



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board									
Held on	23 September 2020									
Agenda Item	8									
Title	Clinical and Care Governance Annual Report 2019-2020									
<p>Summary</p> <p>The Clinical and Care Governance Annual Report 2019–2020 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to improve the quality of care within the partnership.</p> <p>The report was approved by the Clinical and Care Governance Group on 9 September June 2020.</p>										
Presented by	Claire Fisher, Clinical Director									
<p>Action Required</p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> - note the Clinical and Care Governance Annual Report 2019-2020 - note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward 										
<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 Health and Social Care Partnership

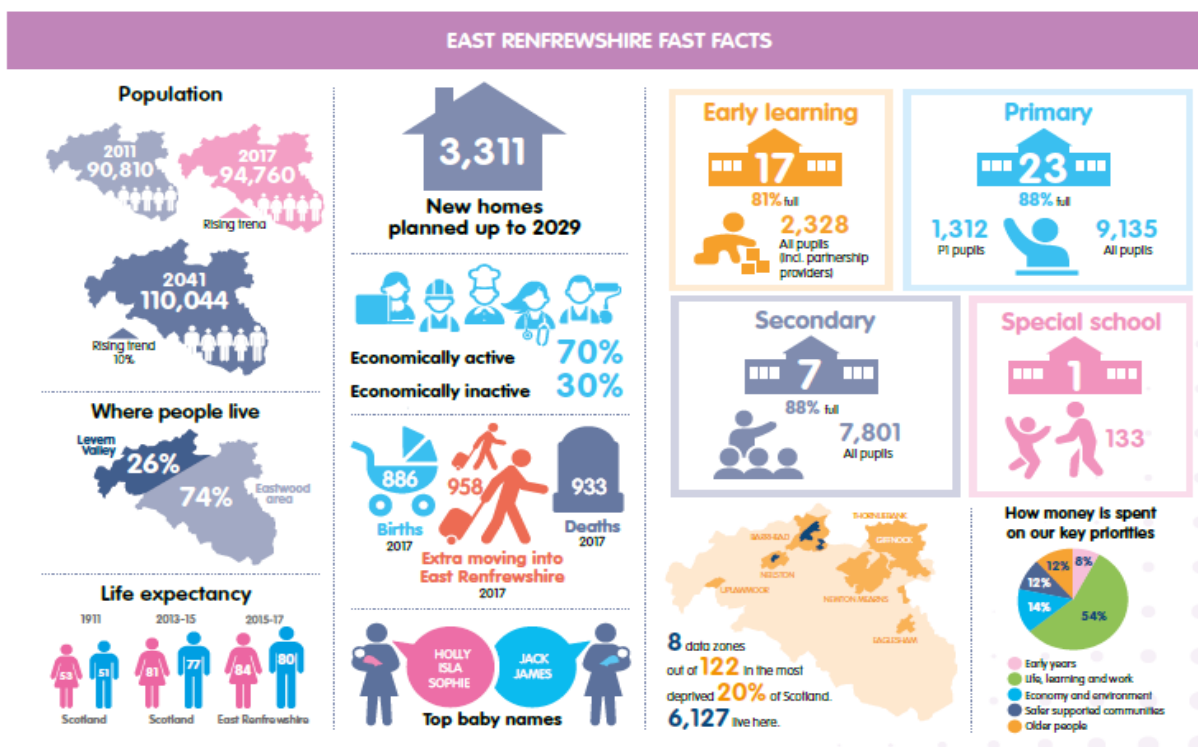
Annual Clinical and Care Governance Report

2019 - 2020

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1. Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership (HSCP) was formed in 2015 and covers the population within the same geographical boundary as East Renfrewshire Council.
- 1.2 East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.
- 1.3 Our population is growing and reached 95,530 in 2019. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

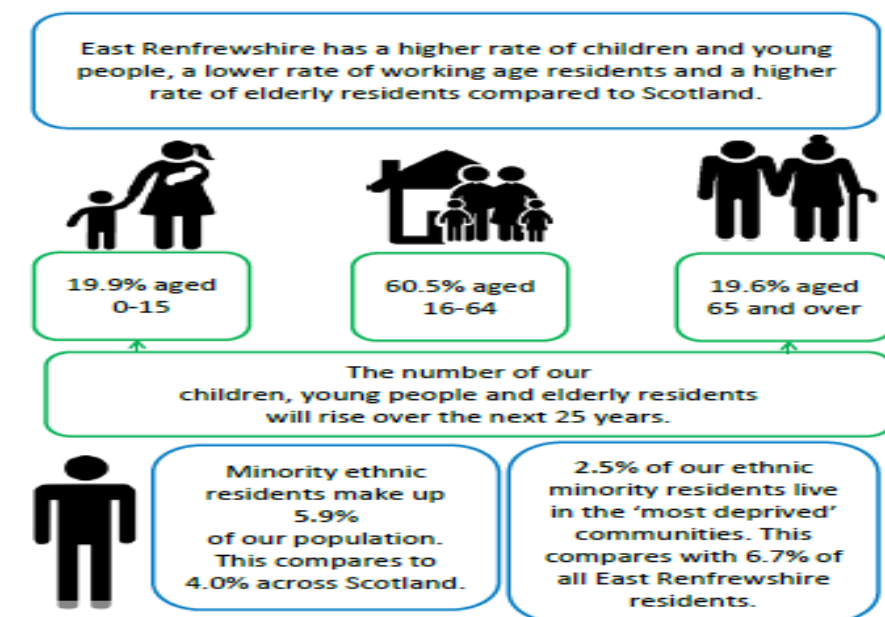


- 1.4 Each year an annual report reflecting on the clinical and care governance arrangements of the Health and Social Care Partnership and the progress it has made in improving the quality of clinical care is produced. The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our Health and Social Care Partnership through a small selection of the activities and interventions.

The Strategic Plan for Health and Social Care 2018 – 2021

1.5 The Strategic Plan sets out the strategic priorities for East Renfrewshire Health and Social Care Partnership and progress is outlined in the Annual Performance Report that are overseen by the Performance and Audit Committee. The Strategic Plan explains in more detail the strategic priorities and the sections below summarise what is known from our local population, the implications and the challenges.

1.6 From the Community Planning work locally for our population we know that:



1.7 The implications for our population are:

- East Renfrewshire's population is increasing (youngest and oldest populations especially)
- People over 80 are the greatest users of hospital and community health services and social care. Retirement and Care Homes choose to open in the area
- People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care supports

