

REPORT

Covid-19 Response

Edinburgh Integration Joint Board

14 April 2020

Executive Summary

The purpose of this report is to update the Board on the actions taken by the Edinburgh Health and Social Care Partnership in response to the ongoing COVID-19 crisis.

Recommendations

It is recommended that the Integration Joint Board (IJB):

1. Homologate the agreement of the Chair and Vice Chair to the IJB's element of the NHS Mobilisation plan;
2. Issue the direction attached as appendix 1; and
3. Note that the Chief Officer, in consultation with the Chair and Vice Chair, will oversee the operational implementation of the plan in line with authorities delegated through the NHS Lothian and Council arrangements.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	✓

Report Circulation

1. This report has not been considered elsewhere.



Main Report

2. Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic. The World Health Organisation declared the outbreak a Public Health Emergency of International Concern on 30th January 2020 and a pandemic on 11th March 2020. Countries around the world instigated a series of measures to stop the spread of the disease at the same time as making preparations to deal with the impact.
3. At the time of writing, a total of 23,143 people in Scotland have been tested. Of these: 19,437 tests were confirmed negative; 3,706 tests were positive; and 220 patients who tested positive have died.
4. By necessity, the response to the COVID-19 pandemic is a largely operational one, with most senior managers in the Edinburgh Health and Social Care Partnership (EHSCP) having to focus almost exclusively on our planning and resilience. We are doing all we can to have a robust response and ensure that we support our staff, the people who rely on our care and support, our communities and the whole system. Although an operational emergency, a small number of strategic decisions are required, mainly at this point in relation to our mobilisation plan.

Mobilisation Plan

5. On 6th March 2020, the Chief Executive of NHSScotland and Director General of Health and Social Care wrote to IJB Chief Officers, and CEOs of territorial Health Boards and Local Authorities to highlight “the specific need that we now have to expedite a substantial number of patients from our hospitals of people who are delayed beyond their fit for discharge date”. Accordingly NHS Boards were asked to co-ordinate the submission of mobilisation plans designed to create capacity and space within our hospitals. This in turn was, in recognition that, as the expected rise of incidence of COVID-19 infection takes hold in Scotland, this will place unprecedented demands on our acute hospital system by people who are critically ill. An associated target of a reduction of 400 delays across Scotland was set.
6. The whole system mobilisation plan subsequently submitted by NHS Lothian was approved in principle by the City of Edinburgh Council and Chair and Vice Chair of the Integration Joint Board (IJB). It sets out the actions we plan on taking to ensure capacity to reduce delays and free up beds in acute as well as develop capacity in the community to care for people and manage with a predicted depletion in the workforce. Recognising the uncertainty of timescales the plan assumes 12 months of cost and will be closely monitored. Given the urgency and, whilst we await final authorisation from the Scottish Government, NHS Lothian has underwritten the cost of purchasing almost all care home provision in the city under a ‘safehaven’ model.



7. Attached are: the IJB's contribution to the NHS Lothian mobilisation plan (appendix 2); and an explanation of the safehaven concept (appendix 3)
8. The EHSCP mobilisation plan was submitted as initially requested however after consideration of these at Scottish Government level, all health and social care partnership (HSCPs) were asked to re-submit their plans now on a uniform template. Our plan was accordingly resubmitted on the third of April as requested and at the time of writing, no formal feedback has been given. It is anticipated that this will be given and therefore a verbal update on this will be given to IJB members at its meeting on the 14th of April.
9. Operational planning to deliver the mobilisation plan is well under way and the rest of this paper sets out the key strands to this work.

Command Centre

10. As an immediate response the EHSCP set up a command centre to oversee and coordinate efforts both across the Partnership and with colleagues in NHS Lothian, the Council and other bodies. Initially the command centre was based at Astley Ainslie this has since moved to Waverley Court although it is now largely virtual in nature with staff mainly working from home as per the strong government messaging to slow the spread of the virus.
11. The purpose of the command centre is to provide a single point of contact to assist, support, and communicate with front line teams; to gather data on emerging themes, including capacity challenges and opportunities; to ensure that distribution of resources are optimal, and to understand and mitigate risk. It was activated on the 18th March 2020, and currently comprises 18 staff, with Tom Cowan (Head of Operations) leading, and Cathy Wilson (Operations Manager) as centre co-ordinator

Operational Response

12. A number of operational changes have been instigated, through the command centre, including:
 - all GP surgeries are operating a telephone or Near Me triage consulting;
 - day care services have closed;
 - care homes are practicing physical isolation;
 - ATEC24 (Community Alarm and Telecare and Equipment Store) is no longer open, people and staff wanting to pick up and return equipment can now do this at various sites throughout the city;
 - our Home First team has stepped up to increase hospital capacity; and
 - a new intermediate care facility has been set up at Findlay House.

