

A meeting of the Inverclyde Integration Joint Board (with a reduced membership) will be held on Tuesday 12 May 2020 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Teleconference facilities will be available for Board Members and Officers.

Gerard Malone
Head of Legal and Property Services

BUSINESS

1. **Apologies, Substitutions and Declarations of Interest**
2. **Inverclyde Integration Joint Board – Temporary Meeting and Decision Making Arrangements**
Report by Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
3. **COVID-19 Inverclyde Response**
Report by Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
4. **COVID-19 Mobilisation Plan**
Report by Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
5. **Support to Care Homes - COVID-19**
Report by Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from this meeting of the Integration Joint Board on public health grounds. It is considered that if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

Enquiries to - **Sharon Lang** - Tel 01475 712112

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/057/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Temporary Meeting and Decision Making Arrangements		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an overview of the interim governance arrangements for the Inverclyde Integration Joint Board (IJJB) during the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 In light of the ongoing and developing COVID-19 situation and following advice from the Scottish Government it has been necessary to put in place temporary meeting and decision making arrangements to enable the essential and critical business of the IJJB to continue in the circumstances.
- 2.2 This report sets out these arrangements, which will be subject to ongoing review in line with Scottish Government advice and guidance and informed by the experience of the IJJB as the situation progresses.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:
- notes the content of this report;
 - notes that the scheduled meeting of 19th May 2020 is cancelled; and
 - notes that the next scheduled meeting of the Inverclyde Integration Joint Board is 23rd June 2020.

4.0 BACKGROUND

- 4.1 At the previous meeting of the IJB on 17 March 2020 it was agreed, in light of the ongoing COVID-19 crisis, to review the arrangements for future meetings at an appropriate time, it being noted that the Chief Officer would utilise her delegated powers as set out in the Scheme of Delegation to officers, in consultation with the Chair and Vice Chair, to deal with matters of an urgent nature.
- 4.2 As matters have developed, further consideration has been given to putting in place suitable governance arrangements for the IJB during this period, taking into account Scottish Government guidance and requirements on social distancing, while also seeking to ensure good governance during this time and to allow officers to focus on the immediate operational matters required to respond to COVID-19.

5.0 IJB MEETINGS

- 5.1 An alternative IJB meeting arrangement proposal was presented to all IJB members by email on 6 April 2020 and all members were given the opportunity to comment on the proposal.
- 5.2 The following meeting arrangements have therefore been put in place:

1. The IJB will have a reduced membership comprised of the following members:

Voting

Chair - Councillor Jim Clocherty

Vice Chair – Alan Cowan

Audit Vice Chair – Councillor Elizabeth Robertson

NHS Voting Member – Simon Carr

Non-Voting

Chief Officer

Chief Financial Officer

Officers

Standards Officer

Committee Officer

2. All future IJB meetings will be conducted by use of a teleconference dial-in facility, the details of which will be provided to the reduced IJB membership in advance of the meeting. The IJB's Standing Orders specifically allow for remote participation.
 3. Meetings will be closed to the public in accordance with Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020.
 4. The number of agenda items will be significantly reduced to focus on COVID-19 and items requiring a decision by the IJB.
 5. Meeting papers will be circulated electronically to all IJB members at least 5 days before the meeting. All members will be able to raise questions and comments in advance of the meeting through the Chief Officer and Chair. Any questions or comments submitted will be read out at the meeting.
- 5.3 The Chief Officer has weekly briefings with the IJB Chair and Vice-Chair. All IJB members will continue to be provided with regular high level briefings for information.
 - 5.4 These arrangements will be reviewed monthly by the Chief Officer, Chair and Vice-Chair as matters continue to develop. Normal IJB meeting arrangements will be re-introduced as soon as practicable.

5.5 It is proposed to cancel the scheduled IJJB meeting of 19th May. The next scheduled meeting is 23rd June.

6.0 DELEGATION OF AUTHORITY TO THE CHIEF OFFICER

6.1 Operationally, officers of the HSCP have delegated powers through the Council and the Health Board and decisions are being taken by the Chief Officer, in consultation with both the Chief Executives of the Council and the Health Board in response to the current crisis on a daily basis.

6.2 In relation to urgent strategic matters which usually require a decision of the IJJB, there are provisions within the IJJB's Scheme of Delegation that allow the Chief Officer, in consultation with the Chair and Vice-Chair to take a decision out with the IJJB, as long as it is urgent and cannot wait for the next IJJB meeting and that it is reported to the next available IJJB meeting. These powers will only be used by the Chief Officer in an emergency, where it is not possible or practicable for the matter to be dealt with through an IJJB meeting. A record of all actions taken under this delegated power will be kept and reported to the next available meeting of the IJJB.

7.0 PROPOSALS

7.1 It is proposed that the IJJB notes the temporary meeting and decision making arrangements put in place which allow officers to focus time and resources on responding to the COVID-19 pandemic, while facilitating essential decision making.

8.0 IMPLICATIONS

Finance

8.1 None.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Legal

8.2 There are no specific legal implications arising from the content of this report.

Human Resources

8.3 None.

Equalities

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

X

YES (see attached appendix)

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.

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
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.	None
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

8.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

8.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe	None

from harm.	
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.	None
Resources are used effectively in the provision of health and social care services.	None

9.0 DIRECTIONS

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

10.0 CONSULTATIONS

10.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 N/A

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/39/2020/LL

Contact Officer: **Contact No:** 712722

Subject: COVID- 19 INVERCLYDE RESPONSE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work in relation to our response to the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 The outbreak of the Coronavirus (COVID-19) is the biggest global challenge that humanity has faced for generations. The steps taken across Scotland to contain the virus are unprecedented and have changed life as we had come to know it. But what has been quite remarkable is the way everyone has responded so positively, working together to ensure we protect ourselves, our families, our communities and our nation from the threat presented by COVID-19.
- 2.2 Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.
- 2.3 The HSCP quickly initiated its Business Continuity Plan to ensure core service delivery has continued as we navigate our way through uncharted territory, and that a number of extensive measures were put in place in specific response to COVID-19. However, the Business Continuity Plan never anticipated the profound impact of such a global disaster, how the HSCP and other partners have risen so quickly to the challenges faced has been phenomenal and there are clear lessons to be learned as we look ahead to how we recover from this.
- 2.4 The HSCP has been working closely with key partners to oversee and monitor operational delivery of key services across Inverclyde, provide a timely response to emerging issues at local level, and provide guidance to staff working under exceptionally difficult circumstances.
- 2.5 Based on the NRS figures, of the 2272 registered where COVID-19 or contributory factor on the Death Certificate, 93 (4.1%) were for individuals whose main residence is assessed to be Inverclyde. On the basis that Inverclyde makes up approximately 1.5% of Scotland population then Inverclyde, at the 19th April 2020, had 2.7 times the average number of COVID-related deaths.

