



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 25 November 2020
Agenda Item	11
Title	East Renfrewshire HSCP Recovery Update
Summary This report provides the Integration Joint Board with an update on the current position of HSCP services in relation to our recovery from the Covid-19 pandemic. Since the last update we have moved into a more dynamic phase of the pandemic with services doing both response and recovery updates.	
Presented by	Steven Reid, Policy, Planning and Performance Manager
Action Required The Integration Joint Board is asked to note and comment on this report.	
Directions <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	Implications <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

25 November 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP RECOVERY UPDATE
FOLLOWING THE COVID-19 PANDEMIC

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on the current position of HSCP services in relation to our recovery from the Covid-19 pandemic. Since the last update we have moved into a more dynamic phase of the pandemic, with services delivering both response and recovery activities.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. IJB members will recall papers outlining summary positions being presented to members on 3rd September and 12th August 2020.
4. We continue to produce weekly sit reps within the HSCP.
5. As a result of the changing national approach to strategic planning we are currently revising our local planning approach regarding pandemic response and winter resilience.

REPORT

6. On 21 May 2020 the Scottish Government published *Scotland's Route Map Through and Out of the Crisis*. This set out the national framework for a phased easing of restrictions and the gradual remobilisation of services. Following the lockdown period, recovery planning at the Board and HSCP level has focused on the remobilisation of health and social care services in line with the phased easing of restrictions while seeking to 'rebuild better' drawing on emerging lessons from the pandemic and seeking to redesign services as appropriate.
7. Although essentially a 'linear' planning process for remobilisation it was always recognised that the recovery phase and the return to planned day-to-day arrangements was unlikely to be straightforward or predictable, given the continuing requirement for social distancing and public health controls. The HSCP recognised that while some aspects of recovery planning would be possible through planned steps these would be dependent on external policy decisions. In addition, the potential for further waves of Covid-19 infection meant that it was likely at some stage we would be required to 'step back' to restrictions seen in previous phases.

8. Rising rates of Covid-19 infection during autumn saw a slowdown in the easing of restrictions in Scotland. As a result of the second wave of infection the Scottish Government has adopted a revised strategic approach to the pandemic which recognises regional variation and seeks to balance lockdown restrictions with economic and health and wellbeing considerations appropriate to localities. *Coronavirus (COVID-19) - Scotland's Strategic Framework* was published on 23 October 2020. The framework sets out a strategic approach to outbreak management based on five levels of protection (0 to 4) which can be asserted either on a national basis or with local variation in order to avoid a 'one size fits all' approach. This means that one part of the country with low rates of infection does not have to live with the level of protective measures designed to suppress the virus in areas with much higher rates. The intention of the framework is to suppress the virus to the lowest possible level and to keep it there, while striving to return to a more normal life for as many people as possible.
9. East Renfrewshire, along with all Greater Glasgow local authority areas, has been assessed as requiring to be placed in Level Three – the second highest level. This level sees increased restrictions on inter-household mixing, leisure activities and travel in and out of East Renfrewshire only permitted for essential reasons including work, health, education and other exempt activities. Level Three For public services, only essential face to face provision is permitted in Level Three. Support services are encouraged to be delivered online where possible. Home working remains the default position unless essential to attend workplaces.
10. In the current situation we are seeing our local activity to remobilise services slowing. In most cases services have remobilised and adapted as much of their activity as possible given the continuing (and increasing) restrictions. Further recovery work, e.g. increasing face-to-face and group activity or reopening facilities, will not be possible until there is further easing of lockdown restrictions as decided at the national level. At the same time, with increasing rates of Covid-19 infection in East Renfrewshire and tighter local restrictions, our services are stepping back into 'response' activity.
11. The situation is now highly dynamic with the potential for East Renfrewshire to move up or down between the Scottish Government protection levels. And many of our services are currently undertaking both response and recovery (and improvement) activity at the same time. As such, it is no longer appropriate to plan purely on the basis of recovery, moving through and out of the pandemic. Given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected during the winter months we are moving a resilience-based planning approach.
12. Services are developing 6 month winter resilience plans which consider potential scenarios and risks for the months ahead, critical functions and resource requirements, and outline activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure. At the same time we will streamline the monitoring of our existing recovery plans to focus, by exception, on the completion of planned remobilisation activities.