Communications

13. Our new Communications Manager joined us on 1st April and will coordinate the communications strategy. Whilst we recognise the importance of good and

clear communication in these difficult times we are also alert to the dangers of mixed messages. For this reason our communications efforts are aligned to those of our partners in the Council and NHS Lothian and are directing staff to their respective websites for the most up to date information. This is supplemented with:

- a daily briefing from the Chief Officer which provides a short update on the latest key changes and information to prioritise services to those who need them most;
- a weekly briefing for IJB members; and
- the use of our website and social media for key messaging.

Other Points to Note

14. Mindful of our need to support our care providers, third and voluntary sector we have written to providers letting them know that there will be no financial penalties for them if, through staff absence due to COVID-19 they are unable to deliver contracted hours. We rely on our providers and want to do all we can to maintain their continuing operation during this unprecedented situation. Over and above we are sourcing and doing all we can to ensure they have access to Personal Protective Equipment (PPE) for their staff.
15. We are working with other key partners to identify and “shield” those most at risk from COVID-19. It is estimated that around 20,000 people in Lothian, with existing medical conditions which cause immunosuppression, will require extra care and support in the community to self-isolate.
16. A newly-created network called Lothian & Borders Care for People will lead on the work to provide support, such as delivery of food and medicines. NHS Lothian will work with health and social care partnerships and local authorities to provide data and identify those most at risk. Pharmacy teams will also provide advice on the best ways to provide essential medication.
17. The management team and those in the command centre are working closely with a range of colleagues in a variety of organisation to ensure our efforts are coordinated and that we learn from best practice elsewhere. This includes linking with the work being undertaken nationally to attract and deploy a new workforce of people returning to the service, retirees, and volunteers.

Implications for Edinburgh Integration Joint Board

Financial

18. At c£20m, the financial implications of our mobilisation plan are significant. Added to this are the, also potentially significant, costs associated with the COVID-19 response. These range from costs of testing for the virus, personal protective equipment (PPE), the cost of establishing community hubs as well as opportunity costs (for example non delivery of savings). The Scottish Government has set aside £430m to address these impacts across all

delegated services and has instituted a series of weekly returns designed to capture the projected cost implications. Aligned to this NHS Boards and COSLA (on behalf of Local Authorities) are gathering actual costs as they are incurred.

Legal/risk implications

19. We are in the process of reviewing and updating the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
20. Colleagues are also working closely with the risk teams in the Council and NHS Lothian. The Council in particular having developed and agreed an approach to managing the new and emerging risks associated with the current COVID-19 environment, whilst implementing appropriate responses to mitigate these risks that will support ongoing delivery critical services and the safety and wellbeing of citizens, visitors, and colleagues. This approach recognises that we are working within an unprecedented and dynamically changing environment and that the risk management approach applied must be intuitive; agile; and sufficiently informative to support decision making, with limited impact on first and second line teams focusing on key operational resilience activities.

Equality and integrated impact assessment

21. No separate assessment has been undertaken at this time.

Environment and sustainability impacts

22. No separate assessment has been undertaken at this time.

Quality of care

23. As has been well publicised in the worldwide media, the COVID-19 pandemic is an unprecedented event, requiring concerted and resolute action across a number of fronts. Our response will always take of the latest standards and guidance and we will continue to run our services in ways which minimise the risk of harm to people. It should be recognised however that, during these unprecedented times, there are likely to be occasions where the level of the demand we are facing temporarily overwhelms our ability to run services safely.

Consultation

24. As outlined elsewhere in this report.

Report Author

Judith Proctor
Chief Officer, Edinburgh Integration Joint Board

Appendices

Appendix 1	Draft direction
Appendix 2	Edinburgh Mobilisation Plan
Appendix 3	Safehaven