Item No: 12

Meeting Date: **Wednesday 24th June 2020**

Glasgow City
Integration Joint Board

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GLASGOW CITY HSCP RECOVERY STRATEGY

Purpose of Report:	The purpose of this report is to outline the recovery approach being taken by Glasgow City HSCP in response to the Covid-19 pandemic and present the Recovery Strategy underpinning activity to re-start health and social care services in the City.

Background/Engagement:	Services across the HSCP activated Business Continuity Plans in late March 2020 as a result of the Covid-19 pandemic and the associated risk to public health and restrictions imposed by the Government (e.g. social distancing requirements). These plans included alternative arrangements for the delivery of services, arrangements for the delivery of reduced services and the suspension of non-critical services. The HSCP, Glasgow City Council and NHS Greater Glasgow & Clyde established a series of strategic and tactical meetings in response to the COVID-19 pandemic in line with the business continuity frameworks and pandemic contingency plans of each organisation. Within Glasgow City HSCP this included a daily Executive Group meeting and twice weekly Local Resilience Management Team (LRMT). The HSCP is now planning for a phased recovery/re-starting of health and social care services in line with national guidance and in response to local needs and priorities. The Covid-19 Recovery Plan attached at Appendix 1 has been developed to support the recovery process and has included the engagement of planning teams from across the HSCP and members of the Executive Group.

Recommendations:	The Integration Joint Board is asked to: a) Note the contents of this report; and b) Note the Covid-19 Recovery Plan attached at Appendix 1.

Relevance to Integration Joint Board Strategic Plan:

The approach to recovery outlined in the Recovery Plan ensures that any changes to services that have taken place already or that will take place/continue in the future are consistent with the strategic priorities laid out in the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The Recovery Plan relates to the full range of health and social care services and is therefore relevant to all health and wellbeing outcomes
Personnel:	The Recovery Plan acknowledges the need to ensure the recovery phase takes into account staff support, health and wellbeing. The operational recovery plans include reference to the implications of staffing levels, health and safety, and health and wellbeing.
Carers:	Carers services and support to carers are key considerations for the operational recovery plans.
Provider Organisations:	The Recovery Plan makes reference to the involvement of key stakeholders such as provider organisations in the recovery of services. The recovery of services will be important in ensuring the financial viability or provider organisations.
Equalities:	The Recovery Plan includes reference to the importance of ensuring consideration is given to the impact of the pandemic and the response to it on those already facing health inequalities. The Plan also outlines the IJB's responsibilities in terms of equalities and human rights and that changes to services will be subject to engagement with stakeholders and where appropriate subject to equality impact assessment.
Fairer Scotland Compliance:	The approach to recovery outlined in the Recovery Plan will support the obligation of the IJB to take account of alleviating the impact of socio-economic disadvantage experienced across the City.
Financial:	None. Operational recovery plans developed as part of the Recovery Plan will have financial impacts for the HSCP. Details of the financial impact are not included in the current version of the Recovery Plan but will be included in future versions.

Legal:	The Recovery Plan supports the IJB to comply with any current or evolving legislative requirements introduced by the UK or Scottish Governments to support the response to the pandemic and protect public health.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	The risk of not having a clear and agreed approach to recovery, and of not following it, could lead to a disorganised re-start of services that would have a detrimental impact on service users, patients and carers across the city.

Implications for Glasgow City Council:	This Recovery Plan will support the recovery planning approach and activity of the Council.

Implications for NHS Greater Glasgow & Clyde:	This Recovery Plan will support the recovery planning approach and activity of NHS Greater Glasgow and Clyde.

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

1. Purpose

1.1 The purpose of this report is to outline the recovery approach being taken by Glasgow City HSCP in response to the Covid-19 pandemic and present the Recovery Strategy underpinning activity to re-start health and social care services in the City.

2. Background

2.1. Services across the HSCP activated Business Continuity Plans in late March 2020 as a result of the Covid-19 pandemic and the associated risk to public health and restrictions imposed by the Government (e.g. social distancing requirements). These plans included alternative arrangements for the delivery of services, arrangements for the delivery of reduced services and the suspension of non-critical services.

2.2 The HSCP, Glasgow City Council and NHS Greater Glasgow & Clyde established a series of strategic and tactical meetings in response to the COVID-19 pandemic in line with the business continuity frameworks and pandemic contingency plans of each organisation. Within Glasgow City HSCP this included a daily Executive Group meeting and twice weekly Local Resilience Management Team (LRMT).

2.3 Throughout the "response" phase of the pandemic ongoing monitoring of the business continuity arrangements in effect has taken place at service level, with any issues for escalation being routed through the daily Executive Group meeting and the LRMT.

2.4 Due to the requirement to move quickly and decisively to manage the pressures on health and social care services in the City during the pandemic Glasgow City IJB approved the initiation of temporary decision making arrangements at the meeting of the Integration Joint Board on Wednesday 25 March 2020. These arrangements are kept under periodic review and are the subject of a separate report.

2.5 The Covid-19 Recovery Plan attached at Appendix 1 has been developed to support the recovery process and has included the engagement of planning teams from across the HSCP and members of the Executive Group.

3. Recovery Planning Structure

3.1 As the pandemic progresses there has been a corresponding reduction in new cases and deaths as a result of Covid-19. The UK and Scottish Governments have introduced guidance on the easing of restrictions to protect members of the public from the virus and the Scottish Government has published its Framework for Decision Making and route map through and out of the pandemic and the "Re-mobilise, Recover and Re-design" framework for NHS services. The HSCP is therefore now planning for a phased recovery/re-starting of health and social care services in line with national guidance and in response to local needs and priorities.

3.2. Re-starting functions via the usual processes outlined in Business Continuity Plans is not possible under current circumstances, requiring additional consideration of anticipated resource deficits (e.g. fewer staff in buildings due to reduced capacity) and the resource capacity within, and impact on, other services in the Partnership.

