INVERCLYDE HSCP
Health and Social Care Partnership

Municipal Buildings, Greenock PA15 1LY

Ref: SL/KB

Date: 13 August 2020

A meeting of the Inverclyde Integration Joint Board will be held on Monday 24 August 2020 at 2pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board and relevant officers. The joining details will be sent to participants prior to the meeting.

In the event of connectivity issues, participants are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded.

Gerard Malone
Head of Legal and Property Services

BUSINESS ****Copy to follow** 1. **Apologies, Substitutions and Declarations of Interest**	**Page**
ITEM FOR NOTING: 2. **HSCP COVID-19 Recovery Planning Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB. There will also be a presentation on this item.**	**p**
ITEMS FOR ACTION:	
3. **Voting Membership of the Inverclyde Integration Joint Board and Audit Committee** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
4. **Minute of Meeting of Inverclyde Integration Joint Board of 23 June 2020**	**p**
5. **Rolling Action List**	**p**
6. **HSCP Workforce Plan 2020 - 2024** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7. **Staff Wellbeing and Resilience** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8. **Health & Social Care Additional Staffing – COVID-19** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

9.	**HSCP Digital Strategy 2020 - 2024** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Learning Disability Services** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
<u>ITEM FOR NOTING:</u>		
11.	**Learning Disability Redesign – LD Community Hub** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
12.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	**p**

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.
The papers for this meeting are on the Council's website and can be viewed/downloaded at https://www.inverclyde.gov.uk/meetings/committees/57

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from this meeting of the Integration Joint Board on public health grounds. It is considered that if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

Enquiries to - **Sharon Lang** - Tel 01475 712112

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 2

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/55/2020/LL**
Contact Officer:		**Contact No: 01475 712722**
Subject:	**HSCP COVID-19 RECOVERY PLANNING UPDATE**	

1.0 PURPOSE

1.1 The purpose of this report is to provide the IJB with an update on Covid-19 recovery planning as we move towards Phase 3.

2.0 SUMMARY

2.1 The unprecedented response from our staff and local citizens to the unprecedented 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 towards a new future.

2.2 The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.

2.3 Some lockdown restrictions are still in place across Scotland. We are all familiar with the Scottish Government Road Map out of recovery which sets out a ‘phased’ planned approach to how we collectively recover across Scotland. The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group which is responsible for overseeing the implementation of the plan and monitoring progress.

2.4 The HSCP Recovery Plan has been based on a set of principles and is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services.

At the end of each phase there is reflection and learning before moving to the next phase.

2.5 The HSCP is now preparing to enter into Phase 3 of the Recovery Plan and will run from August until February 2021.

2.6 The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group.

3.0 RECOMMENDATIONS

3.1 That the IJB notes the progress made to stepping up local services and plans to make further strides as we enter Phase 3 as outlined in the HSCP Recovery Plan.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Over the next few months, the HSCP needs to develop new ways of working that include an element of catching up with activity that has been scaled down or ceased as part of the response to Covid-19.

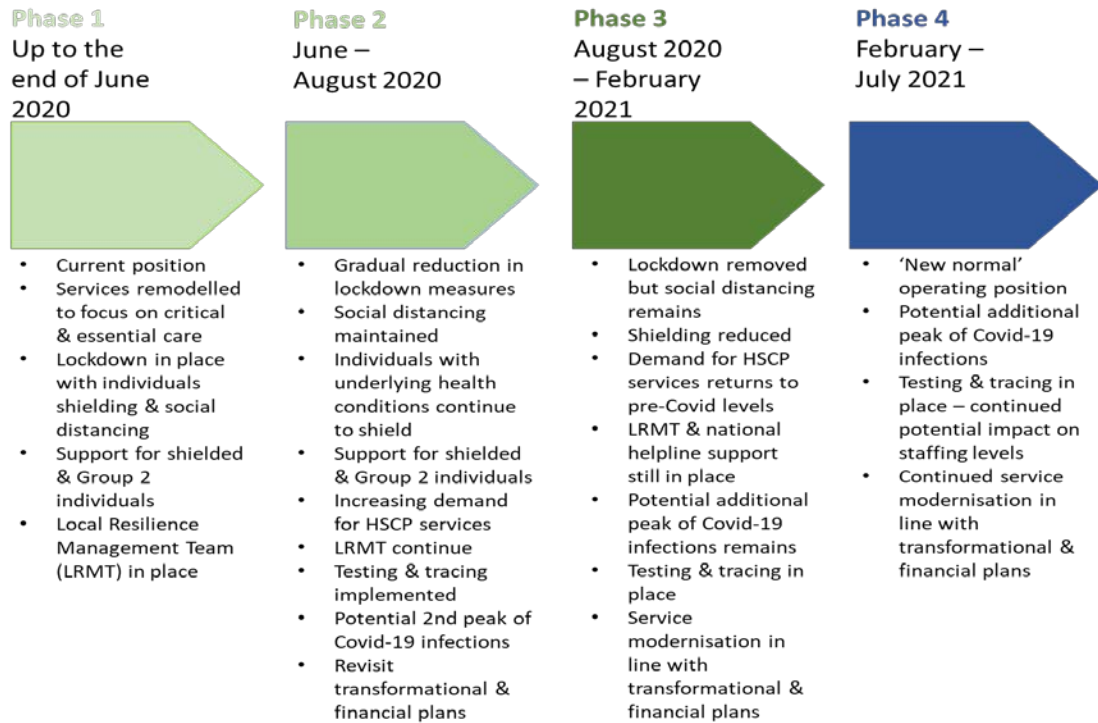
4.2 The unprecedented response from our staff and local citizens to the unprecedented challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal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

4.3 The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.

4.4 Some lockdown restrictions are still in place across Scotland. We are all familiar with the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland. The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group who is responsible for overseeing the implementation of the plan and monitoring progress

4.5 The HSCP Recovery Plan has been based on a set of principles and these are:

4.6 Our overall anticipated planned approach to recovery is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services. The phases are:



4.7 Phase 1 is complete, Phase 2 is being implemented and we are now planning our transition to Phase 3 during which we aim to have all services reinstated and develop a 'new normal' to service provision. At the end of each phase there is reflective session with extended management team to understand the learning for the next phase. Phase 3 will run from August until February 2021. Details outlined for Phases 1 -3 are provided at Appendix 1, with particular note of Phase 3 where we will increase face to face contact with more people.

4.8 Service areas have developed initial, phased recovery action plans which detail step up and step down arrangements over the coming months. These are reviewed by the HSCP Recovery Group and overseen by the Strategic Planning Group (SPG).

4.9 Engaging and ensuring that people receive services is important to their health and wellbeing so the planned phased approach sees more face to face contact as we move from the hub to service model.

4.10 Ensuring we focus on safety and wellbeing, the positive response from staff throughout this has been incredible and it is vital we continue to support each other through the phased recovery. Risk assessments have been carried out in preparation for the safe return of staff to buildings, and measures put in place to ensure social distancing is observed – desks have been taped off with no hot desking but weekly rotas being established to keep the numbers in offices to a minimum. Ultimately, where staff can work from home they will continue to be encouraged and supported to do so.

4.11 Our plans allow for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice; this includes policy / processes in place to manage a further outbreak. There is active resilient management around this issue.

4.12 The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group. The HSCP has been involved in Health Board remobilisation plan.

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 There are no legal implications from this report.

HUMAN RESOURCES

5.3 There are no 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.

5.4.1 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

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

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.	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

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 Covid-19 Recovery Plan.

APPENDIX

INVERCLYDE HSCP Health and Social Care Partnership

COVID-19 Inverclyde HSCP Transition Plan

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 <u>Moving Forward</u>

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.

3.5 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.

3.6 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.

3.7 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.

3.8 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.

3.9 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.

3.10 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

The HSCP Recovery Plan has been based on a set of principles and these are:-

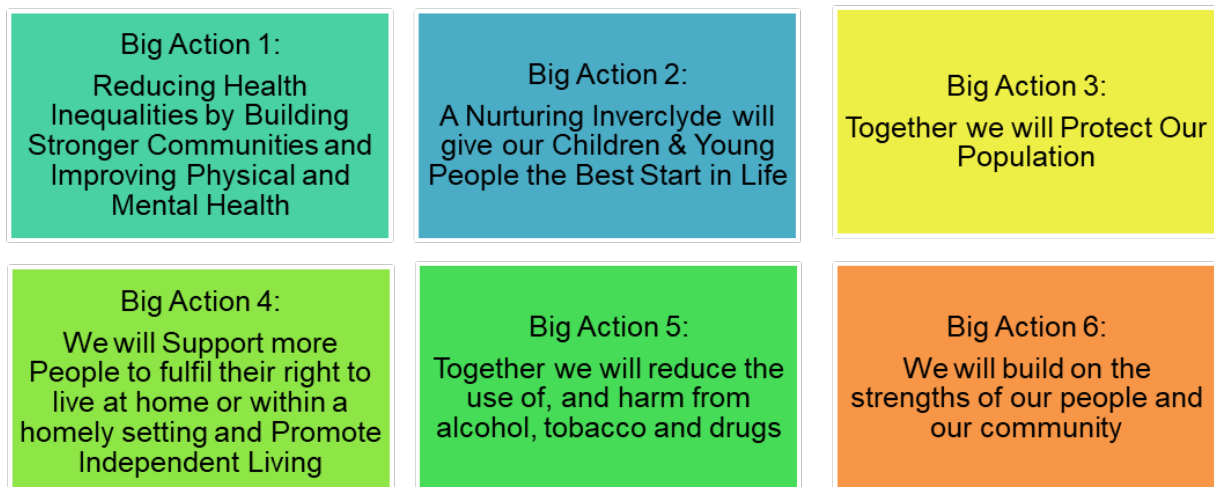
These principles are set alongside the continuing need for social distancing, and the likelihood that future waves of COVID will drive the need for us to be able to flex our system to respond to this.

4.1 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 until phase 3 when services will move back to service operational model.

4.2 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. All plan will link with NHS remobilisation plan and will be fully costed.

4.3 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 was 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.

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 reflection has led to learning which has informed the phase 1, 2 and 3 action plans and the wellbeing plan. (Appendix A)

6.2 Phase 1 plans will focus on key issues to 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

The Plan on a page is outlined in Appendix B, each plan has a detailed action below undertaken, so that all actions, monitor, assessed to ensure it is safe to move to the next phase of planning.

6.2 Phase 2 plans focus on priorities, resource, people ensuring we keep safe and communication. The model of working during a pandemic, system/process building and ensuring the most venerable are care for in Appendix C.

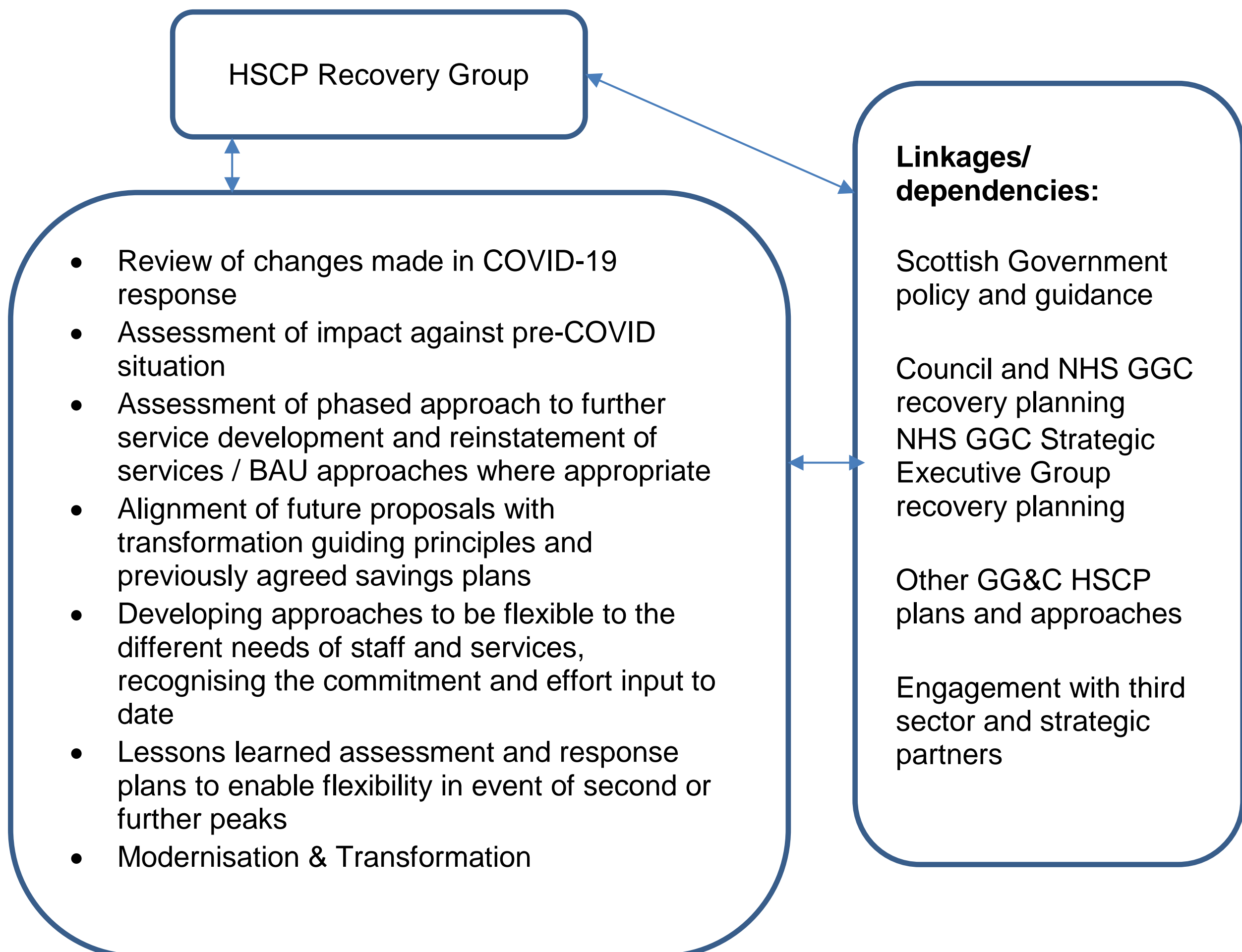
6.3 Phase 3 focus on moving back to new normal as the lockdown restrictions are reduced and levels of infection reduce allowing more face to face contact. The phase 3 plan outline in Appendix D.

6.4 Phase 4 will focus on the new way of working including modernisation, transformation of services.

6.5 Recovery action plan was agreed by with the HSCP Covid-19 Recovery Group and the IJB. This is a live document and is updated regularly and reported through the Recovery Group and Strategic Planning Group. Each phase of recovery was a plan.

6.6 HSCP recovery plan links to the council recovery, Alliance Partnership Recovery Plan and the NHS Remobilisation Plan.

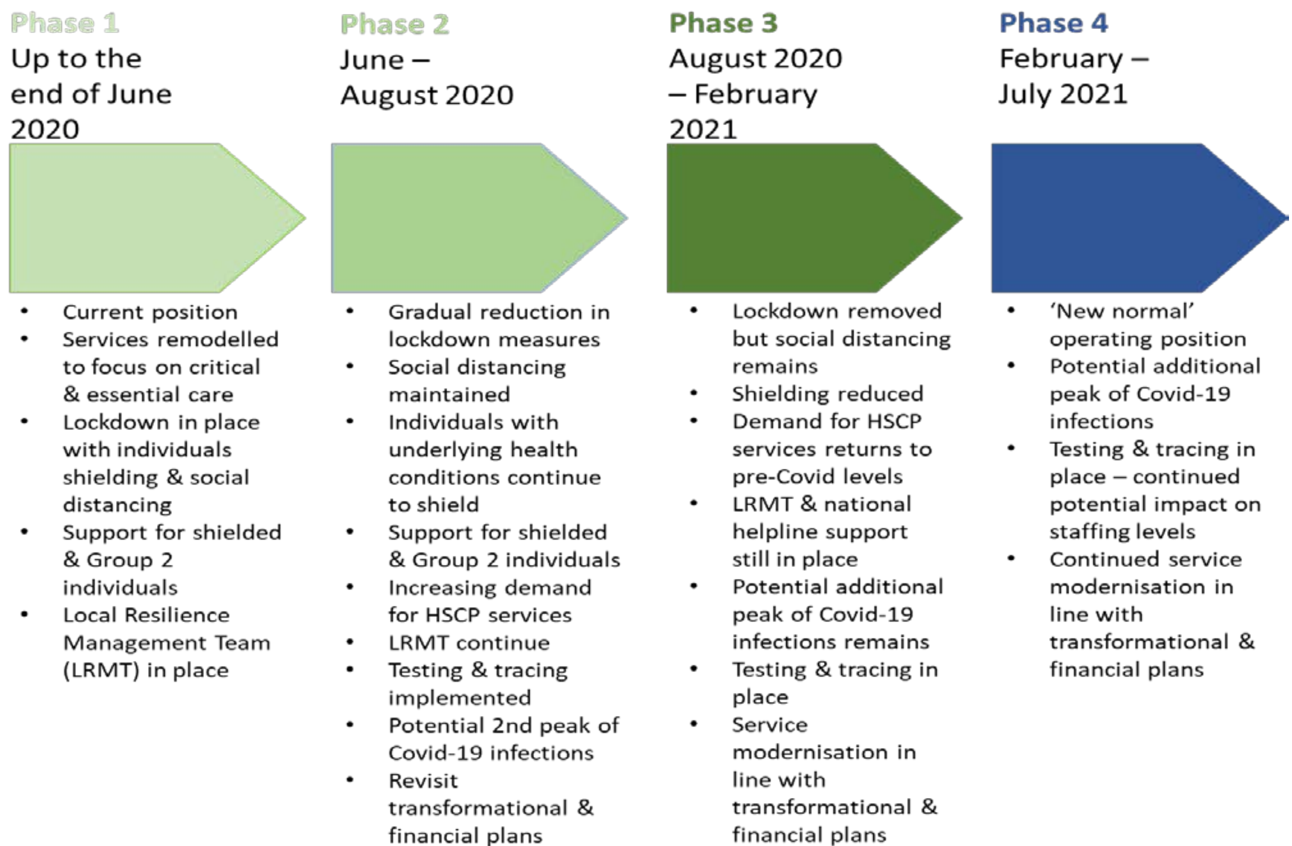
6.7 Planning Approach Overview



INVERCLYDE HSCP Health and Social Care Partnership

6.8 Anticipated Recovery Phases

Our overall anticipated planned approach to recovery is one where we learn and understand what the impact of our response to Covid-19 will or perhaps should have on how we deliver services in the future, and follows a phased approach to restarting services. The phases are:



Phase 1 – Up to the end of June 2020

- Current position
- Services remodelled to focus on critical & essential care
- Lockdown in place with individuals shielding & social distancing
- Support for shielded & Group 2 individuals
- Local Resilience Management Team (LRMT) in place

Phase 2 – June – August 2020

- Gradual reduction in lockdown measures
- Social distancing maintained
- Individuals with underlying health conditions continue to shield
- Support for shielded & Group 2 individuals
- Increasing demand for HSCP services
- LRMT continue
- Testing & tracing implemented
- Potential 2nd peak of Covid-19 infections
- Revisit transformational & financial plans

Phase 3 – August 2020 – February 2021

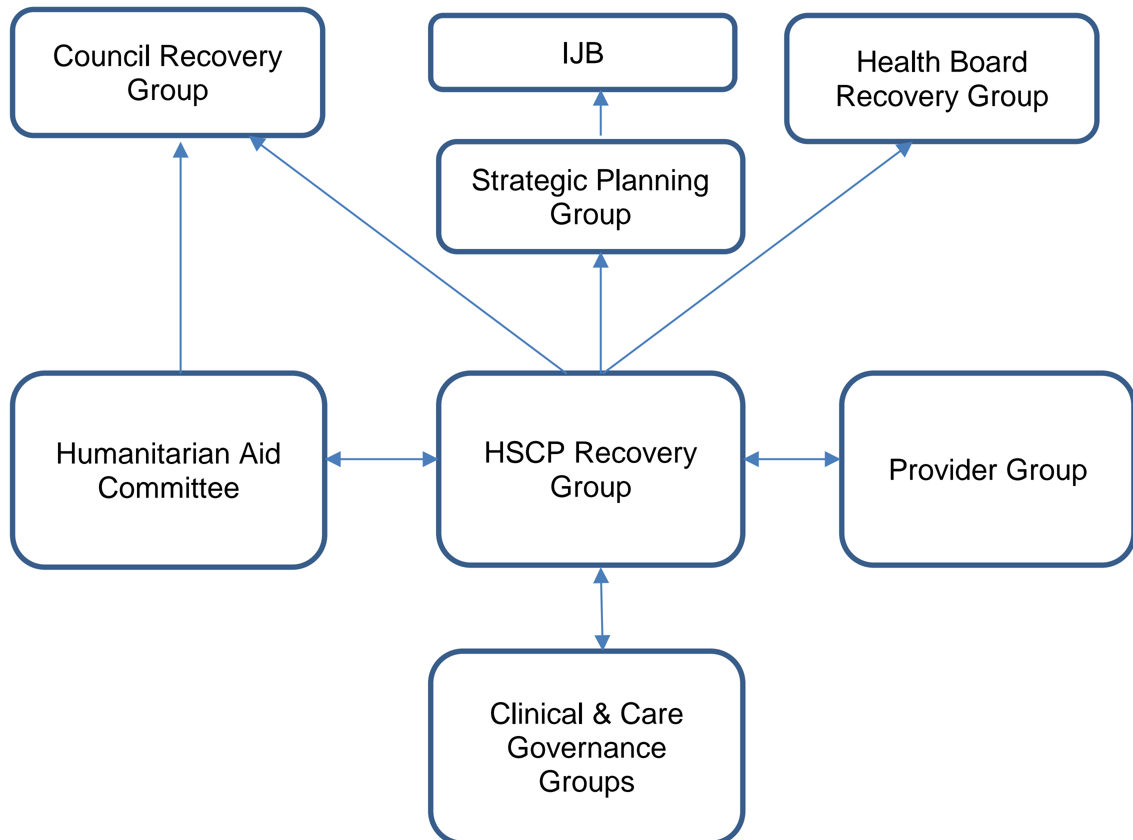
- Lockdown removed but social distancing remains
- Shielding reduced
- Demand for HSCP services returns to pre-Covid levels
- LRMT & national helpline support still in place
- Potential additional peak of Covid-19 infections remains
- Testing & tracing in place
- Service modernisation in line with transformational & financial plans

Phase 4 – February – July 2021

- 'New normal' operating position
- Potential additional peak of Covid-19 infections
- Testing & tracing in place – continued potential impact on staffing levels
- Continued service modernisation in line with transformational & financial plans

6.9 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. NHSGGC remobilisation plans sets out priorities and timeline for moving forward.

