



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 AUGUST 2021**

COVID-19 RESPONSE

REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

This report provides an update to the IJB on the Angus Health and Social Care Partnership (AHSCP) response to the COVID-19 pandemic, focusing on the activity undertaken and challenges faced since the last IJB report on 24 February 2021 (IJB 93/21).

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 partners, in response to the COVID-19 pandemic, since the last COVID-19 update provided to the IJB on 24 February 2021.
- (ii) Notes and commends 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.

2. BACKGROUND

Angus Health and Social Care Partnership continues to respond and adapt to the changes in restrictions, lockdowns and frequently changing guidance. Staff within the HSCP and those working for our external providers, as well as a number of local community groups have worked tirelessly throughout the pandemic to ensure that services can continue.

Despite a number of fluctuations, the number of daily COVID-19 cases in Angus significantly reduced during March, April and May 2021. From early May, as we entered the third wave of the COVID-19 pandemic, cases increased to a peak of 119 cases per day on 1 July 2021. Daily COVID-19 cases, although fluctuating during July, have now decreased to 17 on 8 August 2021.

On 5 June 2021 Angus moved to Level 1 of the Scottish Government COVID-19 lockdown restriction and on 19 July 2021 the whole of Scotland moved to Level 0 (physical distancing outdoors within a social grouping of 15 people is removed (but a requirement to maintain 1 meter from all others) and physical distancing for indoor public places is reduced to 1 meter).

On 9 August 2021 the Scottish Government plan to lift all major COVID-19 restrictions if the necessary conditions on vaccination and harm reduction continue.

3. CURRENT POSITION

Angus HSCP Leadership Response Team. In March 2021 the Executive Management Group stepped down their meeting from twice a week to 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 2- 8 August 2021 the rate/100,000 was 92 and the number of positive cases over the same 7 days being 107.

Community Hospitals. Medicine for the Elderly (MfE) wards in Whitehills Health and Community Care Centre and Arbroath Infirmary remain open. Contingency arrangements in relation to Ward 2 in Stracathro Hospital remain in place and are reviewed regularly. MfE occupancy levels remain low.

The number of Angus residents delayed in hospital on Thursday 29 July 2021 is 13**.

** increase due to mental health delays

Care Management. Care management arrangements have continued to be provided and staff are now undertaking increased contact with service users as the easing of restrictions has allowed. Referrals, including adult support and protection work, assessments, support planning and reviews are all being undertaken as business as usual. There has been a significant increase in adult support and protection referrals and investigations across adult services and this has required additional support to meet demand.

Staff are working in an agile way. Most are working from home with access to an office base on a rota basis, which ensures that risk assessments are managed and also that staff have access to the peer / team support that is essential. The impact of test and protect contact tracing with requirements for self-isolation has been minimised due to the capability for staff to continue to work from home.

Care Homes. There have been no COVID-19 outbreaks in this reporting period; there have been a number of isolated positive tests in staff but enhanced testing in care homes has resulted in negative tests on each occasion, indicating, we think, the efficacy of the vaccination programme and good infection control techniques. Our multi-agency Care Home Operational Group (CHOG) has continued to meet weekly with an approach that combines rigour in infection prevention with intense support to care homes. We also continue to address a range of issues at each meeting: needs of residents; staff support; Personal Protective Equipment (PPE); vaccinations; financial support; support calls, joint assurance visits and inspections; testing activity; and management and prevention of any outbreaks. We also ensure that care homes are working to the most up-to-date national guidance and requirements, for example in arranging family visits or testing regimes. (At the time of writing, there have been some very recent changes to the testing requirements, permitting staff to carry out one test per week at home, and care home visitors to do likewise). Residents are reportedly much happier as life resumes some normality, but staff morale is understandably low and staff are fatigued after the intense efforts of the last 16 months. We are putting a lot of energy into finding the best ways to support staff, and the CHOG now has a supporting staff sub-group. Of note, the new cleaning regime required in care homes (described as more rigorous than that in hospital wards) will require additional domestic resources in the longer term. As ever, the CHOG strives to balance infection prevention and control with the need to

have a homely environment for residents.

Care at Home. The issues affecting care at home are in some ways similar to care homes, but in other ways are distinct because of the different setting. In July, care at home providers (including the Enablement Response Team (ERT) service) have been adversely affected by staff absences as significant numbers of staff have been isolating after being “track and traced”, combined with staff catching up on holidays. Provider organisations have worked well together and shown flexibility, including across Self Directed Support (SDS) options, to manage the situation, with support from the weekly Care at Home Operational Group (CaHOG). (The CaHOG operates very similarly to the CHOG for care homes). There have been no full outbreaks in any care at home provider, rather some isolated cases which have been appropriately managed. Numbers of personal care hours per week appear to have stabilised at around 13,200, and as the IJB will be aware, the Partnership is taking steps to ensure that this is resourced properly. “Care at Home” includes day care and supported housing, and both are returning to normal service delivery but with some longer term changes prompted by the pandemic being adopted (for example, a more blended model of centre-based provision and outreach).

Day Care. All day care centres have returned to building based support, all resumed towards the end of 2020 by providing a small building based support due to social distancing guidance and space and outreach support. All day care providers are waiting on specific guidance from Scottish Government regarding the reduction to 1 meter social distancing. If this can be applied in day care settings and on day care transport, this would allow for a return to pre-COVID-19 attendance.