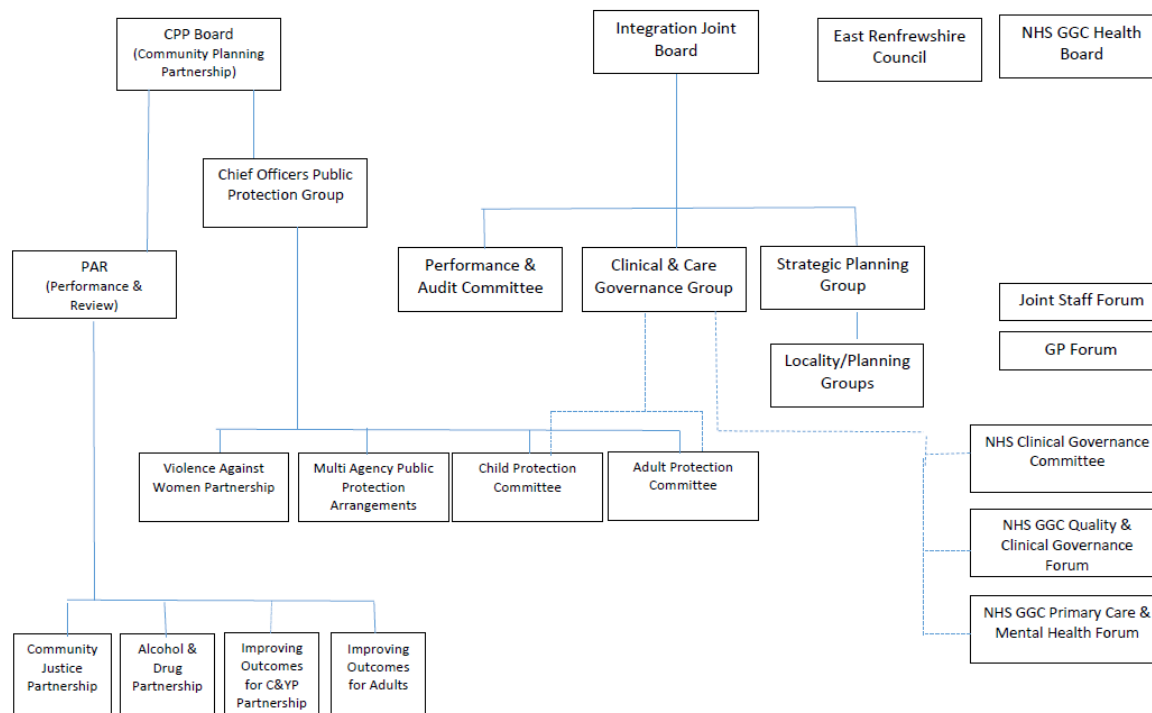
1.8 The challenges are:

- Increasing numbers of very old people who are at risk of frailty, dementia and often experience loneliness;
- Residents, including many of our young people, reporting concern about poor mental health and wellbeing
- Despite good overall population health some of our communities continuing to experience shorter life expectancy and poorer wellbeing
- Although people and their families tell us that they would like to be cared for and die at home more people are going into hospital than ever before
- People and their carers report that they do not feel that their care is well coordinated and that they don't have choice and control over their support.
- Reducing public funding and ever-increasing demand mean that all partners are facing an unprecedented financial challenge.

The Governance Framework of East Renfrewshire Integration Joint Board (IJB)

- 1.9 The main features of the governance framework in place during 2019/20 are summarised below in Table 1.

Table 1: Governance, relationships and links with partners which form the IJB



- 1.10 The Integration Joint Board (IJB), comprising all IJB Board members, is the key decision-making body. The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance.
- 1.11 The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB.
- 1.12 The IJB's purpose and vision is outlined in the HSCP Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB.
- 1.13 The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members.
- 1.14 The Performance and Audit Committee routinely review the Strategic Risk Register.
- 1.15 The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues.
- 1.16 The IJB has two localities; Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager.

- 1.17 The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18.
- 1.18 There is a formal Code of Governance. Clinical and Care Governance were fully compliant as per the Annual Governance Statement for 2019-2020.
- 1.19 The redesign and improvement plan for the Care at Home service is ongoing and includes all Care Inspectorate requirements.
- 1.20 The programme is led by the Chief Officer and the programme oversight board is chaired by the Council Chief Executive. Membership includes staff side, human resources, legal services, the Chief Social Work Officer and the Intensive Services Manager and Programme Manager.
- 1.21 A Report on progress, timelines and key milestones is also taken to each meeting of the IJB and Care at Home is a standard agenda item at the Clinical and Care Governance Group.
- 1.22 In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integrated Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice.
- 1.23 The Clinical and Care Governance Group's agenda is structured so that updates are received on Adult Support and Protection, Child Protection and Multi Agency Public Protection Arrangements as well as the Annual Report of the Chief Social Work Officer. There is also an annual update on the work of the Violence against Women and Girls Partnership.

Clinical and Care Governance Arrangements

- 1.24 The role of the Clinical and Care Governance Group is to consider matters relating to governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.
- 1.25 Specifically the group is responsible for the following:
- Providing assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place
 - Reviewing significant and adverse events and ensure learning is applied
 - Supporting staff in continuously improving the quality and safety of care
 - Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services
 - Creating a culture of quality improvement and ensuring that this is embedded in the organisation

- 1.26 The group was chaired by Susan Brimelow, NHS Greater Glasgow and Clyde Board Non Executive member until June 2020. The Clinical and Care Governance Group will now be chaired by Amina Khan, NHS Greater Glasgow and Clyde Non Executive member from September 2020 onwards.
- 1.27 Membership includes IJB members, Chief Officer, Clinical Director, Chief Social Work Officer, Professional Nurse Advisor, AHP Professional Lead (OT), GP representative, Optometry Lead, Pharmacy Lead, NHS Greater Glasgow and Clyde Clinical Effectiveness representative, Third and Independent Sector representatives, and patient and carer representatives from Your Voice.
- 1.28 The group meets four times a year and the agenda is structured to cover the areas of:
- Professional Leadership/Standards including registration and practice assurance
 - Improvement Activity including self-evaluation and clinical governance actions
 - Service Care Group Activity
 - Patient/Service User Views including complaints, surveys and feedback
 - Quality and Safety of Care including public protection , Inspections and Contract Monitoring
 - Review of Significant and Adverse Events
- 1.29 The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the Directorate Management Team in keeping with local governance arrangements and to ensure all relevant issues are reported from respective services. The Clinical Director and Chief Nurse attend the Partnership Clinical and Care Governance Group meeting. The Chief Nurse provides an update report to the group in the absence of the Clinical Director as required.
- 1.30 The Clinical and Care Governance Group met on 5th June 2019, 4th September 2019, 20th November 2019 and 4th March 2020.
- 1.31 The Clinical and Care Governance Group have strengthened the role of the Your Voice Working Group members from its formation. The IJB have agreed that there can be 2 Service User and 2 Carer Representatives from Your Voice that can attend the group. The group members are supported by the Clinical and Care Governance Facilitator and have an agenda item for members to raise issues. The Your Voice Working Group receive updates following the Clinical and Care Governance meetings. The Working Agreement between the Clinical and Care Governance Group and the Your Voice Working Group was updated in June 2020.
- 1.32 The Adult Services Clinical and Care Governance Group is now well established and met on 19th December 2019 and 12th February 2020. The group is chaired by Candy Millard, Head of Adult Health and Social Care Localities

2. Person Centred Care

Primary Care Improvement Plan

- 2.1 East Renfrewshire Health and Social Care Partnership, supported by our GP Sub-committee representative developed our three-year Primary Care Improvement Plan for 2018 – 2021. This plan will enable the role of the GP moving forward to evolve in to the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GP's and practice staff to reduce GP practice workload and improve patient care. The main highlights to year two are listed below.

