AGENDA ITEM No.11







Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	17 March 2021
Agenda Item	11
Title	East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change
Summary This report provides members of the Integration Joint Board with an overview of the findings to date of a test of change delivering peer support for recovery across the mental health and addictions service settings.	
Presented by	Cindy Wallis, Senior Manager Recovery Services
Action Required The Integration Joint Board is asked to: i. Note and comment on the findings of the test of change to date. ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.	
Directions	



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 March 2021

Report by Head of Recovery and Intensive Services

<u>EAST RENFREWSHIRE PEER SUPPORT SERVICE MENTAL HEALTH & ADDICTIONS – TEST OF CHANGE</u>

PURPOSE OF REPORT

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

RECOMMENDATIONS

- 2. The Integration Joint Board is asked to:
 - i. Note and comment on the findings of the test of change to date.
 - ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.

BACKGROUND

- 3. The Scottish Recovery Network's (SRN) definition of peer support is "a relationship of mutual support where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences". It is a personcentred approach, focused on wellbeing, based on the key principles of respect, shared responsibility and a mutual agreement of what is helpful (Mead, Hilton and Curtis, 2001). Peer support is not intended as a replacement for formal services but to work alongside them.
- 4. A robust evidence base has grown over the past 10-15 years showing positive impacts for:
 - Individuals a hopeful and empowering support for recovery gained from someone (a peer worker) who has shared similar experiences, showing that recovery is possible
 - Peer workers experience a sense of value in supporting others, increasing their own self-esteem and enhancing their own recovery
 - Services and systems increased focus on recovery within services, challenging stigma, involving individuals in their own care and support and wider design and delivery of services
- 5. Peer support for recovery is a key strand in the NHS Greater Glasgow and Clyde Five Year Mental Health Strategy, where recovery is understood, not as an intervention by professionals, but a journey that is undertaken with, and alongside, people with mental ill health. As part of this, it is identified that recovery does not need to take place within a clinical setting. Central to the approach is the role of lived experience, employing peer workers who have their own experiences around mental health and services, to work with individuals in their recovery. The Strategy set out a commitment to pilot peer support in a number of areas across Greater Glasgow and Clyde.

- 6. At a local level, East Renfrewshire Health and Social Care Partnership has recognised the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change. Perhaps uniquely, it was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. This will enhance the recovery approach in both settings, and in particular will build on the design of a recovery-oriented system of care within the alcohol and drugs service over the past few years. A 12 month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals.
- 7. Penumbra were identified as the preferred provider of peer support in East Renfrewshire. Penumbra is one of Scotland's largest mental health charities and have significant experience of delivering peer work in locality based recovery teams across Scotland. Penumbra brings to East Renfrewshire a strong understanding of recovery, robust evidence based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. Identifying goals is a core part of Penumbra's approach to peer support and is enabled by their use of the I-ROC outcome measurement tool and HOPE (focusing on Home, Opportunity, People and Empowerment) model of wellbeing. There is more detail on Penumbra's approach in Annex 1.

REPORT

- 8. In line with the test of change approach, a robust evaluation model was built in from the outset, working with an independent evaluation facilitator, Matter of Focus, and utilising the OutNav outcome mapping tool.
- 9. Service design and development activity has included virtual workshops with stakeholders, including peer workers who bring a unique lived experience perspective to the service design. Individuals currently using formal services were engaged about their understanding and past experience of peer support and what it would mean and look like to them.
- 10. Service design work around peer support was scheduled to begin in March 2020, just as the Covid-19 pandemic hit and when strict lockdown restrictions were introduced. The impact on the delivery of frontline health and care services, mental health and alcohol and drugs services being no exception, was unprecedented, with the majority of service provision to individuals moving to telephone or video-based and face-to-face delivery only in urgent cases. Despite the significant challenges presented by Covid-19, the service design work with stakeholders took place virtually from June 2020. Ensuring that individuals with lived experience were involved remained a high priority and interviews via telephone took place. The East Renfrewshire peer support service took the first referrals in early September. Peer support was offered to individuals for the first time very quickly thereafter with opportunities to meet face-to-face, within the restrictions at that time. At the current time, all peer support is being offered via phone or video call, in line with individuals' preferences.
- 11. The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust.
- 12. It should be noted that Penumbra also successfully recruited peer workers during a challenging period, and they have made a significant contribution to the design and ongoing evaluation of the service, as well as delivering peer support to individuals.

- 13. By December 2020, just over two months from the first referral, the peer support service was operating at capacity, with two full-time peer support workers, working with 25 individuals. Support is weekly for the majority of individuals and there have been 196 peer support appointments to date. As of the end of January 2021, there are now a small number of individuals on a waiting list for peer support.
- 14. There are two key aspects to the test of change developing a peer support service that works locally and embedding a peer support service within formal services to explore the extent and potential of using people with lived experience, alongside people with clinical experience, and where the right balance is. It is important that peer support is not seen as an "add-on" to services, but that peer support is part of the offer to individuals at any stage in their treatment and support
- 15. In light of the Covid-19 challenges, the test of change, and therefore the evaluation findings at this stage, are based on six months of operation of the service. Valuable insights have been gained about the benefits of peer support and what it means to individuals currently accessing the service. Individuals are engaging with peer support workers on recovery outcomes and using a range of recovery tools and data from these are yielding information to continue the development of peer support. However it is too early to measure progress towards recovery outcomes or begin to estimate how long individuals may remain in peer support. In addition, the aspect of the test of change looking at embedding peer support in formal services is at an early stage.
- 16. Importantly it should be noted that, while peer support is being delivered, Covid-19 continues to have an impact. Penumbra have the insight into the delivery of peer support outwith Covid-19 restrictions, and the opportunities it provides for peer support workers to accompany individuals to activities or services as part of their recovery goals. Significant restrictions continue to inhibit participation in communities overall and the impact of this should be acknowledged. In the meantime, peer support has been identified by individuals as providing a vital lifeline, reducing the feelings of isolation, and providing the opportunity to explore recovery goals.
- 17. The evaluation findings to date of the test of change to date are set out in the summary report and weblink in Annex 1.

CONSULTATION AND PARTNERSHIP WORKING

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

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

IMPLICATIONS OF THE PROPOSALS

Finance

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

Workforce

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

DIRECTIONS

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

CONCLUSIONS

- 23. The design and development of peer support in East Renfrewshire is underpinned and informed by the significant body of research and evidence that already exists around peer support and its positive role and contribution in service settings across Scotland. This test of change and the learning from it will be shared with NHS Greater Glasgow and Clyde to inform the Mental Health Strategy and the commitment to pilot peer support.
- 24. Furthermore, the East Renfrewshire test of change is grounded in and informed by the needs and preferences of individuals and their lived experience of services and recovery. This development work remains core to the test of change and critical to its success. It is an opportunity to fully embed lived experience in both mental health and alcohol and drugs services.

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

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

Next Steps

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

RECOMMENDATIONS

- 27. The Integration Joint Board is asked to:
 - i. Note and comment on the findings of the test of change to date.
 - ii. Note that the test of change will continue and further evaluation work will be completed by June 2021 and a final evaluation report will be published.

REPORT AUTHOR AND PERSON TO CONTACT

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3 March 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

Annex 1

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

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

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

https://www.outnav.net/view-live-report/g/RhQlkdg40INWY4pygVSNdZsxj0wjhvEP

Content

The OutNav evaluation report sets out:

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

Key Messages

The key messages within the evaluation report include:

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

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