- 2.6 A further worrying trend identified by Officers and now confirmed in the NRS analysis has been the significant increase in general deaths where COVID is not identified as a contributory factor.
- 2.7 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the items within this report and advise the Chief Officer if any further information is required.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The World Health Organisation (WHO) was notified of the first cases of a new disease, Coronavirus (COVID-19) over 100 days ago, and declared it a global pandemic on 11th March. The first cases in Scotland were notified on 1st March.
- 4.2 The UK has been on effective lockdown since the end of March in an attempt to keep people apart, and slow the spread of COVID-19. These are the most drastic measures imposed on the UK in peacetime as the UK tries to combat the deadly virus.
- 4.3 The outbreak of the Coronavirus (COVID-19) is the biggest global challenge that humanity has faced for generations. The steps taken across Scotland to contain the virus are unprecedented and have changed life as we had come to know it. But what has been quite remarkable is the way everyone has responded so positively, working together to ensure we protect ourselves, our families, our communities and our nation from the threat presented by COVID-19.
- 4.4 Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.
- 4.5 The HSCP quickly initiated its Business Continuity Plan to ensure core service delivery has continued as we navigate our way through uncharted territory, and that a number of extensive measures were put in place in specific response to COVID-19. However, the Business Continuity Plan never anticipated the profound impact of such a global disaster, how the HSCP and other partners have risen so quickly to the challenges faced has been phenomenal and there are clear lessons to be learned as we look ahead to how we recover from this.
- 4.6 The HSCP has been working closely with key partners to oversee and monitor operational delivery of key services across Inverclyde, provide a timely response to emerging issues at local level, and provide guidance to staff working under exceptionally difficult circumstances.
- 4.7 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Governance

As part of the civil contingency planning the HSCP established a Local Resilience Management Team (LRMT) to oversee and monitor delivery of local services across Inverclyde, provide timely response to emerging issues at a local level, and provide guidance to staff working under exceptionally difficult circumstances. The LRMT reports into the Council's Management Resilience Team. The Team review national guidance as it is issued, interprets what this means for us locally, and ensures we keep everyone safe. The Team is chaired by the Chief Officer, meets 3 times a week and includes senior managers from the HSCP, local authority, Third Sector, Trade Unions and other key partners.

The equivalent structure within the Health Board is the Strategic Executive Group which meets daily. A Tactical Group with 6 Chief Officers from partnerships within GGC, Public Health, Out of Hours, Clinical and Professional leadership meet daily

to discuss/agree consistent way to manage health services.

5.2 HSCP Interim Operating Arrangements

In line with Government direction to observe social distancing, key services and tackling COVID-19, all HSCP offices remain closed to the public until further notice. Staff continue to work exceptionally hard under very challenging conditions to ensure core services are delivered. A number of staff are having to self-isolate because of underlying health conditions or due to them or a member of their household exhibiting COVID-19 symptoms. Absence levels are being monitored daily to identify key risk areas.

Across the HSCP services are being delivered by using technology, phone contact or visiting. The intention is to continue to use all three methods of delivery, however increase visiting to vulnerable people and families.

COVID-19 has fundamentally changed the way we normally operate and deliver local services, and to protect our staff, where possible we are supporting people to work from home.

The Chief Officer provides weekly updates to the Chair and Vice Chair of the IJB as part of the interim operating arrangements.

5.3 Mobilisation Plan

HSCPs across Scotland have drafted mobilisation plans to set out local approaches to tackling the spread of and other impacts on services and service users of COVID-19. Part of this planning includes an overarching estimate of the additional cost implications of tackling the virus. Inverclyde has worked closely with the other IJBs to develop its plan and feed into the GG&C wide plan.

The anticipated financial aspects are submitted through the Health Board to Scottish Government on a weekly basis. The 6 Chief Finance Officers are working closely with finance colleagues to ensure consistency in approach and robust reporting arrangements. Further details are outlined in a separate report to IJB.

5.4 Service Hubs

In response to the lockdown, the HSCP moved rapidly from normal operating models to service hubs to respond to the combined increases in demand for services and decrease in availability of staff to deliver those services. The five service hubs have been fully operational since the end of March and operating under three key principles :

- To keep people healthy
- To manage and provide services that are safe to do so
- To deliver key services by telephone contact with visits arranged only when required

The five key service delivery hubs are :

- **Adult** services (Access 1st, Assessment & Care Management (ACM) based at Port Glasgow Health Centre)
- **Children, Families and Criminal Justice** services based at Hector McNeil House
- **Mental Health** services based at Crown House
- **Alcohol & Drug** recovery services based at Wellpark
- **Homelessness** service based at the Inverclyde Centre

Each hub has a Standard Operating Procedure (SOP) in place and in order to support social distancing measures, each has developed virtual hubs that allow

staff to work both remotely and from home.

All hubs have now refined their operating arrangements and are working effectively within existing social distancing guidance. Service delivery levels continue to be focused on those service users with greatest need. Risk assessment is being carried out to target service at the critical level however as staffing levels stabilise and improve it is anticipated that the HSCP will be able to extend support further to those with substantial needs. The hubs however continue to seek to balance the guidance in relation to social distancing and responding to service users' needs across the HSCP.

All hubs operated over the Easter weekend and it is the intention that they will remain open again over the upcoming May bank holiday weekend. Whilst referrals rates for all hubs have reduced, some service hubs have found it helpful to provide continuity of service to existing service users and to avoid the traditional peak in demand over long weekends

5.5 Operational Log

To support our preparedness for COVID-19, the HSCP developed an Operational Log outlining potential and known impact on local services. This has enabled us to focus on stepping down some non-essential services, redeploying staff to support key service delivery, moving to a 5 hub based service, and increasing capacity to meet demand such as purchase of additional care home beds to provide intermediate care for people coming out of hospital following discharge, and revise some of our normal operational activities to support people through different practices.

