



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 24 JUNE 2020

COVID-19 UPDATE

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This report provides the IJB with an update on the Angus Health and Social Care Partnership response to the COVID-19 Pandemic and outlines the key actions taken and some of the challenges faced.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the actions that have been advanced by the Angus Health and Social Care Partnership and key stakeholders, in response to the COVID-19 pandemic.
- (ii) notes and commends the effort, adaptability, professionalism and compassion shown by staff and stakeholders across the Angus Health and Social Care Partnership during this period.

2. BACKGROUND

Over the last three months, Angus Health and Social Care Partnership (AHSCP) staff have focussed on the delivery of essential health and social care services in response to the COVID-19 pandemic. This has involved identifying priority services, resourcing these and adapting their delivery in line with government guidance in order to deliver an effective local response to the global pandemic.

One of our early and significant responses as a Health and Social Care Partnership was to create a COVID-19 Leadership and Command Structure. This involved considering operational matters, setting the direction and taking the necessary decisions at an executive level. Each of these command groups and the officers supporting them interfaced with similar structures in the NHS and Council, with the Chief Officer also involved in weekly calls at a national level.

The groups within our leadership command structure have responded to emerging issues relevant to their function and have considered and implemented the range of extensive guidance that has been issued by the Scottish Government during this time.

3. CURRENT POSITION

In response to COVID-19, the AHSCP has progressed key actions to mitigate the impact of this global pandemic's reach into communities, homes, services and care settings. This has been underpinned by the strong commitment and adaptability from all colleagues who have stepped up to work in different ways and in different roles to support our response.

The following are examples of the actions that have been taken locally and in partnership in response to the pandemic. We have;

- Produced and updated a comprehensive mobilisation plan, planning the necessary actions to prepare for the impact of the pandemic, identifying new approaches to service delivery, redeploying staff and capturing additional costs.
- Continued to perform well in relation to delayed discharges, by enhancing, Enablement and Response Team (ERT), Humanitarian Angus Assistance Response Team (HAART), Rapid Response and Care at Home; initiating huddles as required to support discharge planning; and liaising with Care Homes to provide support and quality improvement.
- Developed Community Assessment Centres in Forfar, Montrose and Arbroath, where, following triage, people can access a local assessment of symptoms by clinical colleagues, to then receive appropriate advice and treatment. This has been greatly supported by local GPs and has also helped them to continue to respond to non-COVID-19 presentations at local practices.
- Established a redeployment group within the AHSCP that has involved prioritising essential services, downscaling less-essential activities, escalating staffing pressures and redeploying staff into new roles to maintain delivery. This has linked into relevant workforce meetings in the Council and the NHS to ensure a collective response and mutual support in order to sustain adequate staffing levels in care settings
- Enhanced support to Care Homes in their efforts to manage the effects of the pandemic. This involved Infection Prevention and Control Team input; Public Health support, advice and guidance; access to Personal Protective Equipment (PPE); support with staffing; testing for residents and staff; and scrutiny of the management of infection control and related care matters, including the application of adult protection measures where necessary.
- Co-designed COVID-19 care pathways are being developed to ensure a clear, consistent and compassionate response to people who are affected by COVID-19 disease, whether they are being cared for at home, within a care home or in hospital.
- Prioritised the continuation of Adult Protection, Community Substance Misuse and Community Mental Health Services, through new, effective and innovative approaches that address the challenge of social distancing, taking account of risk, enabling new referrals and supporting staff with PPE and guidance when home or clinic visits are necessary.
- Mental Health and Wellbeing – Fast Tracked the availability of Health and Wellbeing Workers in every GP Practice which will be implemented over the next three months.
- Encouraged and ensured COVID-19 staff testing for health and social care staff and members of their household. It is notable that NHS Tayside has been at the forefront of delivering testing from the outset and has been commended for supporting access by social care staff both from the local authority and the independent sector, as well as those working in the prison or in childcare hubs. In many cases, the test results have enabled colleagues to return to work sooner than they would otherwise.
- Initiated PPE distribution hubs to support independent sector care providers to access PPE locally, extending this to unpaid carer and Personal Assistants before the Scottish Government issued guidance requesting this. We have monitored and reported on stock levels, requisitioned supplies from NHS National Services Scotland (NSS) and been supported by the Council and NHS with supplies.
- Reviewed our provision of support through the Self-Directed Support (SDS) process, including the financial supports available to Option 1 carers. We issue FAQs to carers and guidance to care management staff in advance of the national guidance and have adapted it slightly since the guidance was issue.
- Maintained the provision of care at home throughout the pandemic and managed the increase in demand as a result of reduced hospital use and reduced availability in the residential care sector. We have enabled the flexible use of different options under SDS

by, for example, the inclusion of option 2 providers in Resource Allocation Meetings, and allowing movement between options.

