

Subject: **Director's Report - COVID-19 Response**

Purpose: To provide IJB members with an overview of activity in response to the COVID-19 pandemic by NAHSCP

Recommendation: IJB members are asked to note and comment on the HSCP response and activity during the COVID 19 pandemic.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the Health and Social Care Partnership (HSCP) response to the COVID-19 pandemic through the emergency governance measures and delegated powers agreed by the Integration Joint Board (IJB) 19 th March 2020.
1.2	The report details the arrangements established across all services areas and highlights the challenges faced by the partnership in responding to the pandemic.
2.	BACKGROUND
2.1	The UK and Scottish Governments have introduced legislation to allow the partnership to adapt and prioritise services in response to COVID and ensure the continued delivery of services during this period. The changes made within NAHSCP have been in line with this legislation.
3.	PROPOSALS
3.1	<p>IJB are asked to note the updates contained within the report in relation to :-</p> <ul style="list-style-type: none"> • Mobilisation Plan • Service Areas <ul style="list-style-type: none"> ▪ Mental Health & Learning Disability; ▪ Health & Community Care; ▪ Primary Care; ▪ Children and Justice Services; ▪ Finance & Commissioning; • COVID Legislation; • PPE; • Community Support; • Governance

3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS

Financial:	Financial implications are reported to the Scottish Government through financial reporting and the mobilisation plan.
Human Resources:	HR implications, if any, are included in the updates within the report.
Legal:	The legislative arrangements for COVID 19 are included within the body of this report.
Equality:	The report has not direct equality implications. The legislative requirements in terms of Public Sector Equality duties are detailed within the report.
Children and Young People	Implications for children and young people are detailed within the report.
Environmental & Sustainability:	None.
Key Priorities:	None
Risk Implications:	None
Community Benefits:	N/A

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONCLUSION
5.1	IJB members are asked to note and comment on HSCP response and activity during COVID-19 Pandemic.

For more information please contact Stephen Brown, Director/Chief Officer on (01294) 317723 or sbrown@north-ayrshire.gov.uk

INTRODUCTION

This briefing provides a broad overview of activity to date in response to the COVID-19 pandemic by the North Ayrshire Health and Social Care Partnership and provides an update for IJB members and other stakeholders.

From the outset of the pandemic the partnership acted very swiftly to respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities. The Council, Health Board and HSCP recognised the need for robust and continuous planning to respond to the changing situation and daily meetings with senior officers across all organisations were very quickly put in place with the HSCP officers supporting these flexible governance structures. The partnership's Chief Officer and senior management are operating within delegated powers and are working to keep the IJB, Council, Health Board, Trade Union colleagues, staff and other stakeholders up to date with key developments for services.

Whilst responding to the specific needs of North Ayrshire communities we are informing our approach from the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for us all operating in this unprecedented environment to keep up with the ever-changing position and the associated changes to guidance and demands on services.

MOBILISATION PLAN

The Partnership has developed a mobilisation plan detailing additional activities to support our response to COVID-19 alongside the estimated financial impact. The plan provides a focal point for the partnership's response to the pandemic and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-priorities activities and resources and also highlights the areas of greatest risk.

Key areas of the mobilisation plan submitted to the Scottish Government include:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals
- Island resilience with planning supported by a Multi Disciplinary Team approach including local GPs
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute
- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children

- Established “enhanced” locality-based Community Hubs to support vulnerable individuals, including those shielding
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE)

The mobilisation plan is monitored regularly and updates on the costs associated with the NSHSCP response are submitted to the Scottish Government. The costs are outlined later in the finance sections.

The developments and key highlights from service areas are highlighted below.

MENTAL HEALTH & LEARNING DISABILITY SERVICES

Mental Health Services, including Learning Disabilities and Addiction Services for North Ayrshire and for lead partnership services across NHS Ayrshire and Arran have continued to provide health and social care interventions based on contingency planning and appropriate service adaptations.

During the lock down period some aspects of care requiring or requested to be put on hold include day care, respite, support packages and group work. Alternative support arrangements were put in place to safeguard the individuals affected and where appropriate services have worked with commissioned care providers to provide outreach and virtual contact with service users.

We continue to determine the current risk or vulnerability to an individual based upon the most recent contact. A significant number of service users fall into the shielded category and a number of those have taken the decision to self-isolate and cease their usual service provision during this time. Shielded individuals continue to be prioritised for a weekly contact/check-in by the HSCP and care providers. The impact of the cessation of building based respite and day services is having an impact on unpaid carers and there is a risk of carer breakdown the longer these services remain closed.

Joint transitions planning continues between children’s and adult services to ensure that the delivery of alternative service options are developed in alignment with identified need – this includes the planning for alternative provision to day service and respite provision where these have been reduced or suspended. This is critical to ensure there is no gap in appropriate support, especially with the closure of Education provision.

Mental Health inpatient services have continued to be delivered throughout the COVID-19 outbreak albeit with an increased threshold for admission for only those most at risk and some realignment of services to afford specific isolated assessment provision and specific areas to support those confirmed positive for COVID-19.

Addiction services have continued to provide safe, essential alcohol and drug related support. Each client’s situation has been risk assessed to determine their level of support and contact. The service has continued to accept all new referrals with initial screening taking place via telephone. Individual face to face contacts are by appointment and are offered based on risk assessment and identified need. ‘Priority’ groups for face to face contact include the most vulnerable and most in need of protection which includes, but not be limited to - prison release clients, clients requiring IEP intervention, mental health interventions and statutory interventions (child and adult protection).

Ward 5 in Woodland View has refocused service provision to all essential hospital-based detoxification support. Addiction services continue to provide a range of intervention and response to those affected and alcohol liaison have noted an initial reduction in those attending emergency

departments but no real increase in those attending in withdrawal and referred through detox pathways.

The COVID-19 situation has placed pressures on community pharmacies, leading to problems in caring for patients who normally attend pharmacies regularly. Using national guidance and local discussions/agreements the prescribing, dispensing and supervision of Opiate Replacement Therapy medications has been changed to reduce daily prescribing and supervision to reduce the burden on pharmacies and clients. The monitoring of drug deaths continues with weekly reports being submitted, to date unconfirmed drug deaths are reduced from this time last year. These are of course unconfirmed as yet and we need to be mindful of delays in toxicology reports.