The Operational Log is reviewed on a regular basis and will inform the HSCP Recovery Plan as we begin planning ahead post-COVID-19. A copy of the Operational Log is at Appendix 1.

5.6 Personal Protective Equipment (PPE)

Staff are expected to use Personal Protective Equipment (PPE) according to the national guidance issued by Health Protection Scotland (HPS). It is important to note that the approach being taken on PPR is completely consistent for all health and social care staff, regardless of the setting that they are working in. PPE should be worn for all patients regardless of whether or not they are symptomatic or have had a positive test for COVID-19 (as a minimum gloves and apron should be used, including for asymptomatic patients), and should always be donned, doffed and disposed of correctly.

The HSCP has established a central cluster store for PPE to ensure a robust supply process is maintained for its own health and social care requirements as well as holding a contingency stock for commissioned providers including care homes and supported living services. Stock levels are reported back to NHS Greater Glasgow & Clyde and the National Triage Centre for PPE on a weekly basis to ensure stock levels are monitored.

There has been disruption to the PPE supply however the COVID-19 team has ensured that the supply is maintained by ordering stock from independent suppliers as well as utilising PPE that has been donated by local organisations where these meet appropriate standards. The COVID-19 team has also sourced PPE directly from NHS central stores where logistical chains have not been able to deliver locally when demand has outstripped supply.

5.7 Inverclyde HSCP Assessment Centre

The Inverclyde HSCP Assessment Centre opened on Monday 30th March and is based at Wing H and I of the Greenock Health Centre. This was in response to

the National UK / Scotland wide COVID-19 assessment requirements and part of the Greater Glasgow & Clyde response. Inverclyde was the second centre to open after GGC Barr Street HUB.

Inverclyde CAC centre is open Monday to Friday 9 - 5pm with capacity to see 20 patients per day, there are 3 operational assessment rooms, and a 20 – 30 minute appointment allocation. The centre is also open on Saturdays 10am -2.30pm with capacity to see 9 patients. Patient transport is available for the afternoon appointments. The current usage is around 40% with appropriate referrals being made to the SATA centre based at Inverclyde Royal Hospital (IRH), this is between a 16 - 35% referral rate of those seen.

The process uses Trak Care and Clinical portal electronic systems, and is an appointment only service via GP practice and NHS24 111. The clinical pathway is based on rapid assessment utilising face to face monitoring as well as Microsoft teams and use of video-conferencing between the clinical rooms. The onsite pharmacy allows patients to be assessed and receive prescription treatment packages for continued home isolation.

The feedback from GP and service users has been positive with statements of a well co-ordinated, clean and efficient service that puts patients at ease. Staff feel safe with the level of PPE used. The team are adopting health education on COVID-19 as well as safe clinical rapid assessment of respiratory symptoms in the primary care provision and appropriate onward referrals to hospital.

The centre has capacity to see more patients and open an additional room if required, shorten all appointments to 20 minutes or open longer in evening. However, at this time demand for the service (week 7) is not indicating this is needed.

Reports and analysis at a UK and Scotland level are identifying a number of factors which could potentially explain the higher number of COVID-19 related deaths and the general increase in deaths within Inverclyde. It is believed that health inequalities, social economic inequalities plus Inverclyde having an older population are all contributory factors. Officers are liaising with Public Health Scotland and the Greater Glasgow and Clyde Health Board Public Health experts to get further insight and updates will be reported back to Members via the IJB.

5.8 Inverclyde Staff Testing Centre

The drive through testing centre at Port Glasgow Health Centre opened on Thursday 9th April, is appointment based Monday to Friday 9.15am – 3.45pm, and staffed by 2 qualified nurses and 1 support worker. Testing is available in Glasgow at weekends. Referrals are made via an online form which has been circulated within the HSCP and also to providers including care at home, care homes and the hospice.

Testing is available for symptomatic staff or a symptomatic household member where this means the member of staff is required to self- isolate. Results are received within 24 - 48 hours, a negative result enables staff to return to work safely as long as otherwise well. Appointments are offered to those living in Inverclyde regardless of work setting and are also available to those in Renfrewshire area. Capacity can be increased to 44 appointments each per day if demand for testing increases.

There was an announcement by the Government this week that key workers working in other community settings can be tested at Glasgow Airport. The process for the Council is being developed by the Health and Safety Team.

5.9 Inverclyde HSCP Care Home Testing Proposal

The HSCP is currently following the direction of the Scottish Government in establishing testing of symptomatic residents who have been referred by their GP within a residential care home environment. The community care home liaison nursing service and qualified nursing staff within care homes who have had the appropriate training, will carry out testing of referred residents. The process is established by the HSCP to allow the appropriate testing and reporting of positive COVID-19 residents to allow the appropriate medical care and shielding to safeguard this vulnerable group of service users within the community.

It has recently been announced that COVID-19 patients who are discharged from hospital to a care home should have negative tests before discharge. Further guidance on the implementation of this announcement is expected shortly and will be communicated in due course. In the meantime, care homes are advised to continue to liaise with hospital discharging teams about individual patient test results and isolation periods. The HSCP offers to support safe transfers, not on a case by case basis, but by promoting good communication and planning around discharge. The Public Health Protection Unit (PHPU) is also available to provide advice whenever this is needed.

5.10 Humanitarian Centre

The HSCP has supported the development of the Humanitarian Centre and in particular the support of the 2,700 shielding list. Pipelines of supports are in place to ensure that the most vulnerable are supported to self-isolate.

Inverclyde is a compassionate community, we have always stood together in the face of adversity, this is being tested in a way never imagined but our staff and citizens are all rising to the challenge, together we are getting through this. Our guiding principles have been kindness, compassion, openness and transparency.

Since the beginning of the pandemic on the request of Local Resilience Management Team third sector partners have been working hard to support those most vulnerable people within our community. Volunteers handling hundreds of calls daily have now set up a base in the Salvation Army facility. Help is available for anyone who is self-isolating who would benefit from a daily telephone call, for those who need a prescription delivered to their home, provision of self-isolating food boxes, and counselling and therapy service for workers.

