

Notice of Meeting and Agenda Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 31 July 2020	10:00	Remotely by MS Teams ,

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Margaret Kerr: Dorothy McElean: Rev John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Kelso: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and Rev John Matthews (Vice Chair)

To Follow Item

I refer to the agenda for the meeting of the Renfrewshire Health and Social Care Integration Joint Board to be held on 31 July 2020 at 10.00 am and enclose the report relative to item 5 - Care Homes Update - previously marked 'to follow'.

Items of business

5 **Care Homes Update**

3 - 22

Report by Chief Officer.



To: Renfrewshire Integration Joint Board

On: 31 July 2020

Report by: Chief Officer

Heading: Care Homes Update

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. This purpose of this report is to provide the IJB with an update on care homes in Renfrewshire during the pandemic. This report has been prepared from a social care perspective.
- 1.2. There was considerable focus in the preparation phase and in the early stage of the pandemic to ensure that NHS acute services had enough capacity to manage the [then] expected influx of seriously unwell patients. While decisions were made based on the information available at the time there has been some national acknowledgement of the impact the decisions to cancel elective procedures and key services have had on both individuals and the wider health and social care system.
- 1.3. A key part of the national strategy to protect the NHS was to ensure that any delays to discharge were minimised. It is important to acknowledge that our understanding of COVID 19 and the impact on individuals, NHS and community - based services such as care homes and care at home has developed during the pandemic. While the report does have a considerable amount of data and analysis there is not necessarily a linear connection between care home standards, discharge patterns, outbreaks and subsequent levels of death. Some of the homes with the highest numbers of deaths following outbreaks were also the homes with the highest Care Inspectorate gradings.
- 1.4. We now understand that the virus was circulating in the community at an earlier stage than previously thought – data collection does not start across Scotland and locally until mid-March and continues to develop to date. We still do not fully understand the impact of people who are asymptomatic with estimates ranging from between 40-70% of people infected showing no symptoms or the longer-term impact of the virus on people who have become ill. The flow of workers and family members in

and out of care homes and hospitals continued until 23 March 2020 when, in line with the national lockdown and guidance, access to and from all sites became restricted.

- 1.5 Care home staff and their family members were also affected by COVID-19 and the reduction of staff within care homes, as a direct result of illness or due to underlying health conditions, which placed them at high risk, meant that care homes have needed to access a combination of their own bank staff, bank staff from the Greater Glasgow and Clyde NHS Bank and, in consultation with Public Health, transfer of staff between establishments.
- 1.6 Many of the decisions made were as a result of balancing several risk factors including ensuring that there were sufficient, trained staff to provide direct care to residents, meaning that it is often impossible to identify the source of the original infection within the care homes.
- 1.7 The level of support provided to care homes both locally and in line with the enhanced support framework is outlined in the report. The independent providers are in the main operating within the Nursing Home sector and are a 'with profit' sector. The level of need of the people being placed in care homes has changed over the years, with placements now being made in the last 12-18 months of life essentially for end of life care. The staffing models and supporting health and social care services for care homes in general have not kept pace with the changes to resident groups and this has been further compounded by the challenges across the health and social care services of recruiting and retaining staff. Irrespective of any local enhanced arrangements this meant that the sector was highly vulnerable in the current situation.

2. Recommendation

It is recommended that the IJB:

- Provide scrutiny to the content of the report;
- Instruct any further areas for enquiry or exploration at this point in time;
- Note that work will continue to be undertaken to confirm the data available across all systems; and
- Note the National Social Care Inquiry.

3. Key Points

- 3.1. Appendix 1 provides the background data and analysis, however the following is a summary of the key points:
 - The information contained within the report is drawn from a range of sources including the social work system, the supporting financial system and the NHS portal system. The National Records of Scotland [NRS] data has also been used throughout the report to reference the national position.

