

Bute and Cowal Area Committee

Date of Meeting: 1 September 2020

Title of Report: **Part 1** HSCP Performance Exception Report - Financial Quarter 4 (2019/20)

Part 2 Covid 19 Public Health Update

This paper contains two reports for consideration by the Area Committee the first report for FQ4 and a further separate update on Covid-19 Public Health.

Presented by: TBC

The Committee is asked to:

- Note the FQ4 report performance data National Health and Well Being scorecard performance for the FQ4 (19/20) reporting period
- Note the considerable impact COVID-19 restriction had with regards to available data
- Consider the COVID-19 reflection on performance for FQ1 and 2 2020
- Note the Public Health Update

Part 1 HSCP Performance Exception Report - Financial Quarter 4 (2019/20)

1. EXECUTIVE SUMMARY

Reporting for FQ4 has been substantially affected by the Covid19 pandemic impact of escalating health and social care services to an emergency response. This included the suspension of “normal” performance reporting and a focus on Covid19 performance needs from the beginning of March 2020.

Consequently the performance of the HSCP against a variety of its outcome indicators and performance targets have been adversely affected.

This report therefore summarises the HSCP performance for FQ4 using available data, some of which has only been released in June 2020 and other elements are incomplete.

In summary as at the end of March 2020, 27 of the 44 measures are reporting as on target or better, with 16 reported as being off target and 1 measure still under development and data for 1 measure unavailable.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages (**Target-** 31% **Actual-** 45.2%)
- Percentage of Social Work care services graded ‘good’ ‘4’ or better in Care Inspectorate inspections (**Target-** 83% **Actual-** 84.1%)

- Percentage of Children on Child Protection Register with a completed Child Protection plan (**Target-100% Actual- 100%**)

2. INTRODUCTION

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP.

In addition the scorecard details progress against the Ministerial Steering Group (MSG) measures for monitoring the progress of integrated service delivery across the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ4 (19/20)

Performance for FQ4 19/20 notes 27 of the new 44 measures are reporting as on target or better , with 16 reported as being off target and 1 measure still under development and data unavailable for 1 measure.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages **Target- 31% Actual- 45.2%**
- Percentage of SW care services graded 'good' '4' or better in Care Inspectorate inspections **Target- 83% Actual- 84.1%**
- Percentage of Children on CPR with a completed CP plan **Target-100% Actual- 100%**

Appendix 1 identifies the most recent (June 2020) SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJB's for the 9 Health & Wellbeing Outcome Indicator's.

3.2 Scorecard Performance Exceptions for (FQ2-19/20)

The table below report the exceptions for FQ4 (19/20), identifying trends and the senior responsible officer to ftake forward actions to improve performance against targets.

Outcome 1 - People are able to improve their health	Status	Target	Actual	Owner
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	●	74.0 %	FQ4 72.0 %	Caroline Cherry
Outcome 2 - People are able to live in the community	Status	Target	Actual	Owner
MSG 1.1 - Number of emergency admissions – Argyll & Bute	●	2,142	FQ3 2,331	Elizabeth Higgins
MSG 2.1 - Number of unplanned bed days acute specialties - Argyll & Bute	●	14,172	FQ3 15,360	Caroline Cherry
MSG 2.2 - Number of unplanned bed days MH specialties - Argyll & Bute	●	3,974	FQ3 6,636	Caroline Cherry
MSG 3.1 - Number of A&E attendances - Argyll & Bute	●	4,240	FQ3 4,407	Elizabeth Higgins
MSG 6.1 - % of population in community or institutional settings - Argyll & Bute	●	2.0 %	FQ3 2.1 %	Caroline Cherry
Argyll & Bute - % of LAC who are looked after at home or in a community setting	●	90.0 %	FQ4 83.3%	Alex Taylor
Outcome 3 - People have positive service-user experiences	Status	Target	Actual	Owner
NI-2 - % of adults supported at home who agree they are supported to live as independently	●	81.0 %	FQ4 79.0 %	Julie Lusk
MSG 3.2 - % A&E attendances seen within 4 hours – Argyll & Bute	●	95.0 %	FQ3 89.6 %	Elizabeth Higgins
CA72 - % LAAC >1yr with a plan for permanence	●	81.0 %	FQ4 68.9 %	Alex Taylor
Outcome 4 - Services are centred on quality of life	Status	Target	Actual	Owner
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	●	80.0 %	FQ4 74.0 %	Julie Lusk
Outcome 6 - Unpaid carers are supported	Status	Target	Actual	Owner
NI-8 - % of carers who feel supported to continue in their caring role	●	37.0 %	FQ4 33.0 %	Julie Lusk
Outcome 7 - Service users are safe from harm	Status	Target	Actual	Owner
Argyll & Bute - % of Adult Protection referrals completed within 5 days	●	80.0 %	FQ4 42.2 %	Julie Lusk
Outcome 8 - Health and social care workers are supported	Status	Target	Actual	Owner
Health & Social Care Partnership % of PRDs completed	●	90 %	FQ4 30 %	Jane Fowler
SW only - HSCP Attendance	●	3.78 Days	FQ4 4.89 Days	Jane Fowler

