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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 24 January 2022
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/03/2022/AB
<b>Contact Officer:</b>	<b>Alan Best Interim Head of Health and Community Care</b>	<b>Contact No:</b> 01475 715212
<b>Subject:</b>	<b>Update on Support to Care Homes During the COVID-19 Pandemic.</b>	

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## **1.0 PURPOSE**

- 1.1 This report is to update the Integration Joint Board on the ongoing actions taken by the HSCP to support Care Homes in Inverclyde during the COVID-19 pandemic.

## **2.0 SUMMARY**

- 2.1 Since March 2020 the HSCP in partnership with NHS GGC and Care Home Providers in Inverclyde have worked together in partnership to support and secure safety of Care Home residents in Inverclyde. This work was based around the need for a mobilisation plan to support the Acute sector which has faced unprecedented pressure as a result of the pandemic, and the subsequent Plan to support the Care Home sector agreed in May 2020.

In terms of support to Care Homes in the Older People and Adult Sector this has included;

- a. Financial support funded through the Scottish Government to ensure sustainability of Care Homes at times of reduced occupancy and additional costs around infection control
  - b. Frequent and regular contact with Care Home Managers and Providers including Governance meetings and a Care Home managers meeting where direct contact with senior HSCP managers.
  - c. Development of the Care Home Collaborative and improved Infection Control Nursing support in partnership with NHS GGC
  - d. Programme of 6 monthly Monitoring and Assurance Visits
  - e. Close support from Strategic Commissioning Team Assessment & Care Management Review Team and Care Home Liaison Nurses
  - f. ACM Review Team is currently reviewing all residents in Inverclyde Care Homes
  - g. Operating a PPE store at Fitzgerald Centre to provide PPE in contingency situations.
- 2.2 The pandemic has had a devastating impact upon Care Homes and residents and families and we recognise and offer sincere condolences to all who have lost family members.

- 2.3 It is through close partnership arrangements and dedication of staff from all agencies that we are in a positive place in terms of safeguarding residents and supporting Care Home Providers. No Care Home is closed to admissions or visiting and all comply with the relevant Scottish Government Guidance.
- 2.4 No one in the sector is complacent around the risks associated with the pandemic and the pressures that the forthcoming Winter period will have on the Health and Social Care system, but we believe the robust governance and adherence to safe practice which has worked well will stand in good stead for the coming months.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to:
- a) Note the ongoing and continued support to Older People and Adult Care Homes in Inverclyde by the HSCP and NHS Greater Glasgow and Clyde
  - b) Note the continued implementation of the Delayed Discharge mobilisation plan to address the pressures presented by COVID-19 pandemic.
  - c) Acknowledge the work of staff, managers and Care Home Providers in partnership with the HSCP to protect, safeguard and care for the wellbeing the most vulnerable of service users

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

## **4.0 BACKGROUND**

4.1 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.

4.2 Following the first wave of COVID-19 in Spring 2020, the NHS Nurse Director became responsible for nursing leadership, support, and guidance across the Care Home sector. Further instruction from the Cabinet Secretary in March 2021 highlighted that Nurse Directors will continue to provide clinical leadership to support health needs of Care Home residents until March 2022 at least. On 24th May 2021 the Chief Nursing Directorate at Scottish Government issued a further correspondence, clearly setting out the professional leadership and oversight responsibilities of the Nurse Director as follows:

- Provide clinical leadership to support the health needs of care home residents
- Use information from safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required.
- Facilitate assurance/professional support visits providing professional and clinical advice on IPC practice, education requirement and nursing standards of care
- Maintain oversight of the overall status of each care home included in the weekly compliance report to Scottish Government.

### **4.3 Care Home Collaborative**

There is a commitment across the Health Board that people who live in Care Homes are enabled to have purposeful fulfilled lives supported by consistent and timely access to good health and care and to have their needs met in a person centred, holistic, consistent and co-ordinated way. To address this commitment the strategic direction within NHS GGC is to build on the support model provided to care homes over the last year by the creation of a Care Home Collaborative.

