

Meeting of South Ayrshire Health and Social Care Partnership	Integration	Joint Board
Held on	22 <sup>nd</sup> September 2021	
Agenda Item:	5	
Title:	Chief Office	er's update report
Summary:		
This report provides an update to the South Ayrshire Integration Joint Board on behalf of the Chief Officer on items that do not merit a full report but the Board may wish to note. Topics covered in this report include:  a) COVID-19 response and system pressures b) Learning Disability Strategy c) 'NearMe' in Duty Social Work d) Adult Support and Protection e) Communications and Engagement Strategy f) South Wellbeing Pledge g) Access and Support to GP Practices		
Author:	Tim Eltring	ham, Chief Officer
Recommendations:		
It is recommended that the Integration Joint Board:		
i. Considers the content of this report and offer any reflections		
Route to meeting: Report for IJB only.		
<b>Directions:</b> 1. No Directions Required		Implications:
		Financial
<ol><li>Directions to NHS Ayrshire &amp; Arran</li></ol>		HR 🗆
		Legal
<ul><li>3. Directions to South Ayrshire Council</li><li>4. Directions to both SAC &amp; NHS</li></ul>		Equalities
		Sustainability
		Policy
		ICT



# CHIEF OFFICER'S REPORT 22<sup>nd</sup> September 2021

## 1. PURPOSE OF REPORT

- 1.1 This report provides an update to the South Ayrshire Integration Joint Board on behalf of the Chief Officer on items that do not merit a full report but the Board may wish to note. Topics covered in this report include:
  - a) COVID-19 response and system pressures
  - b) Learning Disability Strategy
  - c) 'NearMe' in Duty Social Work
  - d) Adult Support and Protection
  - e) Communications and Engagement Strategy
  - f) South Wellbeing Pledge
  - g) Access and Support to GP Practices

## 2. RECOMMENDATION

- 2.1 It is recommended that the Integration Joint Board
  - i. Considers the content of this report and offers any reflections.
- 3. REPORT
- 3.1 Topics for noting are detailed below.

# **COVID-19 response and system pressures**

COVID-19 in the community

3.2 At the time of writing, Scotland has moved out of the COVID-19 levels system, and is now operating 'beyond Level 0'. Advice from Scottish Government, remains in place for communities to exercise caution, adhere to infection control measures in public places where possible and to take the vaccine when offered. Infection rates do however remain high in Ayrshire as in the rest of Scotland. Nationally, more than 1,000 coronavirus patients are in hospital marking over a week of consecutive daily increase, meaning prevalence is higher than at any other time during the pandemic. The vaccination programme continues to be successful and impactful with all adults now having been offered two doses of the vaccine.

# NHS Ayrshire and Arran response to system pressures

3.3 The easing of restrictions, successful rollout of the vaccine, counterbalanced by the increased prevalence of COVID-19 makes for a complex picture for our services at the moment. The key message the IJB should note, however, is that there is particular pressure on the health and care system – unprecedented for this time of year. Increasing COVID-19 admissions, staff absence and rising emergency attendances have resulted in significant pressures across acute hospital sites in particular. The situation is the same in primary and community care, with unprecedented demand for services compounded by staff absences.



- 3.4 In response, NHSAA have taken the decision again to temporarily pause non-urgent elective operating services to maintain cancer surgery and cancer diagnostic procedures until the end of September. Within NHS services, remain under emergency planning conditions as a consequence of the pandemic and the NHSAA Emergency Management Team remains entirely focused on taking action to ease the pressures on our health and care system and support patient and staff safety. This is supported by the Health and Social Care Partnership.
- 3.5 Communications have been issued to all HSCP staff and to everyone we support in adult and older people's services to outline these pressures, offering reassurance and seeking understanding and support. The HSCP is also in regular communication with third and independent sector providers with whom we share these system pressures.

## **HSCP** services

- 3.6 Although infection control measures are still in place in care settings, all HSCP service areas are operational. Many adaptations to services as a result of COVID-19 continue within service delivery models e.g. consultations taking place online, alternatives to buildings-based services where appropriate, internal and external meetings taking place online, where possible, etc.
- 3.7 With the exception of social work staff moving back into buildings, there has been no formal change to staff working arrangements since the previous IJB meeting in June i.e. council staff continue to work from home where possible.

## Future Operating Model

3.8 Work continues within South Ayrshire Council to define and move to the Future Operating Model and within NHS Ayrshire and Arran to move to the distributed working model. The HSCP plays a full part in the development of these initiatives and has been working through the senior management to ensure there is a strategic direction to how we wish to use buildings and deploy staff in the short, medium and long term.

## Remobilisation Plan 4

3.9 NHSAA are in the process of finalising Remobilisation Plan 4 for submission to the Scottish Government – this will be submitted to the IJB at a future meeting. Further verbal update will be provided at the meeting by the Directorate Management Team.

