INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 23 June 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/49/2020/LA**
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Subject:	**COVID 19 INVERCLYDE HSCP TRANSITION TO RECOVERY PLANNING**	

1.0 PURPOSE

1.1 The purpose of this report is to update the IJB on the recovery planning work that officers within the Health & Social Care Partnership (HSCP) are undertaking and the governance structures that have been put in place around this.

2.0 SUMMARY

2.1 The enclosed paper sets out the draft Inverclyde HSCP recovery strategy to coordinate services moving forward through future phases of the current covid19 pandemic.

2.2 A Recovery Group is in place to oversee this work and all services are engaged in developing action plans.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to approve the direction of travel and the ongoing recovery work and approve the enclosed Transition Plan.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Over the course of the coming months, the HSCP requires to develop a new way of working that includes an element of catching up with activity that may have been scaled down or ceased as part of the Covid-19 pandemic response. This requires to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of Covid activity.

4.2 In March as the pandemic began, the HSCP business continuity plan was updated and initiated to ensure a rapid but considered and safe response to Covid-19. New Standard Operating Procedures were drafted to reflect new social distancing requirements and national lockdown. A Local Response Management Team (LRMT) was established. Membership was comprised of HSCP officers, providers staff side and third sector reps. The LRMT initial met via teleconference three times each week, as the weeks have gone on the HSCP has been able to scale this back to once a week. In addition there are weekly care home governance meetings and daily commissioning support call arrangements and governance visits in place.

4.3 As the virus moves on so do the rest of us and as part of this organisations are now moving into recovery mode. As part of this the HSCP has been developing a recovery strategy and plan to steer services safely through the next few uncertain months.

5.0 RECOVERY PLANNING

5.1 The attached document is the HSCP Covid-19 Transition Plan. In essence it is intended to be an initial recovery strategy and recovery roadmap for the HSCP.

5.2 A set of guiding principles and strategic priorities have been pulled together as part of this. These key principles include:

- maximising use of digital opportunities
- delivering the majority of care outside hospitals and acute settings
- supporting people to manage their own health
- working across our health and care system
- equality of access and promoting the involvement of communities
- contact with staff and the level of support and supervision should be increased
- ensuring that all service users continue to get appropriate support and service
- maximising use of available workforce and local volunteer groups
- flexibility and remodelling workforce
- minimum necessary service – how do we step up from that
- buildings will be made safe for staff using them and adhering to social distancing

5.3 The document highlights

- the planning approach overview in section 6.4
- Anticipated recovery phases:
  - Phase 1 current to end June
  - Phase 2 to end Aug
  - Phase 3 to end Feb 2021
  - Phase 4 to end July 2021
- The overall approach is
  - Phased approach to restarting services
  - Learning and understanding what impact the shift in ways of working will or should have longer term
  - 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

5.4 An HSCP 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. The overarching Recovery Group had its first meeting on 1st June where it agreed the enclosed plan. The group meets fortnightly.

5.5 The HSCP Extended Management Group had an initial reflection session on 20th May subsequent feedback from teams across HSCP. General feedback was very positive with particular highlights noted as:

- Staff support for fast pace of change in initial stages
- Many staff going above and beyond and coping well despite the additional stress and anxiety brought on by the pandemic
- PPE – despite issues in many other areas Inverclyde successfully ensured it had sufficient PPE throughout those crucial first few weeks
- Community engagement and social prescribing – led by CVS we have seen an increase in local volunteering and lots of amazing examples of community unity and spirit throughout the past couple of months
- Improved independence for service users – many service users have been supported by community members which has promoted a degree of independence, making new connections with other members of their local communities – delivering on our Big Action 6 social prescribing outcomes. This is something that services will continue to monitor on a client by client basis to ensure any longer term changes are safe and appropriate.
- Sickness in services where people live such as Mental Health Inpatient, Children Houses have improved across the pandemic

Negatives were:

- IT and connectivity issues which we are working with the Council and Health Board to address
- Concerns about unseen harms across a number of services through increased domestic abuse etc – this is a nationwide concern and services are doing what they can to mitigate against this and maintain contact with all at risk service users. There has been an increased risk to vulnerable groups, for example we have seen a rise in the number of Child Protection Orders. Concerns across staff groups on the long term impact of the pandemic on vulnerable people.
- Inequality access to IT, number without phones, laptops or access to computers impacts on impact to do people visits.

5.6 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 the HSCP Covid-19 Recovery Group.

6.0 IMPLICATIONS

FINANCE

6.1 There are no specific financial implications in this report.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

			£000		
N/A					

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 There no specific legal implications arising from this report.

