



<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p>									
<p>Agenda Item</p>	<p>7</p>									
<p>Title</p>	<p>Clinical and Care Governance Annual Report 2021-2022</p>									
<p>Summary</p> <p>The Clinical and Care Governance Annual Report 2021–2022 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 provide assurance for the HSCP. There is an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.</p>										
<p>Presented by</p>	<p>Dr Claire Fisher, Clinical Director</p>									
<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 2021-2022 - 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 Partnership

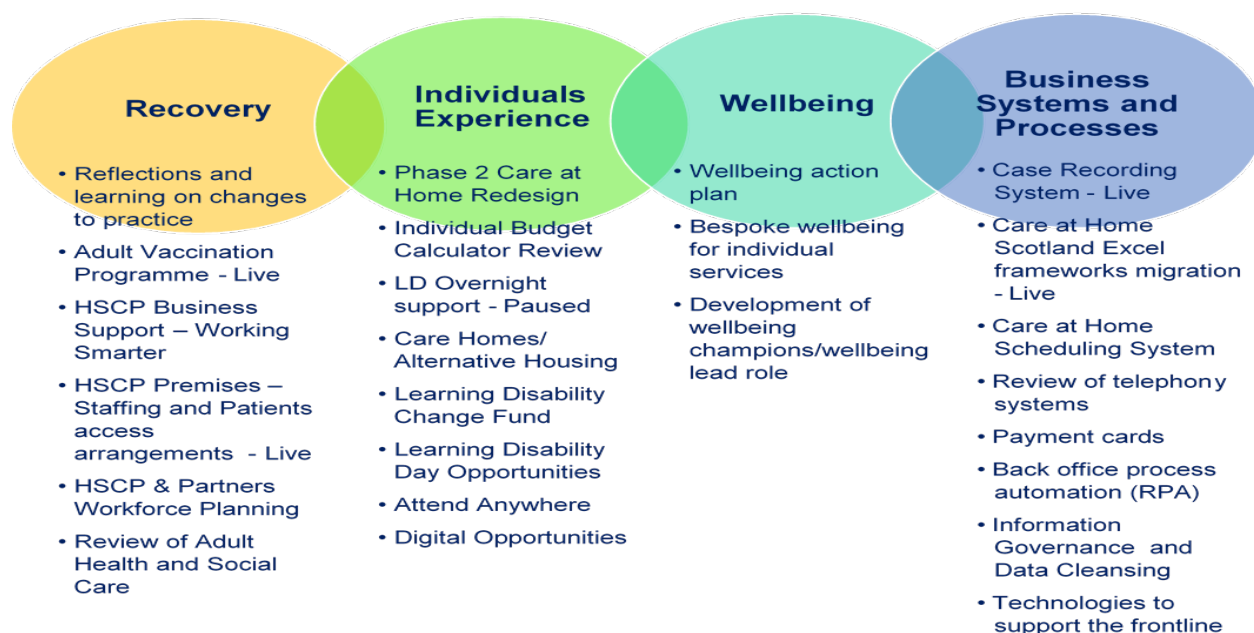
Clinical and Care Governance Annual Report 2021 - 2022

Principal Author:	Dr Claire Fisher
Approved by:	
Date approved:	

1.0 Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow and Clyde Health Board.
- 1.2 Through an integrated team East Renfrewshire HSCP directly manages over 900 health and care staff. There is also a significant workforce in the independent NHS contractor service, for example, GP's, Dentists, Optometrists, and Community Pharmacists and within the third sector and independent social care providers.
- 1.3 In addition, the East Renfrewshire HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHS Greater Glasgow and Clyde. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.
- 1.4 The biggest challenge for East Renfrewshire HSCP, both currently and in the future, is the demand on services for health and social care for older people. These demands are significant and will increase further due to the projected increase in the population aged over 85 years old.
- 1.5 East Renfrewshire also has a projected increase in the school age population as children move into the authority in order to maintain mainstream or specialist schooling. We anticipate demand for specialist children's services to support children who are neurodiverse, have disabilities or mental health problems.
- 1.6 The Clinical and Care Governance Annual Report for 2021 - 2022 reflects the work of East Renfrewshire HSCP in response to the Covid -19 pandemic and in our recovery and provides the process for assurance regarding standards and quality of care. The report will focus on Safe, Effective and Person Centred Care quality ambitions.
- 1.7 The processes for clinical and care governance are well established in East Renfrewshire HSCP, and the response from services and staff continues to be exceptional. There has been an increasing emphasis on staff support through the development of the HSCP Staff Wellbeing Plan. We recognise how difficult the last two years have been. As such, in consultation with staff and stakeholders working together with staff across the partnership to support resilience and wellbeing has remained a strategic priority.
- 1.8 The Independent Review of Adult Social Care will have clinical and care governance implications for East Renfrewshire HSCP. We have maintained a watchful brief on this developing agenda and informed discussion at local and national level.

- 1.9 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.
- 1.10 The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021. The clinical and care governance group will review the governance implications of this proposal when known.
- 1.11 East Renfrewshire HSCP launched its Covid – 19 Recovery and Renewal Programme in May 2021 which is an expansion of the transformational programme which was in place prior to the pandemic. The programme seeks to ensure that the lessons learned during the pandemic inform recovery and support the transformation agenda. Figure 1 summarises the four themes of recovery; individuals' experience; wellbeing; and business systems and processes in the Recovery and Renewal work.



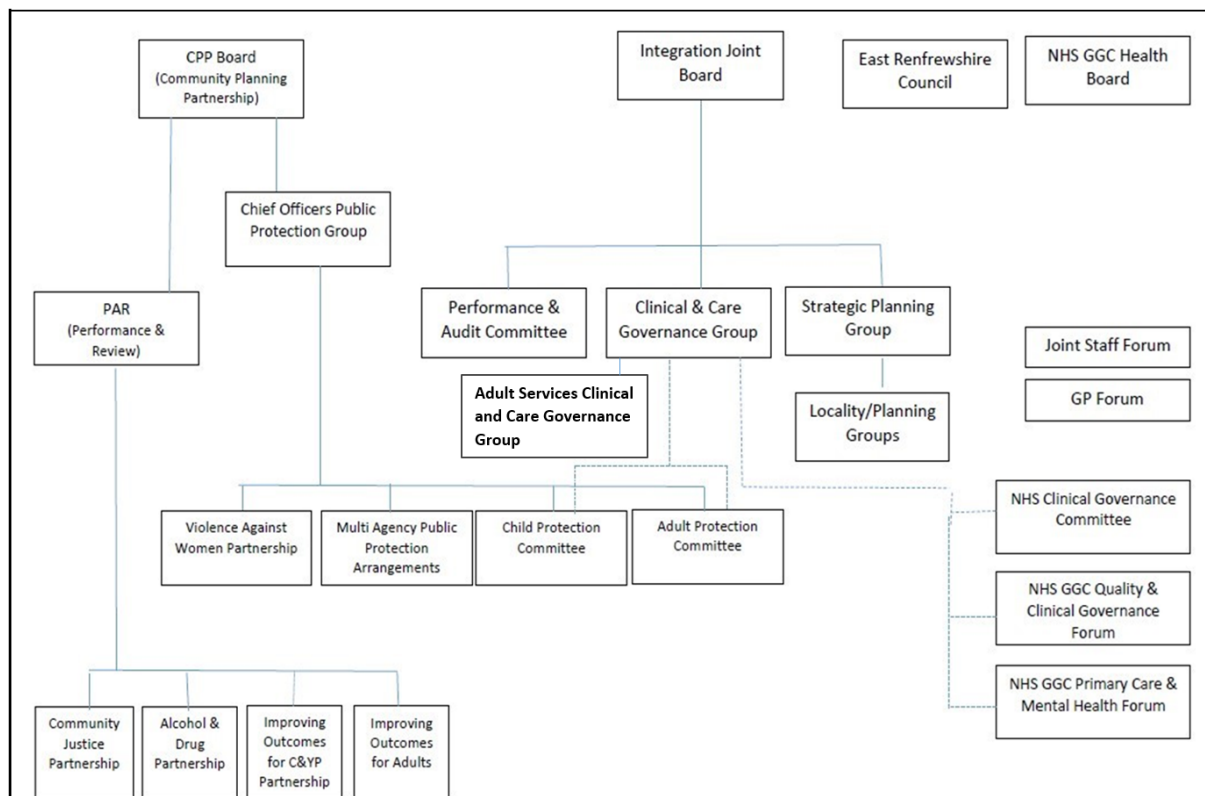
2.0 Clinical and Care Governance Arrangements 2021-2022

- 2.1 East Renfrewshire HSCP Clinical and Care Governance Group met on 9th June 2021; 8th September 2021; 10th November 2021 and 9th March 2022. The Clinical and Care Governance Group is currently chaired by the Clinical Director, Dr Claire Fisher. An exception report is prepared for the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum which meets six times a year.
- 2.2 The Adult Services Clinical and Care Governance Group met on 2nd June 2021; 27th October 2021 and 16th February 2022. The Adult Services Clinical and Care Governance Group has strengthened clinical and care governance within the HSCP. Exception reports are submitted from the respective services providing an overview of key issues, areas of risk and control

measures in place. Currently two short life working groups have been commissioned by the Adult Services Clinical and Care Governance Group. The groups are reviewing processes in relation to professional registration and Datix incident recording, sign off and shared learning. Both groups will provide a report with recommendations at the end of the year. The report and recommendations will be shared with the Directorate Management Team and the HSCP Clinical and Care Governance Group.

2.3 Figure 2 shows the current clinical and care governance arrangements for East Renfrewshire HSCP.

Figure 2 East Renfrewshire HSCP Clinical and Care Governance Structure



East Renfrewshire HSCP governance response to Covid -19

2.4 East Renfrewshire Integration Joint Board received regular updates throughout 2021 - 2022 detailing the response to Covid -19 and the associated recovery programme.

2.5 The response of May 2021 focused on the Recovery and Renewal Programme. However this changed in December 2021 when the HSCP moved firmly back to response mode. Emergency planning meetings were reinstated as a result of increasing numbers of Omicron cases and the impact on services. The response led to increased Local Responses Management Team meetings overseen by the Directorate Management Team.

