
Report To: Inverclyde Integration Joint Board **Date:** 12 May 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/39/2020/LL

Contact Officer: **Contact No:** 712722

Subject: COVID- 19 INVERCLYDE RESPONSE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work in relation to our response to the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 The outbreak of the Coronavirus (COVID-19) is the biggest global challenge that humanity has faced for generations. The steps taken across Scotland to contain the virus are unprecedented and have changed life as we had come to know it. But what has been quite remarkable is the way everyone has responded so positively, working together to ensure we protect ourselves, our families, our communities and our nation from the threat presented by COVID-19.
- 2.2 Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.
- 2.3 The HSCP quickly initiated its Business Continuity Plan to ensure core service delivery has continued as we navigate our way through uncharted territory, and that a number of extensive measures were put in place in specific response to COVID-19. However, the Business Continuity Plan never anticipated the profound impact of such a global disaster, how the HSCP and other partners have risen so quickly to the challenges faced has been phenomenal and there are clear lessons to be learned as we look ahead to how we recover from this.
- 2.4 The HSCP has been working closely with key partners to oversee and monitor operational delivery of key services across Inverclyde, provide a timely response to emerging issues at local level, and provide guidance to staff working under exceptionally difficult circumstances.
- 2.5 Based on the NRS figures, of the 2272 registered where COVID-19 or contributory factor on the Death Certificate, 93 (4.1%) were for individuals whose main residence is assessed to be Inverclyde. On the basis that Inverclyde makes up approximately 1.5% of Scotland population then Inverclyde, at the 19th April 2020, had 2.7 times the average number of COVID-related deaths.

- 2.6 A further worrying trend identified by Officers and now confirmed in the NRS analysis has been the significant increase in general deaths where COVID is not identified as a contributory factor.
- 2.7 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the items within this report and advise the Chief Officer if any further information is required.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The World Health Organisation (WHO) was notified of the first cases of a new disease, Coronavirus (COVID-19) over 100 days ago, and declared it a global pandemic on 11th March. The first cases in Scotland were notified on 1st March.
- 4.2 The UK has been on effective lockdown since the end of March in an attempt to keep people apart, and slow the spread of COVID-19. These are the most drastic measures imposed on the UK in peacetime as the UK tries to combat the deadly virus.
- 4.3 The outbreak of the Coronavirus (COVID-19) is the biggest global challenge that humanity has faced for generations. The steps taken across Scotland to contain the virus are unprecedented and have changed life as we had come to know it. But what has been quite remarkable is the way everyone has responded so positively, working together to ensure we protect ourselves, our families, our communities and our nation from the threat presented by COVID-19.
- 4.4 Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.
- 4.5 The HSCP quickly initiated its Business Continuity Plan to ensure core service delivery has continued as we navigate our way through uncharted territory, and that a number of extensive measures were put in place in specific response to COVID-19. However, the Business Continuity Plan never anticipated the profound impact of such a global disaster, how the HSCP and other partners have risen so quickly to the challenges faced has been phenomenal and there are clear lessons to be learned as we look ahead to how we recover from this.
- 4.6 The HSCP has been working closely with key partners to oversee and monitor operational delivery of key services across Inverclyde, provide a timely response to emerging issues at local level, and provide guidance to staff working under exceptionally difficult circumstances.
- 4.7 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Governance

As part of the civil contingency planning the HSCP established a Local Resilience Management Team (LRMT) to oversee and monitor delivery of local services across Inverclyde, provide timely response to emerging issues at a local level, and provide guidance to staff working under exceptionally difficult circumstances. The LRMT reports into the Council's Management Resilience Team. The Team review national guidance as it is issued, interprets what this means for us locally, and ensures we keep everyone safe. The Team is chaired by the Chief Officer, meets 3 times a week and includes senior managers from the HSCP, local authority, Third Sector, Trade Unions and other key partners.

