



Perth and Kinross Integration Joint Board; 29 May 2020

HSCP COVID-19 PANDEMIC RESPONSE

Report by Chief Officer/Director- Integrated Health & Social Care (Report No. G/20/54)

PURPOSE OF REPORT

This report provides the IJB with an update on the Health and Social Care Partnership's response to Covid-19. It outlines the key actions taken and the challenges faced, concluding with information on the actions now being planned in response to the continuing impact of the pandemic.

1. RECOMMENDATION(S)

Perth and Kinross IJB Members are asked to note;

- (i) the actions that have been advanced by the HSCP, in partnership with key stakeholders, in response to the Covid-19 pandemic.
- (ii) the extraordinary effort, adaptability, professionalism and compassion shown by staff across the HSCP during this period.
- (iii) the planning that is now underway to reprioritise and redesign services as we adjust to a 'new normal'.

2. BACKGROUND

Over the last three months, Perth and Kinross HSCP Management Team have focussed on the delivery of essential health and social care services. This has involved identifying priority services, resourcing these and adapting their delivery in line with government guidance, in order to deliver an effective local response to the global pandemic.

One of our early and significant responses as a HSCP was to create a Covid-19 Command Structure. This involves Bronze Command considering operational matters, Silver Command responding to any escalated issues and determining service-wide actions and Gold Command setting the direction and taking the necessary decisions at an executive level. Each of these command groups and the officers supporting them also interfaced with similar structures in the NHS and Council, with the Chief Officer also involved in weekly calls at a national level.

The groups within our command structure have responded to emerging issues relevant to their function and have considered and implemented the range of extensive guidance that has been issued by the Scottish Government during this time.

3. KEY ACTIONS

The HSCP has taken key actions to mitigate the impact of this global pandemic's reach into our communities, homes, services and settings. This has been underpinned by the commitment from all colleagues who have willingly stepped up to work in different ways and in different roles to support our response. I would wish to commend to the IJB the commitment, flexibility, compassion and professionalism shown by staff from Perth and Kinross Council and NHS Tayside working within our HSCP.

The IJB will wish to note the following examples of the actions that we have taken locally and in partnership, in response to the pandemic. We have;

- Produced and updated a comprehensive **Mobilisation Plan**, planning the necessary actions to prepare for the impact of the pandemic, identifying new approaches to service delivery, redeploying staff and capturing additional costs.
- Achieved our best ever performance in relation to **Delayed Discharge**, by providing additional staffing and support to the Discharge Hub; introducing seven-day working; investing in interim placements; enhancing HART, Rapid Response and Care at Home; initiating daily huddles to support discharge planning; and liaising with Care Homes to secure placements.
- Developed a **Community Assessment Hub** at PRI where, following triage, people can access a local assessment of symptoms by clinical colleagues, to then receive appropriate advice and treatment. This has been greatly supported by local GPs and by staff redeployed from PRI and across primary care services.
- Supported a **new operating model for GP practices**, which has enabled them to manage non-Covid presentations at local practices, through triage, telephone consultation and appointments. Contingency arrangements have also been put in place in anticipation that GPs and practice staff might become unwell or need to self-isolate. This involves daily status reporting to the HSCP, practices buddying each other and arrangements to 'collapse down' to deliver essential services through local clusters, if any one practice could not continue to operate.
- Initiated a **Workforce Matching Unit (WMU)** within the HSCP that has involved; prioritising essential services; downscaling less-essential activities such as electives, outpatients, routine appointments, clinics; escalating staffing pressures; redeploying staff into new roles to maintain service delivery. This included the redeployment of colleagues from dentistry and podiatry, who as well as continuing to provide emergency

appointments have supported the frontline response to Covid-19 in other essential services across Tayside. The WMU also connected with similar arrangements developed by the Council and NHS to ensure a collective response and mutual support.

