
Report To: Inverclyde Integration Joint Board **Date:** 17 May 2021

Report By: Louise Long
Chief Officer **Report No:** IJB/2021
Inverclyde Health & Social Care Partnership (HSCP)

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Subject: NHS Greater Glasgow & Clyde Partnership Wide Care Home Hub Support Development

1.0 PURPOSE

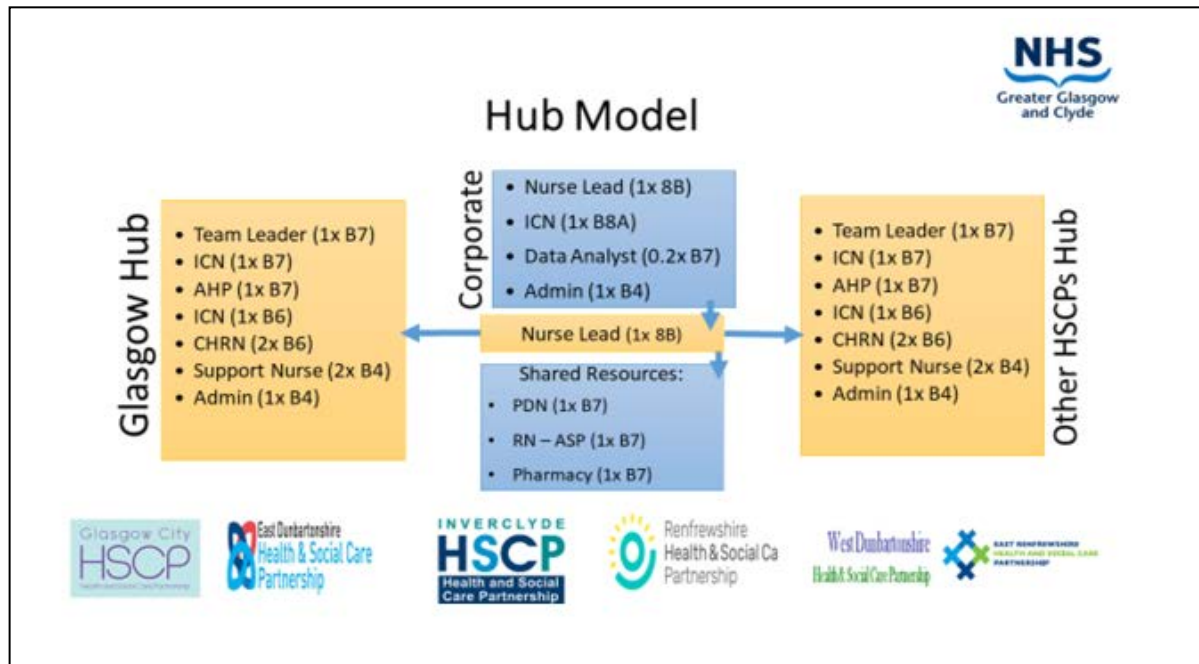
- 1.1 The purpose of this paper is to advise the Integration Joint Board of the development of a NHS Greater Glasgow & Clyde partnership wide Care Home Support hub, with the Non Glasgow partnerships care home team being proposed to be hosted by Inverclyde HSCP.

2.0 SUMMARY

- 2.1 A recruitment process is underway to create specific support for Care Homes through the creation of a Care Home Hub model across Greater Glasgow and Clyde consisting of a corporate team and two hubs, one for Glasgow City and one for the remaining 5 non Glasgow HSCP's. The Hubs will provide a comprehensive, cohesive safe and high quality approach to supporting care homes both proactively and in response to issues as they arise
- 2.2 The care home Hub model will combine expertise between multidisciplinary HSCP teams, Infection Control and Practice Development acknowledging the priority to develop a sustainable and flexible model to support care homes over the next 12 months.
- 2.3 A Care Home Hub Oversight Board has been established to provide leadership, support, oversight and governance in the development and delivery of a Care Home Hub Model. The Oversight Board is a multi-disciplinary and multiagency forum which will work collaboratively with all stakeholders as the model progresses.
- 2.4 A proactive communication campaign will support recruitment to a variety of nursing and AHP roles within the hub model. Information on the opportunities available within the Hub Model have been circulated across networks in HCSPs, Scottish Care and social media,

- 2.5 The provisional staffing model is set out in Figure 1 and work is currently ongoing to recruit to these posts.

