

EAST AYRSHIRE COUNCIL**CABINET - 19 MAY 2021****Report by Director of Health and Social Care**

**EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
NEGOTIATED CONTRACT WITH CVO (EAST AYRSHIRE) LTD**

PURPOSE OF REPORT

1. The purpose of this report is to seek approval to direct award a negotiated contract to CVO (East Ayrshire) Ltd to act as agent/interface between East Ayrshire Council on behalf of East Ayrshire Health and Social Care Partnership and the third and voluntary sector in the management and co-ordination of a Community Peer Outreach Service for East Ayrshire.

SUMMARY

2. East Ayrshire Health and Social Care Partnership (HSCP) Strategic Commissioning Board at its meeting on 4th February 2021 approved the proposal to develop a Community Peer Outreach Service for East Ayrshire, with the agreement for these roles to be commissioned, through East Ayrshire Council, from third sector organisations and approved funding for 2 year period.

In terms of paragraph 21 (2) of the Council's Standing Orders Relating to Contracts, 12 October 2015, the approval of Cabinet is required in respect of any proposed negotiation with a sole provider. In summary, approval is being sought to negotiate with a sole provider i.e. CVO (East Ayrshire) Ltd to coordinate and manage the test for a Community Peer Outreach Service for East Ayrshire.

RECOMMENDATIONS

3. It is recommended that Cabinet:
 - (i) seeking approval to enter into a negotiated contract as we have not as yet agreed any contract;
 - (ii) otherwise note the contents of the report.

BACKGROUND

4. East Ayrshire HSCP had the third highest number of drug deaths in Scotland in 2019 and it is expected that the figure (based on suspected drug deaths) will be equally high in 2020. This has been a priority for East Ayrshire's Chief Officer's Group and Integration Joint Board who have delegated responsibility to the Head of Wellbeing and Recovery to

undertake research and in collaboration with wider partners, to identify a new approach to address this for East Ayrshire.

5. As part of the research and scoping, the feedback by a number of stakeholders is that for many individuals contacting or staying in contact with services (either statutory or third sector) is challenging due to other life pressures or as the result of previous experiences. As such services in the main are only in touch with about half of the individuals in our communities who have challenges around drug use.
6. Community outreach by peers is a model well established in other areas and has been evaluated and is highlighted by the Drug Death taskforce as effective. From discussions with partners and stakeholders this model is supported as a new initiative in East Ayrshire.
7. The importance of peer support has been identified during consultation with people with lived experience of substance use and mental health through community organisations within the East Ayrshire Recovery Network and East Ayrshire ADP. This identified a 'need'/primary aim to provide an outreach service to assist vulnerable individuals access services/ supporting them to overcome barriers to engagement. For example, with an estimated 800 problem drug users not in service, the community peers will seek to engage with these individuals given that those not in service are at a higher risk of a drug related death. The secondary aim will be to provide flexible paid experience and employment opportunities for those in recovery to develop personally. Having 'paid peers' deployed within a service/s will effectively bridge a gap between services and those residing within the local community.
8. The contribution that peer support can make to recovery focused practice has been evidenced by the Scottish Recovery Consortium and the 'Lived Experience Recovery Organisations (LERO)' platform. East Ayrshire ADP and HSCP strive to practice in a recovery focused and strengths based way and the provision of a peer support service will contribute to this.
9. The Scottish Government has committed to additional funding of £50m nationally each year of the next parliament. The Director EAHSCP proposed as part of the HSCP's commitment to this issue that the equivalent of four peer outreach workers is funded for a period of 2 years to test and evaluate this assertive outreach approach. The HSCP is supporting this test of change for two years. During this period the model will be evaluated and if it is assessed to be making a positive contribution to address East Ayrshire's challenges due to drug usage and supporting individuals in their recovery then the continuation cost will be programmed in against the new funding from the Scottish Government. This is in line with the IJB's Strategic Plan direction to enhance its preventative work and this may also support the sustainability of this service.
10. The proposal is that East Ayrshire Council, on behalf of EAHSCP commissions a Community Peer Outreach Service based within an external service provider/s. The commissioning specification is provided as Appendix 1. The cost will be £141,229 in year 1 and £135,229 in year 2.

