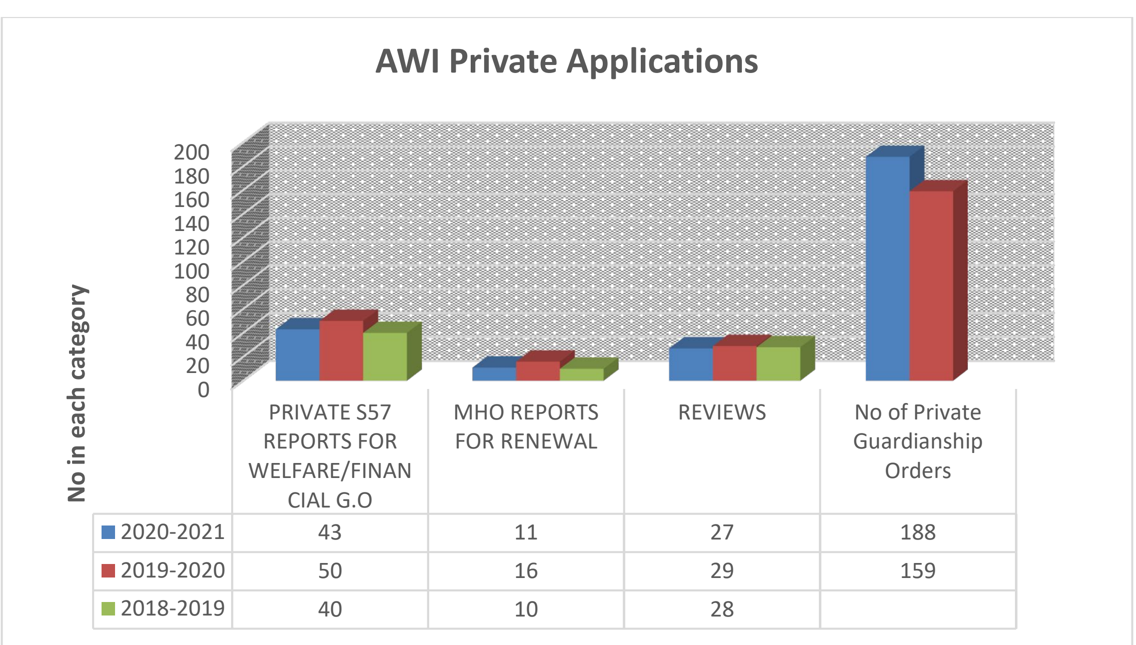
- Individuals currently subject to Local Authority Guardianship has increased since the previous year.
- An increase in 13za activity requiring the attendance of a Mental Health Officers to provide advice and guidance regarding the application of the criteria and facilitating a human rights approach.
- A slight increase in the renewal of Local Authority Guardianship Orders. This is despite the ‘stop the clock’ on the necessity to renew Guardianship orders enacted by the Coronavirus (Scotland) Act 2020 for a period of 176 calendar days from 7th April to the 30th September 2020.

Referral for mentally disordered offenders remains low with only four individuals subject to mental health court disposals.



	LA REQUESTS FOR MHO INITIAL ASSESSMENTS	LA S57 REPORTS FOR WELFARE/ FINANCIAL GO'S	LA S57 REPORTS FOR INTERVENTION ORDERS	LA S60 REPORTS FOR RENEWAL	NO OF LA GUARDIANSHIP ORDERS	Investigation Under S10	Section13ZA	REVIEWS
2020-2021	8	7	2	3	32	0	26	32
2019-2020	10	5	3	2	28	0	21	30
2018-2019	11	8	3	2	31	0	20	31

The demand for Mental Health Officer reports to accompany private applications for Welfare and Financial Guardianship continues to increase. The supervision of these orders remains a challenge due to the ever increasing amount of guardians to be supervised which currently sits at 188 (an increase of 29 from last year). Many of these are joint guardians which can bring with it additional complexities. There has been an increase in the number of complex cases where more intensive supervision of the guardian(s) is required. New procedures with regard to the Adults with Incapacity legislation are currently in draft form and it is hoped this will provide a framework for practice moving forward.



	PRIVATE S57 REPORTS FOR WELFARE/FINANCIAL G.O	MHO REPORTS FOR RENEWAL	REVIEWS	No of Private Guardianship Orders
2020-2021	43	11	27	188
2019-2020	50	16	29	159
2018-2019	40	10	28	

The recruitment and retention of Mental Health Officers has presented challenges over the last 12 months. Recent national figures suggest a shortfall of 55 Mental Health Officers across Scotland. With consideration of the age demographic of Mental Health Officers nationally and also the impact of the pandemic we can predict that there will be challenges for the service in being able to continue to meet its statutory duties. Following on from the review of Mental Health services at the end of 2019 a consultation exercise has been undertaken to look at the structure of the service. This along with the recent difficulties in recruitment has led to consideration of including social workers within the service which would allow the Mental Health Officers to focus purely on statutory duties with the exception being those with more complex needs. Moving forward our focus will be the development of the current workforce. *Mental Health Officers Capacity Building (Training) Grant Scheme: (2020-21)* funding has enabled the partnership to put forward two candidates for the Post Qualifying Mental Health Officer award this year and facilitate extra capacity for Practice Assessors.

2.4 Criminal Justice

As with all areas of our lives, the Coronavirus (Covid-19) pandemic has had a significant impact on the Criminal Justice System and associated Justice Service delivery during 2020/21. This is reflected in the table below which illustrates the number of Statutory Orders and requests for Criminal Justice Social Work Reports received by East Renfrewshire during that year.

	Number 2020-21	Number 2019-20	Change (n)	Change %
Criminal Justice Social Work Reports	123	226	-103	-45%
Community Payback Orders	31	105	-74	-70%
Community Service Orders	0	0	0	0
Through-care (released prisoners)	5	11	-6	-55%
Drug Treatment and Testing Order	0	0	0	0
Fiscal Work Order	0	2	-2	-200%
Diversion	13	10	+3	+30%

Community Payback Orders (CPO)

During Lockdown restrictions in 2020/21, there was a limited staff presence in offices with only essential services entering council buildings. Social workers continued to supervise people by phone whilst maintaining office contact with those offenders who were deemed as vulnerable or assessed as posing the highest risk of harm.

Unpaid Work (UPW) was suspended in March 2020. This led to a significant backlog in Unpaid Work hours. In line with other areas, we used a blended approach in order to reduce the backlog of hours. We delivered working at home kits, utilised a learning pack that people could complete with the support of a social worker and ensured other activity hours were claimed appropriately.

Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the outstanding backlog of hours by 2329 hours.

The delivery of the nationally accredited sex offender group work treatment programme Moving Forward Making Changes (MFMC), was suspended during increased lock down restrictions. Three people, however, successfully completed the programme which was delivered on a one to one basis by practitioners and a treatment manager within the justice team.