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 Unable to fully meet current demand - 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) Unable to fully meet current demand (risk assessment has been undertaken) - Social Workers operating 'a' and 'b' teams due to social distancing - Current demand 	<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		
90%	<ul style="list-style-type: none"> - All clinical/medical appointments continuing - Multi-Disciplinary Team fully operational - Statutory social work operations - Planning days (with regards to comprehensive social work assessments) - Transitional planning for individuals moving to their own homes - Multi-agency group work - Training for providers/clients 	<ul style="list-style-type: none"> - Non urgent appointments
Older People's Mental Health Team		
85%	<ul style="list-style-type: none"> - Routine medical outpatient clinics and memory review clinics reinstated - Care Home Liaison Nurses aligned to care home assurance and support activity with assessments and reviews now being undertaken within care homes which are accepting professional visits. - Occupational Therapy functional assessments reinstated and patients from waiting list being seen. - Initial memory assessments reinstated with team working through extensive waiting list - Cognitive enhancer trials reinstated with team working through waiting list. 	<ul style="list-style-type: none"> - All group work (due to current government restrictions)

Community Rehabilitation and Rapid Access		
95%	<ul style="list-style-type: none"> - Locality Rehab Teams and Rapid Access Service are delivering full service to prevent hospital admissions, support clients being discharged from hospital and to undertake urgent and routine assessments, equipment provision, support and rehabilitation interventions - including new referrals, existing caseload and waiting list activity. - Undertaking assessments for all referrals in relation to external and internal major adaptation works with exception of ERC wet floor shower adaptations which is still waiting confirmed start date. - Service continues to have additional responsibilities for respiratory rehabilitation and face mask fitting for HSCP. - Some implementation of Attend Anywhere, use of online digital resources for maintenance/exercise etc. where appropriate although majority of clients require home visits and face to face input due to level of complexity and frailty, 	<ul style="list-style-type: none"> - Awaiting confirmation of start date from ERC Housing to accept new OT assessments for wet floor shower adaptations- proposed date from Housing is beginning of December.
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. - New multi-disciplinary approach to complex discharges in place. - Reviews and weekly ward meetings now taking place virtually 	<ul style="list-style-type: none"> - Face to face contact with individuals and carers, particularly in hospitals. - Virtual post discharge care home reviews continuing. No direct contact possible at this stage. - Virtual Adults with Incapacity (AWI) case conferences are continuing to be carried out.
Community Nursing		
90%	<ul style="list-style-type: none"> - Essential Community Nursing services (maintained throughout pandemic in keeping with national and local NHS GGC guidance) 	<ul style="list-style-type: none"> - Diabetes nursing community clinics (clinics expected to recommence at 30% post flu programme)

