

# Report

Report to:	<b>Social Work Resources Committee</b>
Date of Meeting:	<b>20 May 2020</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>COVID-19 Update</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the response and key activities of the Health and Social Care Partnership during the COVID-19 pandemic

## 2. Recommendation(s)

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

- (1) that the contents of this report be noted;
- (2) that the commitment of staff across the Health and Social Care Partnership, including internal, external and third sector providers, to respond positively and selflessly to support the community of South Lanarkshire be commended; and
- (3) that the support provided to the Partnership from staff who have been redeployed from other job roles and people who have volunteered be commended.

## 3. Background

- 3.1. The Partnership has been refocusing its resources on key activities that will support the community in responding to the prevailing COVID-19 situation.
- 3.2. Working with Acute colleagues to support patient flow and optimise access to critical functions, the measures that have been put in place are designed to support core functions and to ensure that services for the most vulnerable, such as Care at Home, Community Nursing, Primary Care and care homes, are maintained.
- 3.3. This update highlights the key activities and ongoing challenges across the Partnership at this critical time.

## 4. Update on Key Activities and Ongoing Challenges

- 4.1. Workforce - Committee members will be aware that a significant proportion of the Social Care workforce are middle aged and there are significant numbers of staff who have underlying health conditions. The Health and Social Care Service is also delivered to vulnerable patient groups and service users who are at heightened risk should they become infected with COVID-19. The aggregated nature of these circumstances has resulted in staff being amongst the groups who are shielded or vulnerable and not able to attend their workplace. Further to this, there are substantial cohorts of staff who are required to self-isolate for a period due to either themselves or a close family member being symptomatic. Whilst some staff groups

are successfully working from home, those who deliver direct care such as community nurses, home carers or residential care staff cannot and are therefore unavailable for work. At the present time, some Health and Social Care teams are experiencing up to 25% of staff being unavailable. A key area of concern therefore is maintaining enough staffing levels to maintain essential services.

- 4.2. The Social Care Service has stood down services which are non-essential and/or at increased risk during this period. It is focusing on critical and statutory services such as Public Protection and the delivery of care to the most vulnerable either in their own home or care homes.
- 4.3. A key task for the Partnership has been to rapidly free up space in the acute hospitals in anticipation of a peak in COVID-19 related demand for beds. This has been successfully achieved but has necessitated the opening of temporary facilities and the purchasing of additional Nursing Care Home beds. This includes the following:
  - 4.3.1. Resources have been required to deliver additional care at a point in time where the community workforce is depleted across the entire Social Care sector. There has been limited capacity to start new Care at Home Services and consequently the flow of new people into this service has slowed. To maintain flow from acute into the community, one former South Lanarkshire Council (SLC) Care Home, McWhirters House in Larkhall, has now been temporarily re-commissioned as a step-down facility and is staffed to support service users with lower level needs. McWhirters is primarily being used for people who should be at home but where there is no service availability due to the circumstances. OT's from the Hamilton Locality are also involved in the Intermediate Care Team at McWhirters House and the model has successfully reduced dependency prior to discharge home.
  - 4.3.2. Kirkton Care Home has also been recommissioned and a full staff team is on standby should this additional capacity be required.
  - 4.3.3. Health and Social Care Partnership (HSCP) staff have also been operating from an empty wing of Bothwell Castle Care Home responding to more complex delayed discharge cases. However, this is now being stood down as our internal resource have become operational.
  - 4.3.4. These units have been staffed through a combination of redeploying residential staff, day care staff and using other Council employees including Leisure Services staff. NHS Lanarkshire (NHSL) and HSCP managers have delivered training to support these employees into a Social Care role. It should also be noted that Leisure Services staff are also supporting Care at Home teams through both care delivery and welfare calls where lower level care has been stepped down meantime.
- 4.4. The Care at Home team have been working closely with Community Resources and Education to set up a Community Meals Service. This is a model that some other partnerships already have in place as a business as usual model. This service involves the delivery of meals in lieu of a Home Carer being required to attend to prepare a meal. The service was rolled out in SLC from the 3 April 2020 initially starting in East Kilbride, but now fully operational. 75 staff from Education and Community Resources have stepped forward to support this initiative which will allow Home Carers to concentrate on personal care tasks.

