

North Lanarkshire Council Report

Adult Health and Social Care Committee

approval noting

Ref MD

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Update on Covid-19 Activity

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Executive Summary

The purpose of this report is to advise Committee of the work undertaken via the Health and Social Care Partnership in response to the Covid-19 pandemic.

Recommendations

It is recommended that the Committee:

- a) Notes the progress made by the partnership around the pandemic
- b) Notes the work commenced on recovery

The Plan for North Lanarkshire

Priority Improve the health and wellbeing of our communities

Ambition statement (15) Encourage the health and wellbeing of people through a range of social, cultural, and leisure activities

1. Background

- 1.1 COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.
- 1.2 Command structures were immediately put in place in both North Lanarkshire Council and NHS Lanarkshire, with the Health and Social Care Partnership fully participating in both. In addition, the pan Lanarkshire Resilience Partnership has support cross-agency developments.

2. Report

- 2.1 An overview of the current developments around Covid-19 is included below:

Command Structure

- 2.2 North Lanarkshire Council and NHS Lanarkshire both implemented full command structures, with Gold Command groups led by Directors and Silver and Bronze subgroups to drive developments and implementation. Both have now stood down, but will be able to stand back up as required should a second wave take place.
- 2.3 The Health and Social Care Partnership was a full participant in both Gold Command structures and at all levels below, supporting a coordinated approach across the whole system.
- 2.4 The Health and Social Care Partnership held daily calls for key operational and professional leads to coordinate activity and log all decisions taken.

Update on Numbers

- 2.5 As at 5th August 2020, there have been 2785 positive cases in Lanarkshire, 11 inpatients with confirmed Covid-19, 0 in ICU and in total 351 hospital deaths. In addition, there have been 245 Covid-19 Care Home deaths.

Care Homes

- 2.6 One of the greatest areas of focus has been around supporting the Care Home sector, covering key areas of work such as:
- Testing, outbreak management and ongoing surveillance
 - Infection, prevention and control including PPE and cleaning requirements
 - Education and training
 - Supportive reviews and visits.
 - Workforce requirements and supply of mutual aid
- 2.7 Across Lanarkshire, work began to strengthen the management and oversight of outbreaks in care homes in March 2020, enhancing the supports we had offered routinely up until then. This included:
- Social Work Quality Assurance Section – existing contact
 - Care home Liaison Team Support – existing weekly contact
 - HPT Management of outbreaks – daily contact during outbreaks
 - Weekly conference calls with sector by HSCP, established March 2020
 - Established early contact with Care Inspectorate
 - Care home Assurance Group, meets daily, established 23rd April 2020
 - Bronze care home sub group, meeting twice weekly, established 24th April 2020
 - Development of Care Home Strategy 23rd April 2020
 - Access to staff bank to enable sustainable rotas with supporting governance framework
 - Enhanced PPE recommendations that sector move to table 4 on 1st May 2020
 - Prioritised programme of testing for care homes commenced 5th May 2020
 - Workforce group established to support screening programme established 14th May 2020
- 2.8 Following communication from the Cabinet Secretary on 17th May which outlined the additional requirements regarding accountability for provision of nursing leadership; professional oversight; implementation of infection prevention control measures; use of PPE; and quality of care; we have undertaken significant work to map our current

provision of support and ongoing workforce and resource requirements to deliver this new request:

- **Care Home Assurance Group** – initially established on 23rd April, group was expanded to include Chief Social Work Officers, Chief Officers and the Medical Directors. The group has also undertaken a thematic analysis of Care Homes, identifying support needs around access to updated HPS guidance; management of outbreaks; standard infection prevention and control measures; and staff support around mental health and wellbeing.
- **Enhanced support from Social Work Quality Assurance** – including coordinated timetable of audits for each Care Home; supporting action plan development; coordinating links with colleagues in Care Home Liaison, Infection Prevention and Control, Care Inspectorate etc; and support for Homes to claim financial assistance where appropriate.
- **Care Home Liaison** – establishment increased by 0.8wte B7 and 3.4wte B6 to move to a 7 day service and enhance contact with each home in Lanarkshire. The team have undertaken visits; managed daily data returns; acted as an escalation point for PPE issues; and participated in the prioritised engagement visits as required.
- **Health Protection Team** – To enhance the outbreak management and screening testing in Care Homes, an additional 0.6wte B7, 3wte B5, 1wte B4 and 3wte B2 staff have been brought into the team.
- **Testing** – As well as the testing of all staff and residents in outbreak situations, there are also spot testing arrangements in place as well as weekly testing of asymptomatic staff, supported by the Health Protection Team resource noted above. Staff testing has two access routes, with homes assigned to either the Social Care Portal for the UK Government testing facilities or via the NHS Lanarkshire Occupational Health Service. For Care Home staff, both routes involve the same process of self-testing and training has been provided to support this. Over 20k staff tests have been undertaken since the start of June, with over 4k tests planned on a weekly basis at present.
- **Infection, Prevention and Control** – In conjunction with Care Home Liaison, the IPC team provide advice and support covering virtual visits, attendance at Care Inspectorate unannounced inspections and providing support to Homes as required.
- **Senior Nursing Leadership** – a team is being developed under the leadership of a Deputy Chief Nurse to provide an immediate response during early stages of an outbreak similar to acute care setting where the focus is on early containment. This team would build on the existing care home liaison team and would have additional workforce requirements as detailed below, including IPC expertise. The outbreak testing team would be embedded within the team.

