

To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Interim Chief Officer

Heading: Chief Officer's Report

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity, including the HSCP's operational response to COVID-19. The report focuses on developments and activity since the last IJB on 19 November 2021.
- 1.2. The paper provides further detail for the IJB on the impacts of the new Omicron variant which was first observed in southern Africa and is now present in Scotland and globally, including the changes to guidance and restrictions which have since been implemented.
- 1.3. The new variant of Omicron, whilst believed to be less severe than previous variants, is more highly transmissible and this has translated into a significant increase in infection numbers in Renfrewshire and across Scotland. Over the festive period and into January, this increased level of infection has resulted in significant increases in hospital admissions and in the need for higher levels of staff to self-isolate at any one time. This is placing increasing pressure on services across the health and social care system. The HSCP's planning and operational response to this fast-moving situation is provided in sections 4 onwards.

2. Recommendations

It is recommended that the IJB note:

- The updates provided on the spread of the Omicron variant, subsequent guidance from the Scottish Government, and the HSCP's planning response (Sections 3 to 5);
- The progress made in delivery of the Flu and COVID booster vaccination programmes (Section 6); and
- The operational services update provided (Sections 7 to 11).

3. Background

- 3.1. On 24 November 2021, South Africa first reported the observation of a new COVID variant which had been circulating within the country, and neighbouring countries, causing high levels of infection. This variant, named Omicron, was designated as a variant of concern by the World Health Organisation due to the high number of mutations within the virus which result in it being more transmissible than previous COVID variants. It is also understood that this variant has an increased ability to reinfect people who have previously had COVID, and to evade vaccines.
- 3.2. This variant was soon observed within Scotland, the rest of the UK and other countries globally by the end of November 2021. Since this point, infection numbers have increased significantly, raising concerns of the impact such a variant may have on public health and on health and social care services.
- 3.3. On 14 December 2021, in a statement to the Scottish Parliament, the First Minister set out additional guidelines to assist in limiting the spread of Omicron. This followed the publication of evidence which outlined the potential impact of Omicron on infections, hospitalisations and numbers of deaths. This included public health measures within businesses, a legal requirement for businesses to support working from home where it is possible to do so, more stringent self-isolation requirements, and guidance for all citizens to seek to minimise their social contact as far as possible. This guidance extended to health and social care, where visits in care homes were limited to visitors from two households at any one time, and within hospitals where a limit of two visitors at any one time was put in place.
- 3.4. Alongside this, the vaccine booster campaign was accelerated across the UK for all adults to increase immunity to the new variant. In addition, the guidance was followed on 21 December 2021, with further restrictions announced including:
 - No large public events from 26 December with limits on attendance at indoor and outdoor events and sports matches.
 - 1m distancing within hospitality alongside table service only.
 - The cancellation of Hogmanay events.
 - Test and Protect prioritisation of high-risk settings.
- 3.5. The Scottish Government confirmed in December 2021 that the Omicron variant was now dominant within Scotland. At the time of writing, current levels of infection in Renfrewshire and Scotland are 2,630 and 2,062 per 100,000 over a seven-day period. This compares with figures in our November 2021 paper of 241 and 326 cases respectively, highlighting the increased transmissibility of the new variant (note: more recent data published does not include LFD figures in overall rates of infection, which would therefore provide a lower than expected infection rate at this time). 1,562 people were also in hospital with COVID on 16 January 2022.

4. Refreshed response planning

- 4.1. On 11 December 2021 the Deputy First Minister wrote to Local Resilience Partnerships to request the mobilisation of a further resilience approach, with the expectation that the next phase of the pandemic will last for up to three months. Over the course of December, the HSCP undertook a broad range of updated resilience planning to cover both the immediate festive period, and the following three months to the end of March 2022 indicatively. This planning has supplemented existing winter plans in place across services alongside business continuity plans. The work undertaken to date is summarised below.