The equivalent structure within the Health Board is the Strategic Executive Group which meets daily. A Tactical Group with 6 Chief Officers from partnerships within GGC, Public Health, Out of Hours, Clinical and Professional leadership meet daily

to discuss/agree consistent way to manage health services.

5.2 HSCP Interim Operating Arrangements

In line with Government direction to observe social distancing, key services and tackling COVID-19, all HSCP offices remain closed to the public until further notice. Staff continue to work exceptionally hard under very challenging conditions to ensure core services are delivered. A number of staff are having to self-isolate because of underlying health conditions or due to them or a member of their household exhibiting COVID-19 symptoms. Absence levels are being monitored daily to identify key risk areas.

Across the HSCP services are being delivered by using technology, phone contact or visiting. The intention is to continue to use all three methods of delivery, however increase visiting to vulnerable people and families.

COVID-19 has fundamentally changed the way we normally operate and deliver local services, and to protect our staff, where possible we are supporting people to work from home.

The Chief Officer provides weekly updates to the Chair and Vice Chair of the IJB as part of the interim operating arrangements.

5.3 Mobilisation Plan

HSCPs across Scotland have drafted mobilisation plans to set out local approaches to tackling the spread of and other impacts on services and service users of COVID-19. Part of this planning includes an overarching estimate of the additional cost implications of tackling the virus. Inverclyde has worked closely with the other IJBs to develop its plan and feed into the GG&C wide plan.

The anticipated financial aspects are submitted through the Health Board to Scottish Government on a weekly basis. The 6 Chief Finance Officers are working closely with finance colleagues to ensure consistency in approach and robust reporting arrangements. Further details are outlined in a separate report to IJB.

5.4 Service Hubs

In response to the lockdown, the HSCP moved rapidly from normal operating models to service hubs to respond to the combined increases in demand for services and decrease in availability of staff to deliver those services. The five service hubs have been fully operational since the end of March and operating under three key principles :

- To keep people healthy
- To manage and provide services that are safe to do so
- To deliver key services by telephone contact with visits arranged only when required

The five key service delivery hubs are :

- **Adult** services (Access 1st, Assessment & Care Management (ACM) based at Port Glasgow Health Centre)
- **Children, Families and Criminal Justice** services based at Hector McNeil House
- **Mental Health** services based at Crown House
- **Alcohol & Drug** recovery services based at Wellpark
- **Homelessness** service based at the Inverclyde Centre

Each hub has a Standard Operating Procedure (SOP) in place and in order to support social distancing measures, each has developed virtual hubs that allow

staff to work both remotely and from home.

All hubs have now refined their operating arrangements and are working effectively within existing social distancing guidance. Service delivery levels continue to be focused on those service users with greatest need. Risk assessment is being carried out to target service at the critical level however as staffing levels stabilise and improve it is anticipated that the HSCP will be able to extend support further to those with substantial needs. The hubs however continue to seek to balance the guidance in relation to social distancing and responding to service users' needs across the HSCP.

All hubs operated over the Easter weekend and it is the intention that they will remain open again over the upcoming May bank holiday weekend. Whilst referrals rates for all hubs have reduced, some service hubs have found it helpful to provide continuity of service to existing service users and to avoid the traditional peak in demand over long weekends

5.5 Operational Log

To support our preparedness for COVID-19, the HSCP developed an Operational Log outlining potential and known impact on local services. This has enabled us to focus on stepping down some non-essential services, redeploying staff to support key service delivery, moving to a 5 hub based service, and increasing capacity to meet demand such as purchase of additional care home beds to provide intermediate care for people coming out of hospital following discharge, and revise some of our normal operational activities to support people through different practices.

The Operational Log is reviewed on a regular basis and will inform the HSCP Recovery Plan as we begin planning ahead post-COVID-19. A copy of the Operational Log is at Appendix 1.