- Introduced, along with the Procurement service of Angus Council, a weekly Key Supplier Support Meeting which considers applications for financial support from providers which have been adversely affected by COVID-19.
- Digital interventions are now seen as of critical importance as part of the emergency COVID-19 response and to support our recovery. These include: -
 - AHSCP leads on the implementation of Florence (Flo), Home Mobile Health Monitoring (HMHM) across Tayside and the use of Flo has recently increased with new clinical areas testing protocols. We need to build on the positive achievements of HMHM and enable more people to receive their care at home or in the community. To support this approach, and to help inform the development of the next phase mobilisation plans, the Scottish Government are making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. AHSCP will work with NHS Tayside to further expand and develop this approach.
 - All GP practices in Angus have been enabled to use Near Me video consultation and 13/16 practices are actively using this technology. 25 consultations took place in March increasing to 94 in May. In addition, the following areas have recently introduced Near Me; Physiotherapy and Occupational Therapy Services, and the Tayside Continence Treatment and Advisory and GP Out-of Hours Service (hosted by Angus HSCP). Feedback from staff and service users is very positive.
 - Since the start of the COVID-19 pandemic, the number of people with a Community Alarm has reduced slightly by 31 to 3574, a reduction of circa 1%. We have seen fluctuations in the number of installations of community alarm and telecare, but this is not unusual.
 - We are about commence a free two month trial of a very simple digital device, suitable for vulnerable adults who are not familiar with digital technology, to counteract the effects of social isolation during the COVID-19 outbreak.
- The third sector, led by Voluntary Action Angus (VAA), has shown strong support and responsiveness to community need throughout the pandemic. VAA has been a key partner in the HAART/shielding work and has recruited around 1,000 volunteers in the community.
- Guidance has been issued regarding infection-control in care homes and also for testing and the use of PPE. The Coronavirus Act Part 2 has laid out new duties regarding care homes and, in particular, the duty on the Scottish Government and NHS to assume control of care homes (with the permission of the Court) where these are “failing”. In addition, the Lord Advocate has instructed that any death of a member of staff in a care home due to COVID-19 will be referred to the Procurator Fiscal (PF), as will all deaths of residents, and these measures are retrospective to the start of the pandemic. The Angus Care Home COVID-19 Operational Group is required to report daily to the Tayside Clinical Oversight Group and to carry out scrutiny and support visits to care homes, jointly between social work and district nursing.
- The number of deaths in care homes nationally has been the focus of Government and media attention. It was anticipated by the AHSCP that the very fragile population of care homes could be particularly vulnerable to COVID-19 infection and that managing the pandemic would be challenging in the care home sector. With this in mind, Angus care homes were quick to close to admissions and visitors, have maintained good supplies of PPE, and we have had good access to testing and supported care homes with their staffing needs. Our approach has been one of providing support (which has been acknowledged by providers as being extremely helpful) with proportionate scrutiny activity, for example daily data gathering and phone calls to care homes, and a programme of planned visits to every care home in Angus, jointly between social work and district nursing. There is a daily operational huddle reporting to a senior oversight

group. Whilst the experience of running care homes in the pandemic has been very demanding, the relational element of the Partnership has strengthened in adversity and can be built on in the future

- Health and Wellbeing of staff – this has continued to be a priority throughout the pandemic. Triple R (Rest, Relax and Recharge) Rooms have been established for staff, listening services have been made available to support staff alongside the health and wellbeing team.
- Staff Feedback – All AHSCP staff (approximately 1,400) were invited to complete an online survey to enhance our learning about how teams have been evolving and adapting their working practices as we navigate through the new COVID-19 era. We asked people to share innovative and flexible solutions and describe their experiences. 142 responses were received which equates to a 10% response rate.

Themes to emerge from the survey are as follows: -

- Communication at service user, team and organisational level; Staff have embraced opportunities to maintain contact with colleagues and service users via new technologies e.g. Zoom/Skype/Microsoft Team meetings, Near Me and setting up Facebook pages. Staff would like this to be maintained post COVID to minimise time travelling to meetings and reduce travel costs. However, many noted fatigue with increased working time on screen. Concerns were raised that service users without access to technology are disadvantaged.
- Staff feel supported by their managers and colleagues.
- The partnership COVID-briefing is considered a useful and informative resource.
- Feeling of pride in the way we have worked together within AHSCP and with our partner organisations to seek innovative solutions to a range of issues, with a noticeable 'can-do' attitude leading to and removal of bureaucracy to enable faster decision making. A particular example noted by many was the setting up of the COVID-19 assessment hubs.
- Staff noted the negative impact on service users as a result of isolation. There concerns about increase in alcohol and substance misuse and the impact on mental health.
- Strong visible clinical leadership
- Many staff noted anxiety around the guidance for the use of PPE.
- The different approach to home working caused concern to some NHS Tayside employed staff. Staff who are working at home considered themselves to be more productive but require information, previously available in paper form, to be made available electronically.
- Staff are eager to re-start a number of core business activities that have been stopped.