The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support Care Homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships and lastly one specialist central team with shared resources spanning both local Hubs. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. In order to achieve this the Hubs will provide professional support, oversight and leadership offering a range of additional support in key areas including (but not limited to) Infection Prevention and Control, person centeredness, food fluid and nutrition, Tissue Viability, quality improvement, leadership and education. Funding has now been fully agreed for the Collaborative and recruitment is well underway with the aim of having the team fully recruited to by January 2022. Numerous key posts are now in place and a formal governance process has commenced, with the Care Home Collaborative Steering Group to be chaired by the Chief Nurse for Inverclyde.

### **4.4 Assurance Visits to Care Homes**

Care Home Assurance Tool (CHAT) visits commenced across all NHS GGC partnerships in May 2020 in response to the impact of COVID-19. The visits provide additional specific infection control, nursing support and guidance to Care Homes in the provision of high quality personalised care for residents. This work is aligned to the Executive Nurse Directors responsibilities set out by Scottish Government to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within

Care Homes. This person centred focus will form a key work stream of the Collaborative.

All Care Homes across Inverclyde received at least one assurance visit in Spring 2021. The visits utilised the CHAT for reporting purposes and to maintain a focus on key areas including IPC. Good practice and improvements were identified during the assurance process, with care homes taking ownership of the actions required and working in collaboration with the HSCP to achieve improvements. Outputs from the CHAT visits undertaken in Care Homes across NHSGGC were analysed and reported through governance routes identifying key themes which have worked to drive the improvement agenda.

The tool was reviewed and a new version was finalised in October 2021 at the same time as a Standard Operating Procedure (SOP) was approved for all partnerships across NHSGGC. The aim of the SOP is to ensure that the CHAT visits are approached in a consistent, collaborative way that promotes partnership with Care Homes to achieve high quality care that enables residents to live their best possible life aligned to what matters to them. CHAT visits should be person centred and supportive and collaborative in their approach and provide a link between HSCP to GGC Care Home Hubs to support improvement.

The CHAT visits are conducted using a strength based approach to give assurance to Care Home organisations, HSCP's and the Chief Nurse Executive that guidance is being implemented consistently and provide a means to improve partnership working within by a process of continual improvement. It was agreed that CHAT visits should be completed by HSCP teams alongside the Care Home Collaborative on a 6 monthly basis unless a Care Home would benefit from more intensive support. CHAT visits are led by a senior nurse from the HSCP or Care Home Collaborative in addition to two other health or social care staff.

A further round of CHAT visits is currently in progress for all older adult homes in Inverclyde, with plans in place for these to be completed by mid-December 2021. A process of self-assessment has been undertaken by the care homes, and to date Home Managers have reported this to be helpful. Full reports will be collated for every visit and sent to the Home Managers for them to check for factual accuracy. Reports will then be looked at locally by the Chief Nurse to identify any key themes and trends to focus ongoing support and improvement activity, and in order to provide assurance to the HSCP SMT and IJB.

All reports will also be submitted via the Care Home Collaborative Governance processes to provide assurance to the Executive Nurse Director team.

- 4.5 Inverclyde HSCP is 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.
- 4.6 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 that they are appropriately resourced.
- psychological support to staff working in care homes
- training opportunities and support to all care homes in GGC through Webinars

4.7 In order to reduce the risk of the virus spreading into care homes the latest government guidance is in place. These measures have reduced the risk of infections being transferred back into Care Homes and are complied with by all Care Homes and their visitors.

#### 4.8 Testing of Residents in Care Homes

Scottish Government Guidance agreed to test for COVID-19 for all residents in Care Homes as well as staff and visitors including professional staff. All residents are tested on a surveillance basis whilst staff require to be tested twice a week. All visitors require a negative test before any visit. The test results are monitored weekly by the HSCP and in the event of a positive test the HSCP are notified and appropriate and proportionate action is taken to mass test residents and look to Home closure or isolation as per public health advice.

We continue to test all service users prior to admission to a Care Home from either the community or Acute setting.

#### **Cumulative totals for testing in Older People Care Homes**

- From 1st test on 27th April 2020 52,132 staff tests have been carried out.
- From 1st test on 29th April 2020 6,164 resident tests have been carried out in older people care homes.

