



Item No: 06

Meeting Date: Wednesday 27th January 2021

Glasgow City Integration Joint Board

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Chief Officer Update – COVID-19

Purpose of Report:	The purpose of this report is to update the IJB on COVID-19 and the current arrangements in place across the Partnership to respond to the pandemic.
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Background/Engagement:	<p>The Partnership has been actively responding to the COVID-19 pandemic since late February 2020.</p> <p>As the situation has changed over the past 11 months, the Partnership has responded to changes in restrictions, lockdowns and frequently changing guidance on a range of Covid related matters issued to health and social care from Scottish Government, Health Protection Scotland and other bodies.</p> <p>This report reflects the position of the HSCP in key areas at the time of writing (Friday 22 January 2021).</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>a) Note the content of this report.</p>
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Relevance to Integration Joint Board Strategic Plan:

The impact of the pandemic on services delivered by the Partnership may affect delivery of aspects of the Strategic Plan within the originally agreed timescales.

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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	None, this report provides an update on current position.
Personnel:	None, this report provides an update on current position.
Carers:	None, this report provides an update on current position.
Provider Organisations:	None, this report provides an update on current position.
Equalities:	None, this report provides an update on current position.
Fairer Scotland Compliance:	None, this report provides an update on current position.
Financial:	None, this report provides an update on current position.
Legal:	None, this report provides an update on current position.
Economic Impact:	None, this report provides an update on current position.
Sustainability:	None, this report provides an update on current position.
Sustainable Procurement and Article 19:	None, this report provides an update on current position.
Risk Implications:	None, this report provides an update on current position.
Implications for Glasgow City Council:	None, this report provides an update on current position.
Implications for NHS Greater Glasgow & Clyde:	None, this report provides an update on current position.

Direction Required to Council, Health Board or Both

Direction to:

- | | |
|---|-------------------------------------|
| 1. No Direction Required | <input checked="" type="checkbox"/> |
| 2. Glasgow City Council | <input type="checkbox"/> |
| 3. NHS Greater Glasgow & Clyde | <input type="checkbox"/> |
| 4. Glasgow City Council and NHS Greater Glasgow & Clyde | <input type="checkbox"/> |

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1. Purpose

- 1.1. The purpose of this report is to update the IJB on COVID-19 and the current arrangements in place across the Partnership to respond to the pandemic.

2. Background

- 2.1. The Partnership has been actively responding to the COVID-19 pandemic since late February 2020.
- 2.2. As the situation has changed over the past 11 months, the Partnership has responded to changes in restrictions, lockdowns and frequently changing guidance on a range of Covid related matters issued to health and social care from Scottish Government, Health Protection Scotland and other bodies.
- 2.3. This report reflects the position of the HSCP in key areas at the time of writing (Friday 22 January 2021).

3. Incidence of COVID-19

- 3.1. Since late August 2020 the number of people testing positive for COVID-19 across Greater Glasgow and Clyde has shown considerable increase. At 19 January 2021 (the most recent available data at the time of writing), a cumulative total of 385,504 people had been tested for COVID-19 across the area. A cumulative total of 52,822 (13.7%) were positive tests and the remaining 322,682 were tested negative. On 19 January 2021, test results show that of 1,583 tests carried out, 435 (27.5%) of these were positive.

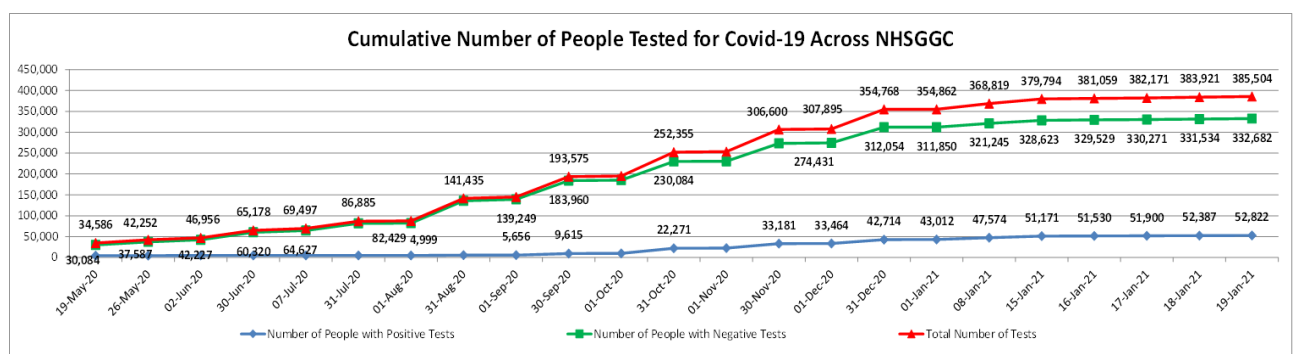


Figure 1: Cumulative number of people tested for COVID-19 across GGC up to 19 January 2021

- 3.2. As at 22 January 2021 there were a total of 932 COVID-19 inpatients (566 of which were within 28 days) in hospitals across GGC, which is 54% more confirmed COVID-19 inpatients than there were when the pandemic was at its peak during the first wave in 2020. This results in significant pressure across the system.

