

## South Ayrshire Health and Social Care Partnership

### REPORT

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>
<b>Held on</b>	<b>16<sup>th</sup> September 2020</b>
<b>Agenda Item</b>	<b>5</b>
<b>Title</b>	<b>Covid-19 Recovery and Mobilisation</b>
<b>Summary:</b>	
<p>The purpose of this report is to present an update on the HSCP's ongoing response to the Covid-19 pandemic and our recovery and mobilisation planning. The IJB previously approved a 'mobilisation plan 3' against which progress is being tracked internally and this report draws the Board's attention to key highlights of that activity.</p>	
<b>Presented by</b>	<b>Tim Eltringham, Chief Officer</b>
<p><b>It is recommended that the Integration Joint Board:</b></p> <ul style="list-style-type: none"> <li><b>i. Note the update provided in the report in relation to the HSCP's Covid-19 mobilisation plan and recovery; and</b></li> <li><b>ii. Receive a verbal update from HSCP management within the meeting on the continued activity.</b></li> </ul>	
<b>Route to Meeting:</b>	
<p><b>Mobilisation Plan 3 previously approved by Integration Joint Board and will be scrutinised at Performance &amp; Audit Committee.</b></p>	

<b>Implications checklist – check box if applicable and include detail in report</b>									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input checked="" type="checkbox"/>	ICT	<input type="checkbox"/>						

<b>Directions required to NHS Ayrshire &amp; Arran South Ayrshire Council, or both</b>	1. No Direction Required	<input checked="" type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
INTEGRATION JOINT BOARD  
16<sup>th</sup> September 2020  
Report by Chief Finance Officer**

## **COVID-19 RECOVERY AND MOBILISATION**

### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present an update on the HSCP's ongoing response to the Covid-19 pandemic and our recovery and mobilisation planning. The IJB previously approved a 'mobilisation plan 3' against which progress is being tracked internally and this report draws the Board's attention to key highlights of that activity.

### **2. RECOMMENDATION**

- 2.1 **It is recommended that the Integration Joint Board:**
- i. **Note the update provided in the report in relation to the HSCP's Covid-19 mobilisation plan and recovery; and**
  - ii. **Receive a verbal update from HSCP management within the meeting on the continued activity.**

### **3. BACKGROUND INFORMATION**

- 3.1 Since the onset of the Covid-19 pandemic, South Ayrshire HSCP has prioritised its activity around its response, keeping communities and staff safe while maintaining and adapting essential services where possible while. The HSCP's approach has been articulated through a 'mobilisation plan' with the IJB having been sighted on each iteration of the plan including the most recent 'mobilisation plan 3', submitted at the request of the Scottish Government in July.
- 3.2 The HSCP, council and NHS continue to operate on an 'emergency' footing, with regular Directorate Management Team (DMT) meetings taking place internally and the partnership continuing to play a full part in council and NHS senior executive regular meetings. It is important to note that plans are contingent on certain assumptions based on the information currently available (i.e. on Covid-19 infection levels and any local or national 'lockdown' measures that may arise) and that plans may have to change locally or nationally depending on developments. Planning to March 2021 will therefore be an iterative process.
- 3.3 The HSCP's activity plans for the following impact of Covid-19:
- Surge capacity for Covid-19 patients maintained to ensure capacity/resilience in the system to respond to any future rise in cases;

- Patient and staff safety are ensured by appropriate streaming of Covid/non-Covid-19 pathways (plus continuing systems of staff support & wellbeing across health and care);
- We retain and build our public health capacity to provide a robust, sustainable service including delivery of all components of Test and Protect, taking account of new developments as they emerge;
- Strict infection prevention and control measures remain in place;
- Covid-19 screening and testing policies are fully and consistently implemented in line with national guidance, with Boards obliged to flag any risks to implementation;
- Inter-dependencies are factored in including workforce, transport, training and development;
- High quality care is delivered including patient experience and person-centred approaches to care;
- New and effective ways of working are maintained and built upon – avoiding reversion to previous working practices; and,
- The impact of physical distancing measures across the health and care sector on capacity is continually assessed.

