



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	16 March 2022	
Agenda Item	7	
Title	East Renfrewshire HSCP Response to Covid-19	
Summary		
<p>This report provides the Integration Joint Board with an update on developments in response to the ongoing Covid-19 pandemic and the continued pressure the HSCP is facing, in common with health and social care services across Scotland. A combination of increased demand across all services and staff absence created significant issues with capacity over the winter period although we are starting to see greater stability as the threat from the omicron variant subsides. Overall, we continue to experience higher rates of referrals and more complex presentations as a result of the pandemic.</p>		
Presented by	Julie Murray, Chief Officer	
Action Required		
<p>The Integration Joint Board is asked to note and comment on the report.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

16 March 2022

Report by Chief Officer

EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

3. The Integration Joint Board have received regular updates in relation to the HSCP response to Covid-19 and the associated recovery programme. The last response update was provided to the IJB in January 2022 reflecting the impact of the omicron variant and the resulting pressures on HSCP support provision.
4. From December 2021, emergency planning meetings were reinstated as a result of the increasing number of Covid cases and potential impact on our services. The HSCP increased monitoring of our critical functions to ensure continued service delivery and allow for contingency arrangements over the festive period and into the new year. Our Local Response Management Team (LRMT) were also increased and met 3 times per week until the end of February, in addition to daily huddle meetings with the Senior Team to review the status of critical functions and take necessary decisions to ensure continued service delivery. LRMT meetings have now been reduced to weekly, with the daily huddle continuing throughout March.
5. At the time of writing, five service areas were rated red 'monitor carefully/prepare to take action' on the critical functions list. These are Children with Disabilities, School Nursing, CAMHS, Family Wellbeing Service (contracted), and Older Adult Mental Health Team.
6. Major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, have been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager has also been realigned to support our response. However, it is now expected that the programme will fully re-commence in March 2022 with a detailed updated position being put to the Recovery and Renewal Board containing a plan for bringing the above projects back on stream, and a timescale for introducing further planned projects currently in the pipeline. It should also be noted that very positive discussions with the Council's new Business Operations & Partnerships, which will ensure sufficient resources can be deployed in the delivery of these projects. This will include early recruitment of a new Business Analyst resource to concentrate on HSCP Recovery and Renewal projects.
7. This report therefore provides an update on any significant developments and areas of pressure.

REPORT

Adult Services

Supporting people at home

8. The Care at Home service has seen a more stable period with less sickness absence (Covid and non Covid reasons) and a lower number of staff requiring to self-isolate. The current absence rate in the service has reduced to 15.3% (42 employees are currently absent from work). Staff have continued to support us by working overtime and agency resources have also been used to ensure the continued safe operation of the service. We are also grateful to a number of staff in the team who have supported us by undertaking different tasks on a short term basis to support service 'hotspots' and most have now returned to their normal duties.
9. The recent 'annual leave buy back' offer attracted interest, with 14 frontline staff taking up the opportunity and a total of 500 hours being secured. Volunteer training was completed to plan and individuals have been used to support both frontline care and critical office functions at key times. Our recruitment activity has progressed well with employment offers made so far for one telecare responder and 31 frontline care roles. Following the satisfactory completion of required pre-employment checks, six individuals have commenced our first two week 'classroom' based induction programme of 2022. This will now run on a rolling fortnightly basis to ensure all recruits are accommodated. Recruitment is also underway for the vacant Senior Homecare Manager (and registered manager for the Care at Home service) role and five applicants have successfully progressed to the interview stage (taking place on 24th March).
10. Numbers awaiting a care at home service has reduced in the period too. The number of people in hospital awaiting a service is eight, while the total of those in the community who await service is 29. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated. Currently there are six individuals in these beds while awaiting care at home. The demands on the service continue both in terms of referral numbers but, particularly, around the increased complexity of these, which may well be a post –pandemic feature for some time to come.
11. The HSCP continues to work in partnership with Voluntary Action East Renfrewshire to investigate opportunities for the third sector to provide support for older or vulnerable people, when discharged from hospital to settle back home and re-connect/make new connections within their community. This has resulted in two linked, but separate funding streams which will provide community led support for individuals who have been disproportionately affected by the pandemic and associated restrictions.
12. At the start of 2022, there were 166 adults awaiting a statutory review of their care. A dedicated resource within adult services has been created, with a team of three retired social workers currently working through the waiting list and completing assessment reviews. By the end of February, 72 of these have been allocated, with a growing number completed. This work will continue in the coming weeks ahead until the new review team is in place.
13. To address concerns around staff capacity we have continued our winter planning recruitment activity. We successfully recruited four social workers to our Review Team who have been deployed to support critical services completing assessments at the front door to reduce the waiting list. We have been very successful in our recruitment to Council posts which began in early December, and have filled 42 of the 46 advertised

posts. This includes 28 homecare/reablement workers and 4 telecare workers. As part of the Council recruitment we have also appointed new managers to our Review Team and Intensive Support Service.

