

---

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

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/51/2020/LL

**Contact Officer:**      **Contact No:** 01475 712722

**Subject:** HEALTH & SOCIAL CARE ADDITIONAL STAFFING – COVID-19

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to seek approval for additional health and social care staffing to address COVID-19 pressures and enable the HSCP to deliver a safe and effective recovery plan within an acceptable timescale.

## **2.0 SUMMARY**

- 2.1 Almost all HSCP services, albeit in a reduced way for some, have continued to deliver services throughout the pandemic. As services begin to resume, for example in the courts, children hearing systems, there will be an impact with increased demand for Criminal Justice Court reports, Children and Families social background reports and Mental Health court reports. Also the backlog from disposal from court will mean an increase in statutory activity.
- 2.2 Throughout the pandemic there has been an increase in the number of Child Protection Orders and children on the Children Protection Register are at an all-time high in Inverclyde with 70 currently registered.
- 2.3 The lockdown within Fostering and Residential services has meant the service has had to respond in an innovative way to keep families safe. Currently 4 young children are accommodated in a continuing care flat with 24 hour staff team.
- 2.4 In planning our response to these challenges, the HSCP needs additional staff to meet the current demands, prepare for a surge in activity at the same time as preparing for winter. All requests have been reviewed/prioritised by the Chief Officer and SMT.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:

1. Notes current demands in the system in health and the implication of

restarting Court, Children Hearing, hospital systems and the expected surge in activity;

2. Approves all new posts as outlined in section 6 of the report funded through existing budgets, additional funding and the COVID-19 mobilisation plan, and
3. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report and the specific direction at Appendix A.

**Louise Long, Chief Officer**

## **4.0 BACKGROUND**

- 4.1 On 23<sup>rd</sup> March 2020 Scotland moved into lockdown in response to the COVID-19 pandemic. Almost of all Inverclyde HSCP 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.
- 4.2 The pandemic has brought very specific requirements for social work. On 15<sup>th</sup> May 2020 the Scottish Government indicated that all local authorities should be planning for the expected rise in social work demand following government analysis of data. Local authorities were urged to analyse demand and plan locally for the rise in child protection, alcohol issues, domestic violence incidents, court disposals and mental health.

## **5.0 ADDITIONAL DEMAND WITHIN SERVICES DUE TO COVID-19**

- 5.1 Some services were immediately impacted by high numbers of staff who were clinically vulnerable. Home care staffing was reduced by 27% and volunteers from other parts of the Council were used to support. Sickness within homecare has reduced to 17%, however volunteers are beginning to return to their substantive posts creating a gap in provision. Services require immediate support to ensure they can deliver safely and reduce waiting times.

### **5.2 Children & 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. As schools, health visitors and other service return, there is an expectation that there will be a surge of referrals and children hearing reports. In order to meet this demand the service is filling all vacant posts and is seeking two additional social workers on a temporary basis for 12 months. The service is currently using additional staff from within the HSCP to facilitate family contact to ensure we are complying with Government guidance around social distancing which makes transport and family contact visit more labour intensive. 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.

- 5.3 In addition 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.
- 5.4 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.

### **5.5 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 2 supervisor posts for 8 months each to fill the gap and meet the increased service

demands. The service also intends to expand the TEC interventions to support minimal contact as part of its COVID-19 response. This will require additional resources of 10 hours per week, also for 8 months, to support this.

5.6 Community Nursing has similar issues with high levels of absences and significant increase in demands. Preparing for winter and increase in the age span for flu vaccinations will mean that more staff are also required to sustain this service.

#### 5.7 **Rehab & 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.

5.8 The Community Occupational Therapy service had a 6 week waiting list prior to the pandemic; without any additional investment/redesign the waiting list would be 16 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.

#### 5.9 **Learning Disability**

Community Learning Disability provides services to over 300 people. A number of people's packages were altered due to COVID as day centre, colleges and clubs closed. The day centres will open on 11<sup>th</sup> 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 recovery work forward.

#### 5.10 **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 8 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.

#### 5.11 **Homelessness/Alcohol/Drugs/Recovery**

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 continues to increase. Ideally the service would move to more flats and quicker permanent offers of housing from RSLs however this will take time as RSLs begin to move back to normal. In the meantime, the increasing number of anti-social behaviour complaints is problematic. The service requires an additional 3 accommodation assistants for 12 months to support people in their tenancies during the pandemic and as we move into recovery. A longer-term review of homelessness is required, as part of which there may be a need for more senior homelessness staff, however this will be part of future budget considerations.

