

Agenda Item 5

**Remobilise, Recover, Redesign
Update**



Falkirk IJB Clinical and Care Governance Committee

28 August 2020

Remobilise, Recover, Redesign Update

For noting

1. Executive Summary

- 1.1 The report provides an update on the HSCP plans for remobilisation, recovery and redesign in response to the Covid-19 pandemic. It outlines progress on the key elements for recovery and the potential opportunities for redesign, within the context of the delivery of the National Framework, the IJB Strategic Plan and national policy and guidance.
- 1.2 Work has been undertaken to update the IJB delivery plan, taking cognisance of the pandemic response. There is recognition of priorities and timescales within the plan to progress recovery and redesign.
- 1.3 Work is progressing in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to sustain successful elements of the Covid-19 response.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 note the progress made with remobilisation, recovery and redesign via the updating of the HSCP Delivery plan and note the planned improvements to service delivery
- 2.2 note that Covid-19 HSCP debrief reports will be presented to a future CCGC meeting for consideration.

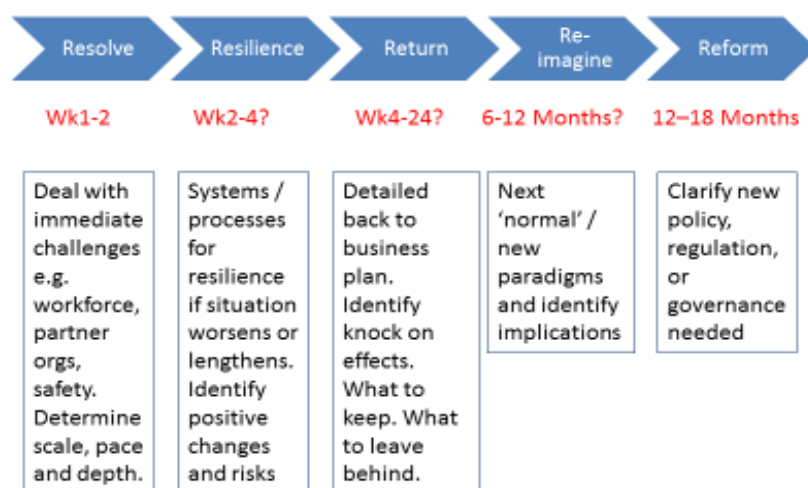
3. Background

- 3.1 The Health and Social Care Partnership began planning its response to the emerging Covid-19 pandemic in early March, updating business continuity plans to review services and build resilience in key services. A mobilisation plan and accompanying finance submission was submitted alongside NHS Forth Valley mobilisation plan as requested by Scottish Government in correspondence on 11 March 2020. The HSCP Delivery Plan for remobilisation, recovery and redesign was approved by the Board in June 2020.

- 3.2 Scottish Government published the [Covid-19 Route map](#) on 21 May 2020 describing the phased approach to vary current restrictions as a framework for decision making. The summary of the four phases is set out below:

Table 1

Think across five horizons



McKinsey & Company – COVID – April 2020

- 3.3 Scottish Government published [Remobilise, Recover, Redesign: the framework for Scotland](#) on 31 May 2020 which outlines three key tasks for the NHS :
- moving to deliver as many of its normal services as possible, as safely as possible
 - ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19
 - preparing the health and care services for the winter season, including replenishing stockpiles and readying services.
- 3.4 The framework describes principles for safe and effective remobilisation, and the NHS will remain on an emergency footing over this period to support their delivery.
- 3.5 The HSCP mobilisation and recovery plan is aligned with those of NHS Forth Valley and Falkirk Council, the national route map and framework documents, national guidance and learning from other partners.
- 3.6 Initial review indicates that the key elements of the IJB delivery plan are very relevant for post Covid-19 planning. This was approved by the Board in December 2019, and sets out in detail how the partnership will deliver its strategic vision *“to enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities”*.

4. Mobilisation

4.1 Mobilisation

A key element of the response to the pandemic, Falkirk HSCP immediately formed an Incident Management Team (IMT) and Mobilisation Plan, with a local mobilisation control centre. This reported to Forth Valley Covid-19 Control Centre and Falkirk Council's Core Team linking to the Local Resilience Partnership.

