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<b>Report to:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 20 September 2021</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No: IJB/43/2021/AB</b>
<b>Contact Officer:</b>	<b>Alan Best Interim Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No: 01475 715283</b>
<b>Subject:</b>	<b>COVID-19 RECOVERY PLAN 2020 HEALTH &amp; COMMUNITY CARE OLDER PEOPLE'S DAY SERVICE</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integrated Joint Board on the impact of COVID-19 on the delivery of Day Services for Older People and to highlight the planned recovery within flexible time scales.

## **2.0 SUMMARY**

- 2.1 Day services for older people within Inverclyde closed in March 2020 in line with Scottish Government guidance. The closure of these settings has undoubtedly had an impact on the lives of supported people and unpaid carers. The longer term impact for carers is becoming increasingly difficult which is being addressed through assessment teams and the Carers Centre in terms of the provision of alternative breaks at home.
- 2.2 On 3 August 2020 the Scottish Government confirmed that registered building based adult day service could re-open subject to risk assessment and local sign off. Although opening was delayed with the second wave of Covid in January 2021 all day services have now reopened on a restricted basis. All necessary considerations have been taken into account for adapting and re-opening services while minimising risk. The aim is that people receive the support they need in an appropriate way to ensure wellbeing and minimise isolation, while meeting the requirements of all public health measures in relation to hygiene and the prevention and control of the spread of infection.
- 2.3 Local day services and HSCP assessment teams have worked collaboratively adopting new models of service delivery to continue to provide support in response to critical and substantial need. HSCP and commissioned day services have all provided virtual support and an outreach service since March 2020 with meal delivery where required. We have now established a tiered approach with building based provision as part of our critical care service alongside a blended model of support within the community.
- 2.4 The total number of people using day services has reduced from 150 pre-covid to 78 currently and all service users are now in receipt of either a building based service or a community contact. Early indicators show the majority of people are opting to return to day services with a smaller number choosing to continue with community based

supports. There are 26 people who have received increased respite support in the last 18 months as an alternative to day service which are being reviewed to confirm their preferences for on-going support.

- 2.5 HSCP Hillend Day Service currently supports 34 people who are attending a community group or receiving outreach. As the HSCP has a responsibility to focus on critical and essential support in the community it remains the case that approx. half the staff resource is being used to support the Home Care service. However these posts are now vacant with a plan in place for all remaining day care staff to return to core service which has enabled Hillend to reopen the Inverkip group with a second group planned to recommence in September.
- 2.6 Within commissioned day services, Muirshiel currently supports 27 people and Crown Care 17, this is approx. 50% of normal provision. Both services are keen to further develop the outreach service currently provided and continue to re-establish the building based service. Services are now able to accept new referrals. It is important to ensure the sustainability of these services therefore sustainability payments will continue for 21/22 which is within budget.
- 2.7 Service providers have found imaginative ways to support users including gardening, small group activities, reminiscence walks and swimming. Service users have responded positively to this approach however highlight that they miss the group interaction. It is thought that group based community activities is a way of developing the service into 2022 which is a similar approach to the HSCP Active Living For All (ALFA) service. All 3 providers have been proactive with this approach including personal music playlists and seasonal activities. Technology is being used to link people on line and provide exercises although the overwhelming feedback is that face to face contact is preferred.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integrated Joint Board is asked to note progress within the Recovery Plan for Older Peoples Day Services while ensuring the priority for critical services, as follows:
  - Hillend Day Services has reopened two community groups while continuing an outreach service. The priority for the HSCP continues to be critical care at home.
  - Commissioned services will continue to re-establish building based service within Government guidance in addition to the current outreach and virtual contact. This will be targeted at priority service users to provide a break for carers.
  - Day services are now able to accept new referrals.

**Allen Stevenson**  
**Interim Chief Officer**

## **4.0 BACKGROUND**

### **4.1 Hillend Day Service**

Hillend Day service and ALFA suspended service in March 2020 in line with Government guidance. Staff within the service have been deployed within Care at Home and have contributed significantly to maintaining essential service in the community over the last 6 months. Approximately half the Day Service staff resource is essential to sustain Home Care and is required until the end of winter.

Telephone contact has been maintained with service users; from 25th May, 884 outbound calls have been made, feedback highlights that service users welcomed the contact. Carers also felt that the calls were a safety net and provided reassurance particularly where they had no physical contact with their relatives due to government restrictions.

In response to the pandemic there has been an expansion of tec interventions which is being considered for use within day services. All current service users now receiving a reduced level of service.

### **4.2 Commissioned Day Services**

Muirshiel and Crown Care Day services have been suspended since March 2020. Both services have maintained contact with service users and provided an outreach service with support with meals if required. This has reduced social isolation for people and supported people to remain safe at home.

Commissioned providers have received sustainability payments since March 2020. These services are essential to maintaining people living at home and both are keen to further develop the outreach service currently provided and re-establish a limited building based service. There is sufficient capacity within Commissioned Services to meet the current level of demand. These services would focus on providing short breaks for carers. It is essential to ensure the sustainability of these services over the next 6 months.

The tiered model for daytime care and support is consistent with the strategic drive towards increased informal and community based day support all HSCPs have been strategically aspiring to for some time. Work with providers is underway to explore where contracted provision can mirror the model envisaged for internally run services and to ensure the whole system of day care can operate on a flexible tiered model.

### **4.3 Impact**

The pandemic appears to have had the greatest impact on the most deprived communities as well as the elderly and those with a long term health condition. We know from carers/families and service users that self-isolation and retraction of non-essential support services has had a significant impact on the physical and mental wellbeing of service users and carers.

Since March 2020 there is a 50% reduction in the service user group for older people's day services however new referrals are now being accepted and it is anticipated numbers will increase over the next 6 months.

### **4.4 Rehab and Reablement Service**

Day services will work alongside AHP teams and the reablement service as there is recognition that there will be an increase in rehab work required to improve health and wellbeing of older people who have become deconditioned or frailer during the last 12 months. It is also recognised that service users may be wary of engaging in a social situation in the current climate so alternative means of engagement are essential to ensure people feel safe and connected at home.

## 4.5 Next Steps

All current service users within day care have received a review of their support package with a view to identifying an appropriate way to meet their outcomes. If service users are unable to, or choose not to, attend the service consideration will be given to alternative ways to provide support in order to meet their needs. People will be fully involved in all decisions about the support that would suit them best, and those eligible for social care support may wish to move to a different self-directed support option to support their goals.

It is a service priority to re-engage social contact where possible and to further develop remote ways of working to provide support. Support for carers is a priority as it is recognised that informal carers have been under increased pressure due to the shutdown of services.

- 4.6 The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. It is inevitable that the progress of the pandemic and any further measures required will impact and service provision will be reintroduced in a way which ensures flexibility and responsiveness.
- 4.7 In planning our response to these challenges the Service believes it needs to take both a flexible and creative approach to meet the demands of post pandemic community, prospect of a second wave and the likely severe pressures on the system we will face this coming winter.

## 5.0 IMPLICATIONS

### FINANCE

Financial Implications:

#### 5.1 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 (If Applicable)	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 (see attached appendix)
√	NO

## 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.	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.	None

## 6.0 DIRECTIONS

6.1

<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	

## 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 Respite and Day Care - Letter from Cabinet Secretary



Respite and day care  
- Letter from Cabinet

- 8.2 Covid 19 Outreach Risk Assessment



Covid 19 Outreach  
risk assessment.docx