Registered Services Assurance

- 2.6 [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. Alongside the Public Bodies (Joint Working) (Scotland) Act 2014, the Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to co-operate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland.
- 2.7 A number of scrutiny bodies have an interest in how the health and social care agenda is developing including the Care Inspectorate, Accounts Commission, Health Improvement Scotland and the Auditor General for Scotland. Each have distinct statutory responsibilities for the audit, scrutiny and improvement of organisations providing health and care services in Scotland. This external scrutiny provides assurance and supports our internal contract monitoring arrangements with our external partner providers.
- 2.8 Key factors used to inform the selection of areas for inclusion in the inspection programme each year include:
- The outcomes of each year's annual shared risk assessment (SRA) of each Local Authority in Scotland.
 - Information and intelligence sharing between the Care Inspectorate and Healthcare Improvement Scotland through integrated health and care assessments.
 - Information and intelligence gathered through other regulatory activities and scrutiny of regulated care services within each partnership area.
 - Other planned scrutiny activity in the Local Authority area and Health Board area (e.g. Best Value audit activity, Community Planning Partnership audit work, housing or education inspection work, hospital inspections or NHS governance work).
- 2.9 East Renfrewshire Health and Social Care Partnership Strategic Commissioning Plan sets out the direction of travel as models of support are identified and aligned to our strategic priorities. As part of our Strategic Plan a number of support services for children, young people and adults are developed and commissioned with third and independent partner providers. The Contract and Commissioning Team work alongside services to identify and develop collaborative and outcome based approach to offer services which meet the outcomes of people.
- 2.10 The HSCP work jointly with external scrutiny bodies and our external partner providers to participate in any regulation or scrutiny activity. Care services in Scotland must be registered with the Care Inspectorate and a broad range of the individuals who work in those services must be registered with the Scottish Social Services Council (SSSC).

- 2.11 As part of our regular monitoring arrangements the additional support measures which were put in place at the start of the pandemic to provide assurance and support to our care homes remain in place.
- 2.12 Our contract monitoring team work closely with senior managers to maintain close working relationships with care home providers through regular welfare calls, meetings and scrutiny of any complaints or concerns raised.
- 2.13 Following the first wave of COVID-19 in May 2020 Board Nurse Directors across Scotland became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector. There were no changes to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities.
- 2.14 In March 2021 the Cabinet Secretary extended this provision of nursing leadership to support health needs of care home residents until at least March 2022 with a funding allocation aligned to each Board in order to support Board Nurse Directors to undertake this duty. On 24th May 2021 the Chief Nursing Directorate at Scottish Government issued a further correspondence, clearly setting out the Professional leadership and oversight responsibilities of the Nurse Director as follows:
- Provide clinical leadership to support the health needs of care home residents.
 - Use information from safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required.
 - Facilitate assurance / professional support visits providing professional and clinical advice on IPC practice, education requirement and nursing standards of care.
 - Maintain oversight of the overall status of each care home included in the weekly compliance report to Scottish Government.
- 2.15 Prior to Covid-19 East Renfrewshire Health and Social Care Partnership and local care homes had a joint Care Home Improvement Network which met on a monthly basis. During Covid-19 this moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance. Commissioning staff completed a daily situation update call to care homes to ascertain if support is required for staffing, Personal Protective Equipment (PPE), for residents affected by Covid-19.
- 2.16 In line with national direction a Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis. All care homes are RAG rated each week supported by the "Guidance for GGC Partnerships Oversight Groups – RAG Classifications" document.

- 2.17 A Care Home Collaborative and associated Hub model was agreed across NHS Greater Glasgow and Clyde and the six HSCP's as a way forward to support care homes during and in recovery from the Covid-19 Pandemic. The Hub model encompasses 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 five partnerships and lastly one specialist central team with shared resources spanning both local Hubs.

Care Home Assurance Tool (CHAT)

- 2.18 In May 2020 Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in response to the impact of COVID-19. An electronic version of the tool is now available and is updated as/ when required in line with national guidance and learning from established NHS Greater Glasgow and Clyde quarterly reports.
- 2.19 The focus on Care Home Assurance Visits include the following:
- Wellbeing and Practical Support for Residents, Manager and Staff
 - Quality of health and care needs for residents
 - Open with Care – contact between residents and those who matter to them
 - Infection Prevention and Control
 - Workforce. Leadership and Culture
 - Feedback on HSCP Support throughout the Pandemic
 - Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
 - Support requirements moving forward
- 2.20 All our care homes have received two assurance visits by the HSCP team to date. As reported in our 2020 - 2021 Clinical and Care Governance Annual report the second schedule of visits were undertaken by the Head of Service, Chief Social work Officer, Chief Nurse and Senior Nurse. Visits were conducted over a six week period concluding at the start of May 2021. Good practice and improvements were identified during the assurance visits with care homes taking ownership of identified improvement actions and working in collaboration with the HSCPs to achieve improvements. Outputs from the CHAT visits are reported through local and NHS Greater Glasgow and Clyde governance routes. Key themes have been identified which will drive the improvement agenda.
- 2.21 From February 2021 – February 2022 we tested the effect of having an Occupational Therapist (OT) in local care homes. The pilot was a huge success and a permanent role has been created in the partnership to benefit more care home residents in the area.
- 2.22 A twelve month test of change resulted in the reduction of patient stress and distress through non-pharmaceutical interventions, reduction in the use of

psychotropic medication, the prevention of placement breakdowns and even prevented one hospital admission. Our Occupational Therapist worked with two local care homes during the test of change period.

- 2.23 In one care home an under-utilised space was transformed into a dementia-friendly “pub-like” environment creating a new social space for residents, signage was introduced to aid orientation particularly for those with dementia, simple technology was introduced to support activities and dementia-friendly menus were developed. Within the other care home a sensory room was created. Dementia-friendly décor was adopted such as repainting areas with a more calming colour with contrasting handrails, lighting was altered to decrease distress and the risk of falls, and dementia-friendly signage and simple technology for activities were also introduced.
- 2.24 The Elizabeth Casson Trust, an organisation that supports Occupational Therapy development and the improvement of practice, awarded the HSCP £5000 to support this important project.



Pictured at the opening of the new “bar” at Eastwood Court: left to right – Lesley (Activity Coordinator), Jennifer (Activity Coordinator), Fiona (HSCP Occupational therapist) and Catherine (Activity Coordinator)

Care Home Improvement Notice

- 2.25 In November 2021 concern was expressed at East Renfrewshire Health and Social Care Partnership Care Home weekly oversight group in relation to a care home within the Eastwood Locality. Concerns related to the quality of care being delivered within the care home; staffing levels; an over reliance of agency nurses; incomplete care plans and delivery of evidence based interventions. In light of the concerns raised the Care Inspectorate brought forward their unannounced inspection to 23 November 2021. Following the initial inspection a meeting was convened between the care home owners and key stakeholders within the HSCP to identify areas where support and assistance to deliver on the improvements required and to ensure safeguarding of the residents. A joint action plan was developed and supports were provided from Adult Protection Team, Care Home Liaison nurses and Hub 5 Care Home Collaborative colleagues with oversight by the Care Home Oversight Group. East Renfrewshire HSCP and partners worked to reduce the level of concern.
- 2.26 The Care Inspectorate's follow up inspection took place on 2nd / 3rd February 2022, providing preliminary feedback to the care home owners, care home manager and East Renfrewshire HSCP, confirming four requirements outlined in the improvement notice had now been met. However, whilst good progress and a lot of improvements had been made more work was required. The Care Inspectorate therefore outlined new requirements to support a sustained programme of improvement within the Care Home to be evidenced over a longer timeframe (2nd May 2022) which was set out in a compliance letter. It should be noted that in the interim period the Care Home have since meet all their requirements with significant improvements noted by the Care Inspectorate.

Safe

Covid and Influenza Vaccination Programme – 2021/22

- 2.27 The Covid-19 Spring Booster Programme ran from 21 March 2021 until 31 May 2022. The HSCP was charged with the delivery of vaccination/s to Care Home residents (and Care Home staff in the Winter Programme only); and to housebound patients within the East Renfrewshire HSCP area at the time of setting up the programme. The Covid-19 Spring Booster Programme ran from 21 March 2021 until 31 May 2022.
- 2.28 Separately, East Renfrewshire HSCP was given the responsibility of setting up two mass vaccination centres within East Renfrewshire. The mass vaccination centres were staffed directly by NHS Greater Glasgow and Clyde staff with administrative support provided by the HSCP each day on voluntary overtime basis.
- 2.29 In total, twelve Care Homes were covered in both programmes. The initial delivery of the Winter Vaccination Programme to the Care Home residents and staff was completed over the space of ten days including weekends. The

Covid-19 Spring Booster programme ran for a slightly longer time period of twelve days due to the impact of Covid-19 outbreaks within several care homes as a result of the Omicron variant.

- 2.30 The initial delivery of vaccinations within the care homes was followed by 'mop-up' visits to ensure best possible coverage of all residents who were both eligible for vaccination and had provided their consent.
- 2.31 Table 1 outlines the update of the vaccination programme for Residents – Winter Programme.

Programme	Vaccine Type	Care Homes				Housebound	Percentage
		Residents		Staff			
Winter 2021	Covid 19	459	92%	177	27%	883	94%
	Flu	447	90%	287	43%	840	90%
Spring 2022	Covid 19	413	97%	-	-	761	95%

- 2.32 2022 / 2023 remains a year of transition for adult vaccination in NHS Greater Glasgow and Clyde. Future developments will be overseen by the NHS Greater Glasgow and Clyde Vaccination Programme Board through the adult vaccination steering group which has representation from the Partnership. East Renfrewshire Adult Vaccination group will oversee local delivery.

