



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 June 2020
Agenda Item	4
Title	East Renfrewshire HSCP Response to COVID-19
<p>Summary</p> <p>This report provides the Integration Joint Board with an overview of the work of East Renfrewshire HSCP and our partners to date in responding to the COVID-19 pandemic.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on this report</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 JUNE 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an overview of the work of East Renfrewshire HSCP and our partners to date in responding to the COVID-19 pandemic.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on this report.

BACKGROUND

3. The World Health Organisation (WHO) declared the Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. The first cases in Scotland were notified on 1 March 2020. In light of the emerging COVID-19 situation delegated authority to the Chief Officer was agreed by the IJB at its meeting on 18 March 2020.

REPORT

Alleviating pressure on acute NHS services

4. Minimising unnecessary use of hospital services is a strategic priority of the HSCP and this became even more essential given the additional pressure it was feared coronavirus would put on acute NHS services.
5. During the period we increased the staff capacity of our hospital discharge team. The team has been working to continually improve referral processes, conducting continuous monitoring of hospital discharges and gathering accurate daily intelligence on care home vacancies and homecare capacity. Delayed discharges have remained low despite significant challenges as a result of the crisis.

GP Practice Response to COVID-19

6. At the start of the pandemic, GP Practices radically changed their appointment system overnight. They began using a GP / ANP (Advanced Nurse Practitioner) triage model, to provide telephone consultations. Near Me / Attend Anywhere technology was rapidly distributed to all Practices, and Practice staff trained how to use it.
7. Practices have developed new pathways to allow patients to send photographs by email securely. This has enabled patients to be treated or referred urgently to secondary care appropriately. Medical certificates have been emailed to patients, and closer working with Community Pharmacies has allowed prescriptions to be collected and dispensed, without the patient needing to collect from Practices. This has reduced footfall in Practices, and helped limit community activity in lockdown.

8. GPs and Practices have supported our Community Assessment Centre, by providing GPs as clinical decision makers to work in our assessment centre, despite workforce challenges and high workload in primary care. They produced thousands of Emergency Care Summaries and Advanced Care Plans for shielded patients.
9. Practices worked in collaboration with the HSCP to enhance their business continuity plans, and set up buddying arrangements. Fortunately despite several Practice staff being unwell, or self-isolating due to unwell family, all Practices in East Renfrewshire have remained open. Now we are moving into Recovery, Practices have begun working in partnership with the HSCP to build upon innovative models of care and to plan patient flow around Health Centres and Practice buildings.

Pharmacy Response

10. Community pharmacies have faced challenges in providing services during the COVID-19 outbreak. Pharmacies felt overwhelmed at the beginning of the outbreak. Initial shortages resulted in public panic buying and there were many challenges that had to be overcome. Assistance was given by NHS GGC with a suggestion to reduce opening hours and introduce social distancing and queuing systems. HSCP Pharmacy teams supported the humanitarian response in conjunction with East Renfrewshire Council and Voluntary Action and establishing new processes for volunteer drivers to deliver medications to vulnerable and self-isolating residents.

Support for vulnerable people in the community

11. In order to prioritise those in greatest need, all HSCP services established vulnerable people lists at the start of the crisis. We planned for a significant reduction in the existing care and support staff workforce (for all providers) and redeployed staff across services. Day care staff, Occupational Therapists, pharmacy technicians and other Council staff including non-frontline social care staff were redeployed to support the ongoing provision of care to vulnerable residents. Our Learning and Development Team put in place a condensed induction programme for new care staff.
12. Care and support services in the community have been reduced or suspended only where there has been agreement with people and/or families that it is safe to do so. Third/community sector or use of Technology Enabled Care (TEC) has been deployed as appropriate. To continue to support our residents we have maintained regular telephone contact with all clients and where appropriate their families, wherever services have been reduced or stepped down. Services are reinstated or increased should this be required. This involved putting in place additional call handling support and dedicated phone lines. We have been working closely with the third sector and community groups to coordinate the Council and community response to non-personal care requests and our wider support to isolated individuals. During the emergency phase, social work teams and staff from our Initial Contact Team have been visiting households to provide support as required.
13. Recovery services have continued to operate using a variety of mechanisms including Attend Anywhere and Near Me, telephone consultations and face to face consultations where required. Contacts have not dropped as a result of the COVID-19 pandemic. Depot and Lithium clinics have continued. Referrals to the services dropped initially but addictions are now increasing.

Support for vulnerable children and families

14. The HSCP has continued to support children and their families throughout the crisis. Children's services moved to a 1 in 3 week work pattern to support social distancing in offices and an emergency duty team system was put in place.