#### **4. REPORT**

4.1 This report offers assurance to the IJB around our high-level response, recovery and mobilisation activity since March 2020 with detailed delivery being tracked through internal governance. South Ayrshire HSCP's mobilisation plan is based upon the following principles and planning assumptions, drawn from the IJB, South Ayrshire Council, NHS Ayrshire and Arran, and the Scottish Government's ['Re-mobilise, Recover and Re-design'](#) Framework:

- Move to deliver as many normal services as possible as safely as possible, building on learning from Covid-19 and adapting where possible
- Ensuring we have the capacity to deal with the continued presence of Covid-19 and the partnership is able to respond with agility to new developments (e.g. a 'second wave')
- Preparing services for the winter season
- Do no harm and mitigate viral spread
- Protect patients and staff through IPC interventions and available PPE
- Active support for staff and service-user wellbeing, engaging with staff and service users
- Services orientated around patient need with informed choice
- Solutions must be whole system

4.2 As well as outlining areas of activity essential to our 'recovery' from the initial impact of Covid-19, the mobilisation plan should be seen as part of SAHSCP's ambitions associated with 'Caring for Ayrshire' and informing our development of the Strategic Commissioning Plan 2021. Key service updates are outlined below:

## Corporate/Partnership-wide

- 4.3 The HSCP has moved into phase three of Covid-19 mobilisation and, with appropriate precautions and risk assessment in place, seeking to reopen buildings, recommence paused governance meetings, consider the resumption of partially-open or adapted services, etc. This is overseen at a corporate level by DMT and all resumption of services, risk assessments of buildings and staff working arrangements are undertaken in keeping with the terms of NHS and Council as appropriate (e.g. local authority staff continue to work from home where they can).
- 4.4 Remote delivery of services (Near me / Attend anywhere) where appropriate continues to take place and new models of service delivery are being developed and commissioned to overcome long-term physical distancing restrictions across all service areas.
- 4.5 Throughout the 'lockdown' period, the HSCP has been proactively gathering learning from our Covid-19 experience. This will be used to inform permanent changes to services (e.g. more agile and remote working) and will also be distilled into 'lessons learned' to inform second wave readiness. This learning is combined with the winter planning assumptions to inform mobilisation planning.
- 4.6 The HSCP's governance meetings have been reinstated following their standing down during the initial lockdown period. A full report on the financial impact of Covid-19 is presented at item 8.

## Community Resilience

- 4.7 The HSCP, our partners and, most importantly, our communities continue to benefit from an unprecedented movement in community resilience and increase in community capacity since the lockdown. Much of this work is led by the council and partners in the third sector such as **South Ayrshire Lifeline / VASA**.
- 4.8 Over the next two months work will be undertaken with local authority, third and community sector colleagues to ensure contingency planning in place (and ability to mobilise) for:
- Further outbreaks and potential lockdowns (national/local)
  - Winter based work including flu pandemic response
  - Wider re-instatement of community-based services (Community/third sector) respecting any government advice and limitations
- 4.9 Some of the supports that were developed during the initial lockdown will be sustained (for example, telephone befriending) albeit with some changed arrangements which are under development. The Community Planning Partnership has endorsed a Community Planning approach to supporting volunteers on a longer-term basis and firmer proposals will be reported back to the CPP Executive in September 2020.

- 4.10 During the Covid-19 lockdown period **Unpaid Carers** were supported through phone and IT based mechanisms by the Carers Centre and others. In the August to March phase, most of the in-situ Carer/Young Carer supports will be re-instated incrementally where appropriate although some of the phone/on-line supports (some of which existed pre-Covid-19) are likely to remain.
- 4.11 The Carers Centre is now planning for some in-situ provision in the Carers Centre following risk assessment and other process; from October there will be some centre based supports available. Respite services will resume where appropriate and safe to do so.

### **Primary Care**

- 4.12 **GP Practices** continue to be supported through individual contact, through GP Clusters and through GP Locality Forum; the South Ayrshire stakeholder GP is actively working with Practices to support on range of issues. In particular, information supports around services and linkages (such as District Nursing /Social Work alignment, AHP services, ICT and Community Rehabilitation, Care Homes work, Reablement, etc) has been feature of recent work.
- 4.13 Primary Care local support continues with work to further develop out **multidisciplinary teams** now reinstated and a series of MDT sessions planned. The Covid-19 clinical hub is still operational and activity under the Primary Care Improvement Plan for Ayrshire has resumed e.g. flu vaccination and Pharmacy First rollout.