Updating pandemic response plans

- 4.2. All services within the HSCP have reviewed existing pandemic response plans to ensure that they are reflective of the current situation and provide a clear assessment of existing capacity and priorities. This includes consideration of areas where services must be stepped up or stepped down to ensure continued provision of care and support to the people of Renfrewshire.
- 4.3. Where services can no longer be provided as they have been previously (for example face to face) this may involve increased digital provision or a reduction in provision. Where this is the case, the HSCP has identified staff who can be deployed to support to the ongoing delivery of critical services. Specific updates and changes are outlined in Sections 6 to 11 below.
- 4.4. In line with the IJB's duties as a Category One responder under the Civil Contingencies Act 2004, the Chief Officer and Head of Strategic Planning and Health Improvement continue to work with colleagues within the West Local Resilience Partnership (LRP) to ensure the coordination of capacity and resources wherever possible. This includes ongoing assessment of the opportunity, where appropriate, for wider staff in partner organisations to support the delivery of priority services.

Enhanced Governance

- 4.5. A range of governance arrangements which have been used throughout the pandemic have been increased in frequency to support timely oversight of the situation. This includes:
- SMT review meetings on alternate weekdays.
 - Increased frequency of Council and NHS Senior Management planning meetings to coordinate the response, with HSCP input.
 - An increased frequency for pan-GGC Chief Officer meetings and meetings between NHSGGC and Local Authority Chief Executives.
 - The reinstatement of weekly cross-party meetings and increased briefings to the IJB, SPG and to the HSCP's Leadership Network.
 - Continued review and implementation of emerging guidance covering PPE and testing, workplace risk assessments and care home and hospital visiting (as noted in section 3 above).
- 4.6. In addition to the above, the Care Home huddle meetings and Care Home RAG rating meetings, both of which had moved to a weekly basis, have now returned to being undertaken on a twice weekly basis. Twice daily delayed

discharge meetings also continue with a focus on enabling a seven-day discharge from hospital model.

5. Staff testing, self-isolation requirements and allowed exemptions

5.1. Due to the increased transmissibility of the Omicron variant, the Scottish Government issued guidance to increase the frequency of asymptomatic testing across staff groups. All care home staff are expected to now undertake daily LFD testing in addition to their weekly PCR test. In addition, all other social care staff are encouraged to undertake daily LFD testing.

5.2. The above guidance extends to all healthcare workers, with Health Boards requested by the Scottish Government to phase in daily testing from mid-December 2021, with patient-facing staff and those working over the festive period prioritised. The government's guidance is also intended to be applied to patient-facing primary care staff (general practice, pharmacy, optometry, dentistry).

5.3. The Scottish Government changed social isolation requirements in early December which, at that time, meant that all members of a household must isolate for a period of ten days if one member of that household tests positive for COVID.

5.4. Prior to this, health and social care staff were able to be exempted from isolation if they met a range of criteria relating to vaccination status and ongoing negative test results. Recognising the impact that Omicron may have on staffing numbers, the guidance was revised to enable staff to continue to be exempt from self-isolation the following circumstances:

- Staff are double-vaccinated and have had their booster.
- They are asymptomatic and remain asymptomatic.
- They undertake a PCR test which returns a negative result before they return to work and undertake daily LFD testing for the remainder of the ten-day period (note the updated policy now in place and outlined in section 5.6 to 5.8).

5.5. The above exemption did not, and at this time does not, apply however in circumstances where staff would be working with vulnerable or immunocompromised patients or service users.

Scottish Government update on 5 January 2022

5.6. In addition to the staff exemptions set out above in this section, on 5 January 2022 the Scottish Government set out further changes to isolation requirements for all individuals:

- All individuals can exit self-isolation, regardless of vaccination status if they have a negative LFD on day 6 and 7 of the isolation period and have not had a fever for 48 hours.
- Fully vaccinated contacts will be asked to undertake daily LFDs for seven days and will not need to isolate if these provide negative results.
- Unvaccinated contacts (0 to 2 doses) will be asked to undertake a PCR test and regardless of result will be asked to isolate for ten days.

