**AGENDA ITEM NO: 9**

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|---|---|---|
| **Report To:** | **Inverclyde Integration Joint Board** | **Date: 29 March 2021** |
| **Report By:** | **Louise Long<br>Corporate Director (Chief Officer)<br>Inverclyde Health & Social Care Partnership** | **Report No: IJB/13/2021/LL** |
| **Contact Officer:** | **Louise Long** | **Contact No: 712722** |
| **Subject:** | **EMERGENCY POWERS DECISION LOG – TO MARCH 2021** | |

## 1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board (IJB) on decisions taken under emergency powers due to the Covid 19 pandemic.

## 2.0 SUMMARY

2.1 The IJB emergency powers allow for the Chief Officer, Chair and Vice Chair of the IJB to take decisions on behalf of the IJB in between formal Board meetings. These decisions are then reported to the next formal meeting of the Board.

2.2 There has been one decision taken under these power between the last meeting on 21 January and 28 February 2021.

## 3.0 RECOMMENDATIONS

3.1 The IJB is asked to note the operational decisions made since the last Board meeting under the powers delegated to the Chief Officer detailed at Appendix 1.

3.2 The IJB is asked to acknowledge the Scottish Government road map and improving picture that the IJB moves away from the current arrangements and returns to the usual committee and decision-making.

**Louise Long**
**Chief Officer**

## 4.0 BACKGROUND

4.1 In light of the latest national lockdown and current infection levels across the country from January 2021, the IJB reverted to extended use of emergency powers, as agreed at the May 2020 IJB. Under these powers the Chair, Vice Chair and Chief Officer have delegated authority to make urgent decisions on behalf of the IJB. This allows the service to respond promptly to emerging situations rather than waiting for the next formal IJB meeting.

4.2 In order to ensure that there is transparency around this process, the Appendix to this report contains a summary of decisions taken in this way. This will be updated and reported to each IJB meeting while emergency powers are still being used.

4.3 The report enclosed details those decisions taken, the financial impact of those decisions and any directions to partner bodies during the period 5th January to 20th January 2021. The IJB is asked to note the use of the powers delegated to the Chief Officer as summarised at Appendix 1 and supporting report Appendix 2.

4.4 Given the roadmap to recovery has now been produced and the improving pictures it feels appropriate to stop these arrangements and move back to the IJB cycle of meetings for decisions to be made.

## 5.0 IMPLICATIONS

**FINANCE**

5.1 **Financial Implications**:

Financial implications as detailed in the report and tables below.

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|---|---|---|---|---|---|
| Health Visitors | Salaries | 21/22 | 120 | Covid Funding through LMP | Covid related costs |

Annually Recurring Costs

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

**LEGAL**

5.2 There are no legal implication within 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?

| | |
|---|---|
| | 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. | Use of emergency powers ensures the IJB can continue to function effectively during the pandemic |

## 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) | X |
| | 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).

## 8.0 BACKGROUND PAPERS

8.1 None.

**Appendix**

**IJB Emergency Powers Decision Log**

Summary of Urgent Decisions Taken with the approval of the IJB Chair, Vice Chair and Chief Officer under emergency powers from 21st January to 28th February 2021.

The IJB is asked to note and ratify these decisions and resultant directions to the Council and Health Board.

| Date Approved | Summary of Decision | Financial Impact | Direction(s) |
|---|---|---|---|
| 11.02.21 | Additional covid staffing within Children's Services<br>Recruitment of 2 additional Health Visitors (HV) Band 7 on fixed term contracts for 12 months. Dependent on the pandemic there may be a requirement to extend this further.<br><br>These additional staff will support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted Child Protection (CP) and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk. | approx. £120k per annum including on costs. | NHS GGC |