### **Older People's services**

- 4.14 A range of activity in unscheduled care is underway and in development for the coming months to further improve services and improve outcomes e.g. in bringing down delayed discharge. Delayed discharges remain around 50% lower than pre-lockdown levels as a result of a range of measures and focused activity within adult services.
- 4.15 **Care at home** services were initially impacted by a high number of shielding staff and a revised rota, etc. were implemented to overcome this. Work in real time to reducing delayed discharges is underway – maintaining capacity to continue this improvement and looking at reviewing existing pathways and processes will be a focus going forward. The **Reablement** service is currently providing normal service; they are discharging patients from the hospital in real time and the professional lead for reablement has been appointed. A care at home contingency team is being developed to provide resilience against future outbreaks.
- 4.16 **Support to care homes** continues with a particular focus in recent weeks on ensuring all care home staff are regularly tested and that care homes can move promptly to accept visitors in keeping with national guidance. Initial issues in moving people to care homes and other community settings have

eased and care homes continue to be supported by the partnership through the enhanced Clinical and Professional Oversight arrangements (daily meetings) and regular liaison with all homes in the area. Contingency arrangements are in place to support care homes with staffing pressures.

- 4.17 **PPE Hub** will be operational until March 2021 and the community equipment store remains ready for any increased surge with management arrangements transferring to adult services. Broader work is led through our locality planning teams.

### **Day Services – Older People**

- 4.18 We recognise the need to maintain provision for people who use **day services within older people's and learning disability services** and have been working internally and with service providers to overcome current challenges. It is essential within our day services to minimise all risks that we are aware of to maximise the outcomes and opportunities of our service users.
- 4.19 All staff within our day services are tested weekly in line with our care home staff and follow the same guidance. Our transport risk assessments are robust and our drivers are tested alongside our day service staff again to minimise risk and offer reassurance for staff, service users and families.

**Overmills /Nursery Court (older people):** Both of these services have been operating a robust outreach process since lockdown. There are often over 250+ visits a week taking place within both services. This has had a significant impact in supporting service users, carers and the wider care at home services. The services have been undertaking medication/personal care visits that would have been supported during day care placements. This support has been vital in preventing a breakdown in care packages and admission to hospital and permanent care and maintaining the relationships that the day care workers have with service users. These are strong ties that have supported through really difficult times and often go unnoticed.

### **Day Services – Learning Disability**

- 4.20 There has been much innovation in service delivery within the Learning Disability social work team. This team have picked up much of the previous day service roles such as socially distanced walks supporting families to go shopping by providing support within the home and many other innovative ways of working.

**Kyle Day Service (Learning Disability):** Kyle day service remains closed however the service is in the early stages of planning to open.

**Arran View (Learning Disability):** Microbreak services in place.

**Girvan Opportunities (Learning Disability):** This is a unique service which caters for non-complex Learning Disability whereby the majority of the service

users either have a comprehensive care package, reside in Girvan's Core and Cluster or at home with families. We introduced an outreach service which balances the risk of COVID19 infection with the risk of reduced support and we increased our provider support to service users; outreach for carers or the service users who would be isolated; and, crisis support within an area of Nursery Court. The Core and Cluster model has been a vital asset during this time and served our service users in practical and emotional ways.

**Hansel Micro Breaks (Learning Disability):** Hansel linked in with South Ayrshire and began offering micro breaks on 11th May as a form of respite to weary carers and service users who were not coping with lockdown. There are clear plans to develop these services to meet the needs of service users and groups in innovative. Prior to this the connector from within the social work team had been linking in and having regular door stop visits and window visit to service users and families of service users who had began the service on leaving Kyle day service. This has remained in place and has been well received by families who are still choosing to shield.

- 4.21 Across Learning Disability Services generally, all Service Providers initially reduced all supports to only support such as personal care, meals etc. and as such all social supports, group, social activity, etc. stopped. These are now being carefully and meaningfully resumed with a recognition that supports will not return to 'normal' for some time.
- 4.22 We continue to support vulnerable adults, prioritising critical need and monitoring the response to Adult Support and Protection/Vulnerable Adult referrals to ensure appropriate action is taken to keep individuals at risk of harm safe and protected. Local guidance on the conducting of Adult Support and Protection investigations was developed and shared for implementation – this covered undertaking risk assessments in the community and convening multi-agency Planning Meetings, Case Conferences and Review Case Conferences.

### **Biggart and Girvan Community Hospital**

- 4.23 Services continue at Biggart Community hospital with some adaptations e.g. some Consultant and other clinics have resumed in Ferguson Day Hospital with adaptations in line with Risk Assessments. The Day Hospital Service Restructure will continue to be reviewed. Administrative staff (council) based at Biggart are still mostly working from home where they can. Work has begun to prepare Buchanan ward for the transfer of Stroke Rehab from Drummond ward and Buchanan ward continues at a state of readiness.
- 4.24 Girvan Community Hospital inpatient service continues to operate as normal. The Minor Injuries Unit is operating on a telephone triage, 'appointment only' model, implemented during the Covid-19 crisis and continues to be operated along these lines.

