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**Report To:** Inverclyde Integration Joint Board      **Date:** 23 June 2020

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Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/46/2020/AS

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**Subject:** Support to Care Homes COVID19

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## **1.0 PURPOSE**

- 1.1 This report is to advise the Integration Joint Board of the actions taken by IHSCP to support Care Homes in Inverclyde during the COVID19 pandemic.

This report is an update to the previous report presented on 12<sup>th</sup> May 2020 to the Integration Joint Board.

## **2.0 SUMMARY**

- 2.1 On 11<sup>th</sup> March 2020 the HSCP, along with the other HSCP's in GG&C, submitted a Hospital Discharge Mobilisation plan.

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
- Sustain Care Homes for the projected loss in income

The plan included securing additional bed capacity in the care home sector through the block purchase of 50 care home beds. The additional cost of these beds will be coded against the COVID19 budget which has been set up within Health and the Council for all COVID related costs.

There has been a drop in care home placements reflecting the overall number of people who have died.

COSLA and the Scottish Government are currently consulting with all partners to determine a way forward to support care homes in the post COVID19 recovery phase. In the interim, joint guidance has been issued by COSLA and Health & Care Scotland regarding sustainability payments which are to apply until the end of June. The payment is to be based on usual care home occupancy levels. Officers are currently calculating the financial implications of this and an update will be provided to the next meeting.

On 17<sup>th</sup> May 2020 the Government issued new guidance around support and governance of care homes. The letter emphasised the need to monitor and support care homes around 3 key areas:

- Ensure support around workforce to maintain safe staffing levels.
- Infection control.
- Supply of Personal Protective Equipment. (PPE).

The Cabinet Secretary has also directed NHS Boards and Councils to ensure direct oversight of care home standards of care with scheduled meetings to be led by the Nursing Director, Chief Social Work Officer and Chief Officer.

### **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked :

- a) To note correspondence from the Cabinet Secretary regarding the arrangements to ensure appropriate clinical support and oversight to care homes and agree process of assurance;
- b) To note the continued implementation of the Delayed Discharge Mobilisation Plan to address the pressures presented by the COVID19 pandemic;
- c) To note the current arrangement to purchase 50 care home beds for 12 weeks until 15 June 2020 under the National Care Home Contract;
- d) To note the current discussions between COSLA and the Scottish Government to determine how to support care home providers in the post COVID19 recovery phase;
- e) To note that a future report on care homes, including analysis of the impact of COVID19, will be presented to a future IJB; and
- f) To agree provider payment in line with Scottish Government guidance subject to funding being agreed.

**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 COVID19.

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. This plan was subsequently approved by the Scottish Government.

4.4 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.

4.5 COSLA and the Scottish Government have recognised the issues Care Home Providers will face in the post COVID19 recovery phase in particular in light of the reduced number of care home placements not only in Inverclyde but across Scotland. The principles have been agreed to govern this process and will look at vacancies and additional costs taken on by care home providers during the pandemic. There is a need for greater analysis of the impact on care homes and future sustainability. There will be no change to current arrangements until the Scottish Government agree the mechanism for future payments.

### **4.6 Other non-financial support to Care Homes**

In Inverclyde there is an existing partnership approach between providers and the HSCP. The good relationship has allowed a continued high level performance around discharges from hospital.

4.7 Inverclyde HSCP are continuing to support Supporting Care Homes as previously reported/presented to the IJB.

We continue to have daily contact with all care homes as well as a weekly partnership meeting chaired by the Head of Health and Community Care. This allows oversight and quick escalation of any issues or concerns raised by care home providers.

### **4.8 Offer of Support to Care Homes**

The HSCP wants to support 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. 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.
- training staff to correctly apply, remove and dispose of equipment safely and

- appropriately ensuring that care is provided safely.
- staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately trained.
- Psychological support to staff working in care homes.
- Training opportunities and support to all care homes in GGC through Webinars.

#### **4.9 Testing of Residents in Care Homes**

Scottish Government Guidance has prescribed testing for COVID19 for all residents in care homes as well as key staff. This process will become an ongoing cyclical programme on a yet to be determined timescale. We have currently tested all residents and staff in 14 older people care homes. This led to only 2 care homes being identified as having COVID19 and both were visited by IHSCP officers to have oversight and reassurance that there were no concerns over the homes' performance in terms of infection control, workforce and supply of PPE. Both visits reported very positively on these visits and the findings of HSCP staff.

This testing of potential service users who will be placed into care homes has also extended to admissions from the community where all service users will be tested on admission and isolated for 14 days in line with Scottish Government guidance. This will allow for more confidence on the part of care homes to take admissions in the coming weeks.

Across Scotland all HSCP and Acute Sectors have been asked to look at practical support if staffing numbers in care homes fall below safe levels. This may require deployment of staff to these settings. All care homes in Inverclyde have contingency plans in place to address staff shortage and this option will only be employed if necessary.

#### **Oversight and Support**

On 17th May 2020, the Cabinet Secretary issued new guidance around support and clinical governance of care homes. The letter emphasised the need to monitor and support care homes around 3 key areas:

- Ensure support around workforce to maintain safe staffing levels.
- Infection control.
- Supply of Personal Protective Equipment. (PPE).

The Cabinet Secretary has also directed NHS Boards and Councils to ensure direct oversight of care home performance with daily meetings led by the Chief Social Worker Officer, Nursing Director and Chief Officers.

This will include a daily safety huddle to determine levels of risks within care homes around the 3 key areas and determination of the need to escalate these concerns and put in place extra support and if required management and staffing. The Scottish Government has put into place under the COVID Act 2020 powers for Local Authority to take over responsibility of management of any care home as well as the Local Health Nurse Director taking on governance and responsibility for this care in each care home.