THE SERVICE

11. The Community Peer Outreach Service will be focused on those individuals who are experiencing barriers to engage with a variety of services across East Ayrshire. This will include, but not exclusive to, people involved with alcohol and drug support services, as well as supporting the service in maintaining links with other vulnerable individuals who they have been unable to engage with.
12. The service will be provided to adults residing in specific communities in East Ayrshire, who have been identified as facing multiple barriers when engaging with services as a result of their use of alcohol and or other drugs or other multiple and complex needs. Initially the service will be focussed on those communities where the need has been assessed as higher, these are:
 - Dalmellington and Bellsbank - 1 full time equivalent post
 - Kilmarnock (North West and Shortlees)– 2 full time equivalent posts
 - Cumnock – 1 full time equivalent post
13. The Community Peer Outreach Service initiative will demonstrate that the service takes positive steps to promote access to those experiencing substance use issues and individuals with multiple and complex needs, who find it more difficult to engage with in local communities, including but not limited to people from black and minority ethnic communities, victims of domestic abuse (both male and female), people from lesbian, gay, bisexual, transgender and intersex communities, and members of the travelling community.
14. Community Peer Outreach Workers will have personal experience of substance use and/or multiple and complex needs, and will be willing and able to share their personal experiences in a way that supports, empowers and brings hope to the people they support. Community Peer Outreach Workers will work alongside existing services in East Ayrshire to influence and promote support that facilitates recovery and allows those most vulnerable and marginalised individuals to re-connect/ engage with services.
15. The workers will be delivering a service in a variety of accessible community locations in the specified communities in East Ayrshire, as well as being available in a range of settings, including within the home, in hospital and other locations such as community facilities as appropriate.
16. The Community Peer Outreach Worker will be known to the local community they work in. This will facilitate contact from individuals with multiple and complex needs, or individuals concerned about them. Using local knowledge the worker will bridge the gap to contact people who, for various reasons, have lost contact with services. This would include supporting individuals who have previously struggled to interact with the established referral and operating processes within East Ayrshire. Referrals should be

easy to make and accepted from a wide range of sources including family, community members, social work, NHS, voluntary sector agencies and self-referral.

17. The service will develop and maintain close working relationships with multi-disciplinary teams including mental health practitioners/ teams, drug and alcohol support services, housing, voluntary sector partners, as well as other health and social agencies and local community organisations/ resources.
18. The service will initially provide one-to-one befriending/social support, with the aim of supporting people to engage with their local communities/ services, as appropriate to the needs of current service users. This will include supporting people to access existing groups/ agencies within communities as well as directly providing group activities as appropriate.
19. The service will operate on a 'flexible' basis, to ensure it meets the specific needs of the individuals it is supporting. It is envisaged activity will take place during evenings and weekends with the worker being allocated 'hours' rather than set times and days to operate within. It is essential the delivery model meets the needs of the individual, the agency placement and the Community Peer Outreach Worker.

COMMISSIONING

20. The Integrated Joint Board has an established relationship and Memorandum of Understanding with CVO (East Ayrshire) Ltd to deliver key outcomes by collaboratively working together to provide services to residents of East Ayrshire. Supporting relevant stakeholder organisations across the third and community sector to assist to achieve these outcomes and resolve any problems relating to the delivery of the services. The shared outcomes include:
 - Work towards the National Wellbeing Outcomes, including those for adults, children and young people and justice (see Schedule I)
 - The parties will pay due regard to the integration principles (see Schedule II).
 - Shared outcomes will refer to the Strategic Plan which for 2021-24 including:
 - More people and families have better health and wellbeing and we have fairer outcomes;
 - People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience;
 - Health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment;
 - The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals;
 - East Ayrshire is a safe place for vulnerable people to live, work and visit; and
 - Digital technology has improved local wellbeing and transformed health and care

21. EAHSCP therefore consider CVO (East Ayrshire) Ltd to be best placed to act as agent/interface rather than direct employers to manage and coordinate the test of change for Peer Outreach Workers. Through already established routes, they support third sector organisations/stakeholders with capacity building, measuring success in services assisting to contribution to delivery of the key outcomes and may be general or specific to wellbeing or to individual service user groups.
22. As mentioned, the importance of peer support has been identified during consultation with people with lived experience through community organisations within the East Ayrshire Recovery Network and East Ayrshire ADP and highlighted that it is challenging to engage individuals with statutory services. Therefore, coordinating and managing this test of change service via CVO (East Ayrshire) Ltd, will ensure that this remains out with statutory services and is clearly linked with third and voluntary sector while providing essential support to organisations via CVO (East Ayrshire) and delivering on key performance indicators.

