Perth and Kinross Integration Joint Board

31 July 2020

HSCP COVID-19 PANDEMIC; REMOBILISATION

Report by Chief Officer / Director – Integrated Health & Social Care
(Report No. G/20/76)

PURPOSE OF REPORT

This report provides the Integration Joint Board (IJB) with an update on how the Health and Social Care Partnership (HSCP) is responding to COVID-19's impact across health and social care and is remobilising services in light of Scottish Government guidance.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to note;

- the key developments that have been progressed by the HSCP to respond to the immediate challenge of the COVID-19 pandemic.
- the 'remobilisation' plans that are now being advanced in order to enhance and sustain our services, given the continuing presence and risk of COVID-19.

2. BACKGROUND

2.1 Since reporting to the IJB in May 2020 on the Health and Social Care Partnership's response to the pandemic, it has become widely recognised that we will be living with COVID-19 for some time to come.

The Scottish Government has recognised the implications of this in its '*COVID-19 Framework for decision making; Scotland's route map through and out of the crisis*.' (https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/). This describes the four phases that we will progress through as the government eases the lockdown while continuing to take the necessary measures to suppress the virus.

More recently, specific guidance was issued on how the NHS in Scotland, including health and social care services, should begin to remobilise. (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/)

2.2 In this context, the Health and Social Care Partnership we are now delivering our continued response to the pandemic, maintaining preparations should there be a second surge, while reviewing and remobilising key services.

2.3 In remobilising services we are committed to capitalising on the positives that have come out of our response to the pandemic to date. For example, in relation to; the adaptability of staff; integrated working across organisations; swift decision-making; responsive services; use of digital; community resilience. As a Health and Social Care Partnership we had committed to an improvement journey this year, to address the recommendations of the Joint Inspection and of earlier audit reports. So, in considering how we respond to the pandemic now, in the medium-term, and by capitalising on these positive, our ambition is to achieve those improvements and to build a better Health and Social Care Partnership.

2.4 This report provides IJB Members with an update on the activity that is underway in this regard, recognising this is a dynamic situation and the plans are, by implication, iterative.

3. REMOBILISATION

3.1 While the prevalence of the pandemic has reduced, we cannot underestimate the impact it has had on communities, families and individuals in Perth and Kinross (see benchmark data summarised at Appendix One). Although fewer cases are presenting, it is essential that we do not become complacent about the risks from COVID-19. It also important to recognise the impact that COVID-19 is continuing to have on the way we work. The precautionary measures of physical distancing, use of PPE, home-working, Protect and Test all have implications for how services now operate, how we prioritise activity, for our interaction with service users and patients, the way we work as teams, with partners, and for how we connect with and support our staff.

3.2 As we transition into this ‘new normal’, colleagues across the HSCP are reviewing, refining and remobilising services to ensure that that they meet the needs of service users, patients and carers and can be delivered safely and effectively. Much of our activity is captured in the second iteration of our Mobilisation Plan which was submitted to the Scottish Government last month. We are currently working on ‘Mobilisation Plan 3’, which the Scottish Government has requested should take us through to the end of the financial year.

3.3 To inform IJB members on some of the developments that are underway and on how we intend to consolidate the progress we have made, the following section of this report summarises the key elements of our current Mobilisation Plan;

Hospital Capacity and Flow*;* We have introduced additional capacity in our inpatient areas and have improved patient flow by taking several measures to facilitate early discharge. This includes an enhanced multi-disciplinary approach to discharge planning, developments to our Discharge Hub, seven-day working, supported by active engagement with the Care Homes sector and the commissioning of third sector support through the RVS 'Home from Hospital' service.

We have tested the role of a Clinical Fellow in our Community Hospitals and Medicine for the Elderly (MFE) inpatient beds in PRI, to support capacity and flow through the system. This has supported MFE Consultants to embrace a whole-system approach to care by becoming more community-focussed supporting inpatients, communities and care homes.

