

**To: Renfrewshire Integration Joint Board**

**On: 2 October 2020**

**Report by: Chief Officer**

**Heading: COVID-19 Recovery and Renewal Planning Update**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

## 1. Summary

- 1.1. This report provides an update to the IJB on the HSCP's operational response to COVID-19 and ongoing recovery activity, focusing on activity undertaken since the last IJB on 28 August 2020.
- 1.2. The report also provides an update to the IJB on progress made by Renfrewshire HSCP in developing the partnership's overarching approach to recovery and renewal planning alongside the ongoing response. Work has been undertaken to develop the necessary governance structures which will enable effective control over recovery plans and, in light of recent events, will also support ongoing management of the COVID-19 response. This approach reflects the continually changing context within which the HSCP is currently operating.
- 1.3. The report further describes the HSCP's emerging approach to taking forward recovery and renewal activity. This will be focused on delivering urgent short-term priorities in line with the NHS Scotland re-mobilisation framework. More complex medium-term transformation of internal HSCP services and community-based support will also be progressed subject the need to respond to external events, and the availability of capacity within the HSCP to deliver renewal activity. Specifically, this report provides a spotlight update to the IJB on the development of the Older People's Services Review since the last update in March 2020.
- 1.4. Furthermore, the HSCP will continue to monitor proposals and requirements which emerge from the Programme for Government, published on 1 September 2020.

## 2. Recommendations

It is recommended that the IJB:

- Note the operational service updates provided;
- Note the progress made in developing the HSCP's approach to defining recovery and renewal planning governance, subject to external events, aligned with the partnership's transformation objectives;
- Note the progress made in taking forward the Older People's Services Review.

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### **3. Background**

- 3.1. Scotland has continued to progress through the Route Map out of lockdown over the summer period. As restrictions have eased, this has been accompanied by an expected increase in daily COVID-19 infection numbers, resulting in targeted lockdowns across the country to address infection clusters where they arise.
- 3.2. In particular, on 1 September 2020, the Scottish Government announced additional restrictions within the NHS Greater Glasgow and Clyde area, for the Glasgow City, West Dunbartonshire and East Renfrewshire local authority areas. On 2 September a letter was sent to all registered managers of care homes from the Director of Public Health to advise that any indoor visiting should stop across NHS Greater Glasgow and Clyde with immediate effect for 2 weeks, and hospital visiting was also moved to allow essential visits only. Outdoor visiting to Care Homes continues in line with national guidance. In addition, Renfrewshire HSCP determined that a limited reintroduction of day services for older people and those with learning disabilities would be delayed.
- 3.3. On 7 September, restrictions were extended to cover Renfrewshire and East Dunbartonshire, as a result of an increase in infection rates. This position will be reviewed after 2 weeks depending on the rates of infection in the local population. Due to the steps which were taken in response to the initial restrictions within NHS GGC, no additional changes to HSCP services have been required. Health and Social Care staff are still able to enter households to deliver care, adhering at all times to COVID-19 safe work practices. All visits are subject to risk assessments, physical distancing and hygiene measures. Appropriate PPE is available for all staff who require this.
- 3.4. In further recognition of the increasing prevalence of infection, at the latest 21 day review undertaken by the Scottish Government on 10 September 2020, it was announced that limits on the number of people able to gather together either indoors or outdoors would be reduced to a maximum of six people from two households from 14 September 2020. Children under 12 are not counted within this new limit. North and South Lanarkshire were also made subject to the same restrictions as outlined above on 11 September 2020.
- 3.5. On 22 September 2020, the UK and Scottish Governments announced additional restrictions to address further increases in the levels of COVID-19 infections. In Scotland, visiting other households indoors is no longer allowed, subject to a number of exemptions. Meeting with another household up to a

maximum of six people (excluding children under 12) in private gardens and in public indoor and outdoor spaces can continue.