Inverclyde HSCP have established a daily Safety Huddle and will submit a daily Sit Rep report which will inform the weekly meeting chaired by the Chief Officer and attended by the Chief Social Work Officer, Lead Nurse, Head Health and Community Care, Clinical Director and Public Health who will determine levels of risk and requirement to escalate support required to any care home in Inverclyde. (See appendix)

#### **4.10 Current Situation**

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

- 4.11 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.
- 4.12 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 COVID19 is slowing down the number of deaths being registered within Inverclyde remains higher than normal.
- 4.13 Deaths in care homes have increased during the pandemic. In April 2019 we experienced 22 deaths compared to 74 in April this year. Over a wider period between 18th March 2020 and 21<sup>st</sup> May 2020 (inclusive), Scottish Government Data shows there have been a total of 120 deaths in Inverclyde Care Homes. Of these deaths, 29% (35) were COVID19 related.

## 5.0 PROPOSALS

- 5.1 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.
- 5.2 The impact of this increase in vacancies will have a drastic effect on the sustainability of the care home sector and the potential reduction of income to a number of care homes may result in their becoming financially unsustainable and therefore 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 taking into account the Joint Guidance issued to Councils on 21 May.

The IHSCP are currently building on existing processes and structures to enact the Cabinet Secretary's guidance around oversight and support to care homes issued on 17<sup>th</sup> May 2020. Robust systems are in place to support Care Homes.

## 6.0 IMPLICATIONS

### Finance

- 6.1 The cost of these beds for only the contracted 12 weeks would be £454k. COSLA is working with HSCPs to agree a Scotland-wide position on how we support the care home sector.

#### Financial Implications:

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
IJB COVID	Care Home	19/20 20/21	£454K		It is planned that any costs incurred will be

	Beds				fully funded by the Scottish Government via LMP returns.
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Annually Recurring Costs/ (Savings)

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

## LEGAL

6.2 There no specific legal implications arising from 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.	Report relates to older people
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	This report is specific to older people
People with protected characteristics feel safe within their communities.	n/a
People with protected characteristics feel included in the planning and developing of services.	n/a
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff are knowledgeable of needs for care homes
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 The changes under the COVID Act 2020 has placed responsibility for the governance of care provider by Care Home providers under the Health Board's Lead Nurse for a temporary period.

## 7.0 NATIONAL WELLBEING OUTCOMES

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Maintain the viability and quality of care in Care Homes to support this indicator
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	Maintain the viability and quality of care in Care Homes to support this indicator
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Maintain the viability and quality of care in Care Homes to support this indicator
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Maintain the viability and quality of care in Care Homes to support this indicator
Health and social care services contribute to reducing health inequalities.	Maintain the viability and quality of care in Care Homes in Inverclyde to support this indicator
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.	Maintain the viability and quality of care in Care Homes to support this indicator
People using health and social care services are safe from harm.	Maintain the viability and quality of care in Care Homes to support this indicator
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.	Maintain the viability and quality of care in Care Homes to support this indicator
Resources are used effectively in the provision of health and social care services.	Maintain the viability and quality of care in Care Homes to support this indicator

## 8.0 DIRECTIONS

8.1

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

## 9.0 CONSULTATION

9.1 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. It is based on contact with Local Care Providers Scottish Care and other HSCP

in the GGC Area through the Care Home Tactical Group.

## **10.0 BACKGROUND PAPERS**

### 10.1 Appendix 1



# **DRAFT CARE HOMES**

## **Local Daily Safety Huddle**

Each partnership will group care homes into geographical areas to have a manageable number of care homes for a daily huddle and make daily calls with every care home to collect information and offer support – they collect data and update the template format. This template will be analysed at a daily safety huddle by Nursing, Public Health, Social Work and Commissioning and Clinical Director and each care home is at that stage categorised red, amber or green. The categorisation scheme is based on risk linked to staffing, quality of care, testing, infection control measures, COVID19 cases and deaths.

Each safety huddle analyses information and use this to offer feedback, professional leadership, support and guidance to each care home where required, with follow up by lead HSCP Manager or appropriate professional lead. The categorisation of red or amber could lead to a multi-disciplinary visit from Nursing, Social Work and Public Health staff and if appropriate the Care Inspectorate could also be involved. The information from the visit or feedback from the huddle should be used to provide feedback/advice to care home. This should be logged and actions followed up by monitoring via Care Inspectorate.

Escalation of issues from visits or any other triggers is fed into the daily Chief Officer Tactical Group meeting and from there appropriate action is taken and Chief Executives of the Council and NHS are informed.

## **Local Weekly Meeting**

Public Health lead a weekly meeting attended by the HSCP commissioning manager, Chief Nurses, Clinical Directors, CSWO and the Care Inspectorate to analyse activity from across the week, including all aspects of COVID19, infection control, training and support.

- Each care home is classified.
- The return to Scottish Government agreed.
- The Strategic Executive Group/HSCP Tactical Group and Care Home Governance Assurance Group receive a composite report of all classifications of care homes across all of GGC.

## **GGC Care Home Governance and Assurance Group**

The GGC Care Home Group maintains oversight of support, testing, infection control, staffing and care standards for care homes within GGC. This group reports in to the Chief Officer Tactical Group which in turn feeds into SEG the LA Chief Exec and respective IJBs. Membership is as follows:

- Led by Director of Nursing and Public Health Director
- Chaired by a Chief Officer on behalf of Chief Officer
- CSWO representative
- 6 HSCP representatives
- Local authority service manager
- Scottish Care
- Clinical Directors x 2
- Care Inspectorate representative
- Chief Nurse x2

It will develop updated guidance on care homes for dissemination across GGC to support consist high quality care