4.2 The Mobilisation Centre enabled the IMT to be responsive to emerging challenges and developing national guidance and evidence and was effective in both preparedness and resilience. This is evidenced in the partnership response and clinical support, swiftly mobilised in response to challenges in local care homes. This is highlighted through the Falkirk HSCP enhanced monitoring system for care homes which has been used as the exemplar in national guidance for enhanced care home monitoring.

4.3 The Falkirk HSCP Mobilisation plan was built on four themes:

- Community: support the demand for capacity to acute services in Forth Valley Royal Hospital sites by working towards zero delayed discharge position, including both community hospitals.
- Maintain Essential Services
- Reduction In Non-Essential Services
- Staff are safe, supported and protected.

4.4 The HSCP activity is summarised as:

- increased Home First team capacity across acute and community sites
- increased AHP and overnight MECS staff resources to increase overnight support and Rapid Response Teams
- developing at pace Hospital at Home services and increasing the enhanced care in the community team; refreshing pathways for community nursing and support Home Care, working with Third Sector Providers within our health system and work to discharge all acute delayed discharges and at least 95% of people currently delayed in our community and or mental health beds continues implementing the enhanced care home assurance system including the enhanced clinical and professional care oversight of care homes is well established in Forth Valley and a number of innovative ways of working across primary and secondary care supported by public health
- developed staff welfare and support including development of web based information and support, access to support and psychological service, regular 'wobble bulletins' and virtual staff chats and activities

4.5 Throughout the pandemic we have been able to safely sustain our core services including: care at home, community care team, community nursing and mental health officers, care homes and MECS. Day services were suspended in line with national lockdown requirements; however the service maintained regular contact and support for service users and their carers.

We have been able to do this through realigning our resources. The staff absence data has highlighted a number of staff who are subject to shielding and this will impact on how we can plan to remobilise our services.

5. Remobilise, Recover and Re-design

5.1 Key points and lessons learned

The HSCP is continuing to provide essential front line services and planning, as part of phase three recovery aligned to the Covid-19 route map. At the same time the partnership has identified key challenges, opportunities and risks, through reviewing lessons learned. We are also planning contingency to respond should there be a second wave of Covid-19 or local outbreaks using lessons learned, vision and plan for future service provision.

5.2 Care Homes have been the focus of much of our activity over the last three months. The CCGC received a detailed report on the local response and arrangements as its June meeting. At the time of writing, there are 198 or 18% of vacant care home beds in the Falkirk area. There are 942 private nursing care home beds and 76 beds in Council run residential homes. The HSCP provided support to providers through block purchasing beds as part of the mobilisation plan. This ceased on 24 May 2020 and has been replaced by support aligned to the national principles agreed with COSLA.

5.3 At this stage it unclear how local providers will be able to manage in the long term with such a vacancy level, and there may be a further impact as a result of public confidence and demand for this type of care.

5.4 The IJB had previously agreed to review community hospitals, work which has been delayed by the pandemic. There is now an opportunity to:

- review the functionality of the community hospital beds as part of the whole system including reablement and intermediate care bed requirements
- work with partners and the sector to review the community bed base requirements and commission the required balance of bed and community based services.

5.5 It is important that this work proceeds with pace to ensure people who rely on services, their carers and communities have the services they need and that providers are able to work alongside us in the redesign of services.

5.6 In the short-term, a plan to extend local capacity for respite care for older adults at Thornton Gardens was approved by the Board in June 2020. The extended capacity is to provide short breaks to alleviate carer stress.

5.7 The significant financial impact of COVID 19 will require careful financial stewardship. The 2020/2021 Business Plan agreed by the IJB requires £2.2m savings this financial year which have been delayed as a result of the pandemic. It is critical given the significant challenges on public sector

finances that the IJB endeavours to meet this requirement to support the Council and Health Board. The IJB may be required to make bold decisions to increase the pace of transformation whilst fully embracing the principles of integration and the health and social care standards.

5.8 The HSCP commissioned two independent Covid-19 debriefs through the Local Resilience Partnership. One debrief was about a local care home incident and the other was a more broad debrief of the Covid-19 HSCP response to date. Interim reports have been prepared and further work will be done through the HSCP Leadership Team to develop action plans. These will be presented to a future CCGC meeting for consideration. In addition the partnership has undertaken an initial review with the integrated service teams.