3.3 As part of the evolution of the strategic and tactical response structures in operation during the pandemic the HSCP has repurposed the LRMT into an Operational Recovery Group (ORG).

3.4 As the HSCP seeks to gradually re-start the significant number of health and social care functions across the City the purpose of the ORG is to approve the resumption of services, subject to prior detailed consideration and management of the complex interdependencies between these functions by relevant officers, within the parameters of the ongoing and changing restrictions and guidance around public health and safety, including physical distancing, self-isolation and shielding for people with underlying health conditions.

3.5. The ORG will be the forum at which these matters are approved and where consideration is given to the overall prioritisation and sequencing of service re-starts. The detailed work to consider and address the risks, inter-dependencies, and confirmation of the availability of required business support resources will be completed prior to seeking approval from the ORG, subject to the required engagement with trades unions/staff side and other relevant services and teams.

3.6. Proposals for re-starting functions will be submitted to the ORG, outlining details of resource requirements and any temporary contingency arrangements that will be used in order to comply with physical distancing and other COVID-19 requirements (e.g. some staff working at home, temporary use of video conferencing for meetings and appointments).

3.7. The ORG will also act as an escalation point for services (including business support) if the arrangements put in place to restart services have become problematic or circumstances have changed to make arrangements untenable (e.g. additional or changed lockdown measures).

3.8. The ORG will only consider restart proposals where there is no permanent change to the service delivery (for example, a change to roles and responsibilities or procedures). Permanent changes would require to be submitted to Programme/Recovery Boards and existing service change governance arrangements, including partnership working with Staff-side and consultation with Trade Unions.

3.9. The ORG will report its decisions, and escalate any issues or concerns to the Executive Group.

4. Glasgow City HSCP Recovery Plan

4.1 Throughout the pandemic, health and social care services in the City have experienced unprecedented disruption. Some have had to stop completely, whilst others have been able to continue with significant modifications made to service delivery models. Partnership staff have had to consider and implement new ways of working to make the changes necessary to ensure services that have not ceased completely can be delivered.

4.2 Below are just some examples (not exhaustive) of services that were stopped/suspended in their previous form during the pandemic:

- Day centres
- Respite services (closed or reduced capacity)
- Group work (including Criminal Justice Caledonian Programme, Older People mental health support group work and psychotherapy)
- Families for Children adoption panels and fostering panels
- Homeless General Practice outreach service
- Local Area Co-Ordinator visits

- Most Sexual Health & Reproductive Health services and gender services
- Face to face activity (e.g. Carer placement visits and interpreting)
- Supply of enhanced telecare devices
- Carer's centres
- Optician Services.

4.3 Whilst service disruption has created huge challenges it has also generated valuable learning opportunities in terms of what can be achieved. As part of the recovery process the HSCP want to understand which changes have been positive and should be considered for retention or further development, and which have not and should be returned to pre-pandemic delivery. Recovery following change on the level experienced within the HSCP during this pandemic requires an agreed and transparent approach to provide a foundation for making the crucial decisions required on re-starting services.

4.4 Attached at Appendix 1 is the Glasgow City HSCP Covid-19 Recovery Plan. The purpose of this document is to provide a high level summary of the approach to recovery planning being taken within the HSCP, including the key principles of recovery planning and the key elements of the approach to making decisions about the future of services across the City.

4.5 Central to the recovery approach of the HSCP is that decisions made in relation to services will compliment and support the existing Strategic Priorities laid out within the IJB Strategic Plan 2019-22.

4.6 The Recovery Plan recognises and takes into account the Scottish Government's Route Map to consider the wider context within which decisions will be taken.

4.7 The Recovery Plan provides a summary of the key changes that have taken place across the system in response to the pandemic, the key positive impacts these changes have had, and some of the barriers and enablers that will be considered as part of the recovery phase.

4.8 The principles of the HSCP's approach to recovery are as follows:

- Phased
- Intelligence-led
- Compassionate leadership
- Opportunities-focussed
- Safeguarding
- Collaboration
- Flexibility
- Transparency
- Proportionality
- Sustainability
- Communication.

4.9 The Recovery Plan also outlines the key elements of the recovery planning approach, including reference to timescales and the phases of recovery, how the HSCP will meet its obligations in terms of equalities and human rights, the importance of prioritisation, identifying and managing dependencies, managing risk, and engagement with key stakeholders.

4.10 The Recovery Plan is an evolving document, designed to underpin the recovery planning phase of the HSCP's response to the pandemic and will be regularly reviewed and updated by the Executive Group. Future versions will, for example, include reference to the financial impact of responding to the pandemic.

4.11 Officers within the Partnership are engaged in discussions with other HSCPs across the country to share best practice and learning from the different approaches to recovery and will incorporate this into future iterations of the Recovery Plan as appropriate.

5. Operational Recovery Plans

5.1 The Recovery Plan attached does not yet contain details of the significant operational recovery planning activity currently underway across the service. This work is ongoing and until it is further developed, with input and engagement from relevant stakeholders (including trades unions and Staff Side), it would be inappropriate to incorporate it into this draft of the Plan.

5.2 Planning leads from across the HSCP have been working together to develop a comprehensive "stock take" of the changes which have been made to service provision and plan for how service delivery will look in future, giving consideration to risks and dependencies, and the evolving guidance published by the Scottish Government.

5.3 A key component of operational recovery planning is identifying where opportunities have arisen to do things differently and harness the positive impact on services that the changes have enabled.

5.4 Some of the general themes to emerge consistently from the work to develop operational recovery plans include:

- Embracing the positive impacts of new ways of delivering services (including use of technology)
- The importance of addressing digital exclusion
- Improved partnership working during the pandemic response (internally and with key external partners)
- The importance of investment in infrastructure to support home working and new digital approaches to service delivery
- Complex interdependencies across the sector and the need to work together to co-ordinate re-starting services
- The importance of communication with teams, supporting staff health and wellbeing and new ways of doing this.