4. Waiting Times Performance - FQ4 (19/20)

Due to COVID-19 restrictions and the Scottish Government suspension of all routine activity there is currently no validated performance data available for Outpatient and Inpatient waiting times and treatment times targets to be reported to the IJB.

5. COVID-19 Impact and look forward Q1 and Q2 2020

The committee is asked to note that the consequence of the health and care service moving onto an emergency footing in response to the pandemic for the 1st quarter of 2020 resulted in a suspension of all “normal performance management indicators and targets.

The Scottish Government 4 phase route map will see the gradual resumption of health and care services from June through to September 2020 onwards. Consequently the normal suite of performance indicators will only come back on line later this year.

In the interim a number of re-mobilisation performance targets have been developed and agreed with the SGHD notably resumption of 60% by June and 80% of routine activity by July 2020 as per the phases in the Scottish Government route map across all health and care services.

This is a complex performance picture with for example in phase 2 Dental services resuming urgent care service but not aerosol generating procedures, essential Optometry and ophthalmology services recommencing, triage and prioritise referrals to secondary care, expand provision of GP services.

This is all within the context that Covid-19 pandemic is now under various degrees of control in essence:

- Lockdown – High viral transmission
- Phase 1 – Virus not contained
- Phase 2 – Risk of spread remains
- Phase 3 – Viral risk controlled
- Phase 4 – Virus at very low levels

Further the lessons learned supporting the new/accelerated methods of delivery of services within what is our Covid19 new normal i.e. digital first and remote consultation will require review and revision of performance measures and outcomes. It is expected this will not be ready until 2020/21.

6. Annual Performance Report (APR) 2019/20

The committee should note the suspension of all non-critical work included the production of the HSCP annual report. The SGHD in discussion with HSCPs has agreed that APRs can be deferred to September 2020 and will be a slimmed down report reflecting the pandemic context and the re-mobilisation priorities and availability of validated data.

The normal process to produce the report will therefore be amended and a draft report will be taken to the Strategic Planning Group in August 2020 for review.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

7.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcome 9 and the Waiting Times Performance are pertinent for staff governance purposes

7.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance support the assurance of health and care governance and should be considered alongside that report

8. EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance help provide an indication on progress in addressing health inequalities

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

10. RISK ASSESSMENT

None

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

12. CONCLUSIONS

It is recommended that the committee consider and note the HSCP overall performance for the FQ4 19/20 reporting period within the caveats detailed due to the pandemic crisis.

Note the revised production arrangements for the HSCP Annual Performance Report which have been submitted to the IJB for approval.

