

20 March 2020

## **SUPPLEMENTARY PACK 1**

**INTEGRATION JOINT BOARD (IJB) - COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD on WEDNESDAY, 25 MARCH 2020 at 1:00 PM**

I enclose herewith **items 6 (COVID-19 UPDATE)** and **7 (DELEGATED AUTHORITY FOR THE CHIEF OFFICER)** which were marked to follow on the Agenda for the above meeting.

### **ITEMS TO FOLLOW**

- 6. COVID-19 UPDATE** (Pages 3 - 10)  
Report by Associate Director of Public Health
  
- 7. DELEGATED AUTHORITY FOR THE CHIEF OFFICER** (Pages 11 - 14)  
Report by Chief Officer

### **Integration Joint Board (IJB)**

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Argyll & Bute Health & Social Care Partnership

## **Integration Joint Board**

**Date of Meeting: 25 March 2020**

**Title of Report: COVID-19 Public Health Summary.**

**Presented by: Dr Nicola Schinaia, A&B HSCP Associate Director of Public Health**

### **The IJB is asked to:**

- Note activity COVID-19 information and public health response in the context of Argyll & Bute

## **1. EXECUTIVE SUMMARY**

1.1 This paper seeks to provide the IJB with the establishment of factual information on the Coronavirus which causes COVID-19. As this has been identified as a pandemic partners are required to take the appropriate response and implement business continuity planning.

## **2. INTRODUCTION**

In late December 2019, the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province. In early January 2020, the cause of the outbreak was identified as a new coronavirus. This Report will summarise the early response in Scotland (and the UK) and will identify which are the key issues going forward, to respond to this pandemic and to maintain the required level of health and social care in our community. This is a developing situation monitored and actioned on a daily basis.

## **3. DETAIL OF REPORT**

### **Identification of the disease**

While early cases were likely infected by an animal source in a 'wet market' in Wuhan, it was soon established that ongoing human-to-human transmission is occurring at very high rate.

There are a number of coronaviruses that are transmitted from human-to-human which are not of public health concern. However COVID-19 virus (SARS-CoV-2) can cause respiratory illness of varying severity: typical symptoms include fever and a cough that may progress to severe pneumonia causing shortness of breath and breathing difficulties. Currently, there is no vaccine and no specific treatment for infection with the virus.

This is a rapidly changing situation which is being monitored carefully.

## Initial Response in NHS Highland 03 February – 12 March 2020

### Containment Phase

In order to manage this phase of the response, the Health Protection Team (HPT) based in Inverness led a weekly Incident Management Team (IMT) meeting, that various staff of A&B joined as well;

Under the scientific leadership of Health Protection Scotland(HPT), the HPT followed up and recommended testing as appropriate to anybody who had symptoms typical of Coronavirus and had been returning from certain geographic areas of the world.

This required a high level of preparation of hospital staff in Argyll and Bute thatperformed these tests. The preparation entailed:

- to establish the testing sites across Argyll and Bute;
- to prevent any contact with the individual tested, and
- to direct the specimen timely and appropriately to the testing laboratory (Oban to Raigmore, all other sites to Glasgow).

Up to the 12<sup>th</sup> March 2020, 20 tests had been carried out in Argyll & Bute across all localities.

## Major Incident declared in NHS Highland –12 March 2020

### Delay Phase

On 11 March 2020 the World Health Organisation declared COVID-19 a pandemic and called for governments to take more urgent action to stop the further spread of the virus.

The declaration of a pandemic does not change Scotland or the UKs approach and response to COVID-19. However, the risk level from COVID-19 has been moved from moderate to high [this may be subject to change]. More importantly, on 13 March we moved from the *containment* to the *delay* stage and this prompted the NHS Highland Chief Executive to officially declare the Covid-19 outbreak as a major incident.

In line with other NHS Boards and public sector organisations - such as local authorities – NHS H Gold, Silver and Bronze Command structure was stood up.



