
To: Renfrewshire Integration Joint Board

On: 29 January 2021

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 the key operational activity, including the HSCP's operational response to COVID-19 and ongoing recovery activity. The report focuses on activity undertaken since the last IJB on 20 November 2020.
- 1.2. The continually changing circumstances locally and nationally continue to necessitate the prioritisation of the HSCP's response to the pandemic, including the commencement with partners of the COVID-19 vaccination programme.
- 1.3. The report also provides the IJB with an update on the regional and national developments for health and social care services.
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2. Recommendations

It is recommended that the IJB:

- Note the update on the process for inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004 (section 5);
- Note the progress of the independent review of Adult Social Care (section 6);
- Approve the submission by the Chief Officer of the draft Records Management Plan to the Keeper of the Records of Scotland subject to full IJB approval at the meeting in March 2021 (section 7);
- Note the progress made in rolling out the COVID-19 vaccination programme, delivered collaboratively with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde, and future steps in the programme (section 8);

- Note the completion of the extended Flu vaccination programme in December 2020 (section 9);
- Note the update on care homes and arrangements for staff testing (sections 10 and 11);
- Note the recent changes to testing for care at home, day care and support and Personal Assistants (section 11); and
- Note the COVID-19 operational service updates provided, including the changes which have arisen as a result of the lockdown measures announced by the First Minister on 4 January 2021 (sections 12-15).

3. Background

- 3.1. On 19 December 2020, the UK and Scottish Governments announced a significant retraction of the flexibility which had been agreed for travel and visiting arrangements over the Christmas period. As part of these announcements, it was confirmed that all mainland authorities within Scotland would move to Tier 4 restrictions on 26th December. These measures were stated as preventative interventions due to substantial increases in UK case numbers arising from the identification of a new, more transmissible, variant of the COVID-19 virus in London and the South East of England. At the same time, small numbers of cases had been linked to this new variant in the NHS Greater Glasgow and Clyde area. These restrictions were due to be in place for a minimum period of three weeks to 16 January 2021.
- 3.2. Following the above decisions, infection numbers across Scotland have reached record highs and as of 5 January 2021, the new COVID-19 variant was understood to account for approximately 50% of new cases. In response to this fast moving and challenging situation, a further lockdown for mainland Scotland and Skye was announced on 4 January 2021, including the implementation of stay at home orders for the public, subject to a number of allowances and exceptions. The restrictions were reviewed on 19 January 2021, and it was confirmed that they would be extended to mid-February, with a further review to take place on 2 February 2021.
- 3.3. Despite the above challenges, a positive step forward was taken on 8 December 2020, with the commencement of the COVID vaccination programme, initially taken forward using the Pfizer / BioNTech vaccine (known as 'Courageous'). The vaccination programme continued throughout the period of the festive break and has been further enhanced through the approval of the Oxford-AstraZeneca vaccine by the Medicines and Healthcare products Regulatory Agency (MHRA) on 30 December 2020. The programme itself presents significant logistical challenges and is being taken forward through a joint Council and Health and Social Care Partnership planning team, in support of the NHS GGC approach.
- 3.4. Alongside ongoing winter planning activity and the completion of the Flu vaccination programme in Renfrewshire, there have been substantial operational demands on staff and management within Renfrewshire HSCP. In delivering these priorities, the commitment of staff continues to be exceptional. The following sections of this report set out the operational activity undertaken since the last report to the IJB in November 2020.

4. First Minister's Announcement of additional lockdown measures

- 4.1. To aid management of the increasing spread of the COVID-19 virus, all local authority areas currently in Tier 4 (mainland Scotland and Skye) are now subject to stay at home restrictions. By law, the public will only be able to leave home for an essential purpose, (examples of this include exercise, work where this cannot be done from home, for education, to access healthcare and other public services, and essential shopping).
- 4.2. As part of the tightened restrictions, the Chief Medical Officer wrote to everyone on the shielding list during the week beginning 4 January 2021 to set out the implications of these restrictions for those who were shielding. These individuals should stay at home as much as possible but are able to leave home for exercise, essential shopping and to collect medicines where necessary.
- 4.3. The guidance also confirms that anyone on the shielding list should work from home wherever possible. If working from home is not an option, these individuals should not go to work, and the letter received from the Chief Medical Officer acts as a fit note for as long as lockdown restrictions are in place. The current position for staff who have received their first dose of the vaccine is that these individuals should continue to shield. The HSCP currently has 49 staff on the shielding list.
- 4.4. The additional lockdown restrictions have also had a wider impact on the delivery of frontline health and social care services by the HSCP. All services have moved to a 'critical' delivery position, more closely reflecting the service models which were in place during the first lockdown in Spring 2020. These impacts are described in further detail in later sections within this report.

5. Inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004

- 5.1. In October 2020, the Scottish Government launched a consultation seeking views on the equality and Fairer Scotland Duty impacts which would arise from inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004.
- 5.2. The Cabinet Secretary for Health and Sport wrote to all IJB Chief Officers, NHS and Local Authority Chief Executives and other key stakeholders on 15 January 2021 to confirm that there are no clear barriers to progressing the proposal and legislating for these amendments to the Civil Contingencies Act 2004 to be made. The Cabinet Secretary's letter, attached as Appendix 1 to this report, confirmed that these amendments were to be laid before the Scottish Parliament for due consideration on 18 January 2021.
- 5.3. The Senior Management Team will continue to monitor the progress of this legislation and are currently assessing resource implications which may arise from this legislative change. A further update will be brought to the IJB at a future meeting.

6. Independent Review of Adult Social Care

- 6.1. In September 2020, the Scottish Government announced the launch of an independent review of adult social care in Scotland chaired by Derek Feeley, former Director General of Health and Social Care in the Scottish Government. In particular, this review set out to consider and make recommendations on improvements to adult social care in Scotland, including assessment of the option of a national care service.
- 6.2. The review has been undertaken using a human rights-based approach and has included engagement with key stakeholders across the sector, including representative bodies, providers, partnerships and people who use services. The recommendations arising from this work are scheduled to be published by the end of January 2021.
- 6.3. Following publication of the recommendations, the HSCP will undertake an initial assessment of the implications locally and nationally and will bring a further update to the IJB. The Cabinet Secretary for Health and Sport has confirmed that any future changes will be dependent on the outcome of the Holyrood elections scheduled in May 2021.

7. IJB Records Management Plan

- 7.1. The IJB is required to submit and maintain a Records Management Plan (RMP) as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires public authorities to submit an RMP to be agreed by the Keeper of the Records of Scotland.
- 7.2. The RMP must set out proper arrangements for the management of the authority's public records and include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records and the archiving and destruction or other disposal of the authority's public records.
- 7.3. The IJB's Records Management Plan was approved by the IJB in January 2019 and was submitted to the Keeper of the Records of Scotland. A further review of the Records Management Plan has been undertaken in line with the requirement to submit an updated RMP to the Keeper of the Records of Scotland by 29 January 2021. At the time of writing work on the Records Management Plan is nearing completion. The Board is asked to approve the submission by the Chief Officer of the draft Records Management Plan to the Keeper of Records of Scotland subject to full IJB approval at the meeting in March 2021.

8. COVID-19 Vaccination Programme

- 8.1. The COVID-19 vaccination programme commenced on 8 December 2020 across Scotland, with prioritisation set nationally based on clinical risk. Three vaccines have now been approved by the Medicines and Healthcare products Regulation Agency (MHRA); (i) The Pfizer/BioNTech vaccine, referred to as 'Courageous'; (ii) the Oxford-AstraZeneca vaccine; and (iii) the Moderna vaccine (expected to be available in the UK during Spring).

- 8.2. The Courageous (Pfizer) Vaccine requires to be stored at very low temperatures between minus 70 and minus 80 degrees centigrade. This places challenges on the transportation and distribution of the vaccine. The Oxford-AstraZeneca vaccine can be stored in a suitable fridge, enabling easier distribution of the vaccine. Both vaccines require people to have two doses. The Moderna vaccine will also require two doses.
- 8.3. Other vaccines are also at an advanced stage of development and testing, and subject to approval by regulators may be made available on the NHS as part of the wider vaccination programme.