5.9 In addition to those areas listed above, the partnership response will be informed by:

- public protection concerns
- carers support
- withdrawal of day services what and how do we restart / change?
- Council strategic property review
- extend community based care due to social distancing
- Third sector and volunteering.

5.10 **Remobilise**

We are considering how we will resume services in phases 2 to 4 where we can safely do so with social distancing and infection control requirements. We need to take the opportunity to review and redesign services for post Covid-19 recovery continuing what has worked and redesigning to meet the emerging challenges. This will include reviewing which buildings we need to reopen as we continue to work remotely where appropriate.

5.11 **Recover and Redesign**

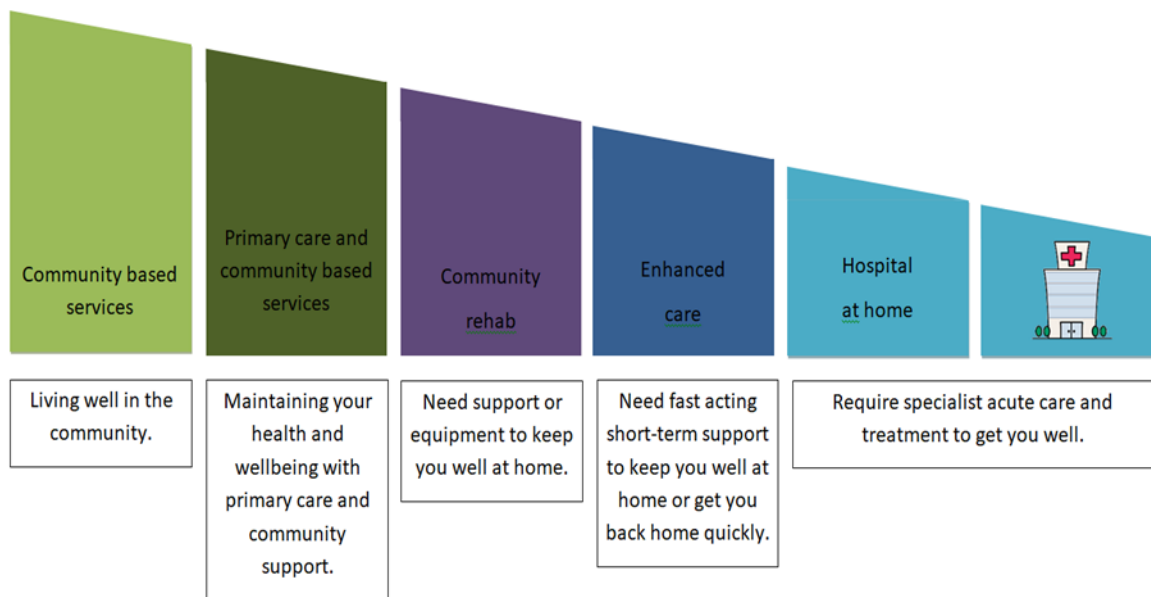
It is clear that the main priority areas in the current HSCP delivery plan still apply, with opportunities to accelerate delivery taking a whole system approach.

5.12 The HSCP recovery and redesign will be framed in the key priority actions where we can:

- accelerate integration
- sustain new models of care where they have proved effective
- redesign services / alternatives (for example day services) to meet individual need and safe distancing requirements
- review how we can accelerate the shift in the balance of care to extend community based support for people to stay at home longer and support carers
- continue to develop support and assurance model for Care Homes
- review community bed-based care across our whole system

- progress the review of care at home
 - build on the COVID 'supporting communities' work to develop locality working.
- 5.13 The recovery plan route map attached at Appendix 1 provides a high level outline of the key steps for recovery and redesign. This will be an iterative plan which will develop taking account of lessons learned, national policy and resources. The Board and CCGC will receive regular updates on progress.
- 5.14 During Covid-19 response a number of changes to service delivery have been successful and now require consideration as possible opportunities for redesign: for example three WTE Consultant Geriatricians joining ECT following a request from the Covid-19 Hub. This was to provide assessment, management and care to frail elderly people across Forth Valley. This is been delivered as a 7 day service.
- 5.15 This work evolved to include:
- assessments of those referred to the Rapid Access Frailty Clinic
 - assessment and management of residents in care homes
 - education and training to ECT nursing staff
 - step up care to community hospitals
 - most importantly they have provided an alternative to admission to FVRH.
- 5.16 The table below illustrates the span of services and the need for fast acting short-term support to keep people well at home or get them back home quickly:
- intermediate care
 - discharge to assess/Home First
 - community hospital
 - community Hospital Team
 - step up to community hospital via ECT.