The primary aim of the combined work across Gold, Silver and Bronze Groups is to avoid a peak in the numbers of seriously ill Coronavirus patients.

This will be achieved through:

- compliance with strict infection control measures in all places of care
- regular messages to all staff and to the public that simple habits such as handwashing can make a big difference in helping limit the spread of the virus.

The Gold Group reviewed NHS Highland's participation in wider Coronavirus-related meetings and decision-making with Groups such as Scottish Government Resilience (SGoR) and the Local Resilience Partnership Group for the Highland Region.

In Argyll and Bute such Groups are:

- the Argyll and Bute and West Dunbartonshire and
- the West of Scotland Regional Resilience partnership.

Gold decisions are being actioned through the Silver and Bronze network, including communications with staff and with stakeholders such as the media.

### **Latest guidance in managing possible or confirmed individuals –16 March 2020**

It has been announced by the UK/Scottish Government that as of 16 March anyone developing symptoms consistent with COVID-19, however mild, should stay at home for 7 days from the onset of symptoms. The most common symptoms of COVID-19 are recent onset of:

- new continuous cough and/or
- high temperature

In addition, it is now recommended that anyone living in the same household as a symptomatic person should self-isolate for 14 days.

## **4. RELEVANT DATA AND INDICATORS**

The first case of Coronavirus (COVID-19) in Scotland was confirmed in March 2020.

### **Scottish test numbers**

A total of 6,091 Scottish tests have concluded. Of these:

- 5,864 tests were confirmed negative
- 227 tests were positive

Sadly, three patients in Scotland who tested positive for Coronavirus have died.

<b>Health board</b>	<b>Positive cases</b>
Ayrshire and Arran	9
Borders	7
Dumfries and Galloway	4
Fife	8
Forth Valley	15
Grampian	24
Greater Glasgow and Clyde	57
Highland	5
Lanarkshire	25
Lothian	33
Shetland	16
Tayside	24

## **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

COVID-19 requires the implementation of business continuity planning to meet the current identified need for care. The Health and Social care partnership will:

- continue to meet agreed objectives by balancing the needs of our current patients, service users and our staff, while responding to the emerging Coronavirus outbreak
- put in place plans for maintaining services should colleagues have to self-isolate or are off sick
- might work differently across our health and care system, working together to keep caring for patients in challenging circumstances.

## **6. GOVERNANCE IMPLICATIONS**

### **6.1 Financial Impact**

The 2020/21 budget proposals are presented on the basis of “business as usual”, ongoing and developing COVID-19 issues highlight that this is not the case. It should be recognised that extraordinary costs are being incurred and will continue to be incurred for the foreseeable future. These costs are being recorded separately, with the assumption that costs will be covered by partners, and ultimately by government. The potential financial and economic impacts of COVID-19 represent a significant additional risk to the IJB, and the wider public sector going forward.

### **6.2 Staff Governance**

On the 13 March 2020, The Scottish Government Health Workforce Directorate has issued the following Circular; CORONAVIRUS (COVID-19): NATIONAL ARRANGEMENTS FOR NHS SCOTLAND STAFF.

This covers all the aspects how staff and their managers should behave in responding to this outbreak nationally for NHS staff and is communicated through the Bronze operational group.

Argyll & Bute Health and Social Care staff are regularly updated by managers directly, by email and through the intranet where appropriate on the basis of the Bronze control group and tactical groups.

We are participating in wider stakeholder planning and seek to keep our communities informed and engaged through the Caring for People activity.

**6.3 Clinical Governance**

This is an integral part of the various levels of Major Incident Response structure.

Care governance is being reviewed to ensure we meet our statutory obligations.

**7. PROFESSIONAL ADVISORY**

Main components are Health Protection, Primary care and Secondary Care and they are involved in the major incident response structure. Social Care is actively implementing contingency planning.

**8. EQUALITY & DIVERSITY IMPLICATIONS**

This outbreak primarily affects more vulnerable groups of society, as outlined above.