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 A

HSCP Recovery Group Terms of Reference

<table>
<tr><td>Name of Group:</td><td>Inverclyde HSCP Recovery Group</td><td>Version 1.0</td></tr>
<tr><td>Constitution:</td><td colspan="2">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.</td></tr>
<tr><td>Composition/ Substantive Membership:</td><td colspan="2">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</td></tr>
<tr><td>Responsibilities:</td><td colspan="2">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</td></tr>
</table>

INVERCLYDE HSCP Health and Social Care Partnership

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

INVERCLYDE HSCP Health and Social Care Partnership

Appendix B

LEARNING FROM LOCKDOWN

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?

INVERCLYDE HSCP Health and Social Care Partnership

REFLECTION FROM PHASE 1

Recognising the need to consider and programme our renewal and recovery.

Whilst we have all been affected by the COVID19 pandemic, we know that for some groups, the social economic and health caused by both the virus and associated lockdown measures, will be greater and that this could have a profound and long lasting impact, exacerbating already existing inequalities in our communities. The pandemic is also likely to drive more individuals and families into poverty and we have already seen significant increases in the unemployment rate and in the number of people applying for Universal Credit. Each service area (hub) completed debrief record at the end of phase 1 to record the learning and consider how learning could inform the next steps.

EXECUTIVE SUMMARY

General services during pandemic:-

- HSCP adapted rapidly and universally in response to the COVID19, it also used technology, triage, remote consultation, keeping in in touch with people and establishing duty services
- Strong team work was key
- Usual activities have reduced, some significantly (home visits) while others have stopped (moved to virtual)
- Remote consulting, by phone or video (clinics)
- Group staff galvanised to undertake other roles mental primary care, health visitor to move testing/assessment centre. Community link workers help supported the most vulnerable
- PPE supplies established quickly despite concerns the system worked effectively

<u>Concerns</u>

To protect people services has put work on hold, staff are concerned about the impact this is having on people. The increased demands is a challenge to come:-

- Face to face is still essential much of the behaviour work is based on relationships. Those with complex problems who cannot access/use technology need an alternative
- Poverty IT
- Vulnerable children and families who have had their support network withdrawn

- Mental health problems are increasing and impact in socio-economic deprivation
- Concerns that economic consequences of the pandemic will impact mostly on the disadvantage groups, who live in precarious financial circumstances and will wider the health inequality gap.
- Homelessness ongoing targeted support

What Come Next?

- Make building/system safe
- New challenges to meet backlog, with increased demands with reduced staffing
- Psychological support for distress to the community and staff needs to meet the needs. A well-developed Well-Being Plan
- Redesign services so that web, technology can be used more readily, however the need to address inequality of access of IT, health literacy
- Face to face contact is still important
- Speed and agility are required to ensure planning is paced at suitable rate to meet the needs of the public, meet government guidance and keep staff safe
- Understand how to step up and step back services so we are prepared for second a wave

New Challenges

The backlog of work resulting from services having been put on hold during the COVID19 pandemic. Each service will need a common approach plan.

Expected increase in child protection, mental health illness and domestic abuse.

New issues of social access and equity as a result of the expansion of remote consulting, involving the use of phone and video technology.

Continued Challenges

There are gross longstanding inequalities in health and social care with large differences on healthy life expectancy and life expectancy between most affluent and most deprived.

Addressing inequalities in a structured way, structured solution to structural issues. Influencing wider system.

Multi morbidity is the 'new norm' including both the multi-morbidity of old age and the multi morbidity of socio-economic disadvantage.
High prevalence alcohol and drugs, impact on drug deaths/excess deaths.

Learning in the Aftermath of COVID19

The key ingredients was:

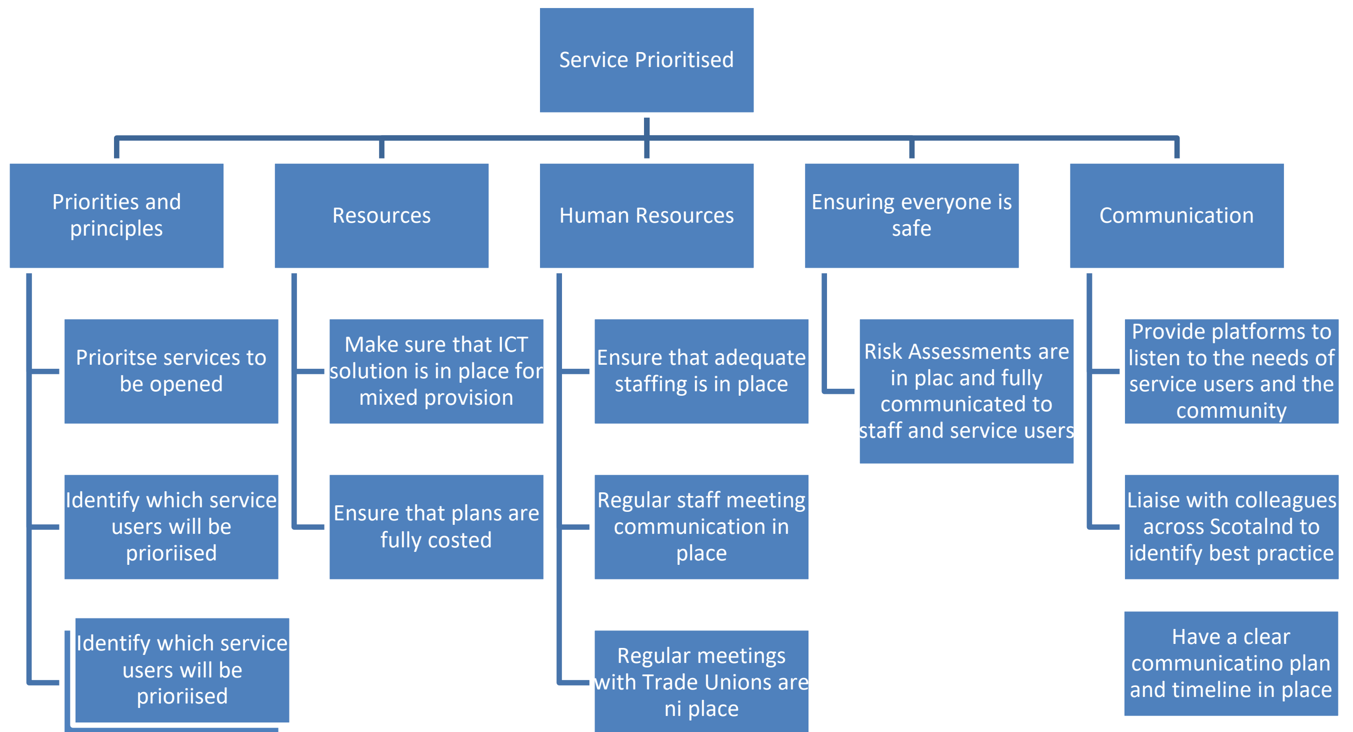
- Leadership, visible, clear communication, team working
- Agility
- Ability to plan, monitor and asses
- Open/transparent, listening
- Developing remote/blended practise
- Bolster universal service primary care by increasing link worker, financial advisors, mental health and alcohol and drug practitioners to reduce stigma
- Evidence, data, measure, analysis evaluated
- Maintaining pace and focus
- Partnership working with unions, key stakeholders

Summary

It is not a race back to normal. This is a time for change, a time re-evaluate what is important, what we need to do less of and a timing of re-introducing services will need to match the Scottish Government agreed progress future phases.

Appendix C

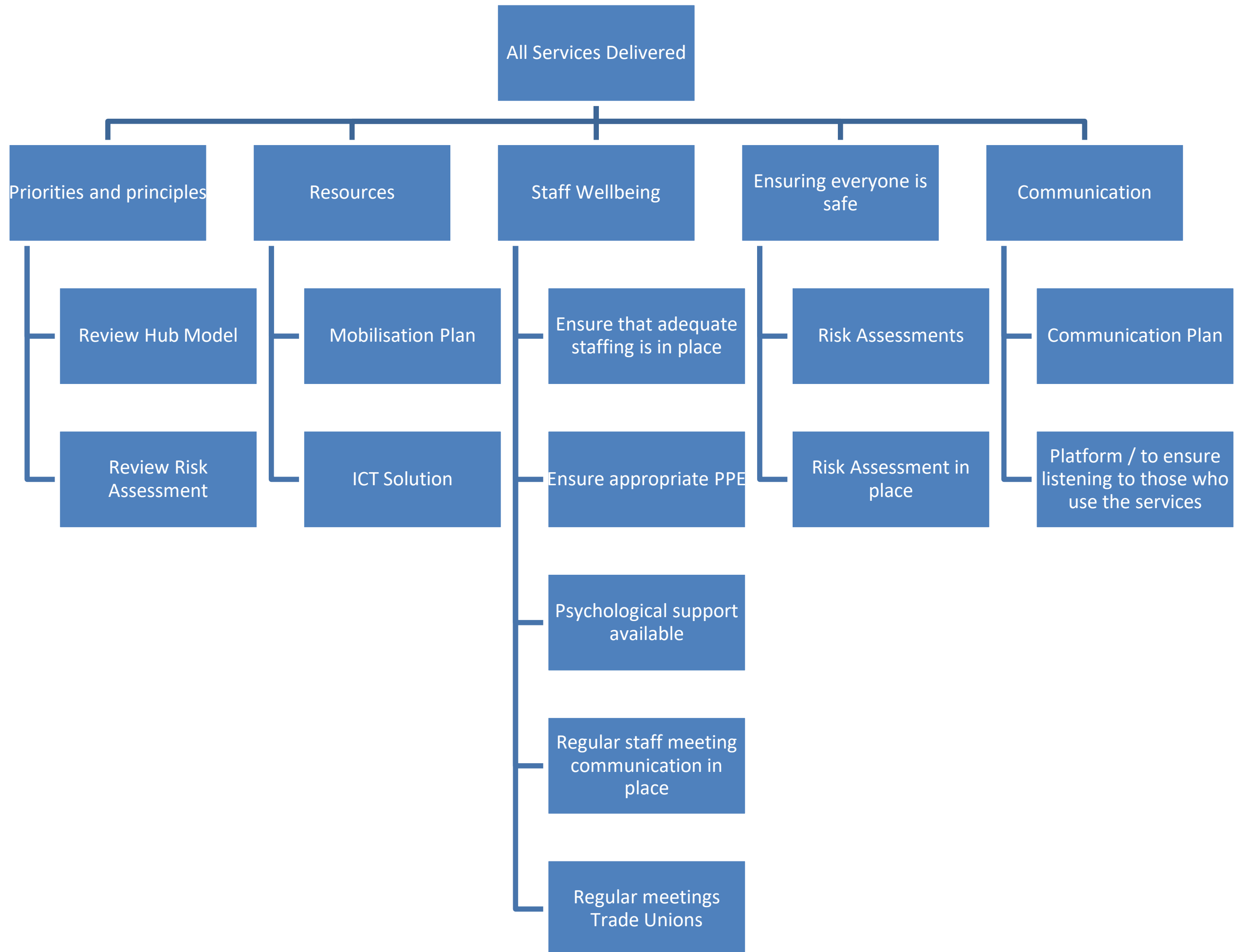
HEALTH AND SOCIAL CARE - PHASE 1



INVERCLYDE HSCP Health and Social Care Partnership

Appendix D

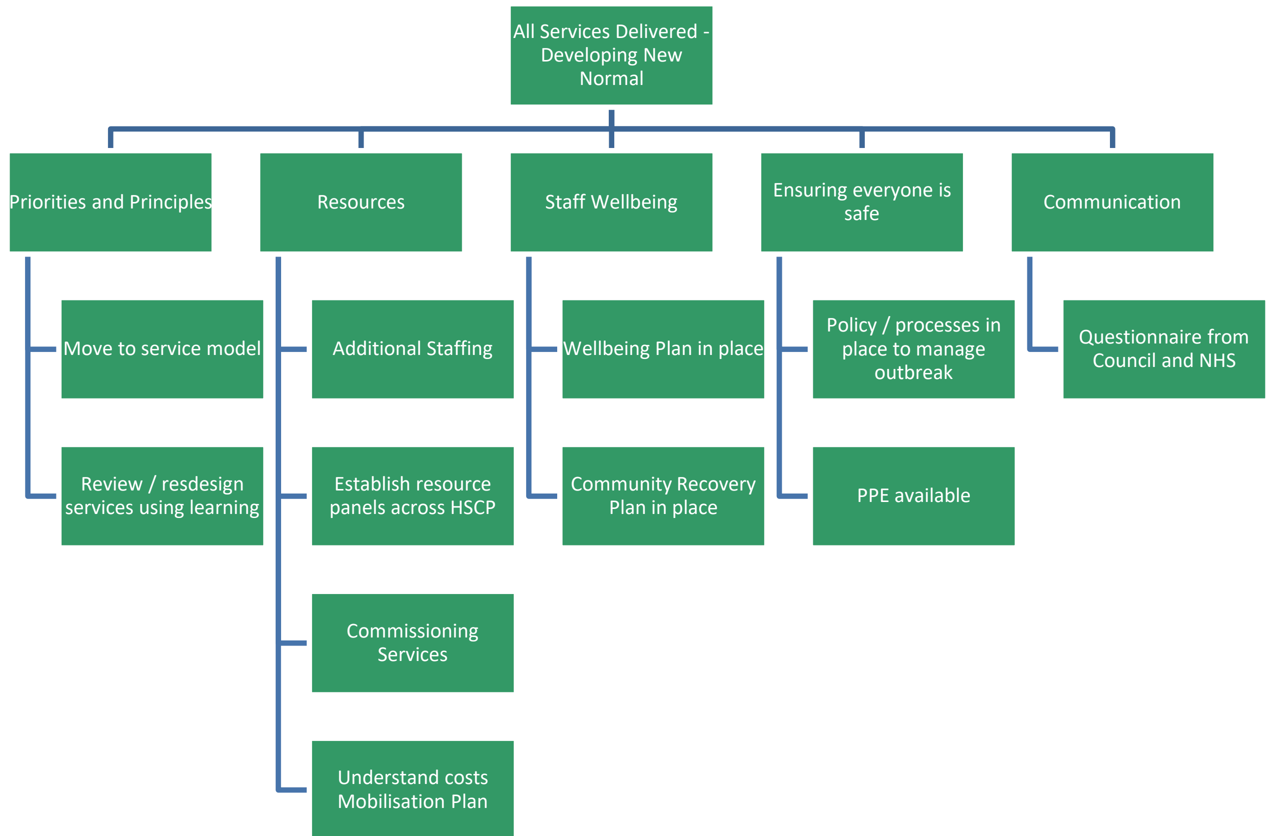
HEALTH AND SOCIAL CARE - PHASE 2



INVERCLYDE HSCP Health and Social Care Partnership

Appendix E

Health and Social Care Phase 3



INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 3

Report To:	Inverclyde Integration Joint Board	Report To:	24 August 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/075/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Voting Membership of the Inverclyde Integration Joint Board and Audit Committee		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in its voting membership arrangements and to agree the appointment of a voting member of the IJB to the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee")

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 Dr Donald Lyons recently stepped down as a Non-Executive Director of Greater Glasgow and Clyde NHS Board ("the NHS Board"). The NHS Board also recently conducted a review of the non-executive membership of Integration Joint Boards which has resulted in a change in the voting members nominated by the NHS Board to sit on the IJB.

2.3 This report sets out the revised membership arrangements for the IJB and the IJB Audit Committee.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

a) notes the appointment by Greater Glasgow and Clyde NHS Board of Ms Paula Speirs as a voting member of the Inverclyde Integration Joint Board; and
b) appoints a Greater Glasgow and Clyde NHS Board voting member to serve on the Inverclyde Integration Joint Board Audit Committee, with the nomination and appointment being made at the meeting.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards. As a minimum this must comprise:

- voting members appointed by the NHS Board and Inverclyde Council;
- non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and
- representatives of groups who have an interest in the IJB.

5.0 VOTING MEMBERSHIP

5.1 The NHS Board, on 30 June 2020, agreed revised membership arrangements for the IJB to take effect from 30 June 2020 as follows:

Non-Executive Lead
Alan Cowan (IJB Vice Chair)

Non-Executive Membership
Simon Carr
Dorothy McErlean
Paula Speirs

5.2 As a result of the revised membership arrangements set out in paragraph 5.1, the NHS Board has nominated one new voting member, Paula Speirs.

5.3 The current membership of the IJB is set out at Appendix 1.

6.0 AUDIT COMMITTEE - MEMBERSHIP

6.1 The current membership of the IJB Audit Committee is set out at Appendix 2.

5.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.

5.3 As a result of Donny Lyons stepping down from the IJB and the NHS Board voting membership changes highlighted in paragraph 5 above, it is necessary to change the membership of the IJB Audit Committee.

5.4 The IJB is required to appoint a NHS Board voting IJB member to the IJB Audit Committee.

6.0 PROPOSALS

6.1 It is proposed that the IJB notes the appointment of a new NHS Board voting member to the IJB agrees the appointment of an NHS Board voting member to the IJB Audit Committee.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

			Report		
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Legal

7.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

Human Resources

7.3 None.

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)
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.