14. We are also recruiting a range of multi-disciplinary roles to support our interim care arrangements (step up /step down and proactive support in the community). For NHS posts recruitment started later and has proved more challenging with recruitment of posts still in progress. With regards to the Healthcare Support Worker (HCSW) recruitment we have only been able to fill 6 out of 16 posts following three rounds of recruitment. We are now reviewing how we best to utilise these roles going forward in different teams.
15. In the meantime we are continuing to offer interim care beds in our local Care Homes (depending on outbreak status). Our Social Work staff continue to proactively encourage families to consider interim care options where Care at Home is not available although this continues to be a challenge.
16. Overall, during the recruitment process we have seen the greater challenges in recruiting to social care and HSCW roles. In addition, we have struggled to recruit to posts with non-recurring funding and have seen limited numbers of applicants due to the high number of vacant posts across the system. We are re-advertising a number of social care roles as part a larger campaign within our Bonnyton Care Home. We are reviewing approaches to the recruitment of Healthcare Support Workers. HR colleagues in NHSGGC partnerships have discussed reviewing vacant posts at the end of the recruitment process, and exploring the possibility of joint advertising targeted outside of Scotland. In addition, they have discussed developing an Integrated HCSW role for partnerships similar to role developed in NHS Lanarkshire that could be used for future recruitment.
17. Across all mental health and recovery services, work is continuing to provide person-centred care throughout the challenges that Covid-19 has presented. The Older Adult Mental Health Team is currently going through some staff turnover within the nursing discipline. We were successful in recruiting a new Nursing Team Lead. However, our two Band 5 posts remain vacant. The Older adult team are also experiencing challenges with medical staffing and we are working with the Boards Associate Medical Director to find local solutions. Our adult mental health team and PCMHT and addictions services have remained operational with limited impact from Covid-19, however at the time of writing we are seeing pockets of increased infection rates in these staff groups and are monitoring this closely. We continue to implement a RAG approach consistent with our Greater Glasgow and Clyde mental health colleagues to ensure that at any given time we can quickly identify and respond to individuals based on risk should staffing become depleted.
18. The Mental Health Officer (MHO) team is now fully staffed. However, as is the case nationally there is a national shortage of MHOs, we have been successful in securing Scottish Government grant to support training of two additional MHOs for future workforce needs.
19. In terms of our hosted services, Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual mechanisms. The Adult Autism Team had a number of vacancies and following proactive recruitment the team should be full established by end of March 2022.

Day Services

20. Days Services staff were key to supporting our Intensive Services throughout the challenges presented by Omicron. This resulted in Day Services being reduced. However, staff are now returning to the day service and service is increasing. We aim to be operating a fuller blended model of building based and outreach by the end of March. We have been meeting regularly with carers to identify where support has been required.

Supporting Care Homes

21. Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model.
22. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP; one hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships; and, one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education. Recruitment within the collaborative is ongoing.
23. Our care homes are currently experiencing a greater number of outbreaks due to the new variant and this is reflected across Greater Glasgow and Clyde, and nationally. Residents are experiencing milder symptoms with the majority reported as being asymptomatic. Community transmission has been high which affected a number of staff.
24. Our Care Homes continue to face staff shortages due to the national recruitment crisis across the social care sector. They have managed to stay above minimum staffing levels by implementing contingency plans and recruiting using agency and bank staff. Care Homes have also been creative in terms of extending current staff hours and redeploying staff from non-front facing roles.
25. At present we have three care homes RAG rated as 'Amber', one of which was previously rated as 'Red' due to an improvement notice issued by the Care Inspectorate following an inspection on 23 November 2021. The care home met all their requirements on 31 January 2022. An additional requirement around care plans was added to be met by 2nd May 2022. The HSCP and colleagues from the Care Home Collaborative Hub 5 will continue to support implementation of their improvement action plan. This particular care home also experienced a Covid-19 outbreak from 6th January to 18th February 2022 which was actively managed. Of the other two care homes, concerns are around care planning, change of management and Adult Support and Protection concerns.

Care Home Assurance Tool (CHAT) Visits

26. Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire and will be supported by the Care Home Collaborative colleagues as required. Due to the significant impact of the Omicron variant CHAT visits to the care homes were paused over the winter period. A schedule for the next round of visits is currently being developed and will be agreed at our Care Home Oversight meeting following discussion with senior managers and professional leads.