Learning from the Covid Assessment Hub we developed at PRI, we are working in partnership with secondary care colleagues to explore the enhancement of the PRI 'Front Door Model'. The formation of a hub there will offer improved triage, rapid assessment and testing in relation to COVID, Flu and Respiratory Syncytial Virus (RSV) so that patients are placed on the most appropriate pathway, avoiding unnecessary admissions to hospital.

Intermediate Care Capacity*;* In preparation for a surge in demand through COVID-19, we remobilised Beechgrove Care Home and created additional bed space at Parkdale Home. We made provision for increased staffing in anticipation that the pandemic would result in significant rates of absence.

Moving forward, we intend to retain the additional bed capacity in Parkdale in case of a second surge in COVID-19 and in preparation for winter.

Supporting the Care Home Sector; We have put in place a local oversight group that meets daily to review the 'RAG' status of each of the 40 Care Homes in Perth and Kinross. The detail of how this operates and links to other parts of the system can be found in Appendix Two.

We have also delivered on the Scottish Government's request that every care home receives a joint visit with health and senior social care staff, to provide assurance on standards of care, infection prevention and control and professional practice. Visits have taken place in 38 out of 40 Care Homes in Perth and Kinross (the other two homes have been under close monitoring by the Care Inspectorate). These have been supportive visits that provided an opportunity to discuss any areas of concern and provide clinical advice, information and guidance on how best to protect their residents from COVID-19 and how to respond and support their residents in those situations where people had tested positive.

These approaches combined to provide care homes with; access to Public Health colleagues; supplies of PPE; support with staffing; access to testing; information and advice on best practice on infection prevention and control. Recognising the benefits of this approach and the significant role the sector

provide, we now intend to invest in a Care Home Support Team by enhancing capacity in our Contracts and Commissioning Team and aligning social work and clinical leadership support to this.

***Care Providers' Viability*;** In the context of national agreements we have developed a local criteria and process to support independent sector care providers to meet additional Covid-related costs, for example in relation to agency cover, staff shielding, PPE, overtime, loss of income through reduced occupancy, infection prevention and control.

We have received 67 claims, of which 28 have been paid (£89,700), 26 are pending (£266,100). The further 13 claims are for sick pay (£125,750) and these are now to be processed through the Social Care Support Fund.

***Digital First*;** Physical distancing, restrictions on travel and home-working have been the catalyst for us embracing a range of digital solutions.

- The significant increase in consultations being delivered by 'Near Me Video Call' has enabled services to continue to be provided without exposure to COVID-19 and has significantly reduced footfall into health and social care premises.

- Weekly Zoom calls with care home providers has enabled us to connect with the sector, to provide information, advice and support and input from involve clinical colleagues.

- Use of Microsoft Teams has supported the daily meetings within the HSCP command structure and enabled us to connect, engage, plan and respond to the challenges that we have been presented with over the past four months.

- The lockdown restrictions have led to increased use of telecare and the promotion of Apps that can assist people to monitor their own health.

With partners, we are looking to optimise and embed our use of technology to deliver more services, more efficiently and effectively. However, we recognise that these approaches will not work for everyone in every situation and in some cases and with some interventions we need to continue to offer personal contact or visits in person.

Enhanced Community Services; We had been developing the Locality Integrated Care Service (LInCS) model to support patients who have a change in their function or a deteriorating condition, that impacts on their ability to manage at home.

In response to the pandemic, we have redeployed staff from other services, and this has enabled us to accelerate the implementation of LInCS which is now embedded into the three localities of Perth and Kinross. This has created opportunities to provide a rapid response locally, by a multi-disciplinary team,

including the third sector, to prevent further deterioration, admission to hospital or to a care home.

We have also redeployed staff from other services and specialties to support the District Nursing Teams to deliver enhanced care at home to people with complex needs or who are being cared for at end of life.

Outpatients; Face-to-face contact had been stepped down during COVID-19 with only urgent cases being seen in person. Patients have been supported through 'Near Me' or by telephone consultations. Learning from this, MFE consultants will be testing how to transfer the current Falls Clinics at Simpson Day Hospital in PRI, to virtual assessments within a patient's own home facilitated by 'Near Me' technology, during a home visit by an Advanced Nurse Practitioner.