Key Successes

Strong partnership working was evident in planning support for people who were being released early from prison in May 2020. Throughout the Coronavirus (Covid-19) restrictions, we ensured that people being released from custody, including those not subject to statutory supervision, were supported and that housing had been identified for them. Service users released from custody during lockdown necessitated close collaborative working with Housing, Health, Addictions and Police Scotland to ensure needs were met and risks were managed during a particularly challenging time.

During the year we enhanced our Unpaid Work Service by securing workshop premises. We also recruited a full time supervisor and new sessional staff. We have used the period when the service was suspended to ensure the premises were upgraded and equipped with

appropriate tools and machinery. This will enable people subject to Unpaid Work to develop new skills and allow us to address the backlog of unpaid work hours once restrictions ease.

We commissioned the theatre group Street Cones to deliver an online 12 week Road to Change Programme. The 10 service users who attended the interactive lived experience workshops, were credited with other activity hours for participation in this programme which ended with an online performance.

In February 2021, an audit undertaken by the Multi Agency Public Protection Arrangements (MAPPA) Unit, evidenced that robust risk management arrangements were in place for those offenders who pose a high risk of harm.

Qualified social workers in the team, continued to access appropriate risk assessment training which was delivered on Microsoft Teams. This training included: Structured Assessment of Protective Factors (SAPROF), Stable and Acute 2007 (SA07) refresher training and The Spousal Abuse Risk Assessment version 3 (SARA V3).

The Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the Service

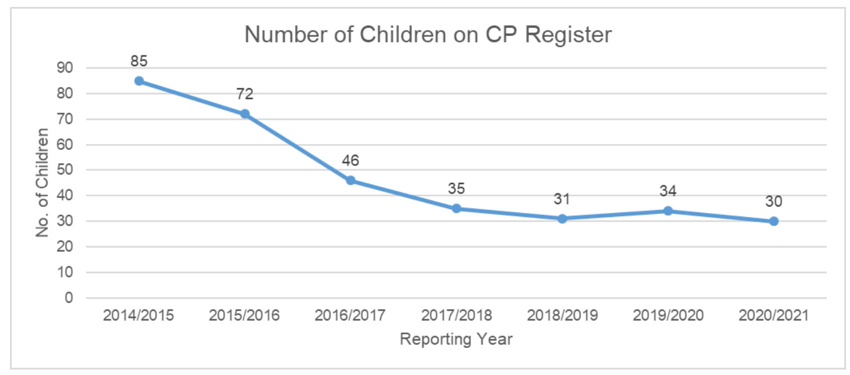
2.5 Public Protection

We continue to carry out and enhance our public protection duties safeguarding children and adults across East Renfrewshire.

Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire's Child Protection Register was 30 in 2020/21. This is a decrease of four on the previous year. Although we had experienced variations in previous years higher than the national average, our registration rate appears to be stabilising at around 30 to 35 children each year. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

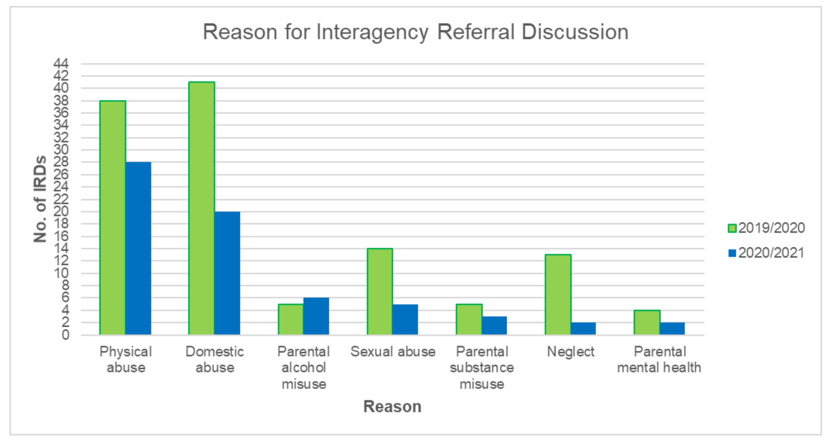
Child Protection Registrations



Interagency Referral Discussions

During the period April 2020 – March 2021, we have undertaken 100 Interagency Referral Discussions (between social work, police, health and where appropriate education services) in respect of 148 children.

The most common reasons for initiating an Interagency Referral Discussion (IRD) during 2020/21 are shown in the chart below. The highest reason for an Interagency Referral Discussion in the reporting period was physical abuse. There has been a significant decrease in Interagency Referral Discussions in all reasons apart from parental alcohol misuse which increased slightly.

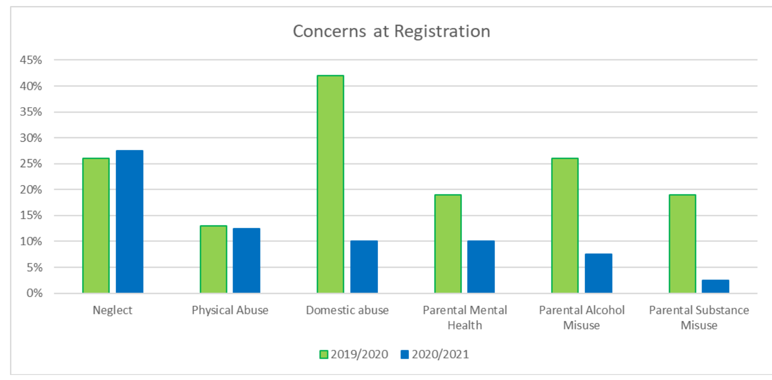


Of the 148 children and young people subject to Interagency Referral Discussions, half were subject to a child protection investigation. 38% went on to have an initial or pre-birth child

protection case conference. Of the 38% of children and young people who were subject to an initial / pre-birth child protection case conference, 75% were registered. This is a significant increase on the previous year of 38%. This equates to approximately 14% of all the children and young people who were subject to an Initial Referral Discussion, which again is a significant increase of 75% from 2019/2020.

Concerns Identified at Registration

The proportion of children who were registered for neglect increased slightly by 2%. There was a significant decrease in all other concerns apart from physical abuse which was only marginally less than 2019/2020.



Quality Assurance Activity

Interagency Referral Discussion Audits

A quarterly programme of Interagency Referral Discussion audit is now an established part of our continuous improvement programme for Child Protection, allowing us to maintain an overview of the initial decision making in child protection processes. We have completed our quarterly audits for the reporting period.

The findings of the audits are discussed by the Child Protection Committee Continuous Improvement Subgroup and presented to the Child Protection Committee. The feedback is shared with frontline Team Managers to support development of practice. Any appropriate areas for improvement will continue to be taken forward as part of the new Scottish Interview Model for joint investigative interviews.

