

South Ayrshire Health and Social Care Partnership

REPORT

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| Meeting of South Ayrshire Health and Social Care Partnership | Integration Joint Board |
| Held on | 25 June 2020 |
| Agenda Item | 5 |
| Title | Covid19 Mobilisation and Response |
| Summary: | |
| <p>The purpose of this report is to provide members with the opportunity to consider and endorse the HSCP's approach to Phase 2 Mobilisation, organisational learning and renewal/recovery of our services following the initial impact of the COVID-19 pandemic, including proposed principles to guide the partnership through anticipated easing of lockdown and return to physical premises. The report also sets out a general update on the impact of COVID-19 in South Ayrshire and a summary of our response to date.</p> | |
| Presented by | Tim Eltringham, Director of Health and Social Care |
| Action required: | |
| It is recommended that the Integration Joint Board:- | |
| <ul style="list-style-type: none"> i. Consider the population data presented on COVID-19 in South Ayrshire and the update on the HSCP's response to the pandemic; ii. Note and lend support to Mobilisation Plan 2 attached to this report; iii. Note the summary findings of the HSCP's initial COVID-19 learning exercise across the partnership; and, iv. Endorse the proposed guiding principles for the HSCP's resumption of services and return to physical premises where appropriate. | |

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

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| Directions required to NHS Ayrshire & Arran South Ayrshire Council, or both | 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**

25 June 2020

Report by Director of Health & Social Care

COVID-19: MOBILISATION, LEARNING & RENEWAL

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide members with the opportunity to consider and endorse the HSCP's approach to Phase 2 Mobilisation, organisational learning and renewal/recovery of our services following the initial impact of the COVID-19 pandemic, including proposed principles to guide the partnership through anticipated easing of lockdown and return to physical premises. The report also sets out a general update on the impact of COVID-19 in South Ayrshire and a summary of our response to date.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Consider the population data presented on COVID-19 in South Ayrshire and the update on the HSCP's response to the pandemic;**
- ii. Note and lend support to Mobilisation Plan 2 attached to this report;**
- iii. Note the summary findings of the HSCP's initial COVID-19 learning exercise across the partnership; and,**
- iv. Endorse the proposed guiding principles for the HSCP's resumption of services and return to physical premises where appropriate.**

3. BACKGROUND INFORMATION

National and local data

- 3.1 The Scottish Government and the National Records of Scotland publish a variety of data for Scotland, NHS Board and Partnership level on a daily and weekly basis. This section presents the key overview data of the impact COVID-19 has had on the population of South Ayrshire to date (as at the 17th June 2020).

Confirmed cases

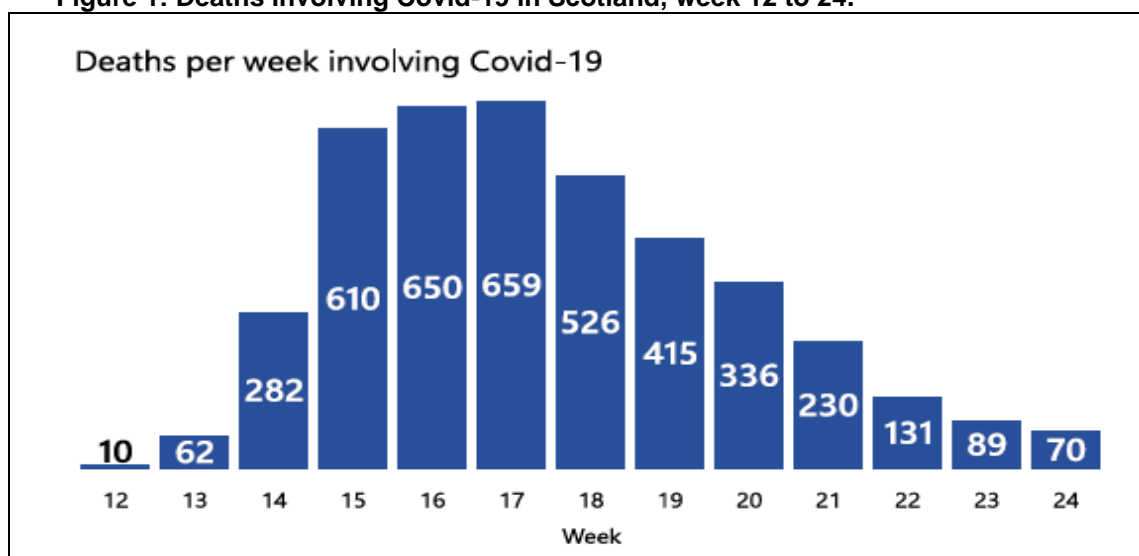
- 3.2 As at the 14th June 2020 there were 15,755 confirmed COVID-19 cases across Scotland, 1,088 in Ayrshire and Arran and 339 in South Ayrshire. This will be an underestimate of the number of cases. Not everyone with the virus will display symptoms and not all those with symptoms.