Covid Emergency – IJB Use of Delegated Powers

Request Title: Additional Health Visitor

Request By: Sharon McAlees

Date: 1st February 2021

| | |
|---|---|
| 1/ | Issue to be addressed<br><br>Covid-19 and the socio-economic ramifications associated to covid is having negative impact on children and families in relation to poverty, risk and vulnerability (Gender Based Violence, alcohol and drug misuse and mental health and neglect). In response Health Visitors (HVs) caseloads have increased in complexity and the number of children on the Child Protection (CP) register has increased threefold during 2020 when compared to CP rates in 2019. Even in caseloads that do not typically have high levels of vulnerability, there is increased expressed need related to the impact of isolation, anxiety and mental health concerns. In addition, there is significant staffing pressure within the Children's Health Visiting service due to the pandemic and the unpredictability of infection rates from COVID-19. Stability within this service is a vital element of safeguarding children and their families. SBAR with full details attached. |
| 2/ | Action Proposed<br><br>The recruitment of 2 additional Health Visitor Band 7 on a fixed term contract for 12 months, with this being extended further dependent on the pandemic. This additional staff member would support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted CP and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk. |
| 3/ | Implications:<br><br>Service Delivery: A positive impact on service delivery, enabling the service to provide continuity of care from a workforce who are suitably skilled and dependable.<br><br>Financial: Costs of approx. £120k per annum including on costs.<br><br>HR: Management of fixed term contracts as per HR policy.<br><br>Legal: Nil of note<br><br>Communications: Recruitment of staff will be expedited by tapping into the existing arrangements for the deployment of newly qualified HVs due to take place on 22 February 2021. |
| 4/ | IJB Consideration<br><br>The service currently requires an additional Health Visitor to ensure the service can continue to be delivered safely during the pandemic. The IJB is asked to approve an additional Health Visitor Band 7 post be recruited for 12 months, funding via the Covid LMP. |

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

| | |
|---|---|
| **Direction issue date:** | 01/02/2021 |
| **Direction Name:** | 2 additional Health Visitor (12 months) |
| **Direction Ref No:** | IJB-20210201-01 |

# Increased Demand of Health Visiting Services in relation to Vulnerability and Risk in the context of Covid

## SBAR: Contingency Request: 12 January 2021

## 1.0 Situation

1.1 Covid-19 and the socio-economic ramifications associated to covid are having a negative impact on children and families in relation to poverty, risk and vulnerability (Gender Based Violence, alcohol and drug misuse and mental health and neglect); in addition some children will be at an increased risk due to inherent difficulties such as disability. In response Health Visitors (HVs) caseloads have increased in complexity and the number of children on the CP register has increased threefold during 2020 when compared to 2019. Even in caseloads that do not typically have high levels of vulnerability, there is increased expressed need related to the impact of isolation, anxiety and mental health concerns. This is having a negative impact on staff containment and contributing to capacity related stresses in some teams.

1.2 In addition to this increase in demand and complexity, HVs continue to deliver the revised universal pathway (8 contacts in the 1st year and another 3 between 13 months and 4-5 years). and at a time when other services are less present in family homes due to covid restrictions and /or capacity issues, which puts another dimension of demand on the service.

1.3 The longer-term impact of covid on infants and children is still to be realised.

## 2.0 Background

2.1 Since March 2020, many involved services have been unable to continue their typical in home and face to face support. Health Visitors (HVs) although mainly delivering the full revised universal pathway throughout, have had periods of reduced face to face contact and periods of under resource due to deployment to other priority areas including the Covid Assessment Centre, immunisations, Test and Protect and Critical Care.

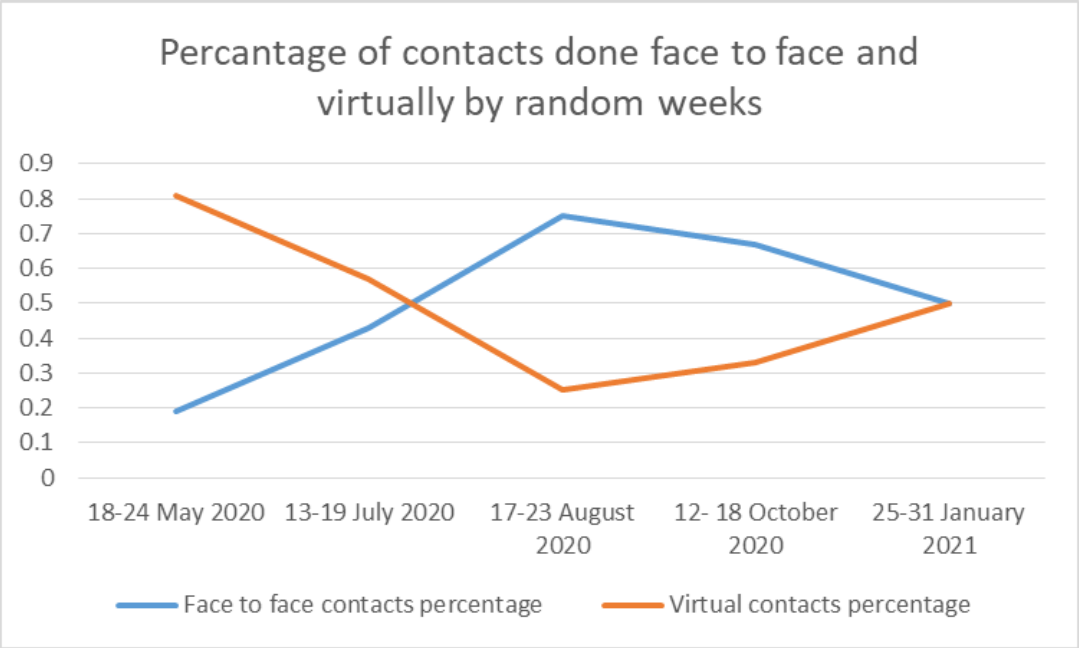
2.2 Shielding and isolation or absence impact on the ability of the service to run optimally and despite only a few staff initially being absent, the new covid strain appears to be contributing to increased isolation and covid positive staff and shielding has been reinstated. Unlike many other services who provide some home visiting, Health visiting is 1st and foremost a home