6. Recommendations

6.1 The Integration Joint Board is asked to:

a) Note the contents of this report; and
b) Note the Covid-19 Recovery Plan attached at Appendix 1.

Glasgow City Health and Social Care Partnership
COVID-19 Recovery Plan

2020/21

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June 2020

Version Control

Version	Author	Date	Changes
1	Craig Cowan	20/05/20	First draft completed
2	Craig Cowan	26/05/20	-Addition of section on staff support and wellbeing -Removal of reference to LRMT in favour of Operation Recovery Group -Addition of reference to digital inclusion in sections 2.4.9, 4.2.1 and 5.4 -Addition of reference to impact of health inequalities in section 5.6 and at Appendix 2 -General review and edit for typos etc
2.1	Craig Cowan	03/06/20	-Developed section 5.1 to map Scottish Government's Route Map to recovery phases
2.2	Craig Cowan	04/06/20	-Reviewed and refreshed the key principles section to reflect and align with the "Re-mobilise, Recover and Re-design" framework for NHS services.
2.3	Craig Cowan	09/06/20	-Updated section 6 to reflect development of additional detail on staff support and wellbeing.

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1. CONTEXT

1.1 In March 2020 the World Health Organisation declared COVID-19 a pandemic and extensive measures were put in place across the UK, and globally, to slow the spread of the virus. In Scotland the current recommendations are for everyone to stay at home as much as possible and severely restrict their interactions with those outwith their household.

1.2 Within Glasgow City Health and Social Care Partnership all departmental and service Business Continuity Plans (BCPs) and the IJB Risk Register were reviewed and updated to reflect the particular challenges of Covid-19 emergency planning requirements.

1.3 The response within the HSCP has been led by a daily Executive Group and twice weekly Local Resilience Management Team (LRMT). In addition officers within the HSCP are engaged with the Strategic and Tactical governance structures in place across the Greater Glasgow and Clyde Health Board area, local authority and national emergency planning structures to ensure a co-ordinated and complimentary approach to managing the response to the pandemic.

1.4 Glasgow City HSCP, in common with other HSCPs across the country, is now planning for a managed **transition** away from current restrictions and subsequent recovery or re-start of health and social care services in a way that enables the suppression of transmission to continue. This includes consideration of and adherence to ongoing and evolving advice and guidance from the UK and Scottish Governments in relation to social distancing, the continued need for good hand and public hygiene, and enhanced public health surveillance.

1.5 The Scottish Government's policy approach to transition, set out in its Framework for Decision Making, provides a clear context within which the HSCP should prepare for its own transition, through its business contingency and continuity planning processes. This Recovery Plan provides an outline of Glasgow City IJB/HSCP's approach to recovery planning and has taken into account the approach to a phased reduction in restrictions and gradual resumption of services as outlined in the Scottish Government's "Route Map through and out of the crisis" and "Re-mobilise, Recover and Re-design" framework for NHS services.

1.6 The Recovery Plan is based on three monthly planning cycles and as such is an evolving document. Detailed information on the recovery activity within specific services is contained within the appendix and will be updated to reflect the latest planning activity and implementation of changes to services and service models as appropriate.

1.7 Glasgow City HSCP contributed to work with the other HSCPs in the Health Board area to develop a Board-wide Recovery Plan. This Plan represents the position within Glasgow City but should therefore be seen within the wider context across Greater Glasgow.

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2. PRINCIPLES OF RECOVERY

2.1 The IJB's vision is that:

The City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives.

2.2 Within the IJBs Strategic Plan 2019-22 there are five key strategic priorities that underpin the Vision. These are:

- Prevention, early intervention, and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Public Protection.

2.3 The fundamental principle driving the IJB's approach to recovery is that the **Vision and Strategic Priorities** of the IJB Strategic Plan continue to be as relevant to the planning and delivery of health and social care services during recovery as they were before the Covid-19 outbreak. Whilst the scale and pace of innovation and service transformation has been necessarily accelerated by the requirement to respond to the pandemic, any changes to services and service models reflect and complement the vision and priorities laid out in the Strategic Plan and do not constitute a shift in the strategic direction of the HSCP. This includes supporting the move to more services being provided in the community and closer to home and a focus on prevention, improving life expectancy and promoting physical and mental health, and supporting people to live healthy lives.

2.4 The key principles underpinning Glasgow City IJB's approach to recovery are as follows:

2.4.1 Phased

Re-starting services should be managed via a phased approach using the Business Continuity plans in each of the care areas as the framework for phasing a return to full provision of HSCP services. Sequencing of re-starting services may be different to the retraction of the services and should focus on building the required infrastructure for consistent, high quality services to vulnerable citizens and be responsive to the easing of restrictions referred to in the Scottish Government's Route Map.

2.4.2 Intelligence-led

The HSCP will apply the learning and understanding gained during the response to the pandemic to understand the long term impact and will keep any changes applied under review, collecting feedback from relevant stakeholders to inform ongoing recovery and planning for the future. Decisions made will be informed by evidence and learning about what has worked well during the response, what has not been successful and where might there be opportunities to make additional modifications to service provision to support long term, flexible recovery. The recovery phase will also be informed by the latest information available on the impact of societal changes linked to the pandemic response that will shape future need and available data sources at community/neighbourhood level.

2.4.3 Compassionate leadership

The HSCP will take a long term approach to safeguarding the mental health and wellbeing and resilience of its staff by supporting our most important resource through the current experience and identifying and addressing any psychological impacts that emerge over time. Embedding a culture of compassionate leadership will support individual and team resilience

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and well-being, learning from and harnessing the support mechanisms, techniques and behaviours which have evolved during the pandemic. The IJB will also seek to identify where there are requirements and opportunities for staff development and re-skilling to facilitate implementation of new service models and adapt to the change in the working environment brought about by the long term impact of the pandemic (e.g. social distancing).

