

AGENDA ITEM No.8

Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 12 August 2020									
Agenda Item	8									
Title	East Renfrewshire HSCP Update on Recovery Activity Following the COVID-19 Pandemic									
<p>Summary</p> <p>This report provides the Integration Joint Board with an update on East Renfrewshire HSCP's recovery planning and remobilisation of services, following the emergency phase of the COVID-19 pandemic.</p> <p>The HSCP has developed and implemented an Operational Recovery Plan, supported by a number of overarching workstreams, with weekly review and reporting in place.</p>										
Presented by	Steven Reid, Policy, Planning and Performance Manager									
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on this report</p>										
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>		<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

12 August 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP UPDATE ON RECOVERY ACTIVITY FOLLOWING THE COVID-19 PANDEMIC

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on East Renfrewshire HSCP's recovery planning and remobilisation of services following the emergency phase of the COVID-19 pandemic.
2. The HSCP has developed and implemented an Operational Recovery Plan for which weekly review and reporting is in place. As last reported to the IJB our operational recovery is supported by eight overarching workstreams.

RECOMMENDATION

3. The Integration Joint Board is asked to note and comment on this report.

BACKGROUND

4. The World Health Organisation (WHO) declared the Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. In light of the emerging COVID-19 situation delegated authority to the Chief Officer was agreed by the IJB at its meeting on 18 March 2020. As infection rates increased the UK entered a period of lockdown on 23 March 2020.
5. Our response to the pandemic was tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services as presented to the IJB on 24 June 2020.
6. As the rate of infection has reduced and the Scottish Government has established its phased easing of the lockdown restrictions, the HSCP established our planned approach to delivering services beyond the emergency phase and through a transitional recovery phase. This is seeing a gradual remobilisation of services and phased return to more 'normal' models of day-to-day provision. Through this recovery planning process, services have set out the practical steps they need to take to move from crisis provision to full provision while seeking to capture positive learning from the pandemic and where appropriate redesign services with better ways of working and new models for delivery.
7. The Covid-19 Recovery Plan, presented to the IJB on 24 June, set out the key principles that we would work to during the recovery phase. The Recovery Planning Steering Group is overseeing activity and the eight thematic workstreams to support decision-making in relation to cross-cutting issues such as accommodation, workforce issues, PPE and ICT requirements going forward. Services have developed and continue to review their own recovery plans setting out local milestones and these have been collated into an HSCP-wide Operational Recovery Plan.

8. The Operational Recovery Plan is being closely monitored and updated by service leads on a weekly basis. Key elements of the plan are reported to the HSCP Recovery Planning Steering Group which continues to meet weekly.

REPORT

9. The report sets out a summary position statement for each service including an assessment of the percentage that the service is operating at and also identifies those areas that have still to restart.
10. The report also provides a position statement on the eight supporting workstreams and all activity and progress is a snapshot position as at the end of July. The IJB should note that this also informs our recovery reporting within the HSCP and also informs our partners.
11. A summary of the Operational Recovery Plan is shown below:

Adult Health and Social Care Localities

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Social Work Locality Teams		
90%	<ul style="list-style-type: none"> - Undertaking assessments/reviews - Home visits being conducted when required, and for the more vulnerable clients 	<ul style="list-style-type: none"> - Routine home visits not taking place (replaced with telephone contact) - Staff not working from base due to Government advice and restricted space as a result of social distancing.
Initial Contact Team		
75%	<ul style="list-style-type: none"> - Team prioritising emergency cases (those that would result in a care home or hospital admission if not dealt with) and completing full assessments for people for whom emergency services were put in place during the peak of the pandemic. 	<ul style="list-style-type: none"> - Much of the previous preventative work undertaken through Talking Points is on hold due to Covid-19 restrictions (early discussions have started on reintroduction of the service).
Learning Disability Team		
75%	<ul style="list-style-type: none"> - All clinical/medical appointments continuing - MDT fully operational - Statutory SW operations - Shielding list/vulnerable client check calls (triangulated between health and SW cohorts and day services) 	<ul style="list-style-type: none"> - Planning days (with regards to comprehensive SW assessments) - Transitional planning for individuals moving to their own homes - Non urgent appointments - Multi-agency group work - Training for providers/clients that can't effectively be engaged via video conferencing.