General Practice; Whilst continuing to deliver core services throughout the COVID-19 pandemic, primary care concurrently both reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care.

General practice has continued to operate throughout the COVID-19 pandemic. Whilst it was safe and prudent to pause some elements, many other responsibilities took their place including; support to shielding patients; managing the increase in work in those affected by bereavement; care home support; adverse circumstances impacting on health such as through those losing their jobs, de-conditioning and loneliness. In some cases, ways of current working have been, and continue to be, redesigned by the entire primary care team in order to be dynamic to need.

The Scottish Government's Remobilising General Practice - Resource Pack outlines the requirements to support practices in both remodelling, piloting and safely re-starting of GMS and enhanced services, which were on hold.

New ways of working are being enabled by digital technology to support both triage but also long-term condition care. Most GP practices now operate a triage system for all primary care requests for contact. This allows patients to gain access to the most appropriate advice, service or clinician much more effectively and also allows safer streaming of patients who may be at higher likelihood of presenting with Covid-19 symptoms to be given advice on accessing clinical "hot rooms" in GP practices that are set up in such a way as to reduce risk of contact-infection to other patients or staff.

COVID Assessment Centre (CAC) and Telephone Triage Service (TTS); Health boards were required to set up a Telephone Triage Service in March, to receive calls from the national advice line. A pan-Tayside service was established at Kings Cross Out of Hours base in Dundee. GP's taking these calls who then felt that a patient might require a face to face referred patients to the local COVID Assessment Centres, that had been quickly established in Angus, Dundee and P&K.

With numbers reducing the CAC has been scaled back and more recently has centralised in Dundee, allowing attention to be given to existing and rising demands in other parts of the health and social care system. Plans are being developed to reactivate the local CAC should we experience a surge in COVID-19 cases.

Community Care; We continue to look at the most effective way of delivering community services through the lens of COVID-19. We are making best use of digital technology to enable access to services and to reduce waiting times, as well as supporting staff to embrace new ways of working, while remaining connected to their teams and their line manager.

We are continuing with a planned review of pathways for older people with mental health problems and reviewing how the Care Home Liaison Team interfaces with the new LInCS model and with the enhanced support that we have provided to care homes during the pandemic.

We have plans to enhance support to unpaid carers, including Black and Minority Ethnic (BME) carers and to develop options for respite care.

We will invest to create additional capacity to support community development, to align our work to that of the Community Planning Partnership and build on the community resilience and spirit that has been demonstrated throughout the pandemic.

Social Care; We redeployed staff into Care at Home services to sustain delivery at the point when staffing absences were anticipated. We continue to maintain a bank of staff who can be re-tasked to support social care in the event of a second surge in COVID cases.

We have engaged effectively with local Care at Home providers to ensure that they are supported to provide safe and sustainable services during the pandemic. We intend to accelerate our review of how best to deliver or commission Care at Home to those parts of rural Perthshire where recruitment challenges continue to limit service provision.

We are supporting commissioned services to plan their recovery, to remobilise and to operate safely in meeting the needs of service users. We will increase support to third sector organisations to support their recovery and to enable them to sustain and expand their service offers in the face of the pandemic, recognising the economic impact on families, as well as the health and social care impacts.

In response to the pandemic we suspended day care, day opportunities and supported employment services, in place of which we made contact remotely and provided individual support, when required. We have now initiated virtual day care and are developing an outreach model to provide people with connections, activity and support and provide carers with respite.

Mental Health; Our Community Mental Health Teams have continued to provide critical services throughout the pandemic, albeit the operating conditions and risks have influenced how these contacts have taken place.

As well as looking at how we remobilise teams and services, we have several actions and proposals for increasing capacity and service provision, which anticipate an increase in the number of people with anxiety, distress and depression as a result of COVID-19;

- We are proposing to increase the numbers of Primary Care Mental Health Nurses, as well as the developing Mental Health ANP posts in Locality Teams.

- We are working with other HSCPs in Tayside and the third sector to develop a proposal to roll out 'Distress Brief Interventions' (DBI) across Tayside. DBI is a short, early intervention for people in distress who do not need emergency medical treatment. It can be delivered in a range of settings, including acute hospital emergency departments and GP practices, by specially trained staff who assist people to manage difficult emotions and problems at an early stage, to come up with a 'distress plan' that helps prevent further crisis.