## **Allied Health Professions**

- 4.25 The majority of Allied Health Professions (AHP's) who were redeployed into critical areas have now returned to their substantive roles and where possible services are resuming community visits for those people requiring face to face. All services are continuing to clinical triage and use telephone Near me consultations and digital approaches where appropriate within new models of service delivery across adult and children's services. A small number of Out-patient clinics have resumed for urgent patients, with more clinics planned to restart shortly as guidance and premises allow.
- 4.26 The local models **for Intermediate Care and Community Rehabilitation, and Community AHP** services are currently being reviewed across South Ayrshire building on existing models to deliver effective triage and responsive services to meet individuals' health, well-being and rehabilitation needs across a wider range of services. It will include redesign of day hospitals and improved access to self-management and community-based supports and specialist rehabilitation when needed. A range of resources have been developed to enable individuals to progress their rehabilitation and helplines have been introduced in Speech and Language Therapy and Dietetic services to assist people with advice and appropriate sign posting.
- 4.27 During the lockdown specialist **rehabilitation** Group programmes and community-based group programmes provided by our partners in leisure have been suspended and users have been supported through phone calls with some programmes organised as on-line activity sessions, and development of additional self-help information on line. National work is underway to assist in developing this approach both in response to Covid-19 and for the Future.
- 4.28 Specific self-management advice and resource materials have been developed to assist people with their recovery post Covid-19 covering a range of topics including Nutrition, Breathlessness, Coughing, Tiredness, Pacing and Anxiety, Physical activity and exercise and returning work. A Covid-19 recovery web page is now up and running on the A &A web site developed by local AHP's with contact details for individuals requiring further support.

## **Mental Health**

- 4.29 Services continue to be adapted across **community mental health (social work); primary care mental health and addiction support services.**
- 4.30 As restrictions have eased we have sought to increase routine/non-urgent assessments and review appointments that require to be administered face-to-face. We continue with a range of measures including face to face, agile working, social distancing measures and use of digital technology to support service access and service continuity. Assessment and review/treatment contacts have been implemented via telephone for all disciplines.
- 4.31 Face-to-face assessments and home visits are still being offered when clinically required/critical and no other safer option identified. Home visits for



administering depot injection medication and the taking of bloods is taking place in people's homes unless a particular risk is identified. There has been noted benefit of seeing patients in their own home, making connections with family but also being able to better identify social circumstances and vulnerabilities.

### **Justice services**

- 4.1 Statutory services are being delivered on an adapted model, prioritising MAPPA cases, and those most vulnerable and in need service users. This includes online support and appropriate face to face contact with appropriate safety measures in place. We continue to support and coordinate the release of prisoners and ensure that they have suitable accommodation, access to GP, benefits, addiction services as well as access to basic food supplies on release.
- 4.2 The service has begun to deliver **Unpaid Work** on a very small scale, ensuring compliance with Covid-19 guidance on Social Distancing. This does make the delivery of Unpaid Work difficult as numbers are restricted. Discussions are ongoing on a national level acknowledging the challenges described and the back log that exists of unpaid work hours which have not been completed as a result of Covid-19.
- 4.3 The team are also now working through a back log of **Criminal Justice Social Work** reports for the court. This has added significant pressure to the Justice team as the challenges of meeting people and completing reports in a Socially Distanced way, proves difficult.

### **Children's Locality Social Work Services**

- 4.4 **Children's Social Work locality teams** have adapted on a risk-based model to the lockdown measures, prioritising those children on the Child Protection Register and those who are looked after and accommodated. There are also children identified collaboratively between Health, Social Work, Education and CAMHS who are currently not known to Statutory services, who have been offered supports during Covid-19 to prevent the escalation of risk and harm. This has proved to be a very beneficial early intervention and prevention approach which has meant that there has not been the "surge" of Child Protection referral that other areas have experienced. This has resulted in an allocated Social Worker to each School Cluster to continue this collaborative approach.
- 4.5 There have continued to be house visits throughout the pandemic with 100% of Children on the CP registered visited every week for the during. There are many and varied ways that Social Workers have connected and supported those children and families they are responsible for, including Socially Distanced face to face contact and the effective use of technology.
- 4.6 Children's locality services have progressively engaged more and more with families and children through visitation and walking meetings, to ensure that

children remain safe and supported. Children services have operated on an adapted model in the face of lockdown restrictions, phasing services back to 'normal' in keeping with government guidance. There is significant innovative practice evident within Children locality services, some of these new means of delivering services, will become the new service models for the future.