Older People's Mental Health Team		
50%	<ul style="list-style-type: none"> - Urgent referrals (continued to be seen throughout the pandemic) - Continued telephone contact with all patients on caseloads - Face to face appointments for individuals with complex mental health issues - Psychology utilising Attend Anywhere and in contact with patients identified as being in red category. - Care Home Liaison Nurses aligned to care home assurance and support activity. 	<ul style="list-style-type: none"> - Routine medical outpatient clinics - Routine memory review clinics - Initial memory assessments that require face to face intervention - Occupational Therapy functional assessments - Cognitive Enhancer medication trials - Routine Care Home Liaison Nurse Led Service - Routine outpatient psychology clinics - All group work.
Community Rehabilitation and Rapid Access		
60%	<ul style="list-style-type: none"> - Continuing assessment and ongoing input for all urgent referrals - Service has taken on additional responsibilities for respiratory rehabilitation and face mask fitting. 	<ul style="list-style-type: none"> - Routine referrals - assessment and rehabilitation input - OT major adaptations
Hospital to Home		
90%	<ul style="list-style-type: none"> - All aspects of service activity are ongoing with restricted contact an ongoing challenge. - Risk assessment work ongoing at local and national levels on safe return to full patient assessment. 	<ul style="list-style-type: none"> - Face to face contact with individuals and carers, particularly in hospitals.
Community Nursing		
90%	<ul style="list-style-type: none"> - Essential Community Nursing services (have been maintained from outset in keeping with national and local NHS GGC guidance) - Operational 7 days per week 	<ul style="list-style-type: none"> - Diabetes nursing community clinics (planning is progressing to re commence August/Sept at 30%) - Community Treatment Assessment Centre/Treatment Rooms (planning is progressing for implementation and testing in both Barrhead and Eastwood Health and Care Centres)
Day Services		
10%	<ul style="list-style-type: none"> - Some learning disability outreach on limited basis - Older people's staff redeployed to support care at home and Bonnyton - Currently reviewing service users with view to gradually introducing reshaped day supports on a priority basis 	<ul style="list-style-type: none"> - Building based support

Primary Care Improvement Plan (PCIP)		
90%	<ul style="list-style-type: none"> - Vaccination Transformation Programme, Pharmacotherapy, Community Link Worker's, Advanced Nurse Practitioners, MSK Advanced Physios are fully operational through a mixed model of practice based, remote and home working. - Community Treatment Assessment Centre/Community Healthcare Assistant is only operational across 10 GP Practices due to staff sickness absence. 	<ul style="list-style-type: none"> - Community Treatment Assessment Centre/Treatment Rooms (planning is progressing for implementation and testing in both Barrhead and Eastwood Health and Care Centres)
Pharmacy Service		
90%	<ul style="list-style-type: none"> - Pharmacotherapy Service continues to be delivered as detailed within the GP contract. This may continue to be delivered via a mixed model (within practices in part and remotely in part). - Proposal to develop a Pharmacotherapy Hub will be presented to the next PCIP steering group in September. - Support for care homes continues. 	<ul style="list-style-type: none"> - Face to face clinics e.g. hypertension, asthma reviews - Polypharmacy Reviews - GGC Prescribing initiative
Medication Support Service		
90%	<ul style="list-style-type: none"> - The service has continued to take referrals through all pathways as normal with staff mainly working from home. Referrals have been dealt with as before with the exception of home visits. Attend anywhere is untested with patients as yet. 	<ul style="list-style-type: none"> - Home Visits