The following strengths were identified from the 2020/2021 audit:

- Almost all (97%) Interagency Referral Discussions reflected actual or potential risk to the child/young person.
- Almost all (93%) Interagency Referral Discussions considered the historical information relevant to the concern being discussed.
- Most (83%) Interagency Referral Discussions were able to reach a clear conclusion of risk.
- Almost all (94%) ensured the child / young person's safety throughout the process.
- The Interagency Referral Discussions audited achieved an average rating of 'Very Good' in terms of overall quality.

The North Strathclyde Child Interview Team - Pilot

The North Strathclyde Pilot, consisting of four Local Authorities and two Police Divisions went live on the 10th August 2020. The pilot continues to develop and fulfil the aim to ensure that all interviews take place in a safe, child friendly, age appropriate way that gives consideration to any developmental or additional needs. Moreover, that all children and their families will receive the practical and emotional support they require to recover.

The four local authorities, two police divisions and Children 1st continue to work collaboratively through monthly operational and strategic group meetings involving partner agencies from Health, Scottish Children's Reporter Administration, and Crown Office and Procurator Fiscal Service to ensure early escalation of process and practice challenges so that learning drives required changes throughout the pilot.

Support for staff in the child interview team to address vicarious trauma as part of our resilience arrangements is progressing via a Forensic Psychologist whereby face to face group supervision as well as one to one sessions will be built into the operational diary at a frequency of six weekly, with each staff member being invited for further sessions at their own request.

In the reporting period, 10th August 2020 to 31st March 2021, the team have received 273 referrals and completed 218 interviews. Quarter 1 data recorded an overall disclosure rate of 79.2% and Quarter 2, 73%. Over a period of eight months, five months recorded a disclosure rate over 80%. This provides evidence that children and young people feel safe to speak and the interviewers themselves believe the extensive training has informed best practice and focus on planning which anecdotally was too often an oversight. March brought about the highest number of referrals to the team since going live in August 2020. Over 30 primary concerns were recorded as sexual abuse or assault and due to the demands placed upon the interviewers, our learning over this month has highlighted the need for increase resource and resilience for the team due to volume and complexity.

Breakdown of Completed Interviews:

Over this reporting period, East Renfrewshire made 28 referrals to the child interview team, where 22 progressed to a joint investigative interview. A disclosure rate of 57% was recorded against these interviews with a crime report raised for all 16 of these disclosures. Suitable venues are often a challenge for the team however East Renfrewshire have been able to provide accommodation at the Children's Hearing room in Barrhead Health and Care Centre and Children1st have given access to their premise in Giffnock. A total of 13 interviews were carried out between these two venues for East Renfrewshire children and young people.

The Children1st participation project encompasses a rights-based approach with a right to be heard at the heart of the work. In order to maximise opportunities for gathering feedback a range of tools have been developed to seek views in an ethical, trauma-informed and sensitive way. Continued development in respect of innovative ways to advise families of the opportunity to provide feedback in order that we can impact positive change in respect of the vision that North Strathclyde pilot have in respect of the healing house for children. The provision of support is the main reason for referral to Children1st, which will always be responded to as priority.

Feedback received from the child or young person and their family's perspective will offer valuable insights and from early indications, the interview is only one part of the process for families. It is therefore imperative that all involved partners continue to build upon the commitment to improve the before, during and after interview for families to ensure a trauma-informed model of practice throughout any investigation whether that be criminal proceedings or child protection.

The child interview team continue to be highly motivated and remain eager to contribute to the learning and development to achieve system change for children and young people.

Children 1st alongside East Renfrewshire Health and Social Care Partnership and partner agencies continue to build upon the vision of a child's house for healing, which will be delivered in a building which is child friendly and brings together child protection and justice system to one place. Children and young people will also access medical intervention if required. The child / young person will immediately be able to get support to recover. All court appearances will be carried out at the house by video link. This will be the first model of its kind in the UK and it is hoped that by using research and evaluation the house will be scaled across the whole country.

North Strathclyde Child Interview Team Audit Work

Development work continues under the new Scottish Child Interview Model (SCIM), and audit work to date has included:

- Peer evaluations undertaken on a quarterly basis involving four members of the team on each one.

- Monthly self-evaluation undertaken by each member of the team. On a quarterly basis, a detailed evaluation is undertaken by a Detective Sergeant and Social Work Team Manager and feedback provided to the interviewer. To date, this has been carried out by the National Joint Investigative Interview Team and will now transfer to North Strathclyde pilot after completion of training and shadowing opportunity.

- Two multi-agency audits have been completed and have included representation from: Scottish Children's Reporter Administration (SCRA), Police Scotland, NHS Greater Glasgow and Clyde, Social Work, National Joint Investigative Interviewing (JII) Team, Joint Investigative Interviewing Coordinator and a member from the child interview team.

- Scottish Children's Reporter Administration have evaluated three joint investigative interviews undertaken by the pilot team.

Audit work, along with the extensive level of data capture is providing us with evidence that the new model is offering the child / young person an environment and process that they feel safe to disclose. Furthermore, evidence that the planning taking place reflects the complexities of the allegations referred to the team. The audit work and data capture have identified:

- Children / young people appearing comfortable in their environment and having their needs met by interviewers who utilised breaks, comfort / fidget aids, and regularly checking in on their wellbeing throughout interview.

- Data shows high adherence to the key planning tools, in North Strathclyde 100% of interviews had all four planning tools completed.

- Evidence from audit work that interviewers are applying the Scottish National Institute of Child Health and Human Development (NICHD) protocol and the rapport and episodic memory training phases are completed to a high standard.

- Recent evaluations by Scottish Children's Reporter Administration have highlighted that interviewers should ensure they take opportunities to clarify language, phrases or concepts expressed by the child / young person during interview that may be open to

interpretation. A thorough exploration of these types of occurrences during the interview itself is likely to reduce the requirement for these to be tested out in cross-examination.

Our biggest challenge – Domestic Abuse

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. Over the course of 2020/21 East Renfrewshire Health and Social Care Partnership received 517 police concern reports relating to 445 children which is a 16% increase on the same period last year.

In the reporting period 2020/21 Women's Aid supported 805 women and children across the three core services (Refuge, Outreach and Child and Young People support) including helpline and drop in enquiries. This is a decrease of 17% compared to the previous year. Reports from survivors and specialist services during Coronavirus (Covid-19) has shown that lock down restrictions prevented women from seeking support especially where perpetrators remained in the family home.

In the reporting period 2020/21 East Renfrewshire Health and Social Care Partnership received 1047 referrals of which 351 recorded domestic abuse as the primary concern (this was the most common primary concern and makes up 33% of the total referrals).

Domestic abuse features as one of the most common concerns within Interagency Referral Discussions (IRD) held in East Renfrewshire. During the reporting period 2020/21 of the 100 Interagency Referral Discussions held (involving 148 children) 31% of these listed domestic abuse as a significant factor. Compared to the previous year this is a 9% decrease in Interagency Referral Discussions and 18% decrease in the number of children where domestic abuse was listed as a significant factor. There was no change to the overall proportion of Interagency Referral Discussions with domestic abuse is a significant factor which remains at 31%.