The Vaccination Transformation Programme (VTP)

Childhood Immunisations

- 2.2 The delivery of routine childhood immunisations has fully transferred from all NHS Greater Glasgow and Clyde GP practices, with delivery now based in 39 community clinics, two of which are in East Renfrewshire. A new Pre School Immunisation Team, hosted by Glasgow City HSCP – North West Sector, was established in August 2019.
- 2.3 Pre-school flu vaccinations for 2-5 year olds were intended to shift in year 2 (2019-20) using the same venues as the routine childhood clinics. In 2019, Heath Visiting ran a pilot of children's flu clinics in Barrhead Health and Care Centre and the increase in uptake can be seen below:

	Historical uptake % of participating GP Practices		
Pilot Clinic	2019/2020	2018/2019	2016/2017
Barrhead	73.3%	47.9%	52.9%

Vaccination in Pregnancy

- 2.4 Pregnant Women Immunisations (flu and pertussis) is being delivered via Women and Children's Services/Midwifery across all Greater Glasgow and Clyde Maternity Centres in year 2 (2019-20). The service delivery of flu and pertussis through Maternity Services has been a 'soft start' pending resolution of outstanding issues (IT and staffing); with vaccination being offered opportunistically to women attending 12 and 20 week scan appointments. GP practices continue to vaccinate pregnant women post 20 week scan if they have not already been vaccinated.
- 2.5 Maternity services ran a pilot of flu clinics for pregnant women from Barrhead Health and Care Centre in 2019, co-ordinated by NHS Greater Glasgow and Clyde. A full evaluation will be completed in 2020.

Adult Vaccinations

- 2.6 It is planned that by 2021 all Adult Immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered locally through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (as per Childhood and Schools). The wider programme of adult vaccinations continues to be scoped and planned through the NHS Greater Glasgow and Clyde Adult Immunisation Vaccination Transformation Programme group which representation from each of the HSCPs.

- 2.7 In 2019, in the absence of an interim IT solution to enable a larger scale flu pilot, it was agreed to pilot opportunistic adult flu vaccination (over 65s and under 65 “at risk”) through community pharmacies to assess capacity and feasibility of this as part of potential future hybrid service delivery model. This is in addition to status quo delivery through GP practices.
- 2.8 The Community Pharmacy flu pilot commenced on 4th November 2019, 184 pharmacies signed up across Greater Glasgow and Clyde with 16 of these being in East Renfrewshire. A full evaluation will be completed in 2020.
- 2.9 In East Renfrewshire, flu immunisations for the housebound on the district nursing caseload were co-ordinated by the Senior Nurse. Additionally, all GP Practices were contacted by the Senior Nurse to complete a pro-forma identifying housebound patients who were not on the District Nursing caseload. This cohort were also vaccinated by the district nursing team during November 2019.
- 2.10 A successful peer flu vaccination program was also co-ordinated by the Senior Nurse in 2019 with increased uptake from previous years. Whilst district nurses were the main staff group involved in the delivery of the peer vaccinations the intention is that this requires to widen out to a range of other qualified staff to support this important programme with less dependency on a service which is often under significant pressure due to seasonal demands.

Pharmacotherapy Services

- 2.11 Moving towards year 3 of the transition period, work is underway to determine the appropriate skill mix and service model for the future. Early audits estimated that 2.5 whole time equivalent Pharmacists per 5000 patients is required to fully deliver all Pharmacotherapy elements as stated in the GP contract. At this stage there is nothing to suggest that this can be reduced. Full service transfer is unlikely to be possible by the end of 2021 with the main barriers being the availability of suitably qualified staff and lack of suitable space in some practices to accommodate pharmacy staff.
- 2.12 Work is underway to scope out the feasibility of testing a ‘hub model’, in which some Level 1 activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.
- 2.13 The Lead for Prescribing and Clinical Pharmacy and the Localities Improvement Manager started visiting GP Practices in January 2020 to review Pharmacotherapy provision thus far and gather views to inform the planning process for year three.

Community Treatment and Care Services

Community Health Care Assistants within GP Practices

- 2.14 Our Primary Care Improvement Programme (PCIP) Band 3 Community Health Care Assistants successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community including suture removal, urinalysis, simple wound dressings, BMI (Body Mass Index), health and weight etc.

Treatment Room

- 2.15 In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, this allowed us to understand the type and volumes of activity. The data set was shared with the PCIP Steering Group where the decision was taken to launch the service with a transfer of the task taking the most time in practices to treatment rooms; this is dressings. In Eastwood locality there was an average of 85 hours per week and Barrhead 21 hours per week. Other tasks such as phlebotomy and suture removal will also be available.
- 2.16 Recruitment took place in December 2019 for Treatment Room; 1 x Treatment Room Co-coordinator, 2 x Treatment Room Nurses, 1 Community Health Care Assistant and 1 Admin/Health Care Assistant. Following recruitment and induction it was planned to test processes and systems in March 2020 with a 'Go Live' date for the Treatment Rooms at both Barrhead and Eastwood Health and Care Centres by April 2020. However, due to COVID-19 this development programme had to be paused with recovery plans currently underway.
- 2.17 Two Short Life Working Groups actively developed referral pathways/processes, appointment allocation, sharing of information between
- 2.18 GP Practices and the Treatment Room Standard Operating Procedures.

Urgent Care Services (Advanced Practitioners)

- 2.19 In June 2019 following three rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) successfully completed her training and is now in a permanent post. In order to complete transition to ANP a portfolio has to be completed requiring GP support. PCIP funding was used to remunerate two practices within one cluster who offered to support the competency sign off over a 6 month period. Competency sign off to a fully-fledged ANP was completed by January 2020. Data was collected as part of a test of change from October 2019 – March 2020 and will be reviewed to measure impact of the role in reducing GP house visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals. This data will help to inform future modelling in relation to ANPs.

Additional Professional roles

- 2.20 A further one whole time equivalent Advanced Practice Physiotherapist was recruited; this resource is shared across 2 practices. Two whole time equivalent Advanced Practice Physiotherapists are now in post providing support to 4 GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff.

Community Links Worker

- 2.21 East Renfrewshire has imbedded the Recovery Across Mental Health (RAMH) Community Links Worker model in all 15 practices across East Renfrewshire following PCIP implementation. Currently 4 whole time equivalent are allocated to GP Practices per 5000 patients. Analysis of the service and impact review was due at the end of March 2020, At July 2020 it was agreed that the Local Intelligence Support Team (LIST) resource can be used to recommence this work. RAMH will provide data from 1st September 2019 to 31st July 2020 to add this second extract to the first dataset for full analysis and impact review to be completed (this will include

COVID-19 impact). At 31st August 2019 2034 patients accessed Community Links Worker's in GP Practices.

Children 1st Family Wellbeing Service

- 2.22 In September 2017, Children 1st and East Renfrewshire Health and Social Care Partnership developed a one year pilot service called the Family Wellbeing Service to offer early help for children and families who are experiencing emotional distress. The pilot was a success, exceeding service outcomes which resulted in improved emotional wellbeing in children, young people and families.
- 2.23 As a consequence of the significant new funding stream from Robertson Trust and East Renfrewshire Health and Social Care Partnership the new enhanced service began on 1 June 2019. This investment has enabled the service to expand its reach to include all GP Practices from June last year. This has been very successful with almost all practices beginning to refer children and young people.
- 2.24 The service is funded to accept a minimum of 178 referrals per year but has exceeded this figure significantly already. Promotion of the service with GPs, in particular with the couple that have yet to engage is ongoing, as is strengthening links with wider partner agencies. A new set of measures and outcomes has been developed for the service and this is being reported through existing Health and Social Care Partnership and Robertson Trust structures. Early evaluation of the programme is indicating a significant improvement in the emotional wellbeing of the children and young people referred with less presenting again at their GP with distress.
- 2.25 In January 2020 the team moved into newly refurbished family friendly and trauma sensitive premises in Giffnock. We will retain the space we have in Eastwood Health and Care Centre to ensure full accessibility for families and in recognition of the positive relationships which have been fostered by us having a presence in Eastwood Heath and Care Centre.