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

Clinical or Care Governance

7.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
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

8.0 DIRECTIONS

8.1

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	

9.0 CONSULTATIONS

9.1 The Corporate Director (Chief Officer) of the Inverclyde Health & Social Care Partnership, and the Head of Board Administration of Greater Glasgow and Clyde NHS Board have been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

Inverclyde Integration Joint Board Membership as at 30 June 2020

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Ms Dorothy McErlean Ms Paula Speirs	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse Dr Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Ms Gemma Eardley
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Mr Bill Clements Programme/Deputy Manager CVS Inverclyde

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Moyse
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

Inverclyde Integration Joint Board
Audit Committee Membership – as at 30 June 2020

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Elizabeth Robertson (Vice-Chair) Councillor Luciano Rebecchi	Councillor John Crowther Councillor Gerry Dorrian
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) ****VACANT****	
SECTION B. NON-VOTING MEMBERS		
A staff representative (Inverclyde Council)	Ms Gemma Eardley	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

Inverclyde Integration Joint Board

Tuesday 23 June 2020 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McErlean, Dr D McCormick, Dr C Jones, Ms L Long, Mr A Stevenson (for Ms S McAlees), Ms L Aird, Ms D McCrone, Ms C Elliott, Ms C Boyd and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Ms V Pollock (for Head of Legal & Property Services), Ms S Lang (Legal & Property Services), Mr A McDonald, ICT Service Manager and Mr G Barbour, Service Manager Communications, Tourism and Health & Safety.

The meeting took place via video-conference.

54 Apologies, Substitutions and Declarations of Interest 54

Apologies for absence were intimated on behalf of Mr H MacLeod and his proxy, Ms M Moyse, Ms S McAlees and Dr H MacDonald.

No declarations of interest were intimated.

55 2019/20 Draft Annual Accounts 55

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) setting out the proposed approach of the Integration Joint Board to comply with its statutory requirements in respect of its Annual Accounts and (2) presenting the draft 2019/20 Annual Accounts and Annual Governance Statement.

Members noted the absence of the performance table in the draft accounts. It was explained that this is related to COVID-19 and delays in data being published nationally. The table will be included in the Annual Performance Report and final Annual Accounts, both of which will be submitted to the IJB for approval later in the year.

Decided:

(1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;

(2) that the Annual Governance Statement included within the Accounts be approved; and

(3) that it be agreed that the unaudited Accounts for 2019/20 be submitted to the Auditor.

56 Chief Officer's Report 56

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership, particularly in relation to the HSCP response to the COVID-19 pandemic.

Decided: that the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 23 JUNE 2020

57 Minute of Meeting of Inverclyde Integration Joint Board of 17 March 2020 57

There was submitted the minute of the Inverclyde Integration Joint Board of 17 March 2020.
Decided: that the minute be agreed.

58 Minute of Meeting of Inverclyde Integration Joint Board of 12 May 2020 58

There was submitted the minute of the Inverclyde Integration Joint Board of 12 May 2020.
Decided: that the minute be agreed.

59 Rolling Action List 59

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.
During the course of discussion on this item, it was suggested that the review report on support to Locality Planning Groups should be presented in June 2021 rather than January as set out in the rolling action list, to allow for a full year's period of review given the delays resulting from the COVID-19 pandemic.
Decided: that the rolling action list be noted with an amended date of June 2021 being agreed for the review of support to Locality Planning Groups.

60 Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings 60

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IJB) and IJB Audit Committee for 2020/21.
Decided:
(1) that approval be given to the timetable of meetings for the IJB and IJB Audit Committee for 2020/21 as detailed in the Appendix to the report; and
(2) that in light of the current COVID-19 emergency, the September meetings of the Integration Joint Board and IJB Audit Committee be held via video-conferencing and that arrangements for future meetings be reviewed thereafter taking account of the public health situation at that time.

61 COVID-19 - Inverclyde HSCP Transition to Recovery Planning 61

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the recovery planning work being undertaken by officers within the HSCP and the governance structures which have been put in place around this.
Decided:
(1) that approval be given to the direction of travel as set out in the report and the ongoing recovery work; and
(2) that approval be given to the Transition Plan attached to the report subject to adjustment to wording where appropriate in relation to safety and the insertion within the key principles of the adoption of an evidence-based approach to the recovery process.

62 Support to Care Homes – COVID-19 62

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Integration Joint Board of the actions taken by the HSCP to support care homes in Inverclyde during the COVID-19 pandemic.

Decided:

(1) that the correspondence from the Cabinet Secretary regarding the arrangements to ensure appropriate clinical support and oversight to care homes and to agree the process of assurance be noted;

(2) that the continued implementation of the Delayed Discharge Mobilisation Plan to address the pressures presented by the COVID-19 pandemic be noted;

(3) that the arrangement to purchase 50 care home beds for 12 weeks until 15 June 2020 under the National Care Home Contract be noted;

(4) that the current discussions between CoSLA and the Scottish Government to determine how to support care home providers in the post COVID-19 recovery phase be noted;

(5) that it be noted that a report on care homes, including an analysis of the impact of COVID-19, will be submitted to a future meeting of the IJB; and

(6) that agreement be given to provider payments in line with Scottish Government guidance, subject to funding being agreed.

63 Unscheduled Care Commissioning Plan 63

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on progress in developing the Strategic Commissioning Plan for Unscheduled Care.

During the course of discussion on this item, the view was expressed that there required to be further emphasis in the report in relation to mental health and it was agreed to convey these comments to the review team.

Decided:

(1) that the draft Unscheduled Care Commissioning Plan for NHS Greater Glasgow & Clyde appended to the report be accepted, noting the comments in relation to mental health;

(2) that the further work underway to finalise the plan, including the planned engagement process, be noted; and

(3) that it be noted that a further update and finalised plan will be submitted to the IJB later in the year.

64 Champions Board/Proud2Care 64

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) informing the Integration Joint Board of Proud2Care's activities and partnership in establishing Inverclyde's Champions Board over the last three years and (2) outlining proposals for Proud2Care's partnership with the Champions Board over the next two years.

Decided:

(1) that the report be noted; and

(2) that agreement be given to the proposal for continued funding and resourcing of Proud2Care, including partnership with Your Voice, as set out in the report.

65 District Nursing Workforce 65

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for proposed investment in the District Nursing workforce and the creation of five training places on the Specialist Practitioner Qualification in District Nursing at Glasgow Caledonian University commencing in September 2020.

Decided:

(1) that approval be given to the proposed investment of up to £207,300 to create the five training places on the Specialist Practitioner Qualification in District Nursing at Glasgow Caledonian University commencing in September 2020; and

(2) that a report be submitted to the Integration Joint Board in either November 2020 or January 2021 as appropriate, on proposals for use of the year-on-year staffing underspend for succession planning purposes.

66 Dr Donald Lyons 66

The Convener referred to the fact that this was the last meeting of the Integration Joint Board attended by Dr Donald Lyons who was stepping down from his role as a Non-Executive Director of Greater Glasgow & Clyde Health Board.

On behalf of those present, the Convener thanked Dr Lyons for his valuable contribution to the IJB, particularly as a champion of mental health issues, and he expressed his best wishes to him for the future.

67 COVID Mortality Report – June 2020 67

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the epidemiological review by Public Health into the excess deaths in Inverclyde associated with COVID-19.

Dr John O'Dowd, report co-author, was present for this item and he spoke in relation to the report and answered questions from IJB Members.

Decided: that the report be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in paragraph 6 of Part I of Schedule 7(A) of the Act.

68 IJB Risk Register 68

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the status of the IJB Strategic Risk Register in light of the current COVID-19 pandemic.

Decided:

(1) that the report be noted;

(2) that the updated IJB Strategic Risk Register be agreed; and

(3) that the high/red risks contained in other HSCP Operational Risk Registers as detailed in the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Allen Stevenson	June 2020	Update Report	March 2021
4 November 2019 Para 94(5)	Mental Health Strategy – Outcome of Peer Recovery Model	Deborah Gillespie	September 2020	Progress on pilot	March 2021
4 November 2019 Para 98(2)	Implementation of Primary Care Improvement Plan Update (May 2020)	Allen Stevenson	May 2020	Update report	December 2020
28 January 2020 Para 8(2)	Criminal Justice Social Work Inspection – Update on Improvement Action Plan	Sharon McAlees	May 2020	Update report	December 2020
28 January 2020 Para 9(3)	Review of Support to Locality Planning Groups (after first year)	Helen Watson	June 2021	Review report	February 2021
28 January 2020 Para 12(2)	Living Well – Proposals to Progress Model	Allen Stevenson	June 2020	Update report	March 2021
17 March 2020 (Para 28(9))	Relationship between Joint Commissioning Plan for Unscheduled Care and Set Aside Budget	Lesley Aird	Delayed	Delayed	Delayed
17 March 2020 (Para 29(2))	EIA – GP Out-of-Hours Service and Equity of Access (September 2020)	Allen Stevenson	September 2020	Update report	September 2020

AGENDA ITEM NO. 5

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
17 March 2020 (Para 32(2))	Hard Edges – Evaluation Report (Later in 2020)	Sharon McAlees	November 2020	Update report	November 2020
17 March 2020 (Para 39(2))	Immunisations and Screenings Uptake by People with a Learning Disability	Allen Stevenson	September 2020	Update report	November 2020
12 May 2020 (Para 51(2))	Presentation on COVID-19 deaths analysis once completed	Lesley Aird	June 2020	Report on agenda	June 2020
12 May 2020 (Para 51(3))	Funding for IT for Portable Work Expansion	Lesley Aird	June 2020	Report on the agenda	June 2020
12 May 2020 (Para 51(4))	HSCP Draft Digital Strategy	Lesley Aird	September	SPG in summer	September 2020
12 May 2020 (Para 51(6))	Plans for Development of Humanitarian Work	Louise Long	September	Meeting has taken place and term of reference agreed	September 2020
23 June 2020 (Para 62(5))	Report on Care Homes including analysis of implications of COVID-19	Allen Stevenson	December		December 2020
23 June 2020 (Para 63(3))	Finalised Unscheduled Care Commissioning Plan	Lesley Aird	March 2021		March 2021
23 June 2020 (Para 65(2))	Use of Staffing Underspend for Succession Planning	Lesley Aird	December 2020		December 2020

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 6

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/54/2020/LA**
Contact Officer:	**Lesley Aird** **Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**HSCP WORKFORCE PLAN 2020-2024**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval of the enclosed workforce plan.

2.0 SUMMARY

2.1 HSCPs are required by the Scottish Government to develop and publish a workforce plan which sets out the strategic direction for workforce development, service redesign and the resulting changes to our workforce.

2.2 The relevance of the workforce plan is to support the HSCP to deliver the priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP.

2.3 This replaces the previous People Plan and supports the IJB's Strategic Plan 2019-24.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Note the work done to date;
2. Note and approve the attached workforce plan,
3. Approve the creation of a Staff Development Fund, and
4. 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 The Scottish Government Health and Social Care delivery plan set out an aspiration for high quality health and social care services in Scotland focussed on prevention, early intervention and supported self- management.

4.2 The HSCP needs to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population.

4.3 For community-based services, this will mean everyone should be able to see a wider range of professionals more quickly, working in integrated teams to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.

4.4 Through our workforce planning, service redesign and transformation processes the HSCP is keen to redesign services around communities to ensure that they have the right capacity, resources and workforce.

4.5 In January 2020 the Strategic Planning Group agreed that officers should replace the existing People Plan with a new workforce plan to meet legislative requirements and in line with the Strategic Plan roadmaps to ensure the HSCP is well placed to deliver its 6 Big Actions.

5.0 WORKFORCE PLAN 2020-24

5.1 The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.

5.2 Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its implementation. They include but are not limited to:

- Everybody Matters 2020 Workforce Vision
- Carers (Scotland) Bill 2015
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working)(Scotland) Act 2014
- The role of the 3rd sector interface
- Social Service in Scotland a Shared Vision and strategy 2015-2020

5.3 The new Workforce Plan is attached at Appendix B, it looks at:

- The Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
- Engagement & Participation – the plan was created in close liaison with partners and stakeholders
- Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities
- Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working age in the area and increasing the number of elderly local people requiring support
- Strategic Commissioning, Market Facilitation and the links between workforce planning and purchased services in a successful mixed model economy

- Future workforce – recruitment and retention of staff, training and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
- Intermediate Action Plan

5.4 In June the IJB approved funding for a Health Visitors training programme in 2020/21 to enable succession planning within that service; this is being funded from in year turnover savings. Linked to this, the Workforce Plan proposes the set up of an HSCP Learning & Development Board. A bid for recurrent funding for this Board will come to the IJB later in the year as part of the 2021/22 budget plan. In the meantime, the IJB is requested to approve £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board which will be led and chaired by the Chief Social Work Officer (CSWO). It is anticipated that this can be funded through in-year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Further underspends on that may be preserved for Staff Development and taken to an Earmarked Reserve (EMR) at the yearend. The IJB will have an opportunity to consider any additional transfers to an EMR through the IJB Financial Monitoring processes throughout the year.

5.5 The Workforce Plan will be revisited at least every two years through the Strategic Planning Group (SPG) and Staff Partnership Forum (SPF), to ensure that it remains fit for purpose.

5.6 This document represents an overarching workforce strategy. Specific workforce implications of any proposed service change and redesign will be clearly set out in HSCP service redesign and medium term financial plans which come to the IJB for approval.

5.7 The enclosed workforce plan has been circulated and discussed with the HSCP Staff Partnership Forum membership and agreed by the Strategic Planning Group in August.

6.0 IMPLICATIONS

6.1 FINANCE

The financial implications are as outlined in this report.

One off Costs

Cost Centre	**Budget Heading**	**Budget Years**	**Proposed Spend this Report £000**	**Virement From**	**Other Comments**
Various	*Staff Development Fund*	20/21	£100k	Emp Costs	Staff Development Fund – funded by in year turnover savings due to delays in filling vacancies

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 are no specific legal implications arising from this report.

HUMAN RESOURCES

6.3 All training support offered will follow Council and NHS processes.

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 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.

6.4.2 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

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
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.	Effective workforce planning ensures more effective use of staffing resources across the HSCP

7.0 DIRECTIONS

7.1

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

A copy of the proposed Direction is enclosed at Appendix A.

8.0 CONSULTATION

8.1 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.

9.0 BACKGROUND PAPERS

9.1 None

APPENDIX A

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

Requirements of the enclosed Workforce Plan approved by the IJB on 24/08/2020.

Note the IJB has approved funding for a Health Visitors training programme in 2020/21 to enable succession planning within that service, this is being funded from in year Health turnover savings.

Note the IJB has agreed to set up an HSCP Learning & Development Board, and has approved £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board. This will be funded through additional in year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Any underspends on the Staff Development Fund will be preserved for Staff Development and taken to an Earmarked Reserve at the yearend.

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

Requirements of the enclosed Workforce Plan approved by the IJB on 24/08/2020.

Deliver a Health Visitors training programme in 2020/21 for up to 5 Health Visitor, as outlined in the report to the June 2020 IJB, to enable succession planning within that service, funded from in year Health turnover savings.

Note the IJB has agreed to set up an HSCP Learning & Development Board, and has approved £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board. This will be funded through additional in year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Any underspends on the Staff Development Fund will be preserved for Staff Development and taken to an Earmarked Reserve at the yearend.

This direction is effective from 24/08/2020.

INVERCLYDE HSCP Health and Social Care Partnership

APPENDIX

Inverclyde Health and Social Care Partnership

Workforce Plan – 2020 to 2024

Version control: Draft v6 as at 07/08/2020

Review Date:

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NHS Greater Glasgow and Clyde

Inverclyde council

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Introduction

The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.

The over-arching aim of integration is to improve the well-being of service-users. National guidance has been developed to ensure the following underpinning principles are central to our approach and this strategy.

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but "it is responsible for coordinating services" as detailed within the published Integration Scheme.

The HSCP Strategic Plan (2020-24) sets out our vision of improving lives Inverclyde Council | Health and Social Care Partnership Strategic Plan.

Everything we do to deliver that vision relies on our workforce, and this Workforce Plan is a sub-set of our overarching Strategic Plan.

As such, the Workforce Plan sets out how we will recruit, develop and retain the right people in the right place at the right time to deliver positive outcomes for Inverclyde. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde. The paid HSCP workforce includes people with a range of health and social care backgrounds who are committed to working together in a single organisation, to improve the outcomes of those people who need health and social care support.

By considering all of these aspects, we need to approach workforce planning, taking account of all the people who are part of this complex landscape, ensuring that we recognise all of the contributions, and support and sustain these as we move forward.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change how they deliver. For the HSCP this has meant significant change for staff and service users. Our workforce rose to the challenge and over just a couple of weeks moved our entire operation from business as usual to service hubs. This involved the majority of staff moving from office based to home working, agile and mobile working. In addition, the local community response was incredible and helped move forward our Big Action 6 objectives around social prescribing much faster than anticipated.

Moving forward, the lessons learned from the pandemic will influence how we all live and work and how we as an HSCP deliver services. This learning will influence our current and future workforce. This plan has been written with that in mind and will be subject to regular review and update as we move through recovery from the pandemic.

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Our Vision and Strategic Direction

Our vision: Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

The Strategic Plan reinforces the values and principles that underpin our identity, and it is important to us that all of the Inverclyde health and social care workforce subscribes to these.

We are committed to our ambition of 'Improving Lives' and these commitments have still to be fully delivered to achieve this:

- Full implementation of the requirements of the Carers (Scotland) Act 2016
- Review of treatment rooms
- Learning Disability Services redesign
- Allied Health Professionals (AHP) review
- Full implementation of the Primary Care Improvement Plan
- Development of an Inverclyde Dementia Strategy
- Alcohol & Drug Recovery Services (ADRS) review
- Community Justice Partnership review
- Development of a cross-cutting public health approach
- Further development of Inverclyde Cares.

These commitments are reflected in our six 'Big Actions'.

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Inverclyde HSCP – 6 Big Actions

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All of these are woven through our strategic and operational plans within our overarching Strategic Plan, so it is fitting that they should also underpin our Workforce Plan. These interlink and can be cross referenced with regulatory and scrutiny body codes of practice and professional standards.

Our strategic needs assessment can be found on our website, and this has highlighted the following key messages:

- We have high quality children's houses and adoption and fostering services that provide sector leading support.
- We are one of the best partnerships in Scotland at preventing delayed hospital discharge.
- Death rates for substance misuse and liver disease are significantly higher in Inverclyde than the rest of Scotland.

- High numbers of children are on the child protection register for reasons linked to parental drug misuse.
- Increasing numbers of Advice Service users are requiring extensive and extended support.
- Alcohol, drug and chronic obstructive pulmonary disease (COPD) hospital stays are significantly higher in Inverclyde than the rest of Scotland.
- Breastfeeding rates are significantly lower in Inverclyde.
- We have a higher rate of mental health problems.

The national policy direction has moved away from the traditional approach of measuring systems and processes within organisations. Instead, we now need to show that we are making a positive difference to the lives of the people we support. We need to think about what will improve outcomes, and what workforce we will need to make that happen.

In respect of services for adults, our core values, professional codes of practice and standards align themselves to the Scottish Government's 9 National Wellbeing Outcomes. Our core values and principles also apply to services for children and families, as indicated in the Inverclyde's Integrated Children's Services Plan 2017-2020 which is the overarching plan that supports all aspects of work with children, young people and families, and these values and principles support our commitment to achieving the National Outcomes for Children. In addition to these we also have a legal requirement to adhere to the National Outcomes and Standards for Social Work Services in the Criminal Justice System.

Our future workforce will be shaped to deliver on these outcomes and key messages, and our performance will be measured against them too - the HSCP will be "***accountable"*** for their successful delivery and measurable improvement. We strongly believe that successful delivery can only be brought about by recognising, supporting and co-ordinating all of the inputs, by all of the people within our HSCP.

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Engagement & Participation

The Inverclyde HSCP Workforce Plan has been created in close liaison with our partners and stakeholders and we have agreed the following points to be delivered:

- Definition of the plan;
- Identify what change may look like;
- Describe the current workforce;
- Outline what the future workforce will need, in order to deliver the National Wellbeing Outcomes in Inverclyde;
- Highlight what actions we need to take to deliver the future workforce;
- Detail how change will be implemented, monitored and reviewed over the next five years.

As part of this, the demographics of our current health and social care workforce means

- We have a workforce where 34% of Inverclyde employed staff are between the ages of 56 and 70 and 24% of our NHS GG&C employed staff are within the same age bracket.
- This is an area that requiring our attention, in that, a significant part of our older workforce are likely retire over the next 5-10 years.
- We need to prepare for potential gaps in staffing numbers and for the replacement of professional skill and knowledge that will be required to meet our future demand.