2.4.4 Opportunities-focussed

The HSCP will seek to identify, and wherever possible, take advantage of any opportunities that have emerged during the response to the pandemic. A wide range of changes have been made to services. Some of those changes have been successful and consideration must be given to retaining and developing them in order to progress the strategic priorities of the IJB and deliver the shifting of the social contract with communities across the City. Where opportunities emerge to stop working in ways that provide no value, are wasteful and act as barriers to service delivery they should be explored and considered. Maximising opportunities will include building on the adoption of technological opportunities in response to the pandemic.

2.4.5 Safeguarding

The safety of staff, service users, patients and carers will be paramount throughout recovery, including adherence to local and national testing and isolating guidelines and the continued provision of appropriate levels of PPE. The HSCP will create the safest environment and conditions possible for staff to best meet the needs of the population, recognising the safety and wellbeing of health and social care staff is on a par with the rest of our population. Ongoing robust assessment of need will continue to ensure that those in need continue to receive the right level of support and/or statutory involvement (where applicable) at the right time and via the most appropriate means.

2.4.6 Collaboration

The re-starting of services will be done on the basis of maintaining ongoing and meaningful collaboration and cross-system working with our key stakeholders in recognition of the important connections and inter-dependencies between services and systems across health and social care that helps them to work together. This includes staff, service users, patients and carers, third and independent sector service providers, partner agencies and Trade Unions/Staff Side. The HSCP will seek to utilise the collective knowledge and experience across the sector to ensure services continue to meet the needs of the people of the City in a sustainable and equitable manner. Decisions about changes to services will be informed by appropriate levels of consultation and engagement with those most affected, and with consideration and assessment of the impact in terms of equalities and human rights to ensure equity of access.

2.4.7 Innovation and integration

A key element in the response to the pandemic has been the ability of the HSCP and its partners to demonstrate agility and innovation in making the changes required to meet the needs of the City. Through recovery activity the HSCP seeks to harness, identify and support innovation and embrace new approaches and ways of working (e.g. digital). In doing so the HSCP will promote and advance integration to meet individual needs and renew to a better health and social care system.

2.4.8 Flexibility

Re-starting services must be done in a way that is considerate to the fact that Covid-19 still represents a very real public health challenge to the country and its population. The IJB will be mindful that any recovery must enable the HSCP to react quickly and decisively to additional outbreaks of the virus that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. Recovery of services will also have to be managed

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to cope with any predicted or unexpected surge in demand for services that may arise as restrictions across the country are lifted.

2.4.9 Transparency

The IJB's approach to re-starting services and introducing/retaining new approaches must be achieved with at least the same high levels of transparency and accountability as prior to the pandemic. We will engage with the public, and workforce, to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future. We will be explicit and clear with both the public and staff about the changes being introduced/retained and why, and will involve them in the continued monitoring of the impact of these changes.

2.4.10 Proportionality

At all times decisions made about re-starting or making/retaining changes to service provision will be done on the basis of proportionality to ensure safe, equitable person-centred and effective service responses. Changes made will be proportionate to the positive impact on the needs of vulnerable people across the City and will be neither too great nor implemented too quickly. This will necessarily include consideration of dependent workstreams such as digital inclusion to ensure changes that are implemented do not exclude or discriminate on the basis of access to the required equipment or knowledge.

2.4.11 Sustainability

Whilst we must be open to the requirement for flexibility when re-starting or introducing changes to services and the way that individuals and teams work (e.g. remote working / remote clinics etc) recovery must be delivered in a way that is sustainable over the longer term. Planning for sustainability of changes to practice across a whole system of care will not be achieved without working in partnership with key stakeholders.

2.4.12 Communication

The IJBs approach to recovery will include appropriate communication with all stakeholders, taking into consideration the different communication needs of people across the City. The success or failure of any re-starting of services or making/retaining changes to services will rely on ensuring those affected understand the decisions being taken and how that affects how they access the services.

3 RESPONDING TO COVID-19: SUMMARY OF KEY ACTIONS

The response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The Recovery Plan in Appendix 1 **(to be added once complete)** details the changes made within specific services. The below list summarises the key actions taken across the HSCP:

- Co-location and social distancing of staff to maximise use of buildings
- Redeployment of staff to work from home
- Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection
- Roll out of technology such as Microsoft Teams to enable communication and meetings
- Suspension of certain services (e.g. Day Care centres, group work)
- Redeployment of staff to cover essential services and wider HSCP/GG&C/GCC priorities (e.g. deploying community based OPMH staff onto the OPMH wards)

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- Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children)
- Adoption of RAG assessment and review of the nature/ purpose of intervention to determine appropriate levels and methods of support
- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere)
- Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centres)
- Introduction of teleconsultation and video-consultation with patients / service users.

4 LEARNING FROM THE RESPONSE

4.1 Changes to service models

In response to the emerging challenges resulting from Covid-19 the activity of the HSCP required to be significantly disrupted, as summarised above. In many cases services were suspended and require in the recovery phase to be re-instated. In other cases more fundamental alterations were made to existing services and service models to enable services to continue within the constraints of the restrictions facing the entire country. The HSCP is currently undertaking a "stock take" of changes made during the crisis to identify areas where change has been positive. The detail of these service changes can be found in the Recovery Plan in the appendix **(to be added once complete)**. Below is a summary of the key positive areas of change.

- Use of technology to facilitate new and existing service user and patient assessment consultation and review (e.g. Attend Anywhere) where face to face methods are not essential
- Use of the Red/Amber/Green caseload triage method of establishing prioritisation of resources
- Evidence of improved partnership/joint working and information sharing
- Expansion of Technology Enabled Care solutions
- Use of teleconferencing and videoconferencing amongst health and social care staff (where able to access the same platforms/software)
- Flexibility/permission for homeworking
- The growth of the wider network of community supports and a model of co-production
- The opportunity to undertake a review of the priorities and optimal methods of meeting need
- Increased levels of contact with some patients and service user groups
- Promoted better team working and strengthened team leadership
- Positive response from patients and service user groups to new models of working with them
- An increased focus on mental well-being and social connectedness.