Impact Criteria

- 2.26 The information provided in the table below provides an overview of the impact of the service working alongside children, young people and families.

Impact Criteria	Open Families	Closed Families
75% children and young people feel calmer and are less anxious	60% - experiencing improvement 16% - experiencing no change at present 2% - things are feeling worse (has been since lockdown) 22% - still to be reviewed	92% - experienced improvement 8% - experienced no change
75% parents were better able to understand and support their children emotional wellbeing	62% - experiencing improvement 14% - experiencing no change at present 24% - still to be reviewed	89% - experienced improvement 11% - experienced no change

75% family members are better able to communicate	56% - experiencing improvement 11% - experiencing no change at present 33% - still to be reviewed	93% - experienced improvement 7% - experienced no change
75% of families have increased emotional warmth within their family	38% - experiencing improvement 14% - experiencing no change at present 48% - still to be reviewed	91% - experienced improvement 9% - experienced no change
75% of children, young people and families are able to cope better with stressful events and change	52% - experiencing improvement 17% - experiencing no change at present 2% - things are feeling worse (has been since lockdown) 29% - still to be reviewed	88% - experienced improvement 12% - experienced no change

Feedback from Families

- 2.27 Alongside the impact data, feedback from families further brings to life the impact of the support provided by the Family Wellbeing Service team. We ask families for feedback on a regular basis; recently families provided us with their experiences of the service:

Has support from the Family Wellbeing Service been helpful?

“I wouldn’t be where I am now if I hadn’t come here”
18yr old

“I know that I fit in here, can have a laugh and talk about similar issues”
Parent

“Yes, having someone to talk to and who listens”
10yr old

“Yes, 100%. I don’t know where we would be without the service. They are the first to really help and support us after everything we have been through”
Parent

“When I first met my worker, we went for a walk. It felt informal and it helped me feel safe and relaxed. We are now meeting in my home where I feel most comfortable. The service helps build a lot of confidence... it is easy to open up after a while”
15yr old

Yes, definitely. It was important for me that we took the time to get to know each other before I was ready to talk about how I feel”
15yr old

Youth Intensive Support Service (YISS)

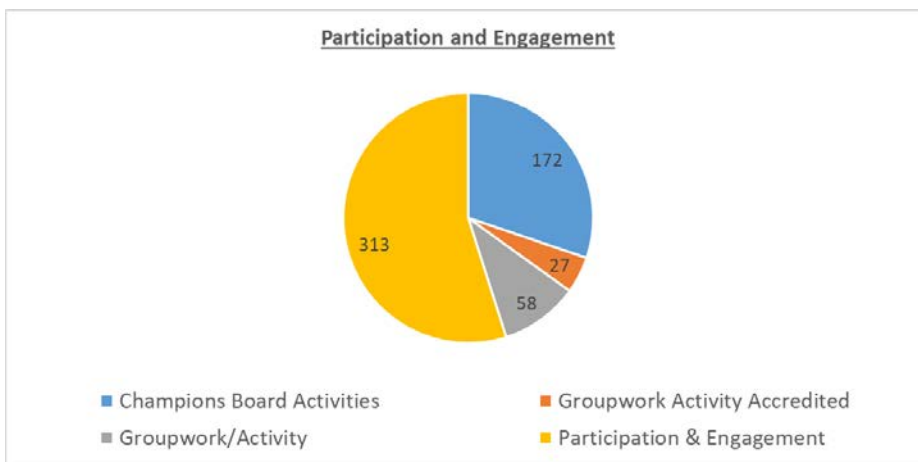
- 2.28 Intensive Services for Young People was established during 2015 as the lead service for all looked after young people (12 years of age and over) and for young people eligible for Continuing Care and After Care. This is in recognition that for these young people, more intensive interventions are required to improve their recovery from trauma, neglect and abuse.
- 2.29 The team reflects the statutory duties within the Children and Young People's (Scotland) Act 2014, to support young people eligible for continuing care up to the age of 21 and for after care up to the age of 26. For young people subject to the Children (Scotland) Act 1995, Section 22 who are at risk of being accommodated and or custody, intensive services provide direct interventions alongside their community social work colleagues and 3rd sector.
- 2.30 The Youth Intensive Support Service and Intensive Family Support works closely and alongside East Renfrewshire's Child and Adolescent Mental Health Services (CAMHS). The service has the following shared aims across social work and health services:
- *To reduce the number of young people looked after, looked after and accommodated and at risk of hospitalisation.*
 - *To reduce the impact of historical trauma and abuse for young people.*
 - *To ensure that the transition into adulthood achieves better long term outcomes.*
- 2.31 Of the 150 young people allocated to the Youth Intensive Support Service as at 31st March 2020:
- 54% were receiving intensive support services.
 - 23% were subject to Compulsory Measures of Supervision.
 - 25% were care experienced young people in receipt of Continuing or After Care support.
 - 86% of care experienced young people in receipt of Continuing or After Care support were supported through the Family Firm scheme.
- 2.32 In the period 2019 – 2020 the Youth Intensive Support Service gained two Advanced Practitioner posts. The Champions Board Co-ordinator post co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority whilst our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people.

Champions Board, Group Work and Participation

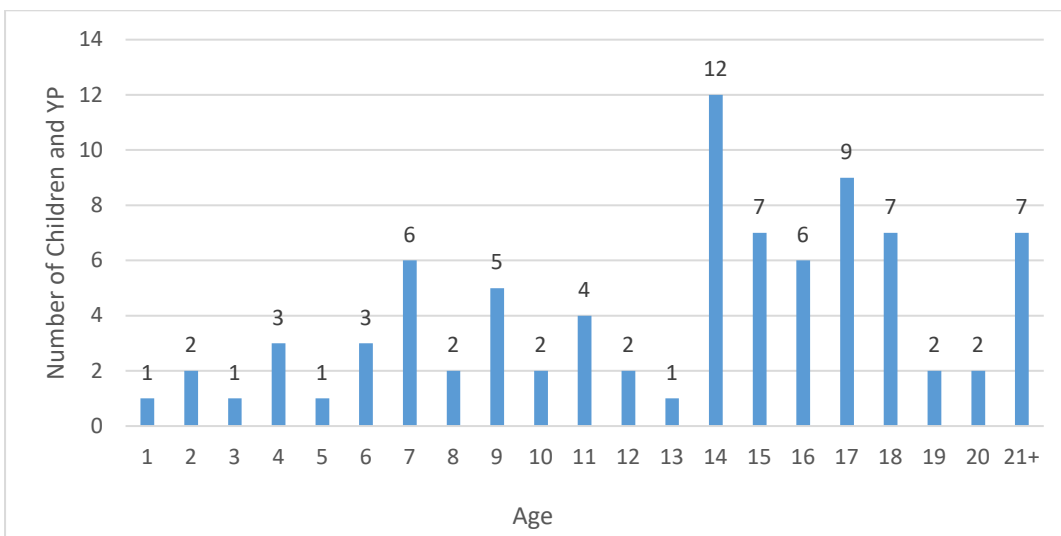
- 2.33 Throughout 2019/20, we have continued to engage with our children, young people, families and communities. We now have a dedicated Champions Board Advanced Practitioner Post embedded within our Intensive Service structure to co-ordinate Champions Board activity. Participation and engagement continues to be at the heart of our children services. A number of events have been held to widen the participation and to support a change in culture across the Health and Social Care Partnership. Some of these activities include a summer barbeque, a family Christmas dinner, school holiday programmes and too many to list within this report.
- 2.34 This year an e-learning module on Corporate Parenting has been developed by our young people. Training is now available for Corporate Parents on East Renfrewshire Council training calendar.

