Notice of Meeting and Agenda
Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 20 November 2020	10:00	Remotely by MS Teams ,

KENNETH GRAHAM
Clerk

To Follow Item

I refer to the agenda for tomorrow's meeting and enclose the undernoted report relative to item 8 previously marked 'to follow'.

Items of business

8	**COVID-19 Response and Recovery Operational Update** Report by Chief Executive.	**3 - 14**

To: **Renfrewshire Integration Joint Board**

On: **20 November 2020**

Report by: **Chief Officer**

Heading: **COVID-19 Response and Recovery Operational Update**

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 on the Health and Social Care Partnership's (HSCP) operational response to COVID-19 and ongoing recovery activity, focusing on activity undertaken since the last IJB on 2 October 2020.

1.2. The increased levels of infection locally have necessitated the prioritisation of the HSCP's continued response to the pandemic, alongside recovery activity where possible. Within this context, an update is provided to the IJB on the developments across health and social care services, within this continually changing environment.

2. Recommendations

It is recommended that the IJB:

- Note the operational service updates provided, and the HSCP's continued prioritisation of the response to COVID-19, and associated recovery activity, within a fast-changing and fluid context.

3. Background

3.1. Coronavirus infection rates, and associated hospital and intensive care admissions have continued to increase during September and October. In recognition of this and with the objective of minimising transmission of the virus, additional restrictions were implemented by the Scottish Government on 9 October 2020.

3.2. These restrictions included nationwide measures focused on the provision of hospitality services. Additional restrictions were also implemented within Health Board areas within the central belt area covering hospitality, indoor

exercise and contact sports; rules governing a maximum of six people meeting in outdoor areas; and the provision of guidance to minimise the use of public transport as much as possible.

3.3. The Scottish Government has replaced the above approach to implementing restrictions with a five-tier system. This ranges from Tier 0, which is the closest to normality without a vaccine, to Tier 4, which is closer to full lockdown. The new system has been in place from Monday 2 November and it was announced on 17 November 2020 that Renfrewshire will move into Tier 4, effective from 20 November 2020. The restrictions are currently projected to be in place for a period of three weeks and include the closure of non-essential shops, indoor sports facilities, leisure and hospitality. For those previously shielding, the Chief Medical Officer will issue an automatic two-week fit note to give people on the shielding list protection while they speak to their GP or consultant and obtain a personal fit note if necessary.

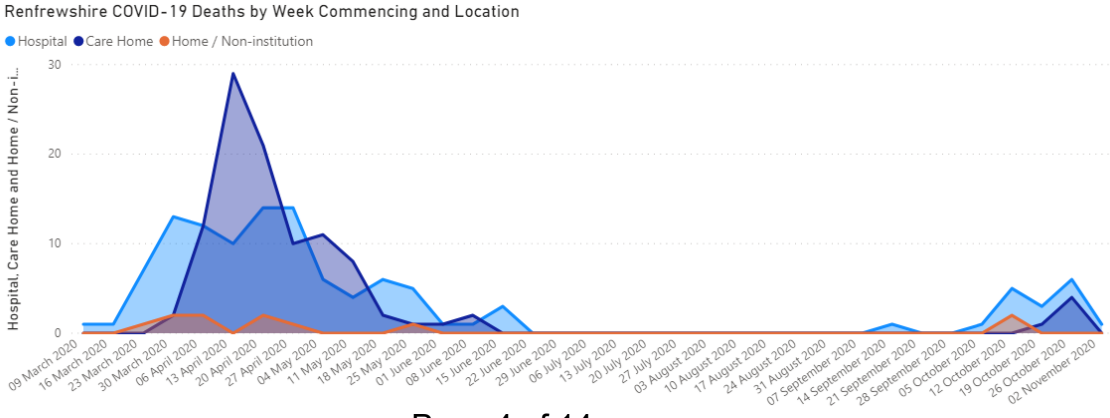
3.4. The above restrictions, and the second wave of increased infection levels which they are designed to combat, further underlines that progress through the COVID-19 pandemic is not linear and that health and care services will not move smoothly through response, recovery and renewal activity.