COVID-19 related deaths

3.3 As of 14th June, 4,070 deaths had been registered which had mentioned COVID-19 across Scotland. The highest number of COVID-19 deaths were registered in week 17 (20th to 26th April). Deaths have decreased weekly since then to reach a level of 70 in week 24 (8th to 14th June).

- More than three quarters (77%) of all deaths involving COVID-19 to date were of people aged 75 or over.
- The greatest proportion of COVID-19 deaths are in people aged 85+ with 43% of all COVID-19 deaths. This compares with 35% of deaths from all causes in this age category.
- People living in the most deprived areas were 2.1 times more likely to die with COVID-19 than those living in the least deprived areas.

Figure 1: Deaths involving Covid-19 in Scotland, week 12 to 24.

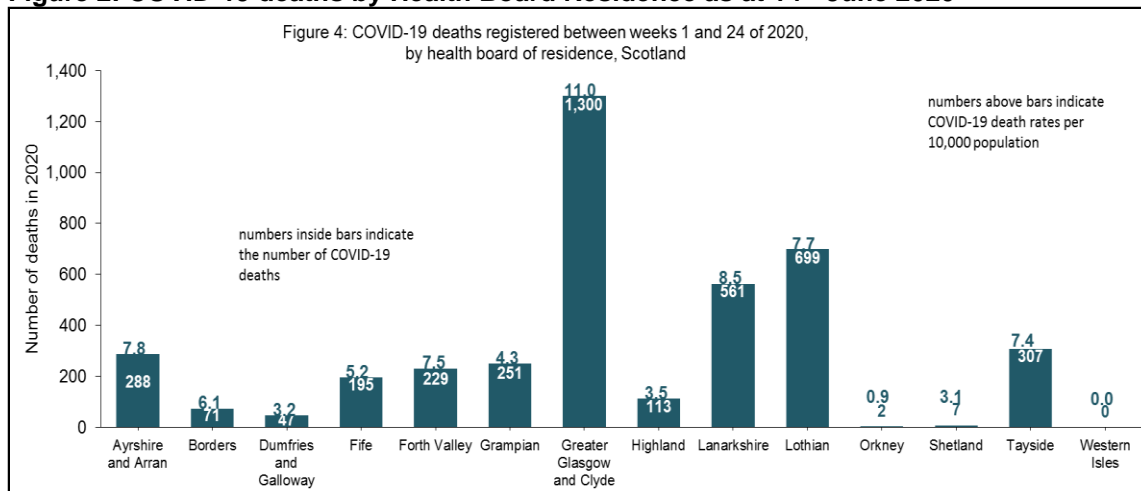


Source: NRS Scotland: Deaths involving coronavirus (COVID-19) in Scotland Week 24 (8 June to 14 June 2020)

3.4 Ayrshire and Arran:

- The number of COVID-19 deaths registered between weeks 1 and 24 (year to 14th June) of 2020 in Ayrshire and Arran was **288**.
- Of the 288 deaths in Ayrshire and Arran, 138 (48%) occurred in hospital, 130 (45%) happened in care homes and 20 (7%) occurred at home or non-institutional setting.
- Overall, the rate of COVID-19 deaths in Ayrshire and Arran was 7.8 per 10,000 population which is the fourth highest rate out of the 14 NHS Health Board areas.

