

**Report To:** Inverclyde Integration Joint Board      **Date:** 24 August 2020

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Corporate Director (Chief Officer)  
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Partnership      **Report No:** IJB/58/2020/SMcA

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**Subject:** STAFF WELLBEING AND RESILIENCE

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## **1.0 PURPOSE**

- 1.1 The purpose of this paper is to update the IJB on the approach and support measures in place to support staff wellbeing and resilience in Inverclyde and to update on progress towards development of a Wellbeing Plan.

## **2.0 SUMMARY**

- 2.1 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. This paper is set out to inform the IJB on the work underway to support this and the aspirations to develop an Inverclyde HSCP Wellbeing Plan. (Draft plan will be presented at the September IJB).

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to:-
- Note the progress to date to support staff wellbeing and resilience.
  - Note that the approach undertaken aligns with the National Wellbeing Network led by the Minister for Health.
  - Note that the approach taken is inclusive and integrated and includes 3<sup>rd</sup> and Independent Sector providers.
  - Approve the approach to develop a Wellbeing plan being undertaken.

**Louise Long**  
Corporate Director (Chief Officer)

## **4.0 BACKGROUND**

### **4.1 Wellbeing and Resilience (Health and Social Care Approach)**

Wellbeing relates to basic physical and mental health needs. Although the importance and focus at present are on the crisis, it is much wider than that and the aspirations of the work is to have a legacy beyond this time frame around strong levels of wellbeing and resilience in our workforce. The emphasis of the work is around keeping staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

The approach taken at National, board and local level is inclusive and integrated to include 3<sup>rd</sup> and Independent Sector providers who have access to all of the resources available

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months.) Evidence suggests that staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

Therefore, an active repeated measure of staff emotional wellbeing is recommended.

### **4.2 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. (Background paper 1).

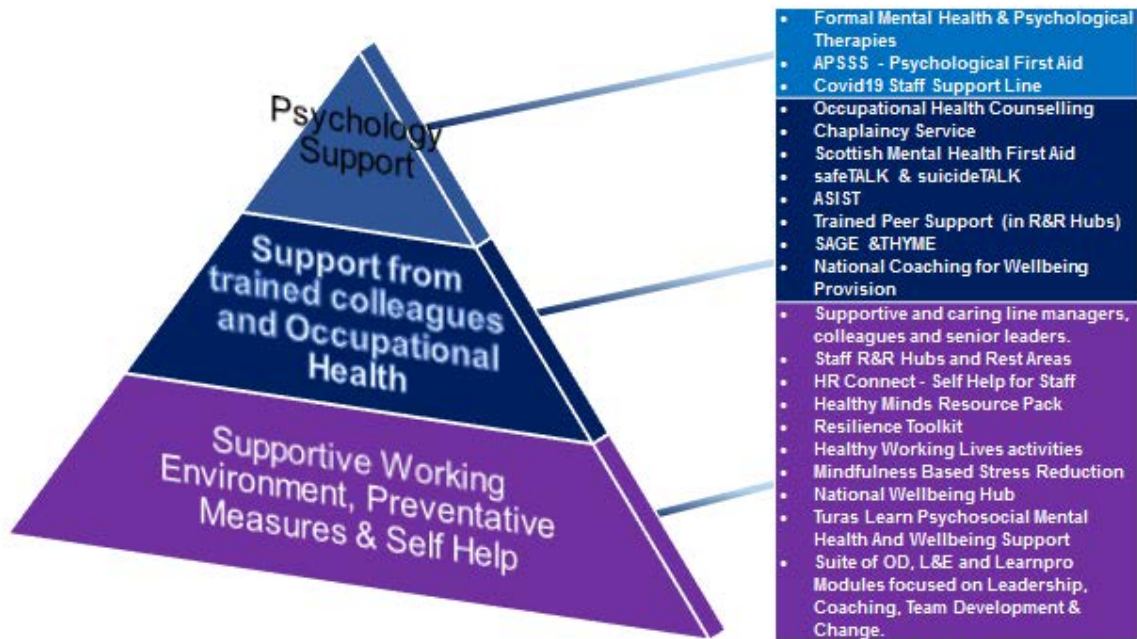
The Champions Network sits within the spectrum of work being taken forward by a new division within the Scottish Government that is responsible for providing support to the health and social care workforce through the current Covid19 crisis. The network is the primary engagement route with the workforce and how they can best offer support.

