



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	26 January 2022	
Agenda Item	5	
Title	East Renfrewshire HSCP Response to Covid-19	
Summary		
<p>This report provides the Integration Joint Board with an update on developments in response to the ongoing Covid-19 pandemic and the continued pressure the HSCP is facing, in common with health and social care services across Scotland. A combination of increased demand across all services and staff absence is creating significant issues with capacity. This is particularly acute in care at home, but is evident in all services. We continue to experience higher rates of referrals and more complex presentations as a result of the pandemic.</p>		
Presented by	Julie Murray, Chief Officer	
Action Required		
<p>The Integration Joint Board is asked to note and comment on the report.</p>		
Directions	Implications	
<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	<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

26 January 2022

Report by Chief Officer

EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on any changes in relation to HSCP services.

RECOMMENDATION

2. The Integration Joint Board is asked to note the update

BACKGROUND

3. The Integration Joint Board have received regular updates in relation to the HSCP response to Covid-19 and the associated recovery programme.
4. The last response update was in May 2021 as more recent reporting has focussed on the Recovery and Renewal Programme however, given the current pressures as a result of the Omicron variant we are firmly back in response mode.
5. In December 2021, emergency planning meetings were reinstated as a result of the increasing number of omicron cases and potential impact on our services. The HSCP increased monitoring of our critical functions to ensure continued service delivery and allow for contingency arrangements particularly over the festive period. Our Local Response Management Team (LRMT) was also increased and continues to meet 3 times per week, in addition to daily huddle meetings with the Senior Team to review the status of critical functions and take necessary decisions to ensure continued service delivery.
6. At the time of writing 5 service areas were rated red 'monitor carefully/prepare to take action' on the critical functions list. These are Care at Home, Learning Disability Inpatients, Adult Protection and Older Adults Mental Health.
7. As a result, major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, have been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager has also been realigned to support our response.
8. This report therefore provides an update on any significant developments and areas of pressure.

REPORT

Adult Services

Supporting people at home

9. Our Care at Home service is operating a full service in some areas and in others we have prioritised service to those with the greatest risk / need. We have increased Telecare Responder service for people to contact us when they require unscheduled support. A significant proportion of our Winter Planning money allowed us to accrue additional Home Care Workers. At the time of writing, the current absence rate in Care at Home is approximately 30% (this includes Covid and non Covid related absence) which relates to 41 employees currently absent from work. The impact of this absence significantly reduces Care at Home capacity within the community and reduced capacity to respond to hospital discharge referrals.
10. There are currently 11 people in East Renfrewshire waiting for Care at Home to support discharge from hospital and 31 people awaiting support for them at home within the community. Locally our current pressure points in Care at Home are for evening and weekend support. We have ran a local redeployment and volunteering initiative across the HSCP and Council which has seen a movement of staff from some services to others whilst continuing to provide essential provision (for example learning disability day services). To date we have welcomed 19 people volunteering with 9 people for frontline care and 10 people for back office. This is in addition to 12 day centre staff from learning disability day services redeployed across our care at home and telecare responder service. All individuals who volunteer to work in care at home receive two day training and induction with training scheduled every week until the end of February to facilitate this. People who volunteer to work in care at home are matched with an experienced carer on our 2 person runs to ensure they are properly supported. In addition we have introduced an Annual Leave Buy Back Policy to mitigate these pressures.
11. It is worth noting the dedication, commitment and hard work of our care at home, telecare and care home teams who have continued to work throughout the festive period often going that extra mile for local residents sacrificing spending time with their own families and friends in order to do this.
12. Being a smaller Health and Social Care Partnership, we could be approaching a critical situation in relation to Social Workers soon. Our key areas of risk were within our Home from Hospital service due to absence over the festive period and increasing demand and in relation to assessment of need for community referrals at our front door with 108 people currently awaiting assessment.
13. We could also be approaching a challenging situation in relation to Social Worker capacity and manage this at our daily HSCP huddle. Our key areas of risk have been within our Home from Hospital service due to absence (although most staff returned to work) and increasing demand and in relation to assessment of need for community referrals at our front door with 108 people currently awaiting assessment.
14. We have recruited 4 Social Workers to our Review Team as part of our Winter Planning agenda and we hope that they will be in post by the end of February. They will of course be deployed to support critical services completing assessments at the front door to

reduce the waiting list although there is a gap until the posts are filled within this challenging and ever changing context.