**9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

Some organisations within the NHS Scotland have been recently using text messages to communicate with patients about what to do with their appointments and attendance to certain locations, as a part of the containment measures for COVID-19.

Scottish Government [National IG Policy for Health and Care - Digital Health and Care (eHealth)] has provided re-assurance with regards to this measure. During these difficult times, sending text messages to patients with further instructions around their health care, including attendance or not at certain premises and appointments, is necessary for reasons of public interest in the area of public health (exception point (i) (public health) on Art. 9(2)).

From the Privacy and Electronic Communications Regulations PECR point of view, these messages are not considered to be advertising or marketing material, but instead providing further advice or instructions in relation to their health care, including attendance for to appointments or non-attendance to specific locations, etc.

This is also in line with existing guidance provided by the ICO (<https://ico.org.uk/media/2616882/direct-marketing-code-draft-guidance.pdf>) as this is considered a reminder on how to contact with the health and care service in case of a problem.

The Information Commissioner's Office (ICO) raised the matter of text messages at last week at the Caldicott Guardian's Forum and stressed the importance to of wording the message appropriately, whilst supported the importance of protecting the population.

Bronze Command received an update on 18 March 2020 that the Governance Office is advising there is flexibility in how GDPR can be applied – the key principle is good intentions and the best interest of the

person can supersede the need for confidentiality. This is relevant for us in overseeing community resilience, and it will be good practice that we take a record of what we did and why.

**10. RISK ASSESSMENT**

Risk assessment is maintained in the Bronze-Gold groups and tactical group within the local authority.

Key risks are a shortage of staff due to self-isolation and other social distancing measures and a reduction of health services capacity to deal with any other clinical issue.

**11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

Within the A&B HSCP Bronze command structure, we have set out a plan to map and co-ordinate community based support for people at home affected by Covid19 led by Public Health through the Caring for People Group.

**12. CONCLUSIONS**

This is an evolving situation but since 13 March 2020 both NHS Highland and Argyll and Bute Council are in major incident response mode. We are monitoring the situation on a daily basis.

**13. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

**REPORT AUTHOR AND CONTACT**

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## Appendix 1 Guidance

All this information can be found on [NHS Inform](#).

Detailed guidance has been issued for:

- [Guidance for primary care](#) (last updated 16 March 2020)
- [Guidance for secondary care](#) (last updated 16 March 2020)
- [Covid 19 guidance for infection prevention and control in healthcare settings](#)
- [Covid 19 information and guidance for social or community care residential settings](#) (last updated 12 March 2020)
- [Covid 19 guidance for non healthcare settings](#) (last updated 17 March 2020).

Measures to be followed to reduce the risk of getting infected include:

- **Wash your hands:** washing your hands with soap and water for 20 people are advised to take social distancing measures to help reduce the transmission of this virus.
- **Catch it, Bin it, Kill it:** to reduce contact with respiratory secretions whilst sneezing or coughing, using disposable tissues
- **Social Distancing:** it is important to practise Social distancing measures, i.e. steps you can take to reduce the social interaction between people.
- Everyone should be trying to follow these measures as far as they reasonably can. However, for those who are over 70, have an underlying health condition or are pregnant, are strongly advised to follow such measures as much as possible, and to significantly limit their face-to-face interaction with friends and family, if possible. This advice is likely to be in place for some weeks. They are:
- Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19).
- Avoid non-essential use of public transport, varying your travel times to avoid rush hour, when possible
- Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars, clubs
- Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services
- Work from home, where possible. Employers are prepared to support you to do this

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Argyll & Bute Health & Social Care Partnership

**Integration Joint Board**

**Agenda item:**

**Date of Meeting: 25 March 2020**

**Title of Report: Delegated Authority for Chief Officer**

**Presented by: Joanna MacDonald, Chief Officer**

**The Integration Joint Board is asked to:**

Grant the Chief Officer power in an emergency to instruct executive action on any matter for the duration of the COVID-19 emergency in consultation with the Chair or Vice Chair of the Board. Agree that the Chief Officer will consult with both the Chair and Vice-Chair before exercising but an inability to consult either Chair or Vice Chair will not invalidate any actions taken. This delegation of powers to the Chief Officer will be the subject of ongoing review and normal Board meeting arrangements will be re-introduced as soon as practicable. A record will be kept of all actions taken and reported to the Board when this is possible.

