AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date: 21 June 2021**
Report By:	**Louise Long Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/27/2021/HMacD**
Contact Officer:	**Dr Hector MacDonald, Clinical Director**	**Contact No: 01475 715284**
Subject:	**ANNUAL REPORT CLINICAL AND CARE GOVERNANCE 2020-2021.**	

1.0 PURPOSE

1.1 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2020-2021. Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation. The Annual Report for Clinical and Care Governance will also act as a reference point in the wider strategic direction of governance for Inverclyde Health and Social Care Partnership.
The report covers the response to Covid -19 and the main areas of priority for Inverclyde HSCP in responding to the global pandemic and the significant and ongoing challenges for services and staff.

2.0 SUMMARY

2.1 The report covers the work of the Clinical and Care Governance Group for 2020-2021

3.0 RECOMMENDATIONS

3.1 Members of the IJB are asked to approve the annual report.

3.2 Members of the IJB are asked to note the Clinical and Care Governance Strategy Work Plan for the Inverclyde HSCP.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Each Health and Social Care Partnership is requested by NHS Greater Glasgow and Clyde to provide an Annual Report of the activity of Clinical and Care Governance.

4.2 The intention is to provide an overview of activity to allow NHS Greater Glasgow and Clyde to overview the work of all the Health and Social Care Partnerships.

4.3 An outstanding action was to bring back the Clinical Care Governance Strategy Workplan to the IJB. There are groups within each service area which align to specific key priorities.

4.4 The Clinical Care Governance Strategy Workplan summaries the priorities for Clinical and Care Governance actions for the Inverclyde HSCP.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 n/a

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Robust Clinical Care Governance ensures that protected groups are considered
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Robust Clinical Care Governance ensures that protected groups are considered
People with protected characteristics feel safe within their communities.	Public protection, learning from adverse events are within the Clinical Care Governance Framework
People with protected characteristics feel included in the planning and developing of services.	Robust Clinical Care Governance ensures that protected groups are considered
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff are supported through robust professional framework and Clinical Care Governance
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Robust Clinical Care Governance ensures that protected groups are considered
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Robust Clinical Care Governance ensures that protected groups are considered

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report. The Annual Report is part of the Clinical and Care Governance assurance for NHS Greater Glasgow and Clyde for Health and Social Care Partnerships. The work for next year's Annual Report will cover the impact of the Clinical and Care Governance Strategy and Action Plan.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People, including those with disabilities or 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	The Clinical & Care Governance Strategy and Workplan supports high quality care is person

	centred.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services contribute to reducing health inequalities.	Robust Clinical Care Governance contributes to addressing inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People using health and social care services are safe from harm.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
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.	Clinical Care Governance framework supports continuous improvement
Resources are used effectively in the provision of health and social care services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Clinical and Care Governance Strategy Work Plan: 2021 -2022

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Appendix 1

Inverclyde Health and Social Partnership

Clinical and Care Governance

Annual Report 2020 - 2021

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Approved by:	
Date approved:	

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1.0 Introduction

1.1 The Clinical and Care Governance Annual Report for 2020 -2021 will reflect the work of Inverclyde HSCP in response to the Covid -19 pandemic and the process for assurance regarding standards and quality of care for this unprecedented year.

1.2 The Annual Report for Clinical and Care Governance 2020 -2021 will provide a concise overview of the main areas of activity for governance arrangements and the main challenges for the Covid -19 recovery phase for IHSCP. There will be a focus on Safe, Effective and Person Centred Care for the report.

1.3 On 23rd March 2020 Scotland moved into lockdown in response to the Covid-19 pandemic. Almost all IHSCP services continued to be offered in a reduced capacity and/or using a blended approach using technology, telephone and video call facilities alongside home visiting and working from home.

1.4 The unprecedented response from our staff and local citizens to the challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build.

2. Clinical and Care Governance arrangements 2020-2021

2.1 The Clinical and Care Governance Group scheduled for 14th April 2020 was cancelled due to the operational focus on Covid-19.

2.2. This cancelled meeting took place on 26th May 2020 and primary focus was the clinical and care governance arrangements for the Recovery Plan. The Clinical and Care Governance Group met on the 30th June 2020, 21st July 2020, 20th October 2020 and 23rd February 2021.

The three local clinical care and governance groups for IHSCP (Mental Health, Alcohol and Drug Recovery and Homelessness; Health and Community Care and Children's Health and Criminal Justice) resumed their meeting schedule towards the end of 2020. The Clinical and Care Governance Strategy of September 2020 and the Work Plan due to be discussed at the IJB June 2021 highlights the work to be undertaken for each clinical and care governance group to develop their own work plans. This will include an annual update to the IJB on progress on the identified clinical and care governance priorities for IHSCP.

The response to the crisis was as follows;

2.3.1 Initial Governance arrangements

As part of the civil contingency planning IHSCP established a Local Resilience Management Team (LRMT) to oversee and monitor delivery of local services across Inverclyde; to provide timely response to emerging issues at a local level, and provide guidance to staff working under exceptionally difficult circumstances. The Local Resilience Management Team reports to the Council's Management Resilience Team.

The Team reviewed national guidance as it was issued by National agencies, interpreted the service requirement and implemented it safety. The LRMT, chaired

by the Chief Officer was established and included key senior managers from the HSCP, local authority, Third Sector, Trade Unions and other key partners.

The equivalent structure within NHS Greater Glasgow and Clyde is the Strategic Executive Group which met daily. A Tactical Group with six Chief Officers from the respective partnerships within NHS Greater Glasgow and Clyde, Public Health, Out of Hours, Clinical and Professional leadership and Staff Partnership met daily.

2.3.2 Current situation

The flowing groups were established during Covid to coordinate the HSCP's response:

- A Resilience Local Management Team met 2 days per week on Monday and Friday.
- The Senior Management Team met weekly every Wednesday with a daily Senior Management Team huddle.
- The NHS Board remobilisation and Council Organisation Plan have been developed to support NHS / Council recovery. The IJB Strategic Plan has 104 actions within the six big actions to be taken forward over the next three years.
- IHSCP Recovery Group and the Strategic Planning Group will monitor recovery.
- The Local Resilience Management Team, a multi-disciplinary group linking to CRMT initially met daily, weekly and now meets 6 weekly until we move out of the pandemic.
- The Public Protection Chief Officers Group met at an increased frequency of every six weeks .This will be reviewed in June 2021
- Tactical Group with six Partnership Chief Officers, Public Health, Out of Hours, Clinical and Professional leadership and Staff Partnership now meet twice weekly.

2.4 Covid -19 Strategic Response

2.4.1 The focus for IHSCP was to develop a Covid-19 Recovery Strategy and Action Plan and a Business Continuity Plan. IHSCP quickly initiated its Business Continuity Plan to ensure core service delivery would continue. During the global pandemic. IHSCP and other partners have risen quickly to the challenges faced yet there are clear lessons to be learned from the pandemic response as we move through recovery.

2.5 IHSCP Interim Operating Arrangements

In line with Government direction to observe social distancing, key services and tackling Covid-19, all IHSCP offices were initially closed. Staff continue to work exceptionally hard under very challenging conditions to ensure core services are delivered.

Across IHSCP services are being delivered by using technology, phone contact or visiting by a blended model. The intention is to continue to use all three methods of delivery, but increase visiting to vulnerable people and families.

Key HSCP services have continued to visit service users in their homes since the start of the pandemic.

Covid-19 has fundamentally changed the way the HSCP normally operates and delivers local services. In line with national guidance, where possible we are supporting our staff to work from home utilising technology. Inverclyde HSCP services continue to work flexibly and there is a rota in place so no more than half of the staff teams are in office at any one time.

The Chief Officer provides weekly updates to the Chair and Vice Chair of the IJB as part of the interim operating arrangements to discuss/agree consistent way to manage health services.