- 3.6. Hospitality venues will now be required to close at 10pm, in line with wider UK restrictions. Further changes include the provision of financial support to those on low incomes who are required to self-isolate, and vulnerable people have not been asked to return to shielding. The Scottish Government has stated that these restrictions will remain under review and further changes may be required in future. Indicative dates for further easing of lockdown on 5 October 2020 are unlikely to now go ahead.
- 3.7. As noted in previous reports to the IJB, the HSCP's Health Improvement Team continues to support the delivery of NHS GGC's Test and Protect programme. This programme is recognised as a priority service and will continue to be central to managing increasing infection levels.
- 3.8. More widely, the Scottish Government published its *Programme for Government* on 1 September 2020. Within this programme a review of the current system of delivering adult social care was announced, to report with recommendations in January 2021. This review will include consideration of a National Care Service.
- 3.9. This context, which impacts both operationally and strategically, reiterates the ongoing need to respond to the impact of the COVID-19 pandemic and retain flexibility both in how services are delivered and in the development of medium-term renewal activity.

#### **4. Operational service updates**

- 4.1. Section 3 above outlines the additional restrictions which have been put in place across five local authority areas within NHS Greater Glasgow and Clyde, with the exception of Inverclyde. This has resulted in changes to visiting to Care Homes and hospitals, and a pause on planned timescales for a limited reintroduction of day services for older people and those with learning disabilities. There are no additional changes to HSCP services as a result of this announcement, however we will continue to make plans for the reintroduction of services at the appropriate time. The HSCP continues to communicate and engage with staff, service users, patients and families to provide updates on the current position.
- 4.2. Guidance on adult social care building-based day services was published by the Scottish Government on 31 August 2020. This guidance recognises that the range of user groups and settings used for building-based services means that no 'one size fits all approach' is available and that it will take time to ensure appropriate modifications are in place. Services will need to operate at reduced capacity to ensure the safety of service users and staff. The HSCP is now considering the application of this guidance locally and in the context of the additional restrictions now in place. In line with the Scottish Government's guidance, decisions regarding the provision of building-based services will be subject to risk assessments, working with Renfrewshire Council, Health Protection and the Care Inspectorate as required.

- 4.3. On 3 September 2020, the Scottish Government issued a letter to HSCPs and Care Home Managers setting out new guidance for the implementation of a staged approach to enhancing wellbeing visits and activities in care homes, including communal living. From 7 September, face to face care from a wide range of health and social care professionals have been allowed to resume. This includes, but is not limited to, Oral Health and Wellbeing, Allied Health Professions (including Physiotherapy, Occupational Therapy, Speech and Language) and other visiting specialists. Due to the additional restrictions in place within Renfrewshire and NHS Greater Glasgow and Clyde, these visits will not resume until it is safe to do so. The HSCP continues to monitor this position and will provide further updates to the IJB.

#### *CAMHS Improvement Plan*

- 4.4. Specialist Children's Services within NHS Greater Glasgow and Clyde have developed a CAMHS waiting list improvement plan to address waiting times within CAMHS and to support compliance with performance targets by addressing those referrals which have breached 18 weeks waiting time. This plan is also intended to support HSCP teams to develop and deliver improvements locally which establish the capacity needed to meet demand. Renfrewshire HSCP is currently developing a local improvement plan which will aid delivery of this activity.

- 4.5. A short life Delivery Group will be implemented across NHS GGC to monitor delivery of the waiting list improvement plan. This group will report to the Specialist Children's Services Oversight Group, the Chief Officers' Tactical group and NHS GGC CMT to update on the progress of the improvement plan.

#### *Testing Update*

- 4.6. All staff in older adult care homes continue to be tested weekly, on a Wednesday, through the UK Government's Social Care Portal and any staff member who tests positive through this portal are retested by the local HSCP team and the swab analysed by the NHS. Over recent weeks, there have been issues with testing delays via the UK Government's Social Care Portal which have received media attention.

- 4.7. At the fortnightly care homes peer support group, a key concern raised by the care home managers is the length of time being taken to receive staff test results in recent weeks. Initially, staff tests were taken and picked up by a courier on the same day and results followed within one or two days maximum. However, over the past few weeks this has no longer been the case for the majority of care homes, with some also reporting that they are not receiving results for staff or having an increase in the number of 'unclear' results.

- 4.8. As a result, care home managers are anxious that any delay in being informed that a staff member is positive could result in contact being maintained with residents and other members of staff. However, this should be mitigated by strict compliance with social distancing and complying with PPE guidance.