Assessment Centres

- 2.9 A Hub and two new Community Assessment Centres for COVID-19 cases were established at Airdrie Health Centre and Douglas Street Health Facility in Hamilton. In July, this was reduced to one Community Assessment Centre at Douglas Street due to reduced demand.
- 2.10 Patients suffering symptoms at home initially make contact through NHS24 and through the initial triage are then signposted to the NHS Lanarkshire Covid Hub. Patients are clinically triaged via the Hub and if required are then asked to attend the local Assessment Centre.

- 2.11 The model re-directs patients away from the routine GP pathway and diverts a flow of patients from the front door of the hospital. The centres have been staffed by volunteer GPs, Nurses and Allied Health Professionals and have been one of the success stories of the current arrangements. Strict infection control procedures are in place at the sites, including segregation arrangements for the assessment centres.
- 2.12 As at 5th August, the centres have seen:
- 12,641 patients triaged by NHS24 to the Hub
 - 4,265 patients triaged by the Hub to attend at the Assessment Centre
 - 919 patients hospitalised
- 2.13 In addition, Mental Health Assessment Centres have also been established on the three acute sites to try to ease the demand on the three Emergency Departments and provide a more positive pathway for patients presenting.
- 2.14 As at 2nd August, the centres have seen:
- University Hospital Monklands – 405 patients
 - University Hospital Hairmyres – 387 patients
 - University Hospital Wishaw – 509 patients
 - Total – 1331 patients

Personal Protective Equipment (PPE)

- 2.15 One of the biggest challenges during the early phases of the pandemic was the supply of PPE to frontline staff. The national PPE guidance has evolved over time, but overall the service has been able to maintain supplies to frontline staff in line with guidance.
- 2.16 On 10th April, a national joint statement on PPE was released in conjunction with Trade Unions, which we mirrored locally with great support from our local colleagues.
- 2.17 All staff moved to 'table 4' of the national HPS guidance on 1st May 2020, which removed the need for staff to undertake risk assessments and instead advised the use of PPE at all times if unable to maintain social distancing. This advice was rolled out across all health and social care services at the same time.
- 2.18 The delivery model for PPE also evolved over time, moving from a NSS led model to a local model, undertaken via the Integrated Equipment and Adaptation Service in Motherwell.
- 2.19 Through this process, the Health and Social Care Partnership coordinated delivery to all social care providers, both in-house and independent.
- 2.20 It is important to note the Health and Social Care Partnership's position on PPE throughout the pandemic, which was that the safety of all frontline staff is paramount and in line with the national guidelines, there will be no hierarchy in PPE provision. All staff working on the frontline including Home Support workers, GPs, Nurses and AHPs should have the same access and follow the same guidance to ensure their safety.
- 2.21 A short life working group has now been established to create a longer-term model for the distribution of PPE from the equipment service out to Localities. This aims to create more local distribution hubs to enable the equipment store to have greater capacity to focus on core business.

Delayed Discharge

- 2.22 In March the demand on delayed discharge activity was up by 30% with 125 delays recorded. Through a huge effort from all involved, this was greatly reduced to support the hospitals in creating additional capacity to manage the extra Covid demand. It should be noted that no individuals were discharged to Care Homes unless a Care Home would be their final destination.
- 2.23 Moving into recovery, a new model of Planned Date of Discharge was trialled in University Hospital Hairmyres during the pandemic, which has had a sustained impact on performance. Work is now underway to roll out the same methodology across the other two hospital sites ahead of winter.