4. Care Homes – Older People

4.1. The World Health Organisation (WHO), within various publications, recognises that people living in care home settings, including nursing and residential homes, people with disability and mental health problems, are vulnerable to COVID-19. As the virus has spread and affected our communities, it has also significantly impacted care homes. Therefore, protecting care home residents and supporting staff remains a key priority, particularly during this time when community transmission is again rising at a local and national level in Scotland.

4.2. Care home residents are at increased risk of adverse outcomes, with a higher prevalence of underlying health conditions and general frailty. Residents are also at higher risk of infection due to living in close proximity to others and having frequent contact with carers. Preventing the spread of infection within these facilities has been and will continue to be a key priority.

4.3. The chart below provides an analysis from the National Records of Scotland (NRS), of COVID-19 related deaths in Renfrewshire by week and location. This illustrates that deaths in care homes began later than in hospital settings, peaked significantly in the week beginning 20 April 2020 and then fell significantly, with no deaths recorded from June to late October 2020. Over October and November Renfrewshire has experienced a similar pattern, albeit with lower numbers, in line with the national picture.



4.4. Renfrewshire has 22 older adults care homes (16 nursing and 6 residential) with an available bed capacity of 1,331 spaces. A new care home in Bridge of Weir has now been registered and will shortly become operational, although admissions will be phased. The care homes are predominantly provided by the independent sector with the HSCP operating 3 residential care homes. Separately, there are 4 registered care homes for people under 65 years with a resident group who primarily have learning disabilities and complex needs.

4.5. As previously highlighted to the IJB there are also 4 extra care housing units for older people which continue to receive additional support but are not formally covered by the national guidance which is focused on older people's care homes.

4.6. The use of a range of testing and the activity of Test and Protect within the wider community means that we can identify a wider range and higher number of both residents and staff within these care homes who are positive. The vast majority of residents are asymptomatic, remain stable and we are seeing people recover. Care Home Testing is described further in paragraphs 4.28 to 4.33.

4.7. At the time of writing 10 care homes have notified outbreaks (including one care home operated by the HSCP) and care homes are now sadly reporting a number of deaths where COVID 19 has been a contributing factor or cause. The IJB should note that the national data draws on registered death certificates and that local information is drawn from reporting by the care homes.

4.8. The situation remains fluid and the range of enhanced support and oversight delivered through the Daily Huddle and the enhanced clinical and care governance remains in place. The HSCP continues to work closely with both Public Health and the Care Inspectorate.

4.9. In addition to their ongoing support activity, the Care Inspectorate are currently carrying out risk based, focused inspections in registered services across Scotland. For Renfrewshire this has led to 6 Inspections across older people and adult care homes. One of the care homes for older people is currently subject to an Improvement Notice as a result of the inspection findings. The Improvement Notice outlines the areas of work required by the provider and sets a tight time scale for further review and inspection by the Care Inspectorate. The HSCP is working closely with the provider and the Care Inspectorate to support residents at this time.

Strengthening clinical oversight of care homes during the pandemic

4.10. Reinforcing the role of clinical and care professionals at NHS boards and local authorities in the oversight of care homes in their area has resulted in the following governance arrangements:

4.10.1. Renfrewshire's clinical and care oversight group daily huddle is chaired by the HSCP Chief Officer, co-chaired by the Chief Social Work Officer and includes (at a minimum) a senior HSCP Head of Service/Manager, HSCP Clinical Director/Senior Clinician, HSCP Chief Nurse/Senior Nurse, HSCP Contracts and Commissioning Manager, Care Inspectorate Team Manager and the

Service Planning and Policy Manager, Chief Executive's Service. The huddle is 'responsible and accountable' for providing oversight, analysis and response to emerging issues; infection prevention and control; and for the clinical and care support provided to service users. Each day the huddle reviews the daily care home status report and ensures this leads to the provision of appropriate advice and support to all homes and clear improvement actions where required. The meeting also sets out the programme of assurance visits to care homes and links closely with the Care Inspectorate's programme of inspections.