2.35 The Champions Board has continued to raise awareness about what it is like to be care experienced, helping corporate parents understand the impact services have had on their lives and what needs to be done to ensure that there is positive change. The Champions Board have worked closely with the Care Review Participation Team. They have been involved in consultation and have created a video around their views given around 'STOP-GO'. Involvement in the Care Review has allowed young people to see that the Champions Board is part of a wider agenda. Young people have attended Care Review Road shows, 1000 voices events, and attended as a group to give their views on the 'stories' which were to be published within the Care Review Reports.

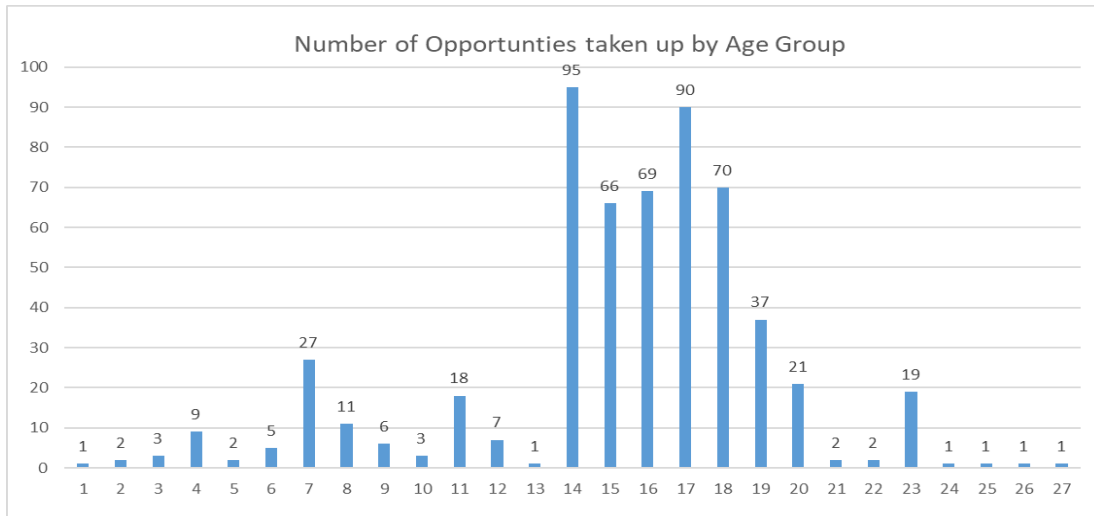
2.36 Between April 2019 and March 2020 there were 520 opportunities for children's and young people to take part in participation and engagement, twenty-seven of these have led to an recognised accredited award. These opportunities were taken up by eighty-seven children and young people across the children and families teams. This is shown in the table below.



2.37 The chart below demonstrates the age of the eighty-seven young people that took part in engagement and participation opportunities.



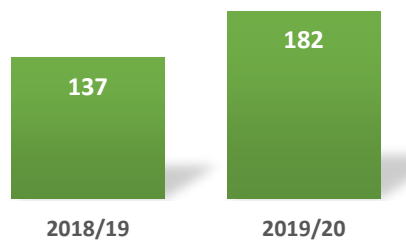
2.38 The table shows the opportunities taken up by children and young people broken down by age group. It highlights that the majority of our participation of engagement involves our 14 - 19 age groups, but we have steady increase in 7 - 12 year olds which demonstrates the continued efforts of our community team to ensure that participation opportunities are offered to all children engaging with our services.



Complaints Summary for 2019 -2020

2.39 During 2019/20 a total of 182 complaints were received from patients, service users and their carers or representatives.

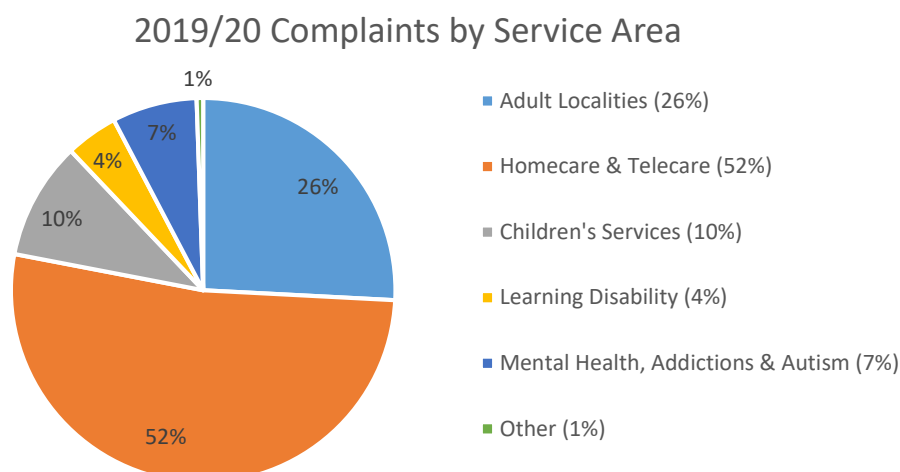
2.40 This represents a 33% increase compared to the 137 complaints logged the previous year as shown below.



2.41 The increase is likely due to continued improvements in the recording of complaints and not necessarily an increase in the number of complaints received.

2.42 As with previous years, the majority of complaints are in relation to adult services, and in particular care at home and telecare. Following the inspection of our care of care home service earlier in the year, the Care Inspectorate noted there was under reporting of complaints within the service and made a requirement that the service must ensure that its handling of complaints is applied in accordance with the HSCP procedure and good practice guidelines. Recording of complaint activity has therefore increased as a result of service improvements within Care at Home. It should also be noted that complaints recorded during the first half of the year included both our in-house service and externally commissioned services.

2.43 The chart below shows the breakdown of complaints by service area.



- 2.44 The often complex and multi organisational nature of the Health and Social Care Partnership complaints continues to be a challenge in meeting timescales however 74% of the total complaints were responded to within the required timescale, an improvement on the previous years' performance.
- 2.45 Of the total complaints logged 87 were frontline complaints, of which 83% were responded to within the target of 5 working days. 95 were investigation complaints, with 64% responded to within the 20 day target.
- 2.46 Of the total complaints logged 45% were upheld, 25% were partially upheld and 30% not upheld.
- 2.47 During 2019/20 the Scottish Public Service Ombudsman notified us of 4 complaints which had been sent to them for consideration. The HSCP supplied the requested information at the assessment stage and the SPSO have confirmed that they will not be taking 2 of the complaints forward. We are still awaiting a final outcome for the remaining 2.

Care Opinion Implementation

- 2.48 Following a decision to implement Care Opinion within the Partnership in 2019 a communication and implementation plan was subsequently developed aligning to the East Renfrewshire HSCP Public Engagement Strategy.
- 2.49 Care Opinion is an independent, not-for-profit organisation who provide an online feedback platform, where people can safely share their experience of any health service or Care Inspectorate-registered provider social care service.
- 2.50 They are funded mainly through subscriptions from health and care organisations.
- 2.51 Unfortunately due to COVID-19 the implementation process was paused. However, as the HSCP is now in recovery plans are in place to resume this important work with the Implementation Group meeting scheduled to take place on 3 September 2020.