There are plans to develop Tech4Kids service, bereavement service, possible meal (or ingredient) preparation and delivery service, trauma and mental health first aid, and media capture of 'this moment in time'.

These are just a few of the many ways the Community Action Group has risen to the challenges and quickly put in place support for those who might otherwise struggle with the impact COVID-19 has had on day to day living as we knew it. We cannot underestimate the value of and tremendous work the Community Action Group has done to support our local community and so quickly.

5.11 HSCP Recovery Plan

It is clear we will be unable to return to how things were prior to complete lockdown but it is equally clear we cannot remain in lockdown forever. Given the recent issue of "COVID-19 – A Framework for Decision Making" issued by the Scottish Government, it is timely that the HSCP begins to look ahead to the future and develop a Recovery Plan.

The HSCP Recovery Plan is currently being developed with the Heads of Service to ensure we plan how we begin the process of stepping down from how services have been delivered in response to the pandemic, consider how we safely step up

services that were suspended, but also reflect on how the HSCP responded to delivering services in a very different way, what can be learned from this and question whether we want to return to how things were delivered before.

To observe social distancing and support staff to work from home has allowed us to explore new ways of agile working, including using technology such as video or telephone conferencing facilities to attend meetings. This may be something we wish to continue exploring longer term as we look at different ways of working in the future.

Work to scope office capacity is underway to ensure that offices can function and still operate social distancing.

The Recovery Plan will ultimately ensure that we recover safely, in a way that supports for our staff and our communities, and mindful of national guidance.

5.12 Early Release Prisoner Provision

An emergency prisoner release provision was included in the Coronavirus (Scotland) Bill to ensure there would be legislative basis for undertaking a form of emergency early release (EER) should it be needed. It has since been confirmed that the release programme will formally commence on 30th April 2020. Inverclyde HSCP and key partners are engaged in scenario planning for EER of prisoners to ensure services are in position to cope with the demand. For Inverclyde current estimates are 18 people who together with anticipated releases will bring the total to 38 people.

5.13 Public Protection Arrangements

Business continuity planning arrangements have been approved and remain under review in accordance with National Child Protection and Adult Protection guidance. Visits for child/ren on the child protection register remain in place and actions taken to support and protect all vulnerable adults and children continue to work on multi agency basis.

6.0 IMPLICATIONS

FINANCE

6.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact for people with enhanced outcomes expected
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact on service user outcomes
People with protected characteristics feel safe within their communities.	Positive impact on service user outcomes
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.	None
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

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

6.6 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.	This report highlights the need to enhance arrangements for people who require better co-ordinated care
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	This report covers our future direction of travel to support a range of older people to live at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report highlights the need to intervene early and improve people

	experience of health and social care support.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This report acknowledges the need to improve the quality of life for people who require support.
Health and social care services contribute to reducing health inequalities.	The report confirms the HSCP position in relation to tackling health inequalities.
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.	The HSCP will continue to work closely with our partners to improve support provided to unpaid carers.
People using health and social care services are safe from harm.	The HSCP are committed to keeping people from harm by a range of interventions.
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.	Our workforce is committed to improve the lives of people in Inverclyde as per our strategic plan.
Resources are used effectively in the provision of health and social care services.	The HSCP have outlined our priorities in our strategic plan which makes best use of our resources.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

- 8.1 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.

9.0 BACKGROUND PAPERS

- 9.1 None.

HSCP - Operational Log 30th April 2020

Service Impact	Reason	Reported to CMT	Supporting report Yes – N/A	Implemented	Stood Down	Officer
1. Suspend Day Services at Hillend (Internal) Murshiel and Crown Care(External Providers) Alzheimers	Staffing required for Priority 1 service Care at Home. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
2. Suspend placement at Hillend Respite Service	Staffing required for Priority 1 service, care at home. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
3. Increasing intermediate care bed capacity in community. Linked to NHS DD Mobilisation Plan	Purchased 50 additional care home beds to ensure flow from Inverclyde Royal Hospital for older people until care at home capacity improves.	Yes	Yes	Yes		Allen Stevenson
4. Suspend Learning Disability day services at Fitzgerald Centre Greenock	Staffing required to provide outreach to vulnerable adults. Social distancing also being followed.	Yes	Yes	Yes		Allen Stevenson
5. Changes to billing CM2000 External Providers in relation to Care at home services.	To ensure external providers stay in business and provide services to older people at home. Prevent external care packages returning to Internal care at home service.	Yes	Yes	Yes		Allen Stevenson
6. Increase temporary flats for Homeless Centre.	Reduce the number living in the Inverclyde Centre on public health advice.	Yes	Yes	Yes		Sharon McAlees
7. Move to 6 Hub based services	Reduce service delivery across the HSCP to deliver core services within Mental Health, Alcohol/Drugs, Adults, Children's and Homelessness, COVID 19 response.	Yes	Yes	Yes		Louise Long
8. Initial discussion with Blackwood	To determine viability if hospitals are overrun and if we require additional capacity to keep flow through hospital	Yes	Yes	No	Yes	Allen Stevenson
9. Scope the use of McPherson as residential	To determine viability if hospitals are overrun and if we require additional capacity to keep flow through hospital.	Yes	Yes	No	Yes	Gerard Malone

10. Changes to billing Supported Living Providers in relation to LD, MH service users.	To ensure external providers stay in business and provide services to adults across LD, MH Physical Disability. Prevent collapse of support packages and these being passed back to HSCP who have no staff available to provide these services.			Yes		Allen Stevenson
Supported Living Payment	Supported living provider average payment over 3 months agreed to make payment.	Yes	Yes	Yes	Yes	
11. Purchase 100 beds at Hotels across Inverclyde	Ensure flow form Inverclyde Royal Hospital as per DD mobilisation Plan. Agreed to remove	No	No	NO		Allen Stevenson
12. Early release prisoner	Data Sharing Agreement required to manage early release prisoners. Process developed	Yes	Yes	Yes		Sharon McAlees
13. Child Protection	New guidance – vulnerable people guidelines placing children on CP register on Police system.	Report to COG	Yes	Yes		Sharon McAlees
14. Security Company for ADR.	Distribution home methadone to those self isolated	Yes	Yes	Yes		Sharon McAlees
15. Temporary Fostering Carers	Allow staff registered with SSSC and GMT to be temporary foster carers to support service within COVID 19 pandemic	Yes report to COG	Yes	Yes		Sharon McAlees

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/38/2020/LA

Contact Officer: Lesley Aird **Contact No:** 01475 715381

Subject: COVID-19 MOBILISATION PLAN

1.0 PURPOSE

- 1.1 The purpose of this report is to seek Integration Joint Board (IJB) approval of the Covid-19 mobilisation plan which outlines the measures and associated costs being put in place locally to address the emerging impacts of the Covid-19 pandemic.

