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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 17 May 2021
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/22/2021/LL
<b>Contact Officer:</b>	<b>Louise Long</b>	<b>Contact No:</b> 712722
<b>Subject:</b>	<b>Chief Officer's Report</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Integration Joint Board on an update on the service with specific reference to the impact of Covid.

## **2.0 SUMMARY**

- 2.1 The report details updates on work underway across the Health and Social Care Partnership to deal with Covid and to support the delivery of health and social care services.

## **3.0 RECOMMENDATIONS**

- 3.1 Note the emergency decision log update.
- 3.2 Note the update on Care Homes, including the vaccination programme.
- 3.3 Note the additional governance put in place to provide oversight and support to Care Homes.
- 3.4 Note the update on learning disability day centre.
- 3.5 Note the successful placement for 28 residents from Sir Gabriel Woods.
- 3.6 Note the update and approve a review of day centre provision for older people.
- 3.7 Note that Care at Home will resume in full from 03 May 2021.

**Louise Long**  
**Chief Officer**

## **4.0 BACKGROUND**

- 4.1 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, particular with HSCP response to Covid19 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 Emergency Decision Making**

As part of Covid arrangements, emergency arrangements for decision making were put in place with the Chief Officer; meeting with the Chair and Vice Chair. The log has been updated to allow Committee to review (see attached).

### **5.2 Inverclyde HSCP COVID 19 Response**

All Front line patient / client facing Health & social care Staff have been offered vaccination with the majority having received their 2<sup>nd</sup> dose by mid-April 2021. Mop-up clinics will be offered at the Louisa Jordan hospital for any staff who were not able to attend a first appointment for any reason. Bespoke local clinic specifically for care home staff were undertaken in April giving an additional 80 vaccination slots.

All residents in the 13 Older People's care Homes have received both doses of Covid Vaccination and new residents continue to be offered 1<sup>st</sup>/ 2<sup>nd</sup> doses as applicable. Residents in 7 adult care homes have all now received their 2<sup>nd</sup> dose of vaccination.

Second dose Covid Vaccinations for those over 80 are underway in GP practices and for those who are housebound, practices and HSCP teams will continue to deliver to all priority cohorts for which they have responsibility. The wider public vaccination campaign continues to be delivered from Port Glasgow and Greenock town halls and it is expected that all those over 50 will have received a vaccination by mid-April.

### **5.3 Community Assessment Centre**

The Assessment Centre at Greenock Health Centre is currently open 2-3 afternoons per week and demand for appointments remains low. The short and longer term future of CACs across NHSGGC remains under continuous review with a potential to stand down the facility on 03 May and an options appraisal has been undertaken locally regarding a future site for CAC given the closure of Greenock Health Centre to ensure it can be stepped up if required.

### **5.4 Personal Protective Equipment & Lateral Flow Testing**

Inverclyde HSCP Personal Protective Equipment (P.P.E) Hub continues to support commissioned providers with P.P.E where they have been unable to source P.P.E. To date the Hub has supplied over 2 million items of P.P.E. Scottish Government have confirmed that local PPE hubs will remain in place until the end of June 2021.

Lateral Flow Testing (LFT) training and deliveries have commenced for all Adult & Children's Community Nursing & Allied Health Professional Staff, Social Care Staff entering Care Homes, Sheltered Housing/Houses of Multiple occupancy and Personal assistants who provide care. Polymerase Chain Reaction Testing (PCR) has commenced with care at home staff for weekly testing. PCT testing will be pushed out to Homelessness and Additions services. Both LFT and PCR testing remains on a voluntary basis for staff.

Covid Testing via the National Test & Protect program remains in place at the mobile test centre at Parklea, the walk in test centre at Crawfordsburn and asymptomatic testing at the Gamble Halls Gourock.

Vaccination is underway with Inverclyde Council in terms of the national programme for Covid Vaccination via the national priority list.

## **5.5 Assurance and Support to Care Homes**

Inverclyde HSCP continue to work in partnership with Inverclyde Older People and Adult Care Homes to ensure the safety and welfare of our residents living in a care environment during the Covid pandemic. It is acknowledged that Care Homes have been under great pressure due to the Pandemic as they provide care and support to our most vulnerable community.

The support offered to Care Homes includes practical support around Personal Protective Equipment, Flu & Covid Vaccination Programme, Infection control, Meaningful Contact and communication. This has meant regular contact and access to Nursing Staff, Social work and the Contract Monitoring Team. This support is overseen by a weekly multi-disciplinary Meeting (attended by Care Inspectorate and Public Health Chaired by the Chief Officer) and a daily safety huddle chaired by the Head of Service (Health & Community Care) and attended by key officers in the HSCP.