Day Services		
30%	<ul style="list-style-type: none"> - Some learning disability outreach on limited basis and supporting people within their own homes. - Responding to emergency situations where support has broken down, including facilitating discharge from inpatient setting and continuing to support with new package of care. - 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. 	Building based support (Risk assessment management plan produced along with phased remobilisation plan in line with national guidance. Plan aligned to both local assessment of service user need and principles set out in all HSCP day service blended winter plan which covers management and governance outreach services and building based supports).
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 and Care / Community Healthcare Assistant only operational across 11 GP Practices 	<ul style="list-style-type: none"> - Treatment Room launch on hold due to pressure on accommodation from flu vaccine clinics - Early discussions about possible opening of 50% Treatment Room capacity to reduce demand on DN service and staff once vaccination programme completed
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 Primary Care Improvement Plan 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 / Technology Enabled Care (TEC)		
90%	<ul style="list-style-type: none"> - Care at Home services continue to be provided to vulnerable residents, operating from a single base - 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) - Monthly wellness/courtesy calls with service users/ families embedded into business as usual processes - Review of services which were stepped down due to Covid-19 has commenced - Improvements to intake approach with all new referrals now going through standard Carefirst form and initial service set up completed in consistent way - Resilience planning in relation to 2nd Wave commenced 	<ul style="list-style-type: none"> - Some face to face review/assessment activity (development of blended approach to review activity to be defined on a risk based approach) - Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)
Bonnyton House Care Home		
80%	<ul style="list-style-type: none"> - Refurbishment work complete and service relocated back to Bonnyton House - Service continues to have vacancies due to Covid-19 - Roll out of technology contact options and the reintroduction of safe visiting for residents now complete - 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 - Work stream developed to consider use of beds for prevention of hospital admission and to facilitate timely discharges from a hospital setting 	<ul style="list-style-type: none"> - New admissions – these will now be considered in accordance with current National Guidance - Front of house arrangements – weekend cover (not yet commenced) -

MHO Team		
80%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer 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 and responded by the Mental Health Team as was the case prior to Covid-19 context with combination of remote and face to face where required - Adults with Incapacity (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)
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) - Physical Health check appointments

Primary Care Mental Health Team		
80%	<ul style="list-style-type: none"> - Individuals are being assessed within 2 weeks - Agreed a collaborative arrangement with South Glasgow for virtual group work 	<ul style="list-style-type: none"> - Face to face group work
Community Addictions Team		
75%	<ul style="list-style-type: none"> - All referrals being allocated - Routine referral assessments (alcohol and drugs) - Opiate Replacement Therapy 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 reinstated at St Andrew's House - Psychiatry face to face appointments reinstated - Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis) - Multi-Disciplinary Team reinstated 	<ul style="list-style-type: none"> - Mutual aid and relaxation groups - Alcohol groups - Routine Duty Assessment (process to be introduced) - Opiate Replacement Therapy 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%	<ul style="list-style-type: none"> - Majority of social work services continuing including:- - 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)
C&F Inclusive Support Team		
95%	<ul style="list-style-type: none"> - 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.

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. 4-5 year contact due for introduction in Eastwood now commenced - Use of Attend Anywhere and Near Me as an alternative for face to face contact where appropriate following risk assessment - Psychology of Parenting Project (PoPP), Parenting interventions for high risk families, breast feeding support and Childsmile continue through blended approaches. Routine Parenting Interventions (toilet training/ sleep management etc) face to face now taking place - Contact with GP practices – adapted - Childhood Immunisation programmes continuing including support for peer flu. - Virtual Baby Café - Revalidation for Unicef gold achieved and audit programme recommenced - Working from bases at Eastwood Health and Care Centre and Barrhead Council Office - Book bug resources distributed - SCPHN (Specialist Community Public Health Nursing) Student consolidation (service unable to support undergraduate placements) - School Nursing face to face and digital contacts focus on Mental Health and Vulnerability 	<ul style="list-style-type: none"> - Baby Café / Breast Feeding support group - P1 and P7 Health screening – awaiting government guidance
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 - Rooms made available for staff to return to office space in both Barrhead and Eastwood Health Centres. Multi-agency meetings currently virtual 	<ul style="list-style-type: none"> - Routine Medication clinics - Physical observations other than emergency - Face to face multi-agency meetings - All staff back into buildings - Group work - Routine assessments.