2.0 SUMMARY

- 2.1 Across GG&C the 6 IJBs together with the Health Board have been working together to agree a consistent basis for estimating and reporting the anticipate costs to the Health Board and IJBs relating to the Covid pandemic. Mobilisation plans have been developed and costed for the period from March 2020 to the end of March 2021. These plans are reviewed and updated and submitted weekly through the Health Board to the Scottish Government
- 2.2 On 9th April the Cabinet Secretary confirmed approval in principle of the mobilisation plans already submitted by HSCPs across Scotland.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
- 1) notes the process for development, review and weekly submission of mobilisation plans;
 - 2) notes the Cabinet Secretary's approval in principle of the submission so far;
 - 3) approves the actions as outlined in the mobilisation plan on the basis that the £0.450m of 2019/20 and £8.404m of 2020/21 Covid-19 costs are expected to be funded through Scottish Government Covid-19 funding, and
 - 4) authorises the Chief Officer to issue directions to the Chief Executives of the Health Board and Inverclyde Council to implement the enclosed mobilisation plan.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 MOBILISATION PLAN

4.1 HSCPs across Scotland have drafted mobilisation plans to set out local approaches to tackling the spread of and other impacts on services and service users of Covid-19. Part of this planning includes an overarching estimate of the additional cost implications of tackling this. Inverclyde has worked closely with the other GG&C IJBs to develop its plan and feed into the GG&C wide plan. The anticipated financial aspects are submitted through the Health Board to the Scottish Government on a weekly basis. The 6 Chief Financial Officers (CFOs) are working closely with Finance colleagues to ensure consistency in approach and robust reporting arrangements.

4.2 In addition to normal financial controls, additional controls and monitoring have been brought in to control and monitor Covid-19 related spend as follows:

- All Covid-19 related costs are being separately recorded.
- All Covid-19 related spend requires Head of Service authorisation in addition to normal sign-off arrangements and regular reports come to the CFO and Senior Management Team. It has been agreed that this will be through the Head of Health and Community Care who is, together with the Chief Officer, coordinating the HSCPs Covid-19 response efforts.
- Weekly submissions of anticipated costs up to March 2021 are made through submission of mobilisation plans through NHS GG&C to the Scottish Government, including a reconciliation of any significant changes.
- A financial impact analysis paper relating to the Covid-19 outbreak has been drafted for the May IJB for noting.

4.3 The Inverclyde mobilisation plan makes allowances for the following key areas:

- Multi-agency response. The HSCP is working with a range of partners to deliver an effective response to the current situation. These include: other Council services, Acute services, Police and Fire Brigade, CVS Inverclyde, River Clyde Homes, Your Voice, care homes, care at home providers, Ardgowan Hospice and many more.
- Purchase of additional care home beds. During the current crisis it is vital that Inverclyde's delayed discharge performance is maintained to ensure that acute beds are freed up as quickly as possible. Inverclyde has successfully maintained its Delayed Discharge performance to date.

Linked to this, provision was put in place from the start of the pandemic for an additional 50 care home beds within Inverclyde. The beds were costed for a full year with no tapering in line with advice received from the Scottish Government.

Initial plans included an option for a further 20 additional care home beds. As things have developed the additional 20 beds are no longer expected to be required and have been removed from the latest forecasts. Officers are reviewing the overall bed numbers required.

- Additional prescribing costs – there was a significant 30% spike in prescribing volumes across the country in March.
- Additional staffing – estimated costs of additional health and social staffing across Scotland to cover absence and service demand increases as more service users self isolate and require care at home and other services. Initial guidance was to estimate this as 10% of staffing. The estimates will be refined as actual costs being to come through. It is anticipated that these may be lower than the initial forecast.
- Additional equipment requirements, including a sharp increase in the levels of Personal Protective Equipment (PPE) staff require. Inverclyde was quick off the mark in relation to this and as a result got a good pipeline and reordering process

in place early on to ensure that staff locally within the HSCP and our other care providers have the equipment they need. Alongside this there has been a significant increase in I.T. required to support agile/home working and some additional medical equipment now required.

- Assessment and Testing Centres – these have been opened in Inverclyde as part of the NHS Greater Glasgow & Clyde response to Covid-19.
- Homeless Accommodation – Inverclyde carried out a review of the homelessness strategy in light of Covid-19. Following consultation with colleagues in Public Health and with support from Registered Social Landlord (RSL) partners the HSCP secured a number of temporary tenancies. This has enabled a significant reduction in the population of individuals living within the Homelessness centre. The number of homelessness presentations are increasing and the HSCP is currently developing its processes further to respond in the event of further early releases from the prison population.
- External providers – teams are working closely with all external service providers to ensure they have the support they require to continue to deliver their services. Letters have been sent to providers confirming funding continuity during the current time. Daily updates are being received from providers regarding their staffing levels and impact on services. Initial guidance was to estimate this as 25% of external provision budgets. The estimates will be refined as actual costs being to come through. It is anticipated that these may be lower than the initial forecasts.
- Volunteering – CVS is leading on setting up volunteering services to help combat loneliness, food poverty, mental health and wellbeing for the people of Inverclyde. A huge number of people and local businesses have come forward to support these efforts. Testament to what a kind and compassionate place Inverclyde is.