At the point of writing Inverclyde Care Homes are maintaining high level of performance:

- All Care Homes are open to Meaningful contacts and visiting
- All care home are open to admissions
- There are also no COVID outbreaks in any Care Home within Inverclyde.
- Testing of staff and residents continues

## **5.6 Enhanced Care Home Support**

The Office of the Chief Social Work Adviser has put into place a process to offer extra assurance and support to Care Homes. This is a two part process:

- Care Home Assurance visits which include a contribution by a Qualified Social worker. IHSCP are combining these visits with those requested by the Lead Nurse which will reduce disruption and footfall in care homes as well as ensuring a greater degree of quality and assurance and holistic approach.
- Review of the care and support for all residents. IHSCP have a responsibility to review all residents on an annual basis due to the pandemic this has not been possible so an intensive programme of reviews will take place. This will require increased capacity and resources to complete within tight timescales and funding has been agreed with the Scottish Government.
- Themes and learning from assurance visits for all of 6 partnerships in Greater Glasgow & Clyde are taken to Greater Glasgow & Clyde Care Home Assurance Group so that learning can take place across Greater Glasgow & Clyde.

## **5.7 Sir Gabriel Woods**

Sadly, Sir Gabriel Woods Home (The Mariners) closed in February this year after a history of 166 years of provision of care.

This was a distressing time for residents their families and staff. Inverclyde HSCP worked closely with the Sailors society to ensure the transition was dealt with in a measured and proportionate way. The 28 residents were all reviewed and supported to choose a care home of their choice (or their Guardians choice in

cases where the resident lacked capacity} in Inverclyde or closer to family members.

This was a complex and intense piece of work that was completed successfully and on time to ensure the best possible outcomes for the service users.

### **5.8 Learning Disability Day Services and Supported Living.**

In the early stages of the Covid Pandemic there was a requirement for Closure of traditional learning disability day services with no service users supported within the building or receiving community based support, with contact being maintained via phone calls to service users living with parents/carers or living on their own. Supported Living staff continued carrying out essential/critical tasks only in the community, with our internal supported living accommodation at James Watt Court having a restricted footfall and consistent teams to support tenants with no social support.

Within HSCP Day Opportunities, recovery of a safe maximum capacity of 20% has been maintained in line with; critical support & respite for unpaid carers and Covid 19 Guidance for remobilisation of services within health & care settings. This consist of weekly sessions for 58 services users utilising a mix of building based and community support. Service users are receiving a max of 3 x 2.5 hours sessions per week with lunch and transport provided where essential. The service continues to link with Public Health Scotland to support further recovery and maintains weekly contact with Care Inspectorate to plan for an increase in service capacity as the recovery phase continues.

Within Inverclyde HSCP's Supported Living Services, the Route map is being followed in terms of movement/visiting, with day opportunities being provided within the service by day opportunity staff 5 days per week. Tenancy vacancies are currently being prioritised with guidance from Public Health and Assessment and Care Management LD team.

### **5.9 Older People's Day Care Recovery**

The recovery plan for Older People's Day services is being developed with an intention to recommence services from the 24<sup>th</sup> May 2021 on a phased basis and within the Scottish Government's guidance. The level of new demand for social care and carer support will be reviewed and monitored over the next six months. The intention is for Hillend Day Services to initially reopen their base at Inverkip and the Active Living For All groups continuing with an Outreach Service. It is essential that commissioned services reintroduce a limited building based service in addition to the current outreach and virtual contact. This will be targeted at priority service users to provide a break for carers. Service risk assessments will be approved prior to service recommencement. The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. This will enable the HSCP to take both a flexible and creative approach to meet the demands of the post pandemic community and reduce the impact on people's well-being.

### **5.10 Care At Home Recovery**

As shielding Care at Home staff return to work on 26<sup>th</sup> April and absence levels due to Covid are low it is intended to return to a full home care service for HSCP and commissioned providers from 3<sup>rd</sup> May 2021 on a phased basis. Social and respite support at home will be assessed on an individual basis to determine the level of priority and only provided where essential. The service will continue to follow current Scottish Government payment guidance which is to pay on actual service delivered while providers are able to submit a claim for any detriment due to any reduction in service due to Covid. Any subsequent amendments to this guidance will be implemented. Referrals for a home care service will continue to

be prioritised according to eligibility criteria. Infection control measures and social distancing whenever possible will remain in place for all contacts within the established service risk assessment.

### 5.11 Recovery

The NHS Board remobilisation and Council Organisation Plan have been developed to support NHS / Council recovery. The IJB Strategic Plan has 104 actions within the 6 big actions to be taken forward over the next 3 years. The Strategic Planning Group has prioritised 29 actions. A report will come to IJB in June with additional information to be taken forward in 21/22.

The HSCP Recovery Group has met every 2 weeks for the last year and this group can be stopped and the Strategic Planning Group will monitor recovery. The Local Resilience Management Team, a multi-disciplinary group linking to CRMT meets daily, weekly and now meets 6 weekly until we move out of the pandemic. Reflection across staff groups is available and one from learning disability is being shown today.