Figure 1



- 2.6 It is intended that Inverclyde HSCP will host the non Glasgow element of the Care Home hub team on behalf of the non Glasgow Partnerships. This is in line with specific partnerships hosting clinical services across NHS GG&C e.g. Podiatry, Physiotherapy and Speech & Language Therapy Services.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the development of the Care Home Hub Model containing Glasgow Partnership and Non Glasgow Partnership components to support Care Homes with a financial contribution of 172k from Inverclyde HSCP.
- 3.2 The Integration Joint Board is asked to approve Inverclyde HSCP hosting the Non Glasgow Care home Hub multidisciplinary team

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Across GGC there are 194 care homes with 9,287 residents and approximately 15,000 staff. 142 (72.4%) of these homes provide services to older people, with approximately 10,000 staff delivering this care. The COVID-19 pandemic has required new and additional processes for scrutiny and assurance of practice in Care Homes.
- 4.2 Care Homes are under significant pressure with additional burden being placed upon them due to COVID-19. In order to maintain the safety of their residents, residents family and friends, care home staff and the range of stakeholders who are required to enter the care homes, staff are required to adopt key measures and adapt to new ways of working. For example, adherence to infection prevention and control measures including the use of Personal Protective Equipment (PPE); staff testing; surveillance testing; adherence to care home visiting standards based on the development of risk assessments; completion of the daily care home safety huddle tool; supporting local assurance visits undertaken by colleagues within the respective partnerships responding to any required improvement actions and being in a state of readiness for unannounced inspections from the Care Inspectorate and NHS HIS often resulting in the development of action plans to address identified areas for improvement. All of this activity is required whilst maintaining a homely environment for the residents.
- 4.3 The Cabinet Secretary communication on the 17th May 2020 highlighted that the vast majority of care homes in Scotland are for older people (75%) and 75% of these are run by the private sector. Care homes are environments that have been proven to be particularly susceptible to coronavirus and many residents are at risk of poorer outcomes if they were to contract COVID-19 due to pre-existing conditions. Furthermore, due to the atypical presentation of COVID-19, outbreaks have been more challenging to identify in the early stages. The pandemic has had a catastrophic impact on care homes resulting in many deaths of older people resident in care homes across Scotland and very sadly 697 COVID-19 (Feb 21) related deaths in care homes across GGC.
- 4.4 Each partnership has a weekly oversight meeting chaired by the Chief Officer and attended by Care Inspectorate, CSWO and HSCP staff and a daily meeting takes place in each partnership with the CSWO, Chief Nurse, HSCP commissioning and other nursing staff, Care Inspectorate and Public Health as required. Data from the safety huddle informs the discussion and deployment of resources to the Care Homes. For example, reporting on testing, staffing issues, infection prevention and control, quality of care with a specific focus on care planning including anticipatory care plans with escalation of issues as appropriate. The meeting reviews discharges/admissions managing outbreaks, adult protection issues.
- 4.5 All Partnerships have dedicated commissioning, nursing, AHPs, pharmacy, administration and analyst time to support work with care homes. District Nurses provide direct care to residential care homes. District Nurses, can alongside Care Home Liaison Nurses, provide advise if required to Care Homes specifically in relation to palliative and end of life care. Whilst communication from SG highlights the need for District Nurses to wrap support around Care Homes due to the workload of their core role their capacity to support care homes in relation to improvement activity is very limited. District Nurses have however provided some support to care homes at the weekend where there has been an identified need for additional nursing leadership.

- 4.6 The significant increase in workload to meet the new requirements within the Care Homes is stretching the available workforce, which is currently required to prioritise activity in care homes rag rated amber and/or red at the expense of homes which are currently rag rated green.
- 4.7 There is a pressing priority to develop a sustainable and flexible model to support the care ensuring a sufficient workforce capacity against a background of many competing demands on the existing workforce. The additional support will be essential in order to manage the current workload which will include the requirement to complete the daily huddle information; analyse data and respond accordingly; providing direct support, training, advice to care homes across NHS GGC and to support the wide range of activity associated with those care homes rag rated as amber, red, and/or subject to an Large Scale Investigation or improvement notice following inspection. All care homes will be inspected before the end of December 2020 therefore the service anticipates additional activity in relation to improvement plans.

5.0 IMPLICATIONS

FINANCE

5.1 One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		2021-22	172k		Inverclyde HSCP's Contribution to overall cost of 1032k

172k is Inverclyde HSCP contribution to the overall cost of 1032k across NHS GG&C Partnerships to the development of the Care Home Hub Teams which will combine expertise between multidisciplinary HSCP teams, Infection Control and Practice Development acknowledging the priority to develop a sustainable and flexible model to support care homes over the next 12 months.

Annually Recurring Costs / (Savings)

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

LEGAL

5.2

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?

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YES

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.	Ensures equitable access to services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Supports inclusive access to services
People with protected characteristics feel safe within their communities.	Provides safe services
People with protected characteristics feel included in the planning and developing of services.	Inclusive service provision
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Diverse workforce
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports LD service users
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Ensures equitable access to services

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.	Ensures equitable access to services
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	Ensures equitable access to services
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Promotes dignity in a care home environment

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Supports inclusive access to services
Health and social care services contribute to reducing health inequalities.	Supports inclusive access to services
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.	Supports Carers
People using health and social care services are safe from harm.	Provides safe services
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.	Supports inclusive access to services
Resources are used effectively in the provision of health and social care services.	Supports inclusive access to services

6.0 DIRECTIONS

6.1

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	

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 within NHS GG&C.

8.0 BACKGROUND PAPERS

8.1 None