



INTEGRATION JOINT BOARD

Date of Meeting	9 June 2020
Report Title	Recovery: Operation Home First
Report Number	HSCP.20.007
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an overview to the Integration Joint Board (IJB) on the current progress towards recovery from our Covid-19 response stage along with the current priorities.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
- a) Note the approach and priorities around the current stage of response and recovery.
 - b) Note that a further report will come to future Risk, Audit and Performance Committees and Integration Joint Board meetings providing progress on Operation Home First and information about our next stage priorities in our recovery progress.



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3. Summary of Key Information

Background

- 3.1. The Covid-19 virus reached pandemic stage in March this year. The local response to this included a number of focussed activities which aimed to both reduce the risk of virus transmission across our staff and citizens and ensure that our health and social care systems were positioned to manage the predicted increase in demand.
- 3.2. The initial peak activity of the virus (in terms of virus spread and hospital usage) is now recognised to have passed, although it is important to stress that many of the health and social care partnership services are still in or approaching peak activity. In particular this would apply to our social care services as well as our mental health services.
- 3.3. As the lockdown restrictions start to be eased in a gradual manner (Scotland announced a move to phase 1 on Thursday 28th May), it is recognised that the impact of these changes may result in additional peaks, and potentially new staff shortages as a result of the test and protect phase.
- 3.4. It is anticipated that we will require to live with Covid-19 for a considerable period, which will require having systems and processes that both ensure that our staff and citizens continue to be protected, while seeking to maintain health and care services that are needed across the Aberdeen population.

Creating the environment where positive changes can be maintained: Operation Home First

- 3.5. It is clear that Covid-19 has created many challenges and unfortunately many, many sad outcomes. However, the need to respond, at pace, to minimise negative impact has enabled the fast-tracking of many of the plans that had previously been developing in line with our strategic plan.
- 3.6. For example, the use of remote digital systems to enable staff to work at home, and clinicians to conduct patient consultations. Aberdeen City Health



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and Social Care Partnership (ACHSCP) and NHS Grampian (NHSG) already had well developing plans for the roll out of a digital system to facilitate remote contact between clinicians and patients, and the effectiveness and efficiency of this roll out has been evidenced through regular Scottish data which shows Grampian as delivering the highest number of online consultations across Scotland (Ref. week 11, Near Me COVID Scale up status reports)

- 3.7.** The strong relationships between the ACHSCP and its partners, Aberdeen City Council (ACC) and NHSG, has also enabled swift, joined up cohesive responses in relation to both delivering services in new ways and ensuring people have the protections and supports in place to stay safe.
- 3.8.** Effective governance has been mobilised to support progress at pace; operational staff have been empowered to make the right decisions; we have worked around limited resources, maximising what we have and meeting targets; and we have built stronger relationships through a sense of common purpose. This approach has ensured a clear direction, using systems thinking and collaborative working, supported by the ability to have decisions ratified quickly, in order to put in place what was and is needed. All of these aspects are things that will be valuable to the way that the partnership works moving forward.
- 3.9.** However, as we approach the end of the initial emergency response stage, we are already beginning to see some of this change and these ways of working start to fray, with a pull back to old behaviours and focus becoming apparent. This presents a risk that the achievements we have made over a very short period of time may become unpicked.
- 3.10.** When planning for the next stages of our response, as living with Covid-19 becomes our business as usual, the Chief Officers of the three Grampian health and social care partnerships, have had the support of the Chief Executives (Aberdeen City Council, Aberdeenshire Council, Moray Council and NHS Grampian) to identify and embed the priorities over the next few weeks and months. This will include staff/ public engagement and consideration of future redesigns from this new starting point. This approach is being referred to as “Operation Home First”.