REPORT AUTHOR AND CONTACT

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Appendix 1- ARGYLL & BUTE HSCP Annual Benchmark HWBOI Performance (FQ3 - 19/20 Latest Data Available)

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership* performance, and the Scotland-wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	72%	86%	86%	83%	83%	84%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	71%	68%	79%	80%	75%	74%	73%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	77%	75%	86%	73%	79%	80%	81%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA	NA	NA	NA

Indicator**	Title		Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	393	350	333	402	409	394	388	353	432
NI - 12	Emergency admission rate (per 100,000 population)	12,755	11,075	10,061	10,871	11,0726	8,972	12,425	9,693	12,264
NI - 13	Emergency bed day rate (per 100,000 population)	114,559	101,543	99,613	109,356	120,653	91,286	132,121	101,924	119,654
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	104	99	113	109	77	109	104	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	88%	90%	87%	90%	86%	89%	88%
NI - 16	Falls rate per 1,000 population aged 65+	26	25	19	15	18	15	19	22	23
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	83%	84%	86%	87%	82%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	56%	61%	55%	68%	68%	62%	64%	62%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	314	641	1,248	1,323	1,063	761	540	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	23%	21%	21%	23%	20%	21%	23%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA

Part 2 Covid 19 Public Health Update

1. EXECUTIVE SUMMARY

This paper reviews the work of Public Health in Argyll and Bute relating to Covid-19 and focuses on four main areas:

- Understanding the epidemiology of Covid-19 in Argyll and Bute
- Testing for SARS-CoV-2 in Argyll and Bute
- Caring for people work stream supporting our communities
- the priority Public Health activities as the Covid-19 response evolves based on the changing epidemiological, clinical and socio-economic landscape

This work has enabled us to monitor the extent of the spread of the disease, to promote a comprehensive and widespread process to allow priority key workers as well as a wide variety of society sectors to undergo testing, with the aim at reducing the time spent in self-isolation, as well as to reduce transmission as low as possible, as well as to set up a robust mechanism to support most vulnerable people.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports provided to the IJB, with the dual aim of providing the timeliest update as the pandemic is unfolding in A&B, as well as the priority Public Health work over the summer months.

3. DETAIL OF REPORT

A. Epidemiology of Covid-19 in Argyll and Bute

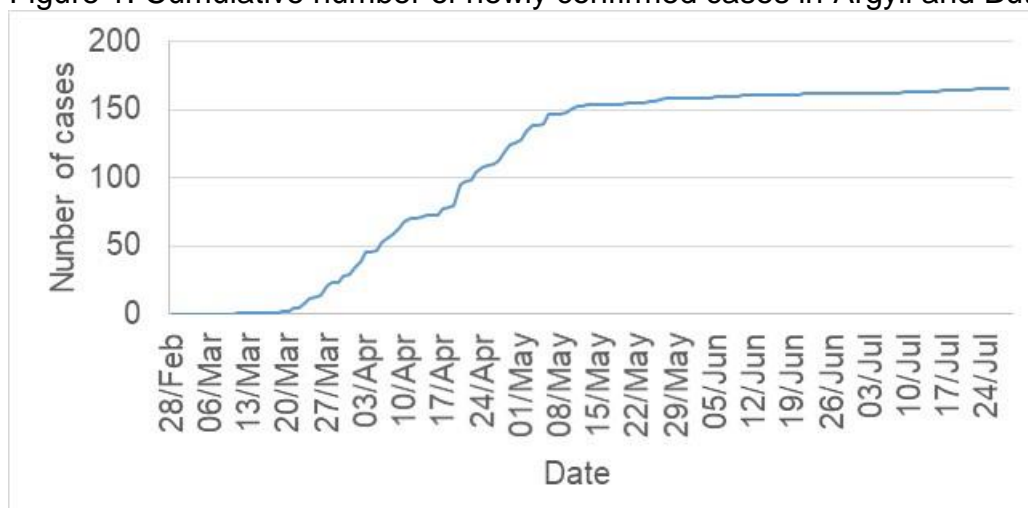
This section will summarise the latest number of confirmed cases at 29 July 2020, the distribution of deaths over the course of the pandemic and their incidence compared to average of last few years for same period of time.