Primary Care Implementation Programme

Progress of Memorandum of Understanding 2021 - 2022

- 2.33 The headline message on implementation at the end of March 2022, is that all additional staff have been recruited to the multi-disciplinary teams (MDT) roles. The implementation of the new service models and extended MDTs are now an established part of core general practice provision which has allowed a significant transfer of work from GP practices to the HSCP across all of the Memorandum of Understanding priority areas.
- 2.34 East Renfrewshire Primary Care Implementation Programme was developed within the available funding, with a focus on those areas most closely linked to contractual commitments. We have welcomed opportunities to utilise innovative skill mix to create efficiencies and maximise impact. Although the agreement for 2021/22 confirmed that investment should be focused on the three priority areas linked to transfer of service responsibility (Vaccination Transformation Programme (VTP), Pharmacotherapy services and Community Treatment and Care (CTAC) services), East Renfrewshire had progressed further on the other three areas (Urgent Care Advanced

Practitioners, Additional Professional Roles and Community Link Workers) and have full plan implementation as of the end of March 2022.

Pharmacotherapy Services

- 2.35 The Pharmacotherapy Service continues to deliver both core (level 1 activity) and additional (level 2 & 3 activities) services across all fifteen GP Practices in East Renfrewshire. Revising the skill mix by introducing Pharmacy Technicians and Pharmacy Support Workers has allowed for financial savings and the development of a hub model and pharmacist provision for a minimum of 0.5 whole time equivalent per 5,000 patients. All GP practices in East Renfrewshire are being serviced by the pharmacotherapy hub, have polypharmacy reviews and specialist clinics.
- 2.36 The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

Community Treatment and Care Services (CTAC)

- 2.37 The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began have been in place since 2018 being delivered by Community Health Care Assistants (CHCAs). These are shared across all fifteen GP practices offering not only clinic and domiciliary phlebotomy but additional Community Care Health Assistant tasks including: B12s; biometric data collection including BP; and suture removal.
- 2.38 In 2021/22 following a delay due to the pandemic, we were able to develop services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal. All GP practices in East Renfrewshire have access to all Community Treatment and Care Services. Services have the further potential of streamlining and improving pathways for chronic disease management and linking to the move of acute phlebotomy to community settings which have recently been rolled out across East Renfrewshire.
- 2.39 The Scottish Government has invested significantly in Health Care support workers. East Renfrewshire has recently recruited to six roles based within Community Nursing.

Urgent care (Advanced Nurse Practitioners) (ANP)

2.40 We have now established the planned team of three Advanced Nurse Practitioners (ANP) to work across our three GP clusters within Eastwood and Barrhead localities. Although this has proved challenging due to workforce availability and slow recruitment all GP clusters now have access to an ANP who is responsible for providing an Urgent Care service. We continue to test the current model whilst training and mentoring the staff within GP Practices, collecting data to inform how this commitment fits into the wider system redesigning of urgent care work currently in progress across Scotland.

Additional Professional Roles

2.41 Following successful implementation of our first Musculoskeletal physiotherapist in two GP practices in year one of our plan we remodelled our planned 3.0 whole time equivalent to work at cluster level which helped to expand provision to nine of our fifteen GP practices (60%) in year 2021/22, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapist and treatment therefore reducing unnecessary referrals to GPs.

2.42 Although this service is very highly rated by both GPs and patients, we were unfortunately unable to secure any additional resource from NHS Greater Glasgow and Clyde Musculoskeletal Physiotherapy for Advanced Practice Physiotherapists. This meant we were unable to spread Advanced Practice Physiotherapist provision equitably across all of our GP practices, resulting in 40% of practices without the benefit of this service, accounting for 28% of our population. NHS Greater Glasgow and Clyde have recognised the board-wide impact this has had, and are scoping alternative models to ensure greater equity across practices.

Community Link Workers (CLW)

2.43 As early adopters of the Community Link Workers programme (a local partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP) we continue to offer this service across all of our fifteen GP Practices in East Renfrewshire. It offers support to a significant cohort of patients who seek recurring and regular support for issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. Anxiety, depression, family issues and bereavement are the four most common reasons for referral.

Treatment Rooms Eastwood and Barrhead Health Centres

Currently the treatment room is operating longer appointment slots with reduced numbers of appointments in line with Covid -19 infection prevention and control requirements.

- 2.44 However these are now under review and may change as physical distancing measures are changed. Reviewed appointments times will reduce allowing the treatment rooms to open up for more appointments.
- 2.45 Additional support for treatment room services has been provided by community nursing on a needs basis with clinical team leaders' daily oversight. The new treatment room Coordinator is now in post. There is recruitment planned for two treatment room staff.
- 2.46 There has been a transfer of a band 5 nurse to the treatment room from the stepping down of Test and Protect, providing an additional 15 hours per week treatment room nurse to our staffing. Treatment rooms continue to operate across both Eastwood and Barrhead Health Centres.

Reflections on Primary Care Implementation Plan implementation

- 2.47 Recruitment and retention issues remain for the plan. Backfill (maternity and sickness) continues to be an issue and requires redistribution of workforce allocation across all practices to share losses.
- 2.48 Achieving full implementation of our plan within the allocated budget amidst a pandemic has been an achievement. The dedicated role of the Primary Care Implementation Plan Implementation and Development Officer to lead the programme was crucial to success of its implementation.
- 2.49 The impact of the pandemic on General Practice has been really significant and the current pressures and sustainability challenges which practices are reporting are very much linked to the pandemic rather than a failure of impact of the Primary Care Improvement Plan. One of the original aims of the contract was to support practice sustainability. It is worth noting that East Renfrewshire has had no directly managed practices or sought to give notice on their contract, and only had a very small number of temporary list closures, in contrast to other Board areas. Practices in East Renfrewshire have absorbed a significant increase in list size due to new housing developments, and are now providing services to a larger number of people. The additional Multi-Disciplinary Team capacity has supported that increase as well as the management of existing workload in a sustainable way.

3.0 Effective Care

Hosted Services

Specialist Learning Disability Inpatient Service

- 3.1 In March 2020, Specialist Learning Disability Service inpatient services presented a performance report to the Performance and Audit Committee for the 2019 calendar year. The report detailed sustained improvement in admission and discharge activity throughout the year however; the report crucially outlined further work to maintain this progress. A key priority and a

focus of our redesign work is to support people to live well at home and avoid admission to hospital when possible, particularly when clinical need is questionable or as result of placement breakdown.

- 3.2 There has been an increased level of referrals that resulted in exception and escalation updates delivered to the HSCP Clinical and Care Governance Group in 2021. This is primarily due to a combination of increased mental health deteriorations often impacted by a lack of social support unfortunately resulting in a higher risk of support package / placement breakdowns. Where Specialist Learning Disability Service were unable to admit, people with learning disability were admitted to mental health hospitals placing additional demand on the mental health system and poorer outcomes for our patients.
- 3.3 We are aware that Mental Health Inpatient services have also experienced significant challenges in relation to both their acute and Older People Mental Health wards. This has further compounded their ability to accommodate people with learning disability within their services. Additional challenges for Mental Health Services included the closure of a number of wards due to Covid-19 outbreaks and staffing challenges. On some occasions referrals for admission have been declined on certain sites due to the lack of staffing capacity to accommodate enhanced observation for admissions. We continue to working closely with our Mental Health colleagues to explore how we can best support patients. In some circumstances the inpatient service has provided outreach to Mental Health wards to support the patient.
- 3.4 Integrated Learning Disability Teams make every attempt to identify and support individuals at risk of admission as early as possible. However the need to adhere to guidance and restrictions in resources, such as social support, has created significant challenges for the teams in their ability to ensure positive impact and the provision of alternative support. Some areas have had to explore out of area placements for individuals in crisis.
- 3.5 We continue to progress discharges where safe to do so and we will, where possible, continue to work collaboratively with HSCP's to achieve the best outcome for individuals.
- 3.6 In an effort to explore all possible options to support people to remain at home we have proposed a joint collaborative between all HSCP's. The intention is to enable HSCP's to work more closely to find alternative solutions to hospital and out of area care and we anticipate may lead to short term arrangements between HSCP's being developed for those in crisis. The service is progressing a 'Collaborative Practice for Supporting Adult's in Crisis' Governance Group. The group offers an opportunity for HSCP's to work together to support people where a local solution may not be immediately available. The group will oversee and provide support to HSCP's to develop approaches to work collaboratively to support people who are reaching crisis, are at risk of admission, are out of area or are delayed in hospital.

Adult Autism

- 3.7 We continue to experience exceedingly high level of referrals which is impacting our waiting lists and waiting times. Previously this has been severely impacted by staffing levels, which had become historically low. A recruitment drive was agreed and carried out leading to an increase in capacity, however we are still experiencing a substantial backlog of referrals. We have also addressed certain issues in our referral process to attempt to identify appropriate individuals for assessment.
- 3.8 The team has approximately 600 active patients. A pre-assessment pack is issued to patients following local scrutiny of referrals.
- 3.9 A significant alteration in our assessment pathway has been the introduction of pre-assessment documentation in January 2021. The pre-assessment documentation is completed by all patients that have been accepted onto the first phase of our waiting list.
- 3.10 As new staff have joined the team there has been an increase in assessments being carried out, with initial assessments being undertaken.
- 3.11 Communication to our referral sources (GPs, Community Mental Health Team, Primary Care Mental Health Team) explaining that the service were only progressing urgent cases this has not resulted in any noticeable decrease in referrals. In fact there has been a significant increase. We continue to monitor situation. Adult Autism provide updates to the Adult Services Clinical and Care Governance Group.

Scottish Centre of Technology for the Communication Impaired

- 3.12 This service is experiencing global microprocessor shortages in the supply chains from the Augmentative and Alternative Communication equipment suppliers we work with. Although there have been no incidents yet, this has the potential to cause delay in people receiving their equipment. We continue to maintain a just-in-time stock, particularly of the types of equipment more regularly used by people whose communication is at highest risk, and are ordering earlier than required to allow for current delays.
- 3.13 The annual internal equipment stock audit was completed with no issues. Lead times for supply of equipment are being monitored as orders are placed.
- 3.14 This service reports by exception to the Adult Services Clinical and Care Governance Group.

Community Change Fund

- 3.15 East Renfrewshire HSCP has been leading on an agreed strategy to redesign inpatient and community learning disability services.