Figure 2: COVID-19 deaths by Health Board Residence as at 14th June 2020

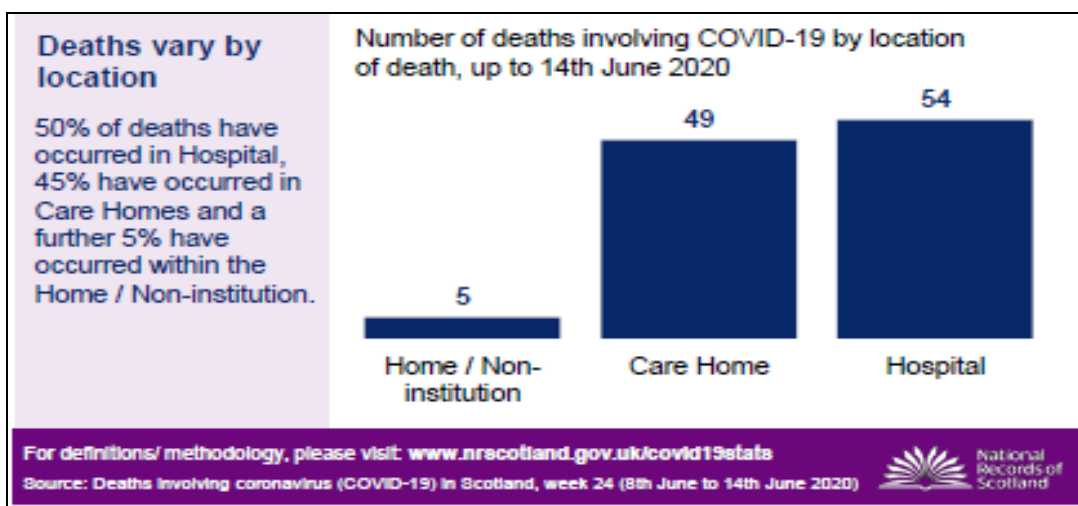
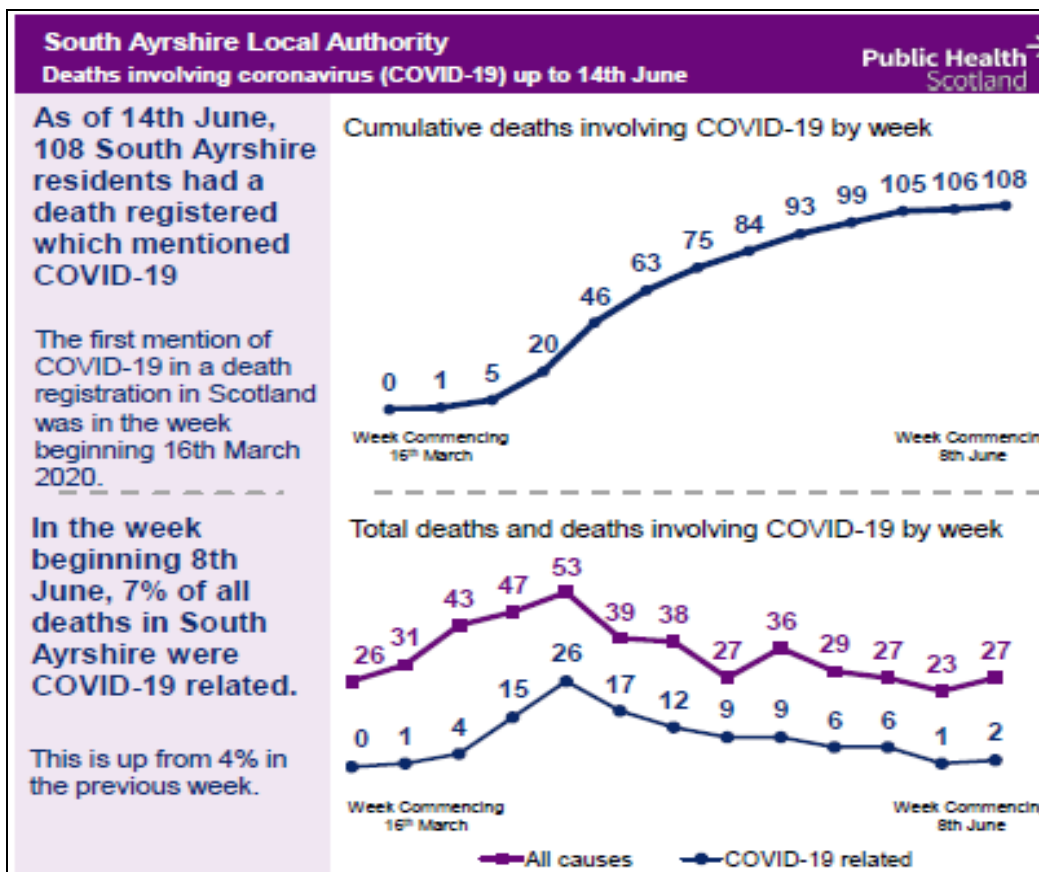