Staff Testing

- 2.24 Staff testing has continually evolved through national guidance over the period, with strong collaboration with NHS Lanarkshire enabling us to meet local demand. All Health and Social Care staff have been able to be tested through the same process, which has also been widened to include independent providers. Other key workers including wider Council staff can also now be tested at the national centres.
- 2.26 Care Homes have been an important element, with over 20,000 Care Home staff tests undertaken in Lanarkshire since the beginning of June, with over 4,000 tests planned each week on an ongoing basis.

Test, Trace, Isolate and Support

- 2.27 On 5th may, NHS Board Chief Executives, Directors of Planning and Scottish Directors of Public Health agreed some basic recommendations in the planning and resourcing of the contact tracing element of the Test, Trace, Isolate and Support programme.
- 2.28 A two tiered Scottish contact tracing programme is planned, with a national contact tracing centre (Tier-1) and local contact tracing service (Tier-2). A local contact tracing team is in place, which supported the management of the SITEL outbreak in July.
- 2.29 In terms of the support element, significant work continues in conjunction with all local partners, including crucially the third sector, to assist those shielding or isolating at home. Through the Community Assistance Helpline and linked supports we have:
- Contacted 12,726 people on the shielding list
 - Assisted in the delivery of 6,408 food packages and 830 meals per week to sheltered housing residents
 - 1,352 pharmacy enquiries and deliveries
 - Passed on 1,147 referrals to our voluntary partners
 - 225 referrals to other services such as the financial inclusion team, social work, housing and NHS services
 - Carried out 693,110 Home Support visits
 - Distributed 4,784,077 separate items of PPE to staff
 - Over 1,000 community volunteers from 81 community and voluntary groups have provided support across North Lanarkshire including 61,943 befriending and wellbeing calls, 51,915 supported with shopping, 14,562 meals delivered, 1,352 medication deliveries, 20,270 other supports including dog walking through a total of 14,973 volunteer hours
 - The team are also now conducting shielding surveys to gather people's experiences over the coming weeks

Recovery/Business Continuity

- 2.30 The partnership has commenced a review of its Business Continuity Plan to build on the learning from the pandemic and to also prepare for any future waves.
- 2.31 In addition, a process has commenced around recovery. It is important to recognise that we will not be able to return to the normal status quo at the end of the first wave. It is clear that we will be living with Covid-19 in the community for some considerable time until either treatments and/or vaccinations are developed and widely available. This means that all services require to react to the 'new norm' and develop alternative models and arrangement for the months ahead.
- 2.32 The Health and Social Care Partnership is feeding into the recovery process of both North Lanarkshire Council and NHS Lanarkshire, with work in both organisations now at quite an advanced stage.
- 2.33 Some of the key changes around this will be a move to mixed economies of face to face and virtual consultations, as well as changed working practices of staff encompassing a mix of home and office working to allow us to meet all guidelines around social distancing.

3. Equality and Diversity

- 3.1.1 The intention underpinning The Fairer Scotland Duty is to reduce the inequalities of outcome caused by socio-economic disadvantage. Socioeconomic disadvantage is defined as *“living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services”*.
- 3.1.2 The guidance also asserts that socio-economic disadvantage can be experienced by (a) communities of place - people who are bound together because of where they reside, work or visit, and (b) communities of interest - groups of people who share an identity, experience, or one or more of the protected characteristics listed in the Equality Act 2010.
- 3.1.3 The Fairer Scotland Duty is intended to reduce the inequalities of outcomes caused by socio-economic disadvantage. Inequalities of outcome mean any measurable differences between those who have experienced social-economic disadvantage and the rest of the population.
- 3.1.4 The statutory focus of The Fairer Scotland Duty is on strategic decision making and, as such, the future recommendations of the review will require to be considered under the Duty.

3.2 Equality Impact Assessment

- 3.2.1 Equality Impact Assessments form part of the individual programmes of work described above.
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4. Implications

4.1 Financial Impact

The impact of COVID-19 on the progress of implementing service change has been included in the Mobilisation Plan submitted to the Scottish Government reflecting the challenges for the Health and Social Care Partnership.

4.2 HR/Policy/Legislative Impact

There is no HR/Legislative impact to note at this time.

4.3 Environmental Impact

There are no environmental impacts to note at this time.

4.4 Risk Impact

The risk presented by the impact of COVID-19 on the developments described is being reviewed and updated as the circumstances change, via the corporate risk register.

5. Measures of success

- 5.1 The Gold Command groups in NLC and NHSL developed performance metrics to track developments during the pandemic.

6. Supporting documents

- 6.1 N/A



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