There were 34 adults referred to East Renfrewshire Adult Support and Protection team where Domestic Abuse was highlighted as a concern during the reporting period.

Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire

Multi-Agency Risk Assessment Conferences are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. Over the course of the last year Multi-Agency Risk Assessment Conferences in East Renfrewshire continued each month, switching to an online platform due to Coronavirus (Covid-19). This has worked very well and we have had 100% attendance from the range of agencies that attend.

In this reporting year 120 high risk victims and 172 children were discussed at Multi-Agency Risk Assessment Conferences. This is an increase of 40% and 28% respectively in cases discussed compared to the previous year.

Of these figures:

- Of the 120 victims discussed, the age range was 17 – 91 years old
- 58% of victims recorded a disability
- 9% of victims were from Black, Asian and Minority Ethnic (BAME) communities
- <1% of victims identified from Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community
- 29% of children referred were under the age of 5 years (including Pre-Birth)

- 44% of children referred were aged between 5-12 years
- 1% of victims were between 17-18 years
- 5% of victims were male (an increase of five men compared to the previous year).

During the reporting period 2020/21 Police Scotland remained the main referrer to East Renfrewshire Multi-Agency Risk Assessment Conferences, followed by children and families social work, Women's Aid and then adult social work.

A total of 592 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period (compared to 469 the previous year). It is important to note that in the reporting period 2020/21, 33 victims did not have school aged children compared to 21 survivors the previous year. This is an increase of 57%. Victims without school aged children were not previously visible in the domestic abuse pathway. The increase demonstrates increased awareness, identification, risk assessment and improved pathway response for domestic abuse across both adult and children's services.

Safe Lives carried out an independent observation of the East Renfrewshire Multi Agency Risk Assessment Conference in May 2021. The observation report and findings were very positive highlighting a range of strengths in best practice, procedure and strategic oversight. This reflects the commitment by all agencies to share information to keep victims of domestic abuse and their children safe and improve outcomes.

Multi-Agency Risk Assessment Conference and Risk Assessment Training

Domestic Abuse Awareness and Multi-Agency Risk Assessment Conference briefings have also moved online due to Coronavirus (Covid-19) restrictions. These picked up again in September 2020 and have run each month; 127 staff have attended the training from September 2020 – March 2021. The sessions continue to be oversubscribed such is the demand from across the Health and Social Care Partnership including delegates from the following: Children and Families, Criminal Justice and Adult Social Work, Health Visiting, Child and Adolescent Mental Health Services, Adult Mental Health, Addictions, Housing, Education, Care at Home organisers / reviewers, Police, Fire and Rescue, Women's Aid and Human Resources.

The Multi-Agency Risk Assessment Conference and Risk Assessment Training Course has evaluated extremely well and high demand for the course has resulted in a waiting list.

In addition to the Multi-Agency Risk Assessment Conference and Risk Assessment Training a previous review highlighted the need for training opportunities for Home Care and Telecare Staff. This training takes place monthly again online at this time. 41 staff have attended this training up to March 2021 and this continues to be delivered with dates booked into the autumn.

Safe and Together

The Safe and Together Model provides improved safety planning for children and adults and improves the assessment and management of perpetrators. Multi agency training has been delivered to key staff across addictions, children and families, adult services, mental health, primary care, housing, education, children's hearing panel members and the third sector.

One day overviews have continued to be delivered online since September 2020 (one day is split into two half days. In total from this period 161 participants from across the Health and Social Care Partnership have attended.

The monthly Safe and Together "drop-in" consultations started in March 2021 and have occurred each month. Monthly dates are identified for the rest of the year and are open to everyone across the Health and Social Care Partnership who would like to discuss any aspects of the Safe and Together training and or how to apply it with an individual or family they are supporting.

The drop-ins are now extended from the Safe and Together Model to encourage staff to use this time to discuss any aspect of domestic abuse in relation to the families they support. For example staff are being supported to create safety plans, discuss a Domestic Abuse, Stalking and Honour based violence (DASH) risk assessment or a referral to Multi-Agency Risk Assessment Conferences.

Adult Protection, Quality Assurance and Continuous Improvement

Adult Support and Protection Inquiries

Within the Reporting Period 1st April 2020 to 31st March 2021 there has been a total of 857 inquiries undertaken by Council Officers (Adult Service Social Workers) of which 224 progressed to investigations. Within the previous reporting period 2019/20 there were 697 inquiries carried out and 191 investigations. This demonstrates that there has been an increase of 23% (160) in the number of inquiries and of 17% (33) of the number of investigations undertaken compared to the previous period. This is consistent with the trend of increasing demand noted since the introduction of the 2007 Act alongside the impact of the pandemic on adults at risk of harm within East Renfrewshire.

Of those inquiries carried out during 2020/21, 27% were received from third sector organisations delivering care and support to people in their own homes. This is the second year we have noted an increase in reporting of harm in people's own homes. This provides assurance that the identification of harm by providers is improving, which has been of particular importance as adults have had limited contact outwith their homes during the Coronavirus (Covid-19) pandemic.

Police Scotland continues to be the main reporter for Adults at Risk, having generated 21% (previously 23%) of all inquiries. We have seen a slight reduction in terms of our care home reporting in this year to 19%, (previously 20%). The rates of reporting by these agencies is consistent with the rate of reporting in 2019/20 despite the significant increase in Adult Support Protection Inquiries.

In November 2020 we introduced new Adults Support and Protection procedures, adjusting our expectation for the completion of inquiries from five working days to two working days.

While there has been an increase in the number of inquiries requiring more than five working days, this must be considered against the backdrop of the pandemic and its impact on working practices.

The introduction of data collection as to the reasons / barriers for non-completion of inquiries within two days will allow us to identify them and develop solutions to improve practice in relation to timescales. This mirrors the approach taken in children's services.

Adult Protection Investigations

For the period 2020/21 there were 224 Adult Support and Protection investigations that involved 193 individuals, this is 15% increase from 2019/20 (190). The conversion rate from inquiry to investigations is 26.1%, this the second year conversion rates have been recorded

at approximately this rate (27% in 2019/20) down from previously high rates of conversion (36% in 2018/19).