HUMAN RESOURCES

6.3 There no specific human resources implications arising from this report.

EQUALITIES

6.4 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.

6.5.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.6 There are no clinical or care governance implications arising from this report.

6.7 **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.	Our recovery plan will contribute to the delivery of this outcome
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	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
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.	As above
People using health and social care services are safe from harm.	As above
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.	As above
Resources are used effectively in the provision of health and social care services.	As above

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATION

8.1 The report has been prepared based on discussions with officers from the Council, Health Board, other 5 GG&C IJBs, the HSCP Extended Management Team and the HSCP Covid-19 Recovery Group.

9.0 BACKGROUND PAPERS

9.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

COVID-19 Inverclyde HSCP
Business Continuity and Transition Planning

1 CONTEXT

1.1 Across Scotland we are currently in the first wave of the COVID-19 outbreak. Novel coronavirus (COVID-19) is a strain of coronavirus first identified in Wuhan, China in 2019. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. We now have spread of COVID-19 within communities in the UK.

1.2 COVID-19 is expected to be an ongoing threat requiring continued social distancing until we, as a country, have built up overall immunity (approximately 60-80% population immunity) through vaccination or natural infection. In the meantime, we will have to deal with waves of COVID activity (infected individuals and public health measures), and also deliver other health and care services. In this first wave, we stopped a wide range of activity to allow us to prepare for COVID activity, comply with social distancing requirements and address high levels of staff absence in the first few weeks within the HSCP and the wider provider network. We have also put in abeyance many of our existing planning and governance structures.

1.3 Extensive measures have been implemented across the UK. Current recommendations for Scotland are for people to stay at home as much as possible and severely restrict their interactions with others outside the household.
Current government advice is that people only leave the house for very limited purposes, for example:

- for basic necessities, such as food and medicine. Trips must be as infrequent as possible
- daily exercise, for example a run, walk, or cycle - alone or with members of your household
- to ensure basic animal welfare needs are met, including taking dogs out when necessary
- any medical need, including to donate blood, avoid or escape risk of injury or harm, or to provide care or to help a vulnerable person
- travelling for work purposes, but only where you cannot work from home

1.4 The above measures have obviously had an impact on staff, our service users, key workers in other areas and the whole community and have required all organisations to adapt their normal operating models. The HSCP did this by moving to a hub model and pulling back on non essential face to face contact.

1.5 Moving Forward

Over the course of the coming months, the HSCP will require to develop a new way of working including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response. This will require to be planned in a

way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity.

1.6 We will need to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, we cannot simply return to previous ways of working. We need to understand the changes we have made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to our recovery planning. We also need to plan our recovery with the other Health Boards in the West of Scotland.

1.7 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:

(i) 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 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 related concerns.
- increase in demand for CJSW Court Reports and Social Work Community Sentences due to most summary Court business as of 10th April 2020 being deferred for 12 weeks.

(ii) 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.

1.8 The anticipated infection trajectory across the country means that the impact of these business continuity risks is highly significant and potentially critical.

2 INVERCLYDE HSCP BUSINESS CONTINUITY PLANNING

2.1 The HSCP has updated all of its departmental and service Business Continuity Plans (BCPs) to reflect the particular challenges of Covid-19 emergency planning

requirements. The HSCP's overarching BCP has also been updated and new Standard Operating Procedures (SOPs) developed. These documents cover:

- The new HUB model, including team consolidation and merging
- Essential service continuity and prioritisation
- Public protection
- Commissioned services
- Staffing
- Staff and public communications

2.2 A Local Response Management Team (LRMT) has been established that meets twice each week. These meetings are supported by ongoing Senior Management Team (SMT) meetings. The Chief Officer updates the Chair and Vice Chair and two other voting members of the Integration Joint Board (IJB) weekly and a virtual IJB will be held monthly from mid May. On a wider level, THE HSCP is part of robust and routine Council, Health Board and national emergency planning activity.

3 PREPARING FOR TRANSITION

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

3.2 Scotland in common with all parts of the UK entered lockdown on 23rd March 2020. These constraints were implemented then strengthened through legislation (the Coronavirus (Scotland) Act 2020) and through the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. Under law, the UK and Scottish Governments must review this lockdown at least every three weeks. This ensures the impact of restrictions remains proportionate to the threat posed to wider societal and economic aspects.

3.3 In common with nations across the world, Scotland is planning for a managed **transition** away from current restrictions in a way that enables the suppression of transmission to continue. This will include ongoing physical distancing, the continued need for good hand hygiene and public hygiene, and enhanced public health surveillance - while seeking to very carefully open up parts of our economy and society.

