AGENDA ITEM NO 11

REPORT NO IJB 93/21

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 24 FEBRUARY 2021

COVID-19 RESPONSE AND RE-MOBILISATION PLAN

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This report provides an update to the IJB on the Angus Health and Social Care Partnership response to the COVID-19 pandemic, focusing on the activity undertaken and challenges faced since the last IJB on 9 Dec 2020 (Report No 84/20).

1. RECOMMENDATION (s)

It is recommended that the Integration Joint Board:-

(i) note the actions that have been advanced by the Angus Health and Social Care Partnership and key partners, in response to the COVID-19 pandemic, since the last COVID-19 update provided to the IJB on 9 December 2020.

(ii) note and commend staff and key partners for their continued and sustained effort and commitment as we continue to provide care to the people in Angus who rely on our care and support, despite a number of challenges.

(iii) note and support the remobilisation plan for Angus Health and Social Care Partnership for April 2021 to March 2022.

2. BACKGROUND

As COVID-19 restrictions eased over the summer months, this has been followed by an expected increase in the daily COVID-19 infection numbers, resulting in targeted lockdowns across the country to address infection clusters where they arise.

Some of the key decisions made by the Scottish Government since the last update to the IJB include:

- **26 December 2020:** The whole of Scotland entered into a lockdown period which has now been extended to the end of February 2021.
  Throughout the COVID-19 pandemic Angus Health and Social Care Partnership has continued to respond and adapt to the changes in restrictions, lockdowns and frequently changing guidance.

3. CURRENT POSITION

Angus HSCP Leadership Response Team: The Executive Management Group continues to meet twice weekly. Senior members of Angus HSCP management team continue to contribute to NHS Tayside and Angus Council COVID-19 meetings.

Operational Managers across Angus Health and Social Care Partnership continue to have regular contingency/business continuity meetings to monitor issues and activity in their respective services.

Data from Public Health Scotland: The most recent data available from Public Health Scotland (https://public.tableau.com) reports for the period 02 - 08 February the rate/100,000 was 105.9 and the number of positive cases over the same 7 days being 123.

There have been fluctuations in the 7 day community rates since the previous IJB report in December 2020 (84/20) when the 7 day rate/100,000 in Angus for 17 Nov-23 Nov was 88.6 and the number of positive cases for the same time period was 103.

Community Hospitals: The increasing number of COVID-19 positive cases in both the community and Ninewells Hospital prompted a review of contingency planning for managing COVID-19 in Angus community hospitals. The previously described process around isolation following transfer continues where clinically appropriate with Angus community hospitals continuing to support COVID-19 pathways, with recognised Amber step down areas. Contingency arrangements were put in place on 2 November 2020 and this configuration of beds currently remains.

Since the start of 2021 a number of Medicine for the Elderly (MFE) beds have been closed in Arbroath Infirmary and Whitehills Health and Community Care Centre due to COVID-19. Any patient testing positive for COVID-19 is transferred back to Ninewells Hospital. All infection prevention and control precautions remain in place and staff undertake regular lateral flow testing

The number of Angus residents delayed in hospital on 12 February is 12.

Social Care: Following a period of brief respite in July and August 2020, the AHSCP once again finds itself intensely involved with managing the pandemic in residential care homes, dealing with the delivery of a blended model of care in older peoples' day care and Disability Day Centres, providing planned respite care, and supporting a major increase in the demand for Care at Home. There has been considerable movement of demand from care homes to care at home (see below). The social care system is unquestionably under considerable strain, but we have learned from the first phase of the pandemic and are better prepared; adaptability and responsiveness have been key, and capacity has held up well because we have targeted areas of particular pressure for increased investment where necessary.