We have taken a partnership approach to the development of our Workforce Plan. Our long-established collaborative approach breathes life into our strategic value of ***"working better together"*** with our local statutory, independent, voluntary, third and housing sector partners and Trade Unions, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live and work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair.

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Demand Drivers

National Policy & Guidance

Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its' implementation. They include but are not limited to:

- Everybody Matters 2020 Workforce Vision
- Carers (Scotland) Bill 2015
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working)(Scotland) Act 2014
- The role of the 3rd sector interface
- Social Service in Scotland a Shared Vision and strategy 2015-2020
- Scottish Government's National Health and Social Care Workforce Plan

Regulation and Governance

Many of the current health & social care workforce are required to be registered with a particular professional or regulatory body. This expanded in 2017 to include workers in housing support and care at home services. The requirements for initial registration and on-going continuing professional development for an integrated workforce will support the drive for shared learning opportunities and both formal and informal Learning Networks.

The existing clinical, care and professional governance arrangements for staff are subject to regular review, with the IJB receiving an annual Clinical and Care Governance Report.

There is a need to actively embrace new models of working, looking to harness the drive and passion of local communities through co-production models and to better utilise strengths/ asset based approaches. This also includes the need to promote the full range of options detailed within Social Care (Self-directed Support) (Scotland) Act 2013. It is recognised that to fully implement the Act all staff will need to embrace and be supported to embed different ways of working.

The principles of integration focus on the need for resources to be better directed towards prevention & early intervention, for greater engagement & participation of the local population in the identification of needs and how such needs are to be met and for such resources to be more locality based and organised.

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Economics and Socio-demographics

Health and social care services are facing increasing demands from a population that has a greater number of older people living with complex care needs alongside a need to make significant reductions in spending to balance ever tightening budgets.

The shift in the balance of care from traditional hospital based settings to more personalised approaches within the community, including more versatile care at home services require ongoing changes to organisational and professional culture and boundaries. Inverclyde is well placed to deliver this kind of change, having successfully begun to shift the balance of care through integrated, collaborative working within the HSCP and with Acute sector colleagues. Moving forward future workforce will require to come from a wide range of backgrounds and we will need to continue to build capacity within communities to reflect modern services and good practice.

Local Strategies & Priorities

The Strategic Plan outlines the local priorities and strategy for shifting the balance of care and delivering the vision. The HSCP strategies are aligned to IJB, Health Board and Council priorities. As part of the local response the HSCP has set up 6 localities in line with the Inverclyde Alliance Board arrangements.

As part of the HSCP Covid-19 Recovery, there is strategic and operational work that is developing to support the mental health and wellbeing of its staff.

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Inverclyde Context

The population in Inverclyde is falling. Since 2000, the total population has fallen by an average of 342 people each year. Population projections estimate that the average annual decrease in the population will be approximately 640 people a year between 2016 and 2037, meaning that there will be just over 65,000 people living in Inverclyde in 2037.

Our Population

The population of Inverclyde is getting older. It is predicted that those of working age (16-64) will see a decrease from 64% in 2012 to 52% by 2037. However, in contrast, those aged 65+ will increase from 19% in 2012 to 34% of our total population by 2037. It is likely that our older people will require higher levels of support and use more resources. Chart A provides a full breakdown of age groups.

Chart A: Population Projections to 2037

Age Group	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

Source: NRS population projections

Our Future Projections

Chart A predicts a reduction in children and young people living in Inverclyde from 17% of the total population in 2012, to 14% in 2037.

There will be more people in older age groups than in younger age groups meaning that there will be greater demand on support services in the future.

Dependency Levels

Following on from the age profile of our population, Chart B demonstrates that the overall projected fall in Inverclyde's population is as a result of falling numbers of working-age people. As the population ages, the working-age population is not being replaced by the generation following. According to the National Records of Scotland (NRS) projections, the population in Inverclyde is set to fall by 15,666 between 2012 and 2037 and most of these people will be of working age; by 2037 there will be 15,521 fewer people of working age living in Inverclyde.

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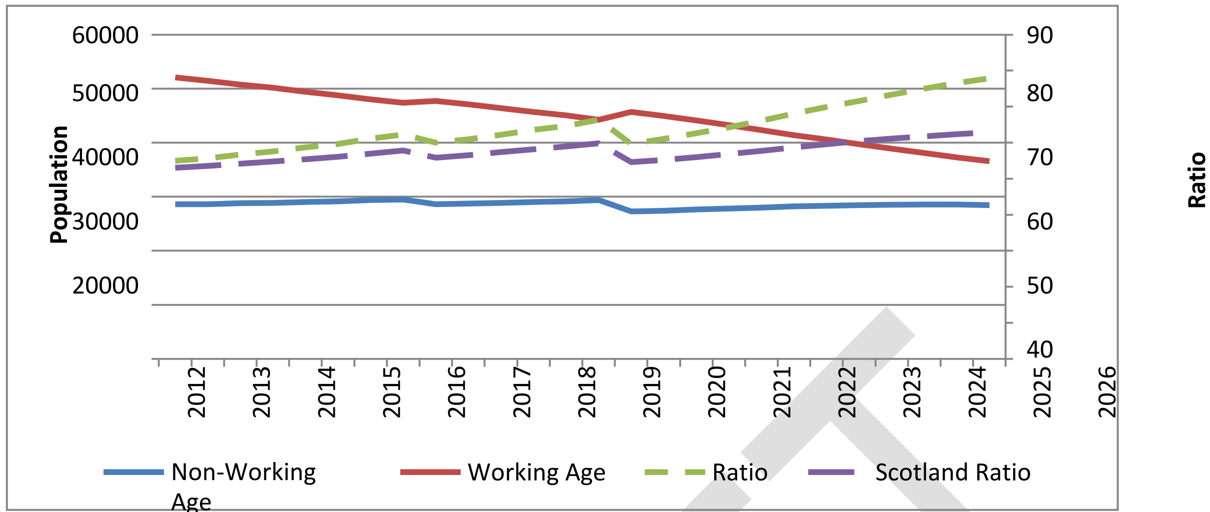
Chart B: Inverclyde Projected Dependency Ratio



Source: NRS population projections

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The work associated with our Strategic Needs Assessment (2019), to inform our Strategic Plan, highlighted that despite positive self-perceptions of health and wellbeing and overall quality of life in Inverclyde, specific health issues and diseases remain higher than the national average.

Some of these differences are present in childhood, whilst others develop in adulthood. Such issues and diseases have an impact on the services provided by Inverclyde HSCP. These include reducing dependency, supporting healthier outcomes and choices, lifestyles, safety, protection and resilience as well as promoting recovery, to live independently for as long as possible. Supporting better outcomes includes supported self-management, which empowers the individual and eases demand pressures on the wider health and care support systems.

Long-Term Conditions

If we are to deliver meaningful supported self-management, we need to understand the scale of long-term conditions within Inverclyde. Healthy life expectancy is an estimate of how many years a person might live in a 'healthy' state. Chart C compares life expectancy and healthy life expectancy in Inverclyde and Scotland based on data for the period 2015-2017. It shows that both life expectancy and healthy life expectancy is lower in Inverclyde than in Scotland. This demonstrates that the need for care and for supported self-management is likely to be higher per capita in Inverclyde than is the case in other areas.

Chart C: Years of Life Expectancy and Healthy Life Expectancy in Inverclyde and Scotland 2015-2017

	Inverclyde		Scotland	
Life Expectancy	**Male**	**Female**	**Male**	**Female**
2015 -2017	75.2	79.7	77.0	83.1
Healthy Life Expectancy	**Male**	**Female**	**Male**	**Female**
2015 -2017	60.5	59.5	62.3	62.6

Source: http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/local-authorities

Physical Disabilities

The majority of people who have a physical disability in Inverclyde are over the age of 50. As our population gets older, we can expect to see further increases in the prevalence of physical disability, and a workforce that is geared to supporting the associated needs. Chart D shows the number of physical disabilities by age and gender.

Chart D: Number of people in Inverclyde with a physical disability by age and gender

Age	Male	Female	Total	Percentage of total population with physical disability	Percentage of age group with physical disability
0-15	72	71	143	2.2%	1.0%
16-24	75	51	126	2.0%	1.4%
25-34	127	86	213	3.4%	2.3%
35-49	498	404	902	14.2%	10.0%
50-64	982	889	1871	29.4%	11.0%
65-74	637	673	1310	20.6%	16.5%
75-84	451	736	1187	18.7%	23.3%
85+	144	461	605	9.5%	34.4%

Source: 2011 Census

Mental Health and Well-being

There are a higher average percentage of people in Inverclyde with a mental health condition in comparison with the Scottish average. In Inverclyde 6.4% of the total population had a mental health condition recorded in the 2011 census, the Scottish figure was 4.4%. Chart E provides an overview of Inverclyde long term Mental Health conditions by age group and gender. Again, there are specific support needs for

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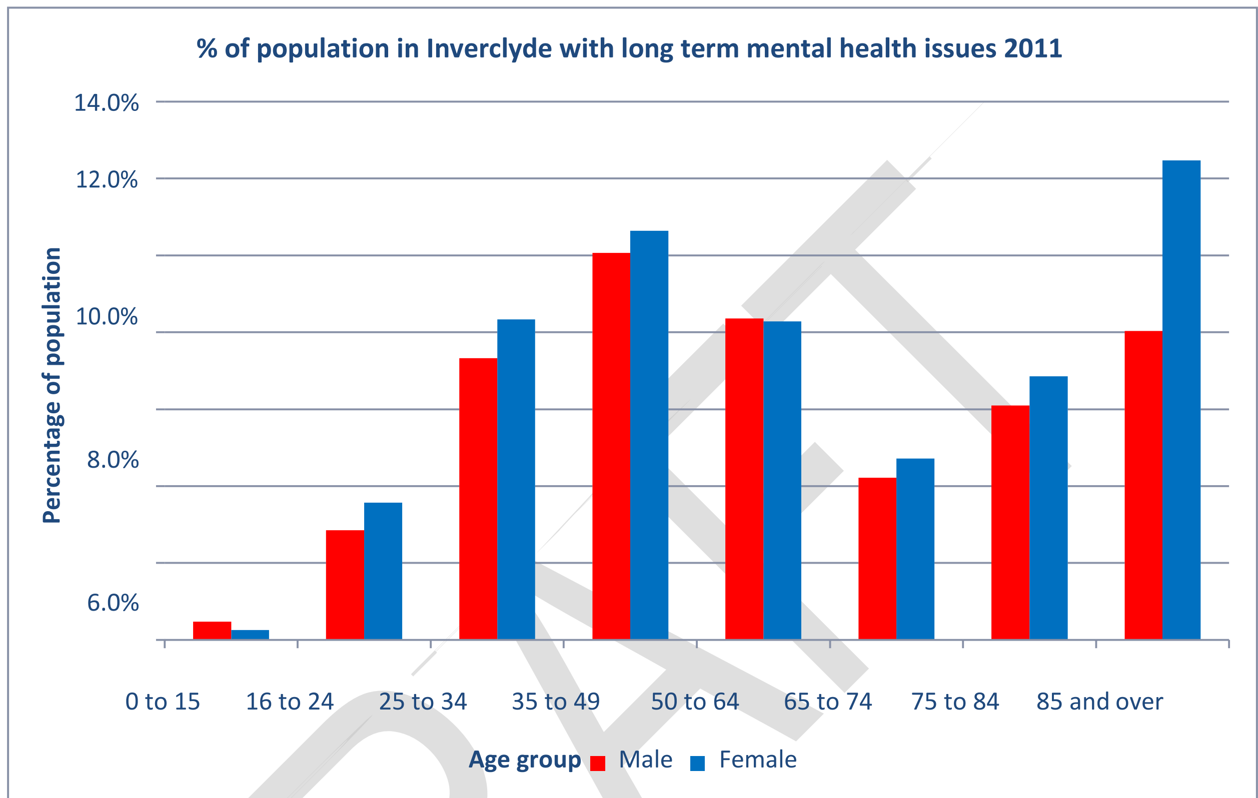
people with a mental health condition, so we need to shape the future workforce to address this.

Chart E: Percentage of population with long term mental health conditions in Inverclyde by age group and gender



Source: 2011 Census

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Another factor for consideration when assessing the priorities of a future workforce is the impact of the most common or support-intensive conditions, and their prevalence in Inverclyde. This data has been collected from GP practices in Inverclyde, and shows there is a higher rate of prevalence for each of the conditions listed in Chart F below in Inverclyde compared with the NHS Scotland figure.

Chart F: Comparison of the rate of prevalence of key conditions

Disease Prevalence 2018-2019 in rates per 100 population		
Disease	Inverclyde HSCP	NHS Scotland
Asthma	7.43	6.39
Atrial Fibrillation	2.10	1.90
Cancer	2.79	2.67
CHD	5.19	3.93
CKD	3.97	3.08
COPD	3.03	2.46
Dementia	0.90	0.77
Depression	10.25	7.49
Diabetes	5.73	5.17
Heart Failure	1.01	0.85
Hypertension	15.71	13.80
Mental Health	1.26	0.94
Osteoperosis	0.21	0.14
Palliative Care	0.21	0.25
Peripheral Arterial Disease	1.10	0.84
Rheumatoid Arthritis	0.72	0.63
Stroke	3.13	2.28

Source: https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/

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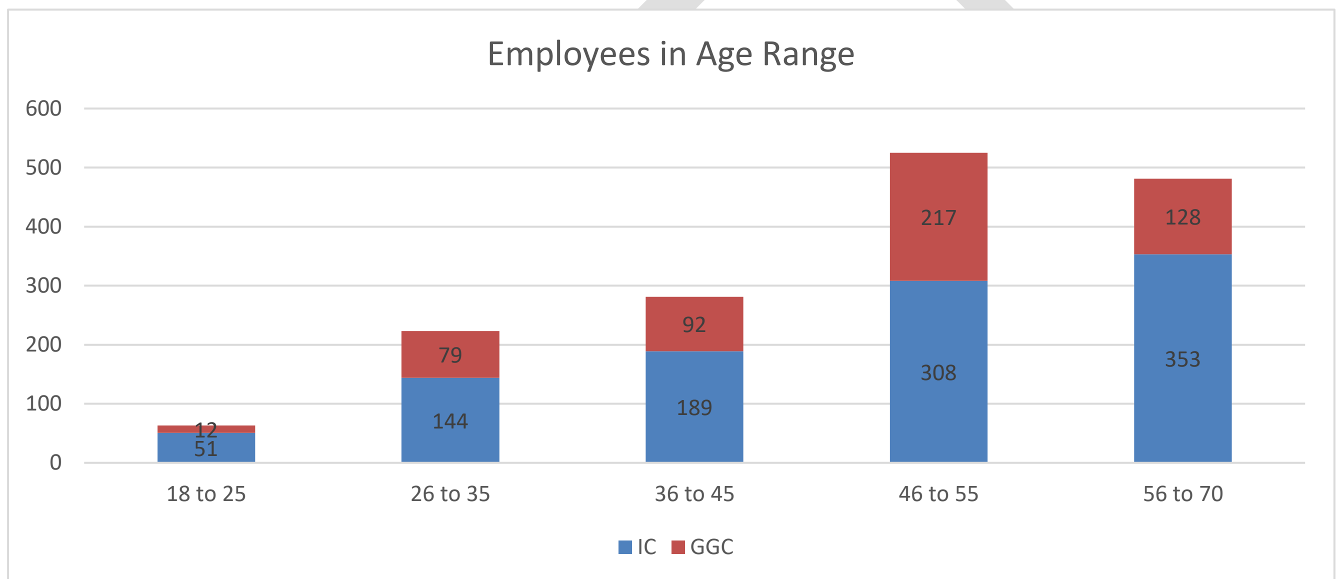
Our Workforce

In the HSCP, we are fortunate to have a skilled, dedicated workforce. However, the age profile of that workforce indicates a potential skills shortage due to staff retirals over the next few years.

The HSCP workforce is predominately female over age 45, employed for less than 37 hours per week:

The Chart below shows we have an emerging problem around the age profile of our workforce which is heavily weighted to between the age of 46 and up. This part of our workforce is very skilled and knowledgeable and this could give us a significant skill gap over the next 5 -10 years if we do not take steps to address it.

Chart G: Age Range of Inverclyde HSCP Workforce – September 2019



Source: Inverclyde Council Workforce Information and Activity Reports Sept 2019

Chart H: Breakdown of Inverclyde HSCP Employees by Gender – September 2019

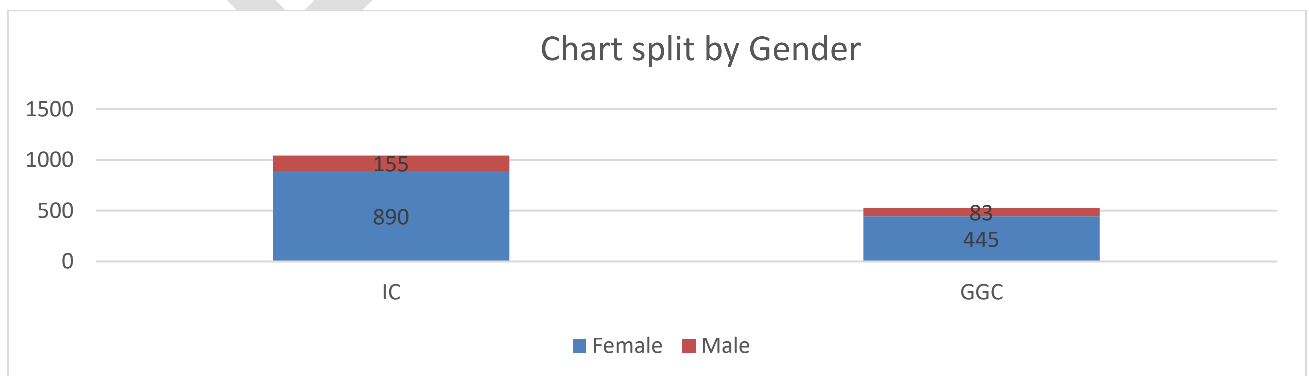


Chart I: Breakdown of Inverclyde HSCP Employee numbers by Service – September 2019

Service	IC No. of employees	*Full Time Equivalent*	GGC No. of employees	*Full Time Equivalent*
Children Services & Crim Justice	175	*161.44*	95	*78.51*
Health and Comm Care	657	*479.62*	115	*93.2*
Mental Health & ADRS	75	*71.65*	258	*238.9*
Strategy & Support Services	138	*117.71*	60	*46.77*
TOTAL	**1,045**	***830.42***	**528**	***457.38***

*Full Time Equivalent is number of full time posts

Strategic Commissioning – Market Facilitation and Commissioning Plan

The Market Facilitation & Commissioning Plan represents the communication between the HSCP, service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region **of £35 million** annually on commissioned Health and Social Care Services.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process. Our Market Facilitation planning allows greater scope for improving career pathways and employment throughout Inverclyde.

The HSCP is encouraging providers to be more flexible and creative in how they provide services. The six big actions bring further opportunities for creativity, innovation, stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

The big actions cut across all care groups rather than work in care group silos, this allows providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by big action themes we will identify any opportunities to work with partners to commission services across care groups.

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Future Workforce

Recruitment and Retention

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. There are real issues in terms of a lack of available trained staff, especially psychiatrists, nurses and mental health officers. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles, which are in high demand nationwide, but may increase the availability of people for other roles.

The focus during the pandemic on Health and Social Care services and the "Clap for Carers" initiative showed the country the incredible job those in Health and Social Care do. Initial recruitment went up as more people indicated an interest in moving into this field, especially in the areas of Homecare and Residential Children's Services.

Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to continue to attract people into the health and social care sectors and in particular to Inverclyde. We will:

- equip our staff with the skills they need to deliver better outcomes for them and our service users.
- enable and up skill all of those who need support, focusing on their abilities and what they can do, rather than limitations.
- consider ways in which we can make can make careers in Health & Social Care in Inverclyde more attractive.
- consider options to make the best use of our resources to deliver our services in the most effective and efficient way.

Staff Retention

We collect information about the reasons why people leave the HSCP using a questionnaire. The aim of this is to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

Recruitment will include a robust selection process and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role. We want to ensure that Inverclyde

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HSCP is the place to work, succession planning and supporting staff in developing a career path to support the retention of our skilled staff is a priority.