3.4 As and when restrictions are lifted, the Scottish Government has indicated in its report *COVID-19 – A Framework for Decision Making (April 2020)* that it will need to put in place public health measures to stop cases becoming clusters, clusters becoming outbreaks, and outbreaks becoming an uncontrolled peak that would require a return to lockdown to avoid enormous loss of life and the overwhelming of our health and care system. This is a clear indication that the lifting of restrictions will be carefully phased and measured. The lifting of restrictions may also be reversed if the

"reproduction number" or "R" rises above 1, i.e. the number of cases each infected person passes the virus on to.

3.5 A framework of assessments will be undertaken by the Scottish Government to inform its decision in how it manages its response to the epidemic:

Scottish Government Assessment Framework

1. Options for physical distancing measures – easing, maintaining, (re)introducing – are technically assessed using the best available evidence and analysis of their potential benefits and harms to health, the economy, and broader society so as to minimise overall harm and ensure that transmission of the virus is suppressed.
2. Potential options – individual and combinations of measures – are assessed for their viability, for example taking account of how easy they are to communicate and understand, likelihood of public compliance, the proportionality of any impact on human rights and other legal considerations.
3. Broader considerations also include equality impacts and consideration of tailoring measures, for example to specific geographies and sectors.
4. Assessments will inform the required reviews of the Coronavirus regulations and collective assessment and decision-making with the UK Government and other Devolved Administrations as appropriate.

3.6 The Scottish Government's policy approach to transition provides a clear context within which the HSCP 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 the HSCP 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.

3.7 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.

3.8 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.

3.9 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 response groups are replicated in the recovery phase. Potential detrimental impacts should also be identified and addressed. Implementation of COVID responses has been supported

by public buy in, political and media support, finance/budget and a high degree of staff goodwill.

4 HSCP PRINCIPLES AND STRATEGIC PRIORITIES

4.1 Key principles established:

- maximising use of digital opportunities
- delivering the majority of care outside hospitals and acute settings
- supporting people to manage their own health
- working across our health and care system
- equality of access and promoting the involvement of communities
- contact with staff and the level of support and supervision should be increased
- ensuring that all service users continue to get appropriate support and service
- maximising use of available workforce and local volunteer groups
- flexibility and remodelling workforce
- minimum necessary service – how do we step up from that
- buildings will be made safe for staff using them and adhering to social distancing

These principles are set alongside the continuing need for social distancing, and the likelihood that future waves of COVID will drive the need for us to be able to flex our system to respond to this. Red, Amber, Green status for each action – Red – want to do but can't do just now because of current guidance, Amber – ready to do imminently, Green – good to go – Blue – done

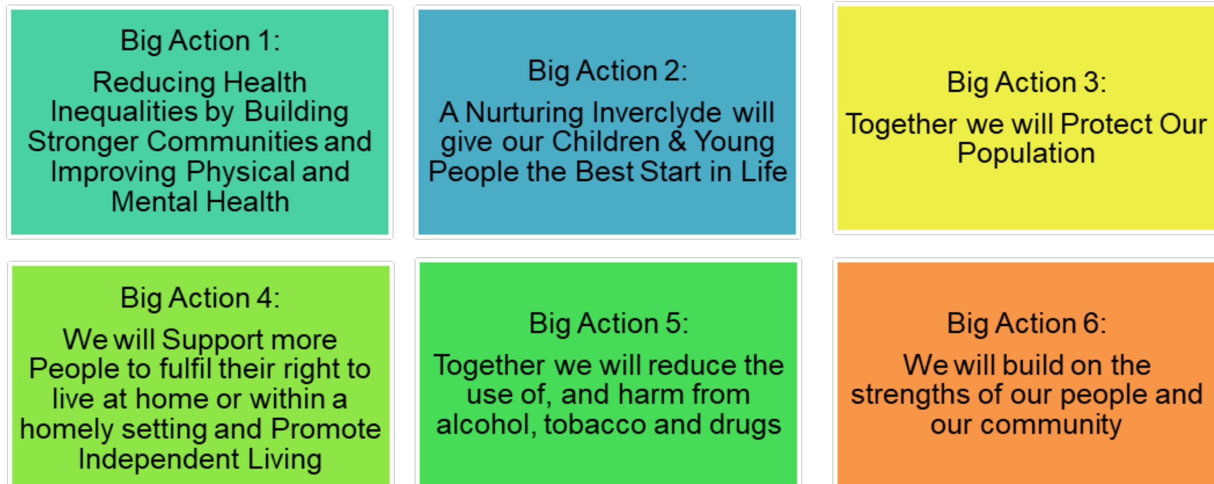
4.2 Where possible, it is proposed that existing structures are used to develop the recovery plan, and the Senior Management Team will support these structures and processes. By working within a hub and spoke model, aligned to each of the key areas of recovery.