Recovery and Intensive Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Care at Home / TEC		
85%	<ul style="list-style-type: none"> - Care at Home services continue to be provided to vulnerable residents, operating from a single base. - Wellbeing calls continued through crisis for households with lower priority. - Increasing face-to-face contact as restrictions ease. - Telecare fully operational at Thornliebank Depot base - Re-establishment of home visits for complex telecare assessments (where assessed as safe to do so) 	<ul style="list-style-type: none"> - Some review/assessment activity (development of blended approach to review activity to be defined on a risk based approach). - Review of services stepped down due to Covid-19 (working on re-establishment of visits to facilitate care at home planning and reviews). - Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)
MHO Team		
80%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty MHO and Backup system with casework subsequently allocated and prioritised accordingly. - Engaging with clients and their families via telephone / virtual, with face to face where specifically required. Remote working continues. Social work care management cases continue to be allocated & responded by the MHT as was the case prior to Covid-19 context with combination of remote and face to face where required. - AWI work continues (case conferences, welfare reports etc) using virtual meetings 	<ul style="list-style-type: none"> - Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)
Bonnyton House Care Home		
45%	<ul style="list-style-type: none"> - Service continues with increase in vacancies due to Covid-19. - Recommencing visiting (good progress made on reintroduction of safe resident contact/visiting arrangements and roll out of technology contact options). - Building refurbishment is in the final stage with a planned return scheduled for mid to end September 2020. - Working with staff to set up a sanctuary room to provide space and time for reflection given the trauma experienced by the staff residents and families. 	<ul style="list-style-type: none"> - New admissions once renovations/upgrade completed

Adult Mental Health Team		
90%	<ul style="list-style-type: none"> - CPN and OT referrals being allocated and assessments carried out (over telephone and Attend Anywhere). - Working to waiting time standards (e.g. routine referrals within 4 weeks). - Duty clinics (continued throughout) - Essential clinics for depot medications and blood monitoring (continued throughout). - Caseloads screening and prioritisation - patient contact continues by telephone/ Attend Anywhere. - Face to face assessments have been offered where clinically indicated (more patients are now requesting this) - Multi-disciplinary team meetings taking place regularly on Teams. - Medical Team have continued to treat caseload. (note that decision making is at NHSGGC level, not local) - Psychology team continuing by telephone / Attend Anywhere; will resume face to face contact once guidance on this changes. - Therapy undertaken remotely. - Care programming meetings have resumed, which are co-ordinated centrally within GGC. 	<ul style="list-style-type: none"> - Routine face to face treatment and care (other than clinics)
Primary Care Mental Health Team		
80%	<ul style="list-style-type: none"> - Rapid roll-out of Attend Anywhere in April with majority 1:1 appointments currently by telephone or Attend Anywhere. - Looking at potential for virtual group work. 	<ul style="list-style-type: none"> - Resume face to face 1:1 appointments for those who require; - Face to face groups
Community Addictions Team		
75%	<ul style="list-style-type: none"> - All referrals being allocated. - Routine referral assessments (alcohol and drugs). - Opiate Replacement Therapy (ORT) provision ongoing under revised arrangements. - Ongoing treatment and care of caseload, psycho-social interventions, etc. face to face engagement increasing. - Home visits for high risk individuals / concerns / vulnerable adults. - Psychology and psychiatry appointments continuing weekly by phone. - Psychology at St Andrew's House reinstated 13 July. - Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis) 	<ul style="list-style-type: none"> - Mutual aid and relaxation groups. - Alcohol groups. - MDT (plan to start via Microsoft Teams week beginning 10th August 2020 due to Consultant availability) - Routine Duty Assessment Process to be introduced. ORT Clinic Process – new guidelines to be agreed for service moving forward.