4.2 Barriers and enablers

4.2.1 Some of the potential barriers to effective recovery include:

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- Staffing levels (increased isolation instances anticipated once contact tracing introduced)
- Confidence/willingness of service users to return to face to face service delivery
- Sufficient funding to maintain new ways of working (e.g. assessment centres)
- Capacity of staff able to work either from home/office
- Breakdown in current high levels of community support as the public return to work
- Potential gaps/delays in the recruitment process
- Availability and capacity of IT to support staff to work from home where necessary
- Access to the required resources and knowledge to maximise the effectiveness of new ways of working (e.g. digital inclusion)
- Ongoing lockdown and delay in returning staff to work in offices (ensuring social distancing guidance applied)
- Closure of some partnership organisations (e.g. Registered Social Landlords to support young people to move on)
- Access to PPE
- Financial pressures potentially increasing need and decreasing capacity to respond
- Failure to engage and communicate with relevant stakeholders, leading to opposition to change or mis-conceptions.

4.2.2 Some of the enabling factors include:

- Commitment and flexibility of staff
- Ability of staff to work in partnership to find innovative solutions
- Capturing the learning from staff across the system
- A readiness and enthusiasm to harness opportunities and consider new practices
- Capturing service user feedback as daily part of service development and redesign
- Opportunities to deliver services using volunteers and/or different platforms.
- Opportunity to build on the sense of resilience, partnership and community spirit.

4.3 Assessment of changes implemented

The next step in the recovery process is to review the changes made, the impact they have had and the action to consider next in relation to those changes. This element of the Plan is subject to ongoing discussion and will be updated as required. The decisions to be reached in relation to service changes implemented as part of the response include the following:

1. **Re-start BAU services**

Initiate a return to service provision as it was delivered prior to the outbreak of Covid-19 if it is considered the desired course of action.

2. **Retain the current service models**

If assessment driven by data and feedback from stakeholders suggests it is working and is feasible, or if national guidance requires it, continue with the current approach.

3. **Adapt the current service models**

Following review, and based on feedback and data, make any necessary adaptations to the current service models to reflect the changing needs of service users, patients and carers or where the initial response cannot be sustained longer term.

4. **Stop delivering the service**

At an appropriate and agreed point in time the current service models should stop. Of

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particular relevance to services that have been developed entirely in response to the pandemic and where adaptation is not being considered.

5 PLANNING FOR RECOVERY

5.1 Timescales

This Recovery Plan will be kept under review and adapted where required to reflect changes in thinking and additional requirements that emerge.

The specific content in relation to the services delivered by the HSCP in each of the care groups **(to be added once complete)** covers an initial 3 month period and again, will be reviewed and updated as required. Neither the main Recovery Plan nor the service specific operational recovery plans carry detail at this stage on exactly when certain services will be re-started. Recovery planning is still at an early stage, with discussions yet to take place with key stakeholders (including trade unions and Staff Side) and to consider prioritisation and engagement implications that will impact on timings.

The recovery process itself will be broken down into four distinct, but interlinked, phases. These phases are broadly outlined in the table below and have been mapped against the Scottish Government's Route Map for recovery to illustrate the estimated wider societal position as it relates to Glasgow City HSCP's phases. Recovering services throughout the phases outlined below will also be influenced by the assumptions and objectives for safe and effective mobilisation of health services outlined in the Scottish Government's framework for NHS Scotland.

GCHSCP Phase	Characteristics of Scottish Government Route Map	GCHSCP planning/ recovery activity
Phase 1: Review (May-June 2020)	• Lockdown in place with individuals shielding and physical distancing • Full restrictions on movement with only essential travel allowed • Remote working is default position • All non-urgent care/heath care services stopped and capacity focused on COVID-19 response: hubs and assessment centres; urgent care; reducing delayed discharge and prioritising "home first"; prioritising safety and wellbeing of care home residents and staff. Urgent health care remains available. • HSCP services remodelled to focus on critical and essential care • Support provided to shielding and Group 2 individuals	• Stocktake of current situation for staff and services – service delivery changes, redeployments, absences, wellbeing and transition requirements • Understand and document; the changes that have been introduced to services; the positive & negative impact • Assess changed and potential future service demands • Experiencing the mortality and morbidity effects of Covid-19 as well as the resource restrictions on non-Covid conditions • Recovery and transition planning underway by services and HSCP-wide • Establishment of governance structure for recovery and transition phase

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		• Draft Recovery Plan developed
Phase 2: Plan *(June to August 2020)*	• Gradual reduction in lockdown conditions begins • Physical distancing remains in place • Individuals with underlying health conditions continue to shield *(guidance on shielding being established)* • Remote working remains default position for those who can. Where workplaces are reopening, staggered starts / flexible working patterns encouraged • Testing and tracing implemented – potential for impact of (multiple) staff self-isolations • Gradual resumption of key services inc': - Greater direct contact for support services with at-risk groups and families - Expected restart of face-to-face Children's Hearings - Access to respite/day care to support unpaid carers - (Potential) introduction of designated visitors to care homes - Restarting primary and community NHS services inc MH services - Roll out of NHS Pharmacy First Scotland service • Support provided to shielding and Group 2 individuals • Increasing demand for HSCP services • Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services	• Operational Recovery Group to begin meeting (consider re-start prioritisation, timescales/order, dependencies, support requirements/ and risks • Involvement of key stakeholders in recovery planning • Consider how to ensure workplaces and buildings are fit for purpose to enable staff to return to work where required and the safety of service users is secured. • Begin communication required to staff and the public about re-starting service provision and any changes in how services are to be delivered • Ongoing development and delivery of detailed operational recovery plans • Support reassignment of staff and start phased reintroduction of suspended/reduced services • Review and develop the role of Community Assessment Centre(s)
Phase 3: Recover	• Further reduction in lockdown conditions	• Delivery of operational recovery plans