4.3

4.4 In order to provide governance and leadership, a local HSCP Recovery Group will be set up and chaired by Chief Officer with membership from across HSCP, 3rd Sector, Human Resources and Staff side representatives. The Recovery Group will report through the Recovery Tactical Group in the Health Board and the Council Recovery Group respectively through their reporting structures. This will enable a system-wide overview of component plans to inform recommendations presented to the IJB. Terms of Reference for the Group are enclosed at Appendix 1.

4.5 It is important not to lose sight of the wider strategic priorities that guide the work of the HSCP and the principles and values that underpin what we collectively and individually do in support of these priorities. Covid-19 emergency planning and response arrangements do not operate in isolation, although right now it can feel that they dominate matters almost to the exclusion of all else. Inverclyde HSCP continues

to be guided by its principles and values and a commitment to delivery of our overarching vision and Strategic Plan and 6 big actions:



5 CLINICAL AND CARE GOVERNANCE

5.1 Given the ongoing pressures presented in managing the challenge of Covid-19, it has not been possible to maintain the normal range of clinical and care governance and functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums are currently suspended.

5.2 Within Inverclyde HSCP there has been a temporary suspension of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for the Covid-19 pandemic emergency
- Responding to any significant concerns about clinical quality

5.3 Examples of the mechanisms currently in place to support the operational oversight at service level include: Corporate Management Team meetings with Inverclyde Council; participation in NHS Board COVID-19 governance; three times weekly HSCP Senior Management Team (SMT) meetings; daily SMT communication re Covid – 19 risk issues; development of dynamic risk assessments for all services with an overarching HSCP Covid -19 risk register which is reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and SMT and maintenance of communication

with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the SMT.

5.4 Plans are now in place to re-establish our governance arrangements. Inverclyde HSCP Clinical and Care Governance Group is scheduled to take place on 26 May. The primary focus of discussion will be clinical and care governance arrangements to support our Recovery Plan. We continue to closely monitor deaths of vulnerable individuals currently or previously known to our ADRS and our homelessness services given the particular vulnerabilities for these individuals

6 PROCESS

6.1 Detailed plans will be developed for the following areas:

1. Reflection and review with staff groups (see Appendix 2) within each hub in HSCP services, mental health, drugs and addictions, Children and Families ,Criminal Justice, Homelessness key processes and key priorities, longer term look at links to strategic plan 6 big action
2. Reflection within primary care, mental health inpatients, children and adults residential services
3. Review with 3rd sector, CVS and communities about how we continue to engage and harness support while maintaining social distancing
4. Assessment and Testing Centre and plans developed for step up and step down for assessment and testing as required
5. Emotional and operational recovery in the longer term will require managers and leaders to ensure there are regular opportunities for feedback and support for their teams and staff members.
6.

The plans will include how key issues will be addressed, timescales and the following areas:

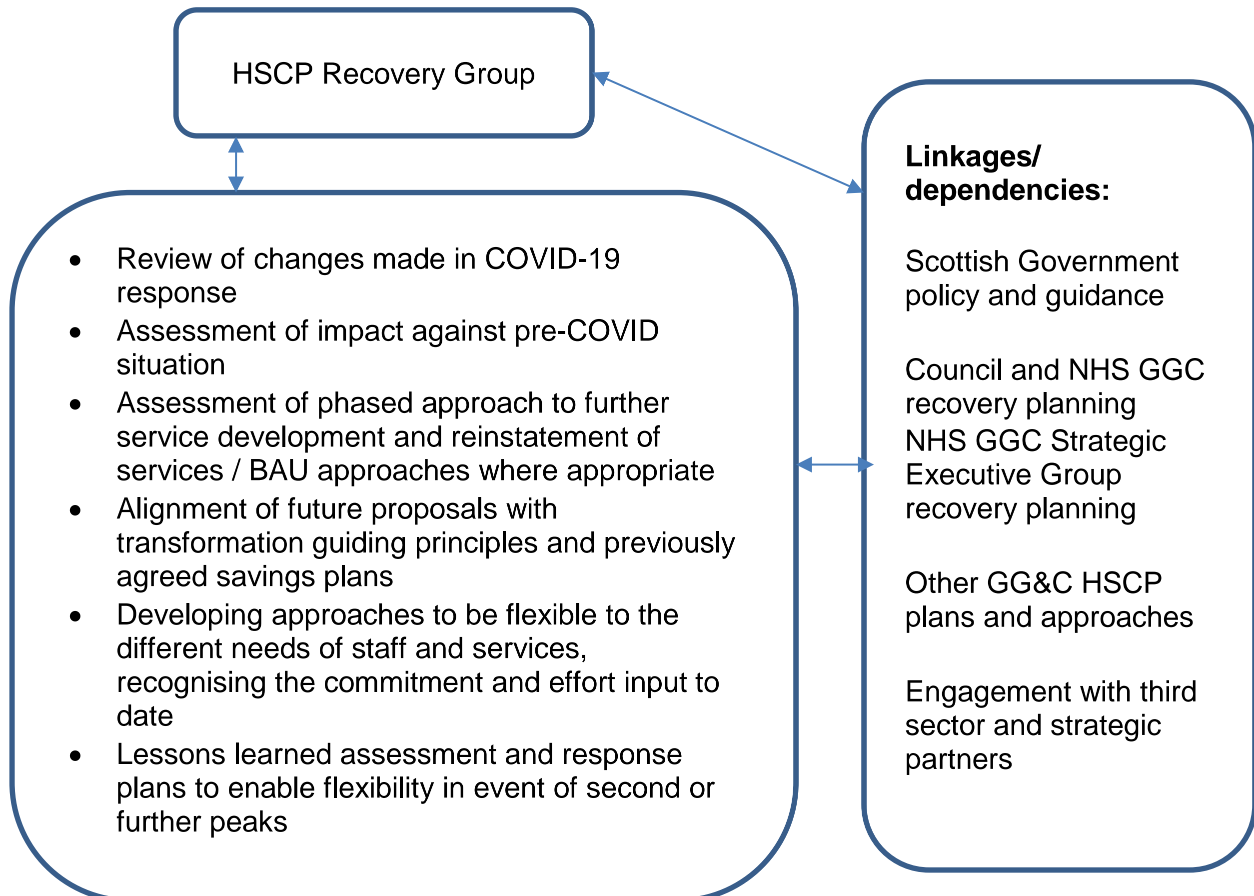
- governance, leadership and assurance
- sustainable improvement (aligning capacity and demand, standard operating procedures and training)
- managing clinical risk
- performance management
- communications
- risks and mitigations

6.2 These recovery plans will need to be drafted by mid-May. Staff sessions should take place across next 7 days in order to provide managers with initial feedback to support the production of clear reflections. It is proposed that the Extended SMT has an initial

morning session to review the initial feedback and thereafter a weekly Recovery Planning meeting.

6.3 A draft initial Recovery action plan was shared with the HSCP Covid-19 Recovery Group. This is a live document and is updated regularly and reported through the Recovery Group and Strategic Planning Group.