Chart J below illustrates how many of our staff left the HSCP between April 2019 and March 2020 and the reason for leaving.

Chart J: Reasons for leaving

Inverclyde HSCP - Reason for Leaving Apr 19 - Mar 20

Leaving Description	Strategy & Support	Criminal Justice & Childrens	Health & Community Care	Mental Health, ADRS & Homeless	Total Headcount
Capability - Ill Health		1	8		9
Death			1		1
Dismissal			1		1
End of tmp/Fix Contract	1	1	2	1	5
New employment with NHS outwith Scotland			1		1
New employment with NHS Scotland		2		4	6
Not yet known	3		12	7	22
Other	2	5	2	9	18
Resignation - Personal	7	3	17	6	33
Resignation-Career Prog	5	12	11		28
Resignation-Terms & Cond			6		6
Resignation-Work Related			1		1
Retire Ill Hlth Pension	2	1		1	4
Retire OptionAge Pension	2	4	12	8	26
Retirement- Option (Sev)	1		4	3	8
T/F to other Local Auth			2	1	3
Terminating Additional Contract Only	1	1	9	1	12
Total	24	30	89	41	184

The HSCP offers exit interviews to all staff leaving the organisation. The table above details reasons for resignations as recorded through this process.

Skills for Future Workforce

As our HSCP has developed, so has our approach to service redesign. We now have full agreement that all service redesign proposals come to the Strategic Planning Group (SPG) so that they can be understood in the wider context of the delivery of the Strategic Plan. Service Redesigns are overseen by individual Project Boards and the Transformation Board.

Our Workforce Plan will be overseen by the SPG with linkage into the Staff Partnership Forum (SPF). We will develop our workforce and grow the necessary skill base by utilising trainee and leadership development schemes, where appropriate.

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A Learning & Development Group, chaired by the Chief Social Work Officer (CSWO) is expected to be created in 2021 once the pandemic is over to support ongoing succession planning and staff development within the Partnership. The HSCP hopes to create a training fund to support the work of the Learning & Development Group on a recurrent basis but this will be dependent on the financial position of the HSCP following the pandemic and funding settlements.

As we move through the delivery of our Strategic Plan, and following the pandemic there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible. Our Workforce Plan will be updated as required, depending on decisions made by the IJB about future service redesigns. Such updates will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce
- Technology and digital opportunities

During the lifetime of this Workforce Plan, it will have to take account of how these changes will re-shape the workforce. Indicative initial action plans for this work are enclosed at Appendix A.

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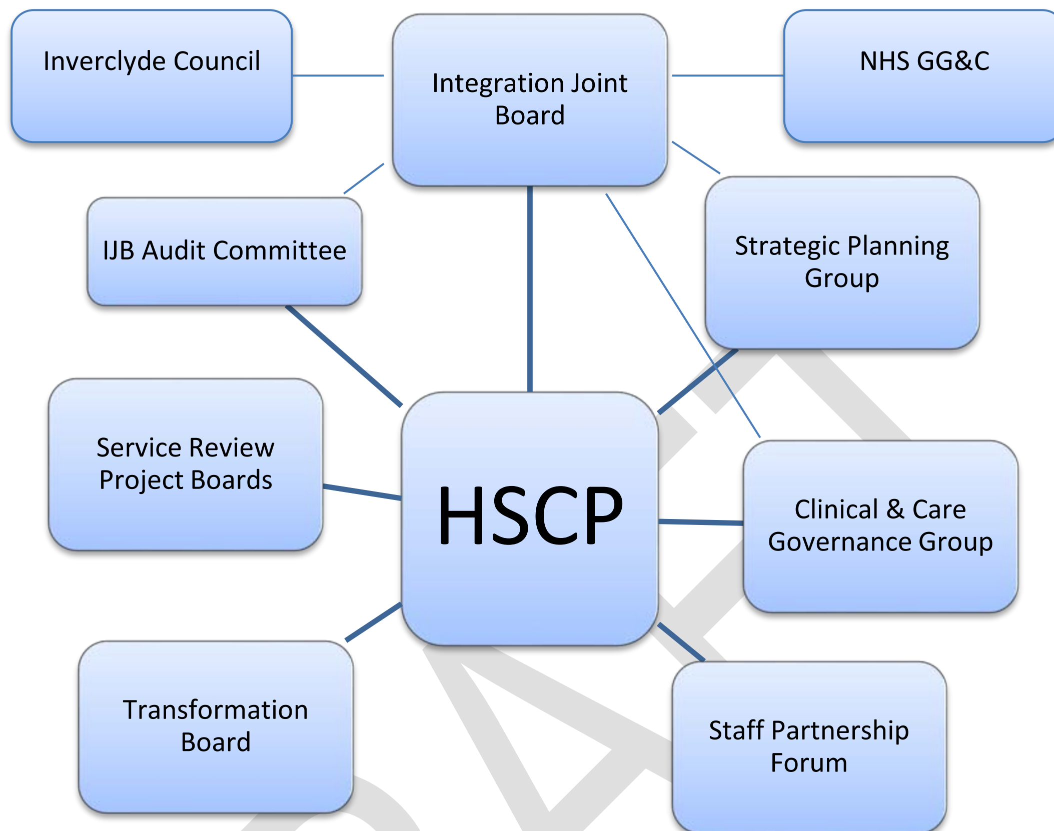
Governance

The HSCP has a variety of governance structures in place to oversee all strategic and operational activity. The main elements of this are summarised in the diagram below.



Updates on progress against action plan aims and targets set out in the Workforce Plan will be provided to the Senior Management Team (SMT) and Staff Partnership Forum (SPF) every 6 months to highlight progress, including any concerns or issues and ways these will be addressed.

This Workforce Plan will be reviewed every two years by the Strategic Planning Group (SPG).

This Workforce Plan will be published on staff and public websites and any updates and achievements will be communicated across the HSCP using the usual communication channels.

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APPENDIX A

Intermediate Action Plan

Actions/Investment Required

High Level Action	How this will be delivered	Expected Completion Date
Review of services	Reviews already in progress • Access 1st continues to develop to improve a single point of access for all HSCP services • Review of Out of Hours Service which is expanding to cope with the demand for seriously ill and very frail people at home to receive services through the night • Review of Alcohol & Drug Recovery Service continues to shift focus from treatment to recovery • Primary Care Improvement Plan in line with national guidance • Rapid Rehousing Transition Plan in line with national guidance • Learning Development Review to create a new LD Hub • AHP review which is now in the implementation phase • Business Support Review to consider options for delivering business support across the HSCP • Management Review – to ensure the management structure is fit for the future • Mental Health Officer Review to ensure the HSCP has an effective MHO service in place	All of these reviews have been delayed slightly as a result of the pandemic. It is anticipated these will all recommence within the coming months

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Make working in the health and social care sector more attractive	Look at roles, management structure, career development, integration opportunities, recruitment campaigns, succession planning, grow our workforce, meet the manager sessions, cultural fit to recruitment rather than technical, robust induction, trainee schemes	The HSCP already strives to deliver much of this, however, by its nature this is an ongoing piece of work
Reward achievement	Encourage exemplar working practices	The HSCP places a high value to deliver on this
Covid-19 Lessons Learned	An initial lessons learned summary has been created looking at the positives and negatives of how the organisation has handled change during the pandemic. This will be further developed as we move through recovery changes to ensure the HSCP embraces the positive elements of these lessons learned including: • Use of ICT • Wellbeing work	Delivery dependent on when the pandemic ends

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Our Commitments and Improvement Actions for Training/Up Skilling

From 2021, develop and implement an HSCP-wide learning and development framework that will develop confident and competent staff.
(Big Action 3 – Implementation Plan)

Ref	Commitment	Improvement Actions	Lead	Review	Comments
1.1.1	Leadership	Reporting to the Strategic Planning Group (SPG), ensure the developing Workforce Plan considers the joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) 'An Integrated Health and Social Care Workforce Plan for Scotland'; '2019/20 NHS Greater Glasgow and Clyde Workforce Plan and 'Inverclyde Council's People and Organisational Development Strategy 2020 – 2023'		June 2020	Complete – Updated Workforce Plan developed and taken to July 2020 SPG
1.1.2	Leadership	Following direction from the SPG, an oversight group will be established to monitor the implementation of this plan		October 2020	
1.1.3	Leadership	We will develop a Learning Needs Analysis, along with an improvement plan that will identify any gaps	Team Lead – Learning & OD	September 2020	
1.1.3	Leadership	Develop a Learning and Development Group to oversee training delivery	CSWO	April 2021	
1.1.4	Leadership	The HSCP will continue to roll-out iMatter and construct aligned action plans		February 2021	Reporting to SPG and SPF
1.1.5	Leadership	Continue to access a range of leadership development programmes that will support the development of leadership skills with our service delivery managers and frontline managers		Ongoing	
1.1.6	Leadership	We will utilise the NHSGGC Coaching Framework, to support opportunities for access by all staff	Team Lead – Learning & OD	Ongoing	

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1.2.1	Culture	Devise a local response to the NHSGGC Culture Framework (2019), while following the Scottish Government commissioned John Sturrock QC to produce an independent report looking at cultural issues and harassment within NHS Highland, "The Sturrock Report"[1]	Team Lead – Learning & OD	September 2020	
1.2.2	Culture	Develop values and behaviours that are consistent and support a healthy culture	EMT	September 2020	
2.1.1.	Service Improvement and Change	Ensure consistent change management applied across HSCP with principles of: • Partnership working • Value for money • Quality approach • Improvement and sustainability • Leadership developed to embed and sustain change		June 2020	Complete – there are clear change management protocols in place across the HSCP which encompass these principles
2.1.2	Service Improvement and Change	Sustain and improve a culture of quality and service improvement that includes learning and innovation		June 2020	Complete – this is an ongoing initiative but the HSCP has rolled out a change management programme with reporting/lessons learned framework through its Transformation Board and IJB
2.1.3	Service Improvement and Change	Using a whole systems programme management approach, develop strategic and operational service redesign processes		September 2020	Complete – as above change management is overseen by the Transformation Board and IJB

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[1] https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/pages/2/

3.1.1	Training/Up Skilling	Continue to develop the HSCP's SVQ Centre, to include Early Years (SVQ level 3); Level 4 (Care Services Leadership and Management and Level 4 (Social Services and Healthcare)	Team Lead – Learning & OD	June 2020	
3.1.1	Training/Up Skilling	Increase the capacity for Mental Health Officers and support current provision		August 2020 and ongoing	Complete – an action plan was developed to address issues raised. Additional MH funding was approved by the IJB in Jan 2020
3.1.2	Training/Up Skilling	Continue to roll-out the delivery of Promoting Positive Behaviour training, in line with statutory requirements		Ongoing	
3.1.2	Training/Up Skilling	Continue to roll-out the appropriate levels of Child Protection Training		Ongoing	
3.1.3	Training/Up Skilling	Implement the national approach to learning together to improve quality in public protection and in the interim we will implement any learning that emerges from the Scottish Child Abuse Enquiry		December 2020	
3.1.4	Training/Up Skilling	Continue to roll-out the appropriate levels of Adult Protection Training		Ongoing	
3.1.5	Training/Up Skilling	Undertake a review of the HSCP's Assessment & Care Planning training and implement recommendations		September 2020	
3.1.6	Training/Up Skilling	Continue to deliver on the Financial Harm training		Ongoing	
3.1.7	Training/Up Skilling	Continue to roll-out core training for Homecare staff		Ongoing	
3.1.8	Training/Up Skilling	Continue to deliver the range of suicide prevention training		Ongoing	
3.1.9	Training/Up Skilling	Undertake a review of the local capacity to deliver the Promoting Excellence Framework for Dementia Training		September 2020	

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3.1.10	Training/Up Skilling	Continue with the roll-out of Sensory Impairment training		Ongoing	
3.1.11	Training/Up Skilling	Develop a local response to the National Education Services (NES) framework for Optimising Outcomes for staff working with people with Autism.		June/ September 2020	
3.2.1	Training/Up Skilling (Statutory & Mandatory)	Work with and support the HSCP's Health and Safety Committee, in the delivery of all statutory and mandatory training		Ongoing	

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INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

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/58/2020/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Children's Services and Criminal Justice/CSWO** **Allen Stevenson** **Head of Health and Community Care** **Inverclyde Health & Social Care Partnership**	**Contact No: 01475 715212**
Subject:	**STAFF WELLBEING AND RESILIENCE**	

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 3rd 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 3rd 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 (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 **<u>Inverclyde HSCP Staff Wellbeing Task Group</u>**

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 **<u>Wellbeing Plan</u>**

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?

X	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?

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

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?

National Wellbeing Outcome	Implications
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

Direction Required to Council, Health Board or Both	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(avaliable 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

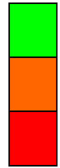
Workplan: July 2020 – March 2021

Updated: 7th 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
1.0	**Outcome: Robust governance processes are in place, monitored and evaluated**					
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 (12th June 2020) and now revised (7th July)		ASAP	Approval at HSCP Recovery Group
Evidence:						

staff-wellbeing-taskgroup-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
2.0	**Outcome: Support for the National Wellbeing Network is effective**					
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
3.0	**Outcome: Healthy Workplaces are implemented and effective**					
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 (15th 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	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. A draft plan, detailing processes, questions and reporting mechanisms will be discussed at planning meeting with staff side on 14th July. It is anticipated that a headline report will be available by the end of August 2020		End September 2020	Reporting to Recovery Group
Evidence: Chief Officer Brief (Staff Mental Health a						

Area of Work: Communicating and Sharing Good Practice						
Ref	**Activity**	**Lead/ Service Area**	**Progressive Actions To Date (Measurable)**	**Progress**	**Timescale for completion**	**Measure**
4.0	**Outcome: Sharing practice is effective and widely communicated**					
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>>>**						

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

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 23rd 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 15th 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 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.

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 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 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 3rd 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 3rd 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 and 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 (I	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
	Total Social Care Costs		**561,760**

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
Health & Community Care	District Nurses Succession 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
	Total Health Costs		**521,018**
	TOTAL Costs		**1,082,778**

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
Total Costs	**1,082,778**

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.

National Wellbeing Outcome	**Implications**
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

Direction Required to Council, Health Board or Both	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

APPENDIX A

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:

Social Care Posts			
Service	**Post**	**Term (N**	**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	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
	Total Social Care Costs		**568,290**

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

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

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
Health & Community Care	District Nurses Succession 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
	Total Health Costs		**521,018**
	TOTAL Costs		**1,089,308**

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

This direction is effective from 24/08/2020.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 9

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/53/2020/LA**
Contact Officer:	**Lesley Aird** **Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**HSCP DIGITAL STRATEGY 2020-2024**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval of the enclosed HSCP Digital Strategy 2020-2024.

2.0 SUMMARY

2.1 The new Digital strategy has been developed as a guide for how we will design our digital services and structures to deliver positive outcomes for staff, service users and other stakeholders.

2.2 The COVID-19 pandemic has highlighted the importance of effective digital services for staff and service users. In March 2020 services moved from traditional operating models to agile working during the pandemic with a large portion of staff working from home, many working between home and the community and others working between home and the office. Face to face visits for non-essential services became phone and video call interventions to maintain social distancing and keep staff and service users safe.

2.3 This Strategy reflects the positive lessons learned during the pandemic and seeks to build on the work already complete around services becoming more digitally enabled and agile.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the work done to date;
2. Notes and approves the attached digital strategy, 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 The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.

4.2 Both the Scottish Government and Local Government recognise the necessity of digital as part of public service reform. *Realising Scotland's full potential in a digital world: A digital strategy for Scotland* sets out to enable people and services to fully maximise the potential of digital by ensuring that we put digital at the heart of everything we do. Digital technology is key to transforming health and social care services so that care can become more person-centred.

4.3 This strategy is intended to complement and work within the existing NHS GGC Digital Strategy (Digital as Usual) and Inverclyde Council Digital Strategy. Our aim was to develop a strategy for the HSCP that is both realistic and achievable.

4.4 The COVID-19 pandemic has highlighted the importance of effective digital services for staff and service users. As the country went into lockdown, services had to transform and become agile almost overnight. While this was a challenge for all staff, services and service users, the change was managed successfully. Initial feedback through lessons learned activity as part of the COVID-19 Recovery Planning work indicate that this transition and the embracing of new technologies to support alternative service delivery models is one of the real successes of the past few months.

5.0 DIGITAL STRATEGY 2020-24

5.1 The Strategy, enclosed at Appendix B, reflects those positive lessons learned during the pandemic and seeks to build on the work already completed around services becoming more digitally enabled and agile.

5.2 Digital Technology is the area of greatest change in society, and offers huge potential in terms of transformation within health and social care.

5.3 The strategy is for service users, staff, managers and policy makers across the HSCP, including partners in NHS GG&C, Inverclyde Council and the Third and Independent sectors.

5.4 An effective digital strategy will support the IJB's delivery of the Strategic Plan and 6 Big Actions. Inverclyde is an area with high levels of deprivation. We have a population that is expected to reduce but within that an aging population with increasing levels of support needs. Services need to be able to meet additional demand within limited resources and embracing digital technology can help us achieve that by operating more efficiently.

5.5 We have already delivered some successful digital changes within our services. This Strategy seeks to build further on these successes which include:

- Technology Enabled Care (TEC) – providing mobile, wearable technologies for service users to enhance self-management and improve individualised healthcare information and analytics
- Home and Mobile Health Monitoring (HMHM) – supporting people with long-term conditions
- Analogue to Digital (A2D) – funding to support the transition from analogue to digital alarm units
- Improved record keeping and management information reporting across the HSCP

- Virtual appointments, clinics and meetings for a variety of services, patients and service users
- Improved communications with service users and the general public through enhanced use of social media, Interactive Information Screens in public spaces, text messaging to improve appointment attendance levels
- Agile workforce continuing to support service users through enhanced use of technology during Covid-19

5.6 Digital technology is moving from being reactive to supporting prediction; it has the potential to:

- ensure people remain in optimal health for longer
- support people to better manage their health
- avoid unnecessary hospital admissions
- reduce delayed discharges
- deploy resources more effectively

5.7 The enclosed digital strategy was agreed by the Strategic Planning Group in August.

6.0 IMPLICATIONS

6.1 FINANCE

The are no direct financial implications arising from this report.

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

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

HUMAN RESOURCES

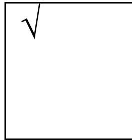
6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 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.

6.4.2 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

6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
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.	Effective workforce planning ensures more effective use of staffing resources across the HSCP

7.0 DIRECTIONS

7.1

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

A copy of the proposed Direction is enclosed at Appendix A.

8.0 CONSULTATION

8.1 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.

9.0 BACKGROUND PAPERS

9.1 None

APPENDIX A

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

Requirements of the enclosed Digital Strategy approved by the IJB on 24/08/2020.

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

Requirements of the enclosed Digital Strategy approved by the IJB on 24/08/2020.

This direction is effective from 24/08/2020.

INVERCLYDE HSCP
DIGITAL STRATEGY 2020-2024

Digital Health
and the Transformation of Care

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Background and Introduction

Purpose of this document

The new Digital strategy has been developed as a guide for how Inverclyde Health and Social Care Partnership (HSCP) design its Digital services and structures to deliver positive outcomes for staff, service users and other stakeholders.

We will engage with the public and other partners on ways to improve access to information and support within our communities. Supporting education, health literacy and self-management to people to access information.

The principles within this strategy provide a framework for how ICT services will be designed, sourced and delivered and how Digital can support ways of working and ways of doing things where the customer experiences real benefits.

For the full picture of how Digital services are being deployed across the Health and Social Care Partnership please read this document in conjunction with the current version of the NHS GGC Digital Strategy (Digital as Usual) and Inverclyde Council' s Digital Strategy. Our aim was to develop a strategy that is both realistic and achievable.

Both the Scottish Government and Local Government recognise the absolute necessity of digital as part of public service reform. Realising Scotland's full potential in a digital world: A digital strategy for Scotland sets out to enable people and services to fully maximise the potential of digital by ensuring that we put digital at the heart of everything we do. Digital technology is key to transforming health and social care services so that care can become more person centred.