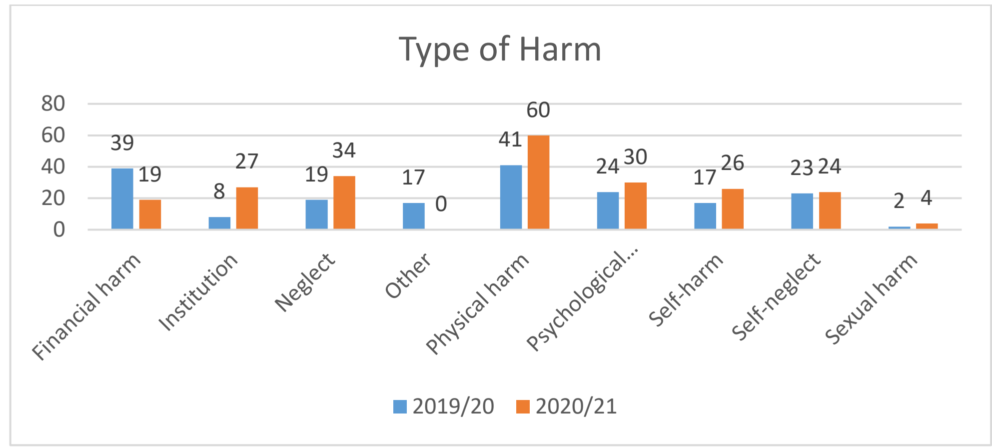
Internal audits carried out in autumn 2020 considered manager oversight and conversion highlighted no immediate concerns regarding conversion. The reduction from previously higher rates may be as a result of the improvement activity around practice procedures and oversight. This will be further examined through ongoing quality assurance and audit activity.

Type of Harm

Consistent with the 15% increase in investigations in 2020/21, we have seen an increase in almost all types of harm at investigation, with the exception of financial harm which has decreased by 51% by comparison to last year. This reasons for this reduction will be further explored locally and nationally in 2021/22.

Physical Harm remains the most common harm experienced by adults having increased to 27% of the investigations carried out in 2020/21, in 2019/20 this accounted for only 22% of investigations.

Institutional harm has seen a significant increase during this period, accounting for 12% of investigations, in 2019/20 this was only 4% of investigations. This increase is believed to be due to the two large scale investigations (LSIs) undertaken during this period. In order to promote more accurate recording the 'other' category of harm was removed, as such it is recorded as zero this year.



Key Characteristics

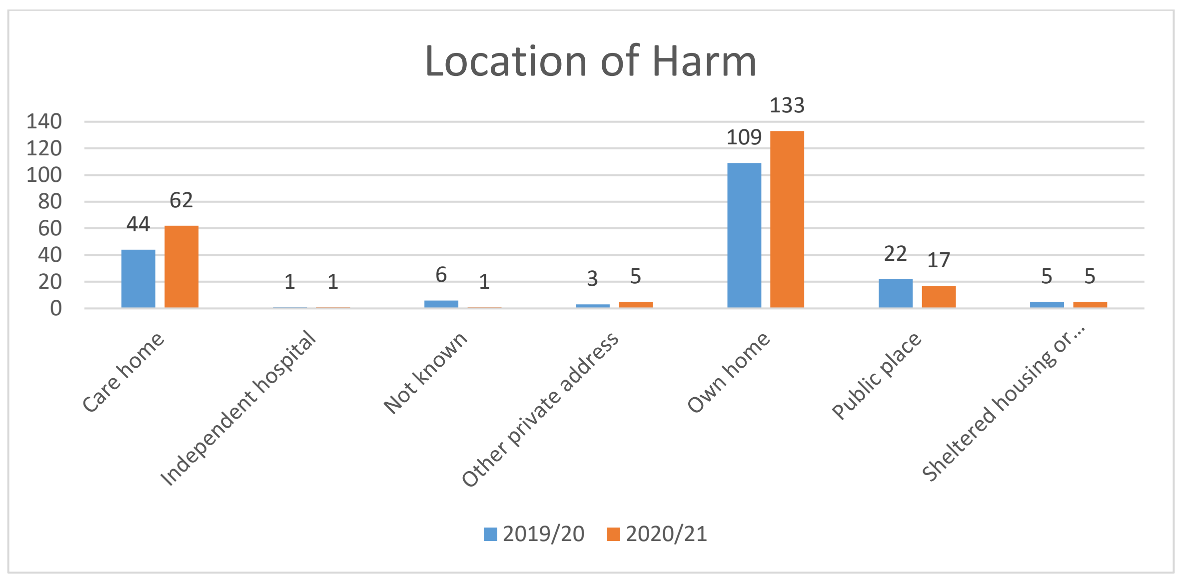
The adults most affected continues to be those with dementia, who make up 34% of all investigations, this has increased from 28% of inquiries in the previous reporting period. This increase may be as a result of the two large scale investigations which took place within care homes. However, as it demonstrates a continuation of the prevalence of harm for this group, further study is required. This study was not conducted in 2020/21 due to pressures of the pandemic.

Adults affected by mental health problems constituted 16.5% of investigations, this is a 1.5% decrease from the previous reporting period. Anecdotal evidence suggests mental distress had been key feature during the pandemic. It is of note that while there was decrease in the number of investigations for adults affected by mental health problems, there was a 20% increase in psychological harm and 35% increase in self-harm during this period, suggesting an impact on the wider demographic.

Location of harm – Adult Support and Protection Investigation

The primary location of harm in 2020/21 in 59% of investigations was within the adult's home. This is comparable to data from 2019/20.

In 2020/21 Care Homes were the second highest location of harm in 28% of investigations progressed. There is an increase compared to reporting period 2019/20 when this occurred in 23% of inquires as there were two large scale investigation, both within care homes, this increase is not unexpected.



Adult Support and Protection Improvement Activity

Over 2019/20 we reviewed and implemented new professional leadership and governance arrangements in adult services. We have also supported the development and enhanced management oversight and decision making within Adult Support and Protection through new management arrangements and targeted training by internal and external facilitators.

Adult Support and Protection practice in East Renfrewshire has continued to improve in protecting and supporting adults despite the impact of Coronavirus (Covid-19) pandemic. This has been at times challenging as the rates of referral for inquiries have increased and two significant large scale investigations have taken place in local care homes. During these large scale investigation we piloted revised large scale investigation procedures which received positive feedback and will be implemented in the 2021/22 period. The leadership and multidisciplinary working throughout the large scale investigation has been positively evaluated by council officers, key Health and Social Care Partnership staff and external agencies.

The performance of the service has continued to be reported to the Adult Protection Committee, supported by a quarterly reporting format that identifies referral rates from agencies, patterns of harm and analysis of key performance indicators. Targets have been set to ensure that we are responding timeously in our interventions to keep adults at risk of harm safe.

In addition to the quarterly reporting format we have also implemented an Adult Support and Protection Quality Assurance Framework. This scrutiny and monitoring is undertaken by team managers and provides two monthly reporting to the Chief Social Work Officer and Heads of Service of the safeguarding and support we provide adults within Adult Support and Protection.

Adult Support and Protection Service Delivery Response to Coronavirus (Covid-19) Pandemic

Throughout the pandemic our commitment to supporting adults at risk of harm remained paramount, requiring our service to adapt and respond in a flexible manner while still maintaining the safety of our workforce and those we support. Our workers have risen to the challenge of these difficult times with creativity and compassion adapting to the changing needs of those we support as the pandemic changed the way in which we all engaged with each other.