Source: NRS Scotland: Deaths involving coronavirus (COVID-19) in Scotland Week 24 (8 June to 14 June 2020)

3.5 South Ayrshire:

- The number of COVID-19 deaths registered between weeks 1 and 24 (year to 14th June) of 2020 in South Ayrshire was **108**.
- Of the 108 deaths in South Ayrshire, 54 (50%) happened in hospital, 49 (45%) occurred in care homes and 5 (5%) occurred in home or non-institutional setting.

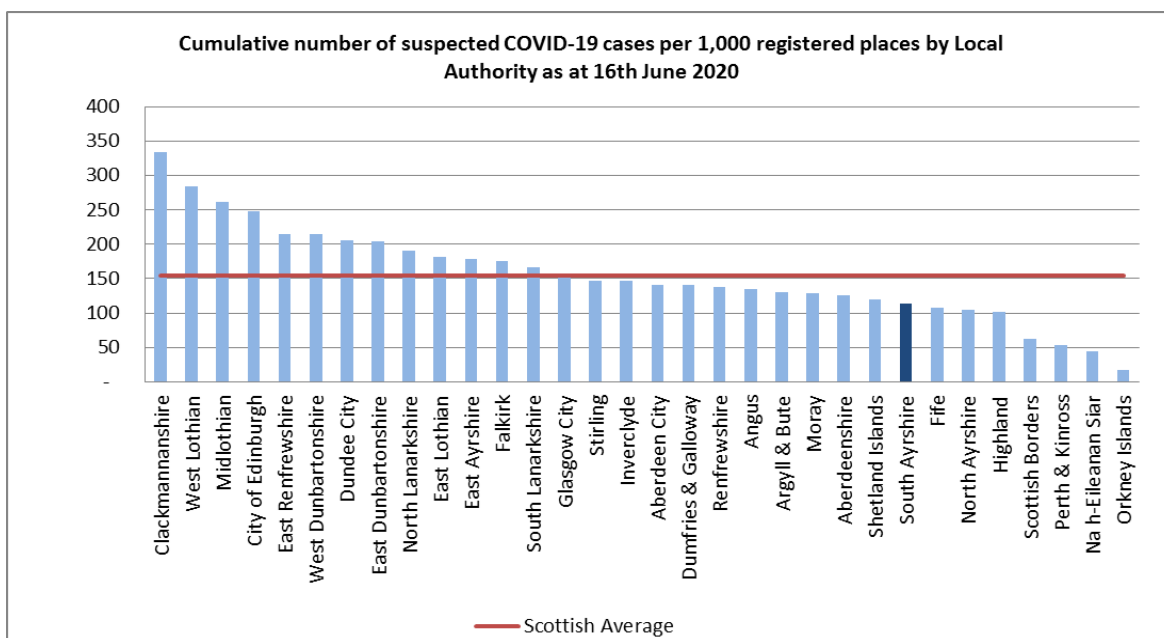
Figure 3: South Ayrshire COVID -19 Profile as at 14th June 2020



Care Homes

- 3.6 There have been 49 deaths in Care Homes in South Ayrshire which represents 45% of the total deaths. This is slightly below the national level of deaths in Care Homes across Scotland of 46%.
- 3.7 Figure 4 below shows that South Ayrshire has the 8th lowest rate of suspected COVID-19 cases per 1,000 registered places across all Care Homes, at 114 suspected cases against the national average of 155.