- 3.3. As at 21 January 2021 there were a total of 83 attended appointments reported across Community Assessment Centres (CAC). The majority of attendances were reported at the Barr Street CAC which is managed and operated by Glasgow City HSCP.
- 3.4. The main outcomes for patients attending CACs on 21 January were discharge home to self-isolate (55%) and onward referral to Specialist Assessment and Treatment (SATA) (19%). The graphs below show attended appointments at CACs across GGC since April 2020, and the prevalent outcomes for patients attending CACs over the same period.

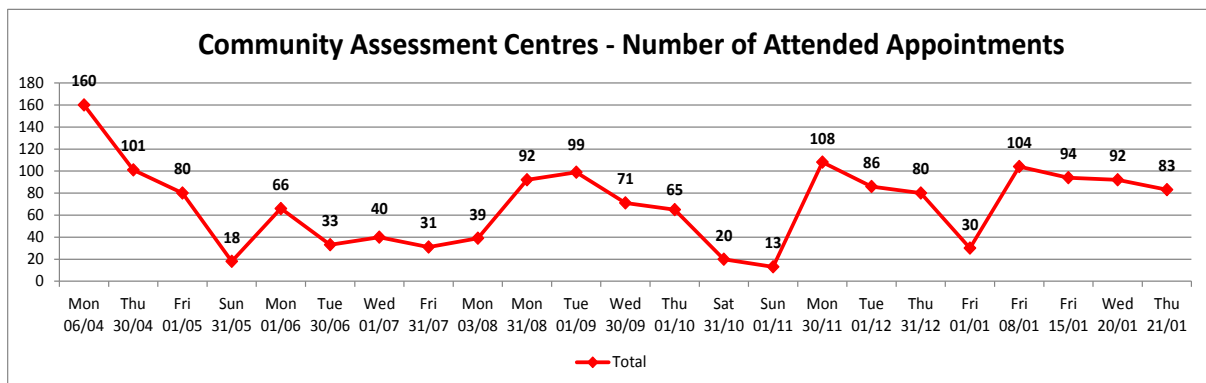


Figure 2: NHS GGC CAC attendances up to 21 January 2021

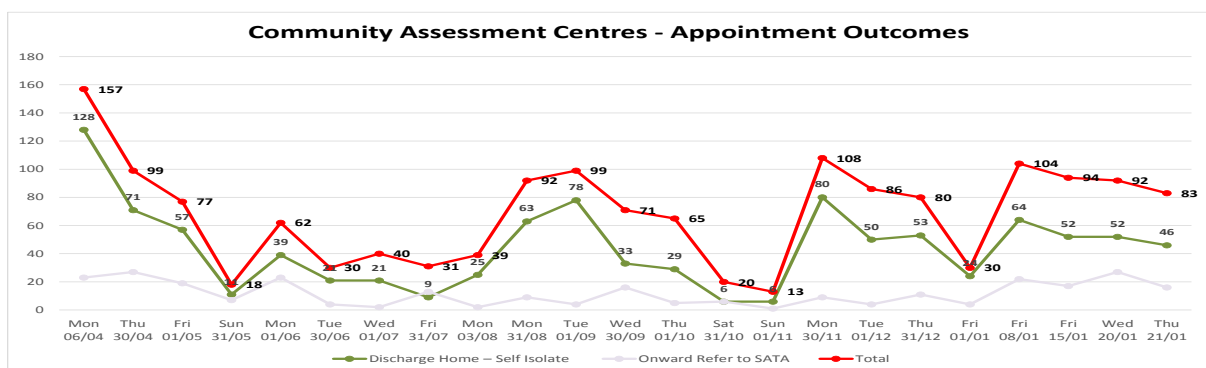


Figure 3: NHS GGC CAC appointment outcomes up to 21 January 2021

4. Meeting structures

- 4.1. The Health Board's Strategic Executive Group (SEG) was established early in 2020 to oversee the response to COVID-19 and the remobilisation process. In addition, the meetings now include reporting on progress on delivery of the COVID-19 and adult flu vaccination programmes, redesign of unscheduled care, test and protect and preparations for winter and continuation of high prevalence of COVID-19. The Chief Officer attends these meetings.