Covid Vaccination Programme

27. The HSCP have delivered vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. The care home vaccination programme is now complete. Based on population figures ascertained at the start of the programme, 93% of care home residents received their Covid-19 booster, and 90% also received their flu vaccine. Care home staff were also offered vaccination alongside residents during vaccination visits in addition to accessing the mass vaccination clinics to support optimal uptake of the Covid-19 vaccination. In total the partnership provided 27% of care home staff with Covid-19 vaccines and 43% with flu vaccines. We continue to encourage uptake of booster vaccinations for all staff.
28. The housebound patients' vaccination programme commenced in October 2021 for all patients fitting the eligibility criteria. Since October, 1019 covid-19 booster and 895 flu vaccinations have been administered to housebound patients.
29. We continue to ensure that all new admissions to care homes and new housebound patients are offered Covid-19 vaccination and / or are up to date with the Covid-19 vaccination programme. Planning is underway for a second booster for over 75s and those who are assessed as clinically extremely vulnerable.
30. The Scottish Government is guided by the clinical and scientific advice on vaccination as provided by the Joint Committee on Vaccination and Immunisation (JCVI) which advises on the Covid-19 vaccination programme. In its advice of 21 February 2022, the JCVI advised that the primary aim of the Covid-19 vaccination programme continues to be the prevention of severe disease, hospitalisation and mortality arising from Covid-19. As a precautionary strategy for 2022, the JCVI has advised a Covid-19 spring dose for the most vulnerable around six months after their last vaccine dose. The vaccination will be offered to:
 - Adults aged 75 years and over;
 - Residents in a care home for older adults; and
 - Individuals aged 12 years and over who are immunosuppressed.
31. Planning is therefore underway for the delivery of the second booster. The programme will commence in March 2022 with a yet to be agreed start date for all HSCPs across Greater Glasgow and Clyde.

Supporting In-patient Services

32. Significant clinical complexity has resulted in a need for very close support and in the service activating contingency plans and accessing staff from our community learning disability teams across Greater Glasgow and Clyde. Absence related to Covid had stabilised late January; but in line with other areas the service has seen an increase in infection rates in February which requires close monitoring.

Improving access through our 'Front door'

33. We recognise the impact of the pandemic on the individuals and families and commissioned an independent review of the HSCP Front Door for adult services in partnership with individuals, families and professionals in order to ensure that the single point of access to adult services was fit for purpose as we move towards recovery.
34. The independent review noted many strengths of our approach, mainly in terms of our rapid access OT service, our Talking Points and the single point of access model. The report also noted some key recommendations to strengthen our front door which includes:

- Widening out the Multi-disciplinary element of our front door to include access to Rehab Physio, Rehab Nurse (prescriber), Pharmacy, technology enabled care and money advice.
 - Operating a daily huddle model to support our right support, right place, right person approach to referrals.
 - Strengthening our call handling model to free up our social work assistants to complete less complex assessments.
 - Streamline our assessment and resource allocation process to reduce duplication and make more user friendly for individuals and families.
35. An initial implementation plan has been completed alongside the team, people who use our services, unpaid carers and frontline practitioners and we are aiming toward June/July 2022 for a launch of our new model.

Cross System Support

Mass Vaccination Clinics

36. The HSCP continues to support mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The continued operation of the weekend clinic at Barrhead Health and Care Centre represents a significant commitment to ensure the centre works efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.
37. Vaccination of the population remains the most important line of defence to slowing down the spread and severity of the virus. Therefore, work continues with our NHS partners to maximise the opportunities for our residents to be vaccinated with additional clinics scheduled and it is likely that the vaccination centres will remain operational over the coming months.

Mental Health and Learning Disability

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

Community Assessment Centres (CACs)

40. Plans are in place to work towards a phased closure of centres by the end of March, with the understanding that CACs will be reinstated if required should the situation change.

Public Protection and Children's Services

41. Within our Children and Public Protection service, we continue to see additional demand for services for children with additional support needs (vulnerable children), fostering services and residential services and alternative provision to prevent this. Increased accommodation of children out with the family home has increased by approximately 65%.

Supporting Children and Young People

42. Supporting children and young people's mental health continues to be a high priority, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it. Whilst there are clinical solutions for a small proportion of these children the majority will not benefit from existing specialist mental health services as their difficulties are routed in the social and familial environment. The Family Wellbeing Service and the Healthier Minds Hub - the local tier 2 services - have received 678 referrals over the last year from GPs, school and other services and practitioners. If these services had not been in existence many of the children and young people would not have received any service to support them in managing their significant mental distress. Indeed a significant proportion would have been referred to CAMHS often inappropriately and it is very likely school attendance would have reduced sharply. Many more families would have sought targeted services such as social work, and GP attendance would have increased. The capacity of the tier 2 providers to respond to the significant needs of the children and young people referred will require continual monitoring to ensure risks are assessed and managed.
43. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Clinical pathway initiatives are being developed for neurodevelopmental cases which have been as high as 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response. Across the HSCP and Council services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.
44. As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. This year alone the number of children and young people accommodated in residential care settings has increased by 85.7%; and 67% of children and young people looked after in a residential setting have a neurological diagnosis. This has significantly impacted on residential care budgets as costs are extremely high for each placement due to complexity of individual. Across the looked after children's population 17% have a significantly complex disability. The number of families eligible for an SDS budget has increased by 17% and overall referrals to the HSCP Children and Families Community Team have increased by 29%.