6.4 Planning Approach Overview



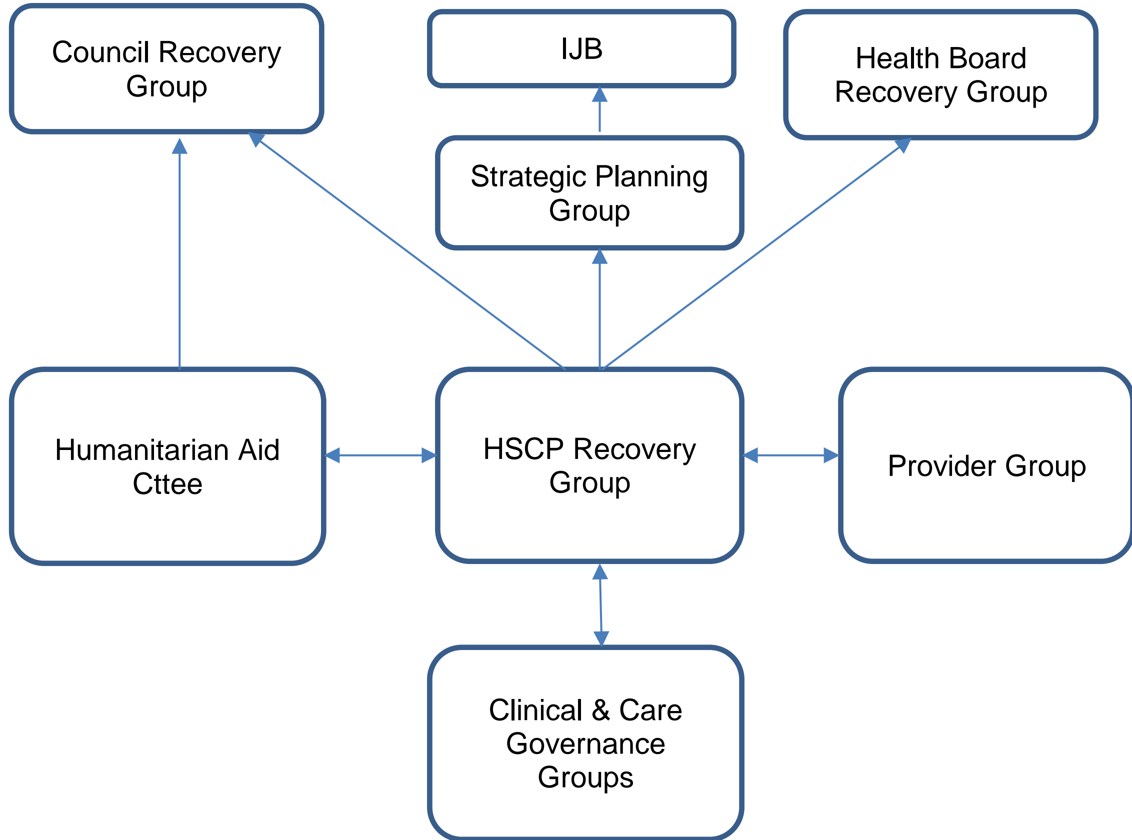
6.5 Anticipated Recovery Phases

It is anticipated that current conditions around lockdown, shielding etc will be lifted and adapted in phases. The table below reflects the anticipated phases and timescale of change linked to this.

Phase	Indicative Timescale	Scenario
One	Current (May-June 2020)	• Current position • Services remodelled to focus on critical and essential care • Lockdown in place with individuals shielding and social distancing • Support provided to shielding and Group 2 individuals • LRMT in place
Two	June-Aug 2020	• Gradual reduction in lockdown conditions • Social distancing maintained but potentially reduced to >1m • Individuals with underlying health conditions continue to shield • Support provided to shielding and Group 2 individuals • Increasing demand for HSCP services (as previously provided) • LRMT remains in place • Testing and tracing implemented –potential for impact of (multiple) staff self-isolations • Potential second peak of COVID-19 infections • Revisiting transformational and savings plans to review and update in light of new position
Three	Sept to Feb 2020 (3-6 mths)	• Lockdown removed but social distancing guidelines remain in place and shielding guidance reduced • Demand for HSCP services returns to pre-COVID levels with additional shifts towards particular services e.g. mental health • LRMT and national helpline support still in place with signs of demand reducing • Potential additional peak of COVID-19 infections remains • Testing and tracing in place -potential for impact of (multiple) staff self-isolations • Reform of services in line with transformation guiding principles and savings plans
Four	Feb-Jul 2021	• 'New normal' operating position • Potential additional peak of COVID-19 infections reducing • Testing and tracing in place -potential for impact of (multiple) staff self-isolations • Continued reform of services in line with transformation guiding principles and savings plans

6.6 The governance and reporting structures around this work are as follows:

Recovery Planning Governance and Reporting Overview



INVERCLYDE HSCP Health and Social Care Partnership

7 ALIGNMENT WITH COUNCIL AND HEALTH BOARD RECOVERY AND TRANSITION PROCESSES

7.1 It is important that the HSCP recovery and transition plan aligns strategically with Council and NHS processes. Inverclyde's Councils Strategic Recovery Plan and NHS Greater Glasgow and Clyde's NHSGGC COVID-19 Recovery Plan both set out common objectives and broadly similar approaches.

7.2 The unique governance and accountability frameworks that establish the HSCP Board and its strategic planning responsibilities place it central to the process of linking operational recovery and transition to longer-term strategic priorities, including integrated effectiveness, efficiency and economy. The HSCP Board's directions to the Council and Health Board to deliver operational services in line with these strategic priorities ensure that the Council and Health Board will wish to have confidence that operational recovery and transition processes are well planned and executed. Furthermore, for reasons of consistency, the Council and Health Board separately may wish to align their approaches across whole systems and cross-cutting corporate issues that may include or affect aspects of delegated services. This may create a potential overlap of recovery and transition planning activity. The HSCP will therefore work in partnership to harmonise recovery and transition planning in pursuit of outcomes that are mutually supportive and meet the needs of all parties.

8 CROSS-CUTTING AND COMMON THEMES

8.1 The Council has, in its recovery and transition planning arrangements, identified aspects and considerations which are common and are corporate in nature, including implications for shared space in buildings; health & safety and PPE; workforce; technology & digital; travel and transport; contracts & procurement, etc. As such, corporate considerations and implications will be collated and assessed by lead Corporate Director of the Council. To support this work and in anticipation of similar requirements by the Health Board, the Chief Officer will identify HSCP Heads of Service to act as HSCP points of contact for these issues.