A National Wellbeing Communication toolkit and national platform have been developed that gives ease of access to all health and social care staff to local and national wellbeing resources. [www.promis.scot](http://www.promis.scot) (Background paper 2).

### **4.3 Greater Glasgow & Clyde Workforce Mental Health and Wellbeing Group**

This group is accountable to NHS Greater Glasgow & Clyde's Strategic Executive Group and reports into CMT, 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 NHSGGC to respond to the mental health and wellbeing impact of COVID19 on the workforce; there is Inverclyde HSCP representation on this group. The following diagram highlights the approach to staff Health Wellbeing across GGC area matched to national and local resources.



The GGC Mental Health and Wellbeing Action plan is included in background paper 3.

#### 4.4 **Inverclyde HSCP Staff Wellbeing Task Group**

The approach in Inverclyde is to work in partnership with representatives from the Staff Partnership Forum.

This group is developing an incremental work plan and this is detailed in background paper 4.

Some of the activities that have taken place over the past few months will provide rich data and baseline information that will inform the Wellbeing Plan. This work includes:–

- Care at home services
- Health Visiting services questionnaire
- GGC staff survey
- Inverclyde Council staff survey
- Analysis of uptake locally of national wellbeing resources.

#### 4.5 **Wellbeing Plan**

As mentioned above, there is work currently underway to develop a sustainable Wellbeing Plan, 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.

It is anticipated that this will consider a local response to the national and GGC-wide work highlighted above. However, in developing the plan, it will be workforce led.

In this regard, there are a number of focus groups that will be held, in partnership with staff side colleagues. It has been identified that the following staffing groups will take part:-

- Business Support
- Primary Care Mental Health
- Frontline managers
- Day Care/Respite

- Health Visiting

The aspirations of this work is to ensure that there is the correct identification and implementation of appropriate resources that support the wellbeing of the HSCP staff, which is the organisation's greatest resource and to identify any gaps in provision.

While there are many rich, evidence-based resources available and easily accessible, the importance of keeping the profile of these resources high gives rise to the need for this group to develop a local communication plan to complement the wellbeing plan.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 One-off Costs

There may be cost implications identified following this initial piece of scoping work around gaps in service and workforce support resources.

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 There are no specific legal implications arising from this report.

### 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?

<b>X</b>	YES
	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.

5.4.1 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
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**

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

**NATIONAL WELLBEING OUTCOMES**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None

People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 This 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 Letter - Claire Haughey (available on request)
- 8.2 Health and Wellbeing Communication Toolkit.
- 8.3 NHSGGC Mental Health & Wellbeing Action Plan 2020-22. (available on request)
- 8.4 Inverclyde HSCP Staff Wellbeing Task Group Draft Workplan.

# Inverclyde HSCP Staff Wellbeing Task Group

## Workplan: July 2020 – March 2021

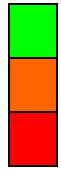
### Updated: 7<sup>th</sup> July 2020

#### **Overview:**

A national Wellbeing Network has been set up at the request of the Minister for Public Health, with the implementation by a local Wellbeing Champions Task Group. This group exists to oversee and implement the national and regional work that focuses on ways the HSCP is responding the national agenda for staff health and wellbeing. This is a facilitative role that is supporting the organisational priority and duty of care to ensure that the HSCP supports staff mental health and wellbeing.

In this facilitation role, this will be achieved through areas of work that will be planned and delivered, in partnership. This strategic improvement plan ensures the anticipated outcomes for supporting staff health and wellbeing, in the current Covid-19 crisis and beyond, is achieved.