Public Health Scotland report there have been 165 confirmed cases recorded of Covid-19 in Argyll and Bute at 28th July 2020, equating to a crude incidence rate 19.1/10,000 people¹. This includes data from NHS laboratories and UK Government test sites. Figure 1 shows the cumulative number of cases reported. There have been low numbers of new confirmed cases in recent weeks.

Scottish Government reported 381 confirmed cases across NHS Highland as of 28th July, equivalent to 11.8/10,000 people¹. The total number across Scotland was reported to be 18,558, equivalent to 34.1/10,000 people¹.

¹ Population estimates from National Records of Scotland 2018 estimates: Highland:235,540, Argyll and Bute: 86,260 people, Scotland: 5,438,100 people.

Figure 1. Cumulative number of newly confirmed cases in Argyll and Bute



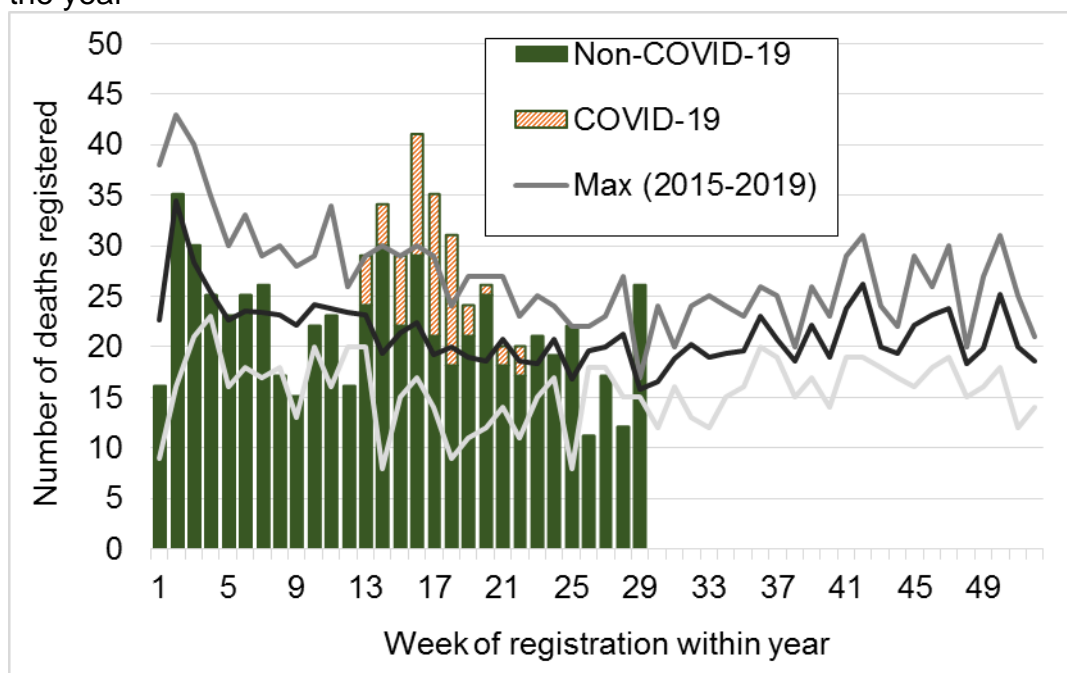
Source: Scottish Government reporting
<https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>

There have been a total of 64 deaths registered involving Covid-19 of Argyll and Bute residents up to the end of w/c 25th May (up to 31st May), with no deaths involving Covid-19 registered in the following 7 weeks, up to 19th July².

Figure 2 shows deaths involving Covid-19 alongside all other deaths for 2020. In addition, the average number of deaths from 2015-2019 and the minimum and maximum number of deaths from 2015-2019 are shown for each week

Data are by the date deaths are registered and not the date that deaths occurred. Data include confirmed and presumed cases of COVID-19.

Figure 2. Deaths of Argyll and Bute 'usual' residents by week registered within the year



Source: National Records of Scotland. Provisional data up to 19th July (week 29) of 2020.

² Reported by National Records of Scotland. Includes any non-residents of Scotland who died in Argyll and Bute.

