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**Report To:** Inverclyde Integration Joint Board      **Date:** 12 May 2020

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Inverclyde Health & Social Care Partnership      **Report No:** IJB/37/2020/LL

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**Subject:** Support to Care Homes COVID-19

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## **1.0 PURPOSE**

- 1.1 This report is to advise the Board of the preparation and actions taken by the HSCP to support Care Homes in Inverclyde during the COVID-19 pandemic.

## **2.0 SUMMARY**

- 2.1 On 11<sup>th</sup> March 2020 the HSCP, along with the other HSCPs in GG&C, submitted a Hospital Discharge Mobilisation plan detailing the key actions required to facilitate discharge from hospital and free up capacity in the Acute Sector to help ensure that hospitals had sufficient capacity to respond to COVID 19. The mobilisation plan was based on the worst case scenario at that time.

The focus of the plan was to:

- Facilitate quick and safe discharge from the Acute Sector;
- Protect the Care at Home Service and to continue to provide a safe, albeit reduced service, and
- Sustain Care Homes for the projected loss in income due to deaths during the pandemic

The plan included securing additional bed capacity in the care home sector through the block purchase of 50 care home beds with outline plans for a further 20 potentially by mid-April. The anticipated costs for this were included in the mobilisation plan financial returns which have been submitted to the Scottish Government on a weekly basis since late March. The additional cost of these beds will be coded against the COVID19 budget which has been set up in Health and the Council for all COVID related costs.

At this point of the pandemic it appears that the worst scenario has been averted. The Acute Sector has capacity and community services are meeting the increased pressures albeit with reduced resources.

There has been a drop in care home placements reflecting the overall death rate in the community at this time.

### **3.0 RECOMMENDATIONS**

#### **3.1 The IJB is asked:**

- a) To approve the continued implementation of the delayed discharge mobilisation plan to address the pressures presented by the COVID-19 pandemic.
- b) To note the removal of the projected costings for an additional 20 care home beds from the mobilisation plan finance return.
- c) To note the current arrangement to purchase 50 care home beds for 12 weeks till mid June 2020 period under the National Care Home Contract.
- d) To note that additional costs relating to these proposals will be covered from a combination of existing budgets and from additional Scottish Government funding linked to the COVID mobilisation returns.

**Louise Long  
Chief Officer**

## 4.0 BACKGROUND

- 4.1 On 11<sup>th</sup> March, the Scottish Government wrote to all NHS and local authority Chief Executives and IJB Chief Officers requesting submission of mobilisation plans.
- 4.2 A key element of these plans was to be how partnerships were scaling up general care home bed capacity and what they were doing to reduce delayed discharges to support acute services in tackling COVID-19.
- 4.3 Plans were submitted through the Health Boards to the Scottish Government in late March and weekly updates have been submitted since then. For Inverclyde this included the bulk purchase of 50 additional care home beds from 23<sup>rd</sup> March for 12 weeks and the provision to purchase a further 20 from mid-April at a total estimated cost of £3.054m for Inverclyde.
- 4.4 On 9<sup>th</sup> April the Cabinet Secretary wrote to all Chief Officers and confirmed approval in principle for the plans submitted but asked that costings within those plans continue to be reviewed and refined based on local positions.
- 4.5 The key priority was to maintain capacity in the Acute Sector and Board members will be aware of action taken by GG&C to create extra capacity. In line with this 50 extra care home bed placements were purchased in Inverclyde for a 12 week period till mid June. Within the mobilisation plan, based on Scottish Government advice, the projected costs were based on any new placements continuing for 12-18 months with no tapering. This was on the basis that if additional placements were made it was unlikely the service users would return home. Beds not filled would obviously not require to be funded for that full period.
- 4.6 Scottish Government guidance has made it clear that it is vital that HSCPs ensure that Care Home and other local providers are sustained in providing key services during this time.
- 4.7 The decision to purchase the additional 50 care home beds was to:
  - Facilitate quick and safe discharge from the Acute Sector;
  - Protect the Care at Home Service and to continue to provide a safe albeit reduced service, and
  - Sustain Care Homes for the projected loss in income due to deaths during the pandemic.
- 4.8 As of Friday 25<sup>th</sup> March there were 50 vacant care home beds in Inverclyde. In line with government guidance at the time these were purchased on a gross basis of £714 per week. Per the government advice to model this over the next 12 months the total anticipated costs per the mobilisation plan were £82.3k in 2019/20 and £1.975m in 2020/21.
- 4.9 Of the 14 Care Homes in Inverclyde 10 agreed to the arrangement for purchase of blocked beds the other Care Homes declined.
- 4.10 **Other non-financial support to Care Homes**

In Inverclyde there is an existing partnership approach between providers and the HSCP. It is this good relationship that has allowed continued high level performance around discharges from Hospital.
- 4.11 Inverclyde HSCP are supporting Care Homes at present through the COVID-19 situation by a variety of means. The Commissioning Team currently undertake regular calls to check on the welfare of the home and its Manager/Staff and

supplies, provide information and advice on the latest guidance/information available from the Scottish Government/Public Health Scotland. Any concerns or significant events are reported to the Commissioning team daily. This allows the HSCP to “traffic light” providers and direct support to the care homes most in need.

4.12 A Scottish Care Representative attends the LRMT meetings which are held 3 times a week, they are the voice of care homes and relay vital information back to providers and highlight any issues. CVS is recruiting volunteers who will be available to assist staff in care homes if the situation requires. Through NES and SSSC there is access to staff they may wish to employ should they become short staffed. In addition to this all Care Home Managers have direct access to a member of the Strategic Commissioning Team via telephone or email.