Health Improvement		
70%	<ul style="list-style-type: none"> - 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 Oral Health Assessment Tool 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 Maternal and Infant Nutrition Framework (MINF) links
Speech and Language Therapy (SLT)		
60%	<ul style="list-style-type: none"> - Services operating from Barrhead and Eastwood Health and Care Centres on rota basis for clinicians 30% staff capacity in base available - Utilising Attend Anywhere for Clinics - Telephone and Attend Anywhere consultations undertaken for Speech and Language Therapy and Autism Spectrum Disorder (ASD) by clinicians (where clinically possible). This includes part of assessment for ASD. - Garden and outside Nursery observation / intervention used to support face to face requirements. - Eating and Drinking assessment and treatment has continued throughout at increased level of community complexity. - CPD and Clinical support network accessed virtually - Referral, triage and waiting list management have continued for SLT and ASD. 	<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 - Observation/assessment and delivery of coaching and direct modelling with staff - Home based / Education based interventions
Criminal Justice		
70%	<ul style="list-style-type: none"> - Client supervision continues albeit limited to monitoring - Multi Agency Public Protection Arrangements (MAPPA) level 1 meetings with police (teleconference) - MAPPA audit - Client quarterly reviews (client not attending) - Prison visits/reviews - Court reports/home background reports. - Risk assessments completed 	<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)

Learning and Development		
60%	<ul style="list-style-type: none"> - Virtual training and limited face to face training for essential work is taking place. - Essential induction training up and running and progressing well - Current programmes have been amended to allow for online delivery - Exploring use of e-portfolios for future roll out of SVQ - Multi-agency public protection development programme launched using alternative methods of delivery 	<ul style="list-style-type: none"> - SVQ - Large scale events - Full training programme - Practice teaching (Decision taken not to resume practice teaching until January)

13. 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 including new financial assessments - Year end audit complete - Budget setting and planning underway - Accountancy Manager post commences 30 November 	- Financial reassessments on hold
Commissioning		
95%	<ul style="list-style-type: none"> - Commissioning and Contracts function fully operational - Care homes remain the primary focus of the team, monitoring is aligned to care home assurance and work arising out of emerging Covid-19 policy - Implementation of the Excel framework in ongoing - Sustainability payments continue to be processed through the panel with CFO approval required to finalise all claims 	-
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 minute taking statutory meetings - Client monies - Updating of key systems including CareFirst, CM2000, SCI gateway. - Buildings open and adhering to social distancing guidance - Business Support presence being increased where space allows and 	- As a number of key staff are still involved in our day to day response and recovery activity, some elements of their normal roles are unable to be undertaken at present.

	<p>following appropriate risk assessments for those who were previously shielding.</p> <ul style="list-style-type: none"> - Service capacity issues are being addressed through recent recruitment programme. We have recruited a temporary Business Manager 2 Senior Business Support Assistants and 4 Business Support assistants. Temporary staff have been recruited to support the ongoing vaccination programme 	
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14. **Hosted Services**

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Specialist Learning Disability Inpatient Services		
90%	<ul style="list-style-type: none"> - Inpatient requests for admission have significantly increased since August 2020. The majority of these requests for admission are predominantly related to deterioration in existing behaviour problems as a consequence of increasing emotional distress in relation to the changes in people's daily routine. A lack of community and social activities and reduced social support as a consequence of Covid-19, with many being detained under the mental health act due to significant aggression towards others and many needing a high initial level of observation in hospital because of risks. - Where SLDS cannot admit, people with learning disability will be admitted to mental health hospitals; this places additional demand on the mental health system and is a poor outcome for people. - Discharge activity, where possible, is continuing however patient flow is slow for a variety of reasons - Some outreach activity and other redesign activity (where possible), however this has an impact and is a resource intensive - Multi-Disciplinary Team meetings taking place virtually and are progressing to face to face assessments where safe to do so - Governance structures in place with most meetings taking place virtually - Virtual therapy, service user engagement and advocacy forums 	<ul style="list-style-type: none"> - Community activities (due to national/LA restrictions) however we have more creative and adapting individual activity planners to suit restrictions - Face to face and digital sessions for therapies, service user engagement and advocacy forum - Visiting is limited in line with national/NHSGGC guidance -