- 4.9. The concerns of the care home managers have been escalated to NHS Greater Glasgow and Clyde Executive level; Care Homes Assurance Group and Chief Officers Tactical Group. In a recent letter the Scottish Government

acknowledged that they are aware of the impact of delays in providing staff results and confirmed that they are working to resolve the issues; recognising the UK Government has overall oversight for that part of the system. The UK Government has acknowledged the issues, as a result of rising demand, and has committed to resolving the testing delays in the coming weeks. The Scottish First Minister has advised that they are exploring options for an improved approach.

- 4.10. Resident testing is carried out via the NHS Scotland system 3 times a week on a Monday; Wednesday; and Friday, with provision in place for urgent testing Monday to Friday. These results are available the next day, and there has been no concerns raised with the current system. The last positive resident test was the beginning of June 2020.

## **5. Recovery and Renewal programme governance**

- 5.1. The HSCP recognises the significantly complex nature of recovery and renewal planning. Implementing effective control and oversight over this activity, with the ability to flex to a changing context, is critical. Work has been undertaken to determine the necessary governance structures, with these now being implemented to guide:

- Recovery requirements, including urgent priority actions within the Scottish Government's route map, and additional activity to restart or increase service provision which may take place over a more extended period; and
- Renewal activity, which refers to medium-term transformation and aligns with the requirements of the HSCP's transformation programme developed prior to COVID-19. This includes progression of 'Strand 1' activity focused on the development of a Renfrewshire-wide approach to improving health and wellbeing (an update on which was provided to the IJB in August 2020), and 'Strand 2' activity which will deliver internally focused transformation of HSCP-delivered services (described further in section 6 of this report).

- 5.2. The key components of the Recovery and Renewal governance arrangements are set out below, and re described in further detail in this section:

- Recovery and Renewal Steering Group;
- Links to recovery and renewal activity taken forward by partners;
- Recovery and Renewal service programmes and cross-cutting enablers; and
- Consultation, collaboration and engagement

*Recovery and Renewal Steering Group*

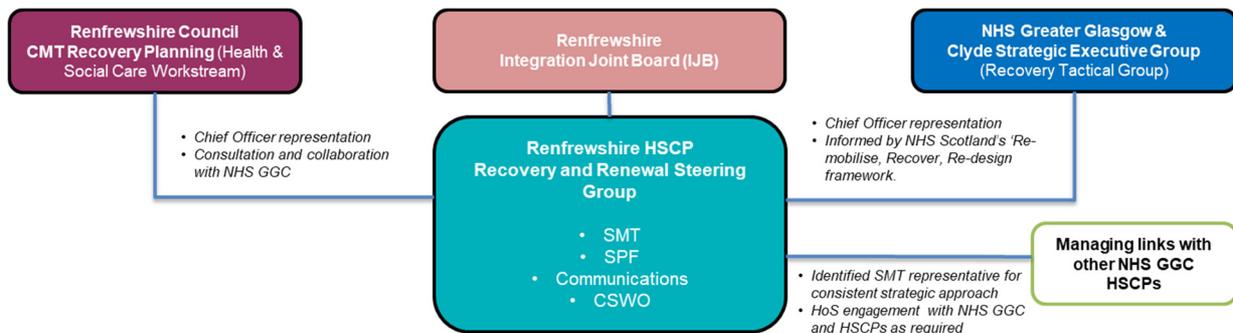
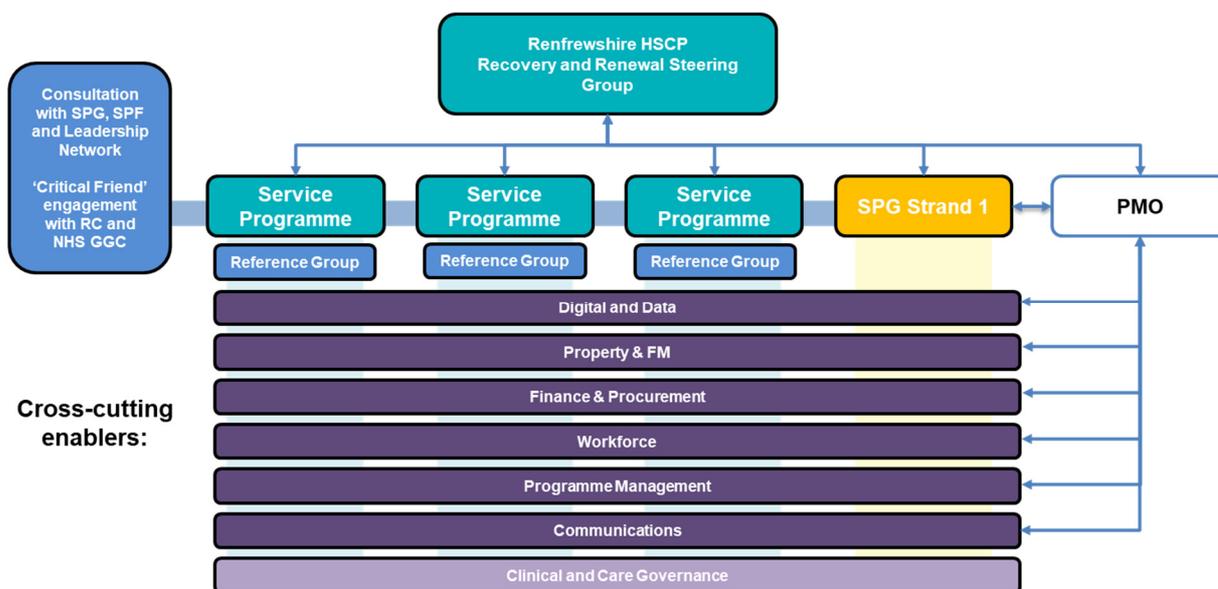


