



AGENDA ITEM NO 8

REPORT NO IJB 64/20

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 28 OCTOBER 2020

WINTER INFLUENZA PLANNING AND COVID-19 UPDATE

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

The purpose of this report is to present to Angus Integration Joint Board the Winter Planning arrangements for NHS Tayside and Health & Social Care Partnerships for 2020/21. This is an integrated plan and work has been ongoing to ensure the Health & Social Care Partnerships and Acute Services have developed cohesive plans for winter, supported by the Remobilisation plans and flu planning.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) approves and endorse the Winter Plan (NHS Tayside and Partner Organisations 2020/21) for submission to the Scottish Government.
- (ii) notes the cost pressures to deliver the services required to meet winter, flu and COVID-19 demand on the background of ongoing flow challenges.
- (iii) notes the whole system working in preparation for anticipated winter challenges.
- (iv) notes the approach taken within Angus to support flu vaccination.
- (v) notes the COVID-19 update.

2. BACKGROUND

The Scottish Government issue annual guidance to NHS Boards and Local Integrated Partnerships to support Health & Social Care services to prepare for winter. The Scottish Government request that NHS Boards working with local Health & Social Care Partnerships lodge plans by the end of October. These plans, once developed, will be submitted to the three Integrated Joint Boards across Tayside for approval.

The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning and 6EA unscheduled care funding. In previous years, NHS Tayside received funding of between £1m to £1.5m. However, at time of writing this report the Scottish Government has still to confirm this year's allocation.

The NHS Tayside Winter Plan is being developed taking cognisance of learning from the initial response to Covid-19 and is closely aligned to the Redesigning Urgent Care programme being delivered by Scottish Government. In July, the Scottish Government commissioned

NHS Boards and Health & Social Care Partnerships to provide the next iteration of their Remobilisation Plans which also needed to reflect how health and social care services were preparing for the winter season. This year's winter plan will therefore be underpinned by the Remobilisation Plan to ensure a whole system focus

The key principles of the Winter Plan are outlined below:

- Prevent – The prevention of illness and admissions within our population and staff
- Inform – A whole system escalation framework
- Respond – Whole System Escalation and Business Continuity Planning
- Business as usual is the primary aim – Strategies include planning for more business as usual capacity when required
- Communicate – Communication across the system for staff and good communication with the population of Tayside

3. CURRENT POSITION

Winter Plan

The Winter Plan focuses on key areas to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care for our population.

Winter Plans ensure that safe and effective care for people using services and effective levels of capacity and funding are in place to meet expected activity levels. However, this year is more challenging than previous years, as there are additional challenges which have great potential to exacerbate winter 2020/21 pressures on our health and social care system.

- A resurgence of COVID-19 disease in with increased demand on health and care services alongside a depleted workforce who may require to isolate/shield
- Disruption to the health and social care systems due to adjustments required to reduce risk of COVID transmission
- A backlog of Non COVID health care with resultant impact due to deterioration in people's chronic conditions presenting for urgent care
- A possible influenza outbreak and the requirement to vaccinate an extended cohort of people this winter
- A possibility of bad winter weather
- Brexit

These factors need to be considered in the context of winter when our health and social care services are already typically working at maximal capacity, and the availability of staff and facilities may be reduced due to winter health impact and winter weather disruptions. This is a big risk for all services delivered in peoples' homes

Unscheduled and Urgent Care

As part of remobilisation plans and winter planning for urgent care, Health Boards alongside partners have been tasked by the Scottish Government to develop and implement two key priorities as part of the redesign to urgent care by October 2020. This is to ensure the development of Navigation Flow Centres to ensure a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, that encompasses ED, MIU, Primary Care, SAS and NHS 24.

Patients assessed by SAS crews as requiring immediate resuscitation will be transferred via blue light ambulance to the regional resuscitation centre at Ninewells Emergency Department with a radio call stand-by to facilitate preparation of a receiving team. For patients not requiring

blue light transfer, professional to professional conversations will enhance communication. The navigation flow centre will support paramedics, GPs and community staff (inc MIIU staff) to guide the transfer to the most appropriate care setting with options including:

- Ninewells Emergency Department
- Ninewells AMU
- PRI AMU
- Rapid assessment centres
- Injury assessment appointment (NWs/PRI)
- Primary Care out-of-hours contact
- Frailty/Care at Home services
- Self care / contact own G.P.

Angus HSCP are represented on the project team responsible for implementing this and this work will help inform the work around urgent care in Angus as part of the Angus Care Model. An update paper for the Angus Care Model will be brought to the IJB in December 2020.

Influenza

A key priority each year is to ensure that the seasonal flu programme is delivered upon. It helps to protect and alleviate pressures on the NHS. This will be more important than ever this year, in light of the COVID-19 pandemic.