National Approach

- 8.4. On 24 December 2020 the Chief Medical Officer issued the priority list (detailed below) set by the Joint Committee on Vaccination and Immunisation of the population it anticipates being vaccinated by the end of spring 2021:
1. Residents in a care home for older adults and their carers
 2. All those 80 years of age and over and frontline health and social care workers
 3. All those 75 years of age and over
 4. All those 70 years of age and over and clinically extremely vulnerable individuals
 5. All those 65 years of age and over
 6. All individuals aged 16 to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 7. All those 60 years of age and over
 8. All those 55 years of age and over
 9. All those 50 years of age and over
- 8.5. The Chief Medical Officer's letter also provided additional detail on the health and social care staff who should now be prioritised for vaccination:
- Patient facing, frontline healthcare workers.
 - Non-clinical but patient facing staff in secondary or primary care / community healthcare settings.
 - Laboratory and pathology staff.
 - Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients / clients are at increased risk of exposure.

- 8.6. Furthermore, on 30 December 2020 a significant change was announced to the planned process for issuing the vaccine. The Joint Committee on Vaccination and Immunisation (JCVI) has now recommended that as many people on the priority list as possible should be offered a first vaccine dose as the initial priority before administering second doses. They have advised that the second dose of the Pfizer/BioNTech vaccine may be given between 3 and 12 weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between 4 and 12 weeks following the first dose.

Renfrewshire Vaccination Programme

- 8.7. Renfrewshire has established a joint Council and Health and Social Care Partnership planning team to support NHS Greater Glasgow and Clyde Vaccination Programme.

- 8.8. Given the national changes, with an extended period between vaccine doses and the expectations regarding the priority groups to be vaccinated by spring, the Council and Health and Social Care Partnership are working closely with NHS Greater Glasgow and Clyde to ensure appropriate arrangements and resources are in place to support this. All plans will continue to be subject to the availability and flow of vaccine stocks.
- 8.9. To date, steady progress has been made to vaccinate the initial priority groups in Renfrewshire, and the pace of rollout in Renfrewshire compares positively against current national averages, where available. This is testament to the commitment of staff across the HSCP, Renfrewshire Council and NHS GGC. An update on current figures is provided below, however these figures continue to increase on a daily basis.

Care Home Residents and Staff

- 8.10. The First Minister noted on 20 January 2021 that 90% of care home residents have been vaccinated nationally. As at 21 January 2021, the HSCP mobile vaccine team has vaccinated 100% of eligible residents across all of Renfrewshire's internal and external care home estate. There are a small number of residents have not yet been able to receive their vaccination due to positive COVID tests or outstanding consent. These residents will be vaccinated in the second tranche of care home vaccinations. In line with national direction, residents will receive their 2nd dose within 12 weeks.
- 8.11. In addition to care home residents, over 62% of staff across Renfrewshire care homes have received their first vaccine dose at the time of writing. The HSCP mobile team continues to vaccinate the outstanding, consenting staff alongside any remaining residents at each care home in addition to the hospital-based vaccination centres in order to accelerate delivery.

Health and Social Care Staff (in line with national prioritisation)

- 8.12. Staff vaccinations have been taking place at the Louisa Jordan Hospital and other hospital-based vaccination centres including the Royal Alexandra Hospital. Initially, these centres focused on vaccinating care home staff and frontline NHS staff working in red zones i.e. intensive care units, high dependency care. Following the Chief Medical Officer's letter on 24 December 2020, as outlined in paragraph 8.4, this has been extended to identified priority staff. Communications continue to be issued regularly to all eligible HSCP, Council and external provider staff, with a link to the booking website and instructions, enabling them to book a vaccination appointment as soon as they become available.

People over the age of 75, including housebound and those Shielding

- 8.13. The vaccination rollout for the 80 years and over age group is underway. Over 2000 Renfrewshire residents in this group have already received their first dose of the vaccine from their GP. This covers approximately 25% of the over-80s population in Renfrewshire accounting for those over-80s who will be vaccinated through housebound provision. The national average for over-80s provision was approximately 20% on 20 January 2021. Delivery of vaccines to GP practices has been planned in a phased manner over the coming weeks

to reflect initial issues in supply and people over 80 will be contacted by their practice directly as soon as the vaccine becomes available. The initial vaccine supply is limited and will be prioritised to the oldest patients first. The flow of vaccine stocks is anticipated to improve in the coming weeks.