- The HSCP currently commissions mental health support services from several third sector organisations (Support in Mind; PLUS Perth; Cruse; Independent Advocacy; Mindspace; Perth Six Circle; Community Integrated Care; Richmond Fellowship; RASAC; Samaritans; PKAVS). We are engaging with these providers to look at how we can support them to respond and remobilise in the face of the pandemic. We want to support them to find new ways to continue to deliver their services, to respond to additional demand, and to look to reach other areas in Perth and Kinross where access is difficult, networks are dispersed, or services are lacking.

- With partners, we are developing a proposal to deliver a new approach to mental health support through the formation of a Mental Health HUB. This would be a 'One Stop Shop' for people requiring support, advice, or access to therapeutic intervention, from multiple organisations. It would be available 24 hours, 7 days per week and run collaboratively by the third sector, statutory services and volunteers. The HUB would offer a preventative and recovery-focused approach by providing accessible, social and community-based interventions to people locally and from surrounding areas.

- The HSCP has collaborated with Dundee University to deliver a series of suicide prevention webinars for anyone who is supporting people of all ages within the public and voluntary sectors, including community groups or organisations. These have focused on healthy minds, responding to people in distress, crisis, self-harm and suicide prevention. Over 190 people have joined 7 webinars, with a further planned 8 planned in July and August. Evaluation of the webinars has been very positive. The webinars contribute towards our aim of improving community resilience,

embedding early intervention and prevention and improving suicide prevention across Perth and Kinross.

- Given the need to maintain physical distancing we are exploring the potential for Computerised Cognitive Behaviour Therapy (cCBT), where evidence-based treatments are accessible through interactive, self-help programmes that can be completed over the internet, at a time and location convenient for the person, without the need to meet a therapist. A new cCBT platform called Silvercloud has been tested in Tayside and is being rolled out, with an expanded range of packages being made available.

Drug and Alcohol Services; Substance Misuse services have continued throughout the pandemic. People are supported virtually wherever possible, by telephone, Microsoft Teams, or 'Near Me'. Face to face visits have been carried out, when necessary, considering risk and vulnerability.

Statutory and Third Sector agencies have worked together to deliver Opiate Replacement Therapy to people who are not able to go to the pharmacy themselves due to the pandemic. Virtual meetings are taking place across agencies to ensure continued, coordinated service delivery to people with substance use issues and their families.

Dentistry (Hosted Service); On advice from the Chief Dental Officer dental services were gradually stood-down through March, before all but emergency cases were suspended on 20 March 2020. The Public Dental Services (PDS) across Scotland were tasked with setting up Urgent Dental Care Centres (UDCC) to manage urgent and emergency care for the population of their board area. On 23 March 2020 UDCCs opened in Springfield, Dundee Dental Hospital, Kings Cross and Broxden. Throughout lockdown, these were the sole providers of dental care and more than 6,000 patients had their emergency dental care provided in there.

Recovery and remobilisation have been incremental and in accordance with the national exit strategy. Following guidance in late May, dentists in independent practice began to see urgent and emergency patients in their practices from 22 June 2020. From 13 July 2020 Primary Care dentists have been offering routine procedures.

Podiatry (Hosted Service); Throughout the pandemic NHS Tayside Podiatry service has continued to provide urgent and critical care to those patients who have foot wounds and those at risk of tissue breakdown, ensuring care and support is directed to those most at need. Using telephone and digital platforms, the three Podiatry teams have been in contact with all high-risk patients to offer support and advice regarding their foot health and offering face to face contacts for essential or priority care. An emergency appointment system is also available to anyone requiring immediate access to a Podiatrist should they experience an acute episode of foot pain.

The increased use of technology enabled care with partner organisations and providers of personal care has enabled the podiatry service to deliver foot health care education sessions remotely and provide individual Near Me consultations. The service is exploring how this could be further applied e.g. within prison health care.