The Influenza and Pneumococcal Vaccination (Coronavirus Outbreak) (Scotland) Directions 2020 directs Health Boards to deliver those parts of the Influenza and Pneumococcal Immunisation Scheme with GP contractors cannot reasonably deliver under the relevant DES. This is an area of significant challenge, as those eligible for vaccination is being expanded on from previous years (the vaccination numbers have doubled) along with a consideration of the constraints of PPE and physical distancing.

It is anticipated that we will see an increased uptake amongst the population who traditionally received the vaccination. Additionally vaccine eligibility is extended this year in Scotland to the following additional groups:

- Social care workers who provide direct care,
- Household members of individuals who were shielding
- Those aged 55 and over (who are not already eligible)
- Those aged 50-54 if vaccine supplies allow.

As previously reported as part of the new GMS Contract, as part of the commitment to reduce GP workload, the Scottish Government and SGPC agreed vaccinations would progressively move away from a model based on GP delivery to one based on NHS Board delivery through dedicated teams by 2022.

COVID-19 Update

The situation in Tayside with people confirmed as having COVID is continuing to increase as well as numbers of people who are being hospitalised as a result, however the rate of growth is not as severe as in the central belt and this is evidenced in the recent measures imposed by Scottish Government

4. PROPOSALS

Winter Planning

Section 7.1 of the Winter Plan details the specific actions for Angus HSCP. The focus of the winter plan for Angus HSCP is in line with the national direction of ensuring people can

access the right care at the right time and in the right place, supporting home or community first, avoiding admissions, facilitating and supporting timely and efficient discharges. A local group is in place to review capacity and flow issues on a weekly basis, including the review of complex discharges from both acute and community settings with an overarching group that will support planning, performance, risk management, resilience and operational management of HSCP services during the winter months in relation to unscheduled care, in-patient care, community and primary care and urgent care.

The Capacity and Flow group and Hospital Admission and Discharge Group will need to respond differently this year due to the new National direction for an Urgent Care System that will support Primary and Secondary Care and will impact on the way community services will respond in future. This is currently in its infancy. The group will also feed into NHS Tayside's Unscheduled Care Board through the Head of Community Health and Care Services.

Summary of Key Actions agreed by the Tayside HSCPs are as follows:

- Enhanced community support services
- Anticipatory care planning and EoL support for end-of-life care in care homes
- Support the discharge hub to improve discharge planning
- Workforce planning
- Enhanced support to care homes
- Further development of acute frailty models
- Promotion of flu vaccinations
- Falls prevention

Section 7.5 and 8 of the NHS Tayside Winter plan detail the actions for both Primary Care and Out of Hours of which Angus HSCP is the host partnership. Management of the population within primary care and ensuring timely access to urgent primary care 24/7 is critical for supporting both non COVID and COVID assessment and supporting the work of primary care, including the management of long term conditions and chronic disease management, which, has continued throughout the pandemic. The development of pathways continues between both primary and secondary care, which will also support improvement in the interface across the system to benefit both patients and staff

Summary of Key Actions for Tayside Primary Care including the GP Out of Hours service are as follows:

- Test the use of eConsult/IT systems to support communications
- Increase use of professional to professional model
- Demand management and required resourcing to support both Non-COVID and COVID presentations 24/7
- Increase use of digital technology to support digital/virtual consultations
- Enhanced collaborations/consultations with Emergency, Acute and Paediatric Consultants

Influenza

In these exceptional times effective delivery of the flu immunisation programmes for eligible members of the public and staff is of increased importance, with increased eligibility and anticipated increases in uptake expected. Health Boards and HSCPs are required to deliver the programme between 1st October and 31st March but have been asked by Scottish Govt to concentrate the programme before the end of November to maximise the timely immunisation of eligible individuals.

Given the ongoing COVID related restrictions and risks, there are significant additional challenges in relation to delivery of this year's programme, and we very much appreciate the ongoing support of all managers to ensure we prioritise the delivery of all programmes.

In summary plans in Angus are as follows:

1. NHS Staff will be vaccinated as far as possible via peer vaccination with additional staff vaccination clinics arranged within the 4 OPD sites to provide additional access.
2. Social care staff involved in direct delivery of care should access a vaccination via community pharmacy where available, and via the NHS clinics above where this is not locally available.
3. The childhood immunisation team will lead on the delivery of childhood immunisations.
4. Midwives will support delivery of immunisation of pregnant women.
5. A dedicated programme will be delivered to support vaccination of staff and patients within care homes. This is being regionally led but coordinated locally, with delivery supported by community nurses and wider additional vaccinators. This programme will be completed by mid-November at the latest, with current planning on target to deliver the majority by the end of October.
6. The over 65 and at-risk adult programme will be delivered through a collaborative approach including:
 - Practice led clinics, with additional HSCP/NHST staff supporting where requested.
 - Daily clinics within each outpatient department bookable by practices
 - Increased clinic provision within Jubilee Court, Letham (DN Led)
 - DN support of delivery for housebound
 - Those aged 55-64 who would not normally be eligible for the vaccination will be vaccinated as a second phase to the programme from December at the latest.
 - There are opportunities for both community pharmacies and dental practices to support vaccine delivery for both staff and patients- awaiting confirmation of participating pharmacists.