The COVID-19 pandemic in 2020 has made the importance of effective digital services for staff and service users even more vital. As the country went into lockdown our services moved from their traditional operating models to agile working with a large portion of staff working entirely from home, many staff working between home and the community and others working between home and the office. Face to face visits for non essential services moved to phone and video call interventions to maintain social distancing and keep staff and service users safe.

This Strategy reflects the positive lessons learned during the pandemic and seeks to build on the work already complete around services becoming more digitally enabled and agile.

Digital Technology is the area of greatest change in society, and of potential transformation for health and social care.

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Introduction

What is digital health and care?

Digital health and care is the use of technology to:

- help people to maintain their health and wellbeing
- enable people to have greater choice and control over decisions affecting their care and support
- deliver more integrated, efficient and effective care and support
- improve access to care and support
- provide people with more information about their own health and wellbeing
- enable people to remain living independently for longer
- safely share and access relevant health and social care information

Digital health and care builds on existing technology such as telecare, telehealth and eHealth

- Telecare – is the use of technology to provide support and assistance to vulnerable people living at home or in a homely setting. It does this by using equipment connected to emergency alarms that trigger a response.
- Telehealth – is the use of technology to gather and provide information electronically to support long distance clinical care.
- eHealth – is the use of technology to join health information systems together. This enables health professionals to access real time, relevant information about people's health and care.

Why do we need a strategy for digital health and care?

Digital technology is transforming the way people live their lives. More and more people routinely use digital technology to:

- shop
- bank
- arrange travel
- connect with family and friends
- find information
- access services

The HSCP recognises it is critically important to embed technology in order to sustain high quality, efficient and effective care and support. This local digital strategy has been developed within the framework of 'Scotland's Digital Health and Care Strategy' (the national digital strategy), published April 2018. It describes how digital health and care will be delivered in to ensure that:

- information about people's health and care is accurate, up to date and secure

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- people are provided with greater choice with regard to how they access and experience care and support
- technology is used effectively to deliver integrated care and support, enabling people to have improved experiences and outcomes
- the local infrastructure needed to offer digital choices is in place, reliable, robust and secure
- training is easily accessible for people who use and deliver care and support

Virtual Patient Management

The NHS board have established a virtual patient management group to look at ensuring high quality equitable patient care and service delivery whilst providing services that are sensitive to inequalities and meet the needs of our diverse communities.

The group's key objectives are to;

- Facilitate the programme of operational change/implementation
- Ensuring alignment with other key programmes including COVID recovery planning, MFT across Specialities and Sectors.
- Supporting and enabling the implementation activity of specific sub/Implementation Groups
- Ensuring the systems and processes are in place to deliver key performance indicators.
- Ensuring continued clear and consistent communication between stakeholders

The boards target is 70% of virtual contacts for a number of services, whilst focussing on Active Clinical Referral Triage (ACRT).

Who is this digital health and care strategy for?

This digital health and care strategy is for service users:

- with long-term conditions or disabilities
- who have unpaid caring responsibilities
- who are well and want to maintain or improve their health and wellbeing
- who have a degree of vulnerability or are in need of protection
- who need an intensive or acute level of service
- who are experiencing health or social care inequalities

It is also for staff, managers and policy makers across the HSCP, which includes NHS GG&C, Inverclyde Council and Third and Independent Sectors.

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Vision for health and social care

National

The national vision for health and social care is

"Scotland offers high quality services, with a focus on prevention, early intervention, supported self-management, day surgery as the norm and when hospital admission is required, that people are discharged as quickly as it is safe to do so". (Health and Social Care Delivery Plan, 2016, page 3)

Local

The vision for health and social care in Inverclyde is

"Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives." (Inverclyde Integration Joint Board Strategic Plan 20192024)

Digital technology will enhance the national and local vision for health and social care by supporting people to have safe, high quality, efficient and effective, more integrated care. It will enable greater choice and control with regard to how people access and experience health and social care.

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Policy Context

National context

Scotland's Digital Health and Care Strategy: Enabling, Connecting and Empowering
The national digital strategy was published in April 2018. Digital technology is the area of greatest change in society, and of potential transformation for health and social care. This strategy sets out how care and support for people in Scotland can be enhanced and transformed through the use of digital technology that is widely available and familiar to them.

To enable this to happen, six key domains have been identified:

Domain A - National direction and leadership

Clear leadership is needed to drive the digital agenda forward within health and social care. To achieve this, a national decision making Board was established in July 2018.

Domain B - Information governance, assurance and cyber security

People who access care and support want their information to be safe, used appropriately and with the right professionals accessing it at the right time. By 2020 there will be clear national arrangements for information sharing in place. These will comply with the General Data Protection Regulation (GDPR).

Domain C - Service transformation

Over the next twenty years, Scotland will face significant demographic, financial and workforce challenges. Care and support needs to be transformed, using digital technology to meet these challenges.

Domain D - Workforce capability

People delivering care and support need to have the knowledge and technology to deliver this effectively and efficiently. New training will be developed to ensure the workforce has the right digital skills.

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Domain E - National digital platform

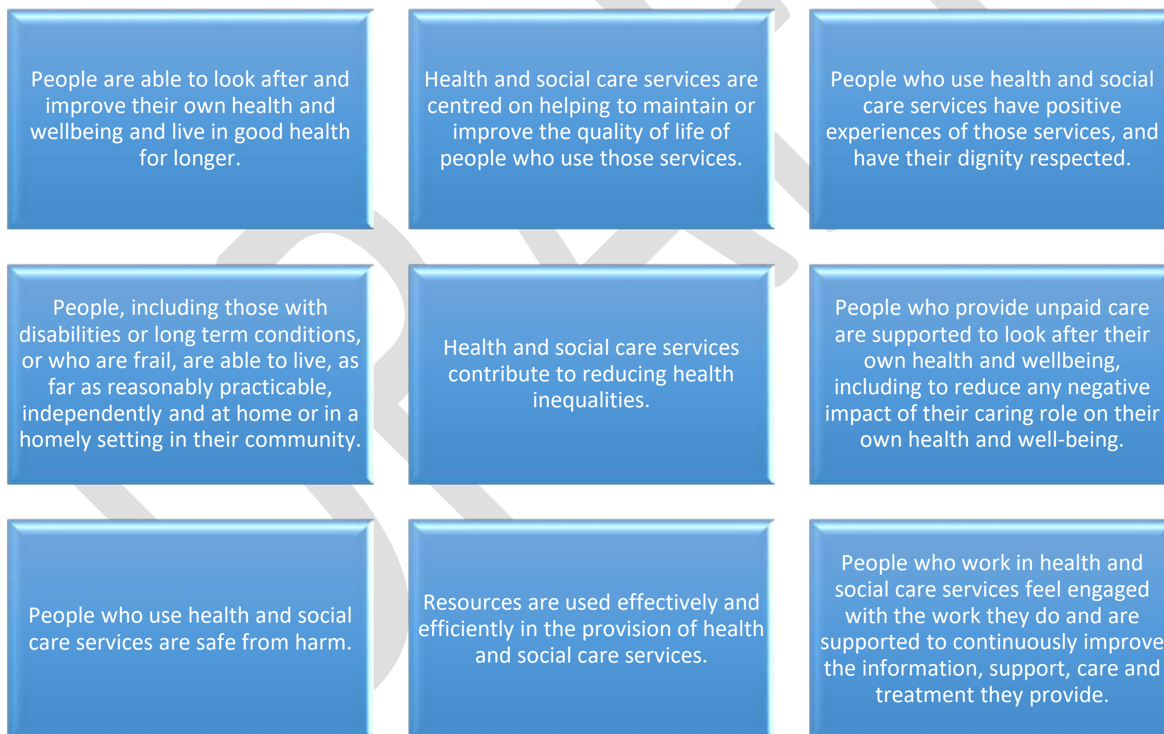
The new platform being developed will enable appropriate exchange of information about people’s health regardless of location. It will be able to be accessed by people using and delivering health and care in real time.

Domain F - Transition process

Delivering this change will be challenging, take time and require significant input from delivery partners.

<u>National Health and Wellbeing Outcomes</u>

The Scottish Government has set out 9 national health and wellbeing outcomes for people:



<u>The Public Bodies (Joint Working) (Scotland) Act 2014</u>

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legal framework for integrating health and social care in Scotland. The main purpose of integrating health and social care is to improve the wellbeing of people who access care and support. This is particularly important for people with more complex needs who require support from a range of providers at the same time.

Health and Social Care Delivery Plan

The Scottish Government's Health and Social Care Delivery Plan (2016) set out a framework and actions to meet anticipated national demographic, workforce and financial challenges. Its focus was on:

- the integration of health and social care
- prevention, anticipation and supported self-management
- the provision of the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions
- enabling people to get back into their home or community as soon as appropriate

The plan recognised that digital technology is central to transforming health and social care.

There are a range of other national policies that demonstrate the increasing importance of technology in delivering health and social care. These include Health and Social Care Standards (2017), Scotland's National Dementia Strategy 20172020, The Active and Independent Living Programme 2016-2020, and Creating a Digitally Confident Third Sector in Scotland: A Call to Action (2016), and What Next? (2018).

General Data Protection Regulations 2018 (GDPR)

These regulations relate to data protection and privacy for all individuals and aim to give people control over their personal data. Organisations must:

- keep records of all personal data
- demonstrate that consent was given
- show where the data is going and what it will be used for
- explain how data will be protected

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Local context

The Strategic Plan 2019-2024 was developed through consulting with, and listening to, people who access care and support, their families, Carers, members of the public and people who work in health and social care. The Plan outlines six Big Actions as detailed below. Roadmaps for each of these Big Actions can be found at Appendix A.

The Inverclyde Workforce Plan 2020-2024 has been developed to support the integration of health and social care. Integration presents an opportunity to further develop existing partnerships and to work more collaboratively and innovatively. This will ensure that the right people with the right skills in the right place at the right time. The plan outlines the positive contribution that digital technology will have in transforming care and support and how it will support people to manage their own health and care.

Digital Transformation

Case for Change

The key challenges for health and social care locally include

- Demographics
  People are living longer but the number of years that people live in good health has not increased. The challenge is how to provide high quality, safe care in the face of increasing need and reducing resources

- Increased complexity of need
  There are an increasing number of people with multiple long term conditions requiring higher levels of support. There are an increasing number of people experiencing health inequalities which also means an increase in level of need.

- Workforce. By 2037 it is predicted that the working age population in Inverclyde will decline by over 25%. This means that there will be fewer people of working age to provide care and support to an increasing number of people. The recruitment and retention of key health and social care professionals across the HSCP is also challenging.

Population Projections to 2037

Age Gro	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

- Source: NRS population projections

Across the country there are more Carers requiring greater levels of support to continue in their caring role and maintain their own health and wellbeing

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Finance

The annual HSCP budget for 2020/21 is £167.8m, including £23.9m for Set Aside. The table below shows the 5 year financial plan for the IJB as agreed in March 2020.

OBJECTIVE ANALYSIS	Approved Budget 2020/21 £000	Projected Budget 2021/22 £000	Projected Budget 2022/23 £000	Projected Budget 2023/24 £000	Projected Budget 2024/25 £000
Strategy & Support Services	2,095	2,095	2,095	2,095	2,095
Older Persons	30,253	30,871	31,508	32,163	32,838
Learning Disabilities	12,241	12,458	12,708	12,958	13,208
Mental Health - Communities	6,833	6,833	6,833	6,833	6,833
Mental Health - Inpatient Services	9,051	9,111	9,116	9,121	9,126
Children & Families	14,013	14,105	14,115	14,125	14,135
Physical & Sensory	3,009	3,009	3,009	3,009	3,009
Alcohol & Drug Recovery Service	3,490	3,490	3,490	3,490	3,490
Assessment & Care Management / Health & Community Care	9,867	10,333	10,353	10,373	10,393
Support / Management / Admin	6,318	5,866	5,876	5,886	5,896
Criminal Justice / Prison Service **	0	0	0	0	0
Homelessness	1,095	1,095	1,095	1,095	1,095
Family Health Services	25,973	25,973	25,973	25,973	25,973
Prescribing	18,744	19,644	20,564	21,494	22,434
Resource Transfer	0	0	0	0	0
Carried Forward to Reserves	0	0	0	0	0
Unallocated Funds	905	2,899	5,010	7,228	9,565
Unallocated Savings	0	(1,915)	(3,837)	(5,837)	(7,924)
HSCP NET EXPENDITURE (DIRECT SPEND)	**143,887**	**145,867**	**147,907**	**150,007**	**152,167**
Set Aside	23,956	24,675	25,415	26,177	26,963
HSCP NET EXPENDITURE	**167,843**	**170,542**	**173,322**	**176,184**	**179,130**

The delivery of high quality care and support services must continue within the existing budgets, while the HSCP responds to the short term and longer term impacts of COVID-19 and the ongoing financial pressure facing the entire public sector. Any changes to models of care and support or developments are will need to be achieved using existing resource.

For significant investment proposals, papers will come to SMT and the IJB detailing these investment plans including any anticipated spend to save aspects of them.

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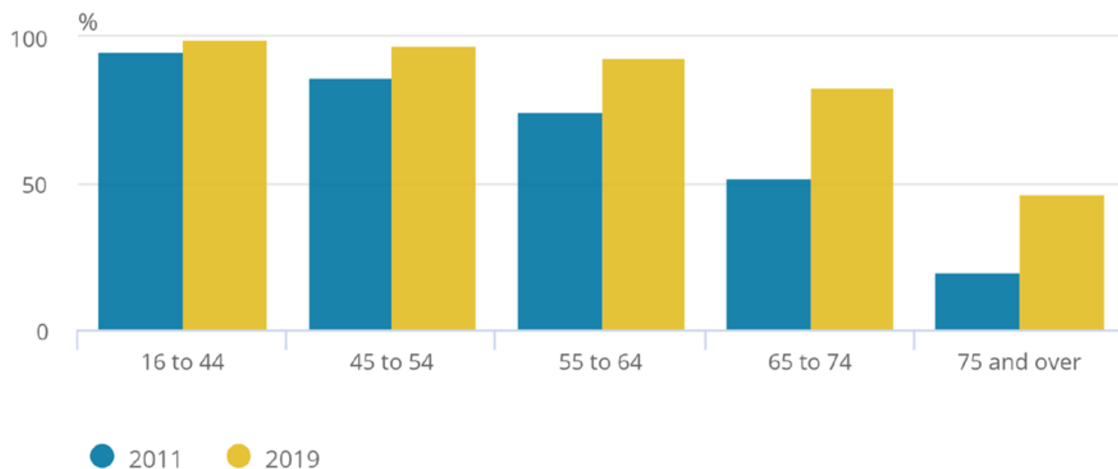
Digital technology in health and social care

The majority of people now have access to digital technology. Most people regularly use the internet and in the past few years the largest increase in usage has been within the 65 to 74 age group.

Figure 1: Since 2011, the 65 to 74 years age group has seen the largest increase in recent internet use

Recent internet users, UK, 2011 and 2019



(Office for National Statistics, Statistical Bulletin Internet Users, UK: 2019)

Digital technology makes access to care and support more accessible and interactive, similar to online banking and shopping. Everyday digital technology enables people who use services to:

- have more choice and control with regard to how they access care and support and information, including their own personal health and care records
- take more responsibility for their health and wellbeing
- receive care and support in their own home or community
- make appointments electronically

Successes – what has already been delivered?

Appendix B contains a detailed overview of some of the main successes already delivered within Inverclyde. These include:

- Technology Enabled Care (TEC) – providing mobile, wearable technologies to enhance self-management and improve individualised healthcare information and analytics
- Home and Mobile Health Monitoring (HMHM) – supporting people with long term conditions
- Analogue to Digital (A2D) – funding to support the transition from analogue to digital alarm units
- Improved record keeping and management information reporting across the HSCP
- Virtual appointments, clinics and meetings for a variety of services, patients and service users
- Improved communications with service users and the general public through enhanced use of social media, Interactive Information Screens in public spaces, text messaging to improve appointment attendance levels

Digital Communications

The pandemic has made digital communication a necessity. Like all organisations the HSCP is employing a number of digital communication tools to enable staff to stay in touch with each other and maintain contact with external organisations and service users. This has involved a combination of approaches including:

- Agile Working – Inverclyde was already rolling this out for a number of teams. The pandemic sped up this approach with the majority of staff now able to work remotely as required

- Jabber (Instant Messaging) - allows employees to communicate instantly with colleagues on computers / laptops. Employees can see if colleagues are available, on the phone or in a meeting. Telephone calls can be made using instant messenger via outlook. Using instant messenger reduces the amount of unnecessary emails being stored on the server.

- Video conferencing - enables people to have face-to-face contact using a computer, tablet or smart phone either at home or at a location nearer home. It has been used for many years across Scotland by the NHS to support meetings at different health sites. During the pandemic the HSCP has significantly increased its use of this technology for a variety of purposes including meetings, service user contacts and health and social care video consultations. Inverclyde Council is primarily using WebEx for this at the moment, NHS GG&C is using MS Teams. Some Council staff within the HSCP are also able to access MS Teams as guests. Longer term the Council plans to move to MS Teams as well which will make this

easier. The pace of change around this was rapidly increased as a result of the pandemic and the need to socially distance. Moving forward the HSCP wants to preserve the positive elements of this change and use new technology alongside more traditional service delivery models.

Video consultations can:

- make health and social care more accessible
- reduce travel time for people who use and deliver care and support
- enable people to attend an appointment without negatively impacting on their other commitments
- reduce anxiety by enabling people to attend appointments at a location appropriate for them
- reduce the spread of infectious diseases
- ensure resources are used more efficiently and effectively

Across Scotland, NHS Attend Anywhere is being used to support video conferencing and consultations. In Inverclyde during the pandemic this has been rolled out across social care settings as well as health. The software:

- supports social distancing during the pandemic, helping reduce the risk of infection
- enables family members who would otherwise find it difficult, to attend meetings far from home
- enhances the delivery of care and support provided by Third and Independent sector organisations such as the CVS, Your Voice and the Carers Centre
- enables virtual befriending services
- offers return healthcare appointments by video

Telecommunication companies in Britain aim to upgrade all phone lines from analogue to digital by 2025. The Scottish Government are currently working with HSCPs and telecare providers to prepare for this switch.

Upgraded digital systems will support and enable:

- faster connections from telecare equipment to the team who coordinate a response
- a wider range of telecare equipment to be used, increasing capacity and flexibility
- the introduction of telehealth monitoring equipment

<u>Future developments</u>

Predictive technology Digital devices are being used to enable people to manage their healthcare more effectively. It is known as connected healthcare and can anticipate an incident before it occurs. This means that digital technology has moved from being reactive to supporting prediction. Utilising digital technology that can raise warning flags prior to an incident occurring has the potential to:

- ensure people remain in optimal health for longer

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- support people to better manage their health
- avoid unnecessary hospital admissions
- reduce delayed discharges
- deploy resources more effectively

Technology can now use people's data to provide insight into their health. By anticipating issues before they arise, the technology has the potential to significantly improve people's wellbeing and quality of life.

Artificial Intelligence

Artificial Intelligence (AI) is also being used to support health and care. AI uses complex algorithms and software to imitate human cognition for analysing medical data. These algorithms recognise patterns in behaviour and create its own logic. For example AI is being used to read x-rays. Analysis of this has shown that AI is on a par with humans for reading orthopaedic x-rays.

Robotics

Robotic technologies are being used to support healthcare in a number of ways to

- disinfect hospital rooms and operating suites, reducing risks
- work in laboratories by taking samples, transporting, analyzing, and storing them
- prepare and dispense medications in pharmacological labs
- carry bed linen and meals on carts in larger hospitals

Information sharing

Across Inverclyde, health and care professionals have access to a range of information and communication technology (ICT) systems to help them carry out their work. However, many of these systems work in isolation which means it is difficult to share information between services and health and social care professionals.

Appropriate information sharing is key to ensuring that people receive the right support from the right person at the right time. The national digital strategy recognises the challenges that exist in relation to information sharing, security and data protection. There are plans for national arrangements to be in place by 2020.