LEGAL / FRAMEWORK IMPLICATIONS

23. Following approval by Cabinet, the client service will liaise with the Corporate Procurement Team to develop and draft the contract.

FINANCIAL IMPLICATIONS

24. The cost covers 4 WTE Community Peer Outreach Workers at an equivalent of band 3 AfC, on costs at pre-penultimate cost £29,123 (2020/21), £2,500 for travel and £1,500 for equipment each. In addition as this will be provided through a third sector organisation there will be a management / support on cost of 7.5%.

Cost	Y1	Y2
4wte Peer Outreach Workers*	116492	116492
Travel	10000	10000
Equipment	6000	
Management cost @ 7.5% of salary	8737	8737
Total	141229	135229

*subject to salary inflation

25. The Annual Budget 2021/22 report was presented to and approved by the IJB on 24 March 2021. This report highlights an additional sum of £50m has been provided for Alcohol and Drugs initiatives and will support further investment in a range of community based interventions, including primary prevention, with the expansion of residential based rehabilitation. None of this earmarked additional resource is included in the 2021/22 delegated budget at this stage however it is anticipated that the 2 year Community Peer Outreach Workers costs will be absorbed within this future funding allocation.

COMMUNITY PLANNING

26. The proposal will support the Chief Officers Group's and IJB's commitment to reduce drug deaths and related suffering in our communities. This report supports all three thematic plans, Economy and Skills, the Wellbeing and Safer Communities Plans by providing opportunities for people with lived experience both in relation to sharing their experience and also in relation to paid employment.

RISK IMPLICATIONS

27. There is a risk that there is not an interest in providing this service from the third sector. There is a risk that this model of service is not effective and the service will be monitored and evaluated for learning and to inform services sustainability.

TRANSFORMATION IMPLICATIONS

28. This approach seeks to test out a new model of working and is focused on an early intervention approach by supporting people at the earliest point. This new approach will be evaluated and learning from this test will be used to inform new ways of working that improve outcomes for people who do not normally engage with more traditional models of service. It is anticipated that if assessed as being successful in achieving the identified outcomes then further consideration will be given to expanding this model of delivery.

EQUALITY IMPACT

29. The proposal seeks to support people who are in need of targeted support and do not normally engage with more traditional models of service.

RECOMMENDATIONS

30. It is recommended that Cabinet:
- (i) agree the negotiated contract in terms of Paragraph 21 (2) of the Standing Orders Relating to Contracts;
 - (ii) otherwise note the contents of the report.

Pam Milliken
Head of Wellbeing and Recovery
East Ayrshire Health and Social Care Partnership
21st April 2021

Members requiring further information should contact Linda Surgenor, Senior Manager, Health and Social Care Partnership, Tel No: 01563 503305

IMPLEMENTATION OFFICER: Linda Surgenor

LIST OF BACKGROUND PAPERS

1. SCB Report dated 4 February 2021

Schedule I: National Outcomes

National Outcomes for Children	
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
Health and Wellbeing Outcomes	
Outcome 4	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 6	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 7	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 8	Health and social care services contribute to reducing health inequalities.
Outcome 9	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 10	People who use health and social care services are safe from harm.
Outcome 11	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 12	Resources are used effectively and efficiently in the provision of health and social care services.
National Outcomes Justice	
Outcome 13	Community safety and public protection.

Outcome 14	The reduction of reoffending.
Outcome 15	Social inclusion to support desistance from offending.

Schedule II: Integration Principles

Integration Delivery Principles	
<ul style="list-style-type: none"> i. that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users, ii. that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible; iii. is integrated from the point of view of service-users, iv. takes account of the particular needs of different service-users, v. takes account of the particular needs of service-users in different parts of the area in which the service is being provided, vi. takes account of the particular characteristics and circumstances of different service-users, vii. respects the rights of service-users, viii. takes account of the dignity of service-users, ix. takes account of the participation by service-users in the community in which service-users live, x. protects and improves the safety of service-users, xi. improves the quality of the service, xii. is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care), xiii. best anticipates needs and prevents them arising, and xiv. makes the best use of the available facilities, people and other resources. 	