INTEGRATION JOINT BOARD

Date of Meeting	25th May 2021
Report Title	Lessons Learned from Covid
Report Number	HSCP.21.059
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A: Lessons Learned from Covid

1. Purpose of the Report

1.1. The purpose of this report is to highlight to the Integration Joint Board (IJB) the lessons learned during the last 14 months of responding to the Covid 19 pandemic and how these lessons will feed into future planning.

2. Recommendations

2.1. It is recommended that the IJB:

a) Notes the content of the report and the ongoing activity.

b) Instructs the Chief Officer to provide an update on progress on embedding these lessons to the Clinical and Care Governance Committee.

3. Summary of Key Information

3.1. Since March 2020, the global pandemic has impacted all our lives both on a personal and a professional level. A lot has changed, from the way we

socialise, to the way we work, and it is still uncertain when, or even if, things will return to the way they were.

3.2. During the crisis response phase we stopped doing a lot of things we routinely did and now need to consider whether we re-start these again either in the same way or perhaps in a different way to what we did before. An example of this is some of the care services that were stopped, reduced, or delivered differently. Reviews and reassessments are being undertaken and some will eventually go back to being delivered the way they were, whilst others may be recommenced in a different way.

3.3. Whilst we were responding to Covid, we also started doing things differently out of necessity and some aspects of this brought some positive outcomes. We now need to reassess whether the new way of working is actually better than before and, if so, understand how we can build that into normal practice going forward. An example of this is the use of Teams/remote working in some situations.

3.4. Attached at Appendix A is a list of some high-level lessons learned from Covid. Some are very positive and some not so. It is important to note that some decisions were made in unprecedented situations following guidance that was available at the time. The key for the IJB is that we recognise both where things went well and also where we can learn from the situations that arose, changing the way we do things in future.

4. Implications for IJB

4.1. **Equalities** - Some of the situations that arose during Covid had a negative impact on people with protected characteristics. This report is about learning from this and ensuring we can do things better in future with more positive outcomes.

4.2. **Fairer Scotland Duty** - Learning lessons from Covid should help to ensure we reduce inequalities of outcome caused by socioeconomic disadvantage in line with the requirements on the IJB under the Fairer Scotland Duty.

4.3. **Financial** - There are no immediate financial implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant financial impact be identified, then a report on that will be brought to the IJB.

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4.4. **Workforce** - There are no immediate workforce implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant impact on workforce be identified, then a report on that will be brought to the IJB.

4.5. **Legal** - There are no immediate legal implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant legal impact be identified, then a report on that will be brought to the IJB.

4.6. **Covid-19** - This report is in relation to lessons learned from the Covid Pandemic. There are no specific Covid 19 implications arising from the recommendations in the report.

4.7. **Unpaid Carers** - Unpaid Carers were adversely impacted during the Covid Pandemic. This report seeks to highlight what these impacts were and to learn lessons for future.

4.8. **Other** - There are no other implications relevant to this report.

5. Links to ACHSCP Strategic Plan

5.1. The recommendations in this report link to the delivery of the Strategic Plan overall. By learning the lessons from Covid we can ensure we meet our commitments of promoting positive health and wellbeing, addressing inequality, supporting unpaid carers, providing the right care in the right place at the right time, and reducing loneliness and isolation.

6. Management of Risk health and wellbeing, addressing inequality,

6.1. Identified risks(s)

If we do not learn lessons from Covid, there is a risk that the services we provide will not meet the standards we set ourselves and that the outcomes for service users will not be as good.

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

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined.

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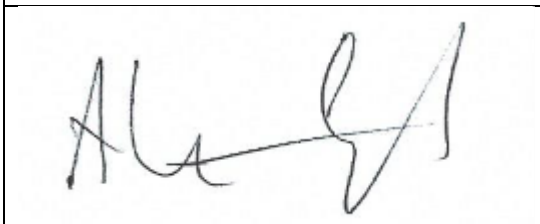
This risk is currently sitting at Medium.

6.3. How might the content of this report impact or mitigate these risks:

By learning the lessons from Covid we can ensure the quality of our service provision remains high and that the outcomes for our service users are as good as they can be.