The establishment of a specific Adult Support and Protection team has assisted in an effective and consistent response to the increased volume of inquiries timeously, keeping the adult at the centre of what we do. It has also supported the development of relationships and partnership working with other agencies in responding to inquiries. We look forward to supporting the development of and working in partnership with a newly formed Police Scotland Adult Support and Protection Team (across G division) further strengthening joint work in relation to protecting adults at risk of harm.

We have employed a range of ways to engage and support individuals using virtual technology. This has helped individuals participate and contribute to the Adult Support and Protection process and link with key agencies such as independent advocacy. This has been particularly evident in case conferences. These have been largely delivered virtually via Microsoft Teams. This has seen benefits in terms of increased participation of carers and family members.

Protection Plans in Adult Support and Protection

In the reporting period 1st April 2020 – 31st March 2021 we have seen a significant increase in protection plans. This improvement in practice has strengthened oversight of our ability to protect and support adults. This has taken place against the background of Coronavirus (Covid-19) pandemic and the challenges of supporting adults at this challenging time.

The launch of new Adult Support and Protection procedures locally in November 2020 provide a clearer framework for practitioners and will help to strengthen practice.

Adult Support and Protection – Referrals to Advocacy

We have seen a significant increase in advocacy referral rates in the period 2020/21, compared to 2019/20. This improvement has occurred during the Coronavirus (Covid-19) pandemic and whilst the Advocacy Project have followed national guidelines that limited face to face contact during the pandemic, it is a testament to the way in which advocacy workers and council officers have adapted their practice utilising virtual technology to ensure that adults get the correct level of support.

Adult Support and Protection – Improvement and Quality Assurance

The reporting period 1st April 2020 – 31st March 2021 saw the ongoing impact of Coronavirus (Covid-19) pandemic which has required the Health and Social Care Partnership to adapt while still maintaining our focus on our improvement agenda that has been in progress over the last two years.

The key successes in our improvement journey have been

- In November 2020 revised Adult Support and Protection Local Operating Procedures were implemented. This was preceded by a substantial programme of training which introduced the procedures to council officers and managers involved in adult support and protection activity, second workers (registered professionals) the wider staff group within the Health and Social Care Partnership and partner and provider organisation. This included the following topics:
  - ❖ Adult support and protection – Roles and Responsibilities Practice Note. This has given clear guidance to all in Health and Social Care Partnership of their own responsibilities in adult support and protection.
  - ❖ Further clarity in referrals of criminality to Police Scotland provided within the Adult Support and Protection procedures and practice guidance.
  - ❖ Clarity on the role of the second worker and renewed focus on 3 point test throughout all adult support protection training delivered in 2020-21

- Adult support and protection notifications involving Commissioned Services
  - ❖ Which has strengthened our information sharing between operational social workers and commissioning allowing the early identification of risk and support to providers at an earlier stage.

- More effective use of quarterly reporting and audits of data
  - ❖ Informing senior management and Adult Protection Committee of areas of significant improvement and further areas to monitor.

- Increased levels of awareness within adult services workforce of the interface between Adult Support and protection and Domestic Abuse / Violence against Women.

Adult Support and Protection – Large Scale Investigation

East Renfrewshire completed two Large Scale Investigations within local care homes within the reporting period resulting in the voluntary closure of one home. The Large Scale Investigations were completed in highly challenging circumstances, with significant efforts from the social work team, the wider Health and Social Care Partnership and partner organisations to reduce the risk of harm for local residents.

Section 3. Resources

Financial Modelling for Service Delivery

In 2020/21 we ended the financial year with an underspend of £0.833 million against a budget of £179 million (including set aside). This underspend increased our budget saving reserve. We had expected to draw from reserves as we recognised we would not achieve all savings required during the year however we received Coronavirus (Covid-19) funding to support us as we did not have capacity to progress the required work as a result of our focus on the Coronavirus (Covid-19) response.

The impact of Coronavirus (Covid-19) throughout the year meant that the focus of many of our services was on response and the variances against budget reflect this; the £9.1 million we spent on Coronavirus (Covid-19) related costs was fully funded by the Scottish Government so has no impact on each service's budget.

The main variances to the budget were:

- £0.410 million underspend within Children and Families and Public Protection from staff turnover and the costs of care packages.
- £2.071 million underspend in within Older Peoples Nursing, Residential and Day-care Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.

Our unaudited annual report and accounts was considered by East Renfrewshire's Integration Joint Board on 23rd June and we plan to take our audited annual report and accounts to East Renfrewshire's Integration Joint Board in November.

Financial Modelling for Service Delivery

East Renfrewshire's Integration Joint Board continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2022/23 to 2026/27 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making. The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The budget for the year 2021/22 was agreed by East Renfrewshire's Integration Joint Board on 17th March 2021 and identifies a funding gap of £3.9 million which relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and the funding gap of £1.5 million relating to 2021/22. This fell within the poor settlement range of scenario planning.

Scottish Government support for Coronavirus (Covid-19) costs continues into 2021/22 and we will utilise this along with all other ring fenced funding throughout the year.

We are working on our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Coronavirus (Covid-19) on our population.

East Renfrewshire's Integration Joint Board has recognised this needs to be an iterative and emerging approach as we work towards recovery, including any implications from the independent review of adult social care and the creation of a National Care Service.

Our Recovery and Renewal Programme is summarised:

In setting the 2021/22 budget East Renfrewshire's Integration Joint Board recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Prior to the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

The implications from this review will be reflected in our short and medium term financial planning and in our Recovery and Renewal Programme as 2021/22 progresses and the policy decisions and directions become clearer. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021/22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

East Renfrewshire's Integration Joint Board has recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller Integration Joint Boards we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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

Section 4. Workforce

Workforce Development

East Renfrewshire Health and Social Care Partnership's workforce, our people – are key to our success. As at the 1st April 2020, East Renfrewshire Health and Social Care Partnership has a workforce of 881.72 Whole Time Equivalent (WTE) staff, consisting of 506.72 employed by East Renfrewshire Council and 375 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of the workforce work directly with patients, service users, carers and their families to support them.

The Partnership has developed a one year interim Workforce Plan covering the period 2021/22. The plan was developed in partnership with colleagues from across the partnerships, including representatives from the independent and third sector. The plan has four main sections

- Supporting Staff Physical and Psychological Wellbeing
- Short Term Workforce Drivers (Living with Covid) 12 months
- Medium Term Workforce Drivers 12 – 36 month
- Supporting the workforce through transformational change

The population of East Renfrewshire was 95,530 in 2019 and is growing. There is particular growth for our younger and older residents, who are the greatest users of universal health services, and in our oldest residents who are most likely to require social care. This is turn causes demand on our services and in turn resourcing pressures.

Some of the further challenges identified within the report are skills gaps, for example Mental Health Officers within Social Work.