4.10.2. The Huddle convenes on each Thursday chaired by the Care Inspectorate and completes the risk rating using the national framework which is then submitted to the Director of Public Health.

4.10.3. Care home peer support meetings take place fortnightly and are led by the HSCP Clinical Director with support from contracts and commissioning officers and the enhanced care home liaison team. This meeting provides a forum for clinical and care advice and support to all registered homes in Renfrewshire. This meeting is well attended by all care homes.

4.10.4. In addition, a Greater Glasgow and Clyde tactical group has been established and meets twice a week to provide strategic oversight of support, testing, infection control, staffing and care standards for care homes within Greater Glasgow and Clyde. The group is led by the Directors of Nursing and Public Health and includes representation from the Care Inspectorate, Scottish Care, CSWO, Clinical Directors (two) and HSCP commissioning managers (six) and service managers.

4.10.5. The HSCP has always had regular contact with all care homes in the area through a process if weekly and daily calls from the contracts team. By 24 August 2020 information from care homes has been gathered through the national TURAS Care Management Tool and this is used to inform the activity and focus of the Huddle.

Care Home Enhanced Clinical Support

4.11. In May 2020 Board Executive Nurse Directors became responsible for the oversight of clinical support for care homes in collaboration with Directors of Public Health. On 21 September 2020, the Cabinet Secretary for Health and Sport extended the professional oversight for Executive Nurse Directors until 30 June 2021.

4.12. This included the provision of practical expert advice and guidance in relation to Infection Prevention and Control. As a key part of the enhanced support all 22 older adult care homes in Renfrewshire received an assurance visit during June/July 2020. This was subsequently extended to include the 3 adult care homes and 1 respite unit in August 2020. All visits were carried out by Renfrewshire HSCP Chief Nurse, District Nursing Service Managers and Specialist Palliative Care Nurse in order to provide consistency, and a senior level of oversight and expert professional knowledge.

4.13. Following the visit, the completed template together with a summary and any associated action plan was shared timeously with the care home manager and

the clinical and care oversight daily huddle. Any support/training required from HSCP/NHS was arranged as a matter of urgency e.g. PPE refresher training, support and advice regarding dietetics and tissue viability.

4.14. An evaluation tool was developed to encourage feedback from managers on both the process and professional engagement. There is continued regular contact with each care home from the enhanced care home liaison service, including the follow through of any elements on the action plans. This continues to provide assurance to the HSCP and to address any concerns or issues arising for care homes.

4.15. Discussions are ongoing regarding the potential to provide a further round of proactive assurance visits to care homes. At the present time visits are prioritised, risk-based and intelligence-led.

4.16. Targeted support is also provided to care homes through a combination of phone calls, 'Near Me' consultations and risk-based visits to the Homes. The visits into care homes are used primarily to provide additional, tailored intense support to those homes who have particular issues or outbreaks.

Care Home Visiting

4.17. As noted above Renfrewshire has been subject to local measures since September 2020. In terms of care homes this has meant that indoor visiting is limited to essential visits only and outdoor visits to care homes are permitted by three people from a maximum of two households, in line with current guidance. The visiting arrangements continue to have a significant impact on residents and their loved ones.

4.18. The risk assessments and visiting protocols to support indoor visiting have all been completed and have been lodged with Public Health. They will be reviewed to support indoor visiting when conditions permit.

4.19. Indoor visiting within extra care housing will continue to be supported in line with the local measures for households. In addition, outdoor visiting continues to be supported.

4.20. On 17 November 20202, following the publication of the Strategic Framework for Scotland, the Cabinet Secretary for Heath and Sport wrote to all registered care home providers to update them on care home visiting guidance.