3. Safe

Medication Support Service

- 3.1 The Medication Support Service aims to provide patients/carers medication advice to gain the best from their medication, leading to better health and improved quality of life. A specialist team of Pharmacy Technicians offer home visits to people who have just come out of hospital or who have been identified as needing help with their medicines at home.
- 3.2 They help make sure patients know what medicines they should and shouldn't be taking, know what each medicine is for and how it is used or taken - at the right time - the right way – by the right route. Staff also ensure medicines are not causing any problems. They offer extra support like reminder charts, adding Telecare/carer medication prompts, assessing/organising dosette box etc. We communicate any changes or issues with everyone involved e.g. GP / Nurse / Chemist / Carers / Social Care Teams.

Care at Home Medication Administration Records (MAR) Pilot

- 3.3 A Care at Home MAR pilot has been rolled out in Neilston and there are plans to expand this to the Barrhead area to include patients registered with Glennifer, Lavern and Oaks GP's.
- 3.4 COVID-19 has interrupted the roll out, but we can continue to identify suitable patients for administration of their medicines from original packs and carers recording on Medication Administration Records (MAR) charts, with carers scheduled to attend MAR training in advance of supporting any patient.
- 3.5 This work involves a multi-disciplinary approach including Homecare Organisers, Home Support Workers, Community Pharmacy, GPs and the Medication Support Service.

Professional Nursing Assurance Framework and Work Plan Nursing

- 3.6 The professional nursing assurance work plan has been developed from the Professional Nursing Assurance Framework first presented to the Clinical and Care Governance Committee in March 2018. Three documents have specific relevance to the development of the framework and should be seen as underpinning documents. These include: the Joint Declaration on Nursing, Midwifery and AHP Leadership¹; the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland² and the Care Governance Framework³. The framework based on the national nursing and midwifery professional framework⁴ developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored.

¹ NHS Scotland (2010) Joint Declaration Available online
http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf

² Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland, CNOPPP, Scottish Government

³ Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government

⁴ Scottish Government (2014) Turning Tides - Nursing and Midwifery Professional Assurance Framework for Scotland. Scottish Executive Nurse Directors in Association with the Chief Nursing Officer

UNICEF Gold Baby Friendly Revalidation

- 3.7 The HSCP Health Visiting team submitted the UNICEF Gold Revalidation Report in July 2020 in order to retain the UNICEF gold baby friendly revalidation.
- 3.8 This work has been overseen by the East Renfrewshire Maternal & Infant Nutrition Framework Group. This has representation from Health Visiting Team Leaders and Health Visitors, the Infant Feeding Advisor, a Nursery Nurse, Support workers, Dental Health Worker, a Midwife, Health Improvement staff representation from NCT and Education.
- 3.9 Infant feeding continues to be a standing item on all meetings including monthly Health Visiting Team Meetings, Senior Management Operational Meetings and twice monthly Health Visiting Team and Senior Nurse / Team Leads meetings. Infant feeding is also discussed at integrated Senior Management teams and more recently UNICEF gold progress has been discussed and shared at weekly Senior Management Microsoft Team Integrated Health & Social Work Meetings.
- 3.10 We have several breastfeeding groups within East Renfrewshire. This includes the Barrhead Baby Café supported by our Health Visiting staff and NCT Peer supporters and also Cartmill Breastfeeding Group supported by our Health Visiting team. Both groups are held in a breastfeeding friendly environment with Scottish Breastfeeding Friendly leaflets and stickers available, while promoting a breastfeeding friendly culture. During COVID-19, the Baby Café has continued weekly, through a virtual process with mums who are interested and looking for support.
- 3.11 Our staff have received Informal verbal feedback from women attending both breastfeeding groups saying that they felt well supported by the group facilitators and enjoyed attending the groups.
- 3.12 The culture within East Renfrewshire is one of continuous improvement. We we have been examination the need to offer other services to help meet the needs of our families when attending the Breast feeding groups, For example, in in relation to the poverty agenda inviting money advice services to provide advice and support to parents. We continue to use social media in supporting Infant feeding, promoting the use of virtual groups during COVID-19 and are currently updating our information card on infant feeding that is placed within the red books.
- 3.13 The 5th birthday celebration of the Baby Café on the 12th December 2019 was very positive in both promoting and introducing both new mums but also other health professionals, particularly Midwifery services, enabling them to see the benefit of the group , therefore promoting this widely within East Renfrewshire. This success was reported in our local newspaper and also tabled at Parliament.
- 3.14 During COVID-19 our Health Visitors have continued to provide support and information as required using Attend Anywhere technology to connect with mothers and families as appropriate if unable to provide face to face contact in the home setting. Our health visiting team also signpost mums to online support including: National Breastfeeding Helpline, UNICEF COVID-19 guidance, and links to National Childbirth Trust, Breastfeeding Network, La Leche League, The Association of Breastfeeding Mothers along with UNICEF resources. Staff also access the services of the infant feeding advisor for support and refer mum's to the complex breastfeeding clinic as required. As an integrated HSCP, we continue to promote infant feeding to East Renfrewshire Council with support from our Health Improvement team. The Council adhere to the same standards as NHS Breast

feeding policy to promote and protect breast feeding and to ensure they follow the WHO Code.

Specialist Learning Disability Inpatient Service

- 3.15 East Renfrewshire HSCP continue to host the Specialist Learning Disability Inpatient Service that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Learning Disability Quality and Clinical Governance Meeting

- 3.16 The quality and clinical governance meetings continue to take place on a bi-monthly basis. Following the meeting a bi monthly briefing report is produced for all staff to be kept up to date with the main clinical governance activity. A minute of the meeting is also produced and circulated.

Development of Best Practice

- 3.17 Members of the quality and clinical governance meetings have developed and produced many examples of good/best practice. This has included the following:
- two transition guidance papers
 - A prevention and management of constipation guideline
 - Updated eligibility criteria
 - Updated manual for operational processes and standards
 - A dementia diagnostic pathway
 - Introduction of peer reviews for people exhibiting challenging behaviour in community settings
 - The creation of a challenging behaviour pathway
 - Use of Positive Behavioural Support paperwork for community staff
 - Implementation of a refreshed approach to Routine Sensitive Enquiry
 - Introduction of CORE – LD a self-reporting outcome measure
 - Development of health care coordination guidance
 - Development of vehicle harness guidance.
- 3.18 A benchmarking exercise was undertaken with all HSCPs in 2017 with an overall report produced which highlighted key themes and issues across the whole system as well as each service receiving its own individual report.
- 3.19 There is a plan for HSCPs in 2020 to re - benchmark themselves against the updated operational standards and processes.