- 8.14. Preparations are also underway to vaccinate people aged over 80 who are housebound and therefore cannot attend a GP Practice. People who are considered housebound by their GP practice will be offered the vaccine in their own home. This group will be contacted directly as soon as the vaccine becomes available.
- 8.15. The housebound programme will begin shortly for those aged 80 years and above. This includes people who will turn 80 between now and the 31 March 2021 inclusive.
- 8.16. On completion of those aged 80 and over, the HSCP's mobile vaccination team will move on to other age groups, following the agreed prioritisation list.
- 8.17. More widely, the over 75s and those that are Shielding (across all age groups) will be vaccinated by GPs at local practices. The HSCP is currently confirming which practices will do so.

Future Waves – Mass Vaccination Planning

- 8.18. Planning continues through a partnership team including the Council; the Health and Social Care Partnership; Renfrewshire Leisure; NHS GGC; and the national NHS / Scottish Government planning team, to ensure robust vaccination procedures, protocols and infrastructure are established to support the roll out of mass vaccination and to meet anticipated demand.
- 8.19. National planning includes the establishment of mass vaccination clinics to support the optimal delivery of COVID vaccines to the wider population in a consistent way across Scotland.
- 8.20. In Renfrewshire, planning arrangements are being made to set up the mass vaccination clinics to support the delivery of the national programme in a way that ensures local residents can access a vaccination in line with national direction and priorities around the cohorts set out above with ease, should they chose to do so. Three locations have been identified to host mass vaccination clinics within the Renfrewshire area, in (i) the Lagoon Leisure Centre in Paisley; (ii) Renfrew Leisure Centre; and (iii) Johnstone Town Hall.
- 8.21. The mass vaccination centres will commence on 1 February 2021. These centres will start with the over 70s age group, and appointment letters will be issued to this group from Monday 25 January 2021. HSCP clinical leads are supporting the setup of these centres, following which responsibility for delivery will be taken forward by Renfrewshire Council and NHS GGC.

9. Conclusion of the Flu Vaccination Programme

- 9.1. The 2020/21 Flu vaccination programme was significantly larger and more complex than in previous years with an increase in the number of people to be vaccinated in eligible groups and a need to deliver the programme in ways that managed the impact of the COVID-19 pandemic.

- 9.2. Phase One of the programme ended on 20 November 2020 and focussed on those people aged 65 and over. More than 28,000 people in this age group – representing 84% of the total cohort number – were vaccinated via our community vaccination centre at St Mirren Park, community pharmacies, in care homes or in their own homes, comfortably exceeding the Scottish Government uptake target of 75% of this age group.
- 9.3. Phase two of the programme was completed on 18 December 2020. By this date, more than 30,000 Renfrewshire residents aged 60 and over had received their flu vaccination. This second phase was initially expected to focus on those aged 55-64, however this was subject to policy change due to limited vaccine supply. On advice from the Scottish Government, the phase was amended to focus on those people aged 60-64 and delivered from 1 to 18 December 2020. More than 2,200 people aged 60-64 (around 19%) took up the opportunity to receive their vaccination in this phase, through a drop-in clinic at St Mirren Park. Uptake in this cohort was expected to be low given that many people would already have received a vaccination through workplace schemes, paid for them privately, or have received a vaccination as part of the 18-64 years 'at risk' cohort. Those in the 60-64 cohort still wishing to receive a free vaccination may, from 5 January 2021, now attend participating community pharmacies. Information is pending from the Scottish Government regarding plans for the 55-59 age group.
- 9.4. The establishment of the community vaccination centre at St Mirren Park was a new and innovative approach for the HSCP. As such we were keen to capture the views of those attending for their vaccinations, to learn from their experiences and to inform future similar programmes. 1015 responses - equating to 4% of patients attending the flu centre - were collected over the course of the two phases of delivery, with 98% of responses being positive. Comments primarily focussed on:
- the friendly, professional and welcoming staff;
 - the speed, ease and efficiency of the appointment; and
 - particular praise for the drive-through option.
- 9.5. Very few negative comments were received. Those that were largely focussed on:
- the requirement to travel during the pandemic;
 - issues with receipt/timing of appointment letters; and
 - the temperature of the venue, which was a challenge for both patients and staff alike.
- 9.6. Overall, patient feedback was overwhelmingly positive across both delivery phases of the programme and the HSCP will take forward several key learning points to future similar programmes.