Care Management: Good social work practice is delivered through the arrangements we have in place for Care Management. These have continued to operate during the pandemic with staff moving to agile working very quickly, but now with increased direct contact with service users, notwithstanding the constraints of social distancing and PPE. Referrals have continued to be acted on, assessments of supported people and carers undertaken, and services allocated. Additional contact support has been put in place with carers who did not wish to use normal services. Emergency respite has continued to be available. Planned respite has reopened, following Scottish Government permission and guidance. Care managers are working with carers to re-establish care at home services as soon as carers feel comfortable with the level of risk. A RAG status was developed to prioritise visits.

Care Homes: Angus HSCP has worked closely with the independent providers sector, the NHS Angus Council, and Scottish Care to ensure that we provide support to the care homes across the county. It is important that, as we move through this next planning period, we continue to support our care homes as they are responsible for the wellbeing of around 900 of our most vulnerable citizens.

The AHSCP has operated a Care Home Operational Group since May 2020. It currently meets three times weekly but at the height of the first wave met daily.

It is a multi-agency group with membership from social work care management, district nursing, Public Health, IPC, the Care Inspectorate, Scottish Care, Procurement, MFE consultant, Lead Clinician and specialist nursing posts. Each meeting considers outbreaks in care homes, their management and prevention; joint assurance visits and improvement planning; PPE; visiting arrangements; testing, both LFT and PCR; the vaccine; health and social care needs of residents; financial supports; RAG status; TURAS returns; operation Koper; staffing support and capacity; any new guidance or regulations; and any new or emerging issues. The group provides a post-meeting summary to the Chief Officer prior to the Oversight Group and raises issues for escalation. The approach of scrutiny combined with support has been well received by care homes and is viewed positively by all stakeholders.

Care at Home: The responsibilities described above have now been extended by the Scottish Government to "care at home", which encompasses personal care and support provided in peoples' homes, day care, supported housing, and care provided by personal assistants under Self Directed Support (SDS) Option 1 Direct Payment.

Personal care at home provision has increased at the start of the pandemic from 10,350 hours per week to 11,924 hours in the second week of February 2021; not only is this challenging in terms of capacity (and the AHSCP has been able to meet that demand with its independent sector partners) it represents £1.6m of activity for a whole year. This increased demand reflects some COVID-19 impact (the reduction in care home demand being displaced into care at home, the reduction in available day care provision, and the fragility of older people due to lack of activity and socialisation in lockdown), it also reflects an anticipated demographic increase in demand being actualised earlier than anticipated. Recruitment is good, but with numbers of available staff affected by self-isolation, capacity is beginning to feel stretched. The AHSCP has commenced discussions with care home providers about moving some resource from the care home sector to care at home.

The Partnership is required to extend COVID-19 testing arrangements, the vaccine, staffing, financial supports and outbreak prevention and management to care at home. The approach has been to develop a twice-weekly Care at Home Operational Group which functions very similarly to the Care Home one, and which broadly covers the same range of business. This has worked well so far, and we have adapted the learning from months of involvement in care homes to this new range of settings. The challenges are, though, in some ways quite different, especially in Direct Payment recipients, where a support infrastructure and even IT access cannot be guaranteed; we have had to develop workarounds for these examples.

Infection Control and PPE: Both are the subject of continuous review at the Care at Home and Care Home Operational Groups. Supply has been reliable and has been adapted according to changes to regulations.

Testing: As noted above, delivering on the required testing regimes, LFT or PCR, is part of the work of the two Operational groups. This has gone largely as planned, but with occasional problems around collection or delays in providing test results. These have been addressed through the appropriate national and local channels and have been resolved. The interplay between vaccine and testing is being examined. The approach to testing has been one of insistence on compliance by all involved parties but recognition and support for what this means capacity-wise; for example, in care homes, staff are now required to undertake two LFT tests and one PCR per week and additional admin support to these functions has been made available.

Professionals visiting care homes, such as care managers, DPH officials, and district nurses, are required to show proof of a negative LFT.

Outbreaks: monitoring and managing: Information is received daily from our TURAS system regarding any positive tests in care homes, symptomatic staff or residents, and test results which are awaited.