5.0 CURRENT COST ESTIMATES

5.1 Cost estimates have been collated over the following headings:

- Purchase of additional care home beds – we have provision in place for an additional 50 beds. Costs for these will be incurred as they are used. Latest Scottish Govt advice on these estimates has confirmed that care bed projections should be assumed for 12-18 months with no tapering
- Additional prescribing costs – significant 30% spike in prescribing volumes across the country in March. Scottish Government has advised that they believe the spike is a timing issue and volumes will come down accordingly over the next couple of months. Prescribing costs and volumes are being closely monitored and the HSCP anticipates an ongoing 1% increase over the six months over and above the March spike.
- Additional staffing – estimated cost of additional health and social staffing to cover absence and service demand increases as more service users self isolate and require care at home and other services, Scottish Government guidance is to assume 10% additional costs per month tapered over the year
- Additional equipment costs, including Personal Protective Equipment (PPE). Increase in IT to support agile/home working. Additional medical equipment now required and significant increase in PPE requirements
- Anticipated loss of income – this includes the anticipated loss of day centre income for the next 6 months
- Assessment Centres – anticipated costs of the assessment and testing centres opening up across the country. Inverclyde is now running an assessment centre in Greenock and a testing centre in Port Glasgow. Additional costs relate to: staffing, GP services, equipment, buildings, marquee hire, supplies etc to set up and run these centres.
- Homeless Accommodation – increased demand within the homelessness service and a requirement to move more service users from the Inverclyde Centre into

rented accommodation to maintain social distancing. At present 23 service users have been moved from the centre into temporary accommodation which is a combination of rented flats and B&Bs. The service is also incurring additional security costs for the centre to support reduced staffing levels and maintain social distancing

- Impact of agreed 20/21 IJB savings which are not expected to be deliverable due to the outbreak – the impact of this is not expected to be high for Inverclyde, most agreed savings should still be deliverable. This will be kept under review over the coming months
- Other costs – a catch all for any costs not captured elsewhere in the return

5.2 Generic cost estimate tapering over the 12 months has been agreed for GG&C to be used as appropriate. Some cost lines such as purchase of care home beds and homelessness will not be tapered and will instead be based on more detailed estimates. The agreed tapering for other forecasts is as follows:

- 100% for April to June 2020
- 75% for July and August 2020
- 50% September and October 2020
- 25% for November and December 2020
- 10% January and February 2021
- 0% for March 2021

5.3 At the end of March all Health Boards submitted initial mobilisation plan estimates to the Scottish Government. GG&C initially submitted costs for the first 6 months only. Inverclyde HSCP's element of that was £5.011m. The Scottish Government came back and requested that the GG&C figures be submitted for the full year 2020/21 with cost tapering in place across the year as appropriate. Guidance on high level assumptions was issued at that time and the 6 IJB CFOs within GG&C agreed a common basis for their submissions with Health Board Finance. Since then the 6 CFOs have been making detailed weekly submissions on the agreed template, updating figures as information becomes available and decisions are taken.

5.4 On 9th April the Cabinet Secretary wrote to all Chief Officers to confirm her approval in principle of the mobilisation plans submitted the previous week for the activities identified. Scottish Government officials have been asked to follow up with partnerships to fully understand the additional expenditure already incurred and the anticipated future expenditure to allow appropriate funding to be allocated. The letter also noted the Cabinet Secretary's thanks "for the significant work to reduce delayed discharge numbers".

5.5 The table below shows a summary of the latest Inverclyde cost estimates as at the time of submitting this report, 27 April 2020. The full mobilisation plan submission for Inverclyde is enclosed at appendix 1.

	As At 27/04/2020			
	Revenue	Capital		Capital
H&SCP Costs	2019/20	2019/20	2020/21	2020/21
Delayed Discharge Reduction- Additional Care Home Beds	82,300	-	1,975,200	-
Personal protection equipment	8,650	-	207,600	-
Deep cleans	-	-	21,300	-
Additional temporary staff spend	-	-	1,422,900	-
Additional costs for externally provided services	174,900	-	2,339,650	-
Additional FHS Prescribing	320,000	-	97,200	-
Community Hubs	72,650	-	1,727,320	-
Loss of income	-	-	212,400	-
Other- Revenue Equipment and Supplies	5,000	-	134,500	-
Other- Homelessness and Criminal Justice	106,700	-	215,940	-
Offsetting savings - HSCP	(320,000)	-	-	-
Total	450,200	-	8,354,010	-
			Subtotal	8,804,210
Expected underachievement of savings (HSCP)	-	-	50,000	-
Total	450,200	-	8,404,010	-
			Total	8,854,210

5.6 The updated mobilisation plan template now includes a decisions log which lists all decisions made as part of the mobilisation planning process.

6.0 DIRECTIONS

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

7.0 IMPLICATIONS

FINANCE

7.1 As outlined in this report

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	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.

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
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.	None
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

7.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance issues within this report.

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None

People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	Robust planning, control and reporting of costs relating to the Covid-19 outbreak will ensure the IJB maintains effective governance and that robust budgetary control and management remains in place to ensure that resources are used effectively

8.0 CONSULTATION

- 8.1 This report has been prepared by the IJB Chief Financial Officer based on information developed in conjunction with NHSCCG and Inverclyde Council finance officer.

9.0 BACKGROUND PAPERS

- 9.1 None.

COVID-19 Local Mobilisation Plan- Financial Plan- H&SCP

Name of Body	Inverclyde H&SCP
Finance Contact:	Lesley Aird
Date of last update	27/04/2020

Key Assumptions

Additional Hospital Beds

Please complete tab 'Bed Model (H&SCP)'

Staff absence rates assumption (%)	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21

Delayed Discharge Reduction- Assumptions	Number	Average Unit Cost (£)	Supporting Narrative
Delayed Discharge Reduction- Additional Care Home Beds	50	760	50 bed block purchase @ £760 pw from mid March to March 21
Delayed Discharge Reduction- Additional Care at Home Packages			
Delayed Discharge Reduction- other measures			