Diagram 1: Recovery and Renewal Steering Group linkages

- 5.3. The Recovery and Renewal Steering Group will provide oversight to the development of recovery plans and proposals for service transformation, ensuring that risks and issues, constraints and dependencies are proactively identified and managed. The Steering Group will be responsible for reviewing and approving any proposals made to ensure they align with the HSCP's transformation guiding principles and contribute to the financial sustainability of the partnership, reflecting the financial context of the HSCP.
- 5.4. Reflecting the importance of collaboration and partnership working in recovery and renewal planning, these arrangements draw membership from the HSCP Senior Management Team (SMT), Staff Partnership Forum (SPF), the Chief Social Work Officer (CSWO) and the HSCP's Communications Lead. Ongoing consideration will also be given to Third Sector and academic representation. The membership of this group will also ensure the maintenance of links with the Strategic Planning Group and existing Clinical and Care Governance structures and processes.
- 5.5. The Steering Group will be responsible to the Integration Joint Board and will continue to consult and collaborate with our partner organisations and participate in the delivery and management of Renfrewshire Council's CMT Recovery Planning and NHS GGC's Strategic Executive Group and Recovery Tactical Group.
- 5.6. The Chief Officer and Heads of Service will also maintain links with other HSCPs to take forward joint recovery and renewal planning. For example, work is underway to take forward Mental Health, Addictions and Learning Disability plans on a board-wide basis.
- 5.7. To support the Steering Group in maintaining effective oversight over recovery plans, regular reporting on activity, risks and issues has been implemented in the form of fortnightly programme dashboards which provide a RAG (red, amber, green) assessment of each service area and emerging risks and issues. Each service area will also provide a 'deeper-dive' report on a rotational basis to enable more detailed service-level discussions.
- 5.8. In addition, a process has been put in place for tracking service and project requests for utilisation of the Transformation reserve. This requires services to evidence the rationale for any transformational funding request and will enable the Recovery and Renewal Steering Group to make evidence-based decisions on the use of the reserve and maintain a robust financial audit trail.

5.9. Work is also underway to develop the HSCP’s approach to managing the delivery of benefits which will be identified through future renewal activity. Once complete, this will ensure that both qualitative and quantitative benefits are fully understood and tracked so that the Recovery and Renewal programme continues to align with its guiding principles and the HSCP’s financial priorities.

*Recovery and Renewal Service Programmes and Cross-cutting Enablers*



*Diagram 2: Service programmes and enablers*

5.10. Recovery and renewal activity will be taken forward through service-level programmes and a range of cross-cutting activity which will seek to address common challenges across service areas and ensure consistency in approach. Externally focused work with the Strategic Planning Group (SPG) to take forward Renfrewshire’s health and wellbeing priorities is also progressing well.

