

# Report

Report to:	<b>Social Work Resources Committee</b>
Date of Meeting:	<b>19 August 2020</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>COVID-19 - Health and Social Care Partnership Recovery Composite Report</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide the Committee with an overview of the Health and Social Care Partnership's Recovery Plans

## 2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the contents of this report be noted.

## 3. Background

- 3.1. The Council's Executive Committee considered a report on the 24 June 2020, COVID-19 Recovery Planning which set out the initial steps towards recovery for all Council Resources. The Recovery Plan which the Executive Committee approved included a section on Social Work Resources which this report refers to along with a similar recovery programme which is underway for the NHS. The Health and Social Care Partnership (HSCP) is responding to the challenges and opportunities in the context of maintaining an integrated approach to strategic planning and operational delivery.
- 3.2. The Committee will be aware that the HSCP has been and will continue to be at the forefront of the response to coronavirus. Key services such as primary care, public protection, social care, and community nursing services have continued through the "Lockdown" period. The restrictions have necessitated some prioritisation of services and adjustments to the approach such as staff being more flexible in their job roles within safe parameters and having to introduce additional measures such as the use of PPE to keep everyone safe. These services have also contended with reduced staff availability due to small numbers being "Shielded" larger numbers falling into "vulnerable" groups and a regular cohort of colleagues who had to isolate due to COVID-19 symptoms in their household. Operational delivery has been supported for example through the redeployment of HSCP staff to priority areas, redeployment of staff from other Council Resources and NHS bank staff.
- 3.3. The HSCP has stood down a range of services as part of the response programme. Scottish Government introduced emergency legislation which eased the duty to assess, so that Social Work teams could adhere to social distancing requirements and concentrate on Public Protection and urgent care. Across the Partnership, non-urgent routine activities have been suspended or reduced for the most part for

several months. Day Services have required to be suspended and alternative supports put in place for a reduced number of higher risk situations. The non-residential charging arrangements have consequently also been suspended for many service users. Similarly NHS responses have concentrated on core activities and areas such Primary Care, treatment rooms, routine AHP activity have stopped or reduced non urgent activity, limited direct contact and moved away from building based contacts to focus on more urgent and home based contacts. The public have responded positively to the need to make these changes and to an extent where they have needed to be encouraged to seek support to avoid emerging health conditions escalating.

- 3.4. On a positive note, the response period has accelerated the adoption of agile working and technology-based interventions and methods of communication. These have proved invaluable in maintaining contact and providing clinical support. Across the system both practitioners and the public have embraced the use of products such as Near Me and Teams to interact and home-based working has become the new normal for many staff who previously operated from the Partnership's offices. Social Work teams for example only come into the office every third week on a rota to cover duty and intake service and thereby maintain social distancing. The response phase is also ongoing, and it is anticipated that agile working will be required for some time. There are many positives in this approach and the recovery phase will seek to consolidate and develop these models so that they become typical. This will require further adjustments to systems of work to support and protect staff and will require longer term consideration of the nature and use of the estate.
- 3.5. The Partnership has also had to undertake new tasks as part of the response. A key example of this has been the set-up of the COVID-19 assessment centres at the Airdrie and Douglas Street bases. These have taken up space previously in use for other services and have also consumed the capacity of staff from other parts of the system. Another area of significant new work has been the support provided to Care Homes and the mechanisms set up to provide assurance and support testing. It is anticipated that these responses will be ongoing for some time and the continued resourcing of these assurance models will need to be addressed. The establishment and operation of the PPE hub has equally taken up a considerable resource primarily from the Partnership but with extra capacity and skills sets brought in from other Resources.
- 3.6. The Lanarkshire Health and Care system has delivered its best performance around delayed discharge throughout the crisis period. There was an intense effort to discharge people from hospital at scale and pace in response to directions from the Scottish Government. As previous Committee Reports have described, this included the temporary recommissioning of McWhirter Care Home as an intermediate care facility, purchasing additional nursing home places and securing additional Care at Home capacity from the independent sector. This was supported by an early discharge planning approach that the Partnership and the Acute sector had already begun to adopt based on learning from NHS Tayside. This improvement needs to be sustained going forward as part of a package to improve performance around unscheduled care generally. The recovery work will include a reassessment of the existing workstreams to embrace learning from this period and rebuild momentum in the transformation and improvement activity.
- 3.7. The activity referred to above has been achieved through a massive effort from a considerable body of staff from the partnership which has been sustained for several