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- 4.2. Initially the SEG met daily and this was scaled down to 3 times weekly after the first wave. Due to the current situation and the increased pressure across the system the SEG has returned to daily meetings from 18 January 2021.
- 4.3. The GGC HSCP Tactical Group continues to meet twice weekly, enabling the six partnerships to work together, share good practice and develop common approaches where appropriate. Focus upon recovery continues, counter balanced with meeting the changing demands presented by the rising incidence of COVID-19 in our communities.
- 4.4. Glasgow City Council stood down its Gold (Strategic) and Silver (Tactical) arrangements in response to COVID-19 following the first wave, and convened a Renewal Board with a focus on recovery and renewal of Council services.
- 4.5. Within the HSCP, response structures were put in place in line with the existing business continuity frameworks. The existing Executive Group of Chief Officers, Assistant Chief Officers and Clinical Directors was extended to include key officers from across the Service to carry out the function of Service Crisis Management Team. This Executive Group was established on 23 March 2020 as a daily meeting, with meeting frequency being scaled up and down since then depending on the situation. Currently the Executive Group meets 4 times weekly and is chaired by the Chief Officer. This group receives updates from the NHS GGC SEG and Tactical Groups and the GCC Renewal Board, and can also escalate issues to these forums. There is a standing agenda for the meeting which includes updates from each service across the HSCP.
- 4.6. Senior management teams across the HSCP have continued to have regular contingency/business continuity meetings to monitor issues and activity in their respective services as a result of COVID-19 and recovery of services.
- 4.7. In addition to the above, enhanced governance arrangements in respect of care homes have been put in place in the HSCP and across GGC (detailed in section 8 below) and an Organisational Recovery Group (ORG) was put in place to review and approve service recovery plans following the first wave, with a sub-group (Accommodation & Social Distancing) specifically dealing with configuration, risk assessments and reopening of building used by HSCP services. Both these groups included representation from both Staffside and local authority trade unions. The Accommodation group was stood down in August 2020 once all buildings had been risk assessed and signed off and the ORG was stood down towards the end of 2020 as all services had activated their recovery plans. As had been agreed the Accommodation & Social Distancing Group reconvened in January 2021 in order to review risk assessments for buildings.

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- 4.8. As noted above, both NHS Staffside and local authority Trade Union representatives have been actively engaged in meetings throughout the course of the pandemic, including those focussed on recovery and risk assessments of working environments and practice. Assistant Chief Officers continue to meet Staffside and LA Trade Unions on a regular basis for their respective areas of responsibility, and the Chief Officer has a weekly strategic meeting with these representatives to ensure ongoing effective communication and joint working.
- 4.9. The HSCP meeting structures and frequency have adapted in response to, and often in anticipation of, the rapidly changing situation as a result of the pandemic and is continually under review.

5. Impact on HSCP Services

- 5.1. The current Level 4 restrictions with some additional measures (for example, school closures) were introduced across most of Scotland in the New Year, including Glasgow City, to help slow the spread of the virus, reduce COVID-19 cases and reduce pressures on health and social care services.
- 5.2. As a result of the recovery planning work undertaken by HSCP services and overseen by the ORG and the Accommodation & Social Distancing groups, Glasgow City HSCP services remain unchanged under the current Level 4 restrictions, and therefore largely so do the jobs that staff currently do on a day-to-day basis.
- 5.3. For health and social care, current restrictions don't mean reverting back to the original lockdown position at the end of March last year. Critical frontline services are being delivered as they were prior to the additional restrictions activated at the start of 2021. A large proportion of HSCP staff are key workers, and this means that staff have to attend their workplace, travel around the City and meet patients and service users.
- 5.4. This means that staff should continue to go to their workplace where there's a requirement, and should continue to work from home where this is possible and practical or a combination of both. Staff who were previously shielding are currently expected to remain at home and work from home if it's practical to do so.
- 5.5. The HSCP continues to support staff to work from home where this is possible, and this is maximised where possible. Some staff may have the ability to work from home, but sometimes their tasks will mean that they have to go into the workplace or travel around the City to support patients and service users. This applies to staff in both frontline and business support roles, who are both critical to our services. Managers have been instructed to continually review what staff within their teams are doing and the location that they work from, with a view to reduce presence in our offices where possible.