10. Care Homes

- 10.1. As the impact of COVID-19 increases across communities, the Health and Social Care Partnership (HSCP) is continuing to see the effect within care homes. Of the 23 care homes for older people across Renfrewshire, 3 are

operated by the HSCP - Montrose, Hunterhill and Renfrew. The use of a range of testing and the activity of Test and Protect within the wider community means that the HSCP can identify a wider range and higher number of both residents and staff who are positive. The vast majority of residents are asymptomatic, are stable and the HSCP are seeing people recover.

- 10.2. The situation, however, remains fluid and the range of enhanced support and oversight delivered through the Daily Huddle and enhanced clinical and care governance arrangements remains in place. The HSCP continues to work closely with both Public Health and the Care Inspectorate. At the time of writing, 3 care homes for older People in Renfrewshire are currently reporting outbreaks with 27 COVID-19 positive residents reported.

Care Home Visiting

- 10.3. On 22 December 2020, the Scottish Government wrote to care home managers to recommend that care home visiting should be reduced from 26 December 2020 for preventative and protective purposes to align with Level 4 visiting guidelines. In parallel, national prioritisation of care home residents and staff for the COVID-19 vaccine remains in place. The focus on vaccinating everyone living and working in adult care homes as soon as possible means that the Scottish Government are aiming for these additional restrictions to be as time limited as possible.

- 10.4. Under Level 4, care home visiting is advised as follows, at a frequency agreed between the care home and visitors:

- indoors: essential visits only
- outdoors: visits to the care home to see loved ones via garden or window visits, arranged with the care home in advance. As a result of the additional risk posed by the new variant, garden visits should now be limited to one visitor and visits by children and young people should be suspended.

- 10.5. Essential visits continue to be supported and 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, including approaching end of life.

- 10.6. Since routine visiting was suspended in Level 4 areas from 26 December 2020, use of the Lateral Flow Test kits distributed to adult care homes, and originally planned for use with designated indoor visitors will now be used to test essential visitors. From 4 January 2021 the Lateral Flow Test kits are being used in the following situations:

- professional visitors to care homes who are not covered by arrangements in place through the NHS / their employer
- care home staff (enhanced testing) twice weekly alongside PCR testing
- outbreak management

- 10.7. It is recognised that testing can reduce the risk of COVID-19 transmission, but it does not completely remove the risk. When used alongside robust infection

prevention and control measures such as personal protective equipment it can however, support care homes to safely balance infection control and the vital benefits of visiting to residents' health and wellbeing.

11. Staff Testing

11.1. Renfrewshire's Care Home Testing Team was established on 1st May 2020, with staff mobilised from across HSCP services. The purpose was the early identification of COVID-19 cases within adult and older adult care homes and the subsequent establishment of the spread of COVID-19 amongst residents and staff.

11.2. PCR testing involves a nasal/throat swab being taken with the person's consent and the tests processed through NHS labs. This has been available to all older adult care nursing and residential homes since May 2020. Further to this, PCR testing has rolled out to adult care homes, sheltered housing, very sheltered housing and Extra Care Housing complexes.

- Since the establishment of the Care Home Testing Team, the role of the team has continued to expand. At present the role of the team is:
- To undertake COVID-19 testing of symptomatic care/nursing home residents
- To undertake weekly surveillance testing in two older adult care or nursing homes on a rotational basis (10% of residents).
- To undertake mass testing in care/nursing homes following a positive COVID-19 test in a resident or staff member
- To provide COVID-19 testing kits to the local Community Nursing Team for pre-admission care/nursing home tests and for symptomatic housebound patients in Renfrewshire who are unable to complete a home test.

11.3. The team review and monitor the results when they are available and are in regular communication with Public Health. The results of the tests are made available to the Care Home Managers, which is used to inform the need for residents to self-isolate and potential outbreaks. The results are shared with the Daily Huddle and the weekly enhanced clinical and care governance meeting.

Care Home Staff Testing

11.4. Staff in Adults and Older Adult Care home staff are offered weekly PCR testing which is co-ordinated by the Care Home Managers. The tests are undertaken by the individual members of staff on a set day each week, have been analysed by the Lighthouse Labs and are in the process of transferring over to NHS regional labs. The staff compliance with the PCR testing is exceptionally good, despite it being an unpleasant process.