**1. EXECUTIVE SUMMARY**

- 1.1 This report seeks delegated authority for the Chief Officer to take operational decisions that would normally require Board approval in the light of the ongoing Covid-19 situation and the strong possibility that the Board will be unable to meet as normal.
- 1.2 A similar approach is being taken by other Integration Joint Boards.

**2. INTRODUCTION**

- 2.1 This report presents proposals to ensure that the Board is able to function as well as possible in the light of increasing disruption to normal business as a result of the Cov-19 epidemic.

**3. DETAIL OF REPORT**

- 3.1 In light of the ongoing Covid-19 situation, investigations have been taking place into the Board's business continuity arrangements, including how decisions that require Board approval can be made if the Board is unable to meet.
- 3.2 The Standing Orders already make provision for the Vice-chairperson to "act in all respects as the Chairperson of the Integration Joint Board if the Chairperson is absent or otherwise unable to perform his/her duties." In

addition there are provisions that the Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

- 3.3 If an emergency decision is required, and the Board is unable to meet, provisions need to be put in place to ensure that the HSCP continues to operate as well as possible during this period. It is normal practice for the Chief Officer to consult regularly with the Chairperson and Vice-Chairperson, and this will continue wherever possible. It is however essential to plan for the unwelcome situation that one or other might be unavailable for a period of time.
- 3.4 To address this, it is proposed to grant the Chief Officer power in an emergency to instruct executive action on any matter for the duration of the COVID-19 emergency in consultation with the Chair or Vice Chair of the Board. The Chief Officer will consult with both the Chair and Vice-Chair before exercising this power, but an inability to consult either Chair or Vice Chair will not invalidate any actions taken. This delegation of powers to the Chief Officer will be the subject of ongoing review and normal Board meeting arrangements will be re-introduced as soon as practicable.
- 3.5 The Chief Officer will only utilise these powers in an emergency, where it is not possible or practical for the matter to be dealt with through a Board meeting to be convened either in person or via remote access as provided for in the Standing Orders of the IJB. A record will be kept of all actions taken and this will be reported to the Board when this is possible.

#### **4. RELEVANT DATA AND INDICATORS**

- 4.1 None

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

- 5.1 The Integrated Joint Board has a responsibility to put contingency arrangements in place to ensure that the HSCP can continue to deliver against strategic priorities whilst business is disrupted by Covid-19.

#### **6. GOVERNANCE IMPLICATIONS**

- 6.1 Financial Impact – None
- 6.2 Staff Governance – None
- 6.3 Clinical Governance - None

#### **7. PROFESSIONAL ADVISORY**

- 7.1 Professional Advisory leads input to individual policy matters will be maintained through email and other contacts outwith Board meetings.

#### **8. EQUALITY AND DIVERSITY IMPLICATIONS**

- 8.1 None directly from this report.

**9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

9.1 None directly from this report.

**10. RISK ASSESSMENT**

10.1 If this is not approved, there is a risk that the IJB is unable to respond quickly to changing needs.

**11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT**

11.1 If Board meetings are unable to take place, it should be note that the transparency of decision making will be reduced.

**10. CONCLUSIONS**

10.1 The Board requires to put some contingency planning arrangements in place in the event it is unable to meet and function normally as a result of the current Covid-19 epidemic. This papers proposes a delegation of powers to the Chief Officer in order to ensure that the business of the HSCP can function as well as possible during this period.

**11. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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