The age profile within East Renfrewshire Health and Social Care Partnership is an older workforce. There are some services where this differs, for example within Social Work Children's services where the workforce is younger and less experienced and further piece of work on recruitment and retention is being taken forward in relation to this.

Within the social care sector both our in-house service and providers reported no difficulties with recruitment and retention during the pandemic. However we anticipate that as we recover from the pandemic in that roles in other sectors become vacant a combined within the impact of Brexit (in that European National can longer move to the UK and may have left to return to their home country) recruitment and retention may become more challenging. East Renfrewshire Health and Social Care Partnership will work with partners to look at solutions. At time of writing, recruitment to care at homes services is particular challenge.

Health and Wellbeing

The review of strategic priorities for 2020/21 has provided an opportunity to widen the focus on mental health to community wellbeing and now includes an additional priority of the wellbeing of our workforce, of particular relevance in this current landscape. The Health and Wellbeing group was established this year and meets monthly, comprising of representatives from across social work, health, HR, finance and resources, and trade unions.

The group ensures communication and equal access to a range of practical resources - targeting both physical and emotional health needs of staff (e.g. Walking and Pilates groups) as well as promoting specific campaigns (e.g. men's mental health). A Lead Officer post for

Health and Wellbeing has recently been approved to progress this agenda further and develop the longer term, culture change we aim to embed across the workforce.

Learning and Development

The Council's Learning and Development Service continue to offer a range of courses to council staff within East Renfrewshire Health and Social Care Partnership to support essential learning, qualifications, continuous professional development (CPD). In addition East Renfrewshire Health and Social Care Partnership Learning and Development service offer a range of learning and development activity to support and develop practice.

Practice Learning

In response to Scottish Government highlighting concerns regarding the plight of final year Social Work students, significant efforts were made to increase the number of student placements offered. A temporary change in policy allowed for an increased payment to staff engaged in practice teaching, in recognition of the additional challenges involved in taking on a student in these circumstances. Work is currently taking place to increase the availability of placements for the next intake.

The restrictions arising from Coronavirus (Covid-19) have undoubtedly had a significant impact on learning and development activity. However the move to digital learning has been more successful than might have been anticipated, with a vast array of activity having been undertaken. Moving forward, it will be important for the service to reflect on the effectiveness of different models of service delivery and identify potential solutions to any gaps in learning that may have arisen during the pandemic, while at the same time recognising the pressures services are under and the type of challenges that might be faced post lockdown.

Section 5. Coronavirus (Covid-19): Early indication of impact on workforce and services

Coronavirus (Covid-19) will no doubt be recognised as having the greatest impact on our people and communities in our lifetime. Social work and social care services across the Health and Social Care Partnership continued to rise to the complex challenges and uncertainty of the pandemic to ensure that our most vulnerable people were supported and kept safe throughout the pandemic.

This section of the report details the key impacts, successes and themes for recovery planning across Social Work services. Statutory social work services are not delivered in isolation and we will continued to need strong partnership arrangements, whether through our integration of services, our joint delivery with Education and our partnership with the third sector will be key as we approach recovery.

Chief Officer's Public Protection Group

The Chief Officers continue to meet more regularly during the early recovery phase in order to oversee a recovery programme where the protection of vulnerable children and adults are at the forefront of our work in communities.

Children's Services

Key impacts:

Our engagement with families during this period has highlighted the following key impacts that must be a focus of our recovery plans:

- Increased number of children became looked after, particularly children with autism and or complex needs, who required alternative care. There is a lack of foster care placements internally and externally and therefore a fostering recruitment campaign is required.
- Permanence plans for children require to be addressed focusing on the effect the pandemic has had on timescales.
- Additional pressures on the system due to the complexity of the needs of the children becoming looked after.
- Implementation of learning from the Care Review and The Promise in all aspects of our work with looked after children and young people.
- Coronavirus (Covid-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
- Delivery of training on Children's Services assessment, planning and resource allocation for all staff that was delayed due to the pandemic.
- Development of a third sector market place for service provision for disabled children, young people and their families in recognition that options are limited.

- Partnership working with Education, Health and adult services to develop new transition pathways for children aged 14 upwards.

Key Successes during Coronavirus (Covid-19)

- Implementation of Signs of Safety has continued and the approach has strengthened the voice of the family network in looked after reviews and permanence planning.

- First stages of development have begun to develop the Children's House which will bring approaches aligned with the Barnahus Model to Scotland for the first time.

- Our inclusive support service provided 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provision for children who have either complex health or behavioural support needs,

- The number of children looked after away from home has continued to decrease.

- Improvement work in multi-agency contribution to Scottish Children's Reporter Administration to support effective decision making.

- Improvement work in Looked After Independent Chair role to ensure effective and consistent decision making for children.

- All staff have been trained in Signs of Wellbeing assessment approach.

- Children Service's processes for resource allocation are aligned with adult services.

- Effective joint working between children and adult services in transition planning.

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Key Priorities for Recovery

- To continue with the implementation of the Signs of Safety model with a focus on relational interventions with children, young people and their families.

- To further progress the development of the Children's House for children who have been victims or witness to abuse or violence or whose behaviour has caused significant harm. This will include have access to trauma informed recovery support.

Child Protection

Key impacts:

- The Coronavirus (Covid-19) pandemic has seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs

- Despite the increase in referrals registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

Key successes:

- Early information sharing and decision making through the Interagency Referral Discussion (IRD) is well established and has been audited quarterly to provide quality assurance and management oversight. This has been an important process in maintaining relatively stable child protection registrations despite there being an increase in referrals.

- Provision of IPads to children and their families to enable them to take part in virtual child protection case conferences / children's hearings.

- Staff provided with Personal Protective Equipment (PPE) equipment to enable them to safely respond to families in crisis and ensure critical services to protect vulnerable children and young people in their communities

Adult Services including Mental Health

Key impacts:

- Staff across the adult services have had to respond to the pandemic with incredible resilience, commitment and creativity. Teams were required to establish and adjust to alternative ways of working in a short space of time.

- Across adult services we have seen increased demand and higher levels of complexity among the people we support.

- As a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people. The period has been especially challenging for our unpaid carers with impacts on health and wellbeing, increasing the difficulties that many carers face as they look after their loved ones.

- The lockdown periods have been challenging for people experiencing mental health or addiction problems and we have seen increased concern about the mental health and wellbeing of the population more generally. There has been a significant increase in demand across mental health and addiction services and increased complexity.

- Some adult services have experienced capacity issues due to staff absence at various stages of the pandemic.

- The pandemic has changed some of the choices service users make and disrupted pathways within the health and social care system. For example, care at home has seen additional pressures due to a desire from more people to be supported at home and we have seen earlier and more complex hospital discharges.

- As we move beyond the crisis period some teams are dealing with operational backlogs having focused on pandemic response and supporting those with most urgent need.

Key Successes:

- Our teams in adult services have managed throughout the pandemic to maintain and deliver safe and effective services to our residents.

- Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities.