Future work is being planned in conjunction with colleagues in North Highland as appropriate, includes consideration of evidence around:

- Monitoring of community and staff testing for Covid-19
- Monitoring the course of the epidemic in Argyll and Bute and primarily the follow up of new positive case through Test and Protect system
- Needs of those recovering from Covid-19 infection
- Consideration of the impact of long-term conditions, potential latent need for Health and Social Care services and the impact of likely economic downturn in Argyll and Bute
- Consideration of deprivation in Argyll and Bute and the association of deprivation with rates of death observed by ONS

Some of this planned work could be considered an update to the JSNA to inform strategic planning going forward.

B. Testing for Covid-19 in Argyll and Bute

Testing for Covid-19 in Argyll and Bute is accessible through different pathways for the public, hospital patients, symptomatic health and social care staff or household contacts, care home staff and residents and non-health and social care keyworkers. Testing pathways and eligibility are outlined in a set of NHS Highland test cards (Table 1).

The following pathways have been developed across NHS Highland to address the different testing requirements and policies.

Table 1. Testing pathways in Argyll and Bute

Test card	Title
1	Symptomatic General Public over 5
2	Hospital Inpatient
3	Hospital Inpatient 70 and over
4	NHS Highland employees
5	Symptomatic Care Home Staff (non-outbreak)
6	Care Home Staff Surveillance
7	Care Home Staff in Outbreak Site
8	Covid Assessment Centre
9	Care Home Care at Home staff in Argyll & Bute
10	Argyll & Bute HSCP – Council Employees
11	Pre-admission & Outpatient
12	Symptomatic Care Home Resident (non-outbreak)

Overview of test locations and results

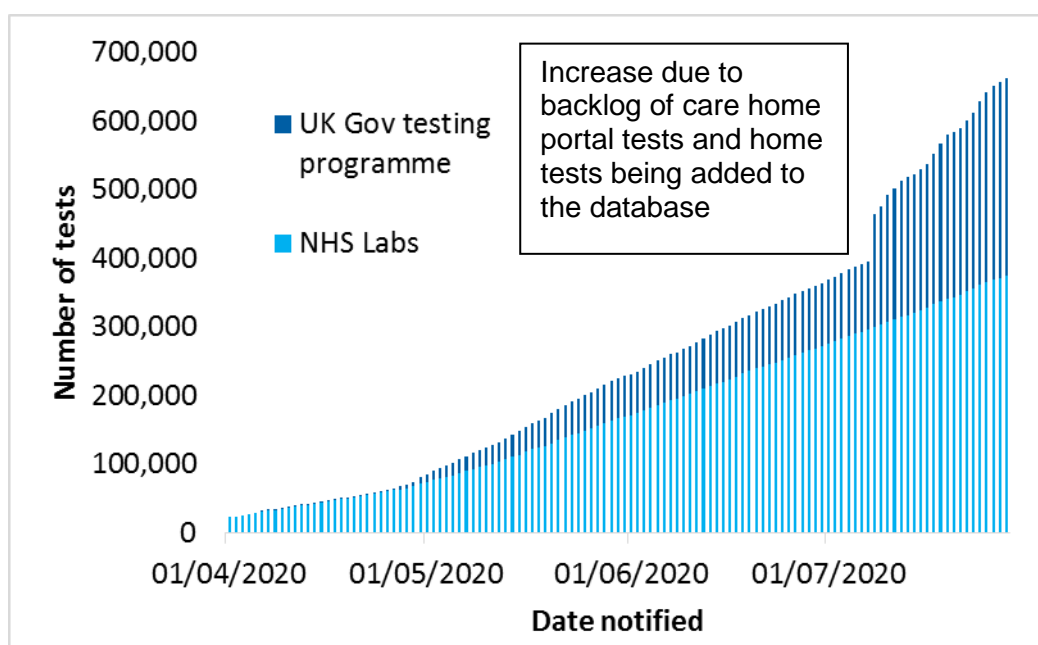
Testing can be carried out at a number of different locations as outlined in Table 2.