4. Effective

Living and Dying Well With Frailty Collaborative in East Renfrewshire HSCP

- 4.1 Healthcare Improvement Scotland is working with the HSCP to improve earlier identification, anticipatory care planning and shared decision-making, to ensure that people living with frailty get the support they need, at the right time, at the right place.
- 4.2 There are regular updates to Healthcare Improvement Scotland from the team to monitor progress in this work.
- 4.3 The Clinical and Care Governance Group 20th November 2019 considered a presentation from Kim Campbell on the Frailty Collaborative and the significant progress that has been made in East Renfrewshire HSCP.
- 4.4 The East Renfrewshire's case for change is that we have an increasing older population. The over 75 population is projected to increase by 42% by 2029. This requires us to think about how we support frailty prevention activity. Increasing Care Home developments has led to an increase in our most frail and complex older population. This places many demands on our local services including GP's and out of hour's services.
- 4.5 There are 6 GP Practices that are participating in this work in East Renfrewshire.
- 4.6 There is work ongoing on the Frailty Resource pack. These resource packs will support individuals and their families/carers from prevention through to end of life. This will be sent out to the GP surgeries and will be distributed to patients who join the Get Up and Go programme as well as taking the opportunity to share during GP home visits.
- 4.7 East Renfrewshire Culture & Leisure Trust support the Get up and Go programme to improve strength and balance is looking for 20 referrals from Barrhead and 40 from Eastwood with the start date of end of April 2020. Patients are selected on their Dalhousie frailty scoring of 4/5. The objective at the end of the programme would be to reduce their scoring.

Community Addiction Team – Annual Blood Borne Virus Testing

- 4.8 Currently we have around 148 patients attending opiate substitute prescribing clinics in the East Renfrewshire Community Addiction Team.
- 4.9 Annual Blood Borne Virus testing for HIV and Hepatitis C is offered to all of these patients. Some are offered more frequent testing, due to on-going high risk behaviour. The annual drive commenced in September 2019.
- 4.10 The uptake was very encouraging. We achieved testing in 99.4% of patients. As we are now in the fourth year of this pattern, it appears that patients are more accepting of annual testing. The majority require little persuasion to participate and seem to appreciate the reassurance of receiving negative results.
- 4.11 We have also continued to see a reduction in positive BBV test numbers. This is vitally important, as community transmission must be stopped, if the Scottish Government target of eradicating Hepatitis C is to be achieved by 2024. We have had no new cases of HIV and very low numbers for Hepatitis C in the last round of testing.

- 4.12 The pandemic has resulted in a switch to telephone reviews for patients and so on-going testing hasn't been possible at this time. Annual testing will hopefully commence in the autumn of 2020.

Drug Deaths East Renfrewshire

- 4.13 The Drugs related deaths in 2018 NRS Briefing for NHS Greater Glasgow and Clyde states that in Scotland in 2018 there were 1187 Drug Related Deaths, an increase of 27.1% and the highest number of deaths ever recorded.
- 4.14 In NHS Greater Glasgow and Clyde there were 394 drug related deaths, an increase of 40.7% on 2017.
- 4.15 Those who died of a Drug Related Death in NHS Greater Glasgow and Clyde were most likely to be:
Male (71.3 %), aged 35-44 (24.6%; Median =43, Range 18-75).
- 4.16 In 2018 there was a significant increase in deaths in those aged under 25 (125% increase) and is consistent in males and females.
- 4.17 Male deaths outnumber female deaths but the rate of female deaths are increasing more than males.
- 4.18 There is continuing evidence of an increase in polypharmacy. It was most common for 3 drugs to be implied in the cause of death (27.7%)
- 4.19 With regards to opiate drugs, there were increases of Heroin/Morphine, Methadone and Tramadol, with a slight increase in incidence of Buprenorphine.

- 4.20 Table 4 Year on Year percentage change East Renfrewshire and NHS GG and C

Area	2017	2018	% age change
East Renfrewshire	4	11	175.0 inc
NHS GG and C	280	394	40.7 inc

- 4.21 4.2.4 Table 5 2018 Deaths East Renfrewshire by gender and age

	Total	20-30	31-49	50-60	61-70
Male	8	6 (75%)	2 (25%)	0	
Female	3	0	0	1 (33.3%)	2 (66.6%)

- 4.22 Polypharmacy was indicated for 5 of the 11 (45%). 3 were known to Community Addiction Services at time of death, 1 not known previously, 3 were closed cases prior to death and 4 were not known to the Community Addiction Team.
- 4.23 For 2014-2018 the average Drug-related deaths per 1000 population in East Renfrewshire was 0.7. East Renfrewshire and East Dunbartonshire have the lowest rate over this period in mainland Scotland. East Renfrewshire's trend follows a similar pattern to Scotland as an increasing overall trend in relation to Drug related deaths.
- 4.24 Between 01/01/2017 and 31/05/2019 there have been 16 severity 5 incidents (resulting in death) reported on Datix under the division of East Renfrewshire and speciality of Addiction Services.
- 4.25 There were 4 drug deaths in February 2019. The cause of death has not been confirmed for all deaths and we await the toxicology/pathology reports.

- 4.26 It is important to note that due to the impact of alcohol and drug use, the cause of death can be other health complications or life limiting conditions as a result of alcohol/drug use. There are also circumstances where the cause of death is something unexpected and not specifically as a result of alcohol/drug use.

Significant Clinical Incident overview from NHS Greater Glasgow and Clyde Clinical Risk

- 4.27 The Clinical and Care Governance Group have a standing item for an update from Clinical Risk to highlight areas of concern with regards to compliance for all Datix incidents. The emphasis is on the areas of greatest clinical and care need, namely the Significant Clinical Incidents that are categorised as the most serious, i.e. 4 and 5. The progress on closing historical Datix is mentioned elsewhere in the report.
- 4.28 For East Renfrewshire HSCP there was 1 Significant Clinical Incident commissioned from an incident that occurred in December 2019. This occurred in the Learning Disability Service and at time of writing is still to conclude.
- 4.29 There were 5 open actions from closed SCI's and these have all been closed in the reporting period.

East Renfrewshire HSCP Intensive Services

- 4.30 The service have introduced a three month test of change project using Advanced Risk Modelling for Early Detection technology (ARMED) which uses innovative technology in the form of a wearable device which will monitor client's activity and sleep. The analytic data can assist in active self-management and identifying escalating risk in relation to potential falls.
- 4.31 The aim is to assist the client to live independently in their own home for longer and act as a self-management aid to improve wellbeing and quality of life. By monitoring the person's daytime activity levels (resting/sitting/ and level of activity); and also night time sleep patterns we hope to identify any changes in the person's risk levels; and to alert if someone is starting to become unwell (potentially due to Covid-19) to enable proactive early intervention and reduce hospital falls or hospital admission.
- 4.32 Forty clients have agreed to take part in the trial which began on 1st June 2020, each have been issued with a Polar Device and mobile phone. Observations will be added to their Care first record relating to the ARMED Project throughout the trial.

Datix cleansing process January 2020 onwards

- 4.33 The Clinical and Care Governance Group meeting on 20th November 2019 reported that there were a significant amount of Datix Incidents which required to be reviewed and signed off.
- 4.34 Focused improvement activity led by the Chief Nurse with support from the Heads of Service, Clinical Risk Colleagues and the Clinical and Care Governance Facilitator was undertaken following the meeting with a progress report submitted to the Clinical and Care Governance Group in March 2020. The paper outlined the methodology adopted for the cleansing process and provided an overview of key recommendations which include that NHS Greater Glasgow and Clyde Clinical Risk team will continue to provide quarterly reports to the Clinical and Care Governance Group.

- 4.35 Common themes from Datix Incident reports and compliance are a standard agenda item for the Adult Services Clinical and Care Governance Group. The Adult Services Clinical and Care Governance Group will be convening a working group to focus on the structural issues and compliance that were identified by the cleansing exercise.
- 4.36 A programme for Datix training, including refresh training is currently being planned for September 2020.