Following the successful utilisation of podiatry staff redeployed to community nursing teams across Tayside, discussion is taking place to establish a plan to maintain their newly acquired skills in order to ensure readiness for further redeployment should a surge in COVID-19 cases recur.

Prisoner Healthcare; Non-essential clinics in Prison Healthcare were suspended during the pandemic, with all self-referrals triaged to ensure that urgent patients were being appointed to either a telephone or a face to face consultation. Routine mental health and substance misuse appointments continued.

A plan is being developed with the Scottish Prison Service (SPS), on how to maintain physical distancing as the health centre begins to provide more services. Planning is also underway for responding to winter, in relation to both flu vaccinations and how best to provide appropriate isolation areas for people who are showing symptoms of coughs, colds or flu to help prevent spread.

5. FINANCIAL IMPLICATIONS

5.1 From the outset of the COVID19 pandemic, HSCP's have been required to submit estimations of the anticipated additional costs within their mobilisation plans and also within regular financial submissions to the Scottish Government via NHS Boards.

5.2 HSCP's are currently undertaking detailed Quarter 1 Year End Forecasts which will provide more robust forecast of the financial implications in 2020/21. Whilst awaiting the outcome of the Quarter 1 Financial Review, costs are highly speculative relying on a significant level of estimation.

5.3 The following table sets out the current estimates for 2020/21. This is based on a number of assumptions around capacity and staffing requirements and around the additional costs that may be incurred by Third Party Care Providers. Of the £9.4m additional costs currently forecast £7.1m relate to Social Care and £2.3m to Health Services.

	20/21 Projection **£m**
Third Party Care Providers Additional Costs	4.9
Slippage in savings delivery	1.4
Loss of Income	0.5
Supporting flow-additional inpatient bed capacity	0.5
Additional Payments to GP Practices	0.5

Additional staffing costs	0.4
Supporting flow- additional care home capacity	0.2
Care Home Additional Responsibilities	0.2
Mental Health & Drug & Alcohol Support	0.2
Service Management Capacity and Communications	0.2
Other equipment, IT, property and PPE	0.2
Supporting Flow – Discharge Capacity	0.1
Additional Payments Pharmacists	0.1
Increase in GP Prescribing	0.1
Additional Care at Home	0.1
Offsetting Cost Reductions	(0.2)
Total	**9.4**

5.4 An initial allocation has been made by the Scottish Government on 12 May 2020 of £50m to Integration Authorities as an initial advance to meet social care costs. PKHSCP's share of this allocation is £1.4m. This has now been received. In additional in year funding for the enhancement to the Scottish Living Wage has also been confirmed (£0.2m).

5.5 The Quarter 1 Financial Review currently underway will provide a more robust basis for estimating the financial implications and a formal submission in this respect will be made to the Scottish Government on the 14 August 2021. This will support further discussion and an anticipated further release of funding.

5.6 In particular the Quarter 1 review is expected to result in a significant reduction in the estimated costs of Third Party Care Providers. The current estimate is a worst case scenario based on the request by the Scottish Government that we build into our plans the potential for up to 25% in additional costs nationally.

6. CONCLUSION

6.1 The past five months have presented enormous challenges to the delivery of health and social care servives, but throughout this period the HSCP has responded swiftly and effectively to adapt existing and introduce new services to mitigate the impact of the pandemic and support people with the greatest need. In doing so, we have aligned our activity with those of the NHS and Council, responded and mobilised with pace, worked across organisational boundaries, engaged with stakeholders, deployed staff to priority services and embraced digital technology and new ways of working.

6.2 In recognising now that we will be living with a responding to COVID-19 for many months to come, with the risks and operating conditions this brings, we are now transitioning from the 'response' to the 'remobilisation' phase. In doing so, we have a commitment to capitalise on the positives that have emerged through our response to the pandemic, with the ambition to build a better Health and Social Care Partnership.

6.3 This report provides IJB Members with detail of the actions being advanced by the HSCP in partnership with key stakeholders as we 'remobilise' and to seek to ensure that services are responsive to meet the needs of the people we support, given the added challenges presented by COVID-19.

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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.