4.21. In summary, current care home guidance is recommended for tiers 1-3 unless directed otherwise by the local Director of Public Health. Current guidance from 12 October recommends a combination of:

- Essential visits
- Indoor visits with one designated person for up to four hours once a week
- Garden visits with 6 max people from no more than 2 different households 60 minutes once a week.
- Window visits

4.22. It should be noted that the Director of Public Health, NHS Greater Glasgow and Clyde has suspended indoor visiting in Renfrewshire.

4.23. Essential visits should be supported sympathetically at every protection level throughout the pandemic and such visits should be supported where it is imperative that friends or family see their loved one. This might include circumstances where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstances.

4.24. With the exception of essential visits, visiting should take place only when care homes are established and declared free of all COVID-19 cases by local health protection teams 28 days from last date of positive test result or where appropriate last symptoms of any resident or staff member. Where the last date of a positive test is a staff member, a risk assessment should be undertaken to determine whether the full 28-day period should be applied. In addition, care homes should be participating in the routine weekly testing of care staff.

4.25. Current guidance, to become law on 20 November 2020, is that people should not travel to or from areas where higher numbers of people may be carrying the virus. However, there are a list of limited exceptions for essential travel into or out of Level 3 and 4 local authority areas. The exceptions include visits to a person receiving treatment in a hospital, staying in a hospice or care home.

4.26. In the coming weeks the Cabinet Secretary will provide further advice on care home visiting to support more people to connect with their loved ones where it is safe to do so. In the first instance, the Clinical and Professional Advisory Group will be issuing a set of principles for supporting visiting during the Christmas period.

4.27. Following this, a local decision-making framework will be published to support a longer term and more nuanced approach to decisions on visiting which will take account of local factors and is proportionate to the assessment of risk. This will allow increased tailoring of visiting arrangements based on local circumstances.

Care Home Testing

4.28. There are different routes and frequency levels for testing residents and staff in older adult care homes. This is described in the following section up to paragraph 4.33.

4.29. The Care Home Testing team was established in April 2020, based at Linwood Health Centre. The team process requests for resident testing for:

- those who are symptomatic following referral from the GP
- planned surveillance testing (regular planned testing of 10% of residents in two care homes each week)
- mass testing following a test request for a staff member
- pre-admissions to care homes from the community

4.30. The Care Home Testing team undertake the tests in residential care homes and support staff in nursing care homes to undertake the required tests. In addition, the team review all results to ensure they are correlated and share

this information with Renfrewshire's clinical and care oversight group daily huddle and the weekly huddle involving the Care Inspectorate.

4.31. All staff in older adult care homes continue to be tested weekly, through the UK Government's Social Care Portal and staff in adult care homes are tested on a weekly basis through the NHS system. Any positive test results in the mass testing of all residents within the care home.

4.32. A decision has been made by Scottish Government to move staff testing in older adult cate homes to NHS Scotland and we are awaiting the date of transfer for Renfrewshire.

4.33. At the time of writing there is no routine staff testing in place for care at home staff who provide support to people in their own homes and within the extra care housing developments across Renfrewshire and NHS Greater Glasgow and Clyde.

5. Personal Protective Equipment (PPE)

5.1. 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 oversees the ordering, distribution and collection arrangements for all PPE for HSCP internal services and commissioned services. Regular inflows of stock continue to be received via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues. On average our weekly incoming stock is in excess of 500k items of PPE and we support the timely allocation of this for delivery and collection by a range of services.

5.2. The local Carers Centre provide support to unpaid carers to access PPE through stocks that are being made available by NSS. Our Community Neighbourhood Hubs are also overseeing the distribution of PPE to local Personal Assistants, again through stocks being made available by NSS.

5.3. The HSCP continues to hold contingency stocks to support any unforeseen demand pressures and changes in policy position.

6. Flu Vaccination Programme

6.1. Renfrewshire HSCP continues to deliver the over-65 flu vaccination programme. The 2020/21 flu is significantly larger and more complex than in previous years with an increase in the number of people to be vaccinated in the eligible groups and a need to deliver the programme in ways that manage the impact of the Coronavirus pandemic.