8.2 In addition, the Chief Officer will identify cross cutting operational issues as they emerge from service-level recovery and transitional planning work and will identify an HSCP strategic lead for each of these, to minimise duplication of work at a service level and to consider strategic solutions in conjunction with Council and Health Board officers and colleagues in other HSCP areas. These cross-cutting issues may include but not be limited to: public protection, congregate models of care, HSCP governance, clinical and care governance, financial impact and planning.

9 CHANGE MANAGEMENT AND DUE DILIGENCE

9.1 With social distancing likely to be a feature of public health, social and economic life for the foreseeable future, concepts of "normality" and "recovery" become relative rather than absolute concepts. More accurately, the processes of recovery and transition are steps through continued business continuity and contingency planning. At each stage, changes to operating systems, processes and service models may be necessary to safeguard the health, safety and wellbeing of staff, our patients and service users, our communities, businesses, jobs and our partnerships. However tempting it may be to consider the value of permanent shifts to some of these

contingency arrangements (particularly as the people we support have experienced unexpected benefits in some of these), long term change should be by design and not by default.

9.2 The process of longer term service change requires careful consideration, consultation, evaluation and impact assessment. These elements of due diligence will be essential as we work through the transition process, so that the HSCP emerges stronger by design.

INVERCLYDE HSCP Health and Social Care Partnership

APPENDIX 1

HSCP Recovery Group Terms of Reference

Name of Group:	**Inverclyde HSCP Recovery Group**	Version 1.0
Constitution:	This Recovery Group has been established to coordinate and monitor the recovery planning of the Inverclyde HSCP and support the recovery planning work of NHSGG&C and Inverclyde Council. The role of the Group is to oversee the Inverclyde HSCP Covid 19 Recovery Planning process through initial development to implementation and close. Meetings will be held virtually through conference calls to allow for appropriate social distancing and other current safety measures to be accommodated. Initial focus will be on internal HSCP services, longer term this will be widened to include externally provided services and the group membership expanded accordingly.	
Composition/ Substantive Membership:	The Recovery Group membership will be constituted as follows: • Chief Officer (Chair) • Interim Head of Strategy & Support Services (Vice Chair) • Heads of Service • Chief Nurse • Clinical Director • 6 x Hub Managers • Service Manager Business Support • Service Manager Commissioning • Action Note taker • Staff side x 2 • HSCP Rep on Health Board Recovery Group	
Responsibilities:	The Group will plan, prepare, organise, monitor and communicate the transition from current model to normal activities to Council, NHS and community. This will include: • The development of overall principles in line with NHS Board and Council • A review of current arrangements • Preparation of a plan and phasing of implementation • Ensuring staff and members of the community are protected • Effective support for staff • Monitor the implementation including assessing risks • Communicate to staff, provider each step in the transition process through LMRT and NHS Tactical Group and Chief Officer brief • Report to Council, CMT, NHS and Strategic Planning Group ultimately to Health and Social Care Committee and IJB	

Frequency of Meetings:	Meetings shall be held weekly at the same set time or as directed by the Chair.
Quorum:	To be quorate at least 30% of the agreed membership including at least one member of the HSCP SMT must be at the meeting
Reporting Procedures:	One page hub summary report as per the enclosed template will be circulated to Group members at least 24 hours before the meeting. Following each meeting an updated action note will be distributed within two working days.
Action Note to be circulated to:	Action note from each meeting to be circulated to: • Recovery Group Members • HSCP SMT and Extended Management Team • Inverclyde Council Recovery Group • GG&C Recovery Group
Review Date:	These terms of reference will be reviewed every 3 months to ensure the Recovery Group is operating at maximum effectiveness.
Date Terms of Reference Approved:	31/08/2020 by the Recovery Group

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APPENDIX 2

The approach can be described as consisting of three steps

1. Phased approach to restarting services

   The Heads of Service and Service Managers would be required to use the Business Continuity plans in each of the Care areas as the framework for phasing a return to full provision of HSCP services, bearing in mind that the sequencing of this could be different to the retraction of the services. Areas to consider would be how in the immediate situation we utilise the experiences of staff (and ultimately service users/patients) to assist us to re-introduce services and identify.

   - What has proven to be effective?
   - What has been unhelpful and/or of little value?
   - What processes/procedures/ways of working should be adopted and which should we consider discontinuing?
   - What have we been doing that we need additional capacity and resource for?