- With the aid of technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained.

- We have developed and coordinated many additional services and supports to residential care homes, who have been caring for some of our most vulnerable residents.

- Whilst we had to close our day services, our learning disability staff worked with partner providers throughout the pandemic to establish outreach and wraparound support for individuals and their families and our older people's Kirkton service staff were redeployed to support care at home.

- We have worked with individuals with lived experience and our partner Penumbra to design and develop a successful peer support service, which works alongside existing mental health and addictions services.

- Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.

- Our Hospital to Home team has continued to support effective hospital discharge despite significant challenges in relation to accessing residential care and care at home as well as disruption to procedures for establishing Power of Attorney.

- Working with East Renfrewshire Carers, we have been ensuring carers have access to guidance and Personal Protective Equipment (PPE). Check-in calls to carers were introduced by East Renfrewshire Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continues to run virtually.

- We have worked with the Care Collective to refresh our Carers Strategy. East Renfrewshire's Short Breaks Statement has also been updated to ensure all advice and information is current and includes the development of creative, Coronavirus (Covid-19)-safe online breaks that meet the outcomes of the carer and the cared for person.

Key Priorities for Recovery

- Many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. To ensure greater resilience and higher levels of choice and control, we want to build on the positive joint working we have seen during the pandemic and increase the community-based supports and opportunities available.

- Going forward we need to make best use of digital technology and health monitoring systems to support independence and self-management of conditions.

- To support mental health and wellbeing we will emphasise a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We will test and develop the impact of lived experience in the delivery of services such as peer support, alongside formal services.

Adult Protection

Key impacts:

- The Coronavirus (Covid-19) pandemic has seen our workforce as individuals and teams respond with creativity, adaptability and flexibility.

- Even during the challenge of the pandemic our focus remained the safety and reduction of harm for adults. We maintained our Adult Support and Protection response throughout the pandemic and kept each person at the heart of what we do.

- We adjusted our practice to incorporate virtual communication which has not only met the immediate necessity of the Coronavirus (Covid-19) pandemic, but also made many aspects of the Adult Support and Protection process more accessible for service users and carers. We have been able to engage with individuals in the way that work for them and overcomes barriers, such as mobility, distance.

- We have developed stronger relationships with partner agencies, promoting an approach that keeps all partners involved and included in discussions and planning particularly in the undertaking of Large Scale Investigations. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

- There is an atmosphere of continuous improvement which is a benefit to all, with space given for self-evaluation.

Key successes:

- Successful test of change and development of a permanent dedicated Adult Support and Protection Team, ensuring continuity and focus on the most at need. The new procedures and new structure of the team and management makes things clearer and much more straightforward.

- In response to Coronavirus (Covid-19) pandemic we created an abbreviated Adult Support and Protection process to keep adults and our workers safe. The lessons learned from the introduction of these measures contributed to a review of all existing Adult Support and Protection procedures and the production and implementation of new procedures.

- Our newly developed Adult Support and Protection procedures help us to reflect the work we do to address risk from the point of contact through to investigation a, case conference and protection planning.

- We maintained training and development activity in relation to Adult Support and Protection and provided dedicated virtual training on the new Adult Support and Protection procedures for council officers and second workers and leadership training and oversight training for managers. This has increased workers confidence relating to policy, procedures and supported effective leadership and oversight.

- We have strengthened and created channels of communication between partners, providers, care homes and others to which are meaningful and support information sharing and partnership working.

- We have developed a shared awareness of the complexity and multifaceted nature of risk, particularly in relation to violence against women, which has improved our joint working and understanding of the roles of other services and partners.

Key priorities for recovery:

- A period of stability and consideration is required to allow workers, teams and services to establish a new equilibrium and reflect on lessons learnt during this challenging period. By necessity there have been many changes in practice and procedures during this time, consolidation and development of learning and developments in practice should be supported by training practice forums and quality assurance activity with regular reporting schedules.

- As we move from out of restriction towards recovery a new balance will need to develop recognising the benefits of virtual meetings and needs of adults, allowing us to deliver support in the most effective manner for the individual. This will include ensuring that supports are delivered in the right way to meet the needs of the individual, including by partners such as advocacy.

- More work is needed to help raising awareness of Adult Support and Protection and support available, such as advocacy. By developing how we communicate with adults and their families, the general public and our partners / providers through resources such as our website we can raise awareness and receive timely evaluation / feedback from those who sue our services.

- Building on the relationships developed during the pandemic we would look to develop further joint working and training opportunities with partners and providers.

Criminal Justice

Key impacts:

- The inability to progress Unpaid Work Orders due to suspending the service during the Coronavirus (Covid-19). This has resulted in increased numbers of people subject to Unpaid Work Orders requiring to carry out the work.

- The nationally recognised sex offender group work treatment programme Moving Forward Making Changes (MFMC) was suspending due to the Coronavirus (Covid-19). This has resulted in increased numbers of people requiring to complete the programme.

Key successes:

- Staff were creative in developing ways of allowing unpaid work to be completed, this included developing working at home kits.

- Three people completed the Moving Forward Making Changes (MFMC) programme which was delivered on a one to one basis by practitioners and a treatment manager.

- Strong partnership working with Housing, Health, Addiction Services and Police Scotland was developed in planning support for people being released from prison from the point of release to ensure needs were met and risk were managed during the pandemic.

Key Priorities for Recovery:

- To reopen the Unpaid Work Unit to support people to complete their unpaid work hours and maintain strong health and safety arrangements.
- To resume group-work programmes such as Moving Forward Making Changes.
- Social workers to increase face to face meetings with the people they supervise as opposed to telephone supervision.

Conclusion

As we moved into the second year of working in the uncertainty of Coronavirus (Covid-19) our social work and social care workforce continued to respond quickly and compassionately to ensure they just did the right thing for our most vulnerable citizens.

We continued to see increased demand for social work services both in terms of numbers and complexity of need. As outlined in the report we have seen a rise in public protection activity across the partnership, increasing domestic abuse incidents, child and adult protection inquiries and notification of concern and mental distress.

For children's services, we continue to see the impact of the pandemic for our children and young people with an even greater impact for children with neuro-developmental conditions and those presenting with emotional distress.

Moving out of lockdown the level of complexity we are managing, particularly in Adult Services, is again unprecedented and very complex. For individuals we are seeing increased frailty and social isolation in our older population and for unpaid carers we are seeing increased impact on their physical and mental health and at times their ability to continue to care for their loved ones.

There are pressures across the service, mainly at the front door of children and adult services which we expect will continue to grow during the early recovery phase.

Finally, we would wish to thank all the social work and social care workforce for their hard work over the past year and would wish to commend their passion for people, their commitment to doing the right thing and for their continued energy and drive even when I know people have been through so much both professionally and personally. We have learned so much from our social work and social care workforce and have been truly humbled by your values, ethics and practice over the past 12 months. We would like to take this opportunity to thank the workforce.