5.11. The scope of this activity is currently being developed, informed by emerging recovery plans, and will continue to be refined over coming months. The table below provides an indicative overview of programmes and cross-cutting activity expected within initial focus, including the delivery of previously agreed transformational activity. Each service and cross-cutting area will require its own programme or project governance which feeds into the Recovery and Renewal Steering Group and into board-wide governance structures as appropriate.

Service Programmes	Cross-cutting enablers
<ul style="list-style-type: none"> <li>• Older People Services (Section 7 provides a further update on this programme)</li> <li>• Learning Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Digital and Data</li> <li>• Accommodation &amp; FM</li> <li>• Finance and Procurement</li> </ul>

<ul style="list-style-type: none"> <li>• Alcohol and Drug Recovery Services</li> <li>• Mental Health</li> <li>• CAMHS</li> <li>• Strand 1: Renfrewshire-wide approach to Health &amp; Wellbeing, taken forward with SPG partners</li> <li>• Hosted services: Podiatry and Primary Care</li> <li>• Flu Planning</li> </ul> <p>[Note: activity to be taken forward will also include existing change commitments such as the GP Contract / PCIP and contractual commitments]</p>	<ul style="list-style-type: none"> <li>• Workforce and Organisational Development</li> <li>• Programme Management and PMO</li> <li>• Communications</li> <li>• Clinical and Care Governance</li> <li>• Change and Improvement resource</li> </ul>
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5.12. Additional support for all programmes and activity will be put in place through a Programme Management Office (PMO) approach to assist services and project teams in the application of a consistent approach to planning and progress management. The PMO will also have a critical role in supporting the effective management of dependencies across recovery and renewal activity and the identification and tracking of proposed and delivered benefits. The HSCP is commencing recruitment activity for a Programme Management Officer post to deliver these essential requirements.

5.13. It is noted, however, that while the HSCP continues to develop recovery and renewal plans, the ambitions for renewal activity will need to remain flexible to respond to further external developments. The HSCP's focus continues to be on the ongoing response to the pandemic and the delivery of service recovery activity, all of which places significant demands on available staffing and resources. Therefore, renewal activity may need to be delayed or paused as current uncertainties such as the outcome of the national review of adult social care become clearer, and ongoing challenges such as Test and Protect and increasing infection numbers require the targeting of limited HSCP resources.

*Consultation, Collaboration and Engagement*

5.14. Consultation and collaboration will be central to recovery and renewal activity. Each service programme will be supported by a reference group of stakeholders to enable conceptual proposals to be considered effectively. These groups will, where appropriate, draw upon existing groups such as the LD Planning Group and Older Peoples' Reference Group. It is proposed that these groups will be maintained beyond recovery and renewal activity as a core element of strategic planning activity, to inform continuous improvement and contribute to the HSCP's development and implementation of future strategic plans.

5.15. The Strategic Planning Group will also operate as a key vehicle for progressing recovery and renewal proposals, recognising the interlinked nature of work to

be taken forward under the two strands of transformation previously identified. This will include:

- Taking forward a Renfrewshire-wide approach to health and wellbeing under Strand 1; and
- Testing emerging ideas from Strand 2 of the HSCP's renewal programme activity. Crucially, this will ensure consultation with the third sector and public sector partners in housing, healthcare (including acute) and Renfrewshire Leisure.

5.16. Additional consultation will continue with our partners in Renfrewshire Council and NHS GGC to gather feedback and test proposals throughout the transformation process.

## **6. Taking forward Strand 2 activity: internally focused change**

6.1. At the March 2020 of the IJB, the HSCP set out plans to take forward 'Strand 2' activity, alongside work with the SPG to progress a health and wellbeing strand, focused on changing the way in which HSCP services are structured and delivered. These plans were paused during the COVID-19 response to enable the prioritisation of resources.

6.2. As the HSCP enters a period of recovery, which will include expanding the provision of reduced services through a risk-based approach, there is an opportunity to align medium-term renewal work with the previously agreed objectives of the HSCP's transformation programme and ensure that the HSCP can build on successes achieved in the COVID-19 response.

6.3. Services across the HSCP are continuing to implement recovery and renewal plans which consider (i) urgent recovery priorities required to reinstate or increase service provision where it is appropriate and safe to do so; and (ii) medium-term renewal priorities which will enable the HSCP to transform service models reflecting both previously agreed objectives and the subsequent impact of COVID-19 (notwithstanding the possibility that the delivery of these priorities may be delayed as noted in paragraph 5.13). Both elements of these recovery and renewal plans will align with the HSCP's transformation guiding principles.