H&SCP Costs	Revenue		Capital		Revenue										Capital	Body incurring cost (NHS or LA)	Supporting Narrative				
	2019/20	2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21						
Additional Hospital Bed Capacity/Costs																					
Delayed Discharge Reduction- Additional Care Home Beds	82,300		164,600	164,600	164,600	164,600	164,600	164,600	164,600	164,600	164,600	164,600	164,600	164,600				LJB	Block purchase of 50 additional beds from mid March 2020 to end March 2021		
Delayed Discharge Reduction- Additional Care at Home Packages																					
Delayed Discharge Reduction- other measures																					
Delayed Discharge Reduction- other measures																					
Delayed Discharge Reduction- other measures																					
Personal protection equipment	8,650		17,300	17,300	17,300	17,300	17,300	17,300	17,300	17,300	17,300	17,300	17,300	17,300				LJB	Estimated at £4k per week. Some of the PPE is provided through National route free of charge		
Deep cleans			3,500	3,500	3,500	2,600	2,600	1,700	1,700	800	800	300	300	-					Based on £350 per deep clean x 10 cleans per month tapered		
Estates & Facilities cost																					
Additional staff overtime																					
Additional temporary staff spend			207,100	276,500	276,500	155,300	155,300	103,600	103,600	51,700	51,700	20,800	20,800	-				LJB	Additional staffing costs est at 10% in line with SG guidance. Figures tapered over the year		
Additional cost from Contract Rate Uplift																					
Additional costs for externally provided services	174,900		363,900	366,550	366,550	279,150	279,150	191,450	191,450	98,850	98,850	46,250	46,250	11,250				LJB	Additional provider costs est at 25% in line with SG guidance. Plus 3.3% uplift for all social care providers announced by Scot Govt. and additional security costs for methadone delivery for service users self isolating		
Cost to 3rd Parties to Protect Services (where services are currently stopped)																					
Additional costs to support carers																					
Mental Health Services																					
Additional FHS Payments- General Ophthalmic Services																					
Additional FHS Payments- GP Practices																					
Additional FHS Prescribing	320,000		16,200	16,200	16,200	16,200	16,200	16,200	-	-	-	-	-	-					Additional GP prescribing costs - based on figures provided by Prescribing Team following national dialogue		
Community Hubs	72,850		278,600	278,600	278,600	208,950	208,950	139,300	139,300	69,650	69,650	27,860	27,860	-				LJB	Additional staffing and other costs for local assessment and testing centres		
Other Community Care																					
Staff Accommodation Costs																					
Additional Travel Costs																					
Loss of income			35,400	35,400	35,400	35,400	35,400	35,400	-	-	-	-	-	-				LJB	Anticipated loss of day centre income for 6 months		
Other- Costs incurred by Council on behalf of H&SCP																					
Other - social care																					
Other - alternatives to day care																					
Other- Revenue Equipment and Supplies	5,000		21,700	21,700	21,700	16,300	16,300	10,800	10,800	5,400	5,400	2,200	2,200	-					Estimated at £5k per week - for additional IT, phones, licences etc		
Other- Homelessness and Criminal Justice	106,700		26,600	24,500	26,600	24,500	24,500	26,600	12,230	12,230	13,230	12,230	6,110	6,610				LJB	Additional accommodation and security costs to ensure social distancing and provide interim alternative accommodation for 23 former residents of our homelessness centre		
Other- Minor																					
Other - support to vulnerable service users - food																					
Other - Children and Families																					
Other - IT Costs																					
Offsetting savings - H&SCP	(320,000)																			Per SG advice the 19/20 prescribing costs are considered an timing issue and are therefore shown as an in and an out in 19/20	
Total	450,200	-	1,134,900	1,204,850	1,206,950	920,300	920,300	706,950	640,980	420,530	421,530	291,540	285,420	199,760							
																				Subtotal	8,804,210
Expected underachievement of savings (H&SCP)			£4,200	£4,200	£4,200	£4,200	£4,200	£4,200	£4,200	£4,200	£4,200	£4,200	£4,000	£4,000						The LJB agreed £1m of savings for 20/21. Of these only £50k relating to increased charging income is expected to be irrecoverable	
Total	450,200	-	1,139,100	1,209,050	1,211,150	924,500	924,500	711,150	645,180	424,730	425,730	295,740	289,420	203,760							
																				Total	8,854,210