Ongoing Developments:

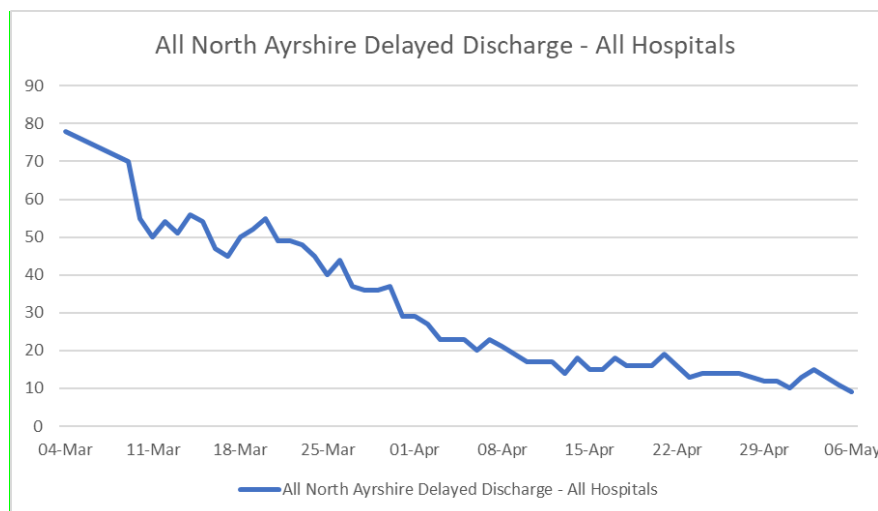
- In response to the anticipated increase in demand for mental health support related to Covid, a Distress Brief Intervention (DBI) programme has been planned to develop, test and incrementally upscale a direct referral pathway from NHS Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service to DBI level 2 support. It is proposed to commission a third sector provider to deliver this level 2 support across Ayrshire.
- Developing plans to bring residential respite services back online quickly to target those service users and carers with a critical need for the service, this will be on a phased basis with reduced capacity to ensure social distancing and infection control measures.
- Risk assessments underway with service and health and safety to commence planning to recommence day services, when this is permitted. This will undoubtedly be on a reduced basis given challenges with transport, social distancing and vulnerability of client groups.
- Modelling requirement for rise in demand for Mental Health services, which is anticipated against previous years, in liaison and with input from Public Health and Health Improvement Scotland. Linking in with key programmes of Pan Ayrshire multi-agency work already established including; suicide prevention, distressed young person's pathway development, health and homelessness and drug death prevention forums linked to ADP's.
- Further investment will be required and was expected for CAMHS. There are dependencies linked to proposed and anticipated investment pre Covid that will need to be re-visited in alignment with expected/anticipated future demand, these plans are dependent on existing funding such as Perinatal MH, Action 15 etc.
- Working with building services to get the Complex Care Unit at Trindlemoss opened for 8th June, the opening was delayed due to outstanding adaptations and the restrictions on movement, this will allow us to move all remaining North Ayrshire patients from the Arrol Park site and discussions are underway to transfer the ongoing responsibility for the Ailsa site to the South Ayrshire HSCP.
- Historic issues with remuneration for pharmacy IEP (Injecting Equipment Provision) in NHS Ayrshire and Arran had previously led to the closure of IEP services by community pharmacy with the ongoing risk of further closures. The re-prioritisation of services in response to Covid has allowed significant progress on a progressing Pan Ayrshire service development to increase the availability of IEP services. An agreement had been reached with community pharmacy across Ayrshire and Arran to increase provision to provide more local IEP outlets to respond to lock down measures and also as a measure to reduce the risk of drug related deaths. This service will remain in place following the Covid pandemic.

HEALTH AND COMMUNITY CARE

Delayed Discharges

An early focus was placed on reducing delayed discharge at a national level by the Cabinet Secretary and locally within the partnership in order to minimise pressure on the health and social care system in preparation for increased admissions to acute settings. Due to the COVID 19 pandemic the Scottish Government issued to each Health and Social Care Partnership a directive to reach zero delayed discharges and then to maintain this performance going forward. North Ayrshire Health and Social Care Partnership are continuing to focus on delayed discharges and reaching the target of zero delays.

The graph below demonstrates the continued progress with delayed discharge performance within North Ayrshire Health and Social Care Partnership from 4th March until 6th May. At 4th March North Ayrshire had 78 individuals within hospital sites who were recorded as Delayed Discharges, as at 6th May 2020 the number of individuals delayed was 9.



This reduction has been achieved by:

- deployment of additional staff to focus solely on delayed discharges on a temporary basis;
- removing the financial restrictions and barriers usually in place when managing overall number of placements;
- extra capacity created within care at home, partly through enhancing with staff from ceased services including day care and also through ongoing recruitment;
- cessation of dementia respite service at Anam Cara and utilising the service as a temporary step down facility whilst individual community care packages are put in place for individuals, whilst ensuring efficient flow of patients (14 beds available and only had to utilise a maximum of 8 at any one time);
- Increased daily scrutiny and monitoring of performance.

At the start of the pandemic the HSCP commenced planning to bring on-line surge capacity sites to respond to demands for more beds in the community if required, based on early projections on levels of activity for hospitals. We prioritised the order that we would potentially bring facilities into use by planning to use existing buildings where services had ceased in the first place (eg respite) before looking to bring any additional facilities into use.

The surge capacity plans for North Ayrshire included:

- Additional hospital bed capacity in Arran War Memorial Hospital (up to 19 additional beds) and in Montrose House (10 beds) to be prioritised for island residents for step-up/step-down and also as an overflow from the hospital;
- Facilities within buildings with ceased planned and emergency respite residential provision (14 beds in Anam Cara, 8 beds Tigha Mor);
- Extremis contingency plan for the Sports Scotland National Centre located in Largs, capacity for 60 beds to be brought on line on a staggered basis to maximise the flexibility of the site based on demand and need.

The only facility that has required to be used so far is Anam Cara and this has primarily been used as a step-down facility to expediate hospital discharge. The rest of the surge capacity plans are currently on hold, plans remain developed and in place if sites are required to be revisited in the future.