## **7. Older People's Service Review: Update on Approach and Progress**

7.1. In March 2020, a detailed paper on the Older People's Services Review Update was provided to the IJB which detailed the forward approach to service reviews within Older Peoples services, building on the findings of engagement activity undertaken by Journey Associates and reflecting the Fairer Scotland Framework and the HSCP's Strategic Plan 2019-22. This paper also set out the case for change in services for older people, noting that there are just over 14,542 people aged 75 years and over (Source: RHSCP Renfrewshire's Profile to inform Strategic Commissioning April 2018). These figures are projected to increase by 64% by 2039, representing an increase from 8% of the total population in 2016 to 12% in 2039. People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.

- 7.2. Consequently, a review of how the range of older people's services will be delivered moving forward is a priority. This review will assess and identify future delivery options for services, reflecting the HSCP's guiding principles and the impact of the COVID-19 pandemic on local communities, service users and their families. The changes necessitated by the COVID-19 response have included:
- Closure or reduction of services, to enable infection control and a focus on the delivery of care and support to those with critical needs;
  - Significant impact on vulnerable people, particularly within care homes, and for those who used building-based services to provide social stimulation, care and support activities to them or their loved ones; and
  - A sizeable reduction in staff available to deliver services as a result of illness, COVID-19 symptoms and positive diagnoses, or underlying health conditions, which placed them at high risk. Staff were also deployed to support other services, for example existing day centre staff supporting our Care Homes.
- 7.3. Within this context, this section provides an update on a refreshed approach to delivering the Older People's Services Review, with a focus on activity underway in current workstreams (i) Care at Home services, (ii) Day Support services (iii) Care Homes, and (iv) Local Dementia Strategy
- 7.4. Oversight and governance of these workstreams will be provided by the Older People's Services Review Steering Group. The first meeting of the Steering Group took place on 16 September 2020 and agreed the Terms of Reference and forward programme of work. Membership of this group includes Heads of Service and Service Managers, union representatives and a Carers representative from the Carers Centre. Work is also underway to establish a supporting Strategic Development Group, which will build on the role of the Reference Group in the engagement work supported by Journey Associates.
- Care at Home Services*
- 7.5. The update provided to the IJB in March 2020 highlighted the need to take forward work to modernise Care at Home services. This has now resumed following a pause during the crisis response to COVID-19. Care at Home services encompass the internal, direct provision of services in addition to a range of commissioned services working across all care groups.
- 7.6. Care at Home services are currently undertaking a series of development sessions to identify and implement improvements to support the service in managing challenges around increasing demand, recruitment and retention whilst also addressing requirements and recommendations from the recent Care Inspectorate report. The work underway will create a vision for care at home services, a set of operating principles and a delivery model to underpin a strengthened operational structure. Further work is now required to develop a full engagement and communications strategy to involve and engage the staff groups in the development of the service.

- 7.7. The implementation of a scheduling and monitoring system, Totalmobile, is nearing implementation stage, with this expected to take commence over the coming months.

#### *Day Support Services*

- 7.8. The national guidance on adult social care building based day services was published by Scottish Government on 31st August 2020. Services are currently working through the detailed guidance to inform and develop day support. This guidance recognises that a 'one size fits all' approach is not suitable and that building-based services will only be able to deliver at reduced capacity as a result of physical distancing and infection control requirements, and the specific structural nature of some buildings.
- 7.9. Planning work is underway within the HSCP with appropriate partners to identify a model of day services and support aligned to national guidance, reflecting ongoing delivery constraints including the use of three day centres as drop-down hubs for Care at Home staff and PPE provision; the ongoing deployment of staff from day centres to support Care Homes; and the suitability of the existing building base.
- 7.10. Reflecting this context, the HSCP is developing a hub and spoke model of day support for both older people and people with a physical disability, including the delivery of services from one building-based location. This approach will be enhanced by an outreach model for service users to link to services and community groups within the Renfrewshire area and to provide one-to-one support where required by individuals.