months and will clearly be required for a considerable period ahead. Officers have worked long hours including weekends and public holidays to ensure services continued to operate and that the responses were prompt and effective. These endeavours require substantial expertise and time from planning, project, operational and clinical managers backed by business partners to set-up and co-ordinate. This will not abate in the ongoing response and recovery period and members will note the need to continue to prioritise this activity.

- 3.8. The recovery process has commenced in accordance with the principles set out in the Recovery Report to the Council's Executive Committee and similar NHSL processes and permissions. A key theme for the recovery is that going back to where things were before COVID -19 will not be possible or desirable. One driver to the not possible position is the fact that COVID-19 restrictions and adjustments remain in place for the general population and some people such as frail elderly, Shielded and other vulnerable groups remain very much at risk from infection. People will still not be able to congregate in the waiting rooms at their GP surgery, treatment room or out-patient appointment. These spaces will need to be strictly managed. Similarly, traditional Day Services remain an unsafe environment especially for the cohort of people who attend. For the foreseeable future it will not be possible to use buildings and run services as we did before.
- 3.9. The other key driver is the additional costs of running services and the availability of finance going forward. The response period has been financially supported through a range of government initiatives that have provided funding not just to support the response of the Council and the NHS but also to sustain the social care sector. This funding is finite and there is uncertainty about the medium to long term implications for the sector. Significant adjustment and remodelling are required as services step back up and take account of ongoing risks. One illustration of many is that a routine treatment room intervention might take up to four times as long to carry out due to the time taken to don/doff PPE and prepare the space for the next patient. Fewer people can be allowed into HSCP buildings and many activities will take longer to complete. There is no anticipation of additional funding for workspace and workforce where there were already shortfalls in the availability of key skillsets. The financial consequences of COVID-19 in the long-term are not fully known but are expected to have an adverse impact. The impact will also be felt by external partners and the future nature of the social care market is equally uncertain. The planning assumptions are that there now will be a need for careful consideration of what services should be prioritised how they can be delivered.
- 3.10. On a more positive note the opportunity to embrace new ways of working should not be passed up and are also a driver for change and a steer away from returning to an as was position. Aside from the potential work/life balance benefits for employees from agile working there are potential efficiencies for the Council and outcome benefits for service users and patients from using technology. The Partnership has already engaged in work to develop digital solutions beyond video conferencing and remote access to ICT systems. Technology can be used effectively to help people manage long-term conditions, provide health alerts, avoid escalations, and improve the interface with practitioners. There are also possibilities of using some of the existing platforms to connect some people better and mitigate social isolation. The work in Care Homes for example to support residents to keep in touch with family using video Apps should be built upon. The HSCP therefore suggest that tech workstreams are given a high priority during the recovery phase.