- In addition, a positive LFD result no longer requires a confirmatory PCR test to be undertaken.

5.7. These changes also apply to health and social care staff. In the event that a staff member tests positive on an LFD after 10 days they should remain off work until they have one negative test. Once staff have returned to work, they will be required to continue with their workplace testing regime. In line with the requirements set out in paragraph 5.5 above, staff that return early from isolation should not work with individuals on the highest clinical risk list for the remainder of the ten-day period.

5.8. Alongside these changes, the First Minister also noted the importance of continuing to adapt thinking on how the virus is managed in Scotland, and on increasing resilience to the virus in future. As such, it was confirmed that the Scottish Government is developing a revised strategic framework to set out how that process of adaptation can be managed. It was estimated that this would be published a few weeks after this announcement.

Isolation requirements for Hospital Inpatients

5.9. From Monday 17 January 2022, guidance has been updated for hospital inpatients who have test positive for Coronavirus. Inpatients, with the exception of those who are severely immunocompromised, may end isolation 10 days from symptom onset (or from the date of their first test if this is unknown) provided there is clinical improvement and the absence of fever for 48 hours. The guidance for those who are immunocompromised remains unchanged.

6. COVID and Winter Flu Vaccination Programmes

6.1. In mid-September the JCVI recommended a booster COVID vaccination for people over 50 years of age and for those in the clinically vulnerable group. They also recommended a third vaccination dose for people who had specific underlying health conditions, such as organ transplant or on specific immunosuppression medication.

6.2. The order in which these vaccinations are being delivered is in line with the priority groups set out in the first COVID vaccination programme, starting with older adult care home residents, frontline health and social care staff, people over 80 years old and subsequent lower age cohorts. In addition, it was agreed that the COVID booster vaccination could be administered at the same time as the winter flu vaccination.

6.3. NHS Greater Glasgow and Clyde are taking the lead on delivering mass vaccination clinics which commenced at the end of September 2021, initially with those over 80 years old. The booster programme was subsequently expanded during November and December 2021 to deliver booster vaccinations to all adults over 18 within significantly accelerated timescales in response to the emergence of the Omicron variant.

6.4. As previously reported to the IJB, the delivery of COVID and flu vaccinations commenced in older adult care homes on 28 September 2021 and was offered to every resident who was eligible (those 24 weeks since second vaccination

dose and who had not tested positive for COVID in the last 28 days), and staff on shift. The programme completed on 10 October 2021 with all eligible residents (over 900) receiving vaccinations. Mop up sessions will continue to capture residents who were not eligible or in hospital when the mobile team visited the care homes.

- 6.5. The vaccination programme for people considered housebound by their GP commenced on 23 September 2021 and was delivered by a mobilised vaccination team staffed by a range of disciplines including retired nurses, administrative staff, Health Visitors and Podiatrists. The programme was completed on the 2 December 2021 with all eligible residents (over 2,500) receiving vaccinations.
- 6.6. The programme to deliver booster doses to older adult care home and housebound residents was delivered ahead of schedule, with many compliments received from people, families, carers and GP practices. This is down to the commitment and hard work of the staff planning for and delivering the programmes. Following completion of the programme, all available staff were redirected to Mass Vaccination Clinics to support the wider programme.
- 6.7. First and second dose clinics remain available to those 18 and those aged 12 to 17 through mass vaccination clinics.

7. Care Homes

- 7.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. As community transmission of the Omicron variant has increased, the numbers of infections identified within Care Homes in Renfrewshire has also risen.
- 7.2. At the time of writing, the majority of Care Homes within Renfrewshire have identified at least one staff member or resident with a positive COVID test in the preceding fourteen days. Positive cases identified have however been predominantly mild.
- 7.3. Through the enhanced governance arrangements set out in 4.4 and 4.5 above, including the step up of local Clinical and Care Governance Oversight meetings, the HSCP continues to ensure a timely and robust response to identified infections, including the deployment of supporting resources where necessary and appropriate, and the provision of expert clinical and care support to residents.