5.6 Personal Protective Equipment (PPE)

Staff are expected to use Personal Protective Equipment (PPE) according to the national guidance issued by Health Protection Scotland (HPS). It is important to note that the approach being taken on PPR is completely consistent for all health and social care staff, regardless of the setting that they are working in. PPE should be worn for all patients regardless of whether or not they are symptomatic or have had a positive test for COVID-19 (as a minimum gloves and apron should be used, including for asymptomatic patients), and should always be donned, doffed and disposed of correctly.

The HSCP has established a central cluster store for PPE to ensure a robust supply process is maintained for its own health and social care requirements as well as holding a contingency stock for commissioned providers including care homes and supported living services. Stock levels are reported back to NHS Greater Glasgow & Clyde and the National Triage Centre for PPE on a weekly basis to ensure stock levels are monitored.

There has been disruption to the PPE supply however the COVID-19 team has ensured that the supply is maintained by ordering stock from independent suppliers as well as utilising PPE that has been donated by local organisations where these meet appropriate standards. The COVID-19 team has also sourced PPE directly from NHS central stores where logistical chains have not been able to deliver locally when demand has outstripped supply.

5.7 Inverclyde HSCP Assessment Centre

The Inverclyde HSCP Assessment Centre opened on Monday 30th March and is based at Wing H and I of the Greenock Health Centre. This was in response to

the National UK / Scotland wide COVID-19 assessment requirements and part of the Greater Glasgow & Clyde response. Inverclyde was the second centre to open after GGC Barr Street HUB.

Inverclyde CAC centre is open Monday to Friday 9 - 5pm with capacity to see 20 patients per day, there are 3 operational assessment rooms, and a 20 – 30 minute appointment allocation. The centre is also open on Saturdays 10am -2.30pm with capacity to see 9 patients. Patient transport is available for the afternoon appointments. The current usage is around 40% with appropriate referrals being made to the SATA centre based at Inverclyde Royal Hospital (IRH), this is between a 16 - 35% referral rate of those seen.

The process uses Trak Care and Clinical portal electronic systems, and is an appointment only service via GP practice and NHS24 111. The clinical pathway is based on rapid assessment utilising face to face monitoring as well as Microsoft teams and use of video-conferencing between the clinical rooms. The onsite pharmacy allows patients to be assessed and receive prescription treatment packages for continued home isolation.

The feedback from GP and service users has been positive with statements of a well co-ordinated, clean and efficient service that puts patients at ease. Staff feel safe with the level of PPE used. The team are adopting health education on COVID-19 as well as safe clinical rapid assessment of respiratory symptoms in the primary care provision and appropriate onward referrals to hospital.

The centre has capacity to see more patients and open an additional room if required, shorten all appointments to 20 minutes or open longer in evening. However, at this time demand for the service (week 7) is not indicating this is needed.

Reports and analysis at a UK and Scotland level are identifying a number of factors which could potentially explain the higher number of COVID-19 related deaths and the general increase in deaths within Inverclyde. It is believed that health inequalities, social economic inequalities plus Inverclyde having an older population are all contributory factors. Officers are liaising with Public Health Scotland and the Greater Glasgow and Clyde Health Board Public Health experts to get further insight and updates will be reported back to Members via the IJB.

5.8 Inverclyde Staff Testing Centre

The drive through testing centre at Port Glasgow Health Centre opened on Thursday 9th April, is appointment based Monday to Friday 9.15am – 3.45pm, and staffed by 2 qualified nurses and 1 support worker. Testing is available in Glasgow at weekends. Referrals are made via an online form which has been circulated within the HSCP and also to providers including care at home, care homes and the hospice.

Testing is available for symptomatic staff or a symptomatic household member where this means the member of staff is required to self- isolate. Results are received within 24 - 48 hours, a negative result enables staff to return to work safely as long as otherwise well. Appointments are offered to those living in Inverclyde regardless of work setting and are also available to those in Renfrewshire area. Capacity can be increased to 44 appointments each per day if demand for testing increases.

There was an announcement by the Government this week that key workers working in other community settings can be tested at Glasgow Airport. The process for the Council is being developed by the Health and Safety Team.