- The report has a focus on the care homes within Renfrewshire and the flow of discharge from hospital during the period 1 March 2020 until 30 May 2020.
- While referenced, the report does not explore the impact of the availability of PPE and the volume of national guidance issued from differing sources to care homes, NHS services and the Health and Social Care Partnerships. Admission policy to acute services and the use of DNR [Do Not Resuscitate] are out with the scope of this report.
- The report contains information on the national situation to provide a context to decisions and action locally.
- Throughout the period of the pandemic national guidance has been issued from several sources and at frequent intervals in relation to Personal Protective Equipment [PPE] and testing. While our understanding of the impact of the virus on populations was continuing to develop during the pandemic the frequency, volume and various dissemination routes for guidance has been challenging for all services to ensure they are fully updated and compliant.
- The supply chain for PPE was irregular during the early stages for all community-based services. While PPE was in place [often shared between services] and being used in line with national guidance it was a considerable source of stress for all the management teams and staff groups. It is important to recognise that the commissioned providers are responsible for the provision and use of PPE for their own services.
- While the report contains a considerable amount of data and analysis there is not necessarily in all cases a linear connection between care home standards, discharge patterns, outbreaks and subsequent levels of death. For example, some of the homes with the highest numbers of deaths following outbreaks were also the homes with the highest Care Inspectorate gradings while other homes with placements have experienced no outbreaks.
- Care home staff and their family members were also affected by COVID-19 and the reduction of staff within care homes, as a direct result of illness or due to underlying health conditions which placed them at high risk, meant that care homes have needed to access a combination of their own bank staff, bank staff from the Greater Glasgow and Clyde NHS Bank and, in consultation with Public Health, transfer of staff between establishments. This has added to the footfall across the care home sector and may have contributed to outbreaks.
- It is not consistent, but it does seem that the homes who closed for admissions or who restricted visitors at the mid-March point or earlier do seem to have fared better. Timing of outbreak also mattered – those in the early phase had a very high impact in terms of death from the outbreak.
- Reporting of outbreaks and resulting deaths both in the community and in care homes has developed alongside our understanding of the impact of COVID-19 on individuals. The likely under reporting of deaths related to COVID-19 in the early stages is likely to be replicated within the care homes. The number of excess deaths in Renfrewshire rises sharply from 25 March 2020 before falling into line with previous statistical years from 25 May 2020 providing another way to see the impact of the virus on the local community.

- Renfrewshire's first recorded deaths were in w/c 16 March 2020 and peaked in the w/c 20 April 2020. The local care home peak was sharp with the first deaths in 6th April and peaking on the w/c 20 April 2020 – this is in line with the Scottish national peaks.
- Placements have continued to be made to care homes who have no outbreaks, although have slowed as the number of care homes who have closed to admissions has increased either through protective action on the part of the Registered Manager and company or in response to confirmed outbreaks.
- The service adopted a measured, risk-based approach to placement within care homes during the period considered in this report. Placements were authorised either at Head of Service or Operational Manager levels, often following discussion with other colleagues in the management team, and the care home status checked pre-placement.
- Delays to discharge help to illustrate both patterns of demand and response. The data for Renfrewshire does show a reduction in the number of people delayed in their discharge during the period. The reduction is less than the national target of 50%. The focus locally was on improvement in care at home services and processes for assessment, rather than the purchase of additional care home beds. Renfrewshire did not 'block book' beds to facilitate discharge.
- 'Double testing' i.e. two negative tests for individual patients being discharged from hospital with COVID-19 related symptoms to care homes was not in place until late April. It is reasonable to conclude that all placements made over the March and early April periods did not have testing. Prior to the 'double testing' approach patients in hospital were tested on admission and retested where they presented with symptoms.
- Placements made from the community are few in number and have not been tested routinely. Testing for discharges from hospital was not fully in place until the end of April 2020. All admissions to care homes are subject to a 14-day period of isolation following admission and care homes are using full PPE and approaching the care of new admissions with the presumption of infection. No admissions were made to care homes where they had live outbreaks at the point of placement.
- From the currently available data set, 50 people were discharged from hospital during the period to new placements across 17 care homes and a further 13 people provided with step down support. Of the new placements, 3 were to two separate care homes out with the Renfrewshire Council boundary. These figures do not take account of any short-term admissions to hospital – for example for assessment or day appointments.
- Due to the way care home placements are commissioned, the HSCP does not have a complete overview of all placements to care homes in Renfrewshire. In addition to the 50 people directly placed from hospital, it is estimated that a further 31 placements were made across 13 different care homes by other HSCP's. The figures for Renfrewshire are impacted by some large care homes including one national resource which provides placements from across the country. It should be noted that the figures in relation to placements by other HSCP's are based on information provided by care homes.

- As is the normal pattern for Renfrewshire, most placements came from hospital. The short-term beds at Hunterhill were used consistently for step down as had been the pattern pre pandemic. Hunterhill has had no outbreak and no deaths.
- The level of support provided to care homes for older people both locally and in line with the national enhanced support framework is fully outlined in Appendix 1 of the report. The independent providers are in the main operating within the Nursing Home sector and are a 'with profit' sector. The level of dependency of older people being placed in care homes has changed over the years with placements now being made in the last 12-18 months of life, essentially for end of life care. The staffing models and supporting health and social care services for care homes in general have not kept pace with the changes to resident groups and this has been further compounded by the challenges across the health and social care services of recruiting and retaining staff. Irrespective of any local enhanced arrangements this meant that the sector in general was highly vulnerable in the current situation.
- Care Homes have always been subject to separate detailed COVID related guidance. In relation to care homes, we are now in Phase 3 of the Scottish Government's 'route map through and out of the crisis'. Visits to care homes have been subject to specific guidance throughout the pandemic and this now sets out how care home visiting may be re-introduced while minimising the risks to residents, staff and visitors.
- The Cabinet Secretary for Health and Sport confirmed on 4 June 2020 that it is proposed for a new social care inquiry to be established to examine the effects of COVID 19 on the social care sector, to understand the wider issues impacting on social care delivery that have come to light