Decision/Approval Tracker

Internal Reference Number	Decision Request Logged Date	Body (e.g. NHS, H&SCP)	Category of spend	Proposal Title	Proposal Description	Impact on Capacity (e.g. additional beds in acute, social care)	Risk Rating: (High, Medium, Low)	Status of proposal (e.g. in progress, commissioning & planning)	NHS/JUB/LA Contact: Name and Phone Number	Description of financial impact	Total Cost (£000s)	Is the total cost above the agreed financial threshold?	If below threshold, approved internally?	If over threshold, decision outcome?	SG Approver	Final Decision Date	Date Effective from	Duration of cost	Total Costs Incurred to Date (£000s)	Further Costs to be incurred in 2020/21 (£000s)	Offsetting budgets/savings in 2020/21 (£000s)
INV001	23-Mar	HSCP	Delayed Discharge Reduction-Additional Care Home Beds	50 Additional Care Home Beds	Contract for 50 additional care home beds to ensure delayed discharge performance is maintained	Free up acute beds - cost to social care budget	Low	Additional beds have been commissioned	A Mailey	Cost of up to 50 additional care home beds. Once service users go into these care homes for a period of time it is difficult to safely return them home. Costs have been assumed for the full year without tapering	2,058	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	23-Mar	12-18 mths	tbc	2,058	0
INV002	25-Mar	HSCP	Other-Homelessness and Criminal Justice	Rehoming 23 Homeless Centre residents	Arranging to rehome 23 Inverclyde Centre residents and costs of additional security cover for the centre to help enforce social distancing and reduce risk to staff and Homeless Centre residents	Impact on Social Care and RSL housing to help reduce potential infection levels in a group that tends to be at higher risk	Low	23 service users have been transferred to external accommodation - flats & B&Bs. Additional security staffing have been contracted	A Hunter	Cost of 23 additional flats/B&Bs, additional security costs. Tapered after 6 months	323	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	25-Mar	12 mths	4.8	318	0
INV003	25-Mar	HSCP	Delayed Discharge Reduction-Additional Care Home Beds	21 Additional Care Home Beds	Discussions with external care home provider Blackwood to secure 21 additional beds if required - following further review this will not be progressed further at this stage see INV016	Free up acute beds - cost to social care budget	Low	In progress but not required yet	A Mailey	No costs incurred to date - estimate based on full costs for 12 months from mid April	997	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	23-Mar	12-18 mths	0	997	0
INV004	25-Mar	HSCP/NHS	Community Hubs	Assessment Centre Greenock	Assessment Centre set up in Greenock Health Centre	Help to reduce spread of the disease and support/treat infected patients	Low	Centre up and running	F Houlihan	Cost of additional HSCP staffing, equipment and supplies and cost of additional GP staffing too	900	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	25-Mar	6 mths	8	892	0
INV005	30-Mar	HSCP/NHS	Community Hubs	Testing Centre Port Glasgow	Test Centre set up at Port Glasgow Health Centre	Initial testing for HSCP staff to help increase workforce availability. Centre will also help to reduce spread of the disease and support/treat infected patients	Low	Centre up and ready to go	E Cummings	Cost of additional HSCP staffing, equipment, marquees hire and supplies and cost of additional GP staffing too	900	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	07-Apr	6 mths	tbc	900	0
INV006	30-Mar	HSCP	Additional temporary staff spend	Increase staffing capacity	Increase staffing capacity within HSCP to cover higher than normal absence levels and increased levels of service demand through a combination of - additional hours/overtime for staff - recruitment of additional agency/locum staff - redeployment of existing Council and Health staff - hiring additional temp staff - enhancing existing local volunteer group activity coordinated through a local 3rd party provider CVS - Humanitarian Centre - activity to support all patients on the Shield list circa 2% of local population so far	Support care at home activity, support local people to self isolate, food parcel deliveries, wellbeing support - all to help support social distancing and self isolation to slow the spread of the virus and minimise impact on acute services	Medium	Significant work already underway - still a work in progress		Cost of additional staff, overtime, volunteer expenses etc	1,423	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	30-Mar	12 mths tapered	19.6	1,403	0
INV007	02-Apr	HSCP	Additional FHS Prescribing	Additional Prescribing cost	Spike in prescribing volumes in March 30% - advised to assume 1% additional cost over and above this in 2021. Figures provided by NHSGGAC prescribing team - reduced linked to anticipated timing issue see INV017 below		Low	Ongoing	G Wallace	Additional cost of heightened GP prescribing	417	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr	23-Mar	12 mths tapered	320	97	0
INV008	02-Apr	HSCP	Personal protection equipment	Additional PPE	Anticipated increase in PPE spend	Ensuring staff are able to safely carry out their duties and keep people safe	Medium	Ongoing	E Cummings	Additional costs of additional PPE	216.2	no	yes - spend will be incurred as required		J Freeman	09-Apr		12 mths tapered	46.1	170	0
INV009	02-Apr	HSCP	Other- Revenue Equipment and Supplies	Additional Equipment	Anticipated increase in spend on other equipment, primarily IT and telephony equipment and associated licences	Supporting mobile working and ensuring staff are kept safe	Low	Ongoing	A Stevenson	Additional costs of additional IT and telephony	139.5	no	yes - spend will be incurred as required		J Freeman	09-Apr		12 mths tapered	3.6	136	0
INV010	02-Apr	HSCP	Loss of income	Loss of Income	Loss of Day care income for 6 months due to requirement to close day centres to ensure social distancing	Day centres closed but support services still being offered by phone/video calls	Low	Ongoing	A Brown	Loss of anticipated income	212.4	no	yes - spend will be incurred as required		J Freeman	09-Apr		6 mths	tbc	212	0
INV011	02-Apr	HSCP	Additional costs for externally provided services	Third Party Provider costs	Anticipated 25% increase in provider costs during the pandemic	Supporting providers protects local service users and minimises potential pressure on Acute beds and DD	Low	Ongoing	A Mailey	Anticipated increase in provider costs	2,380	yes		Considered internally, approved by Cab Sec 09/04	J Freeman	09-Apr		12 mths tapered	tbc	2,380	0
INV012	08-Apr	HSCP	Deep cleans	Deep Cleans	Anticipated costs based on 10 cleans per month at £350 per clean - costs tapered over year	Ensures buildings are available and safe for staff to access	Low	Ongoing	A Stevenson	Additional cost incurred	21	no	yes - spend will be incurred as required					12 mths tapered	0.6	21	0
INV013	08-Apr	HSCP	Expected underspend of savings (HSCP)	Savings undeliverable	The majority of the HSCP 2021 savings are still deliverable but these relate to anticipated growth in some income lines that is unlikely to materialise due to covid	No impact on capacity - loss of income	Low	Ongoing	L Aird	Savings no longer deliverable due to virus	50	no	n/a					12 mths tapered	tbc	50	0
INV014	08-Apr	HSCP	Additional costs for externally provided services	Delivery of ORT to service users self isolating	Additional staffing/security to facilitate home deliveries of opiate replacement therapies to Addictions service clients who are required to self isolate	Supporting these service users to stay at home will help slow the spread of the virus and protect them	Medium	Commissioning	S Crawford	Additional costs incurred	0		awaiting CMT approval					6 mths	tbc	0	0
INV015	09-Apr	HSCP	Additional costs for externally provided services	3.3% uplift for social care workers	Scot Gov announcement of 3.3% uplift to all social care workers	Supports providers to continue to deliver services	Low	Complete	n/a	Additional costs incurred	135	no	n/a		J Freeman	09-Apr	01-Apr	12 mths	tbc	135	0
INV016	24-Apr	HSCP	Delayed Discharge Reduction-Additional Care Home Beds	21 Additional Care Home Beds	21 additional beds - following further review this will not be progressed further at this stage	Free up acute beds - cost to social care budget	Low	Not being progressed	n/a	Reversal of previous decision INV003	-997	no	n/a			24-Apr	24-Apr	n/a	0	-997	0
INV017	09-Apr	HSCP	Additional FHS Prescribing	Additional Prescribing cost	Link to INV007 above - costs for 19/20 removed based on SG advice that the spike is expected to be a timing issue rather than additional cost		Low	Ongoing	n/a	Reduced additional cost of heightened GP prescribing	-320		n/a			24-Apr	24-Apr	n/a	-320	0	0

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

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/37/2020/LL

Contact Officer: Allen Stevenson **Contact No:** 715212

Subject: Support to Care Homes COVID-19

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 11th 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 11th 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 23rd 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 9th 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 25th 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 23rd 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 31st March 2020 and 30th 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 25th March there were 50 vacant care home beds in Inverclyde the current position as of Monday 27th 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

Direction Required to Council, Health Board or Both	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.