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(August to January 2021)	• Physical distancing remains in place, with many work places already have adapted, with physical distancing the norm • Individuals with underlying health conditions continue to shield *(guidance on shielding being established)* • Remote working remains default position for those who can. Where workplaces reopening staggered starts / flexible working patterns encouraged • Testing and tracing continues – potential for impact of (multiple) staff self-isolations • Schools re-opening with blended model, impacting on staff availability to work • Further scaling up of public services where safe to do so • Resumption of justice system processes and services • Able to meet with people from more than one household indoors (making group work more viable). • Increased number of home visits to shielded patients • Potential review of social care and care home services • Expansion of GP services • Resumption of dental and community optometry services • Phased resumption of visiting to care homes by family members in managed way • Demand for HSCP services continuing to increase	• Monitor and review of recovery activity (what's working/what's not, are further modifications required?) • Manage the effects of the return of demand from interrupted care • Consideration given to whether performance reporting and scrutiny, and HSCP governance structures should start to revert to BAU • Close attention to the ongoing support and development requirements of staff • Support requirements from national review work re social care and care homes • Review and develop the role of Community Assessment Centre(s).
Phase 4: *Stand down (Date unknown)*	• Physical distancing requirements to be updated on scientific advice • Remote and flexible working remains encouraged – all workplaces open with improved hygiene	• Continued reestablishment of services/team structures • Gradual establishment of "normal" staff deployment and service delivery arrangements • Stand-down report prepared and presented to the IJB, Council and NHS Board, including

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	• Full range of health and social care services provided and greater use of technology to provide improved services to citizens. • Potential for additional peak of COVID-19 infections reducing • Testing and tracing in place – lowered potential for impact of (multiple) staff self-isolations	costs, lessons learned, successes, staff acknowledgements and request to stand-down business continuity processes and governance structures • It is not possible at this stage to be clear on when this will occur and exactly what “normal” will look like. • Review the longer term effects of the pandemic, including psychic trauma, mental illness and burnout amongst staff • Re-establish full governance arrangements • Re-establish planning and performance reporting arrangements • Re-establish transformational planning arrangements • Review and develop the role of Community Assessment Centre(s).

Straddling each phase for the duration of the recovery activity will be the requirements to:

- adhere to the temporary governance arrangements in place at the time and review and modify them as required
- react to Government advice and guidance in relation to social distancing, workplace planning, testing etc
- manage the impact of any additional outbreaks of Covid-19 on services and subsequent resumption of service suspensions
- review and refresh Recovery Planning assumptions and Plans (every 3 months).

5.2 Approach to prioritisation

Decisions will be taken regarding when and which services are re-started collaboratively and in discussion across client groups and localities to ensure dependencies are identified and any potential risks are mitigated. The approach across services must be flexible, dependent on the (evolving) locality issues such as staff absence, building constraints, service being re-started as opposed to being re-imagined and the potential surge in demand for services.

At all times decisions on which and when services will re-start will be within the context of the need to safeguard staff and individuals, and provide essential services. This will therefore be guided by caseload prioritisation, risk assessment, meeting unmet need using the RAG process and deferred interventions.

Within older people services home care and residential care are key priorities and may require redeployment of staff from other service areas with the relevant skills and experience

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to cover staff illness and ongoing absence (e.g. due to shielding). Staff within Older People services are already being deployed flexibly to respond to need in areas such as OP Mental Health.

Within Adults Services key considerations include the limited introduction of day care services and potential introduction of greater levels of outreach provision and the re-commencing formal case reviews.

Within Children's Services there will be a focus on applying the GIRFEC Wellbeing indicators when reviewing services to ensure all children and young people are safe, healthy, active, achieving, nurtured, and responsible and included.

5.3 Managing risk

The approach to risk during the recovery phase is currently being finalised. Each element of the service-specific recovery approach contained within the appendix to this Plan has given due consideration to any risks attached to the proposed course of action.

For all risks mitigating actions will be identified to reduce the inherent risk to recovery and, where required risks will be added to a relevant risk register for additional scrutiny and reporting.

5.4 Dependencies

Within localities and across services dependencies will differ, but be interlinked, and change. Across all service and geographic areas there are a number of common dependencies. These will evolve over time but include the following.

- Strong and decisive leadership and senior decision making
- Access to required IT infrastructure (e.g. devices for home working, Microsoft Teams, wider digital inclusion requirements) to facilitate new working practices
- Continued integration of processes and recording systems across health and social care
- Ensuring sufficient and appropriate PPE to support working practices (e.g. to scale up the number of home visits and visits by patients to clinics etc)
- Extensive mapping of buildings to determine which can support social distancing and set revised capacities and working policies and guidance for staff and service users
- External influences such as guidance from the Scottish Government (e.g. around home working) that will impact on recovery timescales
- The availability of staff, service users and carers as a result of the need to self-isolate/shield/care for children
- Capacity of the 3rd and independent sectors in terms of being operational/staffed to deliver services

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- The need for a corporate approach to ensure a broad consistency and equitable approach across care groups
- Contingency planning priorities across the organisation (e.g. implications for whether 'redeployed' staff are or are not able to return to core duties)
- Ability to access previously occupied buildings/spaces which are currently being used for Covid-related services/capacity for social distancing
- Lab capacity for testing and subsequent staff capacity
- Staff organisational change/cultural training on new ways of distance care and treatment
- Staff access to the required support and training to adapt to change and be redeployed to new areas of work where required
- The emergence of any further surge in cases of Covid-19.