We are asking that wherever possible opportunistic vaccination is undertaken where it is clinically appropriate and safe to do so, both to ensure we maximise uptake but also to minimise healthcare contacts for patients. Out-patient services, including the anticoagulation services will proactively seek to vaccinate all eligible patients attending their services.

COVID-19

Angus HSCP continues to progress the actions detailed within the Remobilisation plan IJB 56/20 As described above this plan also included supporting plans for winter and vaccination, hence, the proposals as detailed above will also support how COVID is managed within Angus. In addition, a readiness assessment has been completed by the partnership to assess the preparedness for a second wave of COVID-19, winter, influenza and BREXIT. This has demonstrated that Angus HSCP is in a good state of readiness, however, key areas for additional support and some mitigating actions are as follows:-

- Digital infrastructure
 - KOMP is a new innovative one button unit which has been specifically designed for those with a cognitive impairment or lack of ability to manage normal computers . It enables friends, family and designated professionals (such as GPs, District Nurses, Social Care and Day Care workers) to call the vulnerable person and carry out a 1:1 visual conversation via a mobile phone app which has a secure log in and registering procedure.
 - The Angus Health and Social Care Partnership Check TEC Out initiative enables people to try various items of alternative commercial Technology Enabled Care (TEC) that they may not otherwise have the chance to try. Equipment being supplied includes, Echo Dot, Remote Control plugs, Wireless Motion Sensing LED lights, Magiplugs, Ownfone (simple, easy to use mobile phone), Projector

Clocks, Automatic LED Toilet Lights, Droplet Hydration Systems (to prompt fluid intake).

- Additional hardware in the process of being ordered to support agile working for HSCP staff

The Connecting Scotland programme aims to connect up to 9,000 digitally excluded people so they can access services and support and connect with friends and family during the pandemic. People who are clinically vulnerable and those on low incomes who are at greater risk of isolation due to coronavirus will be provided with:

- Access to kit – an appropriate internet enabled device (Chromebook or iPad)
 - Access to connectivity – a mobile hotspot and 12 months of data
 - Support to develop skills and confidence online

 - During phase 1 of this initiative a total of 155 devices were delivered to residents of Angus. Organisations applied for devices for people they support and 16 organisations in Angus were successful in their applications to support 155 households by delivering the devices to them and providing ongoing digital support. This included third sector, AHSCP, Angus Council and health service organisations and teams.

 - Phase 2 of the initiative targets people who are currently digitally excluded - they do not have an appropriate device and/or connectivity at home and they are on low incomes and affordability of devices or connectivity is a barrier and they are either households with children and/or Care leavers up to the age of 26. Angus has just completed assessing applications for phase 2 and hope to award approximately another 190 households with devices and connectivity before the end of the year.
- Admin and management resources
 - Additional capacity is currently being explored
 - Workforce resilience
 - Services will continue to support staff health and wellbeing through supervision, ongoing access to RRR rooms
 - Plans in place to support workforce planning to respond to situations as they arise

There are currently no outbreaks in Angus or any residential setting closed as a result of COVID-19.

5. FINANCIAL IMPLICATIONS

Winter

HSCP has been allocated specific winter planning funding of £0.25m from NHS Tayside to focus on early prevention and response to minimise potential disruption to services and this investment is through both the Enablement Response Team and Out of Hours Service.

Flu

Influenza –The historic funding resources remain available to support the 2020/21 Influenza programme. However the Scottish Government have recognised that the extended 2020/21 programme will cost significantly more than in previous years. Regional funding submissions have been made to the Scottish Government and, as with COVID-19, interim funding allocations have now been received. The current high level assumption is that additional local and regional costs associated with the extended 2020/21 programme will be fully funded by the Scottish Government.

COVID-19

In terms of impact in 2020/21, it is still difficult to determine the duration and depth of this. The background to how costs within the Partnership are affected is described in the October Finance report to the IJB but it is important to reiterate that the Partnership will work towards containing costs where possible.

The HSCP routinely assess this financial impact with most recent assessments suggesting an additional cost of c£9.97m throughout 2020/21. Allowing for the funding already received/confirmed by the Scottish Government along with some instances of reduced level of expenditure across the Partnership the net impact to the Partnership is an overspend of c£2.2m.

However since the production of the above financial information, the IJB has received confirmation of additional COVID-19 funding. This funding will further address COVID-19 related pressures and support the IJB overall financial position. The exact scale of this funding is still subject to clarification with the Scottish Government.

6. RISK ASSESSMENT

The following are highlighted as risks faced over the next 6 months:

1. COVID/Flu- impacting on workforce availability
2. Vaccine availability

A full risk assessment formed part of the remobilisation plan and will be monitored through existing structures

7. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices: Appendix 1 NHS Tayside Winter Plan