Figure 4: No. of suspected COVID-19 cases per 1000 registered places by Local Authority area.



Source: COVID -19 in Adult Care Homes in Scotland, Scottish Government

Partnership response

- 3.8 Since the scale of the outbreak became clear, the partnership has significantly reprioritised staff resource in response. Recognising the need for robust and continuous planning, there is a regular Directorate Management Team meeting and the HSCP management are working with a full range of partners including our care providers (with whom we meet regularly specifically to support care at home and care home provision) to coordinate a multi-agency response.
- 3.9 The HSCP continues to be fully integrated into and aligned with the mobilisation and recovery structures of South Ayrshire Council and NHS Ayrshire and Arran. In addition to ongoing executive management meetings, the Chief Officer sits on the NHS 'Whole System Mobilisation Planning Group' and the HSCP plays a full part in the council's 'Strategic Recovery Group', chaired by the CEO.
- 3.10 While SAHSCP is responding to the specific and tailored needs of our community, we take our lead from the full range of national guidance that has been produced rapidly by Scottish Government and other national partners.
- 3.11 As previously noted by the IJB, there are some emerging themes, common to many service areas, including:
- Services have adapted well to lockdown and physical distancing measures but there is no replacement for human contact.
 - Some areas of service will recommence now that lockdown measures are beginning to ease.
 - Elements of governance and bureaucracy have been temporarily paused but services continue to be delivered in a safe and compliant way.

- The HSCP is working well with partner agencies. The contribution of the third sector and independent sector and their closeness to communities are invaluable.
- There is a high degree of innovation across the Partnership and staff have been encouraged to 'think outside the box'.
- As a Partnership, we are aware of the potential for COVID-19 to exacerbate inequalities within our community and all service areas.

4. REPORT

- 4.1 The main body of the report below covers the partnership's 'Mobilisation Plan 2'; organisational learning from COVID-19; and, our approach to renewal and returning to physical premises.

Mobilisation Plan – Phase 2

- 4.2 In keeping with standard practice across Scotland, the HSCP developed a Mobilisation Plan in the first weeks of lockdown, the purpose of which was to drive the direct response to COVID-19, outline and track specific actions and to record additional costs incurred as a result of the outbreak.

- 4.3 With the initial response period behind us, the HSCP has now developed a Phase 2 Mobilisation Plan (see [Appendix 1](#)), focusing on the period to end of July, aligned with NHS planning timescales. The Plan does look beyond July and we have structured it to focus on Primary & Community Services, Mental Health Services, Learning Disability Services, Adult Support and Protection, Justice Services and Children's Health and Social Work Services. Given this particular report's alignment with NHS planning timescales, there is more detail on adult and community health services than on children's and justice services.

- 4.4 The Mobilisation Plan 2 is attached to this report as Appendices 1, [1a](#), [1b](#) and [1c](#) including a narrative summary report ([Appendix 1](#)) and three separate detailed plans for Adult Services ([1a](#)); Children's Care and Justice ([1b](#)); and Children's Health Services ([1c](#)). Members of the IJB are invited to review these plans and endorse their content. By their nature these plans are iterative and will change over the coming weeks and the IJB will be briefed on these developments as appropriate.