- 3.16 The focus of the strategy is to improve the care and support of people at risk of hospital admission and / or out of area care, typically people who present with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need is not the primary reason for admission. The ultimate aim is to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. As these alternatives became embedded we intended to remodel the bed based services, reducing bed numbers and reinvesting these resources in the community.
- 3.17 Inpatient services have led on a number of tests of change which have resulted in good outcomes and improved delayed discharge, good progress was being made prior to the pandemic taking hold.
- 3.18 Alongside this work we also committed to closing remaining longer stay facilities, Netherton and Waterloo. We successfully resettled six of the longer stay people and Waterloo closed in late 2017. However, Netherton has not closed as the remaining people are awaiting a new service to be developed by Glasgow City HSCP.
- 3.19 In early 2020, the Scottish Government created a short life working group to explore the ongoing issues relating to bed usage, delays in discharge and out of area care. Julie Murray, Chief Officer, Tom Kelly, Head of Service and Dr Elita Smiley, Clinical Director were asked to take part. The Scottish Government announced a £20 million fund, shared across Integration Joint Boards to take forward the main recommendations of the SLWG. These recommendations align to the strategic aims we had already identified locally, namely, “Reduce delayed discharge, redesign services for people with complex needs and repatriate people in out of area care.”
- 3.20 The Community Change Fund brings an opportunity to drive forward the strategic aims we had already agreed. We have set out a proposal to develop a collaborative approach with NHS Greater Glasgow and Clyde HSCP's. Given the interdependent nature of inpatient services, community services and relationships with third sector providers we have suggested a redesign Programme Board be developed and jointly resourced. The Programme Board will report to both the existing mental health strategy programme board but will be led by East Renfrewshire, with a programme manager reporting to the Head of Adult Services, Learning Disability and Recovery. The Board will consist of two subgroups, one which will progress community and inpatient redesign including workforce development, bed remodelling, transition and sequencing / transfer of resource from beds to community alternatives and eventual closure of one unit and the extension of the remaining unit.
- 3.21 The second group will take the form of a multi-agency commissioning group which will lead on the development of new models of support for people who are currently delayed and importantly those people who are at risk of admission. This group will also review people who are currently placed out of area with a view to establishing local services. This will require good commissioning and innovative approaches and will explore where

collaborative commissioning could be adopted across partnerships and between third sector partners. The community change fund is to be used within three years and we envisage this programme of work will require this timeframe.

- 3.22 In relation to the resettlement of the remaining people in our longer stay unit Netherton, Glasgow City are developing enhanced community living services and we will work together on a realistic timeframe for closure. Glasgow City HSCP intend to purchase (through the City Council) Waterloo Close with some of their allocation of the Change Fund. These two bungalows have remained vacant since closure. Glasgow intend to commission a third sector provider to support remaining people in the longer stay group and people who are currently delayed in hospital. This has been discussed with HSCPs within NHS Greater Glasgow and Clyde. Joint Staff Forum members are involved in Learning Disability redesign programmes. Any future change of use of current NHS facilities will be subject to stakeholder engagement.

Mental Health and Recovery

- 3.23 The impact of the pandemic have seen increased Mental Health concerns across care groups related to stress and distress which is attributed not only to the impact of the pandemic but wider economic issues.
- 3.24 Caseloads have increased in all teams and the Community Addictions Team has seen a 15% increase (from 363 in April 2021 to 420 in March 2022).
- 3.25 Adult Mental Health Team's caseload has increased by 7% during 2020-21 (from 1283 to 1373) and has remained around that level into 2022.
- 3.26 Primary care mental health team's caseload has increased 33% this year from 256 in April 2021 to 341 in March 2022 although this reflects a gradual return to pre-Covid levels.
- 3.27 The Older adult team's caseload increased from 850 to 942 over the year (10% increase). Older people are experiencing the impact of isolation, reduction in mobility affecting overall wellbeing. This means the team are holding onto people on caseloads for longer. There are workforce recruitment and retention challenges across internal and external providers, and significant turnover within HSCP teams
- 3.28 The proportion of people accessing psychological therapies within the 18-week target is still below target (90%) and has also fallen slightly on the 2020/21 figure (74%). There has been considerable work to bring waiting times down (and performance had improved significantly in December 2021 to 87%). Intensive improvement work began in August 2021 and the focus has been on addressing the longest waits.
- 3.29 In the Adult Mental Health Team, the longest wait has reduced from 40 weeks in November to 35 weeks in March; longest waits in the Primary Care Mental Health Team have reduced from 31 to 28 weeks and in the Older People's

Mental Health Team reduced from 34 weeks to 26 weeks at current time). A number of factors have contributed to latter increase in waits including a reduction in CBT Therapist hours due to long term staff sickness and multiple episodes of short-term staff absence (Covid-related); vacancies in counsellor and mental health practitioner roles. In addition, contingency planning for the Omicron Covid-19 variant resulted in a short pause to services which caused a further increase in waiting times.

- 3.30 There has been no Alcohol Brief Intervention delivery due to pandemic restrictions. The Alcohol Brief Intervention work is being commissioned out in the coming months to get this work progressing again.
- 3.31 Community Addictions Services have achieved the waiting times target over the course of 2021-22. In Quarter 1, 94.1% of those newly referred began treatment in 3 weeks or less, 98.3% was achieved in quarters 2 and 100% in Quarter 3. This is an improvement on 2020-21 performance of 69%.
- 3.32 This improvement has been achieved during a period where the caseload has increased by 15% (from 363 in April 2021 to 420 in April 2022). Key vacancies within the team have been filled, increasing capacity. In addition, where opiate use is identified at point of referral, joint assessment with the team medical officer is arranged to enable more rapid start of treatment in these cases.

Peer Support evaluation

- 3.33 The Integration Joint Board meeting of 24th November 2021 considered [Learning Disability and Recovery for the Peer Support Service Report](#). This was in response to the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change.
- 3.34 It was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. A twelve month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals. Penumbra were identified as the preferred provider of peer support in East Renfrewshire.
- 3.35 The key findings of the evaluation are invaluable in aiding our understanding of the positive impact of peer support for supported individuals and continuing to develop the approach. The recommendations made in the evaluation report provide a focus for continuous quality improvement.

Alcohol and Drugs Partnership

- 3.36 During 2021, there have been a number of significant developments in the Scottish Government's approach to the drug related deaths emergency. On 20th January, the First Minister announced the Drugs Mission, an enhanced approach focusing on fast access to treatment and increased access to residential rehabilitation, together with significant additional funding for

Alcohol and Drug Partnerships. The new Medication Assisted Treatment Standards were published in May. Following a number of funding letters and clarifications over the period June to September, the East Renfrewshire Alcohol and Drug Partnership had a clear picture of the additional investment available locally.

- 3.37 East Renfrewshire Community Addictions Team has been among the first alcohol and drugs service to roll-out Long-acting Injectable Buprenorphine (Buvidal), a long acting, injected buprenorphine opiate substitute. It is the first service in Greater Glasgow and Clyde to operate a nurse led administration protocol, which commenced in September 2020. This was initially in response to the potential roll-out of Long-acting Injectable Buprenorphine in prisons, due to COVID restrictions, and recognising that a number of individuals would require continuity of treatment on release. In addition, others on alternative opiate substitute medications were considered good candidates to switch to Long-acting Buprenorphine. All nurses in the team and the medical officer were trained in the provision of advice to individuals on the effects / potential benefits of and in the administration of the medication. Specific pharmacies were identified to store and dispense the medication, and governance arrangements for the management of controlled drugs were put in place. Individuals who chose to switch and were initially stabilised on a weekly injection before switching to the monthly injection. Nurse led clinics now run monthly in different locations to allow easy access for individuals across the East Renfrewshire area. East Renfrewshire is also the first service to have nurses administering the Injectable Buprenorphine instead of the prescriber, with the medical officer continuing to review their care. Some individuals currently remain on the treatment, many of whom are reporting feeling well and experiencing the benefits Injectable Buprenorphine treatment offers. For example, with no requirement for daily medication and daily attendance at a community pharmacy, this allows more flexibility to engage in volunteering, paid employment, education and recovery based activities that lead to a more satisfying and fulfilling life. A second roll out of this was postponed due to impact of Covid and is planned for the end of the year.

Intensive Services

- 3.38 There has been considerable and consolidated progress in relation to Care at Home service. As a result, the Clinical and Care Governance Group will receive an update annually for 2022 -2023. The Care at Home Service had been re-inspected in mid-June. The re-inspection found that the service met all requirements and improvement areas and was graded as “good” against all inspection themes. One area for improvement had been highlighted in relation to consistency of staff and timings of visits and an action plan had been generated and agreed with the inspectorate.
- 3.39 Numbers of hospital and community referrals had increased with there being significant pressure on the partnership due to the number of delayed discharges. Pressure on care at home services was having an impact on the social care workforce across the country with providers and agencies struggling to provide staff locally. A 50% reduction in the amount of services

commissioned providers were able to deliver was also highlighted. This in turn had led to significant pressure on the in-house service.

- 3.40 To address this a move to intermediate care was now part of the standard discharge plan, should community supports not be readily available. In addition to using Bonnyton House, plans were in place to increase availability of intermediate care beds within the partnership as required. Consequently, this enabled individuals to move to these beds from hospital or from home where required, in a step-up, step down approach to care. This approach allowed for a continuation of care to be provided to residents. It enabled individuals to transition from hospital whilst awaiting a home care package to facilitate a discharge home, and based on a thorough risk assessment, also provided care for members of the community at home should there be difficulties in providing their care package. It was highlighted that close oversight and governance was in place to make sure individuals did not stay in that environment any longer than necessary.
- 3.41 The positive grades from the Care Inspectorate reflected the amount of investment in the service. Notwithstanding, the significant progress within the service there remain risks around service delivery, most notably in relation to staffing pressures.
- 3.42 Care at Home Recruitment has been slow despite significant investment in advertising. A Senior Home Care manager has recently taken up post. Fuel costs have been causing some concern from frontline staff. A risk to service delivery is possible should carers no longer be able / willing to use own vehicles.

Telecare

- 3.43 Telecare has seen additional night staff posts agreed from winter pressures monies now in post and appropriate referrals now being progressed to support with end of life care.