This allows us to plan our response to any outbreaks, to arrange IPC or joint assurance visits, and to address any staffing support arrangements which might be required. Improvement action plans are developed from the visits and considered by the Operational Group and specialist nurse. We are developing a similar system for care at home via a Survey Monkey.

Learning Disability /Physical Disability: Learning Disability and Physical Disability services are also consumers of residential care and care at home. Probably more than other services, they have a significant usage of higher level supported housing tenancies with either on-site support or support "brought in" under SDS.
Services have generally been sustained during the pandemic, except for planned respite and the Disability Day Centres, which were temporarily closed in early March, providing outreach support instead. Permission was given to reopen by the Scottish Government at the end of August, but a second lockdown made viability difficult; most day care has been provided on a blended basis of outreach and centre-based provision, with Older People's services generally more outreach and LD generally more centre-based. Operating to the national guidance, the Angus Care at Home Operational Group described above considers risk assessments for service provision from the 3 Learning Disability Day Centres, 1 Physical Disability Day Centre and 5 Older Peoples Service day centres. We required of providers that they surveyed their service users to determine the balance of outreach provision and centre-based support preferred by them. This has been completed and a blended model, combining both approaches, is the preferred approach in nearly all instances. Where day care provision has a centre-based element, this is of course constrained by social distancing so numbers attending centres inevitably remains smaller than usual. The Operational Group considers risk assessments submitted for centre-based and outreach provision.

Planned residential respite has recommenced and, together with the reopening of day care, will provide additional support to hard-pressed carers.

The Disability Services have strong service Improvement Plans which are regularly updated and reported to the Integrated Joint Board (IJB). These plans are being scrutinised in the context of COVID-19 impact and response and will be adjusted accordingly.

Integrated Mental Health: Very limited community mental health and substance misuse services were stood down in March 2020, and we continue to provide the majority of our interventions via NearMe and telephone consultations. Group therapies remain closed but vulnerable people are offered one to one support.

Demand: We anticipate an increase in demand for people with distress as well as mental health issues. We expect our front line Wellbeing Services will feel this impact first. There is current capacity within our Health and Wellbeing Services based in every GP Practice in Angus. We have also provided a number of one off grants to our Third Sector Providers within Mental Health and Substance Misuse in order they can build their capacity and invest in IT solutions.
Funding has been provided to employ two additional social workers within the Community Mental Health Teams. This will increase the overall capacity of staff to manage increased demand in particular Adult Support and Protection work. There is an emerging risk that there in insufficient staff attracted to these posts so our CMHT are operating with less than the required social work resource.

Workforce:

- **Staffing**
  The HSCP have a Bronze Covid Workforce Group**.** The remit of this group includes the monitoring, co-ordination deployment and preparation of staff across the whole partnership to meet staffing deficits. It works with Angus Council and NHS Tayside as well as external bodies including the Scottish Social Services Council.

- **Health and Wellbeing**
  The health and wellbeing of our staff remains a priority. As we continue to recover services it is important that we maintain our close focus on the recovery of our staff. Staff are encouraged to seek support if required and look after the wellbeing of themselves and others. There are a number of options available for staff both locally and nationally. We also accept that we need to be more proactive in supporting staff and have implemented the 'Spaces for Listening' which provides a structured process to create space for teams to discuss and share what is going on for them as individuals and groups. Early feedback suggests this has been both powerful and beneficial.

  The HSCP are asking it staff teams for other suggestions for supporting their own health and wellbeing and are aware of funding opportunities through the NHS Charities Together Fund.

COVID-19 vaccine: As of 12 February 2021, NHS Tayside continues to be the highest delivering Health Board in Scotland for the Astra Zeneca (AZ) vaccine delivering 52,630 (22.5%) of Scotland's total of 233,621 AZ vaccinations. A total of 99,601 people in Tayside have received a vaccination.