## **Learning Disability Strategy**

3.10 The HSCP is continuing work on developing a new Learning Disability Strategy for South Ayrshire and we are currently in the initial engagement phase, gathering information from people with learning disabilities, carers, HSCP staff and partner organisations to inform the strategy. We are being supported, in particular around the current engagement exercise, by the Scottish Commission for People with Learning Disabilities (SCLD) which has proven to be successful, offering the HSCP valuable capacity and expertise while also providing an alternative to statutory services for people to engage with.



3.11 The work is led by a Strategy Development Group, chaired by the Senior Manager for Planning and Performance and supported by a range of engagement groups including a Champions Board. In recent weeks a series of in-situ and online focus groups have been held. A full briefing is being provided to IJB members at **1pm on 22**nd **September** ahead of the main IJB meeting.

## **NearMe in Duty Social Work**

- 3.12 The HSCP was recently successful in applying for a Scottish Government grant to support trials of using NearMe in duty social work. NearMe (also sometimes referred to as Attend Anywhere) is a video consulting service that enables people to have health and social care appointments from home or wherever is convenient. It is commonly used across the NHS in Scotland and is now being rolled out across other public services including social work and services provided by Social Security Scotland.
- 3.13 The South Ayrshire pilot will focus on two or three social work teams across both adult and children's social work. The programme we are part of will involved targeted programme and peer support from Scottish Government and partner HSCPs and a further update will be brought to the IJB on rollout by the end of the year. This initiative contributes to our broader efforts to implement the HSCP Digital Strategy.

# **Adult Support and Protection**

- 3.14 South Ayrshire is currently subject to a multi-agency inspection on Adult Support and Protection arrangements, looking collectively at all aspects of ASP within Social Work, Health and Police services in South Ayrshire. Adult Support and Protection Leads from the Health and Social Care Partnership, NHS Ayrshire and Arran and Police Scotland have been, and continue to, work closely together throughout this inspection. Due to COVID-19 the inspection is taking place remotely with all information being submitted online to the Care Inspectorate and meetings carried out virtually.
- 3.15 Progress so far includes:
  - Staff Survey issued to all Social Care, NHS A&A and Police staff involved in ASP between 16<sup>th</sup> August – 3<sup>rd</sup> September.
  - Position Statement developed jointly between the three agencies submitted at the beginning of August.
  - Social Work, Health and Police case files prepared and submitted digitally to the Care Inspectorate ahead of file reading commencing on 20<sup>th</sup> October.
- 3.16 Focus Groups are still to take place at the end of September focusing on Strategic and Operational aspects of ASP in South Ayrshire. Frontline Practitioners and ASP Leads have been invited to participate in these sessions. Feedback on inspection findings is due to be received at the end of October with the final report to be published mid-November.

# Communication and Engagement Strategy

3.17 A key objective of the IJB's Strategic Plan is for the HSCP to be transparent and listen to our communities. South Ayrshire's Wellbeing Pledge emphasises the HSCP and communities working together to contribute to a common goal.



The HSCP committed in the Strategic Plan to refresh our Communications and Participation and Engagement Strategies to help guide and inform consultation activity in the future. The current strategies will be reviewed in their entirety and our intention is to publish a new Communications and Engagement strategy by the end of March 2022.

- 3.18 This will provide a framework on how we can improve our engagement with those who do not traditionally take part and provide direction on how best the HSCP can engage with communities reflecting measures caused by the COVID-19 pandemic. In doing so, we will ensure our engagement activity is aligned closely with our Community Planning partners, ensuring that duplication and 'consultation fatigue' are avoided as much as possible. The HSCP will also ensure Locality Planning Partnerships are involved to engage with communities at a local level.
- 3.19 The Strategy development group is made up of representatives from the HSCP, SAC, NHS Ayrshire and Arran, Third Sector, Healthcare Improvement Scotland and Locality Planning Partnerships. The group are currently carrying out a mapping exercise of routes into the community and developing principles for the strategy to be based on. As part of this work, we will explore ways of ensuring public representation on the IJB.

# South Ayrshire Wellbeing Pledge

- 3.20 The initial meeting of the South Ayrshire Wellbeing Pledge Board took place on 11<sup>th</sup> August 2021. The Board is chaired by Tim Eltringham, Director of the Health and Social Care Partnership.
- 3.21 The Board agreed formal reporting arrangements to the IJB (via the Strategic Planning Advisory Group) and to the Community Planning Partnership (CPP) where appropriate. The Board will also link closely with the Locality Planning Partnerships. The Board operates within a complex local and national strategic context and will seek to complement and build on these policy drivers.