Justice pathways

45. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the backlog of hours by 2,329 hours. The current outstanding backlog of hours for completion total 6,291.
46. In line with the increased throughput through the courts, the justice service has seen a 44% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April to September 2021. Requests for Criminal Justice Social Work Reports have also increased by 151% over this period compared to the same period last year.
47. To support recovery and renewal the justice service modernised key aspects of the unpaid work service. Two new workshop premises were secured with the space

upgraded and equipped for future use. This will allow the service to expand and assist in addressing the outstanding balance of hours. A full-time supervisor and sessional workers were recruited who have skillsets in joinery and carpentry. This has enabled socially distanced 1:1 work with service users and supported people to learn a range of new skills. We were able to provide benefit to the community by delivering the items built by the service users to community projects, nursery schools and care homes.

Supporting people affected by domestic abuse

48. We have continued to provide support for women and families affected by domestic abuse throughout the pandemic. During the six month period 1st April to 30th September 2021 East Renfrewshire Women's Aid service reported a significant increase in referrals across their services compared to the same period last year. In total 645 women and children were supported compared to 447 during the same period last year with 33% of new referrals from partner agencies, the majority from social work (30%). This is a significant increase of 44% across the whole service and significant increase 63% in duty/helpline contacts.
49. Domestic Abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families Request for Assistance (RFA) Team. In the six month period April 2021 to September 2021 there were a total of 477 referrals received with domestic abuse listed as the primary concern in 99 referrals. This is 21% of the total RFA referrals received.
50. In line with trends across Scotland the East Renfrewshire Multi-Agency Risk Assessment Conference (MARAC) has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to September 2021, 66 victims (63 female, 3 male) were discussed compared to 55 (53 female, 2 male) in the same period last year - an increase of 20%. 114 children were discussed at MARAC – 78 in the same period last year representing an increase of 46%.
51. Data recorded for the three month period October 2021 – December 2021 has continued to demonstrate an increase in referrals to domestic services. Referrals to MARAC increased by 24% compared to the same period previous year (36 compared to 29 cases discussed).
52. Referrals for support to the East Renfrewshire Women's Aid service have continued to increase. Referrals to duty/helpline contacts increased by 36% (218 in comparison to 160 for the same period previous year). Outreach referrals during this period increased by 39% (28 to 39) and children and young people's referrals have increased by 110% (10 to 21).
53. HSCP Children and Families Request for Assistance (RFA) Team reported a total of 119 referrals received with domestic abuse listed as the primary concern in 34 referrals. This is 28.5% of the total RFA referrals received.
54. East Renfrewshire Women's Aid were successful in securing additional funding to meet their shortfall in staff capacity. This was secured through the East Renfrewshire Communities Mental Health & Well Being Fund. The funding is for a one year period with an opportunity to bid for a second year. The added capacity will ensure women receive support as they need it and keep waiting times to a minimum.
55. East Renfrewshire Women's Aid drop in service moved to new premises in the Foundry in Barrhead in October 2021. The service from the Foundry provides direct face to face

support and drop in facilities for women seeking information or support. East Renfrewshire Council have identified an additional refuge property for the service and this will be available by the end of March 2022.

56. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

Supporting staff wellbeing

57. The HSCP recently recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

CONSULTATION AND PARTNERSHIP WORKING

58. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde Tactical Group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.
59. The Local Resilience Management Team (LRMT) includes staff side representatives and meetings was increased to three times per week to the end of February. These meetings will now continue on a weekly basis. Our senior team continue to meet daily to review our critical service list and respond to any changing pressures.

IMPLICATIONS OF THE PROPOSALS

Finance

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

Risk

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

Workforce

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

Infrastructure

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

DIRECTIONS

64. There are no directions arising from this report.

RECOMMENDATIONS

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

REPORT AUTHOR

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Chief Officer, IJB: Julie Murray

1 March 2022

BACKGROUND PAPERS

IJB Paper – 26 January 2022: HSCP Response to Covid-19
https://www.eastrenfrewshire.gov.uk/media/7316/IJB-item-05-26-January-2022/pdf/IJB_item_05_-_26_January_2022.pdf?m=637783618118070000

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

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

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

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to Covid-19
https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=637284227714400000

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