visiting service designed to develop place based connections that build therapeutic relationships and understand the ecological and social influences on health through direct observation. During covid-19, HVs have continued to offer the full Revised Universal Pathway to all pre-5 children and a good deal of this activity has remained face to face following covid risk assessment. The table and graph below demonstrate the levels of both face to face activity (mainly home, a few clinic contacts) and virtual activity in 5 random weeks between May 2020 and January 2021 presented as total numbers and percentages of total contacts*. Professional meetings such as Child Protection meetings are not included in the data but just RUP contacts and contacts for additional need.

2.4

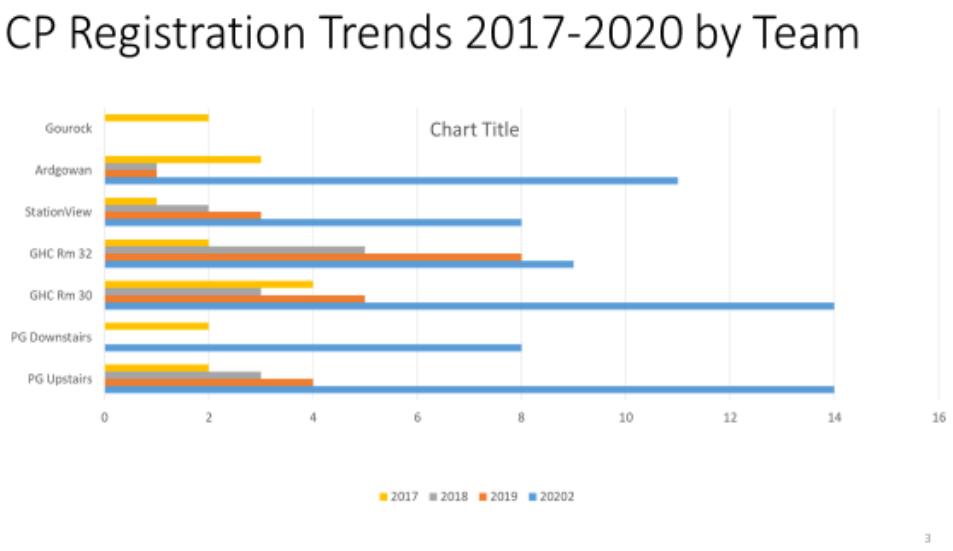
| Dates/ Contact Type | 18-24 May 2020 | 13-19 July 2020 | 17-23 August 2020 | 12- 18 October 2020 | 25-31 January 2021 |
|---|---|---|---|---|---|
| Total number of contacts* | 471 | 329 | 278 | 211 | 581 |
| Face to face contacts total | 90 | 143 | 209 | 142 | 290 |
| Face to face contacts % | 19% | 43% | 75% | 67% | 50% |
| Virtual contacts total | 381 | 186 | 69 | 69 | 291 |
| Virtual contacts % | 81% | 57% | 25% | 33% | 50% |

2.5




2.6 Child protection trends by HV team demonstrate an increased total number of children on the CP register when compared to pre-2020 data. Overall data pulled from EMIS electronic recording system on 11 December 2020 demonstrates the increase in children registered between 2019 and 2020 for children under 5 (from 21 overall in 2019 to 64 in 2021). Demonstrated in CP registration trends by team below in 2.5 and 2.6.