Table 2. Test locations

Test location	Description
NHS	Primarily within hospital or through Covid Assessment Centres (CACs)
Care Home portal	UK Government route for access to postal tests for care home staff and residents
Glasgow Airport	UK Government site
Home	Postal test taken at home organised by the UK Government
MTU	Mobile testing unit run by the army on behalf of the UK Government

Overall, numbers of tests for COVID-19 across Scotland have increased over time, as per Fig. 3.

Figure 3. Cumulative number of COVID-19 Tests carried out in Scotland



Source: Scottish Government reporting

<http://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/>

Different test sources have been introduced at different time points with increasing amount of testing occurring through UK Government routes. (Figure 3).

Table 3. Number of tests test route

Test route	Number of tests
NHS	5365
Care Home portal	2115
Glasgow airport	535
Home	269
MTUs	1842

Source: ECOSS test dates up to 26th July – downloaded 28th July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Positive test results have reduced since April (Table 4). Note that the number of positive tests does not equate to the number of individuals tested positive as individuals may be tested more than once.

Table 4. Number of positive test results by week.

Month tested	Number of positive tests (note that individuals may be tested more than once)
March	29
April	114
May	59
June	15
July	<5

Source: ECOSS test dates up to 26th July – downloaded 28th July. Argyll and Bute residents only. Only tests submitted by Glasgow Regional Virus Laboratory, Golden Jubilee and UK Gov labs. ECOSS does not include tests reported as void. ECOSS is a dynamic system and results reported here may be adjusted in the future.

Care Home Testing in Argyll and Bute

On 4 June 2020 the Scottish Government Cabinet Secretary for Health wrote to NHS chief executives with instructions to carry out weekly Covid-19 testing of staff working in care homes. The intention of this initiative was to further protect care home residents from Covid-19 infection and alongside other infection

prevention and control measures, to reduce the likelihood of a covid-19 outbreak in care homes.

This matter has been discussed regularly at the Care Home Task Force and the input and support from care homes in Argyll and Bute has allowed high numbers of available staff to be tested on a regular basis. A number of different arrangements for testing have been utilised and care home managers are to be recognised for their high degree of flexibility in accommodating these testing requirements.

- Testing Trends

Trends from week 2 of testing show an increase both in the percentage of available staff being tested and the number of homes taking part in routine testing. Overall for the period 15 June to 26 July 2020, an average of 69% of available staff in Argyll and Bute have taken part in weekly screening. This is shown in table 1. During the week commencing 8th June some homes did carry out testing but this was not recorded and reported to Scottish Government.

Week Commencing	No. of Homes Tested	Available Staff	Staff Tested	% Staff Tested
1. 15.6.20	14	672	295	44%
2. 22.6.20	13	657	372	57%
3. 29.6.20	15	664	506	76%
4. 6.7.20	16	623	522	84%
5. 13.7.20	14	609	427	70%
6. 20.7.20	17	613	518	85%

Table 1: Weekly totals of staff testing in Argyll and Bute Care Homes.

- Procedure for Positive Results

The Public Health team in Inverness is notified of positive results via laboratory services to their electronic Health Protection data management system. Occasionally Public Health are notified of results via other means, for example by phone.

A positive test result triggers intense support arrangements with the home being placed under surveillance and being closed to admissions. A Health Protection team member will contact the home to arrange for testing of all staff and residents. A PAG is convened to oversee the management of the incident and discusses actions and approach; media and public relations; communication with relatives; Care Inspectorate involvement; and ongoing support for the home.

This further testing is carried out in the home with kits from the local CAC. This allows for quicker reporting of test results to the Health Protection team and ensures the results are recorded through NHS laboratories. Test kits receive a lab number from Oban and are sent to West of Scotland Virology lab for testing. Results are communicated to the home via the Health Protection team and staff members via the testing CAC.