Patient Self Care

Empowering self-care is an important part of our strategy, given that more individualised data allows for better decision making, resulting in intervention being optimised for the most appropriate place for care. Greater alignment of individual medical, healthcare and fitness information will provide opportunities to explore

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remote healthcare monitoring and personal dashboards that can be configured and delivered as part of our electronic health and care records system.

Collaboration with medical and health technologists is needed to support such innovation, in order to meet all legal, security and data regulations. This area represents a real opportunity to transform healthcare into the future in line with realistic medicine and newly designed services. Self-management plans in asthma are well-established and recent SBRI innovation funding sought to 'enable citizens to better manage their inflammatory bowel disease through better lifestyle and prevention or early intervention approaches."

Building on our successful initial pilot of a Health & Social Care Patient Portal – a "Digital Front Door" to health and care services people told us,

"The concept of this Portal is fantastic, a long time coming in my opinion"
"This portal would put patients firmly in control of their health care, and that can only be a good thing"

Delivering Change

Inverclyde HSCP has a good track record in working with communities and young people to develop services. Over the next 4 years we will build on this and begin to design services with our communities for our communities. We know from consultation that people – and in particular young people - want us to build a digital system that will allow them to access support online. In response, we will ensure the Digital Strategy includes commitment to this action.

Innovation in digital health and social care provides a real opportunity to evolve and enhance relationships with people receiving care, where telecare and telehealth, virtual clinics using video and advice and dialogue are supported with digital tools. Increasingly person held data from wearables, apps and technology enable care systems will form part of the Electronic Health and Care Record. People will be able to access services through a different channels including online through the internet and via mobile phone apps. People will be supported to access and contribute to their integrated EHCR allowing greater empowerment of self-care. It will be necessary to support people to access and use self-care technologies and not to increase health inequalities.

Self-care can be when patients are enabled to seek reliable information to allow them to manage minor conditions or to attend the most relevant care service for them. Existing examples include NHS Inform and NHS 24. Patients may also perform self-care when they have chronic conditions but they are given advice on how to manage fluctuations in their condition over time.

Linked to this we have developed a digital action plan which is enclosed in full at Appendix C. The key drivers of this plan are:

- Consideration of the benefits and opportunities that technology offers

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- Improving access to information through engagement with the local community and other stakeholder
- Supporting education, health literacy and self-management
- Developing social prescribing
- That it underpins delivery of the Strategic Plans 6 Big Actions

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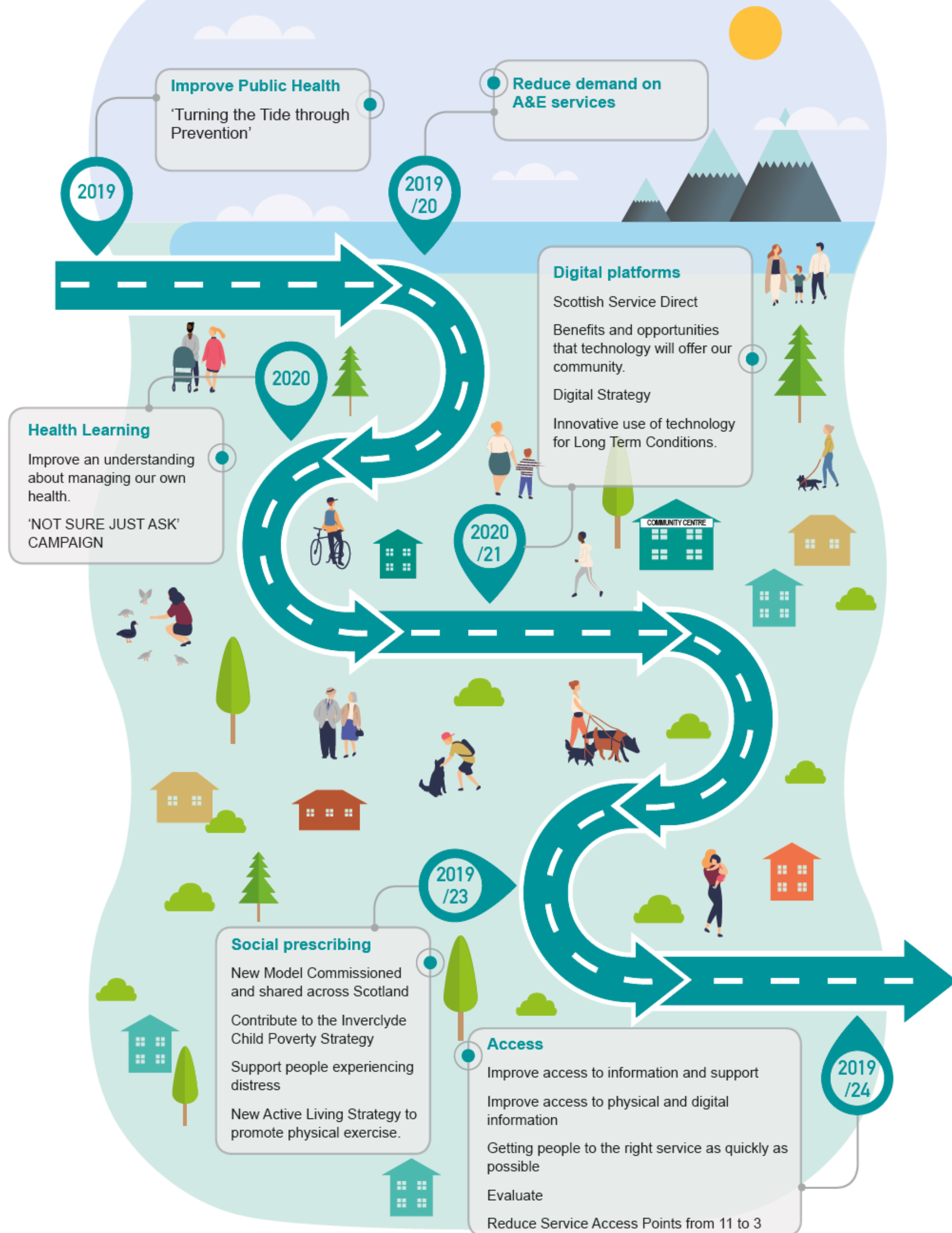

Big Action 1 Roadmap
Reducing inequalities by building stronger communities and improving physical and mental health.
Improve Public Health
'Turning the Tide through Prevention'
2019
Reduce demand on A&E services
2019 /20
Digital platforms
Scottish Service Direct
Benefits and opportunities that technology will offer our community.
Digital Strategy
Innovative use of technology for Long Term Conditions.
2020
Health Learning
Improve an understanding about managing our own health.
'NOT SURE JUST ASK' CAMPAIGN
2020 /21
COMMUNITY CENTRE
2019 /23
Social prescribing
New Model Commissioned and shared across Scotland
Contribute to the Inverclyde Child Poverty Strategy
Support people experiencing distress
New Active Living Strategy to promote physical exercise.
Access
Improve access to information and support
Improve access to physical and digital information
Getting people to the right service as quickly as possible
Evaluate
Reduce Service Access Points from 11 to 3
2019 /24

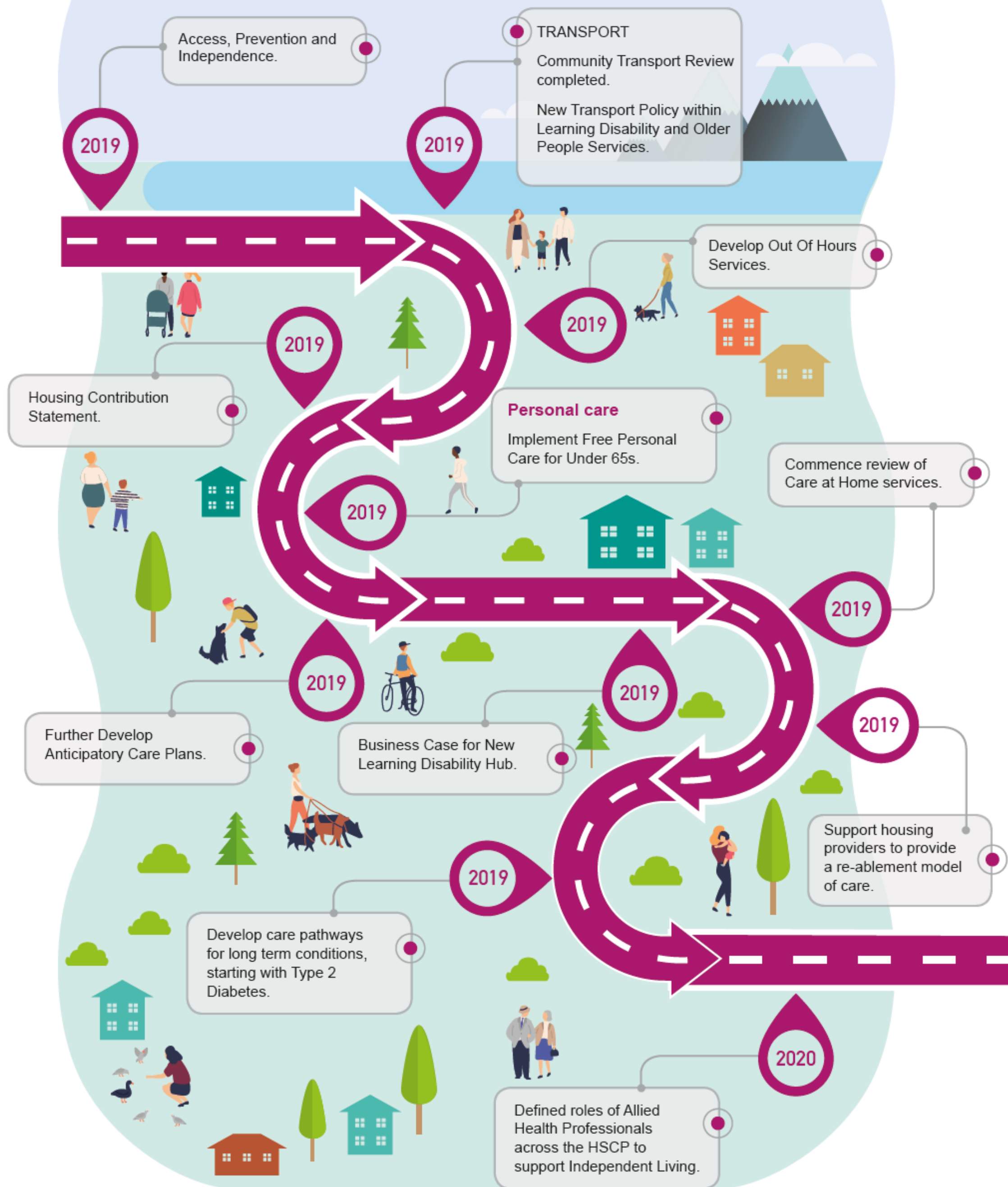
Big Action 2 Roadmap
A nurturing Inverclyde will give our children and young people the best start in life.
2019
Increase our health workforce to support children in early years.
2020
Increase the number of home visits by Health Visitors.
2021
More than 85% of Inverclyde children will reach developmental milestones.
Support from birth to early childhood
We will improve maternal and perinatal health.
2019 /24
2020 /23
Corporate Parenting
Technology to help young people with disabilities live as independently as possible.
Meet the housing and support needs of young people, entitled to continuing care.
Create intergenerational opportunities for people to come together to build nurturing capacity.
Increase the ratio of children looked after in family based care.
Increase the number of children from Inverclyde, who, when they are looked after, will remain in Inverclyde.
2020
Supporting mental health
Upskill our workforce to support young people's mental health and wellbeing needs.
Support for families affected by parental mental ill-health and substance misuse.
Improve children and young people's mental health.
2020
Maximise Learning, achievements and skills for life
Increase the availability of family support for families asking for help.
Evaluate the range of family support and parenting initiatives to measure the difference our work is making.
2023
We will increase the ratio of children looked after in family based care by at least 5%.

Big Action 3 Roadmap

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities.

Big Action 4 Roadmap

We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.



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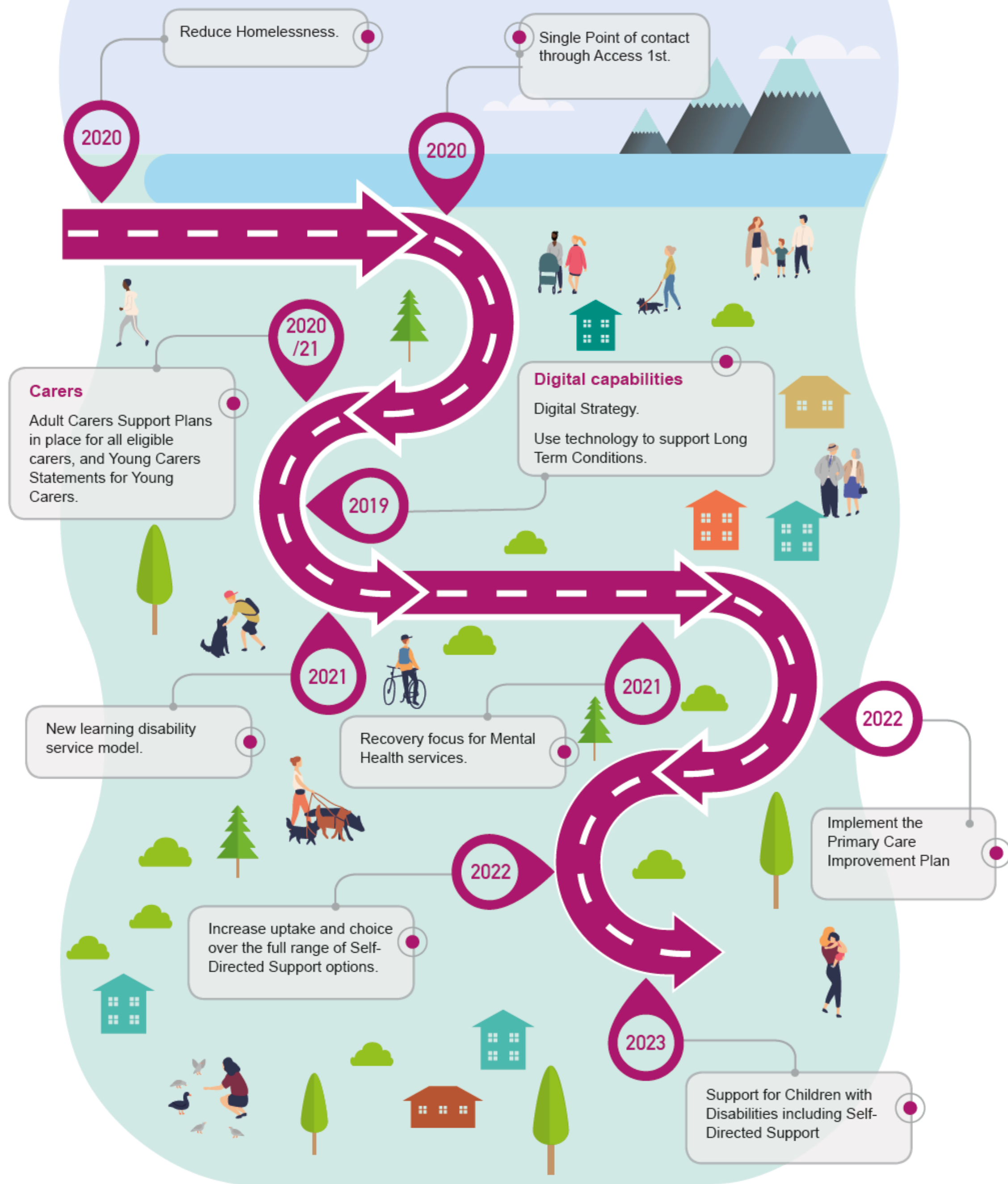
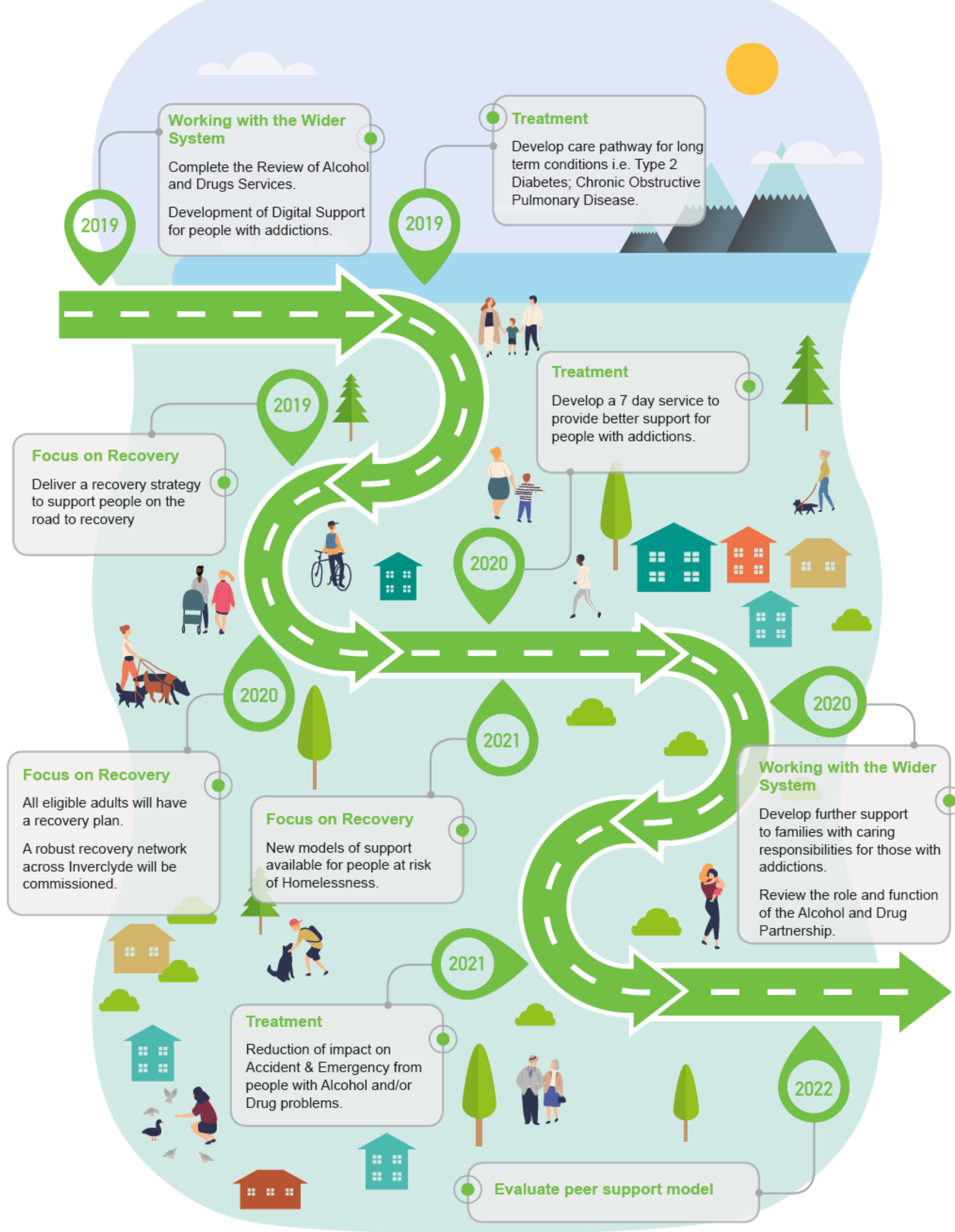


Big Action 5 Roadmap

Together we will reduce the use of, and harm from alcohol, tobacco and drugs.