8. COVID Assessment Centre

- 8.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to provide a service for patients who are experiencing COVID respiratory symptoms. Although infection numbers over the past month are high, the demand for the service continues to vary, mainly due to children under 12 years being seen by their own GP and people being less unwell with the Omicron variant. Staffing of the CAC is challenging due to staff and GP availability.

- 8.2. The staffing and demand for this service continues to be monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict potential spikes in demand.

9. PPE and Staff Testing

- 9.1. Renfrewshire HSCP has set up a single point of contact and coordination for all PPE requirements across health and care services from our Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services team. The Hub, similar to those now established across Scotland, oversees the ordering, distribution and collection arrangements for all PPE for internal HSCP services and commissioned services. It has been confirmed by the Cabinet Secretary that the PPE Hubs will be extended for a period of 6 months to end September 2022.
- 9.2. Regular inflows of stock continue via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues, with arrangements in place to ensure appropriate stock availability to service requirements over the recent festive period. The HSCP continues to hold contingency stocks to support any demand pressures. On average our weekly incoming stock is in excess of 500k items of PPE and our Hub supports the timely allocation of this for delivery and collection by a range of services.
- 9.3. In recent weeks and in response to updated national guidance, an increased allocation of Lateral Flow Device (LFD) testing kits have been made available to frontline staff groups to support the increased frequency of testing (from twice-weekly to daily) and these stocks have been distributed across appropriate service settings.

10. Day Support and respite

- 10.1. A skeleton service continued to be provided for Older People and Physical Disability Day Services during the festive season to those with critical need, supported by additional outreach support. Approximately 10 service users per day were supported over the period, excluding bank holidays. The HSCP's Learning Disability Day services closed on the 24 December with virtual only activities delivered from 22 December, reopening on 6 January 2022. Service managers are continuing to monitor the situation, ensuring effective COVID prevention measures are in place and to proactively assess the impact if services are further disrupted (through either national restrictions, COVID outbreaks or loss of staff due to absence).
- 10.2. Day centres will continue to remain open to provide support to those in greatest need, supported by community outreach and digital engagement for those not currently attending a centre. All day services continue to have robust business continuity and service escalation plans in place should there be a deterioration in the service staffing position as a result of the increased transmissibility of the Omicron variant. These plans are currently being further reviewed to ensure appropriate actions are in place to support service capacity and to provide alternative means of support where this is required.

11. Mental Health Inpatient Services

- 11.1. Mental Health inpatient services across Renfrewshire and NHS Greater Glasgow and Clyde are currently experiencing very high demand and the impact of the Omicron variant continues to be managed. At the time of reporting, two wards in Renfrewshire have been closed to admissions as a result of COVID outbreaks across a number of patients and staff, with all those testing positive currently asymptomatic or experiencing mild symptoms. It is estimated that these wards will have reopened by mid-January.
- 11.2. In support of the above measures to mitigate the spread of Omicron, patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.
- 11.3. The staffing position continues to be very challenging across mental health inpatient wards in Renfrewshire. Actions are in place to complement available staffing through use of the Nurse Bank, Agency staff and support, where possible and appropriate, from other services within the HSCP.
- 11.4. Visiting to Mental Health inpatient services has returned to being on an essential basis only, alongside all acute settings across NHS Greater Glasgow and Clyde. An essential visit is one where it is imperative that a relative or friend is allowed to see their loved one in a number of exceptional circumstances. These include at end-of-life, for patients with a mental health issue such as dementia, autism or learning disabilities where the absence of a visitor would cause distress, to accompany a child in hospital, or any other situation where clinical staff assess that it is essential to involve family or carers for ethical or patient safety reasons. Renfrewshire continues to provide flexibility wherever possible by arranging daily booking slots in all wards to ensure that every patient has access to a visitor for a limited period of time.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising during the COVID response and the Partnership's operational delivery are tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

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