- Enhanced **Support to Care Homes** in their efforts to manage the effects of the pandemic. This involved Infection Prevention and Control Team input; Public Health support, advice and guidance; access to PPE; support with staffing; and testing for residents and staff.
- Designed, with others, new Covid-19 and non-Covid **Care Pathways** to ensure a clear, consistent and compassionate response to people on discharge from hospital, whether being supported to return home, to move into a care home, to an interim placement, or at end of life.
- Prioritised the continuation of **Adult Protection, Community Substance Misuse and Community Mental Health Services**, through new, effective and innovative approaches that address the challenge of social distancing, taking account of risk, enabling new referrals and supporting staff with PPE and guidance when home or clinic visits are necessary.
- Developed and commissioned a range of **mental health and wellbeing support** for colleagues in the HSCP. This links to the good work being progressed in the Council and in the NHS out of a recognition that the way we are living and working now is so different and that people's social contact, connections and networks of support are less readily available, which may combine to affect their resilience and their mental health and wellbeing.
- Encouraged and ensured **COVID-19 staff testing** for health and social care staff and members of their household. It is notable that NHS Tayside has been at the forefront of delivering testing from the outset and has been commended for supporting access by social care staff both from the local authority and the independent sector, as well as those working in the prison or in childcare hubs. In many cases, the test results have enabled colleagues to return to work sooner than they would otherwise.
- Initiated **PPE Distribution Hubs** to support independent sector care providers to access PPE locally, extending this to unpaid carer and Personal Assistant before the Scottish Government issued guidance requesting this. Monitoring and reporting on stock levels, requisitioning from NSS and being supported by the Council and NHS with supplies.

4. KEY CHALLENGES

Inpatient Services

Despite our extensive preparations, adherence to the guidance and the measures we have taken in relation to infection prevention and control, several service areas have directly experienced the impact of Covid-19. In

each of these situations we have worked closely with the Infection Prevention and Control Team, with Lead Nurses, GPs and Consultants to equip ward staff to manage the impact of Covid-19 and to enable colleagues to continue to provide high quality, compassionate care.

We need to recognise that in the course of their duties some colleagues tested positive for the virus and have experienced varying degrees of symptoms before, thankfully, all recovering. In each of these settings patients have also become Covid-positive and some have, very sadly, succumbed to the virus. We have also nursed several patients to recovery and continue to do so.

Recognising the physical and emotional strain on staff working in these situations, as well as in recovering from the virus, we have provided a range of support to look after colleagues' health and wellbeing.

- In March, Tay Ward at PRI had a small group of elderly patients and significant numbers of staff test positive for Covid-19. Staff screening and wellbeing was prioritised, and patients were transferred to the appropriate wards in Ninewells Hospital. The ward remained non-operational for 8 days, while the staff returned to work.
- In early April, two wards in Murray Royal Hospital were identified as having patients and staff who were Covid-19 positive. Caring for people with dementia while promoting social distancing and self-isolating presented challenges to the clinical team. Partnership staff, through daily huddles, shared information and worked through challenges to find resourceful workarounds, ensuring continued delivery of person-centred care while maintaining contact with relatives.
- In late April, Pitlochry Community Hospital was closed to new admissions due to several patients and staff testing positive. This required us to support the discharge of patients who tested negative, while closing the unit to new admissions. Pitlochry Community Hospital has now re opened to new admissions.
- In April and May, Prison Health Care had a small number of patients and staff testing positive. All appropriate infection control and prevention measures were in place (PPE, social distancing, shielding of those at risk, isolation areas, early testing of patients, staff and Prison staff). The healthcare team have worked in close collaboration with Scottish Prison Service and Public Health.

Care Homes

From the outset of the Covid-19 pandemic, the HSCP have been working very closely with Scottish Care and Public Health to ensure that care homes across Perth and Kinross are supported effectively. Earlier this month the Scottish Government requested that all Directors of Public Health coordinate the provision of enhanced support to care homes. Then on 17th May the

Cabinet Secretary advised that each area should convene a Clinical Oversight Group, involving the NHS Board Medical Director and Nurse Director, the Chief Social Work Officer, the HSCP Chief Officer and the Director of Public Health.

These developments have built on and consolidated the support that we have been offering to care homes providers since March, including;

- Weekly 'Zoom' calls to all care home providers, jointly with Scottish Care, with input from relevant social work, social care, health and public health colleagues. This has provided information, advice and assurance as well as clarification on the local implementation of national guidance.
- The provision of PPE to address any shortages providers have encountered, including prior to the introduction of a national model for distribution from NES centrally, to local PPE Distribution Hubs.
- Facilitating access to Covid-19 testing for staff and residents, ahead of the Scottish Government guidance. This has enabled staff to return to work and care homes to reopen to new admissions.
- Arranging visits by the Tayside Health Protection Team to care homes where there are concerns, at times jointly with the Care Inspectorate. This has ensured that care home staff are carrying out activities appropriately, following best practice and equipped with the necessary PPE, in line with the guidance. Advice has been given on managing self-isolation, receiving new admissions and caring for residents who have tested positive.
- Clinical support from medical and nursing colleagues, extending to clinical oversight and appropriate liaison with the Care Inspectorate to agree our respective responses, in the event that we identified that a home was failing to maintain acceptable standards of care.
- Arrangements to provide additional funding or staffing in response to critical situations, when Covid-19 has had a significant impact on particular care homes.
- Daily reporting on any challenges being faced in relation to PPE, staffing, testing, training. Escalation of any situations of risk to the Clinical Oversight Group to mobilise additional support or intervention.