Public Protection and Children's Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Children's social work services		
90%	Majority of SW services continuing including <ul style="list-style-type: none"> - home visiting - assessments - child protection - corporate parenting activity - regulated care services - fostering/adoption/kinship care 	<ul style="list-style-type: none"> - Group based support for parents and children (with the exception of outdoor summer programme activity) - Training (where face to face necessary) - SW Student placements - Joint Activities with SupER Kids (e.g. Glee) (all previous capacity currently supporting IMS Education Hub)
Children and Families Nursing		
80%	<ul style="list-style-type: none"> - Delivering required visits in line with national and local NHSGGC guidance (except anti-natal contacts which have not been implemented within GGC) and use of pro forma to support any alternative delivery model. - Use of Attend Anywhere and Near Me as an alternative for face to face contact. - PoPP, Parenting interventions for high risk families, breast feeding support and Childsmile continue through blended approaches. - Contact with GP practices – adapted. Childhood Immunisation programmes continuing. - Vitual Baby Café - Revalidation for Unicef gold achieved - Working from both bases at Eastwood and Barrhead Health and Care Centre 	<ul style="list-style-type: none"> - Routine Parenting Interventions face to face - Baby Café / Breast Feeding support group - Contact with GP practices – face to face; Bookbug resource dissemination (awaiting resource) - P1 and P7 Health screening. - Anti-natal visits
C&F Inclusive Support Team		
95%	<ul style="list-style-type: none"> - Service working at full capacity to support Education ASN Hub over the summer period (replacing the normal holiday programme). - Community supports / weekend supports have recommenced on a small scale. 	<ul style="list-style-type: none"> - Full scale community and weekend supports with reintroduction of normal term time activity.

Health Improvement		
70%	<ul style="list-style-type: none"> - All staff returned from Covid-19 Assessment Centre as of 1st June 2020. - Sharing learning and updates with team members realigned during lockdown. - Social work summer program recovery inputs. - Development of the new health and wellbeing section of the Champions Board website. - Review of training provisions for suitability and adaptability to online format. - Re-establishing links with key partners. - Virtual Support for Breastfeeding Café. 	<ul style="list-style-type: none"> - Child Smile - Monitoring of program in early years establishments. Toothbrush Training and Oral Health Assessment Tool links; Quarterly OHAT meetings to recommence - Weigh to Go – Service delivery by partners in Barrhead & Eastwood Health centres. - Wider community Breast Feeding supports, monitoring and accreditation work and MINF (Maternal and Infant Nutrition Framework) links
CAMHS		
70%	<ul style="list-style-type: none"> - Service activity continues, young people seen by Attend Anywhere, emergencies and home visits have taken place with appropriate PPE. Sourcing of room availability with 2 meter safe space remains challenging. 	<ul style="list-style-type: none"> - Medication clinics - Physical observations - Inter-agency meetings - All staff back into buildings - Group work - Routine assessments.
Speech and Language Therapy		
50%	<ul style="list-style-type: none"> - SLT services have maintained emergency presence in Barrhead HCC. - Referral, triage and waiting list management have continued for SLT and Autism Diagnostic Service. - Telephone and Near Me consultations undertaken for SLT and ASD services by clinicians. 	<ul style="list-style-type: none"> - Face to face consultation where Near Me is neither appropriate nor possible for triage, assessment and treatment - ASD clinical assessment (2 clinicians) and feedback. (Some assessments can be carried out virtually) - Parenting Programmes e.g. Hanen, Cygnet - In school / nursery consultation - Observation/assessment and delivery of coaching and direct modelling with staff - Home based assessment/ intervention - Training and mentoring.
Learning and Development		
60%	<ul style="list-style-type: none"> - Virtual training and limited face to face for essential work is taking place. - Current programmes have been revised to allow for social distancing requirements. 	<ul style="list-style-type: none"> - SVQ, large scale events, reduced training programme, practice teaching - Essential induction training now up and running and progressing well

Criminal Justice		
50%	<ul style="list-style-type: none"> - Client supervision continues albeit limited to monitoring - MAPPA level 1 meetings with police (teleconference) - MAPPA audit - Client quarterly reviews (client not attending) - Prison visits/reviews - Court reports/home background reports. 	<ul style="list-style-type: none"> - Unpaid work - Group work - Reviews with client attending - Joint home visits - unannounced/ announced with police - Joint Risk assessments with police - Face to face direct intervention/ casework with clients. - Service specific premises (work ongoing to reopen as part of accommodation workstream)