Scottish Centre of Technology for the Communication Impaired (SCTCI)		
60%	<ul style="list-style-type: none"> - Referrals are being managed via a mixture of virtual consultations and face to face assessments - Where there is an urgent need travel is taking place across Scotland - Local NHS GGC Augmentative and Alternative Communication (AAC) Service is largely operational but again patient risk is a major consideration - Virtual MS Public Sharing (via Colleagues) has been developed to maintain good multi-disciplinary communication and advice, good practice sharing - Some redesign work has been restarted - Digital training sessions are being delivered to replace face-to-face training for capacity building - Application is underway to eHealth to migrate to electronic patient records - Have begun restructuring of co-ordination and logistics of assessment equipment across NHS GCC 	<ul style="list-style-type: none"> - Due to high risk category of patient group face to face consultations are limited and require very detailed risk assessment - Service covers 11 NHS Boards Children and Adults, unable to visit all areas due to travel and local restrictions - Service normally provides training / advice to a wide range of partners this is limited - Accommodation – Team share a very small office which can now only safely accommodate 2 at any one time (normally 7) – impact on Equipment management from Westmarc base - Some planned further redesign work paused

15. 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"> - Initially planned actions on Programme Plan now complete. - Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions 	100%
Accommodation	<ul style="list-style-type: none"> - Accommodation continues to be prioritised for winter flu vaccination programme 	83%
Workforce	<ul style="list-style-type: none"> - Everyone Matters Pulse survey results have been shared with SMT and response is being developed - Health and Wellbeing Group is meeting at the end of November to consider a range of measures to support staff, develop resilience and promote health and wellbeing during the winter period - Health and Wellbeing Plan is being reviewed and developed further to reflect current challenges - Scottish Government has advised our workforce plan is required to be published by 31 March 2022. In the interim the Scottish Government will provide a workforce template for completion in January 2021 	65%
Partner Organisations	<ul style="list-style-type: none"> - Weekly meetings continuing with care home managers and fortnightly meetings with care and support providers - Work being taken forward on engagement and participation workstream 	74%

ICT Requirements	<ul style="list-style-type: none"> - Windows 10 upgrade 100% complete - Work on distribution lists ongoing - Liaising with NHS IT regarding outstanding IT equipment 	70%
PPE	<ul style="list-style-type: none"> - Initially planned actions on Programme Plan now complete with centralised system remaining in place at present - Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions and liaison with Winter Flu Planning Programme 	100%
Change Programme	<ul style="list-style-type: none"> - LD Overnight Arrangements Project Board recommendations submitted on project timescales. - CM2000 Mobile Phones and App Project now at 70% completion – forecasted completion date remains on target for 01/12/20 	55%
Ongoing COVID-19 Response	<ul style="list-style-type: none"> - Workstream will provide co-ordination for cross-cutting work, issues and lessons learned - Focus moving back to response from recovery - Work commenced on new recovery reporting system within winter resilience planning 	75%

CONSULTATION AND PARTNERSHIP WORKING

16. Staff partnership colleagues are part of the HSCP Recovery Steering Group which continues to meet weekly. The group will continue to monitor our recovery plan as well as addressing any issues arising in response to the current situation.
17. 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

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

Workforce

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

Risk

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

DIRECTIONS

21. There are no directions arising from this report.

CONCLUSIONS

22. 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. 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.
23. Our approach continues to stress flexibility and the need to adapt quickly to changing circumstances such as changes in national and local restrictions.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

IJB Paper – 23 September 2020: East Renfrewshire HSCP Recovery Update
https://www.eastrenfrewshire.gov.uk/media/3478/Integration-Joint-Board-Item-14-23-September-2020/pdf/Integration_Joint_Board_Item_14_-_23_September_2020.pdf?m=637360205535200000

IJB Paper – 12 August 2020: East Renfrewshire HSCP Update on Recovery Activity Following the COVID-19 Pandemic
https://www.eastrenfrewshire.gov.uk/media/1760/Integration-Joint-Board-Item-08-12-August-2020/pdf/Integration_Joint_Board_Item_08_-_12_August_2020.pdf?m=637321474671070000

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=637284227714400000

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=637284227720830000

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