- 4.5. The NHS focused element of the Partnership has also been standing up and down services to safely meet the needs of our patients.
- 4.5.1. As the host Partnership for Primary Care and Out of Hours (OOH), the HSCP has established a pan-Lanarkshire COVID-19 Assessment Hub as required by the Scottish Government. One of the HSCP Locality Managers has led this work for Lanarkshire.
- 4.5.2. A Phone Triage Hub and an Assessment Centre are operational within the Airdrie OOH base and there is an Assessment Centre within the Douglas Street Clinic. Further Assessment Centres are planned, across Lanarkshire, if and when required.
- 4.5.3. The unused wards in Udston Hospital have been brought back into use to be used for Rehabilitation patients who can be transferred out of acute beds and thereby free up ward space for COVID-19 patients.
- 4.5.4. Community hospital beds have been re-configured to facilitate isolation as necessary and in preparation for cohorting patients and staff if necessary.
- 4.5.5. Kilbryde Hospice changed its focus. All palliative and end-of-life patients who require hospice care in Lanarkshire will be directed to St Andrews Hospice and Kilbryde was ready to be used as surge capacity for Hairmyres Hospital. Plans are progressing for Kilbryde Hospice to stand down this capacity and to re-open as a residential palliative care unit.
- 4.5.6. Community Nursing teams continue to visit those patients who have been identified as care managed and those who require ongoing clinical care. The Integrated Community Support Teams (ICST) continue to provide care supporting patients in their homes to avoid hospital admission and timely discharge. This also avoids duplication of visits to households, reducing risk to staff and patients. These teams continue to work flexibly across sites and departments.
- 4.5.7. AHP staff are undergoing training (phlebotomy) out-with their usual remit to support their colleagues.
- 4.5.8. Specialist nursing services continue to support many patients in their homes. Due to the clinical requirement to monitor these patients, a small number of clinics are in place. Those patients who are identified as shielded are visited at home.
- 4.5.9. The use of “Near Me” software allows patients, families and carers to be supported during this period.
- 4.5.10. The traditional treatment room model has been suspended across the Partnership. However, those patients who require ongoing wound, nephrostomy, pic line etc. support are continuing to have their care provided in their homes. A Phlebotomy Service is also being provided to those shielded patients and those where clinical need is required.
- 4.5.11. The Health Visiting Team and Family Nurse Partnership Teams continue to support pre-school children as per Scottish Government guidance and continue to prioritise child protection and primary assessments. The extended assessment of children and support to families is currently supported using the “Near Me” software, with Universal Pathway assessments being undertaken in-line with guidance and professional judgement. Childhood immunisation delivery is unchanged.

- 4.5.12. The School Nursing Service is continuing to work prioritising Child Protection and Looked after Children, recognising that young people more than ever require support. The team are working closely with Social Work and Education colleagues.
- 4.5.13. Staff have remote access and are being encouraged to use “Near Me” software.
- 4.6. The availability of staff testing has improved rapidly. The HSCP has been working closely with SALUS to ensure that both HSCP and partner providers such as Nursing Homes and Supported Living Services can access staff testing and thereby maximise the availability of the workforce. Testing of residents in care homes has now developed a higher profile and the Partnership is working with NHSL colleagues and providers to implement current guidance in this respect.
- 4.7. Another key issue has been the challenges with the supply of Personal Protective Equipment (PPE) and the interpretations of the guidance around its use by stakeholders.
- 4.7.1. The core requirements about rigorous hand hygiene and the use of PPE such as gloves and aprons are every day for Social Care. However, the use of masks and visors are not, and these are not regular stock items.
- 4.7.2. The Council has pursued supplies vigorously and the availability has improved latterly: there is national work ongoing with Scotland Excel and an emergency supply was provided by NSS.
- 4.7.3. The HSCP was the first Partnership to set up a PPE hub as directed by government. This is established at the Newberry Rooney Day Service and is supported by staff from across the Council. This service is being extended to support supplies to Personal Assistants and unpaid carers
- 4.7.4. The most up-to-date guidance in respect of the use of PPE extended the use of PPE and introduced a risk-assessment approach for practitioners. There has been considerable discussion on this topic with the Trade Unions, to consider the emotional impact upon carers who want to ensure that they keep both service users and their own personal network safe.
- 4.8. The maintenance of effective communications is particularly important over the coming months and is challenging given the level of home working and the disruption to everyday operational functions. As noted above, the HSCP has embraced the use of video and tele-conferencing and has already developed effective arrangements to maintain regular communication throughout the workforce and sustain key forums such as COVID-19 planning, Senior Management Team, Trade Union Liaison and team meetings. The Chief Officer is collaborating with North Colleagues and NHSL to maintain a consistency of messaging to the community through the Chief Officer Blog and social media. Similarly maintaining effective communication with elected Committee Members continues to be important and is being facilitated through formal written communications such as briefings, Committee reports and through the agile-working methods already referred to.
- 4.9. The Partnership has established tele-conference forums for communicating with our Care at Home and Supported Living Framework providers and Care Home providers each week. We have also written to them to offer assurance that the Council will support them to address financial sustainability issues over the pandemic period. A

key concern for the providers is losing income and not being able to pay wages should they not be able to deliver care due to COVID-19 workforce issues. The Council has followed COSLA guidance in providing advice to Providers.