11.5. If a staff on-shift member returns a positive result they are immediately sent home to self-isolate for 10 days and mass testing of the residents is arranged. For staff who experience COVID symptoms they should not attend their workplace and should access a testing centre for a test. They should not wait for the weekly test to be completed.

11.6. In addition to the weekly testing the Scottish Government published further guidance in December 2020 requesting Adult and Older Adult Care Home staff undertake twice weekly Lateral Flow Tests (LFT) and, if there is an outbreak, daily LFTs. This is currently being rolled out across all the adult and older adult care homes.

Lateral Flow Tests

11.7. At the end of December 2020 into January 2021, the Scottish Government published a range of guidance on the use of Lateral Flow Testing for wider groups of staff. This approach is intended to provide an additional layer of protection and support early identification of infection, allowing staff members to self-isolate.

11.8. Lateral Flow testing involves taking a swab of the nose or nose and throat to collect a sample, which is then inserted into a tube of liquid for a short time. Drops of liquid are added to the test strip and after about half an hour a result will be shown. Staff are requested to undertake this twice a week and they can be self-administered at home or in the workplace. PCR swab tests need samples to be sent to a lab for analysis so take at least a day to get a result. Staff are provided with Lateral flow tests kits which includes 25 tests and a unique serial number. Staff are required to register the kit with the serial number, and record the twice weekly test results, online. Should any Lateral Flow Test return a positive result, they are then confirmed using the more sensitive PCR test.

11.9. The groups included in this expanded testing regime include:

- Acute service inpatient staff and ward support staff;
- Community healthcare staff including those in Care Home liaison teams;
- Professional visitors to Care Homes
- Care Home staff (as part of an enhanced testing regime in addition to continued PCR testing and as part of outbreak management staff testing); and
- Care at Home (using Lateral Flow or PCR testing. Lateral Flow tests where used should be carried out twice weekly, with follow up by a PCR test if the lateral flow test is positive. PCR tests should be carried out once a week)
- Adult day centres / adult day care services
- Personal Assistants

11.10. At the time of writing the HSCP has started to receive the delivery of the test kits into the HSCP and are establishing implementation plans across the range of services, building in a range of supports for staff to encourage compliance with the LFT testing.

12. Personal Protective Equipment (PPE)

12.1. 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.

12.2. 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.

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

13. Renfrewshire COVID Assessment Centre

13.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate and was open over the festive period, making sure residents who required to access the service a local service was available. There continues to be demand for the service from patients who experiencing COVID respiratory symptoms.

13.2. Staff who have been mobilised to work in the centre were in the priority group of staff to receive the COVID vaccine and commenced twice weekly lateral flow testing on 14th December 2020.

14. Day Support and Respite Provision

14.1. Previous reports to the IJB on the response to and recovery from COVID-19 have provided regular updates on the HSCP's approach to increasing day support and respite provision where this is possible and reflects current guidance and restrictions in place.

14.2. Following the announcement of increased restrictions within Tier 4 areas and 'stay at home' messaging on 4 January 2021, the reopening of a building as part of a hub and spoke model of day support for older adults and adults with a physical disability remains paused. Support continues to be provided in line with the eligibility criteria for people with the most critical level of needs, and service users continue to be contacted on a weekly basis to provide ongoing support and advice. A further update on the work being undertaken to develop the hub and spoke model is provided in the Recovery and Renewal paper to this IJB.

14.3. The four-tier model of support continues to be utilised by Renfrewshire Learning Disability Services (RLDS) to provide essential support to the most vulnerable adults with learning disabilities and their families. This model incorporates day support and respite services, working closely with the Integrated Community Team. The day respite tier of the model was necessarily paused when Renfrewshire moved into Tier 4 restrictions. However, following updated communications from Scottish Government,

approval has been received from the Corporate Management Team to restart this provision at the Anchor Centre and Spinner's Gate.

- 14.4. RLDS continues to utilise the above approach in advance of the safe re-opening of wider building-based services being possible. The Learning Disability Planning Group continues to meet every three weeks, providing the opportunity for engagement with a range of stakeholders including carers and service user representatives, and this group will continue to be integral to decision making within the ongoing response to and recovery from the pandemic.