15. We have also recruited to our Team Manager, Review Team and Team Manager Intensive Support Service as part of our winter planning agenda. Alongside this we have also prioritised recruitment to our Team Manager, Home from Hospital post quickly to minimise a gap in this role as the current manager is moving to a new role in Ayrshire.
16. We are also recruiting a range of multi-disciplinary roles to support our interim care arrangements (step up /step down and proactive support in the community) and again hope to have these posts filled by March. In the meantime we are continuing to offer interim care beds in our local Care Homes (depending on outbreak status). Our Social Work staff continue to proactively encourage families to consider interim care options where Care at Home is not available although this continues to be a challenge. We currently have a small number of individuals delayed discharge due to AWI processes with the main factor being delays in awaiting court sessions to formalise decision making powers. In terms of the additional Health Care Support Workers posts via Greater Glasgow and Clyde, East Renfrewshire HSCP has recruited 6 of a potential 16 posts following two intensive rounds of recruitment. We plan to reconsider focus of these post and open recruitment again in early February.
17. In terms of our administrative functions which support all of our services, there is an ongoing challenge in relation to capacity and coordination. Our business continuity has used these resources in the areas of greatest need but is experiencing pressure across the system. Our Contracts and Commissioning service until recently had a number of vacancies and although these have now been filled, the team is mainly focusing on support to Care at Home and critical issues to service providers.
18. Across all mental health and recovery services, work is continuing to provide person-centred care throughout the challenges that Covid-19 has presented. The Older Adult Mental Health Team is currently going through some staff turnover within the nursing discipline and we are currently recruiting for a new Nursing Team Lead and two Band 5 posts. Our adult mental health team and PCMHT and addictions services have remained operational with limited impact from Covid-19, however at the time of writing we are seeing pockets of increased infection rates in these staff groups and are monitoring this closely. We have also implemented a RAG approach consistent with our Greater Glasgow and Clyde mental health colleagues to ensure that at any given time we can quickly identify and respond to individuals based on risk should staffing become depleted.
19. The Mental Health Officer (MHO) team have filled some vacant positions recently, increasing the capacity to support the most vulnerable individuals who require statutory measures for their care and treatment. However, as is the case nationally there is a national shortage of MHOs. Challenges in relation to covering the MHO duty rota have been alleviated with support from the hospital to home team who have offered to collaborate to fill some slots.
20. In terms of our hosted services, Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual mechanisms. The Adult Autism Team had a number of vacancies and following proactive recruitment the team should be full established by February 2022.

Supporting Care Homes

21. Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model.
22. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships and one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education.
23. Our care homes are currently experiencing a greater number of outbreaks due to the new variant and this is reflected across Greater Glasgow and Clyde, and nationally. Residents are experiencing milder symptoms with the majority reported as being asymptomatic .
24. Our Care Homes have managed to stay above minimum staffing levels by implementing contingency plans and recruiting using agency staff. Care Homes have also been creative in terms of extending current staff hours and redeploying staff from non-front facing roles.
25. At present we have one care home RAG rated as 'red' due to the improvement notice issued by the Care Inspectorate following inspection on 23 November 2021. The care home have until 31 January to meet all required improvements and are making progress towards achieving this. The HSCP and colleagues from the Care Home Collaborative Hub 5 are supporting implementation of the improvement action plan. This particular care home is also experiencing a Covid-19 outbreak as of 6th January which is also being actively managed.

Care Home Assurance Tool (CHAT) Visits

26. Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire and will be supported by the Care Home Collaborative. Due to the current position in relation to the pandemic and significant impact of the Omicron variant CHAT visits to the care homes are currently paused however a schedule for the next round of visits is being developed.

Winter Vaccination Programme

27. The HSCP have continued the delivery of vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire.
28. The initial Care Home vaccination programme was completed on 12 October, however this was subsequently followed up by a number of 'mop-up' clinics between 1 November and 3 December for those who had been unable to receive the vaccination earlier and in response to updated guidance from Scottish Government in relation to the reduced time

interval between the primary Covid-19 vaccine and booster vaccine and the subsequent pause of the flu vaccination.