Care at Home

Investment in Care at Home capacity has been key to ensuring we can support individuals in their own home, avoid hospital admissions and also facilitate quick discharge from hospital. We have continued to grow our workforce during the pandemic and had two recruitment events, with a total of 143 individuals attending. We are currently working through the process of filling these vacancies including facilitating induction training for new staff. The recruitment events and process has been carried out in line with safe social distancing measures in place. We have had high staff absence levels, particularly at the start of the pandemic, in our Care at Home service due to the nature of the work (i.e. delivering personal care) and the vulnerable individuals being supported. Our commissioned providers have faced similar challenges and during the pandemic have handed back some work to the partnership in-house team to deliver. Contingency plans for Care at Home include staff working additional overtime, employing returning staff and changing shift patterns to increase hours and capacity.

In reality the increased capacity, alongside a number of services users taking the decision to put services on hold at this time, due to self-isolating or receiving support from other support networks, there has been limited requirement to deploy the contingency plans for Care at Home. These options remain as we move forward into the next phase of the response.

Care Homes

Beginning in March 2020, there have been several outbreaks of Covid-19 in community settings across Scotland, including in North Ayrshire. The most commonly affected setting has been that of Care Homes for elderly people.

In North Ayrshire our care home services are delivered primarily by independent providers, either charitable, third sector or private businesses. We have long established contract management arrangements in place for care homes and these have been enhanced and ramped up in North Ayrshire in response to the evolving position in care homes. All care homes have a dedicated contract officer in the Commissioning team who are responsible for ensuring prompt responses to any concerns or queries from care homes.

Since the outset of the pandemic all providers, including care homes, have been issued with daily updates signposting to the most recent guidance and other important information from the Scottish Government, Health Protection Scotland, NHS and the Care Inspectorate. The guidance and approach to supporting care homes has continually evolved and changed throughout the pandemic. The National Care Home Contract uplift was swiftly agreed to ensure care homes could meet Fair Working commitments and to alleviate immediate financial pressures.

Care homes took early decisions to collectively stop visiting and access within the buildings is being managed to prevent infection/contraction of Covid-19.

The NHS Ayrshire and Arran Health Protection Team (HPT) within Public Health liaise directly with a care home whenever a symptomatic resident or a staff member is identified, and they support individual care homes with application of the guidance. When an outbreak is confirmed, the HPT support the care home staff at least daily, ensuring that they understand infection control precautions required, that care home staff have adequate PPE and to arrange testing for residents and staff.

Care home settings across Scotland have been significantly impacted by Covid-19 with outbreaks and sadly a number of deaths reported in individual care home settings. Adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

In North Ayrshire across the period we have had 5 care homes which have experienced an outbreak at any one time and a number of Covid related deaths. There currently remain 2 homes with outbreaks being actively managed and 3 care homes have come to the end of an outbreak and have been given the all clear by Public Health. We have had a total of 55 Covid related deaths so far in care homes located in North Ayrshire.

Care homes have proven to be environments that are particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths. As such the Scottish Government has directed that local areas urgently take action to put in place additional whole system support to protect residents and staff. The additional support is to come from the Scottish Government, Local Authorities, Health Boards, the HSCP and the regulatory and improvement bodies.

The Scottish Government expect NHS Boards and Local Authorities to ensure appropriate clinical and care professionals across Scotland and to take direct responsibility for the professional support required for each care home in their areas; recognising that care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.

From 18th May the Scottish Government required NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for care homes. In addition NHS Board Nurse Directors have received a further directive to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector.

Each Health and Social Care Partnership (HSCP) has been instructed to establish a Care Home Oversight Group (CHOG) with delegated membership from the Nurse Director, Medical Director, HSPC Director, Director of Public Health and Chief Social Work Officer.

The North Ayrshire CHOG arrangements are in place, with appropriate membership, to ensure we:

- meet daily to discuss safety huddle information from the care homes in the area and identify any support required;
- have an overview of information provided by care homes and submission of weekly RAG status of each care home to the Scottish Government;
- prioritise and co-ordinate nursing and social work professional support visits to every care home in the area and consider the outputs from these support visits;
- get assurance with regard to progress of the planned COVID testing programme underway;
- co-ordinate and facilitate any staffing requirements that the care homes are not able to meet from their own workforce;
- escalate any immediate issues of concern and provide frequent updates to the NHS and Local Authority detailing support activity undertaken and any resulting actions;
- highlight any care home which persistently refuses to allow a professional supportive visit to take place and escalate to the Care Inspectorate as the sector regulator.

The intention is to have a supportive approach from the HSCP to ensure we can work together with care home providers to ultimately protect the residents and staff. Care home visits started last week to provide assurance that the appropriate measures are in place and to identify any areas where support is required. The Care Home Oversight Group will consider any action or support required following these visits.

We recognise the operationally and financially care homes may require some support at this time to remain sustainable, there has been a significant reduction in occupancy levels in affected homes and many are facing increased costs for staff and equipment and also face challenges in safely staffing services. We are following national guidance in relation to financial support, in line with an agreed approach to provider sustainability payments, including compensating for reduced occupancy levels. We are also making contingency plans in the HSCP to ensure that where we may be required to step in with staffing that we are prepared, for example with NHS bank nursing staff and we have identified staff from our in-house care at home team ready to be deployed into care homes if required.

Staff Wellbeing Hubs

We have opened staff community wellbeing hubs in Library premises in Saltcoats, Kilbirnie, Irvine, Largs and on the Ayrshire Central site. The Saltcoats and Kilbirnie hubs opened on 5th May, Ayrshire Central Hospital opened on 11th May followed by Irvine and Largs this week on Wednesday 27th May.

The Library based community hubs were initially open to our own Care at Home staff, with a plan to extend this out to Care Homes and Care at Home Private providers following the initial trial to gauge demand and also to ensure appropriate social distancing. These hubs will be opened up to our providers staff on Monday 8th June.

The Ayrshire Central site is open to all Health and Social Care Partnership staff, however thus far there has been little attendance from staff outwith the Ayrshire Central site. Staff have been made aware that the wellbeing hubs are there and are actively being encouraged to drop in. To date across the 4 community hubs we have had 312 visits.