C. Caring for People

In May 2020 the IJB received a comprehensive report of the approach taken in Argyll and Bute to implement a Caring for People (CfP) response in line with Scottish Government's national resilience strategy. This approach has been a joint partnership between Argyll and Bute Health and Social Care Partnership, Argyll and Bute Council and Argyll and Bute Third Sector Interface (TSI). This section provides an update of these community resilience activities since May:

- Caring for People Tactical Partnership

When the tactical partnership formed there was a need for daily meetings to enable support systems to be developed. In July these meetings reduced to weekly and have recently combined with the shielding meeting and convene each Monday morning. The joint agenda continues to include a weekly update of statistics from the previous week, for example, number of calls to the helpline and numbers of people in the shielding categories. The agenda also allows time for planning for evaluation and lessons learned and ongoing service developments.

- Caring for People helpline

The Helpline was set up on 27 March 2020 via the council's customer service system. Up to 19 July a total of 4,130 calls had been received. Calls are still being received, for example there were 99 in the week ending 19.7.20 but this volume is significantly lower than a peak of more than 500 per week in April. A total of 3,414 people have logged 4,061 Caring for People requests via the helpline or the electronic online form (some people phone back to the helpline and/or make more than one request for help, for example shopping and medication delivery).

Area	Food	Household Supplies	Prescriptions	Repairs/ Utilities/ Fuel	Befriending/ Counselling/ Support	Essential travelling	Community Group	Animal Welfare	Request Count	Incident Count
Bute	313	54	129	9	19	3	2	2	531	442
Cowal	414	97	180	20	17	7	2	4	741	589
Helensburgh and Lomond	496	74	110	12	24	4	2	3	725	617
Islay and Jura	85	13	1	2	3	0	0	2	106	90
Kintyre	274	36	112	8	13	2	1	2	448	403
Mid-Argyll	253	68	138	14	6	5	3	4	491	403
Mull, Coll, Colonsay and Tiree	255	26	4	6	1	0	2	0	294	269
Oban and the Small Isles	414	78	174	15	29	4	4	7	725	601
Total	2504	446	848	86	112	25	16	24	4061	3414

Table: Caring for People requests by area and reason.

- Shielding

People most at risk of serious morbidity and mortality from Covid-19 have had special Scotland wide arrangements put in place to minimise these risks, this is commonly referred to as "shielding". A total of 3,298 people have been identified in Argyll and Bute for shielding with regular trawling of medical data to add new people to this list. The current shielding arrangements are coming to an end on 31 July 2020. To date comprehensive support has been provided for shielded people who chose to take up this support: 785 are receiving National Food Parcels and 661 are enrolled with the Priority Supermarket Delivery Scheme. In addition since inception 1021 local food requests, 343 pharmacy requests and 243 other CfP requests have been fulfilled, alongside 2277 general council requests made by 907 shielded individuals. A final round of welfare calls is underway to make sure shielded customers are aware of the imminent end of shielding.

- Emotional Wellbeing

Evidence from emergencies and disasters around the world tells us that emotional wellbeing and mental health are affected by significant events. This was considered at an early stage in the Covid-19 emergency response both nationally and locally with a wide range of campaigns and support being developed. CfP set up telephone support services in Argyll and Bute to help people navigate the different sources of support. This involved telephone befriending via the TSI and one to one telephone contact to enable people to access the most appropriate support. Despite significant promotion via front line health and social care staff and on social media, the numbers of people requesting this emotional help remains very low with less than 40 people having called the helpline for emotional support.

It is not clear if the anticipated mental health needs are not actually present in the population or if barriers exist that prevent people from seeking support for these needs. This is being carefully considered during this lessons learned phase and in the CfP evaluation plan to consider what else can be done support mental health and wellbeing during the pandemic. This is important in order to avoid a potential surge in demand for mental health and social care services.

- Next Steps

A comprehensive evaluation is being carried out into how the Caring for People response was mobilised and able to meet the needs of local communities during the Covid-19 emergency. This includes lessons learned to inform ongoing delivery of CfP. IN the short term the level of demand for support is low and some services are being stood down. This is with a view to having back up support in place ready to step up again if required.