5.9 Inverclyde HSCP Care Home Testing Proposal

The HSCP is currently following the direction of the Scottish Government in establishing testing of symptomatic residents who have been referred by their GP within a residential care home environment. The community care home liaison nursing service and qualified nursing staff within care homes who have had the appropriate training, will carry out testing of referred residents. The process is established by the HSCP to allow the appropriate testing and reporting of positive COVID-19 residents to allow the appropriate medical care and shielding to safeguard this vulnerable group of service users within the community.

It has recently been announced that COVID-19 patients who are discharged from hospital to a care home should have negative tests before discharge. Further guidance on the implementation of this announcement is expected shortly and will be communicated in due course. In the meantime, care homes are advised to continue to liaise with hospital discharging teams about individual patient test results and isolation periods. The HSCP offers to support safe transfers, not on a case by case basis, but by promoting good communication and planning around discharge. The Public Health Protection Unit (PHPU) is also available to provide advice whenever this is needed.

5.10 Humanitarian Centre

The HSCP has supported the development of the Humanitarian Centre and in particular the support of the 2,700 shielding list. Pipelines of supports are in place to ensure that the most vulnerable are supported to self-isolate.

Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.

Since the beginning of the pandemic on the request of Local Resilience Management Team third sector partners have been working hard to support those most vulnerable people within our community. Volunteers handling hundreds of calls daily have now set up a base in the Salvation Army facility. Help is available for anyone who is self-isolating who would benefit from a daily telephone call, for those who need a prescription delivered to their home, provision of self-isolating food boxes, and counselling and therapy service for workers.

There are plans to develop Tech4Kids service, bereavement service, possible meal (or ingredient) preparation and delivery service, trauma and mental health first aid, and media capture of 'this moment in time'.

These are just a few of the many ways the Community Action Group has risen to the challenges and quickly put in place support for those who might otherwise struggle with the impact COVID-19 has had on day to day living as we knew it. We cannot underestimate the value of and tremendous work the Community Action Group has done to support our local community and so quickly.

5.11 HSCP Recovery Plan

It is clear we will be unable to return to how things were prior to complete lockdown but it is equally clear we cannot remain in lockdown forever. Given the recent issue of "COVID-19 – A Framework for Decision Making" issued by the Scottish Government, it is timely that the HSCP begins to look ahead to the future and develop a Recovery Plan.

The HSCP Recovery Plan is currently being developed with the Heads of Service to ensure we plan how we begin the process of stepping down from how services have been delivered in response to the pandemic, consider how we safely step up

services that were suspended, but also reflect on how the HSCP responded to delivering services in a very different way, what can be learned from this and question whether we want to return to how things were delivered before.

To observe social distancing and support staff to work from home has allowed us to explore new ways of agile working, including using technology such as video or telephone conferencing facilities to attend meetings. This may be something we wish to continue exploring longer term as we look at different ways of working in the future.

Work to scope office capacity is underway to ensure that offices can function and still operate social distancing.

The Recovery Plan will ultimately ensure that we recover safely, in a way that supports for our staff and our communities, and mindful of national guidance.

5.12 Early Release Prisoner Provision

An emergency prisoner release provision was included in the Coronavirus (Scotland) Bill to ensure there would be legislative basis for undertaking a form of emergency early release (EER) should it be needed. It has since been confirmed that the release programme will formally commence on 30th April 2020. Inverclyde HSCP and key partners are engaged in scenario planning for EER of prisoners to ensure services are in position to cope with the demand. For Inverclyde current estimates are 18 people who together with anticipated releases will bring the total to 38 people.

5.13 Public Protection Arrangements

Business continuity planning arrangements have been approved and remain under review in accordance with National Child Protection and Adult Protection guidance. Visits for child/ren on the child protection register remain in place and actions taken to support and protect all vulnerable adults and children continue to work on multi agency basis.

6.0 IMPLICATIONS

FINANCE

6.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

- 6.3 There are no specific human resources implications arising from this report.