Organisational learning from Covid19

- 4.5 As we and our partners adapt to the current circumstances and the potential 'new normal' the management team have been keen to ensure we take the time to gather learning from the past several weeks which we will use to inform any future sustained changes to the way we deliver and commission services and generally undertake our business as a partnership. Heads of Service and senior managers undertook exercises with their service areas to identify what has gone well since March, what could we improve on and any changes we should hold on to. Managers asked questions such as:

- What have we managed to stop doing in response to COVID-19 that we don't want to return to and need to let go of permanently? (**'stop'**)
- What have we introduced in our response to COVID-19 that we need to build on and strengthen as we design a new future? (**'amplify'**)
- What have we stopped doing in order to respond to COVID-19 that we need to reintroduce in some form? Are there new and better ways of doing these things as a result of learning from our recent experiences? (**'restart'**)
- What has been the benefit to/impact on **staff** from the approach to delivering services during lockdown?
- What has been the benefit to **service users** from the approach used to delivering services during lockdown (with **outcomes** in mind)?

4.6 Extensive reports have been gathered for all services across the partnership, including administrative services and the DMT and senior management are committed to ensuring this learning is harnessed and used to implement future transformation and improvement. A wealth of information has been gathered, and some key themes are brought to the IJB's attention:

- **Agile/remote working and the importance of technology**
Staff have embraced and engaged new technologies to perform key and statutory functions and there is a need for further investment and support to enable agile working and working from home. Feedback highlights many benefits and advantages for staff to work from home, but there are instances in which home working is not appropriate and we are mindful of the different occupational health hazards (including impact on mental health). The use of technology and different platforms have been beneficial but it is acknowledged they do not replace the need for face to face contact, whether with colleagues or service users or partner agencies.
- **Empowerment of staff**
Staff being given more time to think creatively and empowered to come up with creative solutions and means of working with complex individuals and families with multiple needs and risks and being trusted to deliver differently to these families. Using a strengths-based approach. These are elements we are committed to maintaining.
- **Enablement and empowerment of service users and families**
There has been reflection on the current enablement and empowerment of families to lead and instigate change, to prevent learned helplessness and build social capital and resilience. Social Worker/Health Visitors and School nurses being more enablers for change, empowering families towards finding solutions to their own risks and needs, while keeping people safe.

- **Communications**

The partnership has taken an enhanced, more proactive approach to communications with staff, with service providers and with our communities. We hope to maintain and build on this in the coming months.

- **Partnership Working**

Numerous examples of good and improved partnership working were highlighted in feedback including more coordinated approaches between agencies where multi-disciplinary working was required, to ensure that service users were supported and their needs met.

The resilience and widespread support from community and third sector partners was of particular note and it is important that we continue to build on this by supporting our partner providers, community and third sector resources and continuing to work in true partnership in a proactive rather than reactive way and improving signposting to community services where appropriate to do so, instead of solely referring to social work.

The partnership has built closer links with the Health Protection Team within NHS Ayrshire and Arran, particularly with regard to Care Homes – this should be maintained.

- **Commissioned services and quality assurance**

There has been an enhanced sense of partnership with our independent and third sector providers, in particular our care homes given collective pressure placed on the HSCP and care homes. Management are determined to build on this constructive relationship, to maintain strong supportive links with care homes and use current assurance exercises to build a new quality assurance framework. Discussions around having a quality assurance framework are not new but this experience has highlighted the need to progress this piece of work.

- **Premises**

Related to the largely positive experience of home working and agile working and remote delivery of some services, the partnership will – in collaboration with the council and health board – take an informed approach to how we use our buildings. While elements of this will be ‘forced’ by the need for physical distancing, the HSCP is mindful of seizing any opportunities that might exist, for example, to bring teams together.

- **Leadership**

Feedback highlighted that practitioners felt that leadership was strong during this crisis, with staff being fairly unambiguous about the need for visible leadership. The obvious challenges to visible leadership in these circumstances have been overcome in some instances with the use of technology e.g. vlogs.

There is an improved sense of collective endeavour and shared ownership among the DMT and ‘extended DMT’ who meet regularly.

Within some services staff report that they feel *more* focussed and supported. It is crucial to identify the deeper factors involved in this.