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- 5.6. As detailed in para 4.7 above, all HSCP buildings from which services are provided are safe and secure. They've all been risk assessed to ensure compliance with public health control measures around hygiene, infection control and physical distancing, and to ensure the health and safety of staff and the people who visit them. Individual COVID-19 risks assessments, as well as risk assessments for homeworking and Display Screen Equipment (DSE), have also been carried out for all HSCP staff.
- 5.7. The IJB and Elected Members of Glasgow City Council have received fortnightly briefings throughout the course of the pandemic detailing the activity in each HSCP service and received updates on our services and buildings as they restarted and reopened. These briefings will continue to be circulated to both IJB and Elected Members.

6. Workforce

- 6.1. Staff absences for COVID-19 related reasons continues to increase across both local authority and NHS GGC workforce in the HSCP, and this has particular impact on those services which continue to deliver face-to-face care to service users and patients, for example Home Care and residential care.
- 6.2. The most recently reported absence data for NHS GGC staff in the HSCP showed that on 8 January 2021 there were 103 staff absent due to Covid related reasons. Of this 43 (41%) absences were due to underlying health conditions, and 25 staff (24%) had confirmed COVID-19 diagnosis.
- 6.3. The most recently reported absence data for Glasgow City Council staff in the HSCP showed that on 22 January 2021 there were 221 staff absent due to Covid related reasons, with the majority being for shielding. 60 staff were absent with confirmed COVID-19 diagnosis. The breakdown of this is shown in table below:

Absence Reason	Staff Absent
Covid-19	60
Covid-19 Childcare	7
Covid-19 Dependants Care	1
Covid-19 Self Isolate	61
Covid-19 Shielding	81
Covid-19 UHC	11
Total	221

Table 1: HSCP GCC staff absences due to Covid reasons at 22 January 2021

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- 6.4. Over the course of the pandemic a range of briefings on supporting a safe working environment have been circulated to the workforce to ensure that staff understand what steps need to be taken to keep themselves and our service users and patients safe and reduce the spread of the virus. All information that has been shared is available to view on the [HSCP's website](#).

7. Vaccination programme

- 7.1. The COVID-19 vaccination programme continues to be rolled out across Greater Glasgow & Clyde in line with the priority groups as identified by the Joint Committee on Vaccination and Immunisation (JCVI).
- 7.2. In terms of the JCVI Priority 1 group Older People Care Home residents across Greater Glasgow & Clyde have received the vaccination on site, with a total of 6,101 care home residents and 6,815 care home staff across both directly provided and independent sector receiving the vaccination as at 21 January 2021.
- 7.3. In terms of the JCVI Priority 2 group, which includes frontline health and social care staff, the HSCP identified staff groups which were eligible under the definition and have circulated web links to those staff to book an appointment for a first dose vaccination at one of the sites across GGC. Up to 21 January, 34,475 healthcare workers had received a vaccination, 8,123 social care workers and 1,545 Care At Home workers.
- 7.4. Across GGC, 3,049 people aged over 80 had received the vaccination by 21 January. The HSCP continues to roll out the vaccination to housebound people aged over 80.

8. Care Homes

- 8.1. On 17 May 2020 the Scottish Government's Cabinet Secretary for Health & Sport wrote to Health Board and Local Authority Chief Executives, IJB Chief Officers, Chief Social Work Officers and Health Board Public Health, Medical and Nursing Directors about enhanced multi-professional oversight of care homes. The letter and attached guidance directed them to establish those enhanced governance arrangements.
- 8.2. The instruction featured some key elements for Health Boards and Health and Social Care Partnerships to put in place including the establishment of a multi-disciplinary Care Home Clinical and Care Professional Oversight team group at Board level.

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- 8.3. In Glasgow City, daily huddles are carried out with unit managers of the 5 care homes that are directly provided by Glasgow City HSCP. These huddles are led by the Assistant Chief Officer (Operational Care Services), and in line with the enhanced accountability requirements include representation from Public Health, Nursing and QSW Service Managers representing the professional care governance role of the CSWO and providing advice to the huddle accordingly.
- 8.4. Daily contact with independent sector care homes are carried out by the relevant HSCP Commissioning Officer, as well as returns from each care home into the Scottish Government's reporting tool (TURAS). The information gathered from these contacts and returns are fed into a daily safety huddle for purchased care homes, led by senior staff from the Glasgow City HSCP's Commissioning team. These huddles assess the available information and categorise each home as Red, Amber or Green based on range of criteria including feedback from Care Inspectorate, feedback from Practice Development Nurse Assurance Visits and number of positive tests amongst staff and residents.
- 8.5. In order to ensure that the Interim Chief Officer and CSWO for Glasgow City had appropriate oversight of the arrangements, a Local Care Homes Group was established, attended by lead officers. This meets weekly and receives summary reports of activity during the week including testing, nurse led assurance visits. The group also reviews the RAG assessments of care homes and addresses any escalated issues and is also the escalation point for any care governance matters arising from the daily safety huddles. The group is composed of the Interim Chief Officer, CSWO, Clinical Director, Chief Nurse and senior management from Operational Care Services and Commissioning. The Local Care Homes Group is a sub-set of the HSCP's Executive Group and provides updates to this on a weekly basis.
- 8.6. The enhanced governance structure is represented in the diagram below, which includes the existing groups that the Care Home Assurance and Oversight Group report into across GGC.