2.6 Service Hubs

In response to the lockdown, IHSCP moved rapidly from normal operating models to service hubs to response to the combined increases in demand for services and decrease in availability of staff to deliver those services. The five service hubs were operational from March 2020 and operating under three key principles:

• To keep people healthy

• To manage and provide services that are safe to do so

• To deliver key services by telephone contact with visits arranged only when required

The five key service delivery hubs were:

• Adult services (Access 1st, Assessment & Care Management (ACM) based at Port Glasgow Health Centre)

• Children, Families and Criminal Justice services based at Hector McNeil House

• Mental Health services based at Crown House

• Alcohol & Drug recovery services based at Wellpark

• Homelessness service based at the Inverclyde Centre

Each hub had a Standard Operating Procedure (SOP) in place and in order to support social distancing measures, each has developed virtual hubs that allow staff to work both remotely and from home.

Each service area has developed their service response over the period of the pandemic with most gradually moving increasingly toward a “normal “service structure. Learning from utilising the hub model has meant that some services have retained those elements that were effective, most notably the rostering of staff. However in general most service areas have returned or are returning to pre - pandemic service structure.

2.7 Operational Log

To support our preparedness for Covid-19, IHSCP developed an Operational Log outlining potential and known impact on local services. This has enabled us to focus on stepping down some non-essential services, redeploying staff to support key service delivery, moving to a 5 hub based service, and increasing capacity to meet

demand such as purchase of additional care home beds to provide intermediate care for people coming out of hospital following discharge, and revise some of our normal operational activities to support people through different practices.

The Operational Log was no longer required from March 2021.

3. Safe

3.1 Support to Care Homes

The global Covid -19 Pandemic of 2020/21 has proven to be a challenge to both the function of IHSCP in terms of how services operated in a socially distanced and infection controlled environment as well as the emotional impact on colleagues as they supported our community through an unprecedented public health challenge. Nursing and residential care homes very quickly at the onset of the pandemic were highlighted as an area of particular vulnerability resulting in an increased level of hospital admission and mortality. To support this challenge required close partnership working between IHSCP and commissioned care homes services to give support in infection control procedures, the sourcing and provision of appropriate personal protective equipment (P.P.E), a robust Covid -19 testing and reporting regime and a successful vaccination program of service users and health and social care staff.

To maintain a high level of support and confidence to nursing and care homes for older people, a daily care home safety huddle meeting was established which linked directly with adult services to support the care home community. This huddle interfaced with a weekly care home manager's meeting and NHS Greater Glasgow and Clyde Care Home Governance and Assurance Group. The support offered to Care Homes has meant regular contact and access to nursing staff, social workers and the contract monitoring team. This support is overseen by the weekly multi-disciplinary meeting (attended by the Care Inspectorate and Public Health, chaired by the Chief Officer) and a daily safety huddle chaired by the Head of Service (Health and Community Care) and attended by key officers of IHSCP.

As of May 2021 this structure has supported Inverclyde nursing and residential care homes to maintain a high level of performance where:

- All care homes are open to meaningful contacts and visiting
- All care home are open to admissions
- There are currently no Covid -19 outbreaks in any care home within Inverclyde.
- Testing of staff and residents continues

In Inverclyde there is an existing partnership approach between providers and IHSCP. It is this good relationship that has allowed continued high level performance around discharges from Hospital.

The Commissioning Team currently undertake regular calls to check on the welfare of the home and its Manager/Staff and supplies, provide information and advice on the latest guidance/information available from the Scottish Government/Public Health Scotland. Any concerns or significant events are reported to the Commissioning

team daily. This allows IHSCP to “traffic light” providers and direct support to the care homes most in need.

IHSCP wants to support Local Authority, independent and Third Sector care home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. IHSCP recognises how important it is for care homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times.

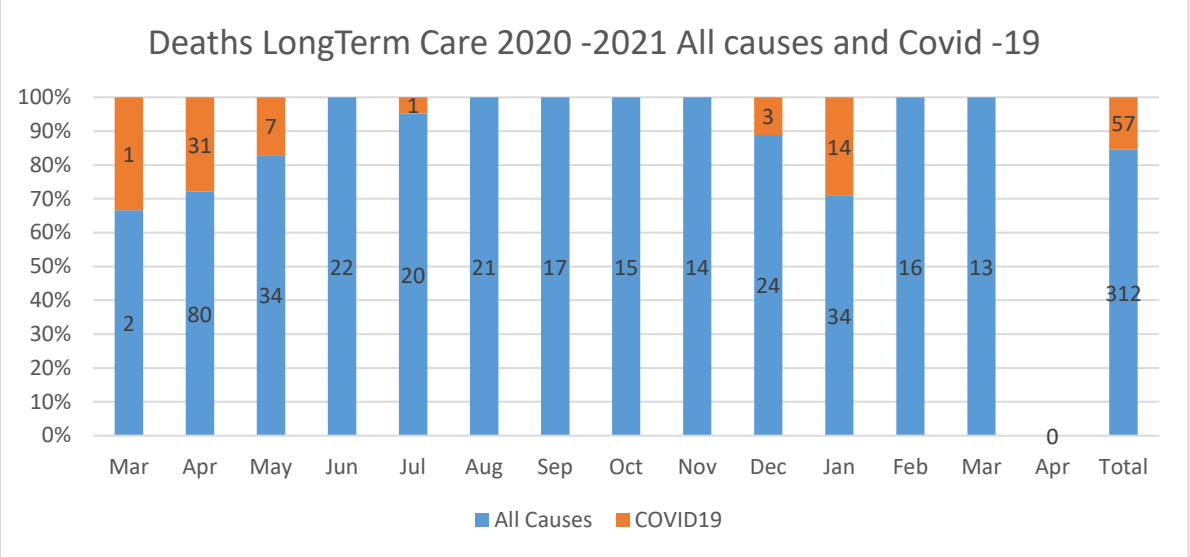
The impact of Covid -19 for long term care is summarised in Table 1, which shows the deaths in Long Term Care for Inverclyde. The proportions of deaths from Covid -19 are shown in the table. There were no deaths recorded 1st April 2021.

There were 232 deaths for all causes for 2019 – 2020 and 312 for 2020-2021. This represents an increase of 34.48%.

Between the 1st April 2020 and 31st March 2021 (inclusive) 18% of deaths in an Inverclyde care home were Covid-19 related. At the height of the first wave of the pandemic Covid-19 related deaths were at 37%.

Close partnership working between Care Home Providers and IHSCP has resulted in a coordinated approach in protecting our most vulnerable residents in Inverclyde and supporting care homes locally during the pandemic.

Table 1. Deaths Long Term Care 2020 -2021 – all causes and Covid -19



The up to date vaccination response is shown below for all 13 Older People’s Care Home, as of the 7th May 2021.

Older People Care Homes
1st Vaccination - 96% of Residents and 86% Staff
2nd Vaccination - 93% of Residents and 80% Staff

Adult Care Homes
1st vaccination - 98% of residents and 61% of staff

2nd vaccination – 95% of residents and 40% of staff

3.2 Enhanced Care Home Support

The Office of the Chief Social Work Adviser has put into place via IHSCP Chief Social work Officer a process to offer extra assurance and support to Care Homes. This is a two part process which reports back findings via IHSCP daily care home huddle and IHSCP's Multidisciplinary Care Home Meeting. This is a tripartite process consisting of care assurance review by the Head of Health and Community Care, The Chief Social Work Officer and the Chief Nurse with support from the relevant officers.

This approach will reduce disruption and footfall in care homes to minimise infection control risk as well as ensuring a greater degree of quality and assurance and holistic approach. This process has seen the ongoing review of the care and support for all residents within Inverclyde's nursing and residential care homes. IHSCP has a statutory responsibility to review all residents on an annual basis, but due to the pandemic this has not been possible to be undertaken in the traditional way, so an intensive programme of reviews are currently taking place. This has required an increased social worker capacity and resources to complete reviews within the agreed timescales and funding has been agreed with the Scottish Government. This will require increased capacity and resources to complete within tight timescales and funding has been agreed with the Scottish Government

Focus on Care Home Assurance Visits include the following

- Wellbeing and Practical Support for Residents, Manager and Staff
- Quality of health and care needs for residents
- Open with Care – contact between residents and those who matter to them
- Infection Prevention and Control
- Workforce. Leadership and Culture
- Feedback on HSCP Support throughout the Pandemic
- Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
- Support requirements moving forward

A communication from the Chief Nursing Office (CNO) and CSWO on 28th May 2020 clarified that there were no change to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities. However, additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care required a new model of support to be developed.