- 4.7 Teams now fully support **Family Time**, also known as “contact”. This has been a difficult area, and at time resulted in legal pressure, but the service has now risk assessed venues where families who are not living together can see one another in a Covid-safe environment.
- 4.8 The teams are now engaging in **Children’s Hearings** which are becoming physical hearings again, there is a significant back log of hearings and there are consequences in terms of the lack of decision making. It is anticipated that the re-introduction of full children’s hearings will enable the progression of Children’s plans.

### **Children Authority Wide Services**

#### *Residential care*

- 4.9 Within the authorities two Children’s Houses, staff have continued to deliver a high level of care and support to those children who are presently looked after by them. There has been a high level of creativity and commitment from the Residential Staff group who have continued to support Children and Young people and yet keep themselves safe and comply with Covid guidance. Children and young people have in the most part managed to work within the guidance of social distancing and have expressed their own thankfulness to the residential staff group for their kindness and care at a difficult time.
- 4.10 There have been occasions when there has been an embargo on the admittance of any new Children or Young People to the Children’s houses, due to Covid-19. This has been challenging and resulted in services seeking alternative means of caring for children away from home, such as Kinship and Foster care. But this is also not without its challenges

#### *Family Placement team*

- 4.11 Fostering Panel are now meeting back again using appropriate technology. This will enable the passing of more foster carers, creating additional capacity for care of children who can’t live at home.
- 4.12 The team continue to support children and foster carers, through a variety of means, reducing the risk of placement break down and children being accommodated in external residential placements

### **Children’s Health**

- 4.13 Health visiting services in person are being phased back in, using a blend of physical visits and telephone liaison. Including;
- Antenatal contacts undertaken virtually

- Pre-birth screening for vulnerable families continued with SW/ Safeguarding midwives
- Home visits continued for families at key stages including 11 to 14 days and 6 to 8 week developmental assessments
- Children requiring additional support seen at home where required
- Use of technology such as Attend Anywhere/Near Me rolled out to support Universal Health Visiting pathway contacts and reviews
- Increased contact with the Team Around the Child to support most vulnerable families

4.14 School nursing and LAAC nursing services are being prioritised on a risk-assessed basis and pre-school immunisation is ongoing.

#### Immunisation focus

- Continued to provide Preschool Immunisations based within GP practices throughout Lockdown
- High rates maintained for primary Immunisation schedule
- Additional support to families via text and telephone to encourage uptake
- Plan to increase support to practise where service provision not in place in line with VTP
- Children's 2 to 5 years flu planning commenced with plan in place to contact individual GP practices

#### School Nursing are focusing on

- Emotional health and wellbeing
- Substance misuse
- Child protection
- Domestic abuse
- Looked after children – Cel16 Health assessments
- Homelessness
- Youth justice
- Young carers
- Transitions
- Sexual health

4.15 Services are being adapted and delivered in new, innovative ways in a range of other areas including the continence service and sensory impairment where, for example, we maintain regular contact with those on our register and are undertaking work to link in with those who have been sight impaired over the past 12 months. Progress against deliverables will be tracked insofar as we are able to in the fast-moving landscape and will be reported internally as well as to the IJB Performance and Audit Committee.

## 5. STRATEGIC CONTEXT

5.1 This report is strategic in nature. Given the crisis-response nature of Covid-19 mobilisation planning, there is no direct alignment with the HSCP Strategic

Plan however our work continues to be informed by the Partnership's strategic objectives and 'Covid-19 learning' will inform the Strategic Plan 2021.

## **6. RESOURCE IMPLICATIONS**

### **6.1 Financial Implications**

6.1.1 The financial impact of Covid-19 continues to be tracked by the HSCP and additional costs incurred are claimed against the Scottish Government's mobilisation fund. A full report on the financial impact of Covid-19 is presented at item 8.

### **6.2 Human Resource Implications**

6.2.1 There are no Human Resource Implications arising as a result of this report.

### **6.3 Legal Implications**

6.3.1 The report is a statutory requirement.

## **7. CONSULTATION AND PARTNERSHIP WORKING**

7.1 The report contains a short statement on partnership working and consultation.

## **8. RISK ASSESSMENT**

8.1 Risk is managed within services and will be reported to the HSCP's DMT and Performance and Audit Committee as appropriate.

## **9. EQUALITIES IMPLICATIONS**

9.1 There are no equality implications arising as a result of this report.

## **10. SUSTAINABILITY IMPLICATIONS**

10.1 None.

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## **BACKGROUND PAPERS**

Mobilisation Plan Three – Previously submitted

10.09.20