Staff were asked to describe how they felt at the start of the COVID-19 pandemic compared to now.

- 95% of respondents chose negative words to describe how they felt initially with 53% of people feeling anxious or worried.
- 77% of people chose positive words to describe how they felt eight weeks post-lockdown which implies that morale is high amongst staff despite the fact that a number of people (14%) noted fatigue and exhaustion.

4. RECOVERY

In many respects, the activity levels in such areas as care homes, personal care and district nursing suggest that the AHSCP is not yet in the recovery stage; nonetheless, we have begun

to plan ahead, with a special Recovery focussed Strategic Planning Group and a Senior Leadership Team Meeting with the same focus. These meetings considered the challenges of working through COVID, the positives, learning, a review of where we are now, and different ways of working that we wish to carry forward into the future. There was considerable overlap in the issues that these two groups wished to progress in a future Recovery phase and thereafter. Some of these reinforced existing priorities, some new ones:

- 1) Increased use of Technology Enabled Care
- 2) Strengthening the residential care sector, including clinical care element in care homes
- 3) Support to the further development of Third sector (in light of potential highlighted in COVID-19 pandemic)
- 4) Preparations for future pandemics (emergency planning)
- 5) Support and wellbeing of staff
- 6) Greater flexibility in SDS
- 7) Preventative health, wellbeing, and self-care
- 8) Improving communication and engagement; hearing the service user and staff experience
- 9) Using methodology in practise that has been applied during the pandemic
- 10) Building relationships with Children, Families & Justice Service in Angus Council
- 11) Agile and flexible working
- 12) Explore the impact of COVID-19 on its overall workforce and on accommodation requirements.
- 13) Learning about streamlining bureaucracy
- 14) Review Angus Care Model in light of COVID-19.

5. PROPOSALS

Going forward, in what remains a period of uncertainty, the AHSCP will continue to work in partnership to embed positive changes in practices and learning from the pandemic to continue progress the identified priorities.

6. FINANCIAL IMPLICATIONS

The financial implications of COVID-19 in 2019/20 are set out in the year end finance report presented to the June IJB Board meeting.

In terms of impact in 2020/21, it is still difficult to determine the duration and depth of this. Generally financial impacts are considered through the local COVID-19 leadership team and, if required, are escalated regionally or to the Scottish Government for approval.

New costs have been incurred in areas such as PPE, supporting independent sector providers, funding General Practices to be open on public holidays. Additional costs have been incurred in adapting the way services such as Out of Hours operate and in continuing to keep delayed discharges to a minimum. Some projected costs such as that of additional staff overtime have been partially contained by the wide redeployment of overall staff resources. Other costs were initially projected (including developing increased Community hospital capacity) but have not transpired during this first wave of COVID-19 response, and it is possible in the medium we may see other historic costs fall slightly (e.g. travel costs).

Beyond headline costs incurred there are other immediate financial impacts including the deferral of the delivery of planned interventions as set out in the IJB's Strategic Financial Plan and also a probable impact on assumed levels of income service users. These issues again are difficult to quantify at this stage and will be considered in more depth as the IJB moves further into a recovery phase.

Financial impacts will also evolve as the COVID-19 response itself evolves. For example, after an initial phase where the response was reliant and benefitted from redeployment of resources, that ability to redeploy resources may gradually diminish resulting in different financial impacts, new requirements may start to appear in systems (e.g. Mental Health responses or premise requirements). Future commitments will also be informed by Scottish Government positions and evolving legislative requirements.

All of which makes determining the financial implications of COVID-19 difficult.

The HSCP is routinely assessing the above financial impact and sharing this output with the Scottish Government alongside mobilisation plans. Most recent assessments suggest a cost of c£6-£8m over 2020/21, however this remains subject to significant local review. Equally, at a national level the Scottish Government are benchmarking and peer-reviewing projected costs and financial planning assumptions re COVID-19 across Scotland and this will further help refine both future financial planning and future funding support. To date, the Government has confirmed some of the funding to offset COVID-19 related impacts with the AHSCP now having received c£1.5m to offset costs incurred with Social Care and General Practice.

In due course there will be further financial clarity as COVID-19 responses develop. There will be a clearer understanding of the short and longer term financial impact and there will be increased clarity emerging from ongoing discussions regarding Scottish Government financial support to help manage the financial impact of this. It is almost certain the IJB will have to amend its longer term financial plans to respond to COVID-19. Related to this, and still to be clarified, there may well be an impact on IJB financial reserves.

7. OTHER IMPLICATIONS

Office accommodation and implementing “physical” distancing going forward.

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