National Loca

Independent Review of Adult Social IJB Strategic Plan 2021-31

Care Community Planning Partnership

National Health and Wellbeing LOIP

Outcomes SDPs

Public Health Priorities Caring for Ayrshire (NHSAA)

National Performance Framework Council Plan (SAC)

Christie Commission

- 3.22 It was agreed at the Board that the remit of the group will be:
  - To provide strategic leadership to support the promotion and implementation of the South Ayrshire Wellbeing Pledge
  - To contribute to the building of resilient, nurturing, safe and sustainable communities.
  - To develop and oversee arrangements for investment in community capacity building



- To nurture self-management approaches
- To develop a brief conversation approach that underpins the Wellbeing Pledge across services, agencies, disciplines, sectors and localities.
- To ensure robust monitoring and arrange evaluation of investment programme
- To ensure linkages with germane bodies/structures/groups
- To develop comprehensive communications that support the Pledge
- 3.23 Discussions took place on developing a 'wellbeing conversation', developing 'branding' of the Wellbeing Pledge and the requirement to look at ways of measuring wellbeing in South Ayrshire. Further verbal update can be provided at the IJB meeting.
- 3.24 Members should also note that as agreed at the June IJB meeting a small fund of £64,000 has been made available to third/community sector organisations to address a range of 'wellbeing' issues linked to the ambitions within the HSCP Strategic Plan. The Wellbeing Pledge Board sought bids to this **Wellbeing Pledge Fund** of between £5k and £10k that address these issues. Applications are now closed and are being assessed.

## **Access and Support to GP Practices**

3.25 GP Practices are another part of the health and care system experiencing current pressure. In response to a request from elected members, the HSCP provided a short briefing note outlining the situation and the response within Primary Care. This briefing note is attached at **Appendix 1** for IJB members' information.

## REPORT AUTHOR AND PERSON TO CONTACT

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# Appendix 1 - Elected member briefing note

Report by: Tim Eltringham, Director SA HSCP

**Event/Incident:** Support to GP Practices for Patient Calls

**Date and Time of Report:** 14/09/2021

**Details:** 

## What has happened/what is the issue?

We are aware that a number of constituents have been in contact with elected members about access to General Practice.

## What action has been taken?

GP Practices are open and have continued to provide services for patients throughout the pandemic. As positive COVID-19 cases within our communities are higher than ever, NHS Ayrshire & Arran has had to review how some planned and out-patient services are provided. This significant pressure is also being experienced across Primary Care services, particularly with GP Practices. Practices are experiencing a significant increase in people contacting the practice on a daily basis with a large proportion requiring face to face appointments. In some instances this has gone from 150 calls a day before the pandemic to now sometimes in excess of 500. The knock on effect of the pandemic and reduction or delay in treatment in other services means people are turning to their local GP practices in greater numbers to manage their condition. Practice staff are prioritising those in most clinical need for urgent on the day presentations. Due to emergency planning conditions still being in place, services continue to be delivered differently to ensure patients, staff and the most vulnerable members of our communities are protected. To meet national guidance and enhanced safety measures, practices have less face to face appointments available then before the pandemic. Previously, a 5 minute appointment may now take 15 minutes due to enhanced cleaning of patient areas between appointments. Social distancing is also still in place in all health care settings so practices need to limit the number of people in the building at the same time.

Practices are also experiencing staff shortages due to infection or being identified as a close contact. Practice staff are doing their very best to answer all these calls but on occasions this isn't possible. This is very frustrating for patients as well as our GP practice staff. To mitigate the issues, greater use of electronic ways of contacting the practice is available as well as video and telephone appointments. This flexible mix of telephone, video and face to face consulting is essential to deal with the numerous requests being received with the workforce available. If during the video or telephone consultation the clinician feels a face to face examination is needed then this will be offered. Plans to increase the use and roll-out of video technology to GP practices were in place prior to the pandemic with implementation brought forward at the onset. Many patients have welcomed this flexibility finding it more convenient and easier to get an appointment as they don't have to travel to the practice and can fit the appointment around their busy lives. Given the significant and continued demand described above, further measures are being implemented to provide easier access for patients when calling their GP practice. The Primary and Urgent Care team is working in partnership with GP practices to help patients get the right care in the right place at the right time. During high periods of demand, patients phoning their GP practice may now have their call re-directed to a central call handling service within Ayrshire and Arran for advice



and support. Anyone who requires the assistance of their own GP practice this will be arranged. It is hoped that, by implementing this further support to practices, more patients will be able to have their call answered timeously and supported in the most appropriate way. This will also provide some consistency with call handling for patients and allow the Primary and Urgent Care team to understand thematic demand to identify improvements going forward. It is recognised many of our patients within our communities are feeling very frustrated at how these changes are impacting their access to GP services. This is being evidenced through numerous enquiries being received by the Primary Care team and comments on social media. Some of this has been unacceptable in terms of the abuse directed at GPs and Practice staff and is counterproductive in supporting improvement. Our Primary Care colleagues are working harder than ever to support their patients and communities, prioritising those most in need. Whilst we continue to work under emergency planning measures and try to meet demand, these changes are needed. Patient care and safety is, and continues to be the priority. Our Primary Care team and key clinicians will continue to liaise with GP Practices to ensure any service delivery issues identified are supported wherever possible.

#### For more information contact:

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