2.7

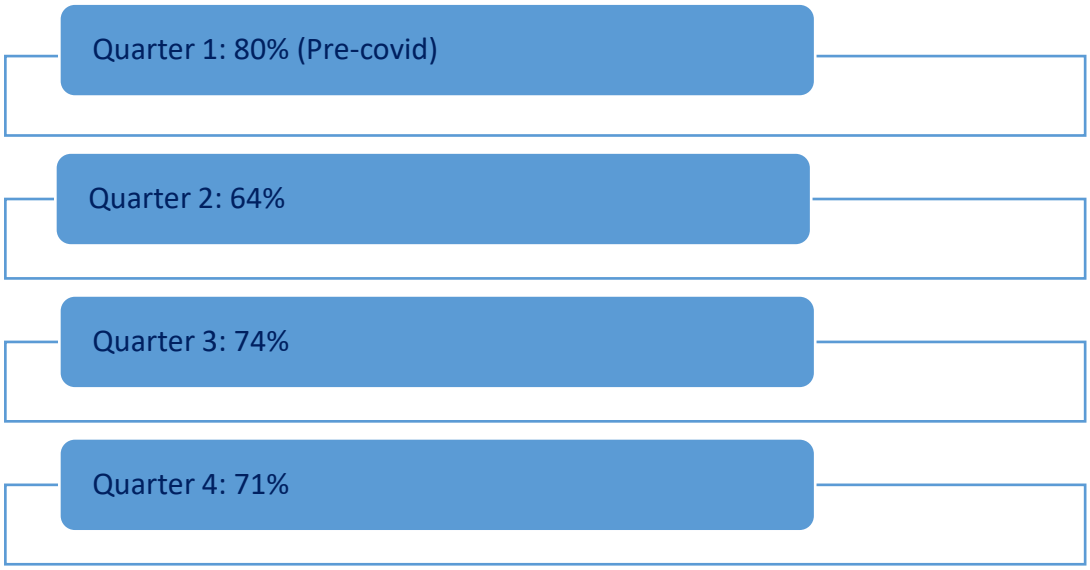



## 3.0 Assessment

3.1 The anticipated impact on children from physical distancing include mental health, socialisation and attachment (particularly for younger children)

includes “cognitive, emotional and behavioural functioning and may require significant intervention over the medium and longer term” (Scottish Government, 2020). The short-term and also long-term impact on children and infants will require additional time and effort in order to identify and support covid sequelae. Child Health Surveillance (CHS) data demonstrates that 80% of Inverclyde children show no developmental concerns at 27-30 months in quarter 1 of 2020 and subsequent data from April to December is presented below. Dashboard data is not available in this format for pre-2020. Communication concerns show the highest increase. CHS data will be monitored over the coming years to identify any trends in difficulties and concerns.

3.2 Diagram: Percentage of Children with no Developmental concerns at 27-30 months by quarter (January- December 2020).




3.4 The increase in CP and children around the CP threshold puts additional demand on the HV service who are also responding to universal and additional support needs. Apart from 1 team, all HV teams have seen an increase in CP workload and are experiencing children below the threshold of CP but with significant needs; in addition, children and families traditionally in core caseload and only requiring the universal pathway contacts, are experiencing increased needs in relation to isolation, anxiety and metal health difficulties.

## 4.0 Recommendations

4.1 A short-term (12 month) contract for an additional 2.0 WTE HVs in order to provide capacity in relation to this covid-19 specific additional need, specifically in relation to vulnerability, child protection and early intervention. The soon to qualify HV cohort could be utilised to provide caseload cover. One placed in a team to reduce overall caseload sizes and the other placed in a caseload in order to release an experienced HV to work across the teams with the highest burden of vulnerability and CP and would hold a wholly additional high caseload.

This would provide 2 developmental posts for:

1. 2 newly qualified HV to be embedded within an established teams and to gain valuable HV experience for 12 months.
2. For one Inverclyde HV to be released from caseload to focus on vulnerability and child protection with some additional training e.g. in CP supervision and could support collaborative working across Social Work and Health including joint chronology and care planning activity. This post would focus predominately on vulnerability and CP.

4.2 The new HV resource would be on-boarded on a fixed term contract of 12 months. At this point the caseload holder would return to caseload following the end of the development opportunity. The HV on fixed term contact would enter transitions (previously redeployment) 3 months before fixed-term completion. This approach would best support a fluid return to the end point in HV resource as the additional resource would not be absorbed and unseen, but visible within the newly created post working across teams in a support function, rather than lost within the existing team. In the event that a HV leaves post e.g. due to retirement or a new post, the new HV would be in a good position to apply for any vacancy during the fixed-term period.

4.3 The Newly created CP post would provide both enhanced assessment, care planning and joint working opportunities and would be recruited through an internal expression of interest and interview process. This would constitute a 12 month secondment and would be framed as a project and development post. This post would provide additional contingency in relation both to additional CP need within the system in the under 5's and provide some safety net in the event of higher levels of vulnerability related to covid.

4.4 The cost for 2.0 wte Band 7 would be in the region of £120,000 when on-boarding costs are incorporated. This resource would support teams with higher CP and vulnerability for the next 12 months that would afford more

capacity for early intervention and interventions for change. The timeline is mid-March 2021 for the graduation of the newly qualified HVs.

## Reference

Adobe Acrobat Document

**Scottish Government (2020). Vulnerable Children Report**