15. All children's services remain agile working for most part and have implemented priority working based on child protection, vulnerability and health needs. Home visiting is continuing to take place across services where this is essential.
16. The children's social work service was maintained throughout the COVID-19 lockdown period with an emergency vulnerability list which as of 4th May 2020 includes 94 children and young people comprising 79 families. These are the families for whom, in addition to those requiring children protection measures, there are additional vulnerability concerns as a result of current crisis which necessitates a heightened level of contact.
17. Social workers are maintaining keeping in touch contact with all of their other families, albeit engaging in different ways such as telephone, Zoom and now WhatsApp. Where there are high risk activities the emergency team responds to critical situations. Over the last four weeks there have been over 2000 contacts made with children and their families.
18. Following concerns about the low uptake of places in the Education Hubs, there was a renewed and concerted effort to encourage families to use the places. As a result, there has been a significant improvement of children and young people classed as vulnerable attending the Education Hubs. This has risen from an average of 31 children/young people week beginning 20 April 2020 to an average of 53 for the same days during the week beginning 27 April 2020. For the week 27 April to 1 May 2020 a total of 109 children who would be classed as vulnerable attended the Education Hubs.
19. The pressure on care placements for children and young people remains significant. Action has been taken to maximise what capacity there is remaining within our fostering service and to continue to find creative solutions in relationship to kinship placements. Virtual fostering and kinship panels are taking place on a regular basis to support arrangements. However, as additional demand has placed the service at capacity, the Chief Social Work Officer linked with the Care Inspectorate with regards to the need for emergency provision. An abridged process is being taken forward with a view to the recruitment of existing East Renfrewshire registered employees (e.g. children's social workers, teachers, nurses) to provide care if internal and external placements cease to be available.

Supporting families with children with complex needs

20. Within the community, families with children with complex needs / life limiting conditions have experienced an overall reduction in support as a result of services reducing or ceasing. Social work and education services continue to co-ordinate and deploy support, however families are reluctant to have children attend Education Hubs due to health fears.
21. Inclusive Support programmes have not been able to run as normal for children with additional needs. Instead, the team have been supporting the Education Hubs for children and young people with complex support needs. Sensory and activity bags have also been provided for young people and their families to support those isolating at home with children requiring high levels of structure and routine. In addition the team has supported adult supported living arrangements.
22. Children's community health services moved to priority provision in the face of agile working and reduced resource. Our school nursing resource and a significant proportion of our health visiting resource has been redeployed to support the East Renfrewshire COVID-19 Assessment Centre.

23. During the first three weeks of the COVID-19 lockdown, the CAMH service experienced an 80% increase in duty calls and higher levels of emergency face to face appointments due to high anxiety levels, in particular from families with young people with eating disorders. There has been an increase of tension within vulnerable family households with teenagers who find it difficult to be confined together with parents/family. As a result of changes in routines and structure, there have been heightened concerns in relation to children and young people diagnosed with Obsessional Compulsive Disorder and Autistic Spectrum Disorder.

Mental Health and Wellbeing Services for Children and Young People

24. The tier 2 Family Wellbeing Service is continuing to receive referrals during this period from GPs, although at a lower rate than previously. GPs are describing those families coming to them for help now as experiencing increased anxiety and exacerbated feelings of distress due to lockdown. The team have flagged recent themes of young people's distress being expressed as thoughts of self-harm. It is possible that children, young people and families are having to internalise their feelings of distress as they do not have the usual external outlets due to lockdown.
25. To date the impact of the COVID-19 outbreak on children's services staffing has been managed, although we are now seeing an exponential rise and risk for children as we move out of lock down.

Support for unpaid carers

26. We have been working in close collaboration with the voluntary sector to provide enhanced support to unpaid carers during the coronavirus crisis. This has seen the establishment of new tailored support and a communication/information strategy for unpaid carers. Carers have been accessing support through the Community Hub and as mentioned and we have established a pathway for carers to access PPE in collaboration with the Carers Centre.

Support to care homes

27. The care home sector has been particularly affected by the coronavirus outbreak with a high volume of cases across Scotland. In East Renfrewshire we put in place enhanced support to our care homes from the start of the pandemic. As with Care at Home we anticipated the significant impact the outbreak would have on staff absence and redeployed day service staff into Bonnyton Care Home to ensure continuing high quality provision. We have also collaborated with other partners within Greater Glasgow and Clyde to secure NHS Bank staff to support East Renfrewshire care homes if required.
28. Care homes have been given priority access to medication through our community pharmacies and we have established new procedures for the stocking of medication in care homes (e.g. specific palliative medication).
29. To ensure the adequate level of support we established frequent (daily) contact with care home management to discuss the issues they are facing, gather information on staffing, bed vacancies and COVID-19 cases, and to support collaborative working across the sector.
30. In line with HSCPs across Greater Glasgow and Clyde, we have introduced a daily safety huddle in which the Chief Officer, supported by senior nursing, commissioning, locality social work and testing administration review the daily information received about care homes. Each Wednesday the daily group is joined by Public Health and Care Inspectorate. The safety huddle analyses information and uses this to offer professional

support and guidance to each care home where required. Each care home is categorised red, amber or green based on risk linked to staffing, quality of care, testing, infection control measures, COVID-19 cases and deaths.