PRIMARY CARE

Primary Care across Ayrshire has responded flexibly to the challenges presented by the Covid-19 pandemic and the linked lockdown. The HSCP have had ongoing engagement with GPs throughout the period with weekly engagement between the Chief Officer, Clinical Director and North GP Cluster leads.

GP Practices have largely remained open and active albeit with less direct face to face patient contact. GPs are increasingly using telephone consultations and also using Attend Anywhere/Near Me video consultations. Almost all Ayrshire Practices are using these mechanisms to positive effect.

Community Pharmacies have been a very significant point of contact for most of the population throughout the period. Whilst some Community Pharmacies have had staffing challenges because of staff either self-isolating or sick, they have largely remained open with new arrangements for physical access, new opening hours and good arrangements with GP Practices to allow timeous access to medicines. Pharmacies are also providing home delivery and this has been supported with capacity from Council and VASA staff/volunteers.

Both GP Practices/Community Pharmacies have also extended their normal access over public holiday periods. They have also been involved in the support response for the Shielding patients and GP Practices have contacted the patient lists offering clinical advice, directing them to practical local supports.

In relation to Optometrists, routine eye care and face to face eye exams have been suspended within the community. Most practices are still taking telephone calls to triage/treat by remote prescription and refer emergency sight threatening cases directly to the Emergency Treatment Centre within UHA. There are also defined arrangements for the provision of spectacle repairs/replacements where these are emergency. Community dentists are closed at present although emergency dental treatment is available.

The HSCP together with GPs, property services and health and safety are developing plans re how to undertake facility risk assessments to facilitate wider re-opening of GP premises including health centres.

CHILDRENS SERVICES

At the beginning of lockdown the Chief Social Work Officer issued interim guidance to staff for Child and Adult Protection procedures to ensure that key processes could be carried out virtually. The South West Scotland MAPPA Coordinator did the same for the multi-agency management of sex offenders. It was decided that the Child and Adult Protection Committees should meet every two weeks and the Child and Public Protection Chief Officers Group on a four weekly basis. The MAPPA Strategic Oversight Group agreed to meet monthly.

All partners in child and adult protection and MAPPA are in agreement that the interim procedures are working well and that protection services are robust. Staffing levels have remained good, and there was a sharp reduction in child and adult concern referrals at the beginning of lockdown.

It is anticipated that in the months after lockdown, and when measures have been relaxed and children return to school, that there will be a significant increase of public protection referrals. For example, we are aware of huge increases to mental health and domestic abuse helplines. Much of

the harm during lockdown has been hidden and will only become apparent when communities return to some kind of normal.

Courts have been closed during lockdown so there is a significant backlog of court work that will impact on Justice Services. Children's Hearings have been held virtually during lockdown and only a fraction of Hearings have taken place. The Children's Reporter has advised that we should expect an unprecedented demand for reports and attendance at Hearings following lockdown.

Current Child Protection Practice:

The COVID-19 pandemic has had a significant impact on the operation of all agencies involved in child protection strategic and operational practice within North Ayrshire.

HSCP:

- Child Protection Conferences are continuing to take place either on a virtual or a physical basis and on a smaller scale (Senior Officer, Social Worker and Social Work Team Manager present).
- There is still a requirement to visit children on the Child Protection Register on at least a weekly basis and currently 98% of children with a child protection plan have been visited in the last 2 weeks within North Ayrshire.
- After an initial decrease in child protection activity, there has been a noted increase within North Ayrshire in all localities in the past 2 weeks.
- Virtual Child Protection training is ongoing within the partnership.

Education:

- HSCP and Education staff have an agreed protocol for supporting our vulnerable children and young people. This has involved establishing a multi-agency forum which meets weekly to allocate support to children and young people (CYP) & families at risk. The multi-agency meetings consider applications submitted in advance using a robust resilience matrix and assessment process based on the National Practice model. Several forums have taken place with 94 vulnerable young people discussed and support measures implemented via the mainstream hubs. There are 8 hubs across North Ayrshire Council.
- Outreach support and respite is being offered for a very small number of families where children have severe and complex needs. This is discussed on a case by case basis.
- Education support is also ongoing in our outreach facilities for young people who would not benefit from attending a hub.
- 157 Pre-5 children have now also been allocated a place in day-care or with a childminder.
- Children & Families staff have been developing packs of resources, distributing craft sets, colouring books, letters to all care experienced CYP and gift packs to support our most vulnerable families. This has been well received.

Acute Health Services:

- Health have noted an increase in Initial Referral Discussion (IRD) activity. Child protection concerns are varied and include parental mental health concerns, domestic abuse, drug and alcohol issues, assault of child, unexplained injuries, indecent images, neglect and poor home conditions.

Police:

- Police Scotland response to child protection has not changed. If there is any risk to a child then the Police will adopt their current procedures and take steps to safeguard the child in

question. Inter-Agency Referral Discussions are a crucial part in multi-agency decision making, ensuring that any investigations or actions are undertaken in a child centric manner and decisions made are recorded in an auditable and transparent fashion.

Other areas of Children's Services:

Scottish Children's Reporter Administration (SCRA):

- The children's hearings system and Scottish Children's Reporter Administration (SCRA) is significantly affected by the Coronavirus pandemic. Some discretion applies to the timing of other hearings by virtue of the emergency legislation. Given the limited amount of participation that can be accommodated, the reporter applies discretion, using criteria to decide whether to proceed with hearings or to postpone. The reporter makes every effort to consult with the allocated social worker as part of making the decision on whether to arrange any of these hearings.