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

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LESSONS LEARNED FROM COVID **APPENDIX A**

1. **In a crisis, we can transform at pace, cutting through normal organisational, financial, and administrative barriers.** The best example of this is the implementation of Near Me. We were able to get the equipment, and get people using it in a fraction of the time it would have taken us to do that previously. Across Grampian, there were 80 consultations per week pre Covid, and there are 3,500 now. 16 sites were using the technology pre Covid, and 200 now. E-consult has been another innovation that was rolled out during Covid, this allowed an additional, on-line route for patients who wanted to and were able to seek advice from their GP in this way freeing up face to face appointment time for those patients who most needed this method. The Health Village closed down normal operations and was set up as the Covid Hub for Aberdeen over a weekend.

   This learning has translated into an appreciation of the 'art of the possible' and has shaped the way we approach the way we work, particularly collaboratively with our partners. It has also highlighted the value of focusing on a small number of priorities at a time and this has been the approach for developing the Leadership Team priorities for 2021/22. A key aspect of being able to transform at pace was the robust and regular opportunities for communication that we implemented, such as the daily Huddles. Our partners, in particular, have indicated how valuable they found these. Being kept in the loop and involved in decision making helped them prepare and plan their response.

   We have also learned that transformation at pace, whilst necessary at the time, can also adversely impact on some of our clients and patients. In the case of digital developments this often means people who do not have the desire, opportunity or knowledge to access and use the required technology are at a disadvantage. Whilst a variety of options to meet people's individual needs and preferences have always been available, we could do better to communicate this and support people to access these options.

2. **Technology can enable and disable.** For many of us the use of Microsoft Teams enabled us to carry on connecting and communicating, allowing meetings, including IJB meetings, to continue. This included delivery of some of our support services remotely, with not only our own staff using Near Me but also some of our third sector providers delivering sessions via Zoom. Some of the changes implemented have been positive and will remain a feature of future service delivery. Access to equipment at the start of the pandemic was patchy but as time progressed most staff were provided with what they needed to undertake their role remotely where relevant. The technology itself also evolved over a short space of time giving greater functionality such as the use of breakout rooms in Teams for bigger meetings. National meetings were able to continue, even allowing much wider access as attendees did not need to consider cost or time of travel.

It was, however, so much easier to spend all day, every day in a virtual meeting environment which had the potential to have a negative impact on staff's mental and physical health and wellbeing. Over time, and with the easing of the "crisis response" we have learned to control this better, booking in regular breaks from screen time. We are already planning for how we will work once the current restrictions are eased further. It is acknowledged that there will be a place for continuing to use the best bits from our virtual experience and blending this with the benefits of face to face interactions where required. We are already exploring what technology might be required to enable meetings to take place with some attendees in an office environment and others at home or in another location. Staff will then be able to maximise their productive time by choosing how to undertake meetings without spending unnecessary time travelling between locations. National meetings held in the central belt will be more accessible virtually. Aside from reductions in cost through less travelling and potentially less of a requirement for office space, this will also have a significant, positive impact on the environment.

3. **Staff response to the crisis was exceptional.** As soon as the extent of the impact of Covid became apparent, staff from all sections of the partnership, the Council and NHS Grampian stepped forward to do whatever they could to support. This was often undertaking tasks that were not within their usual remit and prompted by the staff themselves asking what they could do, rather than managers having to seek volunteers. In addition to staff working differently, and often working longer hours, many staff rapidly learned new skills. Probably the best example of this is the staff from enabling functions who undertook training as Care Workers and provided additional support to those Care Homes in the City who were struggling to maintain staffing levels during the crisis. This additional support helped maintain safe levels of care in these homes and enabled those most vulnerable to the virus to continue to receive the support they needed.

   Early in the pandemic, this support was provided willingly and voluntarily. As we came out of the first wave and services began to remobilise, the need to support care home staffing continued, but it was harder to get volunteers to come forward for this vital work. Whilst we understand the rationale for only seeking this support on a voluntary basis, at times some care homes were very close to being at risk, and it took significant effort to locate and mobilise resource to support them. Often, this involved asking more of those who were already undertaking additional shifts with resultant concerns in relation to their health and wellbeing. A key lesson learned from this is that we would wish to be better prepared in advance of any future requirement, putting in place more flexible resourcing models to enable us to respond in an immediate and dynamic way.