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Operation Home First

- 3.11.** Operation Home First refers to the next (current) stage of our ongoing response and early steps towards recovery. We have a unique opportunity to embed the transformation that has occurred. At the moment these new ways of working are new and fragile, lacking a firm footing in how we work. Operation Home First has identified a number of these transformational changes, all interconnected, that we need to provide focus to in order to ensure that they are embedded as our new normal system – these transformations cut across infrastructure, care pathways and culture.
- 3.12.** There are two aspects to Operation Home First: embedding the transformations that have taken place across Grampian and embedding our overall Home First principles:

Pan Grampian Transformations

Closure of Care of the Elderly beds at ARI
Shifting workforce and beds to Woodend.
Moving GMED from ARI to Health Village
Collective GP response calls
Near-me (digital consultation system)
Closure and shift of LD beds at Cornhill
Increased outreach from hospital-based services to support community-based care pathways.
Improved access to commissioned pathways
Reduction in minor injury and community beds
Reduction in A&E attendances due to shared intention of community support
Hospital @Home and virtual ward capacity due to consultant access

Operation Home First Principles

Build on initial response



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Maintain our agile thinking and decision making
Retain ability to respond to Covid demand
Adopt home first principles for all care
Respond to prolonged period of physical distancing – impact on bed base, reduced footfall (staff and patients), need for technology
Avoidance of admission and delays at discharge
Maintain safe services for those shielding
Person centred care within community settings with removal of barriers between primary and secondary care

4. Implications for IJB

4.1. Equalities

The content of this paper aligns with our strategic plan, for which a full equalities and human rights impact assessment has been undertaken.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a positive impact on people affected by socio-economic disadvantage, as per the ambitions within our strategic plan.

4.3. Financial

There are no specific financial implications directly as a result of this report.

4.4. Workforce

Any required workforce changes will continue to be progressed in partnership with our staff side and trade union reps in line with usual process. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes.



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4.5. Legal

There are no specific legal implications as a direct result of this report.

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

5.1. The principles and transformations of Operation Home First fully align with and support the delivery of our strategic plan. Specifically:

- **Prevention:** maintaining safe services for those who are shielding will prevent potential negative health impacts if this vulnerable group were to contract COVID-19; closure and shift of LD beds at Cornhill, aligned with Action Plan for Learning Disabilities.
- **Resilience:** retaining the ability to respond to Covid demand; closure of Care of the Elderly beds at ARI; shifting workforce and beds to Woodend; moving GMED from ARI to Health Village; collective GP response calls; improved access to commissioned pathways; reduction in minor injury and community beds; and the reduction in A&E attendances due to shared intention of community support will all build resilience into our system
- **Personalisation:** avoidance of admission and delays at discharge, continuing to improve delayed discharge experience; adopting home first principles for all care; increasing outreach from hospital-based services to support community-based care pathways; and the scaling up of Hospital @Home and virtual ward capacity due to consultant access will help to ensure that people get the right care in the right place at the right time.
- **Connections:** responding to prolonged periods of physical distancing; and the use of Near-me (digital consultation system) will help people stay connected within their communities and reduce social isolation.
- **Communities:** person centred care within community settings with the removal of barriers between primary and secondary care will help develop a divers and sustainable care provision.



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- 5.2.** It is highlighted that due to the nature and circumstances of the initial COVID response, most of the activities and principles that we are seeking to embed align most closely with the prevention, resilience and personalisation aims within our strategic plan, however there are aspects of these activities which cover more than one aim.
- 5.3.** We anticipate that the transformations will directly affect the following strategic plan indicators and progress will be tracked and reported to Risk, Audit and Performance Committee:
- Reduced attendances at A&E
 - Increase % of people living independently in the community
 - Improved healthy life expectancy
 - Increase in % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
 - Increase in % of adults supported at home who agree that their health and social care services seemed to be well coordinated
 - Increase in % of adults receiving any care or support who rate it as excellent or good
 - Increase in number of people with positive experience of care provided by their GP practice

6. Management of Risk

6.1. Identified risks(s)

The main risk is that the positive transformations that have taken place during the last few weeks are unable to sufficiently embed within our culture and system.





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6.2. Link to risks on strategic or operational risk register:

This report links to risks 11 on the strategic risk register: -

There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. This reduced capacity arising as a result of frontline workforce absence and self-isolation requirements.

Operation Home First is the beginning of our recovery from the initial phase of the Covid-19 pandemic, ensuring services can continue to be delivered in a safe, but transformed way, whilst also preparing to be equipped for any future re-emergence of virus within the community.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)