Children and Families

Joint Inspection for Children and Young People at Risk of Harm or Neglect

- 3.44 The HSCP received notification of the inspection on 22 February 2022. The initial feedback on emerging themes from the case file reading and staff survey was very positive. The HSCP Position Statement was submitted on 8 June 2022. The Care Inspectorate will provide their draft report on 13 July 2022 with final report officially published week beginning 15 August 2022.

Social Work Single Agency Audit

- 3.45 Due to ongoing pressures of the pandemic, a decision was made to postpone the bi-annual Multi-agency Child Protection case file audit. A social work single agency audit was undertaken instead. An action plan was created and many of the actions already completed.

Serious / Significant Case Reviews

- 3.46 East Renfrewshire Child Protection Committee has not received any Initial Case Reviews or Significant Case Review submissions.

Revised National Guidance for Child Protection in Scotland

- 3.47 The National Child Protection Guidance Implementation Group are taking forward work in the following areas:

- Participation of children and families;
- Leadership;
- Pre-birth, perinatal and pre-5;
- Preventative and proactive early family support and GIRFEC;
- Training and workforce development;
- Neglect;
- Data and evaluation;
- 16-17 year olds;
- Extra-familial harm;
- Child protection processes.

- 3.48 They are also undertaking work in relation to developing a resource for children, young people and families; Interagency Referral Discussions; and, supporting health and educational professionals.

Children and Adolescent Mental Health Service / Family Wellbeing Service

Impact of Covid-19 Pandemic

- 3.49 The Healthier Minds Service Hub was established very quickly to respond to the rapidly emerging demands throughout 2020. As such it was viewed as a temporary response until the tender process to commission a new Healthier Minds Service could take place. This procurement process has concluded and Children 1st have been awarded the contract to begin in autumn 2021.
- 3.50 Our existing services supporting the emotional wellbeing of our children experienced further demands during the pandemic, particularly Child and Adolescent Mental Health Services, at a time when resources were restricted and stretched. The pandemic and subsequent response has produced additional and more immediate concerns which have necessitated the need for earlier and enhanced action until the commissioned service is developed and gets up and running. Schools report increased distress among pupils especially those in the upper primary school year group with increased school unauthorised absence and increased anxiety and related behaviours.
- 3.51 An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Families and services are reporting a significant rise in emotional distress and associated

conditions for children and young people within this population. Clinical pathway initiatives are being developed for neurodevelopmental cases which are 40% of the non-urgent caseloads in Child and Adolescent Mental Health Services. This will require a multi-agency response but currently across the West of Scotland all sectors are some way off a settled model going forward. A test of change is underway in Inverclyde which may inform way forward. Nonetheless 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.

Family Wellbeing Service (Delivered By Children 1st)

- 3.52 The tier two Family Wellbeing Service has been operating since late 2017 initially as a pilot working with the two GP surgeries. In 2019 East Renfrewshire HSCP in partnership with Children 1st, were successful in securing significant investment from The Robertson Trust to extend the delivery of the Family Wellbeing Service to all GP practices until June 2022. This new injection of funding for East Renfrewshire was approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1st, and The Robertson Trust.
- 3.53 The need to introduce the Family Wellbeing Service and test the effectiveness of its family centred approach was based on data demonstrating that many East Renfrewshire children and young people were presenting at universal services particularly GP's with requests for support around anxiety, depression, distress, and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents had expressed worry about the wellbeing of children and young people and called upon specialist and clinical services like Child and Adolescent Mental Health Services, or Educational Psychology to respond. Services were overwhelmed often inappropriately which in turn resulted in long delays before help was offered, if indeed offered at all.
- 3.54 In June 2022 funding from The Robertson Trust will come to an end. In preparation for this HSCP and Children 1st will begin a full evaluation of the service and include the local GP Forum in this process to enable an informed decision to be made about future provision.

Healthier Minds Service Hub (Multi-Disciplinary Team)

- 3.55 A new tier 2 multi-agency recovery team, known as Healthier Minds, was developed in November 2020 and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery. The three key service elements are:
- Provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
 - Strategic mapping and support to maximise school community capacity to be trauma responsive

- Strengthening of our existing school counselling model
- 3.56 A screening hub model has been in place to consider referrals for support, co-ordinated by the Recovery and Service Development Co-ordinator – Children and Young People’s Emotional Wellbeing. The Hub meets on a weekly basis, attended by regular representatives from Child and Adolescent Mental Health Services, Social Work, Youth Counselling, Educational Psychology and Children 1st: Family Wellbeing Service.
- 3.57 The Hub discuss and agree the best possible support and route for the provision of this based of the needs of the child or young person (e.g. Healthier Minds support worker, youth counselling service, school nursing). Local partnerships have been strengthened by the establishment of the Healthier Minds multi-agency screening hub. The Team works alongside Primary (with respect to P6/7) and Secondary Schools building on the original co-production event and developing a collaborative approach to identifying opportunities to strengthen mental wellbeing. This includes developing a needs assessment for each school cluster, facilitating the implementation of targeted packages of support and the delivery of direct services to children, young people and their families where this is assessed as necessary. The Team comprises a mixture of multi-agency professionals from HSCP, education and third sector who have been recruited, seconded or aligned to the recovery model. The majority of the Team remain subject to the existing terms, conditions, management and oversight of their source organisation.
- 3.58 The route of referral into the service is from education, there is also an online contact form available on the Healthier Minds site for any young person (10-18yrs) who wish to seek support more discreetly. A robust data recording system has been developed to evaluate the effectiveness of activity undertaken by the Healthier Minds Team. This includes the types of support being accessed / provided, ensuring data supports the Scottish Government requirement for breakdown between emotional distress and positive mental health & wellbeing services.
- 3.59 Healthier Minds is a tier 2 service however due to the pressures on Child and Adolescent Mental Health Services we are supporting a number of referrals which meet a higher criteria. Within our data recording systems we have monitored referrals that are known to or have been discharged from Child and Adolescent Mental Health Services; currently 22% of referrals to Healthier Minds are also open to or on a wait list for Child and Adolescent Mental Health Services. Several of the referrals discharged from Child and Adolescent Mental Health Service had previously been wait listed for support but have since been contacted by Child and Adolescent Mental Health Services and offered a referral to Healthier Minds as an alternative.
- 3.60 Staff across all agencies in the Healthier Minds team have highlighted the heightened risk in the referrals they are supporting, however the robust relationship we have with our colleagues in Child and Adolescent Mental Health Services allows us to seek guidance and support when required.

Additionally we have upskilled the team but now require the remobilisation of Public Health training to allow a higher level of training for staff.

- 3.61 The Healthier Minds website (managed by our education psychology colleagues) is the first port of call for parents, carers, staff, children and young people to find mental and emotional wellbeing information, resources, strategies, sign posting, service information, self-referral (Healthier Minds) and self-help. The site is update regularly and promoted through social media and other networks. The Pyramid of Support provides information on local supports; how to access them and who they can support.
- 3.62 A study has been undertaken by Educational Psychology in collaboration with the Healthier Minds Service the aim of which is to better understand the impact of Covid-19 on the mental health and wellbeing of young people in P6-S6 across the local authority. The study results are currently being analysed and a report will be published soon. The findings will assist HSCP and partners determine changes to the design of services and delivery and allow us to assess the level of need in the children and young people's population.
- 3.63 Mental wellbeing services for children and young people are designed and delivered based on local need and informed by national policy expectations. Locally the East Renfrewshire Children's Services Plan 2021-2023 and the HSCP Strategic Plan will provide policy direction and steer over the following three year period.
- 3.64 Going forward access to children's mental wellbeing services will be monitored to ensure there are no barriers particularly in the following areas:
- Children with additional needs
 - Children who reside in areas of deprivation
 - Children who are care experienced
 - Children from a black or minority ethnic background
- 3.65 Improving the mental and emotional wellbeing of children and young people is a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicates that children and young people have been experiencing poorer mental wellbeing in recent years and this has been exacerbated by the impact of the Covid-19 pandemic.

School Nursing Contribution

- 3.66 In response to investment from the Scottish Government to support the transforming roles agenda in relation to School Nursing, East Renfrewshire will receive an additional 3.94 (Whole Time Equivalent) posts to the current establishment. We aim to further build the school nursing contribution to support delivery of targeted evidence based interventions in response to identified need.

United Nations Children’s Fund Gold Baby Friendly Revalidation

- 3.67 The HSCP Health Visiting team were due to submit the United Nations Children’s ‘Fund Gold Revalidation Report in July 2022 in order to retain the gold baby friendly revalidation.
- 3.68 However, the report has been deferred until November 2022 due to staff sickness and the absence of an infant feeding advisor post. The work is been overseen by the East Renfrewshire Maternal & Infant Nutrition Framework Group.
- 3.69 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.
- 3.70 During COVID-19, the Baby Café has continued weekly, through a virtual process with mums who were interested and seeking support. Our staff have received informal verbal feedback from women attending our breastfeeding groups that they have felt well supported by the group facilitators.
- 3.71 Throughout the pandemic 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. 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 World Health Organisation Code.

Rehabilitation and Enablement Service

- 3.72 There is sustained increased demand to Community Rehabilitation service, particularly Eastwood locality. There are approximately 250 referrals across service per month for 2021 - 2022.
- 3.73 The service experiences a high volume of prevention of admission GP referrals and high numbers of complex hospital discharges with increased rehabilitation needs requiring prolonged input in the home environment.
- 3.74 There are Increasing numbers of referrals for residents of Care Homes in relation to hospital discharges for ongoing rehabilitation, falls assessments, seating and mobility reviews.
- 3.75 Teams continue to prioritise urgent referrals for same day / within 1 – 3 days visit as required, and have a daily urgent rota for response.
- 3.76 Robust operational and professional supervision structure in place across all professions/ grades within teams in line with Clinical Supervision policy.

- 3.77 There has been ongoing review of staffing resource and use of winter planning monies to develop the service and its resilience but continued difficulties remain in recruiting to vacant posts in Physiotherapy.
- 3.78 There have been challenges with specific pieces of equipment due availability and delivery delays. In general, pressures are being managed well with additional staffing brought in, and local partnership engagement to mitigate any priority cases.
- 3.79 A recent complaint has highlighted need for local processes to be updated to ensure clarity of service provision and pathways. A short life working group being agreed to take forward improvements.