- 4.7 It is acknowledged that there is a need to also capture the views and experiences of our service users, and that the bringing together of these views will support the transformational journey we are ambitious to deliver on through this crisis and as we develop a refreshed way of working together with our communities.
- 4.8 The management team within the HSCP will build on this learning to inform our approach to renewal and phasing back into the 'new normal' to ensure the organisation does not fall back into past ways of working. We are also committed to ensuring this learning informs our future approach to strategic commissioning, service design and our overall Strategic Plan (March 2021).

Renewal and returning to physical premises

- 4.9 The 'Mobilisation Plan 2' and our work on learning from COVID-19 are key drivers of the partnership's approach to renewal. In the short term, the partnership, along with South Ayrshire Council and NHS Ayrshire and Arran, has been looking into how we approach the resumption of services and return to physical premises in a safe, clear and effective way for services that are currently operating remotely.
- 4.10 Moving back to the previous arrangements and use of space across the board will be neither practical nor desirable in the short term, if ever. Practice might well change fundamentally and this may allow us to reflect on the space requirements for staff and services. In considering what the 'new normal' will look like, workplace Social Distancing Risk Assessments are currently being carried out across both NHS and Council premises. The outcome of the risk assessments will impact on how services can be delivered and our plans will undoubtedly need to be adapted to reflect these changes.
- 4.11 Whilst we take our lead from national guidance and work in direct cooperation with the council and health board, the following guiding principles for resuming our full business have been discussed within the Directorate Management Team:
- Public health considerations are paramount and if any activity is thought to undermine safety and basic public health advice/guidance then it should not take place.
 - Key decisions will align with practice in the council and NHS so far as possible.
 - Decisions should ultimately be made at the most local level, supported by clear leadership, based on national guidance and notwithstanding the need to balance demands from local/specialist/area and Ayrshire-wide services.
 - Where possible, if staff do not need to be in office premises they should be encouraged to and resourced to work mostly from home.

- Staff will be encouraged if using shared office space to explore staggering office use (e.g. staggered and more flexible start times).
- Where possible reducing time for contact should be explored proactively e.g. through making more extensive use of technology.
- Ensure staff recognise the collective effort and see their own working as part of a larger whole – i.e. staff seeing the wider set of demands and the need to manage this sensibly.
- The local arrangements need to be pragmatic and solution focused.
- All of the above should be backed up with good public and staff facing information, comms and overt signage for service users (and staff) re social distancing and hygiene measures.

4.12 Importantly, the partnership will follow the timescales set out by the Scottish Government to determine the timing of the partnerships move back to the use of various physical premises in a phased way.

5. STRATEGIC CONTEXT

5.1 This report has been informed by the strategic context, including national guidance and policy in relation to COVID-19.

6. RESOURCE IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no direct financial implications from this report, however the Mobilisation Plan 2 will include associated costings in order that the partnership can continue to track additional costs incurred as a result of Covid19 mobilisation.

6.2 Human Resource Implications

6.2.1 There are no direct HR implications of this report. The partnership continues to engage with staff through the 'Partnership Forum' on a regular basis and will continue to work with staff in developing subsequent phases of our COVID-19 response.

6.3 Legal Implications

6.3.1 This report has no legal implications.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 In developing the supporting material for this report (the Mobilisation Plan 2 and the COVID-19 Learning report), all service areas of the partnership have been consulted. It is noted within this report that the partnership has identified a need to engage further with service users and communities.

8. RISK ASSESSMENT

8.1 No risk assessment has been necessary given the update nature of this report. In considering what the 'new normal' will look like, workplace Social

Distancing Risk Assessments are currently being carried out across both NHS and Council premises. The outcome of the risk assessments will impact on how services can be delivered and our plans will undoubtedly need to be adapted to reflect these changes.

9. EQUALITIES IMPLICATIONS

- 9.1 No equality impact assessment requires to been undertaken on this report. Through our approach to recovery and renewal the partnership will mainstream and prioritise tackling inequalities.

10. SUSTAINABILITY IMPLICATIONS

- 10.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

19 June 2020