D. Priority Public Health activities during summer 2020

As the Covid-19 response evolves, based on the changing epidemiological, clinical and socio-economic landscape, Covid-19 focused we will update all the work done in this area. The key activities encompass:

- Test and protect
- Protection of local communities whilst lockdown is lifted (Tourism Task Force)

The Test and Protect programme is in place across Scotland to identify people infected with Covid-19, to support them to stay at home till the end of their infectious period and to trace any of their close contacts who may also have been infected. This service is co-ordinated by the health protection team in Inverness for the whole of NHS Highland. Additionally there is a Scotland wide contact tracing service in place ready to respond to higher numbers of positive cases should this be required. Argyll and Bute public health staff are involved in developing support services to enable people who test positive to comply with stay at home requirements. Examples of this support may include the CfP services described above or emergency housing.

Effective Test and Protect is reliant on prompt testing of people with symptoms. This has improved significantly since June. Testing capacity in labs continues to increase allowing for routine screening of certain groups of

people in addition to testing symptomatic people within 5 days of symptom onset. Their main routes for testing include:

- Key workers and family members via NHS Community Assessment Centres (CACs).
- Everyone else over 5 years attend a community based Mobile Testing Unit or request a home test kit delivery.
- Postal kits for care home staff for weekly screening.

The UK wide testing pathways still have some gaps for our islands and bespoke pathways are being developed to allow locals and visitors to be tested if they are symptomatic. These pathways involve a combination of GP practices and CACs.

There is some concern across rural areas of Argyll and Bute, especially the islands that the relaxation of lockdown arrangements and increasing visitor numbers will pose risks to fragile communities. There has been significant interest in this from a number of different perspectives including local politicians, community members and tourism stakeholders. There are a number of local stakeholders in the agenda, for example the Economic Resilience Forum and Public Health's role is that of professional advisor. There are challenges in getting a balance between opening up the economy and minimising risks of further infection.

4. RELEVANT DATA AND INDICATORS

Data have been reported in the above section and in the Appendices. In summary, we have presented trends on: confirmed cases of COVID-19 infection, overall and COVID-19-specific mortality.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This work supports/underpins the HSCPs strategic and operational response to this emergency pandemic.

6. GOVERNANCE IMPLICATIONS

Financial Impact

These activities - responding to the pandemic and following on from it - have employed a larger number of resources, primarily in terms of person-time. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line work will need to be taken account of within current financial planning and return to business as usual which is in hand..

Staff Governance

The workforce consequences and staff and TU fantastic response to the crisis has epitomised the adoption and strengthening of good communication and formal engagement processes and partnership working.

Clinical Governance

Clinical governance response has been fundamental to the shaping and management of the public health projections and demand modelling and our response to ensure patient, client and staff safety.

7. PROFESSIONAL ADVISORY

Inputs from professionals across stakeholders remain instrumental in the response to the Covid19 pandemic. There has been a close collaborative working between the Departments of Public Health in Argyll and Bute and North Highland. We expect this to be a long-lasting positive outcome of this major incident.

8. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity will need to be reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. Experience from other countries shows that marginalised communities fair worst in relation to both infection rates and health outcomes. An impact assessment will be developed for the response in due course, but in the meantime principles of equality have informed specific programmes of activity. Examples of this include targeted activity with gypsy/traveller communities and developing communications materials for different audiences eg learning disability friendly and subtitles for people with hearing impairment.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

A comprehensive communications strategy exists to provide accurate information on the Covid-19 response to staff, partners and the wider population. The Third Sector Interface contributes to the Caring for People Tactical Partnership and provides a link to local community resilience activity, third sector organisations and community members.

12. CONCLUSION

Following the declaration of major incident in NHS Highland to respond to the Covid-19 pandemic, the Department of Public health identified a number of key activities to contribute to the overall HSCP response. Human resources have been focused to the response. Our overriding working principles of cooperative working within the HSCP have strengthened and it is expected that may be helpful in the management of the subsequent phases of the pandemic and the post-covid-19 work.

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