COVID-19 vaccine: Angus Health and Social Care staff have continued to access staff vaccination clinics across Tayside. As of 10 February 2021 a total of 22,630 vaccines had been administered across the Tayside staff clinics.

From early February additional community vaccination centres were created in Dundee, Angus and Perth & Kinross as part of the next phase of NHS Tayside's COVID-19 vaccination programme to support delivery of vaccinations to the aged 65-69 cohort. In Angus the sites included:

- Stracathro Hospital
- Links Health Centre in Montrose
- Arbroath Infirmary
- Whitehills Health and Community Care Centre in Forfar

People who are housebound patients will continue to be offered vaccination in their own home, if they are unable to attend the practice.

People who have been vaccinated are reminded that they continue to follow FACTS as they may not receive protection for three weeks and it may still be possible for them to pass the virus on to others.

Communication and Engagement:

Since January 2021, the IJB Chair and voting IJB members have received a weekly COVID-19 briefing which provides a summary of the partnership's activity in a range of services.

Communication and engagement continues to be pivotal throughout the COVID-19 pandemic. The Angus HSCP website and Facebook page provides regular updates and guidance related to COVID-19. The end of December 2019 the Facebook page had 1849 followers; by the end of December 2020 the Facebook page had 2603 followers - an increase of 754.

Remobilisation Plan April 2021 – March 2022

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 plans outlined are key to progressing remobilisation in a safe manner. It should be acknowledged that there is still a level of uncertainty around how the pandemic will develop. We continue to work through the challenges presented to us by maintaining COVID-19 pathways and capacity whilst also managing the risk of nosocomial spread. Physical distancing helps mitigate this risk up to a point.

Included in this remobilisation plan is the latest iteration of our approach, and an extension to that submitted in August 2020; detailing what we will do over the next 12 months (from April 2021), across a range of services, to continue to provide safe and effective care in line with our re-prioritised strategic objectives whilst remaining focussed on mitigating the spread of the disease across our population and a focus on minimising the unintended consequences that have potentially arisen over the past i.e. chronic disease management, reduced presentation of cancer, whilst continuing to support staff health and well being and promote the use of technology to support staff and patients.

4. PROPOSALS

During this period of ongoing uncertainty, Angus HSCP continues to work in partnership to maintain essential services and to develop recovery and renewal plans. Angus HSCP remains flexible in our approach to respond to further external developments and to focus on the ongoing response to the pandemic.

5. FINANCIAL IMPLICATIONS

The Partnership is regularly submitting information to the Scottish Government regarding the estimated financial impact of COVID-19. The situation remains fluid with the IJB's December accounts including an estimated total cost of c£7.1m. After allowing for c£1.24m of Scottish Government COVID-19 funding allocated and received by the IJB, along with our ability to contain costs linked to services operating at reduced levels of spend or redeploying resources which is supporting the IJB to deliver a breakeven financial position.

All costs will continue to be effected by national directives and local circumstances, but certainly the COVID-19 funds available from Scottish Government in 2020/21 along with our own ability to contain costs and redeploy will ensure the IJB can contain all COVID-19 related costs this year.

The financial risks regarding COVID-19 now focus on future years and include issues such as impact on ability to deliver a full recurring savings programme, impact on income streams, uncertainty re long term prescribing issues, immediate and longer term impact on our independent sector providers, the impact of service reconfiguration and a range of other potential medium and longer term implications. These issues are common across Scotland and continue to be part of regular discussion and reporting between all IJBs and the Scottish Government.

As noted in Section 3 the Scottish Government has asked for the next reiteration of the Remobilisation Plan to be submitted by 26 February 2021 covering the period April 2021 to March 2022. The Finance team are currently assessing the financial impact for next year.

The Scottish Government has advised they will be reviewing the COVID-19 funding position for 2021/22.

6. OTHER IMPLICATIONS

N/A

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 EqIA
Appendix 2 Angus HSCP Remobilisation Plan April 2021 – March 2022