#### 5.12 **Alcohol & Drug Recovery Service**

The service has used a blended approach via telephone, clinic and minimal face-to-face contact since the beginning of the pandemic. A prescription team was developed to deal with 500/600 prescriptions for Opiate Therapy Replacements. A table top review has been undertaken to move people who use core service to 'Moving On' provided via the 3<sup>rd</sup> Sector or to Share Care Clinics within primary care.

The Addictions service review is currently on hold as national guidance from the NHS states that no service development that involves changes to job descriptions can be undertaken in the midst of COVID-19. The service also has an issue around consultant cover due to staff shielding, a request for assistance has been put out across GGC, however high cost locum cover is also being pursued.

#### 5.13 **Mental Health**

The Mental Health Inpatient service continues to be offered with specific additional staffing in place for nursing and consultants to cover vacancies, sickness and additional pressures.

Mental Health Community recovery continues to focus on supporting 3<sup>rd</sup> sector develop of Distress Brief Intervention (the tender for this is currently on hold) and support to primary care. Additional resources are required for primary care, funding through Action 15 monies is being considered.

#### 5.14 **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.

#### 5.15 **Commissioning Team**

The Commissioning Team has seen an unprecedented increase in workload due to the pandemic, particularly around care home support, testing and monitoring and provider sustainability. An additional 2 posts (a G Grade and an I Grade post) are requested to supplement this team for 12 months to support the additional work and to allow the restart of business as usual, work such as contract renewal and Market Facilitation work the service had started but has had to put on hold as it has tackled the new workload emerging as a result of the pandemic.

The costs for this are COVID related as the additional work is COVID work. However, this also ties in with the additional work the IJB approved around

Commissioning when it awarded £200k from the Transformation Fund last year. That money was initially expected to be spent on additional resources within Strategic Commissioning and supplementing the Council procurement team but those recruitments have not taken place yet.

The Commissioning team currently already has a number of interim appointments in permanent roles. Since these temporary appointments cannot be made permanent until the Management Review is concluded, they are being extended to co-terminate with the new posts to ensure ongoing sustainability for the team and avoid existing team members feeling they having to apply for the new roles which have longer contracts.

#### 5.16 **Legal Services**

The Transformation Board had previously agreed to fund a post in the Council's Legal Services for 12 months to support the work of the Contracts team. The post has been in place for almost a year and approval is now sought for a further 6 months funding £22k. During the pandemic the post has been working on minutes of variation for contracts linked to the COVID-19 Scottish Living Wage changes and COVID-19 provider sustainability payments; this COVID-related work is expected to continue for at least another 6 months.

#### 5.17 **Health Posts**

In addition to the social care posts detailed above there are a number of Health vacancies and temporary posts required to respond to the pandemic and keep services running effectively. These include:

- Backfilling a consultant vacancy from within Mental Health inpatients. This is covered under the existing service budget
- Mental Health Inpatients Student Nurses – in response to the pandemic student nurses were appointed to a number of roles across GG&C. Within Inverclyde these all went to MH Inpatients. The posts are due to end in September. Costs are to be covered from the COVID-19 Mobilisation Plan
- District Nurse Succession Planning Costs – as agreed at the last IJB in June 2020 there are 5 temporary posts being created to allow 5 of our existing DNs to take part in training to allow them to backfill senior post holders due to retire within the next 12-18 months – the cost of this will be covered from in year turnover savings
- Physiotherapist – as per paragraph 5.7 above - temporary Physiotherapist for 1 year to keep waiting lists down to be funded from the COVID-19 Mobilisation Plan
- Occupational Therapist – as per paragraph 5.8 above - temporary Occupational Therapist for 1 year to keep waiting lists down to be funded from the COVID-19 Mobilisation Plan

## 6.0 STAFFING REQUEST AND ASSOCIATED COSTS AND FUNDING

6.1 Social Care Posts			
Service	Post	Term (Months)	Total Cost
Children & Families	Reviewing Officer	12	79,350
Children & Families	Social Worker * 2	12	100,780
Criminal justice	Social Worker * 1	8	33,590
Older People Services	Homecare Supervisors * 2	8	37,840
Older People Services	Tec Support (10 Hours)	8	8,260
Learning Disability Services	Social Worker * 1	8	33,590
Learning Disability Services	Support Worker * 1	8	26,470
Assessment & Care Mngmt	Reviewing Officer	8	52,900
Homelessness	Accommodation Officer Asst * 3	12	60,220
Mental Health - Community	Mental Health Officer contract exte	6	25,200
Legals Services-Inv Council	Legal Officer	6	22,000
Commissioning	Commissioning Workers * 2	12	81,560
<b>Total Social Care Costs</b>			<b>561,760</b>