- 4.10. The Partnership has identified the need to support the Nursing Home sector both from the point of view of supporting care homes to manage any outbreak of Covid-19 but also in relation to supporting workforce issues particularly nursing cover. Approximately a third of Nursing Homes have Covid-19 positive cases. The pan-Lanarkshire Care Home Liaison Service has increased its capacity and is operating over seven days. Nursing homes have also been given access to Bank staff, via Care Home Liaison Service and on one occasion to date, have received direct nursing support from the South HSCP Community Team.
- 4.11. The Partnership has identified individuals who it supports and who are within the shielded group and has made sure partners who provide Social Care Service also know who their shielded service users are. This supports efforts to ensure that appropriate actions are taken by care teams to minimise the risk to these individuals. The Committee will want to note the positive support provided by the Council in setting up a phone support line and infrastructure for the shielded group. This work has supported Primary Care in particular and the HSCP continues to work with the Council team to co-ordinate activity. The Council has also set up services in conjunction with the Third Sector to support a broader cohort of vulnerable citizens and, in so doing, limit the risks of them requiring additional inputs from the NHS and HSCP services.
- 4.12. As noted in the sections above, there are several examples of where Council and South Lanarkshire Leisure and Culture (SLLC) staff have supported the work of the Partnership. A further example has been the SLLC staff supporting Pharmacists to manage people queuing for prescriptions.

## **5. Business Continuity and Recovery**

- 5.1. Many employees have worked tirelessly to support business continuity and establish responses. Services which would typically takes months to set up are operational within days. Overall the Partnership's workforce has demonstrated commitment and imagination in their endeavours to ensure services are delivered to the most vulnerable members of the community. Excellent support has been provided by colleagues across both the Council and Health in supporting the HSCP and those staff who are redeployed into the service.
- 5.2. Service continuity for essential services has been a key feature of the business continuity plans which have been operating over the past six to eight weeks. Work is now commencing on understanding how to move to the next phase of the process by understanding those services that should be continued in a similar format to that currently operating as well as identifying and quantifying those areas where there is further work required to re-establish services for people and the scale/model of services to be provided. This will also need to be assessed based on providing services whilst still observing key priorities, for example, 'shielded' and 'vulnerable' categories as well as maintaining 'social distancing'. Consequently, services such as Day Care will be not be able to return to the previous operating model for the foreseeable future. This will be described in a recovery paper which comes to a future Committee and there will be a corresponding Risk Register set alongside, that assesses impacts on performance as well as implementation of 'Directions'.

## **6. Employee Implications**

- 6.1. As indicated in the report, there is significant Human Resource activity taking place to support the HSCP response. There are a range of important employee welfare matters in relation to vulnerable staff groups which may also impact on service continuity particularly the issue of PPE which is essential for keeping both the workforce and service users safe. The redeployment of staff and staff working additional hours is sustaining services meantime.
- 6.2. The enhanced use of technology that has emerged during the pandemic period has demonstrated that there is an opportunity to change working practices and engagement more fundamentally. This is an opportunity the Resource intends to build on as it can both release capacity to deliver care and offer benefit to employees.
- 6.3. It is becoming increasingly clear that there will be an extended recovery and adjustment period even after the lock-down restrictions are eased. As noted in the body of the report there will be opportunity and likely necessity for a more transformational approach to service redesign to ensure that services can be targeted safely and effectively in changed circumstances.

## **7. Financial Implications**

- 7.1. There is a significant element of financial risk in respect of the response to the pandemic. Additional costs are associated with sustaining services and setting up new services to meet increased demand. The Chief Officer and the Chief Financial Officer have worked with colleagues in the North Lanarkshire HSCP and the acute sector to contribute to a pan-Lanarkshire Mobilisation Plan for the Scottish Government which sets out the estimated costs associated with the activities described above. Dialogue with the Scottish Government is ongoing in respect of the additional funding required during this period.

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

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

## **9. Other Implications**

- 9.1. The Committee's Risk Registers are being updated regularly to ensure key risks, and emerging risks, are monitored and addressed effectively.
- 9.2. There are no additional risk implications associated with this report.

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

- 10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 10.2. There is no requirement to undertake any consultation in terms of the information contained in this report.

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

29 April 2020

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

- ◆ Deliver better Health and Social Care for all
- ◆ Accountable, Effective, Efficient and Transparent

**Previous References**

- ◆ none

**List of Background Papers**

- ◆ none

**Contact for Further Information**

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

Val de Souza

Director, Health and Social Care

Ext: 3700 (Phone: 01698 453700)

Email: [val.desouza@southlanarkshire.gov.uk](mailto:val.desouza@southlanarkshire.gov.uk)