31. Care home liaison nursing and commissioning staff have undertaken enhanced assurance and support visits to any care establishments classified as amber (in need of support) and are offering visits to other homes classed as green (no issues identified). These visits follow a template developed across all partnerships in the Greater Glasgow and Clyde area, which offers guidance to support discussions between HSCPs and Care Homes in enabling delivery of person-led care during this challenging time. This is used to present an indication of how the care home is performing and forms the basis of any support plan required. The feedback from these visits has been positive with homes benefitting from independent assurance that they are implementing guidance correctly and some advice as to how to prepare for safe social distancing visits from relatives and friends. All East Renfrewshire homes are currently classed as green.

Testing and Assessment

32. The HSCP has recently established a testing team in response to the Scottish Government strategy to undertake enhanced outbreak investigation in all care homes where there are cases of COVID-19. Subject to individuals' consent, this will involve testing of all residents and staff, whether or not they have symptoms. This has been a significant operational task, with close working across NHSGGC to support the distribution and collection of test samples. HSCP staff visit homes and test where there are no nursing staff able to undertake this function.
33. As of week commencing 8 June 2020, our care home testing hub extended its work beyond outbreak testing to support weekly testing of all care home staff and sample surveillance testing in care homes that have not experienced an outbreak. The incidence of COVID-19 in local homes has fallen significantly in recent weeks and we are hopeful that we will shortly reach a COVID-19 free situation.
34. A Community Assessment Centre for people concerned about their COVID-19 symptoms was set up in Eastwood Health and Care Centre. This has involved some adaptations to premises, additional equipment and staffing resourced currently from existing HSCP staff. The service operated Monday to Friday from 10am - 2pm and at its peak was seeing on average 11 patients per day. The final session of our Assessment Centre was on Friday 5 June 2020. The number of people attending the centre had been reducing significantly over the past weeks, and in its final week we had only one attendance each day. Although we have closed our local centre, East Renfrewshire residents' continue to have access to COVID-19 assessment. The closest assessment centres are in Linwood and Barr Street in Glasgow and patient transport is available for all those that need it.

PPE for Health and Social Care

35. The HSCP implemented a centralised model of PPE stock control to ensure priority to front line services. The central PPE store is located at Eastwood Health and Care Centre. Standard PPE stock includes gloves, aprons, masks, eye protection and hand sanitiser. To date approximately 59,000 masks, 209,000 pairs of gloves, and 62,000 aprons have been distributed to frontline HSCP staff. The HSCP also contributes to the Council and NHSGGC PPE working groups.
36. As part of the national HUB model the HSCP is now responsible for distributing PPE to external providers, this includes personal assistants and unpaid carers. The HSCP is working in partnership with the Carers Centre to ensure those with caring responsibilities receive appropriate PPE. The Hub has provided PPE to approximately 95 providers and carers who have been unable to source required PPE through their normal routes.

CONSULTATION AND PARTNERSHIP WORKING

37. In partnership with Voluntary Action East Renfrewshire and the Council, the HSCP supports the Community Hub helpline which is a “one-stop shop” for residents needing help or those who cannot leave their house and with no means to organise their own essentials.
38. Staff partnership colleagues have been part of the twice weekly HSCP Local Resilience Management Team meetings. This group oversaw the HSCP response taking an overview of the developing situation and changes required.
39. The HSCP linked to the Council’s Resilience Management Team (CRMT) and GGC tactical group in addition to regular GGC and National Chief Officer meetings and Chief Social Work Officer and Chief Financial Officer meetings have taken place.

IMPLICATIONS OF THE PROPOSALS

Finance

40. An HSCP COVID-19 mobilisation plan has been developed and submitted to the Scottish Government via NHSGGC Health Board. The mobilisation plan summarises that actions that the HSCP will take to ensure that a system-wide approach is taken to addressing the challenges to the NHS caused by coronavirus. The HSCP finance team are tracking all costs associated with the HSCP COVID-19 Response.

Workforce

41. Our staff have constantly risen to the challenge presented by COVID-19. There are many examples of individuals and teams being flexible, creative and innovative and finding new ways to support our residents and each other.

Risk

42. The HSCP has introduced a COVID-19 risk register, which is reviewed weekly by the management team.

DIRECTIONS

43. There are no directions arising from this report.

CONCLUSIONS

44. The HSCP has been at the front line in the response to the coronavirus outbreak, supporting our most vulnerable residents at home and in residential settings. As with other service areas, we have seen significant staffing constraints due the virus. Nonetheless, our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable residents during the emergency phase of the crisis.
45. Over the last few weeks the HSCP has commenced work on Recovery Planning, whilst at the same time providing front line services in response to the changing requirements of the outbreak situation. All of our accommodation is currently being reviewed as this will form the backbone of much of our recovery planning, this work includes our local GP Practices.

RECOMMENDATIONS

46. The Integration Joint Board is asked to note and comment on this report.

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BACKGROUND PAPERS

None

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