#### **4. Next Steps**

- 4.1. The services which have been sustained over the past few months are at the core of the HSCP's business and from the Council's perspective relate to its statutory duties. The initial phase of the Recovery programme has concentrated on planning for such statutory and core activities to be more fully stepped up. For example family contact arrangements for children have been resumed and there is an increase in face to face contact with more vulnerable groups such as adults affected by mental health conditions and addictions who have not responded so well to the new approaches to contact.
- 4.2. The HSCP's senior leadership team have been working closely with colleagues across the Council and NHSL. As with the response phase, recovery will require collaboration across the full spectrum of resources and disciplines as inputs are required not just from a clinical and operational perspective but also from estates, IT, transport, HR and Organisational Development and Finance.
- 4.3. HSCP Managers have been working with the trade unions and professional leads to consider the next steps and undertake walk throughs of buildings, processes, and pathways to determine the measures that are required to re-establish services and keep people safe. As noted above this includes consolidating some of the existing work practices along with the additional protective factors of signage and distance markers to reinforce physical distance. Further measures such as the installation of hand sanitisers, screens at reception points and distribution of PPE are in place. The public footfall into buildings will remain at a minimum and protective measures such as attendance by appointment, minimal waiting areas and sanitising procedures at workstations and in interview areas are amongst the steps being taken to facilitate this.
- 4.4. The Committee is aware that the HSCP has in motion an ambitious Transformation and Improvement Programme which encompasses work related to Care at Home, Day Services and the Care Homes estate from the Council perspective alongside NHS led programmes including Primary Care Improvement and the Mental Health Strategy. Work on these programmes has continued albeit often at a slower pace and with a narrower scope over the COVID19 period. The partnership has already begun to rebuild momentum with these and begin to consider the impact of the COVID situation on the work. It is evident that there are both new challenges and some opportunities and learning that will need to be addressed and capitalised on, respectively.
- 4.5. The Day service at Carlisle is a satellite of the Harry Smith Centre in Lanark. As noted in previous discussions with members, Carlisle has the lowest occupancy of all the SLC day centres and much of the space allocated to Social Work is under-utilised. Education Resources have a need for some specialist provision within the local area and we have worked together to ensure a more efficient use of space within the building without impacting on the day care service for our clients, should Day Care be in a position to reopen some form of buildings based service.
- 4.6. Both the Council and NHSL have established governance arrangements to oversee the recovery programme. The HSCP's Recovery Programme is likely to move quickly and require frequent and rapid adjustments as the COVID-19 situation evolves, and restrictions are reviewed. The HSCP will work with these forums as the planning develops and is taken forward for implementation. It is anticipated that the IJB will need to review its Strategic Commissioning Plan and its Directions to the Council considering the new situation and future challenges. It is likely that some of

the service commissioned to support the IJB's strategic outcomes will look somewhat different going forward.

## **5. Employee Implications**

- 5.1. There are no direct employee implications arising from this. However as noted in the body of the text there are likely to be various workforce related matters which will require attention over the recovery period. The Resource will work with the Human Resources and Training and Development teams alongside the regular consultation and liaison with the trade unions to address the matters which arise. It is likely that the committee will be asked to consider workforce matters related to recovery in future reports.

## **6. Financial Implications**

- 6.1. There are similarly no direct financial implications associated with this report. Members should however note that the capacity to recover services is related to the availability of financial resources and subsequent reports setting out recovery and redesign options will require to factor this in.

## **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no implications for climate change, sustainability, or the environment in terms of the information contained in this report.

## **8. Other Implications**

- 8.1. There is significant risk associated with the ongoing response to COVID-19 and over the recovery period. The risk will be mitigated by continuing to focus on prioritising essential activity and targeting staff and other resources to these activities to ensure business continuity for essential services. The HSCP will continue to adhere to advice and guidance which safeguard both services users and employees. As noted above there are likely to be risks related to the need to deliver services differently and potential from ceasing certain activities either to protect people or due to them no longer being prioritised for support.

## **9. Equality Impact Assessment and Consultation Arrangements**

- 9.1. There is no requirement to carry out an impact assessment in terms of the proposals contained within this report.
- 9.2. The HSCP will continue to consult with stakeholders including trade unions, professional bodies, providers service users and carers throughout the recovery programme

**Val de Souza**  
**Director, Health and Social Care**

27 July 2020

### **Link(s) to Council Values/Objectives**

- ◆ Improve Later Life
- ◆ Deliver better Health and Social Care for all

**Previous References**

- ◆ Executive Committee, 24 June 2020

**List of Background Papers**

- ◆ none

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

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