5.5 Engagement

As services are re-started and decisions are taken to retain and/or supplement changes made to services and service models during the response to the pandemic consideration will be given at all times to carrying out the appropriate level of engagement with relevant stakeholders. This includes service users, patients and carers, external agencies, the Scottish Government, trade unions and staff side, members of the public and the 3rd and Independent sector.

The IJB's approach to consultation and engagement is laid out in the Participation & Engagement Strategy and the IJB is committed to gathering the views of people with lived and living experience when planning and designing services for citizens.

Engagement activity that encourages the involvement of key stakeholders and enables compliance with social distancing measures will require the use of all tools at the IJBs disposal, including greater use of online portals and video conferencing facilities and continued and increasing use of existing interface structures such as the Maximising Independence Programme Board and links with the 3rd sector and Housing providers.

The IJB will continue to make effective use of established methods such as websites, newsletters, social media, surveys, citizens panels, signposting etc and will embrace the need to think differently to utilise and develop the potential of virtual meetings, using larger premises to allow for social distancing and use of video messaging.

5.6 Equalities and Human Rights

All IJB decisions concerning the planning and delivery of health and social care services are assessed to ensure we understand the possible impact on groups with protected characteristics and members of the various communities of interest, identity and place.

As decisions are made in relation to the modification of current/introduction of new services to meet the immediate and urgent challenges of Covid-19, due consideration will continue to be given to protecting the human rights of those affected by these decisions. A commitment

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and enthusiasm to put in place measures to safeguard and meet the needs of vulnerable individuals during the pandemic does not remove our general duty obligations under the Equalities Act 2010 to:

- **Eliminate unlawful discrimination**, harassment and victimisation and other conduct prohibited by the Act.
- **Advance equality of opportunity** between people who share a protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

To this end the IJB will continue to carry out Equality Impact Assessments where appropriate and to utilise the knowledge and experience of relevant stakeholders and subject matter experts to inform the decisions taken.

This will include understanding and considering the impact of existing health and social inequalities on access to and use of health and social care services, and how these inequalities have been affected by the response to Covid-19 at both national (UK/Scottish Government) and local level. Appendix 2 contains a list of groups of people that may access health and social care services that may be disproportionately affected by the pandemic and the restrictions on movement that resulted as an example of how consideration should be given to the impact on these groups.

5.7 Governance

The approach to recovery adopted in Glasgow City should be considered within the context of the overall approach adopted by NHS Greater Glasgow and Clyde and the other five HSCPs within, and that of Glasgow City Council.

All decisions taken in relation to recovery will be subject to the relevant and appropriate due process and governance requirements and will adapt to any evolution of those over time.

Glasgow City HSCP is currently operating under temporary IJB governance arrangements which are under review during the ongoing response to the pandemic. Decisions made during this time can, if operationally required, be taken under delegated authority of the Interim Chief Officer, Chief Officer Finance and Resources and the Chairs/Vice Chairs of the IJB and Finance, Audit & Scrutiny Committee.

The IJB is still meeting (virtually) and continues to exercise its responsibility to debate, note and approve decisions on areas falling within the remit of the IJB.

Operationally, and where decisions do not necessarily require to be approved at IJB level, proposals for re-starting services will be presented to an Operational Recovery Group (emerging from the LRMT) following discussion and consideration of the possible impacts, key dependencies and support requirements of each decision. Subject to approval or revision proposals will be approved for implementation, with issues escalated to the Executive Group.

Decisions about the governance arrangements within the partner organisations have yet to be confirmed and will be adhered to as part of the governance process.

The re-starting of temporarily suspended services and return to consideration of service areas covered by the transformation agenda will be driven by the existing programme boards (e.g. Maximising Independence).

At local level recovery/transition plans will be developed, reviewed and signed off by the relevant planning and governance structures, overseen by Assistant Chief Officers and the relevant Core Leadership Teams/local management team meetings. Each locality will consider at what point and what speed to reinstate existing structures.

The Executive Group will be responsible for monitoring this Recovery Plan and suggesting and approving any amendments to it.

5.8 Intelligence-led

As stated above within the key principles, the approach to recovery and the consideration of changes to services and service models will be influenced by the data/evidence. Service areas have a wide variety of different systems and processes for capturing information relevant to services both before and during the pandemic. These data will be used to identify and understand changing demand levels and sources, the views of service users as to the impact of changes and information on the impact on outcomes. However, external intelligence will also be reviewed and used wherever possible to inform decisions made, making use of data gathered during this pandemic and from colleagues internationally that have faced similar challenges in recovering service provision following business continuity processes.

5.9 Communication

As stated above communication with our stakeholders will be central to the success of the recovery. The communication needs and the HSCPs response to those needs will be led by the IJBs approach to communication as set out in the IJB's Communication Strategy. Decisions made and the detail behind the recovery of services will be developed and presented in such a way as to be as accessible as possible to all stakeholders and to clearly illustrate any changes being introduced/continued to how people are used to accessing and experiencing services.

5.10 Monitoring and measuring impact

The recovery phase will be subject to ongoing review and will require use of a combination of methodologies to support this. This ranges from collation and exploration of anecdotal evidence from across the service to the development, modification and close scrutiny of a range of data collected and collated from; fieldwork; careFirst, IWorld and EMIS (e.g. numbers of people seen, referrals etc); other existing data collection methods; feedback

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from service users, patients and carers and; discussion amongst service managers via Core Leadership Teams.

Process will be implemented where required to evaluate impact of changes that have been put in place and to identify any required additional action or mitigation to maximise the benefits accrued and address any evolving or ongoing issues developing.

6 STAFF SUPPORT AND WELLBEING

The IJB/HSCP understands the importance of responding to the current and ongoing impact of the Covid-19 pandemic on staff. The pandemic and the response to it, both at work and on a personal level, requires the HSCP to develop a long term approach to ensuring staff are supported and protected from the emotional and psychological effects that for some exist already and that for others may only emerge in the fullness of time.