29. Based on population figures ascertained at the start of the programme, 93% of care home residents received their Covid-19 booster, and 90% also received their flu vaccine.
30. Care home staff were also offered vaccination alongside residents during vaccination visits in addition to accessing the mass vaccination clinics to support optimal uptake of the Covid-19 vaccination. Additionally, several sessions were also arranged within the Partnership week beginning 20 December for our care home and care at home staff. In total the partnership provided 27% of care home staff with Covid-19 vaccines and 43% with flu vaccines. We continue to encourage uptake of booster vaccinations for all staff.

Housebound Patients

31. The housebound patients' vaccination programme commenced on 13 October and consisted of an 8-week period during which all patients fitting the eligibility criteria were vaccinated.
32. Due to the nature of the service and changing caseload the programme remains ongoing. At the time of writing the housebound caseloads is currently 989 with 97% of patients having received a Covid vaccination and 93% also receiving their flu vaccine.
33. Between 13 October and 31 December 2021, a total of 955 Covid vaccinations were delivered, 98% of which were boosters.
34. We will continue to deliver Covid-19 vaccines as appropriate to new admissions to care homes and our remaining housebound patients over the coming months.

Supporting In-patient Services

35. In patient services have faced a particular challenging time since the onset of the Omicron variant. This has resulted in two outbreaks in two of our three units. The first outbreak in early December and the second in the new year combined with seasonal absence, increased demand and significant clinical complexity has resulted in a need for very close support and in the service activating contingency plans and accessing staff from our community learning disability teams across Greater Glasgow and Clyde.

Cross System Support

Mass Vaccination Clinics

36. The HSCP continues to support mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The continued operation of the weekend clinic at Barrhead Health and Care Centre represents a significant commitment to ensure the centre works efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

37. Vaccination of the population remains the most important line of defence to slowing down the spread and severity of the virus. Therefore, work continues with our NHS partners to maximise the opportunities for our residents to be vaccinated with additional clinics scheduled and it is likely that the vaccination centres will remain operational until end February 2022.

Mental Health and Learning Disability

38. We are working with our mental health colleagues within Greater Glasgow and Clyde to ensure good cross system support across services when and if this is required.
39. In respect of our clinical governance role for learning disability we stepped up our LD Covid-19 Planning meeting to support risk management and staff deployment across Greater Glasgow and Clyde partnerships.

Community Assessment Centres (CACs)

40. We have continued to provide staffing to support Community Assessment Centres, however the demand on staffing is reducing as centres are seeing around 50% lower attendances, and we are no longer being asked to provide staff on a daily basis.
41. It is anticipated that there will be plans to work towards a phased closure of centres by the end of March, with the understanding that CACs will be reinstated if required should the situation change.

Public Protection and Children's Services

42. Within our Children and Public Protection service, there is additional demand for services for children with additional support needs (vulnerable children), fostering services and residential services and alternative provision to prevent this. Increased accommodation of children out with the family home has increased by approximately 65%. The service is also recovering from a high number of Covid related absence over the Christmas and New Year period across the Social Work, health visiting and management functions.

Supporting Children and Young People

43. Supporting children and young people's mental health continues to be a high priority, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it. Whilst there are clinical solutions for a small proportion of these children the majority will not benefit from existing specialist mental health services as their difficulties are routed in the social and familial environment. The Family Wellbeing Service and the Healthier Minds Hub - the local tier 2 services - have received 678 referrals over the last year from GPs, school and other services and practitioners. If these services had not been in existence many of the children and young people would not have received any service to support them in managing their significant mental distress. Indeed a significant proportion would have been referred to CAMHS often inappropriately and it is very likely school attendance would have reduced sharply. Many more families would have sought targeted services such as social work, and GP attendance would have increased. The capacity of the tier 2

providers to respond to the significant needs of the children and young people referred will require continual monitoring to ensure risks are assessed and managed.

44. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Clinical pathway initiatives are being developed for neurodevelopmental cases which have been as high as 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response. Across the HSCP and Council services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.
45. As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. This year alone the number of children and young people accommodated in residential care settings has increased by 85.7%; and 67% of children and young people looked after in a residential setting have a neurological diagnosis. This has significantly impacted on residential care budgets as costs are extremely high for each placement due to complexity of individual. Across the looked after children's population 17% have a significantly complex disability. The number of families eligible for an SDS budget has increased by 17% and overall referrals to the HSCP Children and Families Community Team have increased by 29%.

Criminal Justice pathways

46. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the backlog of hours by 2329 hours. The current outstanding backlog of hours for completion total 6,248.
47. In line with the increased throughput through the courts the justice service has seen a 44% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April to September 2021. Requests for Criminal Justice Social Work Reports have also increased by 151% over this period compared to the same period last year.

Supporting people affected by domestic abuse

48. We have continued to provide support for women and families affected by domestic abuse throughout the pandemic. During the six month period 1st April to 30th September 2021 East Renfrewshire Women's Aid service reported a significant increase in referrals across their services compared to the same period last year. In total 645 women and children were supported compared to 447 during the same period last year with 33% of new referrals from partner agencies, the majority from social work (30%). This is a significant increase of 44% across the whole service and significant increase 63% in duty/helpline contacts.
49. Domestic Abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families Request for Assistance (RFA) Team. In the six month period April 2021 to September 2021 there were a total of 477 referrals received with

domestic abuse listed as the primary concern in 99 referrals. This is 21% of the total RFA referrals received.

50. In line with trends across Scotland the East Renfrewshire Multi-Agency Risk Assessment Conference (MARAC) has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to September 2021, 66 victims (63 female, 3 male) were discussed compared to 55 (53 female, 2 male) in the same period last year - an increase of 20%. 114 children were discussed at MARAC – 78 in the same period last year representing an increase of 46%.
51. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

CONSULTATION AND PARTNERSHIP WORKING

52. 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.
53. The Local Resilience Management Team (LRMT) includes staff side representatives and meetings have been increased to 3 times per week as of January 2022. Our senior team continue to meet daily to review our critical service list and respond to any changing pressures.
54. In December, services reviewed and updated existing business impact assessments however we will be undertaking a full review of business continuity and emergency plans to build on learning from the pandemic, ensuring plans are dynamic and outline a range of practical solutions to deal with challenges which could occur simultaneously.
55. East Renfrewshire Council and HSCP welcome the focus of the pressures on social care by the First Minister recently. We hope this will help raise the profile of this within the public and will allow individuals and families we support to understand the complexity of these current pressure which may be affecting their current support services.

IMPLICATIONS OF THE PROPOSALS

Finance

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

Risk

57. The HSCP continues to monitor the risk implications from the Covid-19 response.

Workforce

58. The HSCP continues to monitor workforce issues through the daily huddle.

Infrastructure

59. IT issues affecting access to Outlook for users on the Council network have been ongoing since Christmas which resulted in Business Continuity Plans being initiated. The Council have put in place alternative solutions to improve access and continue to work on this to find a permanent solution. We will include learning from this recent event in our refreshed Business Continuity Plans.

DIRECTIONS

60. There are no directions arising from this report.

RECOMMENDATIONS

61. The Integration Joint Board is asked to note the report.

REPORT AUTHOR

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Chief Officer, IJB: Julie Murray

17 January 2022

BACKGROUND PAPERS

IJB Paper – 12 May 2021: HSCP Response to Covid-19
https://www.eastrenfrewshire.gov.uk/media/4943/IJB-Item-07-12-May-2021/pdf/IJB_Item_07_-_12_May_2021.pdf?m=637553296810270000

IJB Paper – 17 March 2021: HSCP Response to Covid-19
https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB_Item_12_-_17_March_2021.pdf?m=637511548494570000

IJB Paper – 3 February 2021: HSCP Response to Covid-19
<https://www.eastrenfrewshire.gov.uk/integration-joint-board-030221>

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 – March 2020: Delegated Authority for Chief Officer
https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration_Joint_Board_Supplementary_Papers_2_-_18_March_2020.pdf?m=637347399888670000

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