Child Health Services:

- Childhood immunisations have continued to be delivered throughout the COVID-19 pandemic in North Ayrshire. The family is contacted prior to the appointment to ensure there is no one with the home with COVID symptoms, to advise that only one adult should attend the appointment with the baby/child and to be reassured that the nurse will be wearing PPE. The nurses have reported that the attendance and immunisation uptake rates have been good. There have been a few occasions where a home visit has been supported to immunise the baby due to shielding requirements.
- The School Immunisation programme has been stalled as a result of the schools not operating. The missed immunisations will be caught up in 2020/21 session. However this, along with the implications for the staggered school attendance, will have significant implications to how we staff this service in the coming year to ensure we maintain this public health requirement. Planning in underway to consider the implications for the school flu programme for 2020.
- North Ayrshire Universal Early Years (UEY) service has continued to support children and families throughout COVID-19. Initially Primary Visits (baby aged 11 – 14 days) and the 6-week check, as was any supports needed to families identified as having additional requirements, e.g. child protection, complex parenting issues, were the only home visits performed. Health Protection Guidance and NHS Ayrshire and Arran's Infection Control Guidance has always been adhered to by staff attending home visits. The other HV National Timeline visits were performed over telephone supports, however in the last 5 weeks we have piloted "Near Me" technology which allows the UEY teams to send an appointment for the parents to attend a virtual consultation. The plan is to roll Near Me out to all UEY staff as we move forward in the "new normal" especially to support our core families. Weekly reports have been requested by Scottish Government on the number of Pathway visits performed.
- In addition to the Pathway visits, UEY staff have continued to support vulnerable families, weekly contacts for the Shielding families and provided named person reports. There has been excellent joint work between UEY and education to identify places for children within Early Years establishments and day care.
- During COVID-19 breastfeeding supports have continued via Universal Early Years and for the most complex feeding issues Mums have been supported through a variety of routes: home visits, telephone consultations and near me appointments.

Children's Houses:

- Throughout the lockdown period our children and young people in our children's houses and in foster care, kinship care and external placements have managed exceptionally well. We have experienced a very small number of young people absconding from the children's houses, and in these cases, professionals meetings have taken place to support the young people involved. To this end, four young people have been taken into respite accommodation during the lockdown period.
- We have successfully moved one young person to his own tenancy from one of our children's houses and a further two housing applications have been submitted for two other young people. We await tenancies.
- Two young people are returning from external placements next week. Furthermore, another young person will be moving home from an external placement by the end of the week.
- Two children have successfully moved from external residential care to external family members and another two young people have moved to kinship care from external placements.

Child Protection / Vulnerable Children & Young People Statistics:

- Children and Families have created a weekly data dashboard for all children and young people who are vulnerable, require immediate support and who are being supported through the education hubs or the Rosemount Project.
- The updated weekly dataset provides information 'at a glance' in relation to child protection and vulnerable young people statistics during the COVID-19 pandemic. This is analysed and discussed on a weekly basis. We are now required to send this data to Scottish Government on a weekly basis as part of a National dataset.
- Key Messages from this data include:
 - Increased CP activity in recent weeks in all localities.
 - Increase in numbers of CYP being moved to other family members because of safeguarding issues.
 - One breakdown in foster placement and 3 young people externally accommodated.
 - Professionals meetings taking place to support CYP who are having difficulty during lockdown period and as a result of absconding.
- A key difference with child protection concern referrals is the source of these referrals. At this time last year the highest referrer of concerns was Education Services who made approximately 21% of referrals. Currently, the police are the highest referrers and have made approximately 40% of all referrals with Education only making 6% of referrals.

Child Protection Public Engagement:

- Messages via social media and our updated website are being produced and are accessible to young people and members of the community within North Ayrshire. We have also co-ordinated the publication and delivery of child protection resources to all of the community hubs to promote child protection messages to all members of communities within North Ayrshire.

Children with a Disability:

- Building work on the Residential and Respite facility has been delayed and there has been limited progress other than continuing to review and amend plans. Children with a disability have been supported virtually. For cases where there is risk of family breakdown, we have offered respite support, this has been offered on a case by case basis. These services returning to normal will very much be determined in line with the Scottish Government's Covid 19 Routemap.

Suicide Prevention in Young People:

- The Young People's Strategic Suicide Prevention Group (YPSSPG) and Young People's Suicide Taskforce are in the process of being reconvened for June 2020. Young people who overdose in the current situation are being monitored and further support from the Taskforce is being requested as necessary.

Early Release of Prisoners:

As part of the Emergency Covid Legislation, a regulation was laid before parliament on the 4th May to allow for the early release of lower risk prisoners who were in the last three months of their sentence. This was a measure to mitigate against the effects of Covid 19 on prison inmates and officers.

In North Ayrshire we were scheduled to have 14 prisoners released early. The prisoners were to be released in three tranches from the 4th May until the 1st June. We established a multi-agency group that met regularly to plan for the release of these prisoners. Some prisoners had fairly substantial needs, whereas others were able to return to their homes and families without requiring much support. The Justice Services Social Work Team collected "food and well-being" parcels from the Hubs and delivered them to every prisoner who was released. The parcels contained essential food items and toiletries as well as key information on a range of matters, for example, on how to maintain good mental health.

We were expecting six prisoners being released in the third tranche, but the prison governor has vetoed the release of four of these prisoners.

In general, the management of the early release of prisoners has gone well in North Ayrshire, with good multi-agency liaison and co-operation. Only one prisoner has had to be reported to the police for further offending.

FINANCE AND COMMISSIONING

Financial Position Update:

The financial year-end position for 2019-20 has recently been finalised and a summary of the overall outturn position is summarised below:

	£m
Social Care Overspend	2.736
Health Underspend	(1.095)
Net Position	1.641
Debt Repayment Budget	(1.486)
Adjusted Position	0.155

The last reported position to the IJB in February 2020 was a projected overspend of £0.055m (after the re-allocation of the debt repayment budget), therefore the final outturn position is not significantly different from where we expected to be and demonstrates we successfully managed the financial position towards the year-end. However, it remains disappointing that the IJB will end the year with an increase to the debt owed to North Ayrshire Council. The S95 Officer has requested confirmation from the Council re whether additional funding will be provided, the Council have confirmed that the overspend will not be funded and will add to the debt owed to the Council (bringing the total to £5.3m).

The financial impact on the 2019-20 position directly related to the Covid-19 response was minimal and those costs have been adjusted for as it is anticipated funding received in 2020-21 will offset. There were a number of variations in projections across services and a fuller year end budget monitoring report outlining the overall position will be issued to the IJB.

Finance Mobilisation Plans:

The HSCP have made submissions to the Scottish Government on an ongoing basis since the start of April highlighting the anticipated financial impact on the North Ayrshire partnership as a result of Covid-19. The process for submission for IJB mobilisation plans is through the NHS Boards with separate templates for individual IJBs submitted as part of those, the submission has now moved to a monthly update on the basis that plans are not changing as rapidly as they previously were. Councils are making separate submissions re non-social care costs and those are routed through COSLA.

