
To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Interim Chief Officer

Heading: Chief Officer's Report

| Direction Required to Health Board, Council or Both | Direction to: | |
|---|---|----------|
| | 1. No Direction Required | X |
| | 2. NHS Greater Glasgow & Clyde | |
| | 3. Renfrewshire Council | |
| | 4. NHS Greater Glasgow & Clyde and Renfrewshire Council | |

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on the key operational activity, including the HSCP's operational response to COVID-19. The report focuses on developments and activity since the last IJB on 25 June 2021.
- 1.2. The report also provides the IJB with an update on the regional and national developments for health and social care services.
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2. Recommendations

It is recommended that the IJB:

1. Note the updates provided on the Renfrewshire vaccination programmes, and ongoing operational response to the COVID pandemic (sections 4 to 8);
2. Note the update provided on the National Records of Scotland publication of alcohol, drug and probable suicide related death figures, and the ongoing work of the HSCP, ADP and Alcohol and Drugs Commission in Renfrewshire to support those with addictions (section 10);
3. Note the work now underway to progress the review of Administration and Business services (section 11);
4. Note the work being undertaken by the HSCP to identify resourcing requirements to meet short-term demand and the associated funding arrangements to do so (section 12); and

5. Note the national policy updates provided, covering an update on the Independent Review of Adult Social Care, New Legal Duties under the Carers (Scotland) Act 2016 and the report by the Mental Welfare Commission for Scotland on use of the Mental Health Act in Scotland during COVID-19 (sections 13 to 15).

3. Background

- 3.1. The previous Chief Officer report to the IJB in June 2021 provided an update on the Scottish Government's revised Strategic Framework, which set out the expected process and indicative timescales for COVID-19 restrictions to be reduced. The framework set out recognised the importance of the COVID vaccination programme in enabling restrictions to be lifted.
- 3.2. The Scottish Government announced on 3 August 2021 that Scotland would move beyond Level 0 from 9 August 2021, reflecting the progress made in rolling out the vaccination programme and a concurrent reduction in infection rates across Scotland following increases observed over the Spring and early Summer period.
- 3.3. This change has enabled all venues across Scotland to re-open, including entertainment and sports venues. The legal requirement for physical distancing and limits on gatherings has also been removed. Adults identified as close contacts of someone who has tested positive for Covid-19 will also no longer be automatically required to self-isolate for 10 days from 9 August. Anyone who is double-vaccinated with at least two weeks passed since their second dose and who has no symptoms will be able to end self-isolation if they return a negative PCR test. The same conditions will also apply to anyone aged between five and 17 years old, even if they have not been vaccinated. The requirement to take a PCR test will not apply to children under the age of five.
- 3.4. However, some protective measures remain in place, including the use of face coverings and the collection of contact details as part of Test and Protect. Capacity limits on indoor and outdoor events will be in place unless an exception is agreed.
- 3.5. The third wave of the pandemic, driven by the Delta pandemic, does however continue to be a concern. At the time of writing, following a significant fall in infections over the summer period, infection rates have risen substantially in Renfrewshire and across Scotland. At 5 September there was approximately 1093 cases per 100,000 currently being identified over a 7-day period in Renfrewshire. This is above the Scotland average of approximately 774 cases. However, the positive impact of the vaccination programme on the link between cases, hospitalisations and deaths is visible.
- 3.6. Within this context, the HSCP continues to plan service remobilisation where possible and appropriate. As these plans develop, the HSCP will continue to maintain two-metre social distancing in all buildings, in line with Renfrewshire Council's current policy.

4. Vaccination Programmes

COVID Vaccinations

- 4.1 As noted above, the third wave of the pandemic is still a matter of concern due to the increased transmission of the new variant of the virus. Nevertheless, the impact of the vaccination programme is clear and providing continued reassurance.
- 4.2 Vaccination rollout has progressed well locally and across Scotland with 89% of the adult population (over 16 years) now having received at least one dose of the vaccine and over 77% having received both doses nationally. In Renfrewshire Drop-in vaccination clinics have been successful with vaccination levels now slightly above the Scottish average.
- 4.3 12 to 17-year-olds with underlying health conditions are now being offered a first dose of the vaccine by the end of August. The JCVI also approved the extension of the vaccination programme to all young people aged 16 to 17 years of age on 4 August, using the Pfizer-BioNTech vaccine. At this time, this approval has been extended to provision of a first dose only.
- 4.4 From 6 August 2021, young people in this category have been invited to register their interest at NHS Inform, following which they will be sent an appointment via SMS or email. Drop-in clinics will also be available.

2021/22 Adult Flu Vaccination Programme

- 4.5. The previous update to the IJB in June 2021 set out the expanded list of target groups to receive the Flu Vaccination this Winter. The cohort of recipients for the vaccination programme has been significantly extended in comparison to previous years to minimise the potential impact of Flu in the midst of the COVID pandemic.
- 4.6. Preparations are now underway for the delivery of the Adult Flu Vaccination Programme within Renfrewshire, and the HSCP continues to work with Renfrewshire Council and NHS Greater Glasgow and Clyde in developing the approach to vaccinations. This year's programme will draw on the existing delivery model for COVID vaccinations and are expected to be delivered via Mass Vaccination Centres and by the Housebound Vaccination Team.
- 4.7. The JCVI have yet to confirm the recommendation of offering a third COVID vaccination for some priority groups and arrangements of delivering this alongside the Adult Flu vaccination programme are still to be confirmed.

5. Care Homes

- 5.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. The positive impact of the COVID vaccination programme continues to be visible across all Care Homes, reflected in ongoing stability in infection levels since the last update to the IJB.

5.2. The HSCP has continued, and will continue, to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight delivered through the regular Huddle arrangements and enhanced clinical and care governance also remains in place. Surveillance and mass testing of staff and residents also continues to be undertaken to proactively identify and manage any potential outbreaks.

6. COVID Assessment Centre

6.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate to provide a service for patients who are who experiencing COVID respiratory symptoms. Although infection numbers have decreased from the recent peak levels, the demand for the service continues to vary. Following the recent changes with entertainment and sport venues re-opening and schools and further education due to return, the demand for this service will continue to be monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict any potential spikes in demand as lockdown eases.

7. Scottish Government Update on Isolation Exemptions

7.1. On 23 July 2021, the Scottish Government published a framework for the implementation of isolation exemptions for Health and Social Care staff. This framework has been designed with clinical leads and set out the approach to enabling fully vaccinated and asymptomatic Health and Social Care staff who have been a contact of someone with a positive COVID test to be exempted from self-isolation requirements under specific circumstances, on a voluntary basis should the individual undertake regular testing.

7.2. This framework was designed in response to ongoing challenges in staff availability within the health and social care workforce, with the aim of providing additional contingency for services where they are experiencing 'in extremis' conditions. This is where there is deemed to be major disruption to services with the potential for a major incident.

7.3. A further update was provided to Health Boards, Local Authorities and HSCPs by the Scottish Government on 6 August 2021, following the First Minister's announcement that from 9 August people identified as close contacts of someone who has tested positive for COVID-19 will no longer be required to automatically self-isolate if they are double vaccinated, have no symptoms and return a negative PCR test followed by daily lateral flow tests up to Day 10.

7.4. The guidance also sets out that individuals within this category should not be deployed to services where the risk of COVID-related infection is particularly detrimental to patient or service user outcomes, for example those who are immune compromised or are social care service users with complex needs or who were in the shielding categories. The guidance also states that there is no longer a requirement nationally for services to be 'in extremis' before they can ask staff to return to work.

7.5. NHS Greater Glasgow and Clyde has developed a Self-Isolation Checklist to support decision-making and to ensure rigorous governance, monitoring and reporting.

7.6. The policy framework does not supersede or provide advice on matters that are governed by Part 1 of the Health and Safety at Work Act 1974, and any legislation or guidance made under, or about, that Act, occupiers liability or other legal obligations on health and social providers to ensure that premises are generally safe for patients, residents, visitors and staff.

7.7. The HSCP together with colleagues in the Council and NHS Greater Glasgow and Clyde will continue to engage with staff side, unions and HR regarding local implementation of the framework.

8. Scottish Government Letter on Updated Guidance for Physical Distancing

8.1. The Scottish Government issued updated guidance on 1 September 2021 recommending that physical distancing remains within health and social care settings, although reductions from 2 metres to 1 metre can now be advised in some areas. The full guidance for Community Health and Social Care settings can be found [here](#). It sets out those circumstances where physical distancing must be maintained at 2 metres or may be reduced where appropriate, recognising that distancing requirements need to be considered on an individual setting basis. This has resulted in a complex and nuanced set of guidance, examples of which include the following.

8.2. The guidance states that it may be possible to reduce physical distancing where staff are using fluid resistant surgical masks however if these masks are removed for any reason, for example eating or drinking, then 2 metre physical distancing must be resumed. Staff must also maintain 1 metre distancing from patients, service users and residents when delivering care which does not require physical contact.

8.3. The guidance applies to and covers building-based services such as day support, within which people who use these services would not be required to physically distance. However, the guidance maintains that 2 metre social distancing should be maintained on transport to services, in contrast to that proposed within a building-based setting. This raises additional challenges as transport provision is an essential support for many people who access day support.

8.4. It should be noted that the above relates to the minimum level of physical distancing in each particular setting. Where services and organisations wish to maintain 2 metre distancing, the guidance supports them doing so within their own governance arrangements. This is reflected in the HSCP and Council's decision to maintain 2 metre distancing in all Council buildings at present, as highlighted earlier in this report.

8.5. NHS Greater Glasgow and Clyde has confirmed that 2 metre distancing will also be maintained in all inpatient areas and all settings supporting delivery of high-risk pathways.

Operational Services COVID Update

9. Day Support and respite

Older People and Disability Resource Centre Day Services

- 9.1. Outreach support continues to be provided from the Falcon Centre to support people within the community and promote mental wellbeing through purposeful activity. The sessions are being delivered to service users who previously attended the Older People and DRC Day Services, and the HSCP delivers 36 and 25 sessions respectively to these groups each week.
- 9.2. In addition, the HSCP continues to expand the selection of online and virtual activities for service users across these two cohorts and, for those who do not partake in any of these, we provide as a minimum weekly welfare calls to service users, their families, and carers.
- 9.3. As part of ongoing service recovery planning, a full review for Older People and DRC service users assessed needs has been completed. This review will help to inform the associated requirements for proposals to additional building bases. Alongside this activity, Hazid reports and risk assessments have also completed for an additional three building bases. These assessments reflect the HSCP's ongoing adoption of two metre social distancing measures in line with the overall approach being utilised in all Renfrewshire Council buildings.
- 9.4. Following these assessments, the HSCP has identified areas within each centre identified that can be used safely for clients whilst promoting social distancing and minimising the risk of infection. Cleaning arrangements are under review to support infection control measures. Subject to the necessary level of additional support levels being available, including cleaning and transport, the HSCP will seek to phase the reopening of building-based day services for older people and in the DRC over the coming six months. Reflecting the maintenance of two metre social distancing and in the context of high levels of infection within the community, buildings will necessarily be operated on a limited capacity basis.

Learning Disability Services

- 9.5. Renfrewshire Learning Disability Services (RLDS) re-opened all building bases from April 26th, inclusive of Mirin and Milldale Day Opportunities based within Renfrewshire Leisure's Lagoon and On-X centres respectively. Due to two-metre social distancing remaining in place and applied Public Health / Care Inspectorate guidance, building based capacities remain limited.
- 9.6. RLDS also continues to utilise the implemented 4-Tier model, with priority given to family and/or unpaid carers. This is inclusive of community outreach and virtual/digital activities. This model continues to be assessed to identify further opportunities for community activities, with input from the HSCP's Community Links team.
- 9.7. In providing the above support, the service continues to assess family/carer and supported person need and are seeking to address wherever possible ongoing challenges in meeting service demand within the current available building capacities. Staff also continue to work with Health and Safety colleagues to ensure that environmental / building based risk assessments are regularly reviewed so that use of the building base can be safely maximised.

- 9.8. Further engagement will be undertaken with the Community Link team to explore potential community hubs and appropriate community activities as part of wider service provision.

Mental Health Inpatient Services

- 9.9. Patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.
- 9.10. The initial work on the patient vaccination programme is complete, with the majority of patients accepting the COVID-19 vaccine. An ongoing programme of checking the vaccine status of new admissions and offering them the opportunity to receive the vaccine is now in place. Similarly, the initial staff vaccination programme is complete, with new staff being offered the vaccine, if required, at the point of recruitment.
- 9.11. Renfrewshire Mental Health Wards have implemented NHS GGC guidance for level 0 and beyond to ensure that patients are able to have visits from family supports. To make sure social distancing guidance continues to be met, this is still provided through a booking system. Carers are able to contact ward staff and book a time slot for the day they choose to visit.
- 9.12. There continues to be a significant demand on Mental Health Services, in particular inpatient services. Adult Mental Health admission wards are regularly full, resulting in a need to transfer patients out of sector or to Older People's Mental Health wards. This is reflected across NHS GGC and across Scotland. Renfrewshire are working closely with colleagues across the board area to ensure effective and efficient use of the whole system of Mental Health beds across NHS GGC.
- 9.13. There has been a significant amount of work undertaken to address the continued nursing recruitment challenges across NHS GGC. The NHS GG&C recruitment of current student nurses, who will be newly qualified in September 2021, will provide Renfrewshire with 12 new Staff Nurses. This will account for around half of the current vacancies for registered staff in Renfrewshire Adult Mental Health In-Patient services. Although this is welcome news, the new qualified nurses will not be able to take up their posts until early October. The other vacant posts will be re-advertised. However, it has been acknowledged across NHS GG&C that there is a deficit of registered nursing staff to fill the vacancies across the board.
- 9.14. The 'long day' (12 hour) shift pattern continues to be in operation within Renfrewshire. The staff continue to be able to choose to work the 'long day' shift or work the previous 'continental shift' pattern. This has improved the roster cover for the wards and the long day shifts are preferred by the majority of staff.

HSCP Strategic and Operational Updates

10. **National Record of Scotland publication of drug and alcohol-specific death figures and probable suicides**

- 10.1. The National Records of Scotland recently published the drug-related and alcohol-specific death figures for 2020. For every person losing their life leaves behind heartache for their family and friends. The HSCP, and Renfrewshire Alcohol and Drug Partnership (ADP) are committed to continuing to work collaboratively to reduce the harm caused by alcohol and drugs, to stop related deaths and support more people to recover in Renfrewshire.
- 10.2. In Renfrewshire 67 people sadly lost their lives in drug-related circumstances. This is the highest number in a decade and an increase of 49% compared to 2019. Across Scotland the increase from 2019 to 2020 was significantly less (5.9%) than that of Renfrewshire and across all 32 local authorities, Renfrewshire had the fourth highest rate of deaths per 100,000 population. Initial analysis undertaken across NHS Greater Glasgow and Clyde Health Board area has highlighted that drug-related deaths are more common in males (72.3%) aged between 35-44 and that opiates or opioids are present (87%). Etizolam remains a concern and features in almost 7 out of 10 drug deaths.
- 10.3. Statistics show that around 66% drug deaths are individuals not in treatment at time of death. To increase the reach of our treatment services we will continue to work with key partners in non-drug/alcohol services in Renfrewshire to ensure staff are equipped to identify if a person is using drugs and refer them to ADRS. In support, ADRS will urgently provide training for services and staff.
- 10.4. There were 44 alcohol-specific deaths registered in Renfrewshire in 2020. This was an increase of 22% from 36 in 2019. The increase from 2019 to 2020 was less across Scotland (17%) and across all 32 local authorities, Renfrewshire had the eight highest rates of deaths per 100,000 population. Since 2000-2004 Renfrewshire's deaths rates have seen one of the biggest reductions, going from 37.7 for 2000-2004 to 23.6 for 2016-2020.
- 10.5. The NRS report presents mortality rates for deaths from causes known to be exclusively caused by alcohol consumption. Alcoholic liver disease and mental and behavioural disorders due to alcohol have been the leading causes of alcohol death since 2000.

Treatment and Support provided in Renfrewshire

- 10.6. The provision of timely, evidence-based treatment and support to individuals attending Renfrewshire Alcohol and Drug Recovery Service (ADRS) continued to be a priority throughout the pandemic with services remaining operational. In addition, the following service provision is also available:
- Distribution of Naloxone has been extended as a result of the pandemic to include non-drug treatment services.
 - Peer Navigators to work in partnership with services to connect with individuals who have been affected by alcohol, drugs and mental health.
 - Near Me (Video consultation) introduced to be available for service users to encourage engagement with services.

- Extended access to residential rehabilitation services.
- Close collaboration with colleagues from the emergency department at the RAH following near fatal overdoses.
- Ensure that rapid restart of treatment is available following relapse.
- Adopted an assertive outreach approach for service users.
- Have a clear pathway in place for those who are released from prison.
- Continued delivery of alcohol-related interventions through effective multidisciplinary working ensuring our most at risk have access to in patient detoxification.
- The ADP continues to develop and implement the Drug Deaths Prevention Action Plan including the Medication Assisted Treatment (MAT) Standards with a focus on introducing same day prescribing and choice of treatment using rapid access assessment to opiate substitute therapy.

10.7. Renfrewshire HSCP will continue to develop a Mental Health Addictions Recovery Hub. The first of its kind in Scotland, it will provide an invaluable resource to promote and support recovery in Renfrewshire. Enhancing recovery opportunities will make it easier for local people to access a wide range of support when they need it, in a safe, trauma informed environment. Most importantly, the Recovery Hub will help to prevent future drug related deaths, near fatal overdoses and alcohol-specific deaths in Renfrewshire by enabling people to move through treatment into sustained recovery.

10.8. In addition, as part of a coordinated response to the recommendations from the Alcohol and Drugs Commission, a Programme Change Board has been established to manage delivery of a range of projects that will support the partnership to fundamentally address the impact of alcohol and drug use in Renfrewshire.

10.9. Renfrewshire is also participating in a review of Alcohol Day Service provision that has been commissioned across the NHS Greater Glasgow and Clyde Health Board Area. This review will advise on service provision post COVID-19 and make recommendations on a single pathway for day provision and Community Detoxification models, ensuring the HSCPs within the NHS GGC area embed continuity of care and consistency in approach.

National Records of Scotland Probable Suicide figures 2020

10.10. The National Records of Scotland publishes figures on probable suicides, which are defined as deaths which are the result of intentional self-harm or events of undetermined intent. These statistics showed that there were 22 probable suicides in Renfrewshire in 2020, an increase from 16 in 2019. One life lost to suicide is on too many, and the HSCP recognises the significant impact the suicide has on families, friends, loved ones and communities.

- 10.11. The overall rate in Renfrewshire for 2016-2020 is 9.9 deaths per 100,000 people, the second lowest of all 32 local authority areas and significantly below the Scotland-wide average of 14.1 deaths per 100,000 people.
- 10.12. The HSCP continues to invest in proactive suicide prevention measures and to support people with mental health concerns. This includes “A Conversation about”, a suite of interactive support sessions, developed by the Choose Life Service Co-Ordinator. These are focused on mental health and suicide prevention and have been available, via Microsoft Teams, to our HSCP services, third sector and individuals from across Renfrewshire.
- 10.13. The HSCP is also investing in the Living Works START programme, initially to train key members of staff. This is an interactive online training programme that can help anyone become more comfortable to talk about suicide and help keep people safe.

11. Administration and Business Support Review

- 11.1. The previous Chief Officer report to the IJB set out the HSCP's intention to undertake a review of the existing Administration and Business Support service within the partnership. This reflects the critical role which the service has played in supporting the ongoing COVID-19 response, but also the significant level of additional demands which have been placed on the team as a result.
- 11.2. This work is now underway through the commencement of a scoping exercise to determine the priority areas which a review should focus on. A steering group is in place, with representation from SMT, Service Management, Change and Improvement and the Staff Partnership Forum. At the time of writing, data gathering and the development of a supporting project plan are also underway.
- 11.3. Engagement of staff will be a central focus throughout the scoping exercise, with early communication circulated jointly by the Head of Service and Staff Partnership Forum. Staff will also have the opportunity to contribute their views through a range of workshops which will be organised in coming weeks.

12. Recovery and Renewal: Addressing Demand

- 12.1. The Financial Report for the period 1 April 2020 to March 2021 provided to the IJB in June 2021 described the IJB's financial position at the end of the financial year.
- 12.2. The report set out the impact of COVID-19 on the ability of both the HSCP and partners to respond to service demand during the period of the pandemic, with services required to prioritise services delivery at a critical level only. This resulted in underspends in some areas, and a total of £4.380m was approved by the IJB in June 2021 to be transferred to general reserves.
- 12.3. As restrictions continued into this financial year, services have been required to continue operating at a reduced capacity, focused on meeting critical needs. This is expected to lead to a further underspend this year. However, as restrictions in Scotland have eased, it is projected that demand will increase across services (with this increase being observed to date). This is expected

to be both from those currently engaged with services and from new patients and service users where needs have arisen during the pandemic.

- 12.4. Seeking to proactively address this increase in demand, the HSCP has undertaken an exercise to determine priority areas which could be addressed through the creation of, and recruitment to, a range of fixed term posts. These posts will be funded through a combination of in-year underspend and where appropriate general and earmarked reserves.

National Policy Updates

13. Independent Review of Adult Social Care

- 13.1. Following the Scottish Parliamentary Elections in May of this year, the First Minister committed to start formal consultation on the new National Care Service within the first 100 days of this Parliament. This consultation would set out proposals for how the National Care Service could be taken forward following the recommendations set out in the Independent Review of Adult Social Care in February 2021.

- 13.2. This consultation has now been published and is available [here](#). The consultation is divided into the following themes:

- Improving care for people
- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of Services
- Regulation
- Fair work and valuing the workforce

- 13.3. The Scottish Government will develop engagement packs alongside this consultation and have also set out a programme of online engagement sessions which can be attended. These events will vary in their focus on aspects of the consultation.

- 13.4. The deadline for responses to the consultation has been extended until 2 November 2021. The HSCP and partner organisations continue to review the proposals set out and those areas where the Scottish Government is seeking feedback. The Partnership will work with the IJB in advance of the consultation closing date to develop and agree a response to be submitted on the IJB's behalf.

14. New Legal Duties under the Carers (Scotland) Act 2016

- 14.1. The Carers (Scotland) Act 2016 introduced Adult Carer Support Plans (ACSP) for adult carers, to identify the personal outcomes and individual needs for support of adult carers. The Act did not set out timescales for the completion of ACSP but did require timescales for ACSP for an adult carer of someone who is terminally ill.

- 14.2. The Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons: Timescales for Adult Carer Support Plans and Young Carer Statements etc.) Regulations 2021 came into force on the 31st July 2021. The

regulations set out that once an authority identifies an adult carer of someone who is terminally ill, the authority must offer that adult carer an ACSP within two days. If the authority cannot do this within two days, due to unforeseen circumstances, they must make the offer as soon as reasonably practicable.

14.3. Following the identification of the adult carer, a three-step process should commence:

- A substantive conversation within five working days of the adult carer accepting an offer or requesting an ACSP.
- A light touch ACSP within ten working days of the date when the adult carer originally requested or accepted the offer of an ACSP.
- It should be agreed when the light touch ACSP should be reviewed to include the rest of the information contained in an ACSP.

14.4. The regulations formalise current practice of ensuring that where someone is caring for a person who is terminally ill, they receive the support they need, when they need it. There may be situations when the carer is unable or does not want to have a substantive conversation within the period of five working days set out above. In that case the carer can request a different date.

14.5. The Carers Planning Group, which includes carers, the Carers Centre, and operational managers, is leading on implementing these regulations within Renfrewshire. The Group is also developing material to provide carer awareness sessions with operational teams to ensure they are up to date on carers' policy.

15. Use of the Mental Health Act in Scotland during COVID-19: Report by the Mental Welfare Commission for Scotland

15.1. On 29 July 2021 the Mental Welfare Commission released a report on the findings from their assessment of the impact of COVID-19 on people who have needed to be treated against their will using compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003.

15.2. The report considered detentions under the Mental Health Act between 1 March 2020 and 28 February 2021, considering the number of detentions there were, where and when and if there was any difference between health boards and characteristics of people who were detained. The report found that:

- There were 9.1% more detentions in 2020-21 compared to 2019-20, with rises in all types of detention from shorter to longer periods of detention. The increases in the number of detentions were mainly seen in larger health boards with the most significant rise being in Short Term Detention Certificates (STDCs).
- There was a particular increase in detentions in May 2020 which then remained higher than historical monthly averages for Emergency Detention Certificates and Short-Term Detention Certificates.

- During the pandemic, the issue of lack of Mental Health Officer (MHO) consent in emergency detentions appeared to be an increasing challenge, with the proportion of Emergency Detention Certificates with MHO consent falling by approximately 8%.
- There were 32 back-to-back Short Term Detention Certificates, higher than the average of 23.
- There were fewer social circumstances reports prepared compared to the average in previous years (26.9% vs 37.5%).
- While noting gaps in available data, figures where ethnicity was recorded showed that there were slightly higher levels of detentions for people identifying as African, Caribbean, Black or Asian for all types of detention.
- There was no difference in the proportions of people detained from different Scottish Index of Multiple Deprivation (SIMD) quintiles, however there is evidence of higher proportions of people who are detained living in the most deprived areas of Scotland.

15.3. The report makes two key recommendations.:

- HSCPs, supported by Local Authorities, should seek to understand the reasons why important safeguards (MHO consent for Emergency Detention Certificates; and preparation of social circumstances reports by MHOs) are not being realised in practice.
- The Scottish Government is asked to take account of the content of this report as part of its current review of the mental health officer workforce; a critically important workforce which protects and safeguards the rights of vulnerable people.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising during the COVID response and the Partnership's operational delivery are tracked and managed on an ongoing basis as part of the HSCP's overall risk management arrangements.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

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