Staff may experience a wide range of normal feelings and anxieties during the early stages of dealing with Covid-19. The aim of planned responses to active ongoing stress is to foster resilience, reduce burnout and reduce the risk of post-traumatic stress disorder.

6.1 Environment

The working environment and the climate will have an impact on motivation and psychological safety in the workplace and we recognise the value of taking a positive and affirming approach to prevent staff becoming unwell but also we need to be able to signpost to areas of specialist support when required. This may be another manager, Occupational Health Services and/or more focused psychological services.

A clear element of the recovery plan is to describe the ways that staff will be supported, This needs to include consulting with staff around what matters to them and specific skills training in peer support as well as simple things like; safe spaces and rest areas where possible; good advice regarding COVID-19 safety protocols; setting up actual or virtual centres and hubs to allow staff to have a safe area to relax and reflect within; a wide range of supports around financial advice, housing, domestic abuse, legal and emotional coping; ongoing helplines, remote and face to face supports; and good, clear, timely communication, information and training.

6.1.1 Principles

- training on dealing with trauma, mental health awareness
- feedback mechanisms so staff can easily tell you what they need more/less of.
- open, honest and frank briefings.

6.1.2 Activity: Peer Support /Psychological First Aid

- Encourage self-care
- Ensure staff are aware of range of support options available including Occupational Health
- Occupational Health and Human Resource help and advice lines available
- Range of targeted staff support packages and services grounded within Psychological First Aid
- Implement models of Psychological First Aid via a variety of face to face, near me attend anywhere and staff helplines
- Ensure staff have access to a range of psychoeducational and coping resources

- which normalise psychological reactions and matches need with support
- Supports are in place to identify and refer any staff members with mental health difficulties (e.g. new or exacerbated pre-existing difficulties for treatment)
- Watch and wait and refer to formal mental health /psychological therapies if and when required
- Services are in place for staff developing mental health difficulties
- Focus on supporting self and others utilising Psychological First Aid supports, interventions and resources.
- Screening process at 3, 6 and 12 months
- Increase and/or develop capacity within services to deliver this mental health response
- Refer to appropriate services for evidence based psychological Intervention if and when appropriate.

6.2 Fostering team spirit and cohesion

6.2.1 Principles

- Staff to use both informal (e.g., from peers) and formal support mechanisms
- Time for staff to support each other – including through activities/discussion unrelated to Covid-19
- Opportunities for staff to talk about their experiences at the end of shifts or significant points
- Role-model a caring and cohesive approach, following guidance, especially by senior staff
- The role of the Manager/ team leader in connecting with and supporting you is crucial to the climate and environment of the staff workplace and we need to look at learning from those who have been able to connect well with their teams and help them share those skills widely.

6.2.2 Activity

- Team working/ Leadership development
- Focus on supportive teamwork
- Start regular supportive meetings with colleagues
- End of Shift briefings, huddles and regular supportive team meetings
- Encouragement of peer to peer support
- Management and Team leads are visible and offer regular communication briefings, supervision and support
- Clinical/ Management/ Professional Supervision is prioritised
- Team specific interventions to increase resilience and improve team building such as reflective practice
- Managers, supervisors are ‘’ available’
- Management and Team leads are visible and offer regular communication briefings, supervision and support
- Compassionate Management
- “Marathon not a sprint”: maximise regular rostered short periods of leave and annual leave whenever possible.

6.3 Promoting wellbeing through flexible, responsive resourcing

6.3.1 Principles

- Trained and competent staff to provide psychological interventions
- While many staff can cope, do have a low threshold for referring to support services
- Identify vulnerable staff members and proactively support them

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- Allow flexibility for staff affected by stressful events
- Monitor support needs as the crisis recedes
- Rotate staff between higher and lower-stress functions
- Buddy less experienced with more experienced colleagues
- Help staff to stay well – food, rest, sleep, safety (inc PPE), taking breaks.

6.4 High-quality psychological and wellbeing services for staff

6.4.1 Principles

- Don't rush to use psychological interventions too soon – they may interfere with people's natural coping mechanisms
- Only use evidence-based psychological interventions
- Provide clinically appropriate supervision
- Acknowledge other concerns raised in relation to; Health and Safety; homeworking; technology; ways of working and the balance with home life and; clear communication around how this will be supported moving forward.

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Appendix 1: GCHSCP Operational Recovery Plan

Detail to be added once a combined operational recovery plan is completed and approved, subject to relevant consultation and engagement.

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Appendix 2: Groups at particular risk from responses to covid-19

- Older people—highest direct risk of severe covid-19, more likely to live alone, less likely to use online communications, at risk of social isolation

- Young people—affected by disrupted education at critical time; in longer term most at risk of poor employment and associated health outcomes in economic downturn

- Women—more likely to be carers, likely to lose income if need to provide childcare during school closures, potential for increase in family violence for some

- People of East Asian ethnicity—may be at increased risk of discrimination and harassment because the pandemic is associated with China

- People with mental health problems—may be at greater risk from social isolation

- People who use substances or in recovery—risk of relapse or withdrawal

- People with a disability—affected by disrupted support services

- People with reduced communication abilities (eg, learning disabilities, limited literacy or English language ability)—may not receive key governmental communications

- Homeless people—may be unable to self-isolate or affected by disrupted support services

- People in criminal justice system—difficulty of isolation in prison setting, loss of contact with family

- Undocumented migrants—may have no access to or be reluctant to engage with health services

- Workers on precarious contracts or self-employed—high risk of adverse effects from loss of work and no income

- People on low income—effects will be particularly severe as they already have poorer health and are more likely to be in insecure work without financial reserves

- People in institutions (care homes, special needs facilities, prisons, migrant detention centres, cruise liners)—as these institutions may act as amplifiers

Source: British Medical Journal, Mitigating the wider health effects of covid-19 pandemic response, 27th April 2020.

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