#### *Care Homes*

- 7.11. Care Homes continue to be monitored through the Daily Huddle chaired by the Chief Officer and co-chaired by the Chief Social Work Officer, with an additional weekly meeting with Public Health and the Care Inspectorate to review the status of care homes in respect of infection and any performance related issues impacting on care of residents arising from the assurance visits, inspection activity and testing. This is further supplemented by a fortnightly clinician led meeting with the Registered Managers in Renfrewshire and a GG&C wide group to provide consistent guidance and support across the 6 HSCPs.
- 7.12. Care Homes have been subject to separate, detailed COVID related guidance throughout the pandemic. Visits to care homes have been subject to specific guidance throughout the pandemic and this sets out how care home visiting can be re-introduced while minimising the risks to residents, staff and visitors.
- 7.13. Work has been taking place across all care homes (both directly provided by the HSCP and those in the independent and third sector) to move to indoor visiting for relatives/significant others in line with the Phase 3 national guidance. As noted in section 3, local advice and measures were introduced in West Dunbartonshire, City of Glasgow and East Renfrewshire on 1 September, followed by local advice and measures for Renfrewshire on 7 September 2020. The measures are targeted to limit the chances of the virus spreading between households and have paused indoor visiting to care

homes. Outdoor visiting continues in line with national guidance. The measures will be reviewed within a 7-day period and place limits on visits to households for social purposes.

- 7.14. Focussed work within Renfrewshire HSCP operated care homes is due to fully commence October 2020, with preplanning work underway to understand the current model and scoping of baselines for care homes for older people within Renfrewshire.

#### *Local Dementia Strategy*

- 7.15. As reported to the IJB in March 2020, the HSCP has undertaken work with partners within Renfrewshire Dementia Strategy Group (RDSG). RHSCP paused this work to enable staff involved to focus on the delivery of services during the initial phase of the pandemic response. The HSCP has now reviewed position and determined that further work on the strategy will not take place until (i) an assessment of the impact of COVID-19 on people with dementia has been completed and (ii) a national dementia strategy for Scotland is in place, having been delayed from 2020 until 2021 (further detail on timescales is awaited). In the meantime, the implementation of actions to improve support to people with dementia and their families continues.
- 7.16. Further updates will be brought to the IJB as timescales for development of a Renfrewshire Dementia Strategy are confirmed.

### **8. Enablers of ongoing transformation through recovery and renewal**

- 8.1. In March 2020, the HSCP provided an overview of key enablers of transformational change to the IJB, recognising their importance in maximising the opportunity of success in delivering highly complex change. COVID-19 has significantly impacted upon these enablers, in particular the HSCP's workforce, ability to use available buildings, and use of technology. While this adds additional complexity to the delivery of future transformational change, there are also several successes which can be further developed. This section provides an update on a number of these key enablers: (i) communications; (ii) workforce and organisational development (OD); (iii) data and digital; and (iv) internal and external property.

#### *Communications*

- 8.2. Communication has been pivotal throughout the COVID-19 response period, in recognition of the increasingly fragmented nature of the HSCP's workforce as a result of building closures and the need for many staff to work from home where possible. As has been identified in the governance structure for recovery and renewal, the HSCP's Communications Lead attends Steering Group meetings to enable a clear and consistent narrative to be developed.
- 8.3. Following completion of a communications survey across the partnership, work is now underway to develop a Communications Strategy for recovery and renewal activity, aligning this with the transformation guiding principles and strands of activity previously agreed. This strategy will set out key messaging to inform ongoing communications and will be further developed

within each service programme to ensure key themes are effectively contextualised within service transformation plans.

#### *Workforce and Organisational Development (OD)*

- 8.4. To ensure we have the capability and capacity to deliver agreed future service delivery models, workforce and organisational development will be a key cross-cutting workstream. This work will reflect the need for updated workforce plans nationally and locally to incorporate the changes driven by COVID-19 and required as the HSCP moves forward. As part of this, the Scottish Government is currently developing a template for completion by Health and Social Care Partnerships to complete, setting out interim workforce planning actions for 2021/22. Alongside this, the HSCP is commencing work to develop an updated workforce plan for implementation from April 2022.
- 8.5. Objectives for the HSCP's next workforce plan will be developed with our Leadership Network and jointly with our partner organisations. This will set out how services are required to develop, aligned with the Recovery and Renewal Programme, and the skills and behaviours that will be required in future. Findings will be compared against a baseline data assessment of the size, structure, demographics and skills of the current workforce and will enable the identification of priority actions required to develop the workforce over time.
- 8.6. The experience of staff and a focus on their health and wellbeing will be central to this activity. More widely, changes to services will need to incorporate the requirement for flexibility in the HSCP's workforce and identify those areas where staff will require additional support as the recovery progresses. Reflecting the essential nature of this work, a Head of Service lead for Workforce and OD has been identified and a delivery group has been convened to progress these requirements.