### 5.12 Wellbeing Plan

The Wellbeing for all Health & Social Care staff was developed in November 2020 and is being implemented with numerous initiatives and champions for each outcome.

The wellbeing of staff needs to be carefully monitored and ensure it is actively promoted. Celebrating the success is the theme of the next Chief Officer report, using significant positive feedback across all services to thank staff.

## 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?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Tracking impact on services through data dashboard.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Maintain levels of services for people who are vulnerable.
People with protected characteristics feel safe within their communities.	Increased risk on mental health wellbeing due to Covid19 impact due to isolation.
People with protected characteristics feel included in the planning and developing of services.	Survey being undertaken with community and those using services.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The paper is based on Inverclyde's response to Covid19.
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?

<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.	Mobile Testing Unit and Assessment to ensure early access in Inverclyde.
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	Link Learning Disability. Video being shown.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Undertaking surveys with people to understand their experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Focus on centred care throughout Covid19.
Health and social care services contribute to reducing health inequalities.	Access to services in Inverclyde to all groups to reduce 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.	None.
People using health and social care services are safe from harm.	Services to vulnerable people monitored through dashboard.
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.	Engaged with staff in developing services in response to Covid19.
Resources are used effectively in the provision of health and social care services.	Costs contained within mobilisation plan.

## 7.0 DIRECTIONS

7.1

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

## 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.

## Appendix

### IJB Emergency Powers Decision Log

Summary of Urgent Decisions Taken with the approval of the IJB Chair, Vice Chair and Chief Officer under emergency powers from 5<sup>th</sup> January to

The IJB is asked to note and ratify these decisions and resultant directions to the Council and Health Board.

Date Approved	Summary of Decision	Financial Impact	Direction(s)	Update
13/01/21	Children & Families services moving to back to essential service delivery model in response to latest lockdown restrictions and current local infection rates	-	IC & GG&C	Service delivery realigned to national guidance, core services maintained.
13/01/21	<p>Prescription Management – Alcohol and Drug Recovery Service moving to essential service delivery model in response to latest lockdown restrictions and current local infection rates. Reorganising service delivery in order manage priorities described above.</p> <p>Request support from other areas within HSCP to support this and potential to request further support based on impact of Covid infection and self-isolating on staffing levels.</p>	-	IC & GG&C	Managed from within service, no requests for support required as yet and likelihood decreasing due to staff vaccinations and overall reducing R rate.
13/01/21	<p>Care &amp; Support at Home services moving back to essential service delivery model in response to latest lockdown restrictions and current local infection rates</p> <p>This decision is reviewed weekly by the Head of Service and Service Manager. Due to current service demand and current guidance relating to infection rates the essential service only remains in place.</p>	-	IC & GG&C	Care at home testing of staff is now embedded across care at home teams. This has been a new process to master for a large group of staff on a voluntary basis. Due to current demand V capacity the decision to return to business as normal is expected to re-commence at the end of May 2021. This expected shift continues to be monitored weekly by the management team.



13/01/21	Psychological Therapies – to address waiting times and help recruitment - upgrade existing band 7 Clinical Psychology post to Band 8a using Action 15 monies.	£11.6k funded through Action 15	GG&C	Recruitment unsuccessful, advertising
13/01/21	Care Home Liaison Nurses to ensure ongoing, appropriate levels of support for local care homes during the pandemic recruiting 2 WTE band 5s and 2 TE band 3 posts for one year to augment the existing CHLN service.	£132k Covid LMP funded	IC	This valuable resource will ensure the HSCP is able to provide an enhanced level of support to our care homes as we move through recovery. This local resource will also be supplemented if required by corporate nursing support through GG&C care home hub response
13/01/21	MH Inpatients – create 5 WTE additional temp nursing posts for 12 months to provide additional absence cover linked to pandemic. Cover currently provided through Agency and Bank – recruiting temp posts will support greater resilience within the service	£146k funded by anticipated reduction in OT and bank costs	GG&C	4.5 wte Posts recruited to, currently going through recruitment checks
22.01.21	Extended temporary commissioning roles to cover additional work. Support additional senior capacity for 12 months to support on call for care homes. Create a new temporary Grad 8 post for 12 months.	£85.9k covid LMP funded	IC	Posts extended and senior capacity increase for 12 months Grad 8 temporary post not recruited. Reviewed whether this was required in April
	Total financial impact on IJB bottom line	Nil – funded through other streams/offsets		

11.02.21	The recruitment of 2 additional Health Visitor Band 7 on a fixed term contract for 12 months, with this being extended further dependent on the pandemic. This additional staff member would support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted CP and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk.	approx. £120k per annum including on costs.		1 WTE post filled from new HV allocation. started 01/03/2021 1 wte post at recruitment interviews this week.
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