EQUALITIES

- 6.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact for people with enhanced outcomes expected
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact on service user outcomes
People with protected characteristics feel safe within their communities.	Positive impact on service user outcomes
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	This report highlights the need to enhance arrangements for people who require better co-ordinated care
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	This report covers our future direction of travel to support a range of older people to live at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report highlights the need to intervene early and improve people

	experience of health and social care support.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This report acknowledges the need to improve the quality of life for people who require support.
Health and social care services contribute to reducing health inequalities.	The report confirms the HSCP position in relation to tackling health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The HSCP will continue to work closely with our partners to improve support provided to unpaid carers.
People using health and social care services are safe from harm.	The HSCP are committed to keeping people from harm by a range of interventions.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Our workforce is committed to improve the lives of people in Inverclyde as per our strategic plan.
Resources are used effectively in the provision of health and social care services.	The HSCP have outlined our priorities in our strategic plan which makes best use of our resources.

7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

9.0 BACKGROUND PAPERS

- 9.1 None.

HSCP - Operational Log 30th April 2020

Service Impact	Reason	Reported to CMT	Supporting report Yes – N/A	Implemented	Stood Down	Officer
1. Suspend Day Services at Hillend (Internal) Murshiel and Crown Care(External Providers) Alzheimers	Staffing required for Priority 1 service Care at Home. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
2. Suspend placement at Hillend Respite Service	Staffing required for Priority 1 service, care at home. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
3. Increasing intermediate care bed capacity in community. Linked to NHS DD Mobilisation Plan	Purchased 50 additional care home beds to ensure flow from Inverclyde Royal Hospital for older people until care at home capacity improves.	Yes	Yes	Yes		Allen Stevenson
4. Suspend Learning Disability day services at Fitzgerald Centre Greenock	Staffing required to provide outreach to vulnerable adults. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
5. Changes to billing CM2000 External Providers in relation to Care at home services.	To ensure external providers stay in business and provide services to older people at home. Prevent external care packages returning to Internal care at home service.	Yes	Yes	Yes		Allen Stevenson
6. Increase temporary flats for Homeless Centre.	Reduce the number living in the Inverclyde Centre on public health advice.	Yes	Yes	Yes		Sharon McAlees
7. Move to 6 Hub based services	Reduce service delivery across the HSCP to deliver core services within Mental Health, Alcohol/Drugs, Adults, Children's and Homelessness, COVID 19 response.	Yes	Yes	Yes		Louise Long
8. Initial discussion with Blackwood	To determine viability if hospitals are overrun and if we require additional capacity to keep flow through hospital	Yes	Yes	No	Yes	Allen Stevenson
9. Scope the use of McPherson as residential	To determine viability if hospitals are overrun and if we require additional capacity to keep flow through hospital.	Yes	Yes	No	Yes	Gerard Malone

10. Changes to billing Supported Living Providers in relation to LD, MH service users.	To ensure external providers stay in business and provide services to adults across LD, MH Physical Disability. Prevent collapse of support packages and these being passed back to HSCP who have no staff available to provide these services.			Yes		Allen Stevenson
Supported Living Payment	Supported living provider average payment over 3 months agreed to make payment.	Yes	Yes	Yes	Yes	
11. Purchase 100 beds at Hotels across Inverclyde	Ensure flow form Inverclyde Royal Hospital as per DD mobilisation Plan. Agreed to remove	No	No	NO		Allen Stevenson
12. Early release prisoner	Data Sharing Agreement required to manage early release prisoners. Process developed	Yes	Yes	Yes		Sharon McAlees
13. Child Protection	New guidance – vulnerable people guidelines placing children on CP register on Police system.	Report to COG	Yes	Yes		Sharon McAlees
14. Security Company for ADR.	Distribution home methadone to those self isolated	Yes	Yes	Yes		Sharon McAlees
15. Temporary Fostering Carers	Allow staff registered with SSSC and GMT to be temporary foster carers to support service within COVID 19 pandemic	Yes report to COG	Yes	Yes		Sharon McAlees