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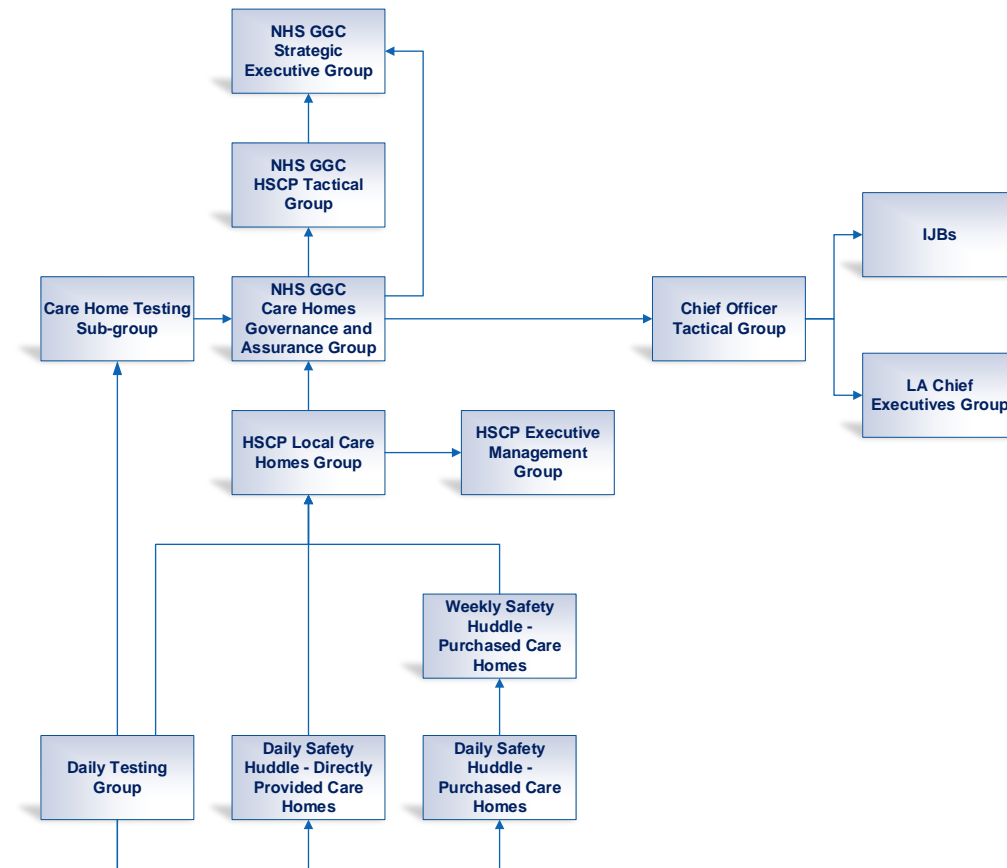


Figure 4: Enhanced Care Home Governance structure (GCHSCP)

- 8.7. As at 21 January 2021 there were 28 older people care homes in Glasgow City with confirmed outbreaks and 7 adult care homes. Despite this the situation is relatively stable across the care homes with the majority of these outbreaks being well contained and monitored. These homes are all currently closed to admissions in line with Scottish Government and Public Health guidance.
- 8.8. At 21 January 2021, there were 4 older people care homes in Glasgow City at 'Red' status which includes 1 home which is dealing with non-covid related issues. There are 8 care homes assessed at Amber status on this date.
- 8.9. The HSCP and NHS GGC continues to facilitate PDN assurance visits to Red and Amber care homes, along with Care Inspectorate follow up visits (announced and unannounced) and Infection Control visits where required.

9. Recommendations

- 9.1. The Integration Joint Board is asked to
- Note the content of this report.