East Renfrewshire HSCP Workforce Planning

- 3.80 Following publication of the National Workforce Strategy in March 2022, the HSCP will be submitting a Three Year Workforce Plan. The HSCP will be asked to provide the information needed to inform Scottish Ministers decisions on:
- Planned future models of care for health and social care services
 - Aggregating local workforce needs into a national picture of workforce demand and supply requirements and
- 3.81 National approaches supporting the recruitment, training and retention of a skilled and sustainable workforce.

Community Nursing Workforce and Workload Assessment Tools

- 3.82 Health Boards use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools / frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the 'Common Staffing Method' is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area. Within East Renfrewshire we have maintained a focus on this work.

Heath Visiting

- 3.83 In addition to the Community nursing workload assessment tool the Caseload Weighting Tool (CWT) is used within children and family service. The tool uses a formula to calculate the core numbers of health visitors required to meet wider population need and uses the Scottish Index of Multiple Deprivation (SIMD) in its calculations. The tool was developed to facilitate the effective allocation of resources to areas of greatest need and was designed to ensure that the right numbers of health visitors are available to respond to the needs of children and their families. It also provides guidance around caseload size related to deprivation and complexity. This tool, along

with the Community Nursing Workforce and Workload Assessment Tool supports the Partnership in workforce planning, managing vacancies and planning for retirements and to ensure that workforce numbers continue to reflect ongoing need. The application of caseload caps to health visiting caseloads using Scottish Index of Multiple Deprivation (SIMD) deciles as indicators of deprivation is as follows:

- SIMD Decile 1 – Caseload Cap of 100/whole time equivalent
- SIMD Deciles 2 – 4 – Cap of 150/whole time equivalent, SIMD Deciles 5-7 – Cap of 300/whole time equivalent,
- SIMD Deciles 8-10 – Cap of 350/whole time equivalent*

* Please note that the Government have allowed each Health Board to determine the cap at SIMD deciles between 300 and 400. NHS Greater Glasgow and Clyde opted for a 350 for SIMD centiles 8-10.

- 3.84 The combination of adopting a cap of 350 (decile 8-10) and the use of Caseload Weighting Tool (predicated on deprivation) rather than population to disburse funds across NHS Greater Glasgow and Clyde introduced risk in East Renfrewshire around capacity to deliver the universal pathway. This is exacerbated by long term sickness absence and maternity leave which results in caseloads having to be shared amongst remaining practitioners.
- 3.85 To date no NHS Greater Glasgow and Clyde wide agreement has been reached as to how to address this risk therefore local solutions have been sought. Whilst the IJB agreed to fund the cost from band 6 to band 7 (previously awarded by the National Job Evaluation Panel to an Advanced Practitioner Health Visiting profile) the increase in workforce by 3 whole time equivalent is not funded on a recurring basis. This is being met on a non-recurring basis in order to deliver the pathway but this is not sustainable without permanent funding.
- 3.86 The HSCP will continue to fund this additionality for the next 12 to 24 months to allow time for either a reduction to modelled numbers or a permanent funding solution to be agreed. It is anticipated that the full impact of the pandemic has yet to be realised in terms of need within the population with emerging concerns identified relating to increased detection of developmental delay in children, increase in domestic violence and the impact of poverty.

Community Nursing

- 3.87 In the context of District Nursing due to the Covid-19 pandemic use of the Community Nursing Workload and Workforce Assessment Tool was suspended in 2020. The tool was run within the service at the end of 2021. The District Nursing (DN) service includes District Nurses, Registered Community Nurses and Health Care Support Workers. In 2012 the Greater Glasgow and Clyde District Nursing Review advocated that the model for District Nursing across NHS Greater Glasgow and Clyde partnership areas

would be 1 whole time equivalent Band 6 per 9,000 persons, with varying numbers of Bands 7, 5, and 3 proportionate to the whole time equivalent Band 6. Adjustments have been made based on local context and the needs of individual services.

- 3.88 East Renfrewshire are working to this model with all grades of staff in place which includes having a future focus on recruitment to the Post Graduate Diploma - Advancing District Nursing Practice with Specialist Practitioner Qualification to maintain our band 6 District Nursing posts.
- 3.89 East Renfrewshire are experiencing an increasingly ageing population placing more demands on the health service. The District Nursing service will therefore play a pivotal role in preventing hospitalisations, keeping more people at home or in a homely setting by coordinating care needs and delivering essential care interventions including the provision of palliative and end of life care. Shifting the balance of care will therefore require growth and additional investment in district nurses as key members of integrated community nursing teams. Following recent agreement a working group will be established across the HSCPs in order to review the District Nursing role within NHS Greater Glasgow and Clyde.
- 3.90 Within East Renfrewshire HSCP the recent investment from Scottish Government to enable the expansion of our District Nursing service, as set out in the National Workforce Plan, has enabled the recruitment of additional Health Care Support Workers (Band 3) and Community Nurses (Band 5) to the service. Despite this investment, the recruitment of staff particularly qualified band 6 caseload holders remains a challenge across NHS Greater Glasgow and Clyde and is the subject of local and national discussion at the SEND (Scottish Executive Nurse Directors) group.

Professional Nursing Assurance Framework and Work Plan

- 3.91 The Chief Nurse, through a range of groups, (for example, the Partnership Senior Nurse Leaders, Senior Managers, respective clinical and care governance groups, Transforming Roles, Directorate Management and Corporate Nursing Teams) provides updates as appropriate in relation to the professional nursing assurance work plan. For example, in relation to the output of the workload tools as outlined in 3.8.2. 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 Allied Health Professionals Leadership; the Chief Nursing Officer's paper on Professionalism in the Nursing, Midwifery and Allied Health professions in Scotland and the Care Governance Framework. The professional nursing assurance framework based on the national nursing and midwifery professional framework, developed on behalf of the Scottish Executive Nurse Directors (SEND), is firmly embedded within the Partnership. Updates and exception reports are provided to senior nurse leaders meeting, respective service CCG groups and to GGC Corporate Nursing Meetings.

Staff Wellbeing and Resilience

- 3.92 The HSCP recognise how difficult the last two years have been. Working with staff and stakeholders to support resilience and wellbeing has remained a strategic priority for the period 2022 -2025.
- 3.93 A staff wellbeing survey was carried out by HSCP Staff Health and Wellbeing Lead Officer, during the 3 week period to March 2022. 134 staff completed the survey.
- 3.94 The top ten factors impacting staff health and wellbeing, in order of most impact were as follows: Work, home life, mental health, finances, physical health, caring role, weight management, health condition/chronic pain, bereavement and isolation.
- 3.95 The HSCP will be supporting staff by offering a range of support and services which include physical activity, mindfulness, alternative therapies, relaxation, yoga, 1 to 1 wellbeing support, training/education, counselling, Tai Chi, weight management, nutrition, health condition support and socialisation.
- 3.96 The wellbeing lead has developed an information resource for staff that can signpost help available and an example of this good practice is provided for reference.
- 3.97 All HSCP Staff can access wellbeing information <https://eastrenfrewshire.gov.uk/hscp-wellbeing>. Our Wellbeing Champions Group will support this work.
- 3.98 The HSCP are also supporting staff in their financial wellbeing and this is summarised in Figure 3.

Figure 3 Support for staff for financial wellbeing



4.0 Person Centred Care

Care Opinion

- 4.1 The HSCP formally launched Care Opinion in February 2021. The Care Opinion Implementation Group is chaired by the Chief Nurse. The group is supported by Care Opinion staff and the Patient Engagement Public Involvement Team) of NHS Greater Glasgow and Clyde. Information on Care Opinion has been distributed to staff and community groups throughout the year and staff have participated in training and awareness raising sessions.
- 4.2 For 2021 -2022 a total of eleven stories were posted onto the Care Opinion platform from East Renfrewshire residents on services they had received within the Partnership.
- 4.3 To date these stories have been viewed 1825 times. Our three most popular stories were in relation to Adult Autism, Adult Mental Health and Eastwood Health and Care Centre reception staff.
- 4.4 On the whole posts were mainly positive and there have been no specific actions identified as a result of the posts. One did highlight the importance of being trauma informed. The Partnership has an established Trauma Steering Group which will support the implementation of ensuring all staff are trauma aware.
- 4.5 The majority of stories (nine) were responded to within the first three days, with the longest response time being nine days.
- 4.6 All Care Opinion stories can be viewed online at www.careopinion.org.uk
- 4.7 The Care Opinion Implementation Group has developed a workplan which includes a communication and learning and development plan to support implementation. The communication plan will incorporate the work in improving signage and information in the HSCP sites, and this will prominently feature Care Opinion promotion.
- 4.8 The advantage of Care Opinion as a feedback mechanism is that all staff and the public can see the experiences of service users, patients and informal carers and that responses can be posted promptly on the Care Opinion website. It provides the HSCP the opportunity to demonstrate that if any changes are being planned as a result of feedback, this will be clearly visible to all.
- 4.9 A key focus for next year will be to build awareness of Care Opinion throughout the Partnership. There have been ongoing engagement by teams to develop their own 'pocket projects' in conjunction with the Care Opinion staff which allows staff to have the resources they need to plan and monitor their own promotion of Care Opinion within their teams.