Enablement and Response Team (ERT). ERT has been fully operational throughout the COVID-19 pandemic. Over recent months we have seen an increase in staff self- isolating due to track and trace and this has resulted in a reduction in capacity in some areas however this is an improving picture. On 27 July 2021 Scottish Government issued guidance regarding staff exclusion from self-isolating in extreme circumstances. Public Health are providing advice as to how to implement this.

Learning Disability / Physical Disability. The Adult Resource Centres for those with a learning disability and the Glenloch Centre for those with a physical disability continue to operate a blended model of building-based support and outreach in the community. This model will continue to adapt as restrictions change. In particular, the restrictions and guidance around indoor physical distancing in health and social care settings will determine the level of building-based support that can be made available. Prioritisation for building based places has been determined by those with the most acute need. Alternative support has been offered to others while some have taken the opportunity to access third sector groups with the support of the Community Opportunities Team, which has returned to business as usual in supporting enablement in daily living activities and accessing community activities. Residential respite for both planned and emergency respite is available.

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.

Integrated Mental Health. Staff have continued to support service users and carers by telephone, Near Me or face to face as required. Clinical work is continuing to be undertaken, referrals managed, and assessments, care planning and reviews undertaken. There has been a significant increase in adult support and protection referrals and investigations and increasingly complex presentation of people being referred. A small number of posts have been over recruited to, to meet demand, alongside two additional, permanent social work posts.

Staff are agile working with a mix of being office based and working from home on a rota basis to reduce risk while providing staff with the support they need to undertake their role. The impact of test and protect, contact tracing and self-isolation has been minimised due to staff continuing to work from home.

There is capacity in a number of Third Sector mental health and wellbeing supports and they are seeing a steady increase in referrals, potentially due to the impact of COVID-19.

Workforce. The Workforce Plan Annual Update is on the August 2021 IJB Agenda. Please refer to Report IJB 45/21.

Health and Wellbeing. The health and wellbeing of our staff remains a priority and we continue to 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.

COVID-19 Vaccination Programme. Vaccine centres are open in Reid Hall, Forfar; Montrose Town Hall and Arbroath Community Centre, where 1st / 2nd vaccines are continuing to be delivered. Focus over recent weeks has also been in supporting targeted approaches to ensure inclusive vaccinations with specific initiatives progressed to support vaccination of groups such as the homeless, gypsy/traveller community and those from minority ethnic communities.

Planning has commenced for the delivery of the extended flu vaccination programme and the COVID-19 booster campaign, with final Joint Committee on Vaccination and Immunisation (JCVI) guidance anticipated late August 2021, with vaccination to commence early September.

As of 10 August 2021 total of **555,985** vaccinations have been administered in Tayside. **89%** of the eligible population in Tayside over the age of 18 years have received their first dose of the vaccination and **74%** have received their second vaccination.

As of 10 July 2021 a total of 160,298 vaccinations have been delivered to Angus residents. A total of **87,265** of people (18+ years) have received their first dose (92%). A total of **73,033** people (18+ years) have received their second dose (77%).

Communication and Engagement. Following the reduction of COVID-19 cases the COVID-19 update for the IJB Chair and voting IJB members was paused in April 2021. It was reinstated in June 2021 in response to the escalation in cases.

The Angus HSCP website and Facebook page continue to provide regular updates and guidance related to COVID-19.

Remobilisation Plan April 2021 – March 2022.

Progress with the remobilisation plan has been challenging throughout quarter one and the start of quarter two as a result of the third wave of the COVID-19 pandemic where services as described continued to see increasing pressures. It should be noted however that the services have continued to take forward actions within the remobilisation implementation plan where they have been able to do so.

4. FINANCIAL IMPLICATIONS

The Scottish Government, in 2020/21, allocated specific COVID-19 funding (c£4.433m) to Angus with this allocation being carried forward via ring fenced reserves to support the continuation of COVID-19 costs in 2021/22 along with any new approved spend aligned to the IJB's COVID-19 remobilisation plan. The main areas of our anticipated spend are as follows:

- Key provider Support costs
- Additional care at home packages
- Additional staffing costs, including Out of Hours
- Supporting Third Sector Mental Health Providers
- Loss of income recoveries
- Infection Control and additional PPE costs
- Additional prescribing costs
- Continuing investment in Digital Working and Infrastructure

Our COVID-19 remobilisation financial plans are submitted quarterly to the Scottish Government; with quarter one having been submitted at the end of July 2021.

The financial risks regarding COVID-19 in 2021/22 and beyond include issues such as impact on ability to deliver a full recurring savings programme, impact on income streams, uncertainty regarding long term prescribing issues, immediate and longer term impact on our independent sector providers as interim financial support evolves, 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.

Ultimately the long term impact of COVID-19 is not known but will impact on The AHSCP Strategic Commissioning Plan and Strategic Financial Plan.

5. RISK

The demand on Angus HCSP to support the continued pandemic response and recovery continues to have a direct impact on capacity available to deliver actions within the Strategic Commissioning Plan. This is being monitored closely.

6. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required. (**Appendix 1**)

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

REPORT AUTHOR: Jillian Galloway, Head of Community Health and Care Services
EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices: Appendix 1 Equality Impact Assessment