2. Learning and understanding

   The shift in ways of working will also have a long term impact and we need to review:

   - Benefits of increased digital approaches to working from home, connecting with each other , running meetings formally and informally
   - Early feedback suggests there are a number of skills to be developed to support this and this will need an ongoing programme
   - The change in relationships with clients through the use of technology will also need to be considered for future ways of working
   - Collecting this feedback and reviewing it should form a main strand of recovery and planning for the future

3. Staff wellbeing

   The positive response from the workforce has been incredible and a number of supports have been put in place to sustain staff in the current time. Collect and report on the narrative around staff experience of support and resilience:

   - Teams have continued to meet and support each other either in person, while adhering to social distancing protocols or through virtual meetings
   - Managers have been connecting with individuals and teams
   - Good questions for teams include:
     - What types of supports helped you through this?
     - What other things would have helped?
     - What did not help?

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Inverclyde HSCP Covid-19 Recovery Action Plan

As At 16 June 2020

Phase 2 Plan

	HSCP PHASE 2 ACTION PLAN					
	Actions	**Responsible**	**Timescale**	**RAG Status**	**Comments**	**Date Complete**
Priorities and principles	• Identify which people are prioritised • Increase face to face contact • We deliver services to help people live healthier and fulfilling lives • We protect vulnerable people • We provide flexible response • Review hub operation with view moving back to service	Allen Stevenson	June	Green	Principle agreed IJB 23rd June	
Resources	• Ensure that all plans fully costed in mobilisation plan • ICT scope/cost	Lesley Aird	June/July	Green	Awaiting confirmation Living Wage costs provided.	
Human resources	• Ensure adequate staffing in place • Regular communication in place • Regular meeting with Trade Unions	Louise Long	July	Green	Impact childcare on keyworkers	
Ensuring Everyone is Safe	• Building assessed based on risk assessment • PPE • Wellbeing plan staff	Lesley Aird/ Sharon McAlees/ SPF	July	Green	Develop plan for building Develop plan for IT Plan for Wellbeing	

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	HSCP PHASE 2 ACTION PLAN					
	Actions	**Responsible**	**Timescale**	**RAG Status**	**Comments**	**Date Complete**
Communications	• Provide platforms to listen to the needs of service users and the community • Clear communication plan	George Barbour	June	Green	Priority develop communication	

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Phase 1 Plan

ISSUE	DESCRIPTION OF ACTIONS	LEAD	TARGET DATE
Governance Leadership Assurance	Actions Already Completed/Ongoing • Update the risk register to reflect the changing operational arrangements and protocols • HSCP Covid-19 Recovery Group established and meeting fortnightly	Louise Long / Lesley Aird / Deirdre McCormick	Complete
Sustainable Improvements	Actions Already Completed/Ongoing • Review 5 service hubs • Reflection sessions and feedback • Prioritise services process for reinstatement • Rolled out initiatives supported • Assessment / Testing centres remain in place with protocol • Support digital, home working • Review 3rd sector arrangements	Allen Stevenson / Sharon McAlees / Jeanette Hawthorn	Ongoing
Managing Risk	Actions Already Completed/Ongoing • Chief Officer Group (COG) meets regular • Clinical/Care Governance Committee Re-established • Develop step up protocol and stepdown • Develop professional frameworks for new operating model • New data dashboard – weekly reporting • Risk Register reviewed monthly by Local Resilience Management Team (LRMT)	Sharon McAlees / Deirdre McCormick /Hector MacDonald	Ongoing
Performance Management & Contract Governance	Actions Already Completed/Ongoing • Reporting contractual service – new template	Lesley Aird / Arlene Mailey	Ongoing

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ISSUE	DESCRIPTION OF ACTIONS	LEAD	TARGET DATE
	• Contract management – (care homes – dashboard) • Public Protection dashboard • COVID19 measurements developed (STIREP report) • Finance reporting including the Mobilisation Plan • Following national guidance in relation to provider sustainability		
Communication	Actions Already Completed/Ongoing • Regular communication briefing to all staff • Public messaging • Regular briefings and reports to IJB • Objective Connect used as information store for staff • Regular updates on HSCP website	Louise Long / George Barbour	Complete
Staff Engagement	• Understanding the learning • Promoting well being	Staff Partnership Forum / Debbie Maloney	June/July
Staff Wellbeing	• Checks in place to ensure every member of staff is receiving appropriate supervision and support as required • Commission support and trauma training Actions Already Completed/Ongoing • All teams arrange regular team meetings - ongoing • Staff supervision is ongoing • Wellbeing service advertised widely • Online support / coaching available	Sharon McAlees	June/July

INVERCLYDE HSCP Health and Social Care Partnership

ISSUE	DESCRIPTION OF ACTIONS	LEAD	TARGET DATE
	• Clinical Psychology service has been set up to support staff • Risk Assessments • Staff wellbeing questionnaire • Support from Staff Partnership Forum		