#### *Data and Digital*

- 8.7. Optimising available data and digital technologies will be essential in changing health and social care delivery models in line with our guiding principles. Effective use of technology can support further integrated working and enhanced productivity within the HSCP, and also enable our service users to manage their health and remain independent for longer.
- 8.8. The response to COVID-19 has accelerated adoption of digital technology across the health and social care system significantly quicker than was thought possible six months ago. Attend Anywhere technology has been successfully implemented to support service delivery within Primary Care, Community Mental Health and District Nursing. The use of Skype and Microsoft Teams has enabled ongoing remote team working across services.
- 8.9. The HSCP will continue to build on this progress with Renfrewshire Council and NHS GGC as our parent organisations who provide and support the HSCP's technology solutions. The HSCP is represented on the Council's Digital Board which has been working to develop an updated Digital Strategy.

Digital Health and Social Care has been identified as a key theme of this strategy.

- 8.10. A Digital Delivery Group, with representation from both partners, will also be formed to assess and take forward digital opportunities which arise from recovery and renewal activity. This group will also seek to reflect upon the recent Programme for Government, which commits to the scale-up of digital access to health and care and the refresh of Scotland's digital health and care strategy and the creation of a dedicated data strategy for health and social care. The HSCP is also progressing the development of the role requirements for a Digital Business Lead post which will push forward the HSCP's digital agenda.

#### *Internal and External Property*

- 8.11. COVID-19 and related lockdown and physical distancing requirements have impacted significantly on the ability of the HSCP to access and use the existing property base. Similar issues have been faced by our partners across the public and third sectors. Positively, the pandemic has provided evidence that many services can be provided flexibly and from a reduced building base.
- 8.12. However, continued physical distancing restrictions and building closures prevent the HSCP from reinstating services as they were previously provided, and it is expected that such restrictions will continue for several months. Further review of the two-metre physical distancing requirements would enable additional capacity to be provided.
- 8.13. The HSCP has set up a Property Health and Safety group to assess existing buildings and to determine how they can be utilised safely. Given the cross-cutting nature of such issues, this work forms a key workstream within recovery and renewal planning activity, enabling the provision and adoption of consistent guidance across services areas.
- 8.14. Work has also recommenced with NHS GGC on the development of a pilot property strategy. This will also inform development of NHS GGC's Property Strategy more widely. Externally facilitated workshops have taken place over July and August with a range of management and operational stakeholders providing an opportunity for HSCP, NHS and GP stakeholders to discuss 'wants' and objectives for the emerging strategy. These discussions have also benefited from reflections on the impact of COVID and the opportunities which this presents for the HSCP's future property requirements.

#### *Clinical and Care Governance*

- 8.15. Clinical and Care Governance will be central to the development of safe and effective recovery and renewal proposals. Each service programme will feed into the HSCP's robust current governance structures and processes to ensure a consistent approach to the application of existing and emerging guidance, reflecting the fluid nature of the COVID-19 pandemic.
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## Implications of the Report

1. **Financial** – There are no financial implications for this report. However, the ongoing response to COVID-19, and the development of recovery and renewal plans as outlined in this report will have financial implications which will be assessed and monitored on an ongoing basis through the Recovery and Renewal Steering Group.
2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as recovery and renewal planning progresses HR & OD implications will be identified and managers will liaise closely with staff-side and HR colleagues as appropriate.
3. **Community Planning** – Recovery and renewal planning will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets** – No immediate implications however ongoing COVID guidelines around physical distancing, proposals for future service delivery models and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.
6. **Information Technology** – Future proposals will require consideration of how technology can be most effectively adopted and utilised to support new ways of working.
7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals will be assessed in relation to their impact on equalities and human rights.
8. **Health & Safety** – None from this report.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks and issues arising during the COVID response have been tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

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## List of Background Papers – N/A

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