The most recent submission from North Ayrshire HSCP outlines an estimated cost of £6.4m to the IJB for the duration of 2020-21. Clearly there is a recognition that many of these costs are estimates as the situation is continually evolving, hence there have been numerous iterations of the financial plan. It is important to highlight that despite these costs being routed through to Scottish Government via Health Boards that the majority of the additional costs for North Ayrshire relate to social care.

A summary of the main areas on the most recent submission together with a summary of the area is outlined below:

Service Area	£m	
Personal Protective Equipment (PPE)	1.5	Social care supply of PPE for in-house services, to this point sourcing circa 90% of supplies with rest of supply coming from NSS.
Care at Home Capacity	1.4	Experienced high absence levels, costs not increased fully in line with this as reduced cost by prioritising care packages and using re-deployed staff to increase capacity.
Savings Delays	1.8	Impact on delivering savings approved in 2020-21 budget, particularly those depending on moving individuals to different care environments.
Staff Cover	0.7	Significant cost of bank staff for inpatients, mainly acute Mental Health services.
Payments to Providers	0.6	Provision for additional costs to commissioned providers in line with sustainability payments guidance and requirement to uplift rates by 3.3%
Care Home Beds – Delayed Discharges	0.4	Funding to facilitate hospital discharge, short term funding request with HSCP funding places in longer term
Loss of Income	0.4	Ceased day services and respite, suspended all other charges for community supports in anticipation of rapid changes to care
Other costs	0.1	
Offsetting cost reductions	(0.5)	Pressure monies included in budget to fund new services and developments, reflects a delay in progressing.
TOTAL	6.4	

The Cabinet Secretary issued a letter on 12th May to thank partnerships for the continued engagement in the development of HSCP mobilisation plans and supporting due diligence. Whilst it is recognised that further work is required across HSCPs to fully understand the financial implications of responding to Covid-19, an initial funding allocation of £50m nationally was made, particularly to support the immediate challenges in the social care sector. This funding was allocated based on the NRAC/GAE funding formula and not taking into consideration individual mobilisation plan submissions, the North Ayrshire share is £1.3m. This funding allocation falls far short of what is required to fund the estimated cost of our Covid response.

There is an expectation that the Scottish Government will provide additional funding to health and social care partnerships to support additional costs aligned to mobilisation plans. For the North Ayrshire Partnership we have estimated that we may have potential additional costs of £6.4m for 2020-21. Our full funding allocation has not yet been confirmed by the Scottish Government, and whilst we have received an interim allocation address immediate social care pressures, this is not sufficient to fund all of our highlighted pressures, including those experienced by our commissioned care providers.

There are concerns that across Scotland there is currently a total of £680m available for the health and social care response and that the latest mobilisation plans across NHS Boards and IJBs total around £1.4bn. It is not clear at this stage how this gap will be filled, be it through an expectation that cost estimates will decrease, further funding will be allocated, or resources will be re-prioritised from elsewhere (by Scottish Government or local areas).

Currently there is a significant risk of insufficient funding being allocated to fund the resultant costs from Covid. A number of benchmarking groups have been set up to understand and explain the significant variation in the across areas and costs included in local mobilisation plans to give the Scottish Government confidence and assurance over cost estimates before further funding will be released. North Ayrshire are supporting this work and are represented on the national HSCP benchmarking group.

The IJB will require to re-visit the budget for 2020-21 that was set in March 2020 just prior to lock down as the plans and timescales in that balanced budget are clearly no longer realistic nor deliverable.

The Scottish Government has taken a number of social care policy decisions which have had a financial consequence. On 10th April the Scottish Government and COSLA re-affirmed their joint commitment to ensure that all people providing direct adult social care support are paid the Scottish Living Wage. To ensure no delays in the workforce receiving the uplifted Scottish Living Wage rate from April a national agreement was made to apply a national uplift of 3.3% to provider rates, the national agreement was made on the basis that additional costs will be met by the Scottish Government. The additional costs would only be met where the national uplift of 3.3% is greater than the uplift that was already agreed by local areas. Providers were asked to transfer this uplift directly towards wages in their workforce to meet Living Wage commitments and to increase wages across their organisations.

The IJB previously agreed the rate uplifts in March 2020 alongside setting the budget, the impact of the decision on a national 3.3% uplift on hourly rates is noted below:

	2019-20	Previously Approved 2020-21	Revised 3.3% Uplift 2020-21
Housing and Community Support	£16.81	£17.22	£17.36
Sleepovers	£11.09	£11.46	£11.46
PA Day Time Hourly Rate (SDS Option 1)	£12.26	£12.66	£12.66
PA Sleepover Hourly Rate (SDS Option 1)	£11.36	£11.73	£11.73

The additional cost for North Ayrshire IJB in 2020-21 is £180k and this cost is included in the mobilisation plan. There have been concerns raised nationally that this is a recurring cost pressure for which, as yet, there has been no recurring funding agreed.

Commissioning Support

The social care Commissioning team were due to transfer from North Ayrshire Council to the HSCP on 1st April. At the onset of the pandemic those plans were brought forward, this has been very helpful, particularly in joining up our response to supporting commissioned service providers by closer working with other HSCP services and finance.

We are continuing to work very much in partnership with our independent and third sector commissioned service providers to support with operational and financial pressures. COSLA agreed national guidance for commissioners during Covid-19 and recently supplemented this with additional national principles for sustainability payments to social care providers. This guidance, which has informed our own guidance for North Ayrshire is geared towards ensuring the social care sector remains sustainable during the emergency response but also so that resources are allocated to the areas of greatest need without any duplication from other supports available. The principles of supporting provider sustainability are in place until the end of June at which point they will be reviewed.

Across services there are a number of contracted or commissioned services which have ceased or changed during the period. The situation for each provider is different in terms of for example contractual arrangements and the ability to flex costs, therefore consideration is being given on a case by case basis of the ongoing level of payment and any support with additional costs. Any additional payments to providers require to be aligned to our mobilisation plans and as highlighted previously we do not yet have confirmation that all of these costs will be funded. It is imperative that we have appropriate due diligence in place to provide assurance that any additional financial support is essential.

We have a range of supports in place for providers including:

- Commitment to support sustainability for the social care sector until the end of June when a further review will be undertaken.
- Electronic measures have been introduced allow invoices to be submitted and the Council standard payment terms have been reduced to support cash flow challenges.
- Payments for services are not being withheld in relation to invoice disputes and debts are not currently being pursued.
- Every effort is being made to ensure a collaborative approach across Health and Social Care Partnerships to prevent duplication for providers.

- All care homes have dedicated contact officers in both the Finance and the Commissioning Teams who are responsible for ensuring prompt responses to any concerns or queries.
- Daily updates are provided via email which provide access to the most recent guidance and other important materials from the Scottish Government, Health Protection Scotland, NHS and the Care Inspectorate. Relevant information is also shared amongst partners about local services and how they can be accessed during the pandemic.
- Routine contract management has been suspended unless the issue is urgent.
- Existing procurement exercises have been suspended and contracts which are due to expire are automatically being extended where possible.
- Delayed the implementation of CM2000 for adult social care providers.
- Economic Growth Business Development Team are available to provide support and guidance, which includes how services might be able to access additional funds.

COVID LEGISLATION

The Coronavirus (Scotland) Act 2020 was passed and has subsequently been updated to add in further provisions. This has empowered areas to adapt services at pace and prioritise efforts on the response to Covid. The changes the North Ayrshire HSCP have made to services in response to the pandemic have been in line with this legislation. There are areas in the provisions which have not yet required to be enacted due to the capacity of services to continue to provide services as planned and the ability of local areas to respond to pressures.

Sections 16 and 17 of the Coronavirus Act 2020 allows local authorities to dispense with particular social work assessment duties which cover social care for adults, children and support for carers where: 'it would either not be practical to comply, or where to do so would cause unnecessary delay in providing services, support, advice, guidance and assistance'. The easements outlined in the Act are intended to allow local authorities to provide urgent care without delay. In North Ayrshire we have not had to rely on these provisions yet.

The guidance accompanying the Act highlights that we should keep a record of decision making during this period, including decisions to dispense with the duty to assess, decisions to conduct full or partial assessments and decisions about the provision of support. The Scottish Government require us to report on our use of the powers under the Act every two months. This will assist in decisions taken by Scottish Ministers to rescind the powers, which should only be in place for as long as necessary to achieve the objective of enabling local authorities to provide urgent care without delay.

There are specific exemptions in the legislation for a wide range of statutory reports to be published while the Covid-19 crisis persists, including for example the IJBs Annual Performance Report which is ordinarily required to be published by 31 July. We are awaiting a national agreement on what the most appropriate, deliverable and acceptable timescales for some of these publications will keep the IJB updated on any developments.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

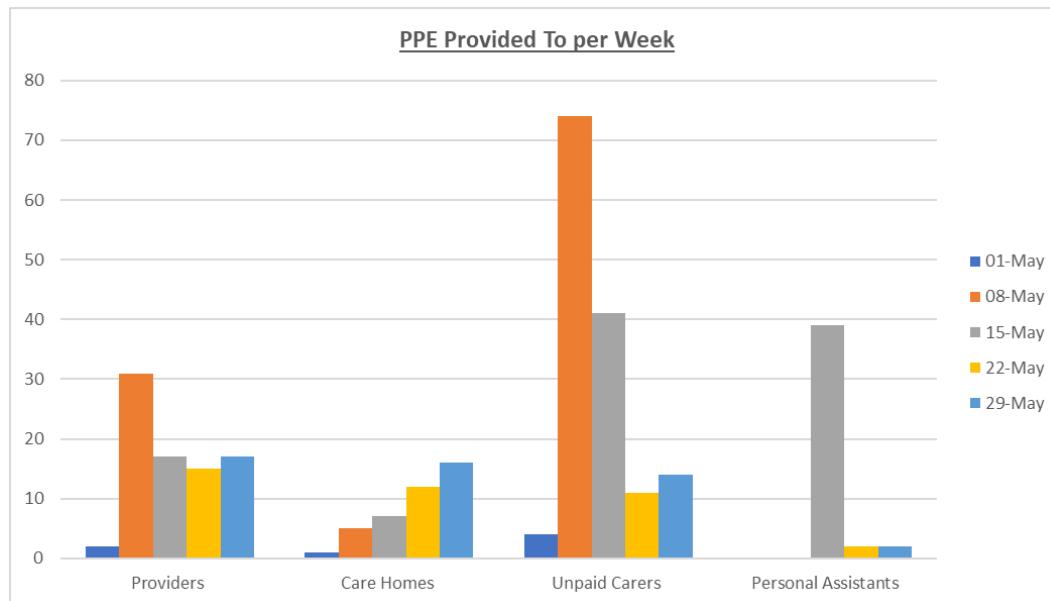
The Covid-19 pandemic has resulted in an unprecedented increase in demand for PPE, there have been huge challenges both with the supply and rising costs of equipment. The guidance on the use of PPE has continually evolved since the outset of the pandemic which has led to an increase in the requirement for supplies. The current minimum PPE required to be worn in Social Care settings when caring for someone within a two metre distance is disposable gloves, apron and a surgical face mask.

There are different arrangements in place for the sourcing, purchase and delivery of PPE equipment for the North Ayrshire HSCP. For our NHS delivered services the stock is supplied directly from the NHS NSS National Distribution Centre free of charge and is stored at the Woodland View site. For our social care services we were required to set up a separate PPE Hub to be the central point for receiving and distributing PPE, this is being operated from our community equipment store. The PPE hubs are required to open as a minimum Monday to Friday 9am to 5pm, in North Ayrshire our PPE Hub has been operating on a 7 day model.

From 27th April the NSS started providing regular weekly top-up deliveries to the PPE Hub and at that time a Memorandum of Understanding (MoU) outlining a partnership between Scottish Government, COSLA, NHS NSS, HSCP's and provider organisations was agreed in relation to the operation of the PPE Hubs. This agreement is in place for six months initially and outlines that:

- Business as usual is that care providers source their own stock of PPE (including the HSCP);
- Where this fails, the PPE Hubs will provide PPE to the whole social care sector, including personal assistants and unpaid carers;
- Hubs provide PPE stock to all elements of social care within our HSCP geographical boundary;
- Stock provided to Hubs from NSS is for social care use only (including Personal Assistants and unpaid carers);
- PPE Hubs will receive top up deliveries on a weekly basis directly from the NSS National Distribution Centre, informed by regular stock returns to NSS;
- The NSS triage calls for urgent PPE requests, those which are routine are directed to the North Ayrshire PPE Hub and emergency requests are directly actioned by the NSS Support Centre.

To the end of May 336,921 items of PPE were provided from the North Ayrshire Hub to independent care providers, care homes, unpaid carers and personal assistants. The chart below summarises the number of each supported over that period:



As noted above the PPE stock supplied by NSS is only a top-up supply and the default position remains that services source and purchase their own PPE. We have never been able to fully rely on the stock coming from the NSS supply and at times have had to support providers from our own supplies. The HSCP have undertaken a significant amount of work to source good supplies of PPE to ensure that we have never been in the position of having to ask staff to undertake their caring roles without the necessary protection.

The demand for PPE in line with the current guidance leaves the HSCP, for our own internal services alone, with a monthly requirement for 171,000 face masks and 310,000 aprons and pairs of gloves, this is an exponential increase compared to pre-Covid PPE requirements. The additional costs of PPE have been included in the mobilisation plan and additional funding has been requested. The estimated additional costs is £1.4m with £0.8m of that relating to orders already placed, which will maintain most stocks until the end of July.

The national HSCP mobilisation plan benchmarking group are looking at PPE costs in more detail across Scotland as there is significant variation in demand and costs in different partnerships. This work will hopefully progress the agreement for funding to flow through to HSCPs for PPE, as we have been advised that funding for mobilisation plans will be released as and when elements of plans are signed off.

COMMUNITY SUPPORT

Community Hubs are jointly operated by the HSCP, North Ayrshire Council and community volunteers. These hubs opened on 24th March and have operated as a local point of contact for community need, including responding with advice, signposting, referral and co-ordinating community volunteers. The hubs have been providing a range of support from providing shopping essentials, food, medication deliveries and wellbeing support. The HSCP Community Link Workers and Service Access have been aligned to the community hubs to support mental health and wellbeing and the growing mental health concerns of residents.

Shielding:

Shielding is a range of measures that were introduced to protect extremely vulnerable people from coming into contact with coronavirus. This includes those with medical conditions such as solid organ transplant recipients, people with specific cancers, severe respiratory conditions, specific rare diseases and other specific listed conditions. In addition, GPs have been adding individuals to the shielding list on an ongoing basis following an individual clinical assessment.

People received a letter from the Chief Medical Officer for Scotland advising them to isolate themselves ("shielding") for a period of at least 12 weeks. This letter included a text message facility to request nationally distributed food parcels. Current shielding arrangements are due to come to an end on 18th of June, we await updated government guidance as there is a commitment to review the arrangements for shielded individual. There are currently 5,560 shielded individuals across North Ayrshire, of these around 25% are service users or patients with regular contact with the HSCP.

In North Ayrshire we followed up the Scottish Government letter with a 'door drop' leaflet offering support with access to food and prescriptions, signposting individuals to the Council's contact centre or community hub. The Scottish Government advised Local Authorities that there was a requirement to contact all of the shielded list individuals and on the 10th of May, the NAC contact centre began making the first outbound calls.

Where individuals have not been able to be contacted a team of individuals from the community hubs, led by the HSCP, have undertaken door-step welfare visits. By 28th May a total of 211 of these visits were undertaken. There remain some individuals to be visited over the next week and there will be an ongoing requirement to support further visits as further additions are made to the shielded list.

A significant level of support is being provided from the community hubs and Council food hubs, this has helped to support people in need during the period of lock down. This has placed significant demand on resources, both financial and from staff to support, the support at this level is not sustainable and potentially not required in the longer term. The HSCP are scoping out, alongside the North Ayrshire Council Communities team, the future delivery model for this service to provide ongoing support, in particular for shielded individuals or those required to isolate as part of the Test and Protect public health approach.

The staff currently supporting the community hubs have been redeployed from other service areas which not been prioritised during the lock down period, these services will all start to come back on line as part of the route map out of Covid and staff will require to return to their day jobs. We will need to plan alongside the communities team to ensure that the withdrawal of staff is coordinated.

GOVERNANCE

Equalities and Mainstreaming Report:

The IJB has a responsibility as a public body to meet the Public Sector Equality Duty obligation and to publish mainstreaming equality reports within established timescales. The Equality and Human Rights Commission (EHRC) have recently sent a letter to all Integration Joint Board (IJB) Chief Officers advising of expected timescales for Equality Outcome and Mainstreaming reports. The letter suggests that IJBs publish a review of those outcomes and equality mainstreaming report this year.

The IJB Standards Officer has advised that:

- The North Ayrshire IJB published a set of outcomes in April 2016, meeting its original PSED obligation;
- In April 2017, the IJB published a final progress report against the 2016 outcomes. At the same time it published the new shared outcomes. This means the original set of outcomes were reviewed with the 4-year timescale and brought the IJB into reporting alignment with the Equality Outcome Partners;
- In April 2019, IJB published its 2-year mainstreaming and outcomes progress report. Meeting the PSED.

Therefore, the Public Sector Equality Duty has been met by publishing the report in April 2019 and work is progressing to review the current outcomes with a view to publishing a four-year report in 2021.

Governance Meetings:

A range of delegated authorities for the Chief Officer, Section 95 Officer and other officers in the HSCP currently form part of the Integration Scheme and Scheme of Delegation for North Ayrshire IJB. There are powers which are reserved to the Board and these are outlined in the Scheme of Delegation, on 19th March the IJB agreed emergency governance measures to ensure that any such matters could be progressed by consultation with the Chair and Vice Chair.

Currently all formal governance meetings (including IJB, PAC and SPG) have been suspended until the end of July, however consideration is currently been given to how meetings can recommence, likely on a virtual basis initially. The Performance and Audit Committee will meet on 25th June to consider the Unaudited Annual Accounts and the most up to date performance report.

The IJB will be kept up to date on the plans to re-start formal meetings.

Stephen Brown
Director – North Ayrshire HSCP