6.2. Due to the pandemic there are significant limitations on GP practices to deliver the number of required vaccines. Consequently, NHS Greater Glasgow and Clyde, in consultation with its advisory GP Sub Committee and the local GP Local Medical Committee (GP representatives of the BMA) agreed that GP practices would focus on delivering the flu vaccine to the 18-64-year old 'at risk' group and the HSCP would deliver the over 65 flu vaccine, in Phase One of the programme. In Renfrewshire, Phase One has spanned an eight-week period, from 29 September 2020 to 20 November 2020.

6.3. Renfrewshire HSCP is primarily delivering the programme through our community vaccination centre situated at St Mirren Park, Paisley. This mass clinic enables us to deliver vaccinations to a large number of people on a daily basis in a safe, socially distanced way. This provision has also been supplemented by community delivery within care homes and in the homes of individuals who are housebound.

6.4. From the outset, we also pledged to learn from and adapt the programme as necessary. As part of that process we created additional capacity at a number of community pharmacies in outlying villages – Bishopton, Erskine and Bridge of Weir/Houston - to serve residents with mobility or transport issues who faced challenges attending St Mirren. This was in addition to pharmacy provision previously established to serve cross-border GP practices in Lochwinnoch and Beith.

6.5. To date, more than 22,000 people from across Renfrewshire have attended the St Mirren Flu Centre for their vaccination, and patient feedback from the centre continues to be overwhelmingly positive. More than 3,000 people have also been vaccinated through care home, housebound and community pharmacy provision. This has resulted in Renfrewshire HSCP comfortably achieving the Scottish Government target to vaccinate 75% of the age group in this phase (circa 25,000 people). By the end of week seven of the eight-week programme, 77% of the age group had been vaccinated.

6.6. Now in the eighth and final week of Phase One delivery, we are on course to exceed the Scottish Government target by some margin and our focus will then shift to Phase Two, pending confirmation from the Scottish Government in relation to the cohort age range and vaccine supply.

7. Day Support and Respite Provision

7.1. Further detailed guidance was issued in respect of day care and respite provision on 31 August 2020 following the initial letter from the Cabinet Secretary on 3 August 2020 - with a further letter from the Cabinet Secretary issued on 13 October.

7.2. It is recognised within the guidance and accompanying letters that service users and carers do benefit from social contact. The letter asks HSCPs to work proactively with providers and people accessing services to assess continuing need and to meet them in the most appropriate way - including the use of Self-Directed Support funding to support individuals.

7.3. Similarly to Care Home visiting, decisions should be made locally and based on risk assessments and operational protocols. The authority to sign off risk assessments is delegated by the Director of Public Health and in Renfrewshire has been delegated to the Huddle chaired each Thursday by the Care Inspectorate.

Learning Disability

7.4. Renfrewshire Learning Disability Services (RLDS) continues to utilise its four-tier model developed and implemented at the beginning of the COVID-19 pandemic. The aim is to provide essential support to the most vulnerable

adults with learning disabilities and their families, where risk to their welfare is assessed as critical. The services provided at each tier are as follows:

- Tier 1 – Care at Home via Welfare Calls and Door Stop Visits
- Tier 2 – Access to Daily Exercise/Community Outreach support
- Tier 3 – Outreach Day Respite (Based at Anchor/Spinners Gate)
- Tier 4 – Crisis Overnight Respite (Based at Weavers Linn)

7.5. The model was designed to incorporate day/respite services working in close partnership with the Integrated Community Team. An additional aim was to ensure that some of RLDS most vulnerable service users continued to receive support. Planned day and respite services, via controlled referral pathways, were offered in response to assessment of risk indicators as part of telephone monitoring contacts.

7.6. RLDS will continue utilising the remodelled service, whilst seeking approval to safely re-open building-based services. In line with latest guidance, service recovery plans with risk assessment management plans have been submitted and approved by the multi-disciplinary Clinical and Care Governance Oversight Group.

7.7. Decisions to increase service provision by reopening further building bases will be made by the Corporate Management Team based on all submitted and approved assessments, and related national and local guidance in relation to Renfrewshire's placing in the Scottish Government's tiered system.