15. Adult and Older People Mental Health Inpatient services

- 15.1. Mental Health inpatient services across Renfrewshire and NHS Greater Glasgow and Clyde are currently experiencing very high demand. The impact of this increased demand on the current staffing model continues to be monitored and guidance is in place to support any changes to service delivery and staffing to ensure the continued safe and effective provision of inpatient services.
- 15.2. The inpatient wards continue to implement 'cohorted' arrangements to provide care for patients based on whether they have confirmed or suspected COVID-19. Many patients in older people mental health wards have dementia. This can make adherence to social distancing requirements a challenge, as patients have a limited understanding of COVID-19, the associated risks and guidance which can limit infection.
- 15.3. The higher levels of infection circulating in the community continues to provide challenges, and an outbreak of COVID-19 infection is currently being managed in an older people mental health ward. This situation is being managed through daily contact with infection control and public health. An outbreak in a separate ward in December 2020 was managed well and the ward is now in a significantly improved position. A number of wards across the NHSGGC area have also been experiencing similar challenges.
- 15.4. In the previous update in November 2020 visiting to Mental Health inpatient services was on an essential basis only (as Renfrewshire was in Tier 4 restrictions at that time). 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. Due to the lockdown restrictions announced on 4 January 2021, visiting remains on an essential basis only. Such visits continue to be facilitated and supported by Mental Health Inpatient Services only.

Implications of the Report

1. **Financial** – Financial implications resulting from the operational response to COVID-19 are described further in a separate report to the IJB

2. **HR & Organisational Development** – No implications from this report.
 3. **Community Planning** – No implications from this report.
 4. **Legal** – This report outlines the legislative changes resulting from the inclusion of IJBs as Category One Responders under the Civil Contingencies Act 2004. The implications of these changes will continue to be monitored.
 5. **Property/Assets** – Procedures in place to support the management and security of the authority's public information assets have been reviewed through the Records Management Plan. 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 are tracked and managed on an ongoing basis.
 11. **Privacy Impact** – None from this report.
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List of Background Papers – None.

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Integration Joint Board Chief Officers
Third Sector Collaborative
Consultation Respondents

By Email

January 2021

Dear Colleagues,

I am writing to outline the next steps in the inclusion of Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004. As you may recall, we wrote to you in October to announce the consultation on the equality and Fairer Scotland Duty impacts of the above. I would like to thank all who took the opportunity to respond to the consultation. The consultation concluded on the 22 November and today we have published an analysis of the responses, the official Government Response to the consultation, the Equalities Impact Assessment and the Fairer Scotland Duty. These are available at:

<https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civil-contingencies-act/>

As you will see from the consultation analysis, of the 42 valid responses received, 16 made no comment about potential equalities impacts. Of the 28 responses which did comment on equalities impacts, the vast majority felt that there were no potential equalities impacts and no responses mentioned any specific protected characteristics.

Although the consultation asked only about equalities impacts, 33 respondents took the opportunity to provide their views on the proposal itself. Ten responses were broadly supportive of the proposal, 14 responses stated that they did not support the proposal. Objections were generally associated with views that the proposal is potentially burdensome/unnecessary; detrimental to existing systems; likely to create complexity; and not compatible with IJBs' constitution. These concerns are addressed within the Government Response.

It is worth reiterating that the proposal to legislate emerged from evidence during the pandemic, referenced by the Health and Sport Committee on the 17 June 2020, that in some areas IJBs were not included in local response activity by the Health Board and/or Local Authority. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal, coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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I note concerns expressed by some partners that this proposal is potentially burdensome. However, given local partners are already working within an integrated health and social care model there should be limited additional resourcing implications associated with the requirement. Officers engaged via partnership arrangements in the Health Board and Local Authority would be expected to ensure the IJB is briefed and included in discussions and planning.

In considering the responses to the consultation, I have therefore concluded that there are neither clear equality, operational nor strategic planning barriers to progressing the proposal and legislating for the IJB inclusion within the Civil Contingencies Act 2004 as Category 1 responders. Therefore, the amendments to the Civil Contingencies Act 2004 will be laid before the Scottish Parliament on Monday 18 January for due consideration.

I would like to again thank all who took the time to respond to the consultation.

Kind regards,



JEANE FREEMAN