Big Action 6 Roadmap
We will build on the strengths of our people and our community.
2019
Supporting our staff
Review and develop our People Plan.
Promote Inverclyde HSCP and partners as a good place to work.
2019
Community Strengths
Scope our Community Assets.
2019
Building up Capacity in the Community
Develop Community Champions/Ambassadors.
Build on the 2 Proud 2 Care programme, to develop principles of involving people in planning.
Develop 'Inverclyde Cares' including delivering a Dementia, Carer and Autism friendly Inverclyde.
Support further growth of Compassionate Inverclyde.
Reduce social exclusion and encourage participation of women involved in the criminal justice system.
2019 /24
COMMUNITY CENTRE
2019 /24
2019 /24
2019 /24
We will have a programme of engagement events within the 6 localities.
End of Life Care Choices
Carers
Implement the 2017 – 2022 Inverclyde Carer and Young Carers Strategy.
2020
SPORTS CENTRE
Community strength
We will commit funding to locality groups.
The New Greenock Health and Care Centre will be opened, creating a state of the art community asset.
Building up Capacity in the Community
Create opportunities for people to recognise social isolation.
Develop an approach to tackling stigma.
Review social prescribing.
Evaluate the impact of Inverclyde Cares and Social Prescribing.
2020 /21

Appendix B – Successes - What Has Been Delivered

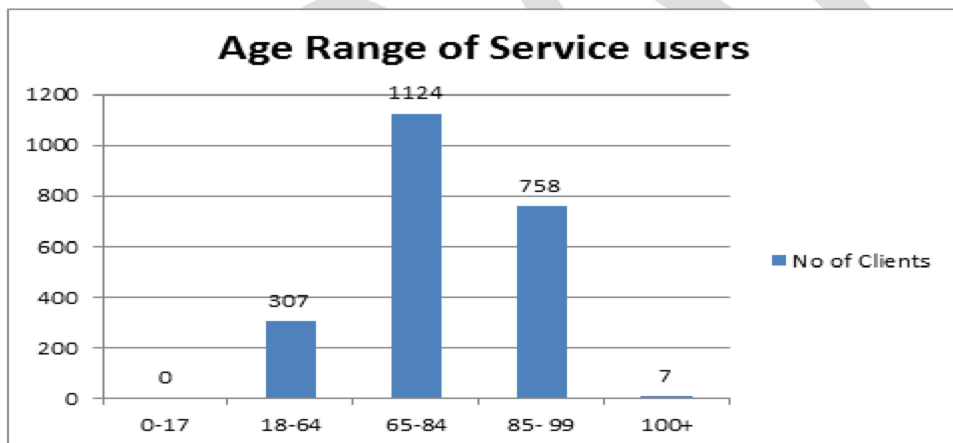
Technology Enabled Care

Technology enabled care such as home health monitoring which deliver benefits to people and services at scale will be a key focus with the integration of this information into the care plan, supporting self-management of health and well-being with a focus on digital products and services.

The Telecare alarm (also referred to as the Community Alarm) allows people to call for help in an emergency from their own home through to a contact centre, 24 hours a day. Contact centre operators can arrange to contact family members or other nominated person, a doctor, emergency services such as Police, Fire and Rescue Services. The benefits from having telecare alarm can help support peoples safety and independence at home. There are a range of telecare tailored solutions available such as sensors that recognise risks within people's homes.

Inverclyde supports 2,200 community alarm users with over 400 users having additional environmental and/or personal safety sensors accounting for over 1,000 pieces of peripheral equipment. Of those utilising enhanced technology, 60% are over 75 years old.

In comparison with the Scottish average, Inverclyde has a greater telecare provision for those over 65 years.



Calls from alarms are triaged through our contracted call handlers who manage, on average, 8,000-10,000 calls for assistance per month. Around 20% of these calls are passed to our TEC mobile responders who provide a 24 hour response service.

Telecare within the home

INVERCLYDE HSCP Health and Social Care Partnership

CARER ALERT

Will alert a carer to a triggered Telecare device without the need for a telephone line or Control Centre intervention.

EPILEPSY MONITOR

Will automatically send an alarm call to the 24 hour Contact Centre when it detects unusual movement. A microphone can also be used to detect sound associated with epilepsy.

PIR MOVEMENT DETECTOR

PIR'S can be used for activity monitoring within the home, an alarm call can be sent to the 24 hour contact centre if no movement is detected within a pre-set period.

FALL PENDANT (on wrist)

Will automatically send an alarm call to the 24 hour Contact Centre when it detects there has been a fall, a reassuring confirmation vibration will trigger to the user.

FLOOD DETECTOR

Will automatically send an alarm call to the 24 hour Contact Centre when it detects there is a flood.

BED AND CHAIR SENSORS

Will automatically send an alarm call to the 24 hour Contact Centre when it detects there has been no return within a pre-set period. All 'in and out' activity is transmitted and logged.

DOOR CONTACTS

Will automatically send an alarm call to the 24 hour Contact Centre when it detects a door has been opened within a pre-set period.

PERSONAL PENDANT

With multiple wearing options the pendant can be pressed at any time to connect the user to the staff at the 24 hour contact centre.

HEAT SENSOR

Will automatically sound an alarm and can send an alarm call to the 24 hour Contact Centre when it detects extremely high temperatures.

SMOKE ALARM

Will automatically sound an alarm and can send an alarm call to the 24 hour Contact Centre when it detects smoke who will contact the fire service.

TELECARE ALARM

Provides a reliable means to call for assistance 24 hours a day, every day. It can support the tele care devices allowing them to be alarmed and linked to the 24 hour Contact Centre.

* Other technology enabled care is available.

NHS Greater Glasgow and Clyde

Inverclyde council

Home and Mobile Health Monitoring (HMHM)

Significant developments in the area of home and mobile health monitoring have been achieved locally. Using technology to support long term conditions in the community means that people develop a greater understanding of their condition and are more engaged with interventions and treatment plans. This results in them being able to look after and improve their own health and wellbeing and live in good health for longer.

Test of Change funding received from the Scottish Executive since 2017 has allowed us to implement and develop services to improve self care in Diabetes, Hypertension and COPD. Using technology in the form of Florence (FLO text messaging service), Docobo Home Health Hubs along with intensive support, education and early intervention treatment has evidenced a reduction in hospital admissions, GP appointments and district nursing home visits.

Children and Families Digital Initiatives

Children and Families Services have undertaken a number of digital initiatives to improve service delivery, record keeping and reporting, including:

Service Delivery

- Expanded use of social media platforms like Twitter and SCS for promotions, health awareness campaigns like the Breastfeeding agenda, parent support groups and celebrating success and recruitment drives
- Adopting Attend Anywhere Face time / video conferencing clinics for children and young people to support attendance as appropriate
- Introducing interactive touch screen in Health centres which provide patient and health promotion information in patient waiting areas
- Use of the Click to Connect facility for child smile and access to practitioner appointments.

Record Keeping, Communications and Reporting

- EMIS single child health electronic records in Community.
- Use of dashboards and micro strategy performance platforms to improve the quality of our management information and reporting to ensure services are better able to understand service delivery and service improvements and targets.
- SMS text messaging reminders for appointments to improve appointment attendances

Virtual Clinic and Advice Referral Pilots

Pilots of virtual clinics have been undertaken and these will now be scaled up across services. The evaluations demonstrated that there are benefits for the public relating to convenience and flexibility. Many people and carers spend a significant number of hours waiting in a hospital environment (pre and post appointment) having been

dropped off and thereafter waiting to be picked up to be taken home. The use of video consultations allows people to connect with the care team from home on their phone or tablet device.

There have also been a number of successful advice and clinical dialogue pilots using systems like TrakCare and SCI Gateway. These are now being rolled out across services.

Staff also benefit as there will be opportunity to perform pre-assessments ahead of any actual clinic attendance.

Health & Social Care Patient Portal

A proof of concept “Patient Portal” has been developed in response to a national Scottish Government commission. This involved a new digital platform which allows data to flow securely between the public using wearable apps or by entering data into forms and the NHS eHealth systems. An outline business case was developed which will inform the national digital strategy. This is a significant step towards delivering the innovation to support people’s access to their EHCR and self-care.
The business case proposes five broad service categories to reflect the number of ways in which a national digital platform could now be developed including self-care and self-management of long term conditions, social care integration, integrating “The Internet of Things” and efficiencies.

New Social Care System

The current Social Care Case Management system in use within Inverclyde HSCP is SWIFT.
SWIFT is now considered a legacy system nearing end of life. Advances in technology over the years mean newer products are much more efficient in coping with the high demands placed on Social Care Services when it comes to information governance, service provisions and reporting requirements. Inverclyde HSCP are in the process of procuring and implementing a new, technologically advanced, Case Management system in order to future proof our Services and expand on our digital capabilities.

This investment will allow the HSCP to generate significant gains across all ‘6 Big Actions’ set out in the Strategic Plan. Services and processes will be transformed allowing staff to better manage their caseloads and empowering Social Care clients to more actively manage their own care.

The strategic benefits from this project are to:-

- Empower citizens / clients to better manage their health and wellbeing, support independent living and gain access to Services through digital means.
- People who use Social Care Services have a positive experience and have their dignity respected by the safe and secure storage of their personal data.

DRAFT

- Build a more effective joined up way of working by integrating the multiple systems used across the Partnership.
- Futureproof the stability of our Services and information governance requirements through investing in the stability of the technical infrastructure underpinning them.
- Empowering staff and Managers to better manage their caseloads and Services through providing the technical means to do with advanced, innovative technology.
- Longer term efficiencies / savings due to automated processes and reduction in the requirement to duplicate work tasks.
- Contribute to achieving aspects of all six 'Big Actions' set our within the 2019-2024 Strategic Plan and this Digital Strategy.

NHS GG&C's Clinical Portal

NHS Greater Glasgow & Clyde's Clinical portal is a web based application that presents key patient information to a wide range of services and staff such as medical, nursing, AHP and administrative staff as well as Social Care staff and NHS staff based within HSCPs. It should be noted that the Clinical Portal is not a database driven application, although it does extract information from various database driven clinical systems such as Trakcare and EMIS web.

The Clinical Portal can also be accessed by NHS staff across Scotland (for use when a GG&C based patient has the need to access health services in other parts of Scotland).

Future plans include creating an interface to allow the Clinical Portal to connect and extract information from the 6 GG&C partnerships Social Care Systems (work is currently in progress to achieve this).

Virtual Consultations – Attend Anywhere

As part of ongoing digital patient administration transformation, opportunity exists to implement virtual clinics to facilitate the option for remote consultations where clinically appropriate. The HSCP is currently rolling out Attend Anywhere across the HSCP. This work will allow more meetings and consultations with service users to be conducted digitally via a laptop or smart phone app, telephone, email, videoconference or online portals. This approach gives greater choice and convenience for people that would ordinarily have difficulty travelling for routine check-ups and help alleviate administration across our services.

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This technology can also allow groups of professionals to come together virtually, reducing the need for travel and allowing timely decision making which can support our most vulnerable patients to remain in their own homes.

DRAFT

Digital Strategy Action Plan

Strategic Implementation Plan Ref		Agreed Action	Detailed Deliverables	Due	Responsible Officer
1	1.5	Consider the benefits and opportunities that technology will offer for all of our community.	Digital Strategy Developed	2021	Complete
1	1.11 1.16	Engage with the public and other partners on ways to improve access to information and support within our communities. Supporting education, health literacy and self-management to people to access information. Develop our approach and model to social prescribing and share this across Scotland.	**Public Information** a. Improving access to information and support. b. Access 1st (25% increase) c. Inverclyde Life (number of hits). d. Community Link Workers. e. Social Media. f. Refresh HSCP Website	2020	HSCP Senior Management Team
1	1.14	Be part of the Scottish Service directory for local services to improve public information.	The HSCP committed to joining this in 2019/20	2020	Complete
1	1.15	Develop a model to improve access to physical and digital information.	Digital Strategy developed	2020	Complete

DRAFT

Strategic Implementation Plan Ref		Agreed Action	Detailed Deliverables	Due	Responsible Officer
1	1.17	Develop and implement innovative use of technology to monitor and support people with long term conditions.	Home and Mobile Health Monitoring (HMHM) a. Number of people utilising FLORENCE to monitor hyper tension. b. Number of other conditions utilising FLORENCE. c. Number of people COPD utilising Docobo system. d. ARMED (fit bit)	2020	Complete
1	1.19	Have a Digital Strategy to support technology enabled care and self-management. This will include developing a preferred option for the Swift recording system in social care.	Digital Strategy complete	2021	HSCP Senior Management Team

DRAFT

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 24 August 2020**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/50/2020/AS**
Contact Officer:	**Allen Stevenson** **Head of Service** **Health and Community Care** **Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**LEARNING DISABILITY SERVICES**	

1.0 PURPOSE

1.1 This briefing provides the Integration Joint Board with information on:

- The recovery plan to recommence centre based Learning Disability Day Services at the Fitzgerald Centre to service users by 11th August 2020 with an incremental increase of service users through a phased approach.
- Services will meet the requirement for social distancing, respiratory etiquette and the requirement for Personal Protective Equipment for staff and service users.
- The potential steps that will be required for an anticipated second wave of COVID19 infection that may require a stepping down of day services if recommended by Public Health Scotland.
- The estimated loss of income for out of area local authority placements and meal provision.
- The current status of Older People's Day Services, Hillend Day Service.

2.0 SUMMARY

2.1 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. This is in line with feedback from our service users and carers consultation pre-COVID in terms of the importance of building-based services.

2.2 Day services have linked with Health & 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.

2.3 Initially small groups of 3-6 service users with complex needs will be supported in morning and afternoon group sessions and numbers will be expanded incrementally

with an expectation of a capacity of 10 service users per session (20% capacity) due to 2m distancing regulations. The service will also notify the Care Inspectorate of the recovery of services and ensure that risk assessments are completed for all activities working in partnership with Trade Union colleagues.

2.4 As a result of the temporary cessation of learning disability day services, there has been a loss of income from out of area service user placements from other local authorities and meal provision. The estimated loss of income over this time period is £34,200 from an annual income of £79,350.

2.5 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.

3.0 RECOMMENDATIONS

The Integration Joint Board is asked to:

3.1 Note and approve the recovery plan to recommence centre-based Learning Disability Day Services at the Fitzgerald Centre for 20% of service users by 11th August 2020.

3.2 Note 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.

3.3 Note the potential steps that will be required for an anticipated second wave of COVID19 infection that may require a stepping down of day services if recommended by Public Health Scotland.

3.4 Note the loss of income of £34,200 during the temporary closure to building-based service at the Fitzgerald Centre.

3.5 Note the status of older people’s day care will be reviewed by the service at the end of July 2020.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 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 COVID19 was in progress and that day centres with physically vulnerable adults could be a potential source of community transmission.

4.2 The future level of reoccurrence of the COVID19 pandemic in Scotland and the community of Inverclyde will be hard to predict, but available evidence indicates that local flare-ups are increasingly likely and a second wave a real risk. Building-based Learning Disability Day Services may be required to step back services if a sustained second wave of community transmission occurs. Services will revert to the previous standing operating procedure implemented at the time of the first wave of COVID19.

4.3 Income generated for service user placements from other local authorities for placement, transport meals and support in 2019-20 was £79,350.

4.4 The arrangements for older people day care services will be reviewed at the end of July 2020 given the current advice in relation to the ongoing shielding of older people across Scotland. It is anticipated decisions in relation to older people day care will be reviewed at the end of July 2020.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		20/21	34		Loss of income

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 None

5.3 **HUMAN RESOURCES**

There are no human resources issues within this report.

5.4 **EQUALITIES**

There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improve Access
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Improve Access
People with protected characteristics feel safe within their communities.	Improve Access
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.	Services within own community
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

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.	Improve Access
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	Improve Access
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improve Access
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved Health
Health and social care services contribute to reducing health inequalities.	Improved Health
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.	Improved Health
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.	Improved use of Resources

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 None

8.0 LIST OF BACKGROUND PAPERS

8.1 None

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 11

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/57/2020/AS**
Contact Officer:	**Allen Stevenson** **Head of Health & Community Care** **Inverclyde Health & Social Care Partnership**	**Contact No: 01475 715212**
Subject:	**LEARNING DISABILITY REDESIGN – LD COMMUNITY HUB**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the decision by the full Council in early 2020 relative to the inclusion of £7.4 million funding for the new Learning Disability Hub at the former Hector McNeil Baths site within the 2020/23 Capital Programme and to advise of ongoing development work in the design of the Learning Disability Community Hub.

2.0 SUMMARY

2.1 The Outline Business Case was presented to the Corporate Management Team in July 2019 outlining the work undertaken to date in progressing with the LD Redesign. The Outline Business Case was presented to the Corporate Management Team in July 2019.

2.2 Regular updates have been provided to the Health and Social Care Committee and Integration Joint Board with the options for two sites being presented in February 2020. The Hector McNeil Baths site was the preferred option after consideration of the site investigation work.

2.3 The former Hector McNeil Baths site was agreed by the Inverclyde Council in early 2020 and the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme. The go ahead was given for the development of the site to be progressed by the HSCP and Property Services.

2.4 In mid March 2020 the continuous community transmission of COVID19 and the resultant cessation of non-critical Health and Social Care services resulted in staff resources being focused on critical health and social care service support, including the learning disability service. Despite services being diverted to respond to COVID19, virtual work continues with the LD Community Hub design to develop the former site in terms of the early building and open space concept and online consultation with service users facilitated by The Advisory Group.

2.5 With the gradual lifting of the national lockdown and the Scottish Government's Recovery road map moving into phase three and shortly phase four, the LD Programme Board chaired by the Head of Health and Community Care will progress the development of the site with an estimated 24 month completion date.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note that the former Hector McNeil Baths site was agreed by the full Council in early 2020 with the inclusion of £7.4 million funding for the new Learning Disability Hub within the 2020/23 Capital Programme.

3.2 The Integration Joint Board is asked to note that despite services being diverted to respond to COVID19, virtual work continues with Property Services to develop the former site in terms of the early building concept and online consultation with service users, facilitated by The Advisory Group.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Following the Strategic Review which set out the case for change, the Learning Disability Redesign was progressed to:-

- Develop a new model of day opportunities for adults with LD, with clear service access criteria.
- Merge two LD day centres on an interim basis, into one service on the Fitzgerald Centre site.
- Seek a longer term development to create a new community hub to accommodate day opportunities resources for people with LD and Autism with more complex needs, requiring building-based support.
- Ensure ongoing, significant review of all LD packages of care to ensure that packages are delivering high quality support to people in achieving their personal needs and outcomes and are financially sustainable.

4.2 An original list confirmed 28 potential sites identified across Inverclyde. Following option appraisal work, this reduced to 8 and then 4 and then 2 sites which were considered within the Feasibility Study.

4.3 The Integration Joint Board of 10th September 2019 approved the creation of a £526k Earmarked Reserve to meet one-off costs associated with the project. £100k was allocated for site investigation works on the two emerging sites, with the balance set aside to meet any one-off costs associated with the project, outwith any funding approved by the Council. Both sites were subject to more detailed site investigation work in order to reach a preferred site. This concluded in December 2019.

4.4 The Health and Social Care Committee recommended the former Hector McNeil Baths site which was subsequently agreed by the Inverclyde Council in February 2020 with the inclusion of funding for the new Learning Disability Hub within the 2020/23 Capital Programme.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

It is proposed that the development be funded by Prudential Borrowing. A £360,000 allowance was factored into the December,2019 Financial Strategy.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Capital	Learning Disability	2020/23	7300-7400		Estimated Capital Cost of the range of the development
CFCR	Learning Disability	2020/23	265		Estimated kit out and ICT costs Funded from EMR.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
General Fund	Loans Charges	2022/23	360		Estimated loans charges to deliver the £7.3-7.4m investment.
Learning Disabilities	Running Costs	2022/23	1,327		Estimated sum available for the running costs of the new facility

LEGAL

5.2 Hector McNeil Bath site is Common Good land which requires to be re-appropriated through legal processes, potentially taking over one year, depending on any objections. This will also incur legal costs which have not been included in the report. A similar exercise was recently concluded in respect of Lady Alice Bowling Club which occupies part of the same site.

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?

(a)

	YES
√	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

x	NO

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

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.	Better access to Integrated services
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	Will improve access to community activities and outdoor space
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Better access to Integrated services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Better access to Integrated services
Health and social care services contribute to reducing health inequalities.	Better access to Integrated services
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.	Resource hub will allow better community access for unpaid carers to meet and get support in the community
People using health and social care services are safe from harm.	Will provide a safe environment
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.	Excellent environment for integrated teams to operate from
Resources are used effectively in the provision of health and social care services.	Best use of community resources

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	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 The recommendations in this report are supported by the CMT and the Health and

Social Care Committee.

7.2 There has been ongoing consultation sponsored by the Learning Disability Programme Board. This consultation has consulted on the service requirement for a new resource hub and the rationale for a community location but has not consulted on a specific site.

8.0 BACKGROUND PAPERS

8.1 None.