4. **Over time the nature of the Covid response, and now the new pressures faced from remobilising services are taking their toll on staff health and wellbeing and we need to ensure they are supported to recover.** During the Covid response staff worked long hours, often in challenging situations whilst also dealing with the personal and social effects of the global pandemic. The respite

after the first wave was short lived and, before any real time for recovery, staff were back facing the effects of the second wave, arguably worse than the first. Even now that we are into the remobilisation phase, the pressure is still present with staff who are already tired and low on resilience facing long waiting lists and dealing with very sick patients who have put their healthcare needs on hold during the pandemic. Staff report that patients are frustrated, angry, and at times very rude. Staff absences are increasing, and we are receiving higher than usual volumes of complaints about issues that would not normally have been raised pre Covid.

Although, support was provided in the form of the Psychological Hub and initiatives like Project Wingman, and, as described earlier in this report, other wellbeing measures such as reduced meeting times and encouraging taking downtime, and participating in physical activity and on line social opportunities, it is acknowledged that staff wellbeing has nonetheless been impacted. The Leadership Team has recognised the importance of ensuring that staff are supported to recover from the significant impact on their health and wellbeing and this is their top priority in terms of objectives for this year. Objective 1, approved by the IJB as part of the Medium-Term Financial Framework on 23rd March 2021 is "Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space, and resources to recover from the pandemic and prepare for recovery and planning of next steps". Delivery of this objective will be monitored throughout the year through the creation of a specific dashboard of measures relating to staff absence and turnover rates, annual leave uptake, and use of wellbeing initiatives, as well as via the annual staff survey. The IJB will receive an annual report on progress as part of the Medium-Term Financial Framework in March 2022.

5. **We have a wealth of resource in our communities and there is a willingness to step up and help in a crisis.** The national lockdown and particularly the arrangements for those who were shielding meant there were many people in our communities who found themselves unable to access basic, critical, and sometimes emergency supplies. Although staff and partners were involved in setting up systems to coordinate the provision of assistance, it was, in the main our communities themselves who rallied round and responded to the needs of their neighbours by providing food and prescription deliveries as well as often offering the only face to face social interaction those who were shielding got during that testing time. We know that we have a challenge to continue to deliver a level of health and social care services within our existing resources. We need to harness the resource available within communities to help us maximise the diversity of services on offer, particularly in relation to prevention activities.

   The work we are doing in communities alongside our Community Planning partners and in particular with Aberdeen Council for Voluntary Organisations (ACVO), via the Locality Empowerment Groups, Priority Neighbourhood Partnerships and Neighbourhood Leads will build on this momentum and we will continue to explore ways of maximising the power of volunteering.

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6. **Working together with partners is more effective. Together the whole is greater than the sum of its parts.** In the north east we are used to collaborative working, and person-centred service provision is something that we all strive for. The pandemic highlighted the true value of collaboration and brought putting people at the centre into sharp focus. Again, those organisational boundaries were often ignored whilst we all worked together to provide the right care for people at the right time and in the right way. One example of this is the support NHS Scotland and ACHSCP provided to Care Homes who were struggling to obtain supplies of PPE early in the first wave. Another example is the Frailty Pathway, the re-purposing of Rosewell House and the involvement of Acute colleagues in the partnership's weekend huddles.

   Patient flow from ARI in general, and from ward 102 in particular, has always been challenging, however it was particularly acute during the second wave of Covid. Repurposing Rosewell House to enable people with higher levels of acuity to be cared for there, and enhancing other services within the community such as Hospital at Home and Care at Home (both in the City and the Shire), supported patient flow, improving the capacity at ARI and ensuring they were more able to cope with the overall demand they faced. Colleagues from ARI Site and Capacity, Ward 102, Rosewell House, and Hospital at Home joined the Senior Manager On Call (SMOC) and colleagues from Out of Hours Social Work, Out of Hours Nursing, Woodend, MHLD Services at Royal Cornhill and Bon Accord Care for discussions based on a whole system view so that there was awareness of what patients or clients needed to be moved, where in the system we had capacity, what the blockages were for freeing up capacity and removing these where possible.

   We continue to work in this collaborative way across the wider system and indeed this is fast becoming the norm. A good example would be the delivery of Covid Vaccinations as a Grampian wide programme but with local delivery elements. More recently discussions have been commenced in relation to closer alignment and joining up of our strategic planning approaches and the use of programme and project management techniques in our service improvement activities.