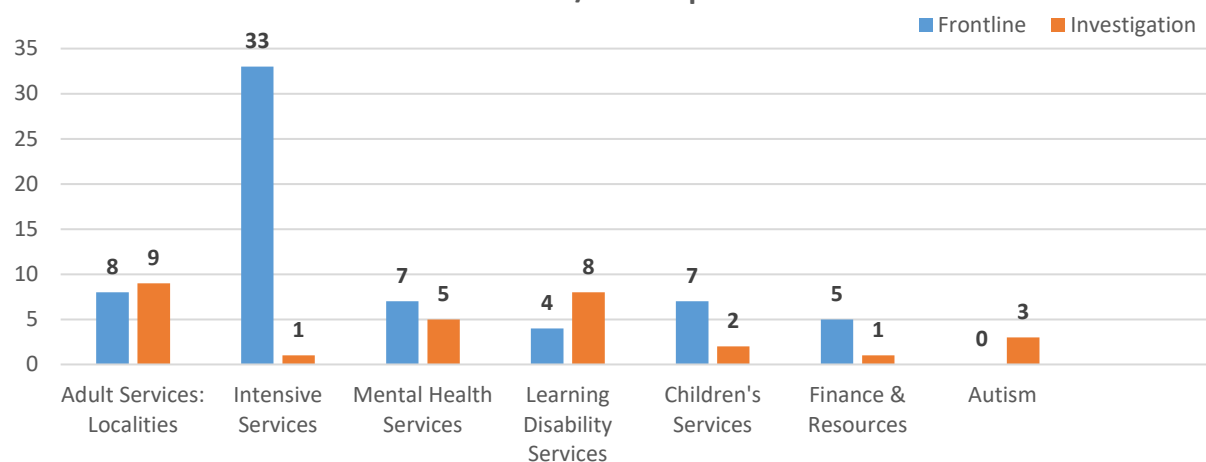
Care Opinion facilitated an online national conference on 21st October 2022 titled, “The New Normal: How Online Feedback is Creating Change in Health and Care.” Dr Deirdre McCormick, Chief Nurse was invited to participate and share learning on the introduction and implementation of Care Opinion within the HSCP. Session 5: Lessons learned from implementing online feedback in healthcare settings: <https://vimeo.com/638387195>

Complaints and Feedback Overview

East Renfrewshire HSCP Complaints and Feedback

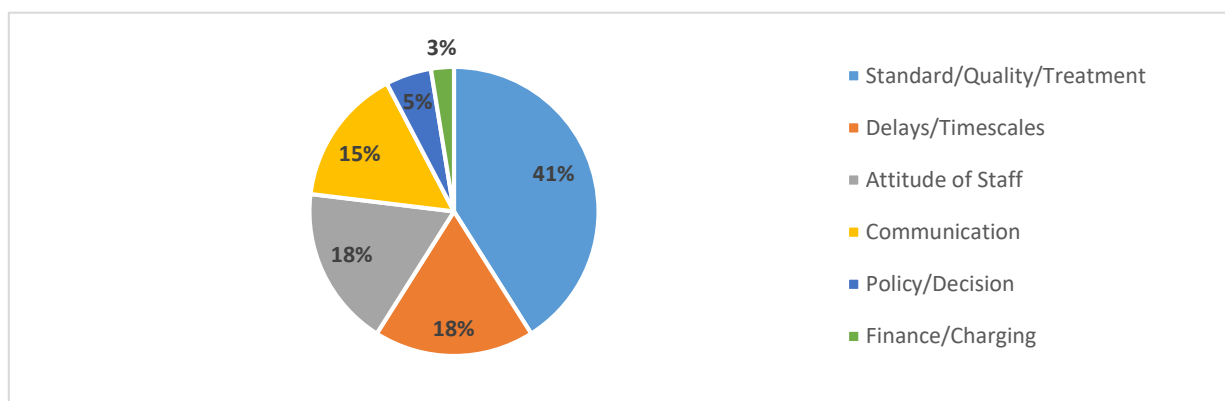
- 4.10 A total of 93 complaints were received by the Health and Social Care Partnership during 2021/22. This is a 13% reduction on the previous year. No Integration Joint Board complaints were received.
- 4.11 64 (69%) were handled at the first stage as frontline complaints.
- 4.12 The majority of complaints received were within Intensive Services and were in relation to care at home and telecare services. The breakdown by service area is contained in Table 3.

Table 3 2021/22 Complaint Totals



Complaint Categories and Themes

- 4.13 Of the total complaints received at least 54% were either upheld or partially upheld. Unfortunately there is missing outcome data for 17 cases so these are not included in the outcome percentage. The data for these cases are currently being examined. The complaint categories and themes from the 50 complaints which were upheld or partially upheld are detailed below. It should be noted that these are the primary complaint categories, however in some cases there are multiple themes.

Table 4: Complaint categories and themes

Scottish Public Services Ombudsman (SPSO) Reviews

- 4.14 Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).
- 4.15 During 2021/22 the SPSO assessed one case and sought background information from the HSCP. The SPSO decided not to take forward a full investigation of the complaint following their review of the evidence provided and testing of our response with an independent social work advisor. The Advisor was of the view that we had responded adequately and could not identify any significant issues which had been overlooked. They were satisfied that the conclusions reached appeared reasonable and were supported by documentary evidence therefore the SPSO did not consider that further investigation would be helpful in this case. Their decision was communicated to the complainant in May 2022.
- 4.16 During 2021/22 we also received a decision notice from a complaint which was referred to the SPSO in 2019. The SPSO did not uphold either point of the complaint and no recommendations were made. They did however provide some feedback for the HSCP to consider around transferring to adult mental health services. This has been shared with the service and included in our transitions work.

Compliments

- 4.17 Unfortunately we do not have full data in relation to social care compliments as [GOSS](#), the replacement customer relations management system introduced by the Council in 2021 does not currently report on compliments. Compliments can still be recorded online and are shared with services.
- 4.18 21 compliments were received prior to the system changeover all of which were in relation to intensive services; care at home and telecare.

Learning from Complaints and other feedback

- 4.19 We endeavour to utilise complaints and feedback to support improvements within our services. For example, Care at Home have reported that they have targeted staff training and development based on feedback. Our Heads of Service also continue to facilitate reflective learning sessions where appropriate to better understand the impact and improvements required as a result of complaints. A recent complaint around applications for disabled parking bays highlighted a number of issues which are being addressed through a small change project to improve the customer journey, including the creation of an online application, less hand-offs, and agreed timescales for each stage of the application. System limitations and reduced capacity as a result of the pandemic has impacted on our ability to undertake full analysis of lessons learned and improvement activity over the last year which will be presented at future clinical and care governance meeting
- 4.20 In addition to peer support, three training sessions, facilitated by the Scottish Public Services Ombudsman (SPSO), took place in relation to investigation skills. Following these sessions some participants noted that in some instances it would be helpful for stage two complaints to be investigated by someone outwith the team to allow for a fully independent review of the complaint and this is being facilitated where possible.
- 4.21 Following feedback from practitioners and people who use services we have taken the decision to increase the frequency of our (REG) Resource Group to weekly to help streamline the process and improve timescales for individuals and their families.
- 4.22 The proposed multi-agency case file audit due as part of the ASP Improvement Plan has been postponed until autumn 2022 however a peer case file audit by social workers and team managers was completed recently. The Audit sampled 20 cases which were subject of multiple inquires, investigations or protection and four case which were received as welfare concerns, but screened and progressed as adult protection inquiries. Initial analysis suggests that progress has been made in relation to improving our practice in ASP with those undertaking the audit highlighting examples of good analysis and risk assessment and evidence of the involvement of adults and their careers. The outcome of the audit will be verified and the findings and recommendations will be compiled in a full report which will be shared with HSCP governance groups.

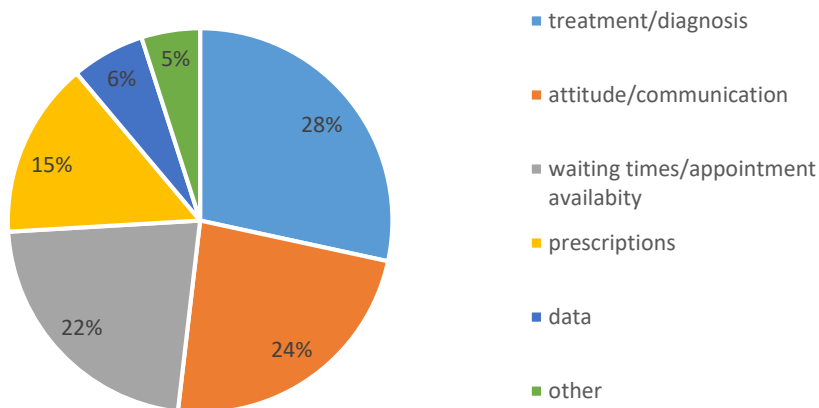
GP and Optometry Complaints

- 4.23 The HSCP is not directly involved in the management of GP and Optometry complaints, as practices have their own complaints handling procedures which also follow the same 2 stage approach. They do however have a contractual obligation to complete quarterly complaints surveys which are shared with the HSCP. A summary of the data provided is below.

GP's

- 4.24 It should be noted that at the time of writing one of the fifteen practices had not returned their quarter four statistics despite reminders being sent by the Clinical Director. However all three previous quarters had 100% submission rate.
- 4.25 The available data shows that during 2021/22 a total of 182 complaints were received by GPs. This is similar to previous years.
- 4.26 Of the complaints received 75% were handled at the first stage, with 129 (94%) handled within the 5 day timescale. On average, stage 1 complaints were responded to within 3 days.
- 4.27 84 (61%) of stage 1 complaints and 25 (55%) of stage 2 complaints were found to be either upheld or partially upheld. Six stage 2 complaints were found to be irresolvable.
- 4.28 Unfortunately the data does not provide a breakdown of categories by outcome however an overview of the types of issues raised is included below, however it should be noted that not all these complaints will have been upheld.

Table 5 : GP Complaint Issues



- 4.29 In terms of learning, a number of areas for improvement were identified including reviewing call handling, staff training, updates to patient information, review of prescription process, change to diabetic protocol, change to how medication changes are communicated to patients and improvements to data protection and accuracy of handling data.
- 4.30 Three SPSO investigation reports were also received during the year and any learning will be shared with practices as appropriate when available.

Optometrists

- 4.31 The response rate to the complaints survey from optometry was considerably low, particularly in the first two quarters. Over the year, on average only 27% of the 14 optometrists within the area responded.
- 4.32 A total of eleven complaints were reported with six handled at stage 1 and five at stage 2. This is an increase on the previous year where only two complaints were reported.
- 4.33 All eleven complaints were upheld however there were no clear themes and complaints included a range of issues including staff attitude, referrals, product choice, direct debit arrangements and contact lens reviews. It was noted that further staff training on complaints handling and communication had been carried out as a result.
- 4.34 No SPSO investigation reports or decision letters were received.