5. CONCLUSION

Over the last three months, the focus of our activity within the HSCP has been concentrated on preparing for and responding to Covid-19 and this report summarises some of the key actions initiated to seek to limit and respond to the impact, locally, of this global pandemic.

From the outset we had anticipated that the disease would progress along a timeline that would perhaps bring us back to a 'post-Covid' normality within a

few months. We had also anticipated that service capacity would be tested to the limits at a point of 'surge' after which we would be able to move into a recovery phase, allowing us to revert to previous ways of working.

The effectiveness of the governments' lockdown measures and the social distancing it has brought has effectively "flattened the curve" of the disease's progression. This has meant that the pressure on acute hospital services has been far less than feared during this three-month period, with only a small number of delayed discharge patients, fewer presentations to the Emergency Department, occupancy sitting below 50% and available capacity in ITU and HDU to meet patient demand. Despite this, we should not be complacent about the devastating impact that Covid-19 has had and continues to have on individuals, families and communities. While acute hospital services are moving into a 're-mobilisation' phase, the resilience of community services continues to be tested, with cases of Covid-19 continuing to present in primary and community health care and in social care services in the community and, particularly, in care homes.

Within the HSCP we are committed to ensuring that these services are supported and are resourced to be resilient, sustainable and effective as the pandemic continues. The "flattening of the curve" has had the effect of increasing the pandemic's duration. So, rather than 'coming out of Covid' anytime soon, it is now clear that we will be 'living with Covid' for many months to come.

This sets the backdrop for our current work within the HSCP, where we are continuing to respond to Covid-19 and its impact but adjusting to try to reinstate services that had been stood down in March and reorganise the delivery of services in the new operating environment. This recognises the need now to review the proactive decisions we took and the effective arrangements we put in place and to recalibrate some of this to respond to a 'new normal'.

A practical example of this relates to those family members who because they were self-isolating and perhaps also concerned about carers coming into their elderly parents' home to provide social care, offered to provide that care themselves. Twelve weeks on this may be putting those arrangements under pressure and we need to think about supporting those carers and encouraging them to take up care at home support.

However, some people who had previously received this support and respite through our day care services and clearly there is a challenge about how we deliver this service, as an example, in the context of social distancing and any revised measures that the government requires us to take as we move into the 'Test, Trace, Isolate, Support' (TTIS) phase.

Management teams within the HSCP are now actively considering and planning what services we can deliver, to whom, in what ways and with what safeguards, in the context of this 'new normal'.

In addition, the HSCPs Executive Management Team recognises that this extends beyond operational service delivery and into our planning and performance activity. We will thus be reviewing the implications that this 'new normal' has for our strategic priorities, our performance targets and our high-level Commissioning, Transformation and Financial Plans.

As a HSCP prior to Covid19 we had embarked on an improvement journey. So, a key challenge for us in the coming weeks and months will be to ensure that we don't revert to those aspects of our activity that we had identified required to be improved. Despite the distress, uncertainty and loss that the pandemic, in the face of adversity we have witnessed many positives and we must build on these;

- At the worst of times we have seen the best of our staff and witnessed their adaptability, compassion, professionalism and resilience.
- We have demonstrated our ability to be responsive, to make decisions quickly, to reorganise services to continue to meet peoples' need and to work across professional and organisational boundaries effectively. We have seen the mobilisation of the public, third and private sector towards a shared purpose and a common good.
- We have benefitted greatly from local people stepping forward, from volunteering, from communities actively caring, showing kindness, compassion and resilience, using their social capital to help their fellow citizens.
- We have embraced new ways of working, with agility and using technology and applying digital solutions to traditional problems.
- We have recognised our workforce as our most valuable resource and focussed on how we can ensure that, in these new ways of living and working, colleagues' health and wellbeing is paramount.
- We have seen a growth in society's recognition of the importance and value of social care, as a critical service that supports people to live safely and independently at home, connected to their local communities. There is perhaps now a greater recognition of how social care's effectiveness benefits secondary care.

There is a clear resonance between the positives that have come out of our response to Covid-19 and our strategic priorities as a partnership;

- Prevention and early intervention
- Person-centred health and care
- Working with communities
- Reducing health inequalities and promoting healthy living
- Making the best use of available resources

Our challenge now is how we capitalise on these positives to design a 'new normal' that further delivers on our strategic priorities.

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.