Health Posts			
Service	Post	Term	Total Cost
Mental Health - Inpatients	Consultant Full Time	Perm	100,000
Mental Health - Inpatients	Additional Student Nurses	temp	100,000
	District Nurses Succession		
Health & Community Care	Planning agreed by IJB June 2020	1 year	236,000
Health & Community Care	Physiotherapist	1 year	51,600
Health & Community Care	Occupational Therapist	1 year	33,418
<b>Total Health Costs</b>			<b>521,018</b>
<b>TOTAL Costs</b>			<b>1,082,778</b>

	Posts Agreed - Funding from Grant Claims	112,940
	Vacancies - no budget implication	100,000
	IJB agreed - fund from turnover savings	236,000
	Posts Agreed - Extra Cost	633,838
	<b>Total Costs</b>	<b>1,082,778</b>

## 7.0 IMPLICATIONS

### 7.1 FINANCE

The financial implications of this report are as outlined above.

One off Costs

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

7.2 There are no specific legal implications arising from this report.

## HUMAN RESOURCES

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

## EQUALITIES

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

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.

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

7.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.



## 7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<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.	Additional staffing resource will support 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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Additional staffing resource will support this outcome
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Additional staffing resource will support this outcome
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.	Additional staffing resource will support this outcome
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.	Additional staffing resource will support this outcome
Resources are used effectively in the provision of health and social care services.	Additional staffing resource will support this outcome

## 8.0 DIRECTIONS

8.1	<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

See detailed Directions attached at Appendix A.

## 9.0 CONSULTATION

9.1 This report has been prepared by the IJB Chief Officer in consultation with Heads of Service and the Council's Corporate Management Team has been consulted.

## **10.0 BACKGROUND PAPERS**

10.1 None

**INVERCLYDE INTEGRATION JOINT BOARD****DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

**Inverclyde Council** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

**Detailed Request**

Fill the following posts, which will be funded as outlined below:

<b>Social Care Posts</b>			
<b>Service</b>	<b>Post</b>	<b>Term (Y)</b>	<b>Total Cost</b>
Children & Families	Reviewing Officer	12	79,350
Children & Families	Social Worker * 2	12	100,780
Criminal justice	Social Worker * 1	8	33,590
Older People Services	Senior Homecare Worker * 2	8	44,370
Older People Services	Tec Support (10 Hours)	8	8,260
Learning Disability Services	Social Worker * 1	8	33,590
Learning Disability Services	Support Worker * 1	8	26,470
Assessment & Care Mngmt	Reviewing Officer	8	52,900
Homelessness	Accommodation Officer Asst * 2	12	60,220
Mental Health - Community	Mental Health Officer contract exte	6	25,200
Legals Services-Inv Council	Legal Officer	6	22,000
Commissioning	Commissioning Workers * 2	12	81,560
	<b>Total Social Care Costs</b>		<b>568,290</b>

	Social Care posts funding		
	Posts Agreed - Funding from Grant Claims	112,940	
	Posts Agreed - Extra Covid Costs	455,350	
	<b>Total Costs</b>	<b>568,290</b>	

This direction is effective from 24/08/2020.

## **INVERCLYDE INTEGRATION JOINT BOARD**

### **DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

**Greater Glasgow & Clyde NHS Health Board** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

#### **Detailed Request**

<b>Health Posts</b>			
Service	Post	Term	Total Cost
Mental Health - Inpatients	Consultant Full Time	Perm	100,000
Mental Health - Inpatients	Additional Student Nurses	temp	100,000
	District Nurses Succession		
Health & Community Care	Planning agreed by IJB June 2020	1 year	236,000
Health & Community Care	Physiotherapist	1 year	51,600
Health & Community Care	Occupational Therapist	1 year	33,418
	<b>Total Health Costs</b>		<b>521,018</b>
	<b>TOTAL Costs</b>		<b>1,089,308</b>

	Health posts funding		
	Vacancies - no budget implication		100,000
	IJB agreed - fund from turnover savings		236,000
	Posts Agreed - Extra Covid Costs		185,018
	<b>Total Costs</b>		<b>521,018</b>

This direction is effective from 24/08/2020.