7. **National Lockdown and Covid restrictions had unintended consequences on patients and clients which, in turn, will influence the support they require from our services.** With lockdown and the message to stay at home, save lives, protect the NHS, came the temporary cessation of a number of services which normally were provided either in close proximity to vulnerable clients or in group settings. This left clients and their carers confused with a greater burden on carers who normally would have access to respite services. Family and friends who would not normally have undertaken a caring role, found themselves doing so, without the usual support provided, in the absence of formal care.

   In Summer 2020 the Scottish Human Rights Commission published a report on the impact of the Covid-19 pandemic on people's rights particularly in respect of

care at home and support in the community. There was concern that services would not be reinstated, and a call for services not to assume that family supports which had been in place during the crisis would be sustainable over the long term, and when able to do so, that services should fairly and systematically assess need. Looking back there is an appreciation that some of these changes to services could have been better communicated and knowing what we know now, we may have been able to continue some services safely.

Our work in developing new approaches to opportunities for day care and respite, known as Stay Well Stay Connected, has learned from this experience. People with lived experience, their carers and service providers are all working alongside the partnership in understanding what services for the future need to look like and coproducing these together.

8. **Covid will have a lasting impact on some people's health and wellbeing and we need to prepare our services to cope with increased demand.** Lockdown and restrictions also had a significant impact on some people's mental health. Losing access to their normal work and social lives and/or their fitness routines had a significant impact. In some cases, people's income significantly reduced causing worry about paying bills and keeping a roof over their heads. Home schooling and working from home also caused additional pressures. Due to the pandemic, many people did not seek immediate advice and treatment for health conditions. The post Covid future remains uncertain for many. The full extent of the additional impact of this on health and social care needs in the community are, as yet, unknown but we are already seeing demand for some services increasing and we expect this to continue.

   Some of those who have contracted Covid have continued to experience symptoms that affect their health and wellbeing. This is commonly known as 'Long Covid'. It is unknown what the extent of the impact this might have on the health and social care needs of this section of the population within Aberdeen, but we are monitoring the scientific reports and demand modelling that is being produced at a national level, and will take steps to ensure we prepare our services as best we can to cope with this.

   In October 2020, the Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19. Since then, work has been underway through a Short Life Working Group to operationalise the recommendations made in this report, particularly the central recommendation to establish a network of mental health clinicians dedicated to supporting people who were hospitalised due to COVID-19. The Minister of Mental Health has approved national funding totalling £1.5 million per annum over three years to support the establishment of a network of mental health clinicians. It is intended that, within the first year, NHS Grampian should aim to contact all people who have been hospitalised due to COVID-19 within the Board area and assess their mental health needs. Screening questionnaires will help facilitate the assessment process. If treatment is required, this can be delivered directly by the

appointed clinicians or through signposting to appropriate local mental health services. A stepped care model would be utilised to inform care and treatment. It is anticipated that treatment would be provided to approximately 200 people.

9. **Covid had a greater impact on those experiencing health inequalities and we now need to redouble our efforts to try to address these.** There is a wealth of data that indicates that those in the older age groups, those from the Black, Asian, and Minority Ethnic (BAME) communities, those with disabilities and chronic underlying health conditions, and those living in areas of deprivation are more susceptible to serious illness and death from Covid. Not only that, but we also know that vaccination uptake is lower in the BAME and other ethnic communities and in deprived communities. This further exacerbates the already challenging disadvantages these sections of the population face.

   In terms of Covid specific actions we are taking steps to encourage vaccination uptake by delivering pop up clinics within communities. A specific clinic was provided for the homeless and for clients of Justice Social Work with more planned for these client groups. Other clinics have been provided for the BAME community in local church venues and, again, more are planned.

   In terms of specific action on inequalities in general, we have refreshed our Equalities Outcomes and Mainstreaming Framework following consultation and in conjunction with third sector partners and we are also refocusing our efforts on equality activity in general. We have created an Equalities Subgroup of the Strategic Planning Group to monitor delivery of the outcome's framework. In another report submitted to this meeting of the IJB we are proposing a switch to using Health Inequality Impact Assessments (HIIAs) which will be applied to all of our major decision making in future and we also intend to develop guidance for public engagement which will include specific reference to taking cognisance of those experiencing inequalities. We hope that this will make our services more accessible, helping to reduce the level of health inequality experienced in Aberdeen.