7.8. The Community Integrated health and social work team continues to provide essential health and social work interventions including physical and mental health support; arrangement and monitoring of social care; adult support and protection, family and carer support and critical liaison and support to social care providers.

7.9. In addition, the Learning Disability Planning Group continues to meet 3-weekly with various stakeholders including carers and service user representation. The group has been integral to supporting decision making about key approaches and communication with the wider carer and service user groups.

Older People and Physical Disability

7.10. There are two providers for day care or support for older people and contact is in place with both. Alzheimer's have re-designed their service offer to an outreach type model with phone support in response to the current situation and their contract will be varied to support this model as a short term measure – they are also now working with the HSCP staff group to share learning. The second provider for day care has been closed during the pandemic and the staff deployed to the attached care home. This contract is coming to a natural end and the approach for this, previously agreed by the IJB, is to move to individual purchasing with people using their Self-Directed Support budgets to purchase services including day care when they are able to re-open.

7.11. For HSCP operated day services for both older people and people with a physical disability staff are deployed within extra care and the care homes - and continue to be needed there. The day care buildings at Johnstone,

Montrose and Renfrew have been utilised as drop-down facilities for care at home staff, who currently have no access to the network of staff facilities within extra care, sheltered housing and the care homes. Work is taking place with Renfrewshire Council with a view to opening a further building to support the delivery of a hub and spoke service which would provide a base for staff with limited buildings based service provision and outreach services to people in their own homes and communities.

7.12. Welfare calls have been used to provide support to service users and their unpaid carers. Where required, individual review of needs have taken place with alternative offers of respite or Self-Directed Support provision. The continued measures in place mean that any services require to operate in a safe and socially distanced way in line with infection control requirements. This inevitably means that service capacity is significantly reduced.

7.13. As noted above further work is currently underway to secure a building to provide a base for services. The IJB should note that any move to provide services is dependent on both the building and the release of staff from key areas where there is considerable pressure arising from COVID-19 and where they continue to be required to provide additional support.

8. Visiting arrangements for Adult and Older People Mental Health Inpatient services

8.1. 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.

8.2. Essential visiting continues to be facilitated and supported in Mental Health Inpatient services in Renfrewshire. Visits are arranged via Senior Charge Nurses and are monitored on an ongoing basis by the Head of Service. All visitors are provided with full PPE and physical distancing guidelines are adhered to.

9. Alcohol and Drug Commission

9.1. The Alcohol and Drug Commission was established by the Renfrewshire Community Planning Partnership to assess the impact of alcohol and drug use in Renfrewshire and make recommendations on actions that can be undertaken by the Council and partners to improve life chances for local people.

9.2. The final meeting of the Alcohol and Drugs Commission was held on the 5th November 2020 at which Renfrewshire Alcohol and Drug Recovery Service (ADRS) presented. This was to update the Commission on the Whole System Review and also how Covid-19 has impacted service delivery.

9.3. The report is now being finalised. In order to assist this process, Renfrewshire ADRS have provided subsequent information in relation to alcohol and drug

referrals, Naloxone and Injecting Equipment Provision. ADRS have also informed the Commission of the Drug Deaths Prevention Strategy that will have dedicated posts that will provide vital links across communities as well as working in partnership with all key stakeholders.

9.4. Once the final report and recommendations have been received, Renfrewshire Alcohol and Drug Recovery Service will undertake a self-evaluation exercise and will bring an update on any identified actions to the IJB.

Implications of the Report

1. **Financial –** Financial implications resulting from the operational response to COVID-19 are described in detail in the Financial Outlook 2021/22 update paper to this IJB
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 –** No immediate implications however ongoing COVID guidelines around physical distancing and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.
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 are tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

List of Background Papers – none

Author: Relevant Heads of Service
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Any enquiries regarding this paper should be directed to the relevant Head of Service for the service update provided, or David Fogg, Change and Improvement Manager (David.Fogg@renfrewshire.gov.uk)