### Progress Key



On target

Some slippage / minor issues which may impact on delivery

Not running to target / significant blockages or pressures



Completed

Not yet started

## Area of Work: Governance Processes

Ref	Activity	Lead/ Service Area	Progressive Actions To Date (Measurable)	Progress	Timescale for completion	Measure
<b>1.0</b>	<b>Outcome: Robust governance processes are in place, monitored and evaluated</b>					
1.1	Appropriate governance is in place to enable group operating principles	CSWO	HSCP SMT appoint its Wellbeing Champions to work in collaboration with Inverclyde Council  Wellbeing champions now in place		Completed	Confirmed at Recovery Group and SPF
1.2	Draw up an agreed Terms of Reference and this endorsed by the HSCP Recovery Group	DM/AW/ BHY	Draft terms of reference been written (12 <sup>th</sup> June 2020) and now revised (7 <sup>th</sup> July)		ASAP	Approval at HSCP Recovery Group

### Evidence:



staff-wellbeing-taskg  
roup-TOR-draft3\_7ju



## Area of Work: Contributing to and Influencing the National Agenda

Ref	Activity	Lead/ Service Area	Progressive Actions To Date (Measurable)	Progress	Timescale for completion	Measure
<b>2.0</b>	<b>Outcome: Support for the National Wellbeing Network is effective</b>					
2.1	Wellbeing champions to play an active role in attending National Wellbeing meetings	DM/AW/ AR	Ongoing meetings are taking place		Ongoing	Copies of action notes
2.2	Communications and developmental requests from National Wellbeing meetings are cascaded and actioned	DM/AW/ BHY	Work completed to ensure our local area had a presence on the national Promis.scot web-based resource		Completed	Copies of communication kept
2.3	National offering of coaching details are cascaded widely	BHY	Information cascaded to all service managers, team leaders, both directly and via staff communications, details on ICON, via daily Covid19 bulletins		Ongoing	Copies of communication kept

**Evidence:**

<<< Insert relevant documents >>>

## Area of Work: Implementing Healthy Workplaces

Ref	Activity	Lead/ Service Area	Progressive Actions To Date (Measurable)	Progress	Timescale for completion	Measure
<b>3.0</b>	<b>Outcome: Healthy Workplaces are implemented and effective</b>					
3.1	Communicate and action GGC-wide awareness campaign	DM/AW/ BHY/AR	Local implementation, via the Chief Officer, of the Going Home Checklist , circulated via Chief Officer's Brief (Date to be determined)		Completed	See Evidence
3.2	Ensure appropriate awareness raising, cascading and signposting of resources to support staff mental health and wellbeing	DM/AW/ BHY/AR	Develop and design a central repository of available resources. Circulated via Chief Officer's Brief (15 <sup>th</sup> April 2020)		Completed	See Evidence
3.3	Establish baseline data for Care at Home staff to enable and inform planning to support staff mental health and wellbeing	RG	Develop and deliver on pilot questionnaire for Care at Home Staff  In progress and initial findings reported (29/5) and initial themes identified. Final report due to complete end August 2020.		End August 2020	Reporting to Recovery Group

3.4	In partnership with staff side colleagues, establish baseline information for targeted staff groupings (Business Support; Mental Health Hub; Health Visiting Team; Day Centre/Respite & Line Managers) to inform ongoing that supports staff mental health and wellbeing	All	<p>Design, plan and deliver a series of focus groups that identifies and considers measures required, so the organisation can ensure the mental wellbeing of the staff remains a priority.</p> <p>A draft plan, detailing processes, questions and reporting mechanisms will be discussed at planning meeting with staff side on 14<sup>th</sup> July.</p> <p>It is anticipated that a headline report will be available by the end of August 2020</p>		End September 2020	Reporting to Recovery Group
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**Evidence:**



Chief Officer Brief  
(Staff Mental Health & Wellbeing)

**Area of Work: Communicating and Sharing Good Practice**

Ref	Activity	Lead/ Service Area	Progressive Actions To Date (Measurable)	Progress	Timescale for completion	Measure
<b>4.0</b>	<b>Outcome: Sharing practice is effective and widely communicated</b>					
4.1	Inverclyde is seen as an area that is proactively supporting staff mental health and wellbeing.	DM/BHY	Local area representation at the GGC-wide Workforce, Mental Health & Wellbeing Group  Contribute to discussions and development of GGC-wide survey  Local OD input on leadership and learning & education resources		Ongoing	Copies of action notes are kept

**Evidence:**

<<< Insert relevant documents>>>