12. Finance and Resources

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Finance		
95%	<ul style="list-style-type: none"> - Day to day activity underway as normal, however some annual reviews have been postponed. - Year end audit / budget setting made more challenging by vacancies. 	<ul style="list-style-type: none"> - Financial reassessments (were scheduled for April – June)
Commissioning		
95%	<ul style="list-style-type: none"> - Commissioning services and staff been fully available as a function throughout the crisis period. - Continuing focus on support to care homes and partner providers during the pandemic. 	
Governance & Systems (Business Support; Info Systems; Facilities)		
80%	<ul style="list-style-type: none"> - Answering of phone calls from public and other services - Arranging and minutes of statutory meetings - Client monies - Updating of key systems including CareFirst, CM2000, SCI gateway. - Buildings open and adhering to social distancing guidance 	<ul style="list-style-type: none"> - Staff presence at all clinical receptions has not been required, this will need to be reviewed as services enter recovery phase

13. The summary position for our eight thematic work streams to support recovery is shown below:

WORKSTREAM	UPDATE/COMMENTS	OVERALL % COMPLETION
Governance	<ul style="list-style-type: none"> - Most Governance recovery actions/tasks complete - Some ongoing work now progressing on the Communications Plan and in ensuring that all interdependencies are captured, recorded and acted on accordingly 	81%
Accommodation	<ul style="list-style-type: none"> - We are reintroducing our services to our buildings in line with social distancing - Clinical zone capacity has been scoped - Separate project being set up to manage winter flu vaccination programme including accommodation arrangements 	75%
Workforce	<ul style="list-style-type: none"> - Staff Governance Plan 2020/21 progressing well - plan will be presented to the next JSF for approval - Next Health & Wellbeing Newsletter being developed 	39%
Partner Organisations	<ul style="list-style-type: none"> - Meeting arranged with Scottish Government on Strategic Planning and Review (3 August 2020) - Update provided to Steering Group on Engagement and Participation Strategy 	25%
ICT Requirements	<ul style="list-style-type: none"> - 79% of ERC workforce upgraded to Windows10 - Agreed structure for new HSCP distribution lists with IT and work begun on development - Commencing roll-out of mobile phone replacement for those who do not currently have email capability 	41%
PPE	<ul style="list-style-type: none"> - PPE Hub to remain at EHCC as agreed by DMT. - HSCP centralised PPE ordering model continuing 	58%
Change Programme	<ul style="list-style-type: none"> - Change Programme proposed timescale prepared to begin to reinstate 	43%
Ongoing COVID-19 Response	<ul style="list-style-type: none"> - Weekly review of operational recovery plans informs internal reporting 	49%

CONSULTATION AND PARTNERSHIP WORKING

14. Staff partnership colleagues are part of the HSCP Recovery Steering Group which is overseeing the operational recovery plan.
15. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.

IMPLICATIONS OF THE PROPOSALS

Finance

16. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response and recovery.

Workforce

17. Any specific workforce implications identified through the programme will be reported as required.

Risk

18. The HSCP continues to monitor the risk implications from the Covid-19 response and recovery.

DIRECTIONS

19. There are no directions arising from this report.

CONCLUSIONS

20. There is a significant amount of work taking place to ensure we can continue to safely provide essential services, as we have done throughout the crisis, whilst introducing more services back towards “normal” operation. We are taking into account lessons learned from our response so far and also using this to inform our recovery as this too will help inform how we shape and deliver services moving forward.
21. It is recognised that the recovery phase and the return to planned day to day arrangements is unlikely to be straightforward or predictable, given the continuing requirement for social distancing and public health controls. Some aspects of recovery planning will be possible through planned steps, but often these will be dependent on policy decisions that are not yet known. In addition, there remains the potential for further waves of Covid-19 infection which may mean we are required to ‘step back’ to restrictions seen in previous phases. Our approach continues to stress flexibility and the need to adapt quickly to changing circumstance.

RECOMMENDATIONS

22. The Integration Joint Board is asked to note and comment on this report.

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BACKGROUND PAPERS

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to COVID-19
https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=63728422771440000

IJB Paper - 24 June 2020: East Renfrewshire HSCP COVID-19 Recovery Plan
https://www.eastrenfrewshire.gov.uk/media/1399/Integration-Joint-Board-Item-05-24-June-2020/pdf/Integration_Joint_Board_Item_05_-_24_June_2020.pdf?m=63728422772083000

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