#### 4.13 Offer of Support to Care Homes

The HSCP wants to support Local Authority, independent and Third Sector care home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. The HSCP recognises how important it is for care homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times, but it is even more critical we do so at this challenging time. This is why officers are working very closely with local care homes to offer any support they require including (but not limited to) the following:

- appropriate information, guidance and support to safely admit, accept discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team.
- the right information and the right support to care for people within their care home.
- ensure fair and prompt payment for existing care commitments by working with Commissioners.
- ensure they have the right equipment and supplies. This includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and appropriately.
- psychological support to staff working in care homes.
- training opportunities and support to all care homes in GG&C through Webinars.

In order to reduce the risk of the virus spreading within care homes the latest government guidance requires any patients being discharged from hospitals to care homes to be tested twice for the virus. Only after 2 negative tests can they be discharged to a care home. The anticipated impact on acute services and care home of these new measures will be:

- Slight increase in the amount of time older people are staying in hospital.
- Reduced in bed capacity in acute services
- Increase vacancy levels in care homes as it will take slightly longer for patients to be discharged
- However, since the measures will reduce the risk of infections being transferred back into care homes it should help reduce pressure on the whole system and reduce overall care home vacancy levels as a result of the virus

4.14 Scottish Government Guidance has recently agreed to test for COVID-19 for all residents in Care Homes as well as key staff. In terms of discharge from Hospital this will allow for more confidence on the part of care homes to take admissions in the coming weeks.

#### 4.15 Current Situation

The purchase of extra beds began on Monday 23<sup>rd</sup> March 2020 and reflects the

impact of the pandemic on services.

- 4.16 The best worst case scenario has not as yet materialised and contingency preparations put in place have been successful in managing the demand and pressures on a reduced service.
- 4.17 A total of 31 service users have accessed care home facilities either to support discharge whilst waiting for a care at home package or prevent admission to hospital during the current pandemic. This equates to 654 bed days which has had a marked positive impact on the capacity on the hospital and is 43% of the extra capacity.
- 4.18 Though it was never envisaged that we would use 100% of the beds this is lower than expectations. Officers are reviewing the arrangements for additional bed provision in conjunction with Care Home providers and will amend bed commitments and forecasts accordingly as the pandemic continues.
- 4.19 The recent information released by National Records of Scotland has sadly confirmed that Inverclyde has been disproportionately affected by the disease. Whilst the most recent signs are that the spread of the disease and the number of deaths arising from COVID-19 is slowing down the number of deaths being registered within Inverclyde remains significantly higher than normal.
- 4.20 Between the 31<sup>st</sup> March 2020 and 30<sup>th</sup> April 2020 (inclusive), there have been a total of 75 deaths in Inverclyde Care Homes. This is an increase of 69% compared to April 2019. Of these deaths 37% (28) were COVID-19 related.
- 4.21 It is therefore important that all partners locally work towards understanding how to minimise the number of COVID-19 cases and how best to protect those most at risk at this time.
- 4.22 As of Friday 25<sup>th</sup> March there were 50 vacant care home beds in Inverclyde the current position as of Monday 27<sup>th</sup> April there are 103 vacant care home beds in Inverclyde, including the additional 50 purchased at the start of the pandemic.
- 4.23 The impact of this increase in vacancies will have a drastic effect on the sustainability of the care home sector and it potentially reduces the income to a number of care homes and may result in them becoming financially unsustainable and may result in care homes closing. This in turn leads to a risk of not having the necessary capacity in this sector for the needs of a growing elderly and frail population now and in future years. A separate paper has been prepared looking at additional measures which can be put in place to provide additional financial assurance and support to the care home sector.
- 4.24 **Proposed Future Action Recommendations**
  1. The data suggests the extra 50 beds are not required given the increased capacity in the care home sector. It is anticipated that there will not be a requirement to extend this block purchase arrangement at the end of the initial 12 week period. Since these were additional beds over and above normal purchased levels it is not anticipated that this will cause any financial hardship for the care homes impacted. If demand for placements goes up these beds would still be available to purchase through normal National Care Home Contracting arrangements.

Though data suggests we may have passed the peak of cases, there is limited understanding about current pressures how long these will last and the medium term impact on Health and Social Care resources. It is likely that the recovery process will take many months or years.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

The costs below reflect the full year cost of the purchase of 50 additional care home beds. If at the end of the initial 12 week contract those are not continued that anticipated cost will reduce. The cost of these beds for only the contracted 12 weeks would be £454k. COSLA is working with HSCPs to agree Scotland wide position on how we support the care home sector.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A	Covid-19 Care Home	19/20 20/21	82 1,975		Anticipated funding from Scot Govt linked to mobilisation plan returns full year

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

### LEGAL

5.2 There are no specific legal implications arising from this report.

### HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

### EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Potential impact on capacity in care home sector to provide residential care to older people
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Maintain current levels of service for growing OP population
People with protected characteristics feel safe within their communities.	Increased risk to vulnerable OP not accessing appropriate

	service
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The paper is based upon officers knowledge of care home sector and relevant data information
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Ensuring range of services in place for Inverclyde citizens
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.
Health and social care services contribute to reducing health inequalities.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable. Availability of care home beds allows for use by Carers for respite support
People using health and social care services are safe from harm.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.
Resources are used effectively in the provision of health and social care services.	Appropriate mixed economy of care allows key community supports to focus on most vulnerable.

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	X
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 8.0 BACKGROUND PAPERS

8.1 None.