Duty of Candour

- 4.35 During 2021 -2022, there were no additional incidents from HSCP services that triggered an investigation under the Duty of Candour legislation.
- 4.36 The HSCP considers all significant adverse event reviews as fulfilling the requirement for Duty of Candour investigation, as the involvement of the affected person and their family, as appropriate, is the centre of the process.

5.0 Significant Adverse Event Review

- 5.1 For 2021 – 2022, Table 5 below shows at end of period of the report the amount of reviews that were outstanding. A member of the Clinical Risk team from NHS Greater Glasgow and Clyde provides updates for the HSCP Clinical and Care Governance Group twice a year to provide scrutiny of processes that need to be completed for investigations.
- 5.2 The Adult Services Clinical and Care Governance Group also receive a quarterly update from the Clinical and Care Governance Facilitator on both Datix incidents that need to be actioned as well as progress on incidents that proceed to formal review and if not, that a briefing note is completed and sent to clinical risk explaining the reasons not to proceed to a formal review.
- 5.3

Table 5 : East Renfrewshire HSCP – Significant Adverse Event Review outstanding at end 2021- 2022			
ID	Incident Date	Service	Status
664896	20/06/2021	Mental Health Service – Adult Autism	Review ongoing

640188	14/12/2020	Mental Health Service – Esteem Team	Review ongoing
625133	24/08/2020	Mental Health Service – Community Mental Health Team	Review ongoing
669380	24/07/2021	Learning Disabilities – Blythswood	Review ongoing

5.4 The learning from Significant Adverse Reviews is important for the HSCP and the wider NHS Greater Glasgow and Clyde governance structures to consider and action.

5.5 For 2021 -2022, there were fourteen completed actions. There is one action to be completed from Learning Disability Services and the service have been working to close the incident.

5.6 Table 6 shows for 2021 -2022 the completed actions that HSCP services have completed.

Table 6 Completed Actions from Significant Adverse Event Review

Action ID	Service	Due date	Date completed	Priority	Action Theme	Local or Board Action	Description of action completed
9943	Learning Disability	31/10/2021	31/10/2021	High Priority	Policy/ Guidance /Protocol	Local Action	Monthly Falls Risk Assessment
9200	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Training	Local Action	ASP training with NHS and provider agency staff attendance
9198	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Workforce management	Local Action	Regular service review of provider organisation delivering services
9194	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Development of guidance and template for verbal handovers
9193	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Communication	Local Action	Agreement on shared care responsibilities
9487	Mental Health	20/7/2021	25/11/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Documenting of discussion and agreed outcomes of MDT
9486	Mental Health	20/7/2021	25/11/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Reallocation of assessment to prevent delay for service user
8951	Mental Health	19/7/2021	25/11/2021	Medium Priority	Workforce Management	Local Action	Incomplete duty tasks to be

							communicated in team
9203	Learning Disability	30/4/2021	8/9/2021	High Priority	Communication	Local Action	Establish stronger proactive links with Police
9202	Learning Disability	30/4/2021	18/6/2021	High Priority	Communication	Local Action	Review of 1:1 patient /nurse discussions
9201	Learning Disability	30/4/2021	18/6/2021	High Priority	Policy / Guidance /Protocol	Local Action	Review of protocol when responding to allegations that are made
9199	Learning Disability	30/4/2021	8/9/2021	High Priority	Policy / Guidance /Protocol	Local Action	Development of ASP checklists
9196	Learning Disability	30/4/2021	18/6/2021	High Priority	Policy / Guidance /Protocol	Local Action	Submission of AP1's
10263	Mental Health	4/2/2022	21/4/2022	Medium Priority	Policy /Guidance / Protocol	Local Action	All staff reminded of existing guidance in identifying correct date and time of all EMIS entries

5.7 Two services have completed all actions after a significant adverse event review i.e. Learning Disability (completed 10) and Mental Health (completed 4).

5.8 The two common themes are Policy / Guidance / Protocol and Communication. Policy / Guidance / Protocol is the most common theme relating to eight out of fourteen. The communication theme accounts for two out of fourteen.

5.9 All of the actions listed are for the HSCP to progress. There are no board wide actions to be completed for the 2021 – 2022 report. Table 7 provides an analysis of the themes for completed reviews for mental health and learning disability.

Table 7 Analysis of Action Theme by Service area 2021 -2022 for completed SAER's

Table 7: Analysis of Action Theme by Service Area
2021 -2022 for completed Significant Adverse Event
Reviews

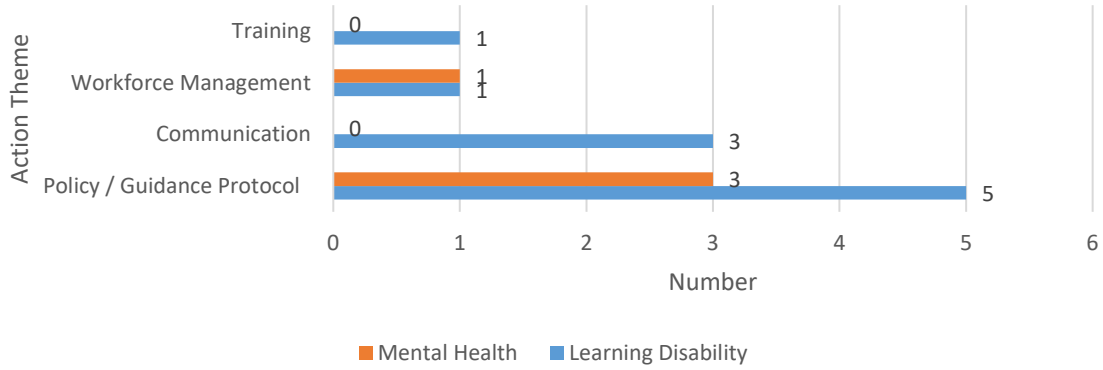


Table 8 shows the Datix incidents by specialty and approval status for 1st April 2021 and 1st April 2022.

	In the holding area, awaiting review	Being reviewed or Recoded and reassigned	Awaiting final approval	Being approved	Finally approved	Total
Addiction Services	0	2	0	0	10	12
Administration Services	1	0	4	0	7	12
Adult Autism Team	0	0	0	1	1	2
CAMHS	0	0	0	0	4	4
Care at home	19	7	0	0	236	262
Care Home Team	8	10	0	0	169	187
Children & Families Integrated Teams (East Renfrewshire)	0	0	0	0	2	2
Community Assessment Rehabilitation Team	0	0	4	0	2	6
Community Care	2	0	1	0	1	4
Community Learning Disabilities Team	7	1	0	0	18	26
Community Mental Health Team	1	1	0	0	24	26
Community Nursing	0	4	0	0	13	17
Community Psychiatric Nursing	0	0	0	0	1	1
Covid Vaccination	0	0	0	0	3	3
District Nursing	0	11	7	0	64	82
GP Practices	0	0	0	0	1	1
Health Visiting	0	1	0	0	4	5
Learning Disabilities	16	37	69	0	1446	1568
Occupational Therapy	0	0	0	0	1	1
Older Adults Community Mental Health	0	1	0	0	4	5
Older People's Mental Health	0	0	0	0	1	1
Podiatry	0	0	0	0	1	1
Prescribing Team	1	0	0	0	5	6
Public Health Protection Unit	0	0	0	0	4	4
Rehabilitation Service	0	0	0	0	1	1
RES Cluster (East Renfrewshire)	0	0	0	0	2	2
Test and Protect Service	0	0	0	0	1	1
Treatment Room Nursing	0	4	0	0	1	5
Total	55	79	85	1	2027	2247

5.10 There were 2247 incidents recorded over the year. 2027 were finally approved (90.21% of total). The remaining incidents will be progressed and actioned.

5.11 The services with the highest number of incidents are: Learning Disability (1568); Care at Home (262); Care Home team (187) and Adult Nursing Service 82. For 2021-2022 there was 1 avoidable pressure ulcer incident reported,

where the contributing factors were investigated and the patient was provided with support from podiatry service. This pressure ulcer was graded as a grade 3.

5.12 Informing all our work through engagement

The commitment from East Renfrewshire HSCP to inform our work through engagement is embedded in performance reporting for the HSCP.

East Renfrewshire HSCP Year End Review June 2022 summarised the approach taken and the main achievements for 2021 -2022.

These are:

- Developing improved communication and engagement – approaches building on lived experience.
- East Renfrewshire first HSCP within NHS GGC to implement Care Opinion
- Lived experience work in addictions – peer research
- Lived experience work to influence development of primary care mental health and wellbeing service
- Champions Board

Examples of feedback are provided below.





6.0 Conclusion

6.1 East Renfrewshire HSCP has faced and will continue to face major challenges in maintaining and improving services as a result of the pandemic and the wider economic challenges being experienced.

6.2 The key areas of focus for the HSCP for 2022 /2023 are:

Children and families

- Reducing waiting times CAMHS and strengthening Tier 2 services;
- Implementing 'The Promise';
- Implementing the Bairns' Hoose model;
- Supporting Ukrainian families;
- Supporting unaccompanied asylum seeking children from the national transfer scheme

Adults and older people

- Discharge without delay and meeting care at home demand in the community;

- Restart the in house Care at Home service redesign activity;
- Development of intermediate care supports

Mental Health and Learning Disability

- Stabilise recruitment and development of Primary Care;
- Meeting psychological therapy target for waiting list;
- Maintain momentum with Learning Disability redesign and addressing delayed discharge in Learning Disability;
- Continuing implementation of Medication Assisted Treatment Standards to improve recovery outcomes and access to residential rehabilitation;
- Annual health checks will need a delivery plan for 5500 people by March 2023

Supporting Staff

- Support staff and wellbeing agenda;
- Improvement of statutory and mandatory training

Informing our work through engagement

- Further embed Care Opinion 2022 -2025;
- Peer research addictions work lived experience;
- Lived experience work primary care mental health and wellbeing service;
- Champions Board

6.3 The Independent Review into Adult Care recommended the establishment of a National Care Service.

6.4 [The National Care Service \(Scotland\) Bill](#) was introduced to Parliament on 20 June 2022.

6.5 The emerging implications of the progression of this work will be considered by the HSCP Clinical and Care Governance Group, in conjunction with the wider governance within the remit of the Integration Joint Board.