For the period Thursday 18th November 2021 to Wednesday 1<sup>st</sup> December there has been 39 resident tests and 1,232 staff tests completed.

#### **Cumulative totals for testing in Adult Care Homes**

- From 1<sup>st</sup> test on 1<sup>st</sup> June 2020, 141 resident tests have been carried out.
- From 1<sup>st</sup> test on 1<sup>st</sup> June 2020, 6167 staff tests have been completed.

#### 4.9 Vaccination

Inverclyde HSCP have worked in Partnership with NHS GGC and Care Home Providers to ensure all residents and staff are offered or received the COVID-19 vaccinations and booster as well as the usual Flu vaccination

##### Older People Care Homes

1st Vaccination - 97% of Residents and 90% Staff  
2nd Vaccination - 97% of Residents and 88% Staff  
3rd Vaccination - 89% of Residents and 55% Staff  
Flu Vaccination - 85% of Residents and 40% Staff

##### Adult Care Homes

1st Vaccination - 100% of residents and 78% of staff

2nd Vaccination - 100% of residents and 67% of staff  
3rd Vaccination - 89% of residents and 50% of staff  
Flu Vaccination - 89% of residents and 26% of staff

It has been noted numbers for the 3rd vaccination is not as high as those for 1st and 2nd. This is due to there being a change in residents since the first two doses and not all residents are due their 3rd dose yet. There are also a small number of residents being admitted to Care Homes who have not received any doses of the vaccine yet.

#### 4.10 Oversight and Support

On the 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 and Nursing Director.

Inverclyde has established Care Home Safety Huddle which meets twice weekly to monitor performance and address any concerns or issues involving Care Homes. There is also a fortnightly multi-disciplinary team meeting chaired by the Interim Chief Officer and including the Care Inspectorate and Public Health Representative as well as senior HSCP managers and Lead Clinicians.

#### 4.11 Sustainability payments for Care Homes since April 2020:

Since March 2020 Inverclyde Council along with all councils in Scotland have been facilitating and monitoring the Sustainability payments agreed by the Scottish Government to support Care Home providers in light of the extra costs due to the pandemic. The payments have been around payment for vacancies and other staff related costs. We have facilitated the following payments:

Vacancy payments:

23/03/20 – 31/10/21    £3,259,241.78

Sustainability (Staff, PPE, Other Costs):

23/03/20 – current    claimed    £1,717,089.76

#### 4.12 Care Home Outbreaks

The last notification of COVID outbreak in Older People Care Homes was September 2021. An outbreak is defined as when 2 or more people have a positive COVID test. The last COVID outbreak that involved a resident was in February 2021

The last notification of COVID outbreak in Adult Care Homes was 28<sup>th</sup> October and did not involve residents.

## 5.0 PROPOSALS

- 5.1 To continue with the current level of support to Care Homes in Inverclyde and to make necessary adjustments in line with future Scottish Government Guidance.

## 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 no specific legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

	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.

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.	Service Users continue to access HSCP services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Ensure service users are supported to maintain wellbeing and quality of life
People with protected characteristics feel safe within their communities.	Ensure that Care Homes are safe and nurturing communities
People with protected characteristics feel included in the planning and developing of services.	Ensure that Care Homes are safe and nurturing communities
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff ensure services and supports are person centred
Opportunities to support Learning Disability service users experiencing gender based violence are	None

maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 The Governance and Assurance visits and development of Care Home collaborative support quality of care and practice in care homes including infection control

## 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.	Ensure service users are supported to maintain wellbeing and quality of life
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	Ensure service users are supported to maintain wellbeing and quality of life
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None Ensure service users are supported to maintain wellbeing and quality of life
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Staff ensure services and supports are person centred
Health and social care services contribute to reducing health inequalities.	Ensure service users are supported to maintain wellbeing and quality of life
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.	Ensure service users are supported to maintain wellbeing and quality of life
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.	Range of developments and learning experiences are present
Resources are used effectively in the provision of health and social care services.	Resources are targeted to where the greatest need is apparent



## 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.