Strategic Inspection

- 4.37 In 2019, the Care Inspectorate and Health Improvement Scotland conducted a strategic inspection of East Renfrewshire HSCP looking at how well the partnership had: improved performance in both health and social care; developed and implemented operational and strategic planning and commissioning arrangements; established the vision, values, and aims across the partnership; and the leadership of strategy and direction. The inspection scored us positively for each element: performance; strategic planning and commissioning; leadership and direction. It found that the HSCP showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

Strategic commissioning plan for unscheduled care.

- 4.38 Work has been undertaken by all six HSCPs in Greater Glasgow and Clyde to develop a system wide strategic commissioning plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft plan builds on the Greater Glasgow and Clyde Board wide Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.
- 4.39 The draft plan is being presented to all six IJBs for consideration recognising that further work is required. This includes learning from the COVID-19 pandemic which has seen a dramatic fall in unscheduled care activity. Whilst the majority of the draft plan remains relevant, the learning from what has worked well during the pandemic will be incorporated in the final version.

COVID-19 Governance impact

- 4.40 Within East Renfrewshire HSCP there had been a temporary suspension of some of our clinical and care governance meetings. This did not impact on the East Renfrewshire Clinical and Care Governance meeting where the scheduled dates for the meeting synchronised with our move to recovery. It is important to note that the legal duty of quality and the requirement to maintain health and care quality continued to be standing obligations, therefore where local arrangements could not 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
- 4.41 Mechanisms that were put in place to support the operational oversight at service level included:
- Corporate Resilience Management Team (CRMT) meetings with East Renfrewshire Council;
 - participation in NHS Greater Glasgow and Clyde Board COVID-19 governance;
 - weekly HSCP Management Team (Directorate Management Team) meetings;
 - daily Senior Management Team communication regarding 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 Directorate Management Team
 - 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 Directorate Management Team
 - Chief Officer's Public Protection Group every 3-4 weeks.
 - The HSCP completed submissions to the Strategic Executive Group to summarise arrangements put in place from March to July 2020.
- 4.42 In addition to these groups there has been an increased attention in relation to our care homes resulting in further enhanced communication. Prior to COVID-19 the HSCP and local care homes had a joint Care Home Improvement network which met on a monthly basis. During COVID-19 this has moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance.
- 4.43 Commissioning staff have undertaken a daily situation update call to care homes to ascertain if support is required for staffing, PPE, or residents affected by COVID-19. This information has been fed into the HSCP daily COVID-19 monitoring and response. In line with national direction we have established a Care Home Clinical and Care Professional Oversight team which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate and the Care Inspectorate who join members of the safety huddle group on a weekly basis.
- 4.44 Plans are now in place to re-establish all clinical and care governance groups. Due to the sequencing of our meeting schedule, the East Renfrewshire Clinical and Care Governance Group did not require to be suspended and met on 10th June as planned. Discussion majored on the following: COVID-19 current position; Care at Home; Support to Care Homes; Bonnyton House Inspection and COVID-19 update; Adult Support and Protection; Risk management with verbal reports from all professional leads and clinical incident reports.
- 4.45 Governance arrangements for Significant Case Reviews (SCRs) and Multi Agency Public Protection Arrangement (MAPPA) remain in place albeit via teleconference. This also applies to Significant Clinical Incidents (SCIs) in accordance with issued guidance. At the time of completion of this report there has been one Initial Case Review (ICR) and no Significant Case Reviews (SCR).

- 4.46 Complaints continue to be responded to during the crisis. Since the pandemic was declared on 11th March until 11th June, a total of 16 complaints have been received. On average frontline complaints were responded to within 3 days, and investigation complaints within 14 days. 3 investigation complaints remain ongoing.
- 4.47 Core data regarding child protection/adult protection/Multi Agency Public Protection Arrangement's and corresponding assurance statements are provided to Chief Officer's group weekly. MAPPA continues to be governed by management oversight group and strategic oversight group. Both of these meetings continue to take place at the usual frequency via teleconference. In addition to 6 monthly reports, new quarterly reports are prepared for the Adult Protection Committee. In response to the pandemic there will also be weekly reporting to the Chief Officer for Public Protection and the Scottish Government.
- 4.48 As part of recovery arrangements the NHS Greater Glasgow and Clyde Strategic Executive Group, which acting as the de facto Acute, Partnership and Board Clinical Governance Forums during the COVID-19 outbreak introduced a template on 13th May to be completed by all areas including HSCPs on a monthly basis. The template is structured under four key headings; maintenance of key governance functions, risks to clinical quality, any other headlines, and key successes. To date two submissions have been made with the next return due on 17th June 2020.
- 4.49 The HSCP has been at the front line in the response to the coronavirus outbreak, supporting our most vulnerable residents at home and in residential settings. As with other service areas, we have seen significant staffing constraints due the virus. Nonetheless, our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable residents during the emergency phase of the crisis.
- 4.50 Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. As is broadly recognised, the ongoing situation regarding the coronavirus pandemic is changing week-to-week and needs to be closely monitored particularly in relation to further waves of infection, potentially characterised by localised outbreaks. Given the developing situation it is essential that our approach to recovery recognises the need for flexibility and allows us to respond quickly to change.
- 4.51 This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.
- 4.52 The current phase of the COVID-19 emergency response has seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.
- 4.53 Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The below list summarises the key actions taken across the HSCP:

- Redeployment of staff to work from home;
 - Co-location and social distancing of staff to maximise use of buildings;
 - Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection;
 - Roll out of technology such as Microsoft Teams to enable communication and meetings;
 - Suspension of certain services (e.g. Day Care centres, group work);
 - Redeployment of staff to cover essential services;
- 4.54 Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children);
- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere);
 - Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centre)
 - Introduction of teleconsultation and video-consultation with service users.
 - It is clear that for many months to come, health and social care services will need to be responding and further adapting to the challenges from the COVID-19 pandemic.
- 4.55 We now need to plan and deliver services beyond the current 'emergency phase' and through a transitional 'recovery phase' where we progressively return to more 'normal', planned provision of services.
- 4.56 For the HSCP this means thinking about how we have addressed the crisis, what we have learned about the way we deliver services, and what longer-term changes we may be seeing in terms of demand, needs and expectations. It means setting out practical approaches for an efficient return to more normal provision, and thinking creatively about how services can change for the better as a result of our experiences in 2020.

5. Conclusion and work priorities 2020-2021

- 5.1 The East Renfrewshire HSCP is currently considering Recovery Plan. The report discussed at the IJB of the 24th June 2020 highlighted thematic work-streams which include governance. The governance work-stream will manage the governance framework for Programme Board and reporting to Directorate Management Team, East Renfrewshire Council, IJB, NHS Greater Glasgow and Clyde, partner organisations and Scottish Government. To ensure clear communication within the HSCP and to our population that we support.
- 5.2 The aims and objectives will be to:
- Implement learning from first IJB 'Teams' meeting on 24 June 2020
 - Look at next scheduled PAC and consider approach
 - Look at next scheduled Clinical and Care Governance and consider approach
 - Restart governance groups such as the Joint Staff Forum, Health and Safety Committee
 - Consider whether the HR subgroup restarts as a stand-alone or as part of work stream 3
 - Ensure cost implications are captured
- 5.3 A Clinical and Care Governance work plan will be developed overseen by the Clinical Director. The ongoing response to COVID-19 will likely remain the principal consideration for 2020-2021.

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