Table 2 Model of Enhanced Care



5.17 The impact of the Geriatrician Enhanced Care Team (ECT) was:

- avoided 58 hospital admissions over six weeks
- stepped up 5 patients to community hospital
- total bed days saved (acute) = 906
- total bed days saved (community based on 14% transferred there) = 378.

5.18 Frailty at the Front Door is a 7 day service which:

- increased discharge rate of people identified as frail direct from AMU
- reduced length of stay
- supports whole system working prevent admission to hospital
- supports reablement in community and intermediate care.

5.19 The impact of the ECT service is clear. Additionally the specialist and acute nature of the Hospital at Home work requires a workforce with the skills, competencies and confidence to manage acutely unwell patients safely at home. This requires comprehensive geriatric assessment by a member of the multidisciplinary team, as fits with specialist geriatric medicine in an inpatient setting.

5.20 Care needs to be specialist led to meet these standard along with a workforce including nurse/allied health professionals (AHPs)/paramedic practitioners with extended clinical and decision-making skills linking to community based care and support.

5.21 The medical workforce needs to be flexible to respond to the context and the available staff. There needs to be clear lines of responsibility with a named consultant acting as responsible medical officer, as fits with the General Medical Council requirements for acute hospital care.

- 5.22 The current ability to deliver support to geriatricians within the Enhanced Care Team was only sustainable to the 29 June 2020. The gap left on the acute site has been in part back filled by other medical specialities however with a return to scheduled care they will no longer be able to support this. In order to deliver this a minimum of 2 WTE Consultant Geriatricians at a total cost of £300,000 would be required. Workforce modelling for nursing and AHP and social care has already started and will form part of a future proposal.
- 5.23 In June 2020, the Board agreed to the proposal that in the short term the IJB should jointly commission the services of 2 Geriatricians while the Chief Officer works collaboratively on a sustainable longer term model of investment, primarily from within existing resources across NHS and IJBs including the ongoing partnership funding for ECT and other initiatives.
- 5.24 A number of external factors may also influence how we redesign services. Following the number of deaths in care homes, there may be a loss of public confidence in care homes which may increase the demand for more support at home. Currently the number of vacant beds in care home and community hospital provide an opportunity for review and potential resource transfer into community based services, to support people to remain in their own homes.
- 5.25 Models of day service provision will require alternative models of provision to meet social distancing requirements. The HSCP team is working to commission alternative opportunities within communities, building on the successful community action during Covid-19 and to plan a phased approach for these community supports.

6. Conclusions

- 6.1 The report provides an overview of the key challenges and opportunities for recovery and redesign of community based care and support post Covid-19 some of which could accelerate some of the delivery of the Strategic Plan. The HSCP and strategic partners will need to reframe how we commission and deliver our services.

Resource Implications

The additional costs for Covid-19 have been captured in the finance element of the HSCP mobilisation plan submitted regularly to Scottish Government.

Impact on IJB Outcomes and Priorities

This work contributes to the delivery of the HSCP Strategic Plan, and Scottish Government Improvement Targets and improve outcomes for people and their carers.

Legal & Risk Implications

There are no legal implications arising from the report recommendations. The recovery plan will be incorporated into the IJB and HSCP risk management plans.

Consultation

This is an update report and is not required.

Equalities Assessment

The plan and any resulting changes to service delivery would be subject to an Equality Impact Assessment, to ensure all implications are considered.