The assurance visits to all older people's care homes are nearing conclusion. Key themes and learning from the visits will be shared at the NHS Greater Glasgow and Clyde Care Home Assurance group. This information will assist in informing the work plan for the two Care Home Collaborative which are currently being established to support the Care Home Community. One will be situated in Glasgow City HSCP and the other will serve all non-Glasgow partnerships. IHSCP will lead on the Care Home Collaborative model for the whole system. Each collaborative will be supported by a multidisciplinary team to ensure there is comprehensive support for care homes both proactively, and in response to issues raised. A Care Home Collaborative Programme Board, co-chaired by the Director of Nursing and IHSCP Chief Officer, has been set up to provide leadership and oversight for the model. The collaborative will ensure consistent communication across the system, oversee resource allocation and will set and monitor outcomes against plans.

It is important to take the opportunity to confirm the overall quality of care within the care homes was very good and that leadership has been visible at all levels.

The care home mangers and their deputies have been required to respond to the significant demands placed upon them as a result of the pandemic. The continual changing priorities coupled with the uncertainties in relation to the transmission of the virus whilst maintaining focus on caring for residents and keeping them safe has been exceptionally challenging. The care home mangers and their staff are to be commended for their exceptional hard work, dedication, professionalism and the significant contribution they have made in keeping residents, staff and visitors safe.

Sir Gabriel Woods Home (The Mariners) closed in February 2021 after a history of 166 years of provision of care.

This was a distressing time for residents their families and staff. IHSCP worked closely with the Sailors society to ensure the transition was dealt with in a measured and proportionate way. The 28 residents were all reviewed and supported to choose a care home of their choice (or their Guardians choice in cases where the resident lacked capacity} in Inverclyde or closer to family members.

This was a complex and intense piece of work that was completed successfully and on time to ensure the best possible outcomes for the service users.

3.3. Covid -19 / Influenza Vaccination and Testing facilities

The primary care team worked collaboratively with partners across a range of agencies to develop and implement new services ensuring operating process and governance structures were in place as required. Mass flu vaccination clinics with local town halls were delivered in conjunction with a range of colleagues in NHS Greater Glasgow and Clyde, Inverclyde Leisure, Inverclyde Council, local GP practices and third sector who provided volunteers to assist on site. Uptake of flu vaccination in Inverclyde was higher than in previous years. The learning from this was instrumental in delivering the local Covid -19 vaccination programme. IHSCP remains responsible for vaccination of all housebound individuals unable to attend a GP practice or vaccination centre.

IHSCP were the only HSCP in NHS Greater Glasgow and Clyde to develop a local site for staff testing which was in direct response to the initial surge of cases experienced in the local area. A drive through site with associated operating processes was developed at Port Glasgow Health Centre covering all health & social care staff. The learning from this was used to develop the of the local care home testing programme. Many staff were seconded from their usual roles to deliver these new services, learning new skills and working in a flexible way to respond as necessary.

3.4 Adult Influenza Vaccination Campaign

The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. In addition, all NHS staff can receive a flu vaccination at work and IHSCP extends this to social care colleagues, encouraging those staff with public facing roles such as care at home in particular to take this up.

GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments.

District Nurses contributed to the vaccination of housebound individuals. Most vaccinations are given within a 10 week window October to December. In Inverclyde around 29,000 people are in the eligible cohort. Uptake varies and we can usually expect to administer around 17-18,000 vaccines. Around 500 staff vaccines are also administered.

This year we faced a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid -19 vaccine become available within this timescale.

The addition of those between 55 and 64, additional social care staff and household members of those in the shielding group mean the Inverclyde cohort this year is increased to at least 44, 500. It is expected that the demand for flu vaccination will increase this year due to the Covid -19 pandemic and therefore for planning assumptions we estimate administration of around 25,000 vaccines across GPs and HSCP, a huge increase on previous years.

The HSCP began vaccinating those over 65 on 29th September 2020 in the following venues:

- Greenock Town Hall (29 September 2020 to 11 December 2020)
- Port Glasgow Town Hall (29 September 2020 to 23 October 2020)
- Gamble Halls (12 October 2020 to 30th October 2020)
- Kilmacolm Community Centre (29 September 2020 to 9 October 2020)

3.5 Community Assessment Centre

The Greenock Health Centre based Community Assessment Centre (CAC) opened in March 2020 as part of NHS Greater Glasgow and Clyde's response to the Scottish Governments recommendation for a Covid -19 respiratory pathway. The Assessment centres worked in tandem with telephone triage hubs and hospital based Specialist

Assessment and Treatment Areas (SATA) to ensure patients with suspected Covid -19 were assessed promptly and where possible away from those being treated for non Covid -19 conditions. The Community Assessment Centre was staffed by GPs, nurses and administrative staff redeployed from other services.
The Community Assessment Centre was monitored by the Hubs and Assessment group which reported to the Chief Officers Tactical Group.

Throughout 2021 the Greenock Assessment Centre saw reducing numbers of patients in line with decreased local cases of Covid-19.

Week ending 8/1/2021	7 patients
Week ending 15/1/2021	7 patients
Week ending 16/4/2021	1 patient
Week ending 23/4/2021	2 patients

The assessment centre in Greenock closed on 7/5/2021 due to reduced demand and at present patients needing this service attend Linwood Health Centre with transportation provided if needed

A You Tube video was created for the Inverclyde Community Assessment Centre at Greenock Health Centre when it opened. This gave the public a guide of what to expect if they had to attend.

https://www.youtube.com/watch?v=Lb2Tjx4anWQ

3.6 Out of Hours

Out of Hours GP services resumed in Inverclyde on Saturday 15th May 2021 offering initially a Saturday Morning Service (8 am to 2pm). It will be staffed by GP's and Advanced Nurse Practitioners and offer a combination of face to face and remote consultations by appointment via NHS 24. The service will be regularly reviewed by a group comprising of members of IHSCP management team along with senior members of the Out of Hours service to ensure sustainability and potential to expand hours. The service is based in Inverclyde Royal Hospital.

4. Effective Care

Service Updates

4.1 Learning Disability Services

Community Learning Disability provides services to over 300 people. A number of people's packages were altered due to Covid -19 as day centres, colleges and clubs closed. The day centres will open on 11th August 2020, however this will be at reduced capacity meaning that more individual support packages will be required. This is also an opportunity to provide more short-term intensive support packages to support/promote independence with a view that we could reduce demand in the longer term. Robust review and support processes need to be put in place. The service requires 1 additional social worker and 1 additional support worker, both for 8 months, to take this Covid -19 recovery work forward.

Learning Disability Day Services based at the Fitzgerald Centre ceased building-based support in mid-March 2020 as it became apparent that a sustained community transmission of Covid-19 was in progress and that day centres with physically vulnerable adults could be a potential source of community transmission.

During this period Learning Disability Day Services have regularly contacted service users and carers to ensure critical support including meal provision where appropriate has been maintained. Feedback from carers and services users during this difficult period has confirmed the importance of building-based Day services in the provision of support to service users with a learning disability and their carers as our community moves to a recovery phase post Covid -19 . This is in line with feedback from our service users and carers consultation pre-Covid -19 in terms of the importance of building-based services.

Day services have linked with Health and Safety on the services requirements for social distancing for service users and staff as well as taking the learning from Education's model of recovery in educational environments. This allows the proposal to re-engage day opportunity services in a phased recovery with sessions both morning and afternoon with deep cleaning taking place between sessions. An incremental approach will be taken at first to embed processes (including transport requirements and PPE) and support which can be quickly scaled up whilst meeting social distancing requirements.

Based on the current shielding arrangements for older people, it is appropriate for the status of our older people day care services to remain closed at this time. As lockdown continues to ease it will be possible to review arrangements for day care services for older people to be reviewed at the end of July 2020.

As part of the recovery process older people day care services are approved to re-open on a phased basis from the end of May 2020. As lockdown continues to ease services will be provided according to individual need with a combination of building based and outreach service.

There is a plan to recommence centre-based Learning Disability Day Services at the Fitzgerald Centre for 20% of service users by 11th August 2020 and the incremental approach which will be taken at first to embed social distancing, respiratory hygiene processes and PPE (including transport requirements) to allow a recommencement of learning disability day services support.

4.2 Health and Community Care - Adult Support and Protection

The Joint Inspection of the Inverclyde Adult Support and Protection Partnership was concluded in March 2021 with a written report provided in May 2021 for publication in June 2021.This was a protracted process due in a large part to the restrictions imposed by the Covid-19 pandemic.

The Inspectors found overall strengths in the Partnership approach to Adult Support and Protection work across Inverclyde. Staff reported they were engaged in the work and were confident in their role around keeping people safe protected and supported.

Based on the evidence the Inspectors reported "that adults subject to adult support and protection, experienced a safer quality of life from support they receive" and

furthermore “Adults at risk of harm were supported and listened to … to keep them safe and protected” during the key processes of ASP process.

There are as would be expected some areas where the partnership could improve its performance. The Partnership acknowledges these recommendations and note that these were identified in the Position Statement submitted to the Inspection Team at the beginning of the process and that these actions are part of the Inverclyde Adult Protection Committee Business Plan for 2020 - 2022.

The implementation of the Plan has been stalled due to the current pandemic. The plan is to refresh the Business plan in light of the Inspection and to progress the necessary improvements within the next 12 months.

The lead Inspector also concluded that there was a well understood vision across the partnership. This helped them to respond to adults at risk of harm effectively and jointly. This ensured adults at risk of harm experienced good outcomes and improvements in their circumstances. Interventions were timely and staff were confident in their adult protection roles. Communication, collaboration, and information sharing between the various statutory and provider organisations was a strength of the partnership.

4.3 Children and Families

Local analysis shows all activity within children and families is down with an expected further increase in child protection registrations and Child Protection Orders. Whilst activity was down the complexity of work remained high evidenced in the numbers of children becoming looked after and accommodated. This was exacerbated by other partner agencies pandemic planning and availability. As schools, and other services return, Colleagues from our 3rd sector partners have supported the service in various ways including facilitating family contact to ensure we are complying with legal orders whilst adhering to Government guidance around social distancing which makes transport and family contact visit more labour intensive. 3rd sector colleagues are now resuming their core tasks meaning they are no longer available to support with this function. Additional homemaker posts will be crucial to the progression of our statutory duties in respect of family contact. The service has reviewed current budgets and redesigned two posts to home maker posts. In order to support a predicted increase in family support and early and effective help requests it is also hoped we can recruit 1 social work assistant for 12 months.

Health Visitors have continued to provide a home visiting service alongside virtual contacts using attend anywhere in line with Scottish Government Guidance. There is an expectation that there will be a surge of referrals and children hearing reports.

In additional to the anticipated increase in referrals, the social work team will experience a significant spike in statutory work as a result of backlogs caused by delayed: court processes; children’s hearings; looked after reviews, and permanence panels.

Backlogs in these functions mean an increased risk of further increases in the child protection register and children requiring to be accommodated. This has an impact on children and families and a financial impact on the HSCP. An additional reviewing officer is required for 12 months to help the service keep pace and ensure planning is robust to allow, where safe, children to remain at home or ensure there are robust plans in place to allow children to return home.

Throughout the second national lockdown the expectations of children's service remained high with less flexibility in legislation resulting in the majority of core tasks continuing, this was in direct contrast to the first national lockdown when many tasks could be stepped back in light of public health guidance and interim changes to legislation.

Health Visitors continued to deliver the Universal Pathway and targeted work to families with additional needs. Risk assessment and professional judgement were used to determine whether face to face or a virtual appointment were offered. At this stage, most visits have resumed face to face in the home setting. All childhood surveillance continued during the second lockdown. The Port Glasgow team commenced the antenatal visit as early adopters and although via Attend Anywhere at the moment, this is being well received by parents and valued by staff.

The Infant feeding team have also been providing additional antenatal support to any mums in relation to establishing close and loving relationships with their baby and breastfeeding information where requested.

UNICEF Gold revalidation has been maintained during the pandemic and the team are working on the 2021 Gold sustainability submission due in July 2021. The Collective Impact (Breastfeeding) supported by IHSCP and Programme for Government work has continued with excellent evidence of breastfeeding being promoted, supported and advocated in Inverclyde. The IJB approved two substantive Breast Feeding posts and this will help ensure continued traction in the work.

The Health Visiting team continue to work closely with the Immunisation team to promote and support parents in attending for immunisations.

The School Nursing team are about to welcome a 3rd School Nurse and two further fulltime staff will come on board in 2022/23 due to the Scottish Government investment. Key work streams include mental health and wellbeing and vulnerability. The team continue to provide anxiety management programme *'Lets Introduce Anxiety Management*' face to face or virtually and drop- in sessions for young people are being offered in all state schools. Universal provision has suffered some delays last year due to school closures, however this year the team are on track to deliver primary 7 vision screening and a good proportion of primary 1 and 7 child health surveillance.

Local analysis shows the number of referrals to children and families remained broadly in line with pre-pandemic average, with the notable exception of April 2020 as all services adjusted to the different ways of working. The complexity of work and families where significant levels of risk existed remained high, shown by unusually high numbers of children on the child protection register. This number remained high for some time due to hesitancy among professionals around stepping down during the initial stages of the first national lockdown. The number of children

requiring to be cared for away from home also increased with a significant increase in the number of children subject to child protection orders to move them to a place of safety (residential care, foster care of alternative family options). Demand on children and families social work services was exacerbated by other partner agencies pandemic planning and availability. As schools, health visitors and other services return, there is an expectation that there will be a surge of referrals and children's hearing reports. In order to meet this demand the service is filling all vacant posts. Colleagues from our 3rd sector partners have supported the service in various ways including facilitating family contact to ensure we are complying with legal orders whilst adhering to Government guidance around social distancing which makes transport and family contact visit more labour intensive. 3rd sector colleagues are now resuming their core tasks meaning they are no longer available to support with this function. Additional homemaker posts will be crucial to the progression of our statutory duties in respect of family contact. The service has reviewed current budgets and redesigned create posts to support family contact for 12 months.

In additional to the anticipated increase in referrals, the social work team will experience a significant spike in statutory work as a result of backlogs caused by delayed: court processes; children's hearings; looked after reviews, and permanence panels. Backlogs in these functions mean an increased risk of further increases in the child protection register and children requiring to be accommodated.

Throughout the second national lockdown the expectations of children's service remained high with less flexibility in legislation resulting in the majority of core tasks continuing, this was in direct contrast to the 1st national lockdown when many tasks could be stepped back in light of public health guidance and interim changes to legislation. As with all services we continue to work in a blended way encouraging a mix of home and office working, however during the second national lockdown more time was required to be allocated to office bases as we continued to perform more routine tasks and cover all of our core tasks.

4.4 Criminal Justice

During lockdown, direct face to face contact was reduced, as was staff footfall in office premises. Priority for direct contact was based on assessed risk, vulnerability and complexity. This was reviewed regularly and is being tracked through recovery. Other forms of contact – mainly telephone – were maintained with service users not requiring direct contact. We maintained a keyworker system throughout. Feedback from service users and staff members indicate that this helped maintain and develop existing working relationships and provide every service user with a named individual as a point of contact in case of difficulty.

As we move towards recovery, there is an increasing focus on direct work to reduce offending over and above a welfare approach and this includes specific structured programmes for perpetrators of domestic abuse and sexual offending. A challenge in this is the availability of suitable Covid-safe space to carry out such interventions and, to this end, work has been undertaken to re-purpose the Unit 6 workshop from

being solely our Unpaid Work premises to a Criminal Justice hub with interview and programme delivery facilities (including future group work as recovery progresses).

As the Courts make inroads into the substantial backlog of summary trials, we are anticipating an increase in report requests and subsequent statutory orders. In preparation for this, we are making arrangements with third sector partners to deliver some aspects of Unpaid Work on our behalf. Unpaid Work has already benefited from Covid-19 legislation granting time extensions to existing orders and, subject to certain exclusions, a 35% reduction in overall hours. Following the most recent lockdown, Unpaid Work placements were re-commenced on 28th April 2021. This remains challenging due to the need for social distancing, but we have been able to extend the working hours and number of placements incrementally on weekdays and a return to weekend working is planned.

Women with involvement in the criminal justice system

The Early Action System Change project focused on women with involvement in the criminal justice system in Inverclyde has developed during 2020-21. Engagement with women with lived experience of the Criminal Justice System and the formation of a co-production group were significantly disrupted by covid restrictions, however, an adapted approach focusing on remote engagement and collaboration with frontline services, including several Community Justice partners, to provide referrals has allowed for progress in developing relationships with women either currently involved in or with previous experience of the CJS. As a result, women have been involved in establishing the current context of CJS involvement for women in Inverclyde and identifying areas where limitations to their support exist which could be addressed and improved by a system change approach. This will be central to the development of a test of change proposal which, pending funder approval, will commence in 2021 and which women with lived experience of the CJS will continue to co-produce. Work has also continued around other elements of establishing an evidence base for the test of change, including the production of a literature review and a cost benefit analysis methodology.

Care Inspectorate inspection of Criminal Justice Social Work Services within Inverclyde

In December 2019 the Care Inspectorate published their findings on their inspection of Criminal Justice Social Work Services within Inverclyde. Their particular focus was on how well Community Payback Orders were being implemented and managed as well as how effectively the Service was achieving positive outcomes. Although this was a very positive outcome and to date the highest grading received by a Local Authority, two areas were identified for improvement which have been progressed during 2020/21

In respect of a request for senior officers to review policy and practice relating to the timescales for completing Level of Service/Case Management Inventory (LS/CMI) assessments and plans to ensure that a best practice approach is implemented and clear guidance is provided to staff. Senior officers have developed detailed guidance covering the use of LS/CMI which provides staff with a clear steer on the use of the

shortened and full versions of the tool as well as when to review and reassess. This guidance was shared with staff and followed by a staff practice development session in October 2020. This matter continues to be subject to ongoing monitoring by the Criminal Justice Social Work management team.

A second area of improved was in relation to ensuring that quality assurance processes are well-embedded in order to improve the quality of practice around statutory reviews and case recording. This has been the subject of significant change within the service and includes a comprehensive protocol to support the review of all cases involving statutory supervision has been developed and shared with staff. As well as providing clear guidance on content and timescales, the framework advanced also incorporates service user engagement and makes full use of information obtained through the application of our Criminal Justice Needs Review tool. This response was also subject to of a staff development session and continued discussions with HSCP services to consider how we capturing data on compliance for reporting within the Service's Quarterly Performance Service Review framework. On case recording, a Short Life Working Group (SLWG) involving staff from three different Criminal Justice settings (community, prison, court) was established in December 2019. The SLWG has met focusing on current practice and learning from feedback from the Care Inspectorate, research on case recording and applying learning. Notwithstanding the above, it is the Service's intention to consider longer term the development of an all-encompassing quality assurance strategy.

It was estimated in February 2021 that there were over 29,000 scheduled trials in the sheriff summary court and over 35,000 forecast scheduled trials. The number of outstanding and forecast outstanding trials continues to increase each month highlighting that although activity had been returning to normal levels in Sheriff Summary courts, there still exists a substantial number of cases that are yet to proceed through the court process. In terms of potential impact on the Criminal Justice Social Work service and engaging with individuals on Community Pay Back Orders, the management team are predicting an increase on service demands based on a potential increase on those placed on Community Pay Back Orders and health and safety issues around social distancing requirements. The Service continues to engage with national partners to plan effectively in Inverclyde.

Community Justice Partnership

The Community Justice Partnership, chaired and hosted by Criminal Justice are required annually to publish an annual report detailing our response to each nationally determined outcome and any local outcomes determined. The annual report was approved by Health and Social Care Committee and Integrated Joint Board in advance of its submission to Community Justice Scotland.

4.5 Older People - Homecare

As lockdown restrictions ease, it is likely that our homecare services will struggle to meet the demand. Covid-19 has meant that a number of senior homecare support workers are unavailable due to absence/shielding and the service has seen

increases in demand. To address this, permission is sought to create two supervisor posts for eight months each to fill the gap and meet the increased service demands. The service also intends to expand the Technology Enabled Care interventions to support minimal contact as part of its Covid-19 response. This will require additional resources of ten hours per week, also for eight months, to support this.

Whilst community nursing has had similar issues with high levels of absences due to shielding and have experienced a significant increase in the demands placed on the service, the team have continued to deliver safe, effective and person centred care.

Winter planning and an increase in the age eligibility for flu vaccinations will mean that an increase in staff capacity will be required to sustain this service.

4.6. Rehab and Enablement Service

All services have remained operational on a reduced basis, supporting recovery, with additional pressure placed on the service to support gaps in acute service such as Community Respiratory Services. As services resume, an additional physiotherapist is required for 12 months to help address backlogs within the service as a result of the lockdown and to continue supporting people while they are waiting for delayed hospital appointment/clinics to resume.

The Community Occupational Therapy service had a six week waiting list prior to the pandemic; without any additional investment/redesign the waiting list would be sixteen weeks. The worker caseloads indicate there are 200 cases with substantial or moderate needs. The service is establishing a virtual clinic model to clear backlogs and free up staff time to pick up the rehab work which improves health and wellbeing and reduces frailty. For the recovery model within this service to work an additional Occupational Therapist is required for 12 months.

4.7 Assessment Care Management

As Assessment Care Management moves from adult protection to route welfare assessment, there is a concern that there will be an increase in activity. This area has high costs linked to care packages. The situation requires careful monitoring to avoid care package costs spiralling. By introducing an additional Reviewing Officer for eight months this will allow the service to establish frequent resource panels to meet the needs of the most vulnerable and ensure the service remains in budget. In the future it may require an additional social worker and social work assistant, this will be considered once the service is re-established.

4. 8 Mental Health, Homelessness, and Alcohol and Drug Recovery Services

4.8.1 Mental Health Inpatients

The Mental Health Inpatient service has continued to deliver services throughout the pandemic. As the start of the pandemic there was a reduction on bed usage however this has steadily returned to pre pandemic activity. Additional nursing posts were created temporarily to cover vacancies, sickness and staff absences. Medical staffing continues to be challenging both older and adult mental health services have locum consultants covering vacant posts. Inpatient staff have worked extremely hard and flexibly over the past year to manage difficult circumstances provide high quality care.

In the first wave of the pandemic there were 3 Covid-19 positive patients and 2 staff members. Sadly in Feb-March 21 during the second wave there was a significant outbreak within Willow Ward and there were 11 deaths. Regular Incident Management Team meetings with Public Health took place during the outbreaks to ensure that situation was regularly reviewed and risks managed. All staff have followed appropriate Infection Prevention and Control guidance throughout the pandemic. Vaccines have been delivered in inpatient setting in accordance with the Joint Committee on Vaccine and Immunisation priority groups. Asymptomatic testing of patients and staff has been carried out at intervals in accordance with guidance. Guideline for visiting has varied throughout the pandemic, visiting guidelines were adhered and managed sensitively to ensure that patients experiencing distress as a result of a mental illness was minimised and recovery promoted.

An action plan for IPCU has been produced in response to the visit undertaken by Jane Grant. The outcome of review highlighted a need to proceed with the planned works within IPCU (if funding is approved) to improve patient and staff safety, as well as providing a therapeutic environment to reduce patient stress and provide opportunity for activity and exercise. This will include a more secure nursing station, de-escalation room and therapeutic garden space. Progressing this work has been impacted by the Covid 19 pandemic however quotes are now being prepared for the work required

4.8.2 Community Mental Health Services

Community Mental Health Services developed a hub model to sustain service delivery during the Covid-19 pandemic response. The governing principle was minimum necessary service based on risk and vulnerability. Key elements of service provided have been

- Maintaining reactive capacity to respond to community urgency for mental health assessment
- Enabling an enhanced duty worker system for existing service users and point of contact for others seeking advice
- Maintaining essential treatment services
- Providing a programme of scheduled contact for existing service users based on risk and vulnerability
- Sustaining capacity to undertake statutory work related to the Mental Health, Adults With Incapacity, and Adult Support and Protection Acts

Caseloads were reviewed and individuals allocated a risk assessed priority of Red, Amber or Green to inform frequency and type of contact. Face to face contact has continued based on assessed risk with others supported by telephone appointments.

The Community Mental Health Services staff split into Team A and Team B. This allowed weekly rotation between hub and virtual base. Initially a small cohort was permanently virtual on compassionate grounds related to their own Covid-19 enforced health/caring responsibilities.

As the service recovery progressed through phases of the pandemic there has been an increase in face to face contact and availability of technology i.e. Attend Anywhere.

The latter is still embedding into routine use and balanced against known risks where face to face contact is preferred.

Prior to the pandemic the Adult Community Mental Health Services underwent a period of review with recommendations presented to the Mental Health Programme Board. The service adjustments implemented because of the pandemic meant the progression of these was paused. The recommendations have now been reviewed in light of learning during the past year and prioritised actions identified to improve safe, effective and efficient working processes and practices across the whole Community Mental Health Services.

The Mental Health Officer (MHO) Service review commenced prior to the pandemic has now concluded with an agreed action plan including enhancement of the permanent staffing and leadership capacity of the service. This will support improvement in service ability to manage the increasing demand it has experienced and provide required service governance assurances.

Community Mental Health Services remobilisation will progress incrementally as restrictions and related guidance allow. The service has retained ability to flex while continuing to meet the core elements of risk assessed service activity and interventions dependent upon emerging changes in the pandemic landscape.

IHSCP is working closely with Scottish Association for Mental Health to deliver a Distress Brief Intervention (DBI) programme. The Distress Brief Intervention programme will play a key role in ensuring that individuals experiencing distress are given appropriate, compassionate support in a timely manner.

The Distress Brief Intervention programme started operating in January this year and Level 1 training is currently being rolled out across Inverclyde. Referrals for Distress Brief Intervention Level 2 support are increasing and individuals engaging with the service are consistently reporting a decrease in their level of distress

The programme has two levels: the Level 1 response is designed to ease a person's distress and involves the offer of a referral on for Distress Brief Intervention Level 2 support. Level 1 is provided by front line staff (Primary care, NHS24, Emergency Departments, Police Scotland and Scottish Ambulance Service) who have completed Distress Brief Intervention Level 1 training. Level 2 support is provided by trained third sector staff who contact the individual within 24 hours of referral and provide compassionate, problem solving support, wellness and distress management planning, supported connection and signposting for up to 14 days.

4.8.3 Alcohol and Drug Partnership

During 2020 / 2021 it was agreed that ADP funding would be used to commission three different tests of change that are all fundamental to underpinning recovery and developing recovery communities in Inverclyde. In taking this decision, it was also recognised that Inverclyde ADP was supporting and building on the local third sector assets and capacity. Your Voice was successful in securing the first tender. The focus of this funding was to employ a Recovery Development Coordinator to coordinate the development of recovery communities and develop peer volunteer mentors. Moving

On was successful in securing the second tender. The remit of this funding is to provide early intervention and work in partnership with the statutory Alcohol and Drug Recovery Services as part of a Recovery Orientated System of Care.

The third tender intended to provide a formalised Peer Support service. Unfortunately, following two attempts, there were no applicants for this funding. In light of this an alternative approach is being considered focusing on employability and meaningful activity. The two successful tenders were implemented during 2020 in the midst of Covid-19, Your Voice and Moving On adapted and demonstrated a high level of flexibility in ensuring safe service delivery. Overall, good progress has been made in each test of change and there has been valuable learning for the ADP in going forward.

The National Records for Scotland published the 2019 Drug Related Deaths in Scotland Report on the 15th December 2020. In Scotland in 2019, 1,264 people sadly lost their life to a drug related death. This was an increase of 6.6% from 2018 and continued the trend seen over the past few years.

In 2019 in Inverclyde 33 people lost their life to a drug related death. This is an increase of 9 people from 2018 which equates to a 37.5% increase. When comparing prevalence rates per 1,000 population (averaged over 2015 – 2019), Inverclyde is the 3rd highest area in Scotland.

79% were male and aged 35-54 years. In terms of the drugs involved; there was an increase in heroin/morphine and a decrease in methadone, with benzodiazepines continuing to be the commonly found drug implicated. Poly drug use was common with on average 3 or more drugs implicated in cause of death.

Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focusses on actions related to the national Drug Death Taskforce priorities. Funding of £156,000 until March 2022 has been received from the Scottish Government to address in particular, increasing Naloxone supply across Inverclyde, and assertive outreach to support the most vulnerable people into treatment services particularly following a non-fatal overdose.

4.8.4 Homelessness

Covid-19 has resulted in a number of challenges for the homelessness service including:-

• A required reduction in numbers within the Inverclyde Centre to accommodate social distancing

• The prisoner early release programme

• An increase in presentations (HL1)

To response to these challenges, the number of temporary furnished flats within the community was increased from 28 to 68. The demand for and usage of bed and breakfasts increased however this has now been addressed by quicker through put to temporary accommodation. The service continues to work towards implementing the Rapid Rehousing Transition Plan and scope future model required for the Inverclyde Centre.

Mental Health, Homelessness and ADRS service managers arranged a joint development session on 23rd February 2021 with team leads to review interface

arrangements between these services. This will take account of existing guidance and recent case examples will be presented for discussion and recommendations of improving service user experience in provision of safe, effective and timely interventions.

4.9 Advice Service

To meet current demand and likely demand moving forward for Advice Services there is an opportunity to support primary care by building on the Lomond Practice pilot with a paper to the IJB requesting 2 Advice Workers for 18 months. The pandemic has significantly increased the complexity of cases the advice service is handling. As things progress, national forecasts suggest that there is an imminent surge in the number of welfare cases caused by interim supports such as the furlough scheme changing and more businesses downsizing or closing and beginning to make staff redundant.

4.10 Recovery Planning

4.10.1 Covid 19 Transition Plan

IHSCP have a Covid-19 Transition Plan. In essence it is intended to be an initial recovery strategy and recovery roadmap for the HSCP and a set of guiding principles and strategic priorities have been developed.

Anticipated recovery phases:

Phase 1 current to end June 2020; Phase 2 to end August 2020; Phase 3 to end February 2021 and Phase 4 to end July 2021.

The overall approach is a phased approach to restarting services. There will be learning and understanding of what impact the shift in ways of working will or should have longer term and ensuring we focus on staff wellbeing. The positive response from the workforce throughout this has been incredible and it is vital that we support our staff through these next phases. A staff wellbeing questionnaire has been developed and is being rolled out with the support of the Staff Partnership Forum

IHSCP Covid-19 Recovery Group has been set up with representatives from each service area and staff side. Separate sub groups will focus on providers, carers, service users and third and independent sectors. Services have developed initial, phased recovery action plans which detail step up and step down arrangements for each service and staff group over the coming months. These are being reviewed and will be brought together in an overarching HSCP action plan which will be monitored by IHSCP Covid-19 Recovery Group.

4.11 Staff Wellbeing and Resilience

In response to the Covid19 Pandemic there has been a focus to build significantly on the existing work done around wellbeing and resilience for the workforce nationally, Greater Glasgow & Clyde-wide and locally.

4.11.1 National Well Being Champions Network

There was an approach from the Minister for Mental Health for each local authority to nominate Wellbeing Champions. Within Inverclyde, Wellbeing Champions have been identified and are engaging with the work of this national group.

4.11.2 Greater Glasgow & Clyde Workforce Mental Health and Wellbeing Group

This group is accountable to NHS Greater Glasgow and Clyde's Strategic Executive Group and reports into CMT. The Staff Health Strategy Group and Area Partnership Forums attend this meeting.

The purpose of this short life group is to lead and coordinate the development and implementation of appropriate mental health and wellbeing support to enable NHS Greater Glasgow and Clyde to respond to the mental health and wellbeing impact of Covid-19 on the workforce; there is IHSCP representation on this group.

4.11.3 Work Place Wellbeing Matters Plan

The plan was launched on 30th November 2020 for the next three years, to support the HSCP's organisational recovery and to ensure support for the mental health and wellbeing of the HSCPs staff remains a priority.

The overall aim of the plan is:

"Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce"

This aim will be fully supported by the Primary Drivers of:

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)
- ✓ Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)
- ✓

The local to Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with our staff side representatives, 3rd sector and independent sector colleagues:

4.11.4 Inverclyde Staff Wellbeing Task Group

A task group was established to oversee and implement the national and regional work, focusing on ways the local area was responding the national agenda and supporting the organisational priority and duty of care to ensure that the Health and Social Care Workforce supports good mental health and wellbeing. Some of the activities that the task group has worked alongside and developed are:

Wellbeing Telephone Calls for Care at Home Staff:

In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms of the staff's day to day leadership and management and the work carried out is rewarding, it can sometimes come with its challenges. To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations

with staff, by managers and also by affiliated staff to gather information on staff welfare. While there were initial concerns about PPE, in the very early stages of lockdown, there were no other major concerns. The findings also suggested that staff were coping well and had good resilience in place, due to very good business continuity planning, leadership and management, open conversations, and team spirit.

Children and Family Team: Wellbeing and Agile Working Survey

In June and July 2020 the Children and Family (C&F) leadership team undertook a staff wellbeing and agile working survey to the wider C&F team, with the purpose to establish the impact coronavirus pandemic (Covid-19) had on mental health and wellbeing and their experiences of support, communication and connection, trust in their leadership team in relation to supporting their health and safety, and new ways of working. A clear positive thread throughout the survey response was the benefits of being part of a strong and supportive team. Staff generally felt well supported by their team, team leader and management structures.

Health & Wellbeing Guide

A health and wellbeing guide of resources and contact information was produced in May 2020 to help support staff and Managers at the height of the pandemic. This guide has continued to be updated and circulated to all staff.

Staff Wellbeing & Resilience Targeted Focus Groups

During August 2020, a series of focus groups were held, supplemented with an online survey, following discussions at IHSCP' Staff Partnership Forum, engaging with the targeted staffing groups, with 54 members of staff engaging in the process – the targeted staffing groups were: Business Support; Primary Care Mental Health; Frontline managers; Day Care/Respite; Health Visiting Teams. The findings of the survey and focus groups paved the way for the creation and implementation of the Workplace Wellbeing Matters Plan.

It is envisaged that the Workforce Wellbeing Matters Delivery Plan and the developing Inverclyde HSCP Clinical and Care Governance Strategy action plan will work in tandem, so as to ensure the optimum outcomes for the Health and Social Care workforce.

4.12 Clinical and Care Governance Strategy and Work Plan

The work plan for the IHSCP Clinical and Care Governance Strategy https://www.inverclyde.gov.uk/meetings/meeting/2279 21st September 2020 has been developed via a short life working group chaired by the Chief Social Work Officer. The work plan will track progress for the main strategic priorities for Clinical and Care Governance, following the Clinical and Care Governance Strategy of September 2020 and this work plan will be the means for an annual update to the IJB on progress. Progress will be tracked through the HSCP Clinical and Care Governance Group. An update on the work will be considered by the IJB June 2021.

5. Person Centred Care

5.1 Humanitarian Centre

The HSCP supported the development of the Humanitarian Centre and in particular the support of the 2,700 shielding list.

Since the beginning of the pandemic on the request of Local Resilience Management Team third sector partners have been working hard to support those most vulnerable people within our community. Volunteers handling hundreds of calls daily have now set up a base in the Salvation Army facility. Help is available for anyone who is self-isolating who would benefit from a daily telephone call, for those who need a prescription delivered to their home, provision of self-isolating food boxes, and counselling and therapy service for workers.

There are plans to develop Tech4Kids service, bereavement service, possible meal (or ingredient) preparation and delivery service, trauma and mental health first aid, and media capture of 'this moment in time'.

These are just a few of the many ways the Community Action Group has risen to the challenges and quickly put in place support for those who might otherwise struggle with the impact Covid-19 has had on day to day living as we knew it. We cannot underestimate the value of and tremendous work the Community Action Group has done to support our local community and so quickly.

5.2 Inverclyde Dementia Care Co-ordination Programme: Learning and innovations in Inverclyde during the first wave of the Covid-19 pandemic

Healthcare Improvement Scotland have produced a summary snapshot of experiences from IHSCP during the first wave of the Covid-19 pandemic. This includes how Health and Social Care services responded and how staff wellbeing was supported. They also highlight the role of technology, the experiences of people living with dementia and informal carers, and how the third sector and local community supported the Covid-19 response.
This report is located in Appendix 1.

5.3 Complaints and Feedback Overview

During the year 2020 and 2021, a total of 83 complaints were received by IHSCP. There were no Integration Joint Board complaints received.

Table 2: Complaints by Service

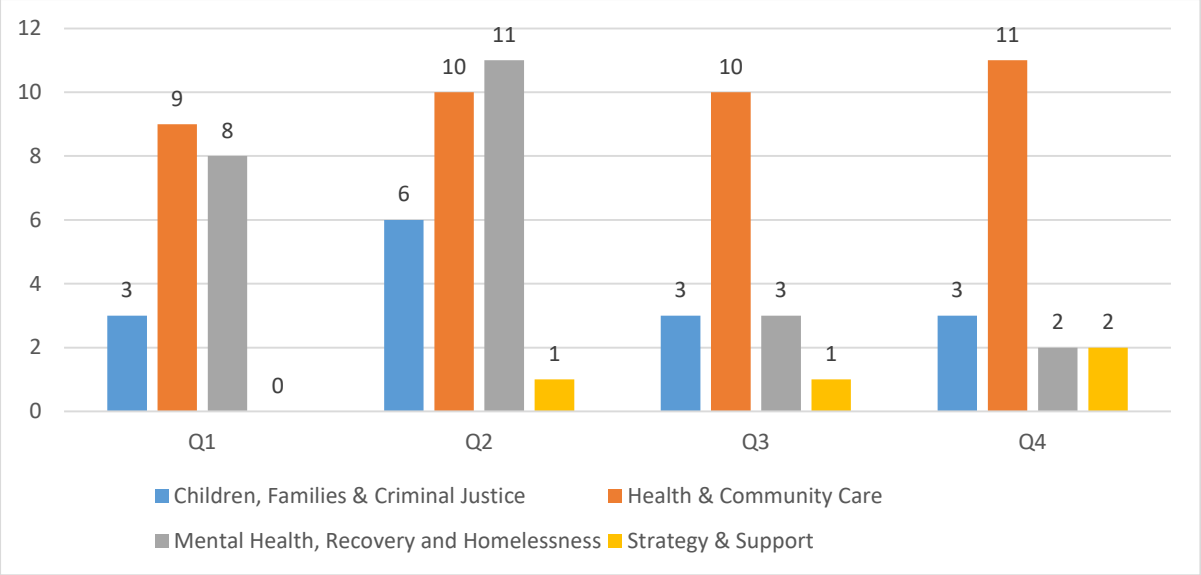


Table 3: Complaints by timescale for each quarter

	Q1	Q2	Q3	Q4	Total
Total Complaints	20	28	17	18	83
Acknowledged in 3 Days	16	20	14	18	68
Percent Acknowledged	**80%**	**71%**	**82%**	**100%**	**82%**
Stage 1 - Total	11	20	11	15	57
Stage 1 - Closed within 5 Days	9	9	7	10	35
Percent Closed within timescale	**81%**	**45%**	**64%**	**67%**	**61%**
Stage 2 - Total	9	8	6	3	26
Stage 2 - Closed within 20 Days	6	6	4	2	18
Percent Closed within timescale	**67%**	**75%**	**67%**	**67%**	**69%**

Table 4: Complaints by Service and Outcome for each quarter

	Q1	Q2	Q3	Q4
Mental Health, Recovery & Homelessness	8	11	3	2
Upheld	2	6	1	1
Partially Upheld	3	1	0	0
Not Upheld	3	4	2	1
Health & Community Care	8	10	10	11
Upheld	5	6	5	9
Partially Upheld	2	2	2	1
Not Upheld	1	2	3	1
Children, Families & Criminal Justice	3	6	3	3
Upheld	1	0	0	1

Partially Upheld	0	1	0	1
Not Upheld	2	5	3	1
Strategy & Support	1	1	1	2
Upheld	1	0	0	1
Partially Upheld	0	1	0	0
Not Upheld	0	0	1	1

During 2020-21 we had 3 staff changes within the Complaints support team and this pressure along with the pandemic has been reflected in our figures. We now have an established team to support the process and all the processes and systems are being reviewed. Next year we expect to see major improvements as these are developed and the management of these settle in.

5.3.1 Complaint Themes

The majority of complaints received were within Health and Community Care services, which is the largest service within IHSCP.

The majority of our complaints related to Staff Profession, Practice/Communication, these accounted for nearly 73% of complaints.

5.3.2 Compliments

At this time we have no mechanism to collate compliments and this is part of the work we will develop over the coming months. Care Opinion as a means of providing feedback is being explored as an option as a Person Centred Care clinical and care governance priority.

IHSCP has continued to respond to complaints as normal despite the additional pressures facing the partnership during the global pandemic, however further analysis of themes and learning needs to be undertaken.

5.3.3 Scottish Public Services Ombudsman (SPSO) Reviews

Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).

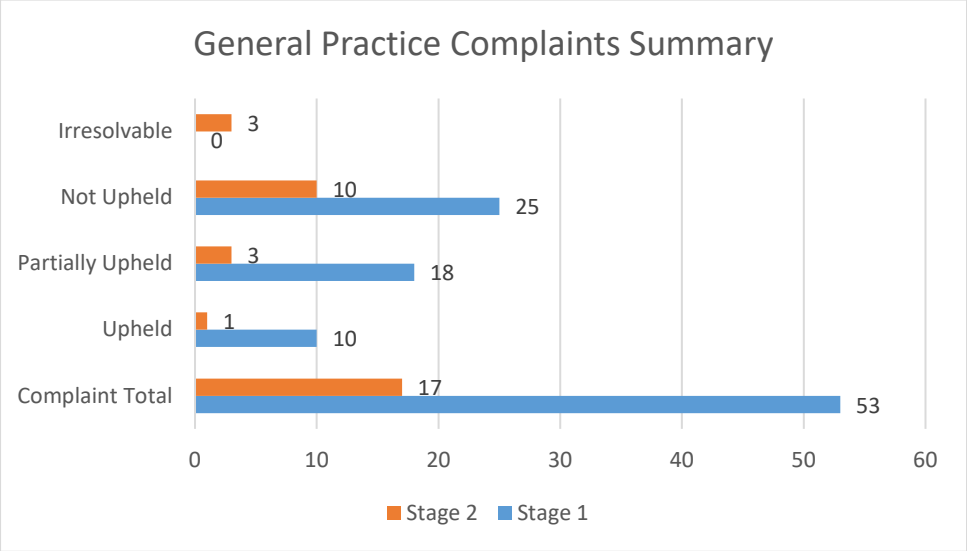
During Q3, 2 cases were referrred to the SPSO for review for IHSCP. The SPSO partially upheld 1 case and did not uphold the other case.

5.4 General Practice Complaints

During 1st April 2020 to 31st March 2021 there were 70 complaints received and the breakdown of the complaint outcomes are summarised below.

The number of complaints reflect the challenges experienced by General Practice in the response to the pandemic and the availability of appointments.
There was 1 SPSO Decision / Investigation letters received in this period. The complaint was not upheld.
92.31% of practices completed a return with their information for the year.

Table 5 General Practice Complaints Summary



5.5 Optometry Complaints

During 1st April 2020 to 31st March 2021 there was 1 complaint received. This complaint was resolved at Stage 1 and was partially upheld.
There was 0 SPSO Decision / Investigation letter received in this period.
60% of sites sent a return with their information in this period.

5.6 Significant Adverse Event Review

There are currently **9** SAERs open to IHSCP. Progress on all the cases is discussed at local governance groups and it is anticipated that progress will be made to conclude these incidents in the next few months.

Table 6: Significant Adverse Event Reviews open to IHSCP 1st April 2021

ID	Incident date	Specialty	SCI Description	Risk SCI Status
557140	05/03/2019	Community Nursing	SCI –Choking	Under Review
581864	10/09/2019	Community Mental Health Team	SCI - Suicide	Under Review
596096	31/12/2019	Addiction Services	SCI - Unexpected Death	Under Review
612256	24/04/2020	CAMHS	SCI - Suicide	Under Review
615893	12/06/2020	Addiction Services	SCI - Suicide	Under Review

619136	28/06/2020	Community Learning Disabilities Team	SCI - Self Harm	Under Review
618526	01/07/2020	Community Mental Health Team	SCI - Suicide	Under Review
634992	12/09/2020	School Nursing	SAER - Other incidents	Under Review
644651	30/12/2020	Family Nurse Partnership Team	SAER - Other incidents	Under Review

6. Conclusion

The measures initially designed to prevent the spread of Covid-19 are dynamic and subject to change at short notice. The main business consequence and continuity risks for the HSCP are:

Increased community-based demand due to:

Reduced acute hospital capacity, as a result of Covid-19 emergency admissions

Reduced informal carer capacity, as a result of carers becoming ill with Covid -19 and/or of being unable to provide support due to self-isolation or lock-down;

Reduced day and respite services due to service closures;

Reduced wellbeing of vulnerable people, post-infection;

Mental health impact of self-isolation and community lock-down;

Potential for increase in harm to children and vulnerable adults, and domestic violence due to self-isolation and lockdown;

Increased levels of end-of-life care at home;

The deferred impact of reduced health and social care referral rates for non-Covid -19 related concerns.

Reduced service capacity due to:

HSCP staff illness due to Covid-19 infection;

HSCP staff illness due to work-related stress as a result of the significant extra demands of Covid-related work;

Equivalent staff pressures in the commissioned social care sector, with voluntary and independent sector provision under significant pressure;

Primary care impact with GPs providing additional Health Board-wide support to assessment centres and NHS24;

Diversion of community-based resources (especially nursing) to acute hospitals.

The impact of these business continuity risks is highly significant and potentially critical.

It is clear that the process of transition through emergency planning and business continuity for Covid-19 will be neither linear nor guaranteed.

The Scottish Government's policy approach to transition provides a clear context within which IHSCP should prepare for its own transition, through its business contingency and continuity planning processes. It is essential that a plan is in place that allows IHSCP to take account of the path of the epidemic and the national response, while constantly re-orientating its continuity planning in line with presenting demand, shifting trends and trajectories and the impact of organisational capacity issues. In this respect, having clarity and perspective on our emergency arrangements is essential in order that we can act both reactively and proactively in response to the challenges we face.

The key principle which must guide recovery planning is the need to provide safe and effective services for people which maximise the health benefit for our population, promotes independence and protects the most vulnerable. Principles also include the need to minimise risk to staff and patients, to maximise the use of remote consultations where appropriate, and to ensure equality of access based on need.

The long term impact of Covid-19 will be significant so it is crucial that we learn from the pandemic and our response locally and nationally, use this knowledge and insight to guide and improve how we work now and how we plan ahead.

It is proposed that the successful aspects of rapid implementation across the health and care system, which were driven by the strategic and tactical Covid -19 response groups are replicated in the recovery phase. Potential detrimental impacts should also be identified and addressed. Implementation of Covid -19 responses has been supported by public buy in, political and media support, finance/budget and a high degree of staff goodwill.

The role of Clinical and Care Governance has been strengthened by the development of the Clinical and Care Governance Strategy and Work Plan and the Annual Report for 2021 -2022 will reflect the progress on this work.

IHSCP has continued the focus on governance arrangements in this unprecedented year and this is due to the immense contribution of the staff in delivering services to the public of Inverclyde. The clinical and care governance arrangements remain robust.

Appendix 1

Inverclyde Dementia Care Co-ordination Programme:
Learning and innovations in Inverclyde during the first wave of the Covid-19 pandemic