7. Report Author

Lorraine Paterson, Head of Integration

8. List of Background Papers

n/a

9. Appendices

Appendix 1: Roadmap to Recovery

Falkirk HSCP Recovery Plan Route Map

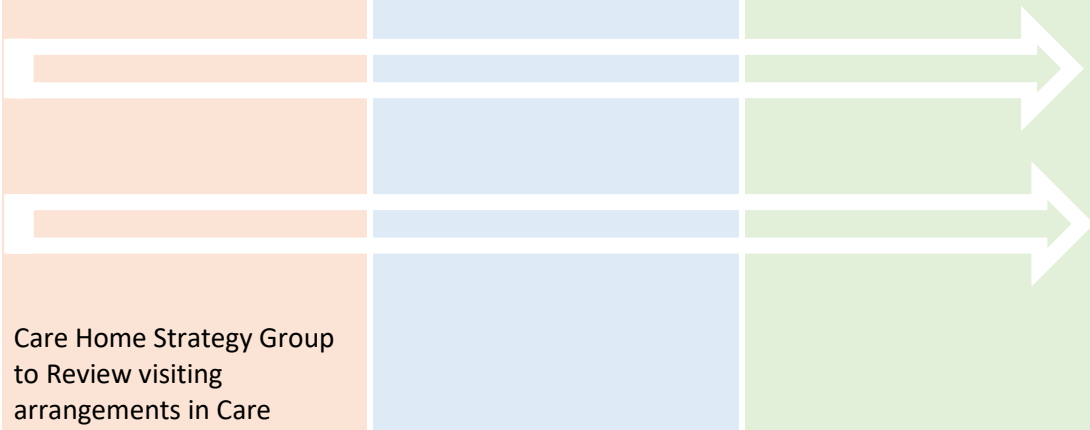
June 2020 Version 1

The Falkirk HSCP recovery plan will aim to:

- accelerate integration
- sustain new models of care where they have proved effective
- redesign services / alternatives (for example day services) to meet individual need and safe distancing requirements
- review how we can accelerate the shift in the balance of care to extend community based support for people to stay at home longer and support carers
- continue to develop support and assurance model for Care Homes
- review community bed-based care across our whole system
- progress the review of care at home
- build on the COVID 'supporting communities' work to develop locality working.

	Phase 1	Phase 2	Phase 3	Phase 4
Epidemic Status	High risk the virus is not yet contained. Continued risk of overwhelming NHS capacity without some restrictions in place.	Virus is controlled but risk of spreading remains. Focus is on containing outbreaks.	Virus has been suppressed. Continued focus on containing sporadic outbreaks.	Virus remains suppressed to very low levels and is no longer considered a significant threat to public
Steps we are taking to implement	HSCP continues with remote working where possible. Partnership management team is reviewing all offices and building to identify which will re open and to plan	Remote working remains the default position for those who can.	Remote working remains the default position for those who can.	Remote working remains the default position for those who can. All appropriate workplaces open with improved hygiene and in line with public health advice.

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	for safe reopening. Review which day services to plan to reopen			
Community and Public Services	<p>Gradual resumption of key support services at community level with physical distancing.</p> <p>Greater direct contact for social work and support services with at-risk groups and families with physical distancing and hygiene measures.</p> <p>Access to respite/day care to support unpaid carers and for families with a disabled family member.</p>	Further upscaling of public services where safe to do so.		Public services operating fully, in line with public health advice, with modifications and changes in service design, including digital services where appropriate
Health and social care	Beginning to safely restart NHS services, covering primary and community services including mental health	Remobilisation plans implemented by Health Boards and Integration Joint Boards to increase provision for demand, urgent referrals and triage of routine services	<p>Emergency and planned care services delivered.</p> <p>Adult flu vaccinations including care homes and care at home.</p>	Full range of health and social care services provided and greater use of technology to provide improved services to citizens.

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	Consider the introduction of designated visitors to care homes	Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.		
Falkirk HSCP Remobilise Recovery and redesign	Continuing Covid response and support for care homes and care at home Continuing Covid response support with council and third sector for “Supporting communities” initiatives Continue the local hub arrangements for PPE	 Care Home Strategy Group to Review visiting arrangements in Care		

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	<p>Continue community nursing and AHP services reintroducing phlebotomy and Vitamin B12 injections</p> <p>Plan / commission of alternative supports for day service and for phased reintroduction redesigned day services</p> <p>Reopen Respite support in Thornton Gardens 3 June for younger adults</p> <p>Seek agreement for Proposed introduction of additional beds for older adult respite care</p>	<p>homes in line with public health advice</p> <p>Redesign and commission community based supports</p> <p>Phased reintroduction/ redesigned day services</p> <p>Review an redesign services in line with lessons learned</p> <p>Develop proposal for Enhanced Community Team</p> <p>Redesign unscheduled care to improve community care and support and prevent unnecessary hospital admissions and delays in discharge</p> <p>Re view community bed base for redesign across whole system taking account of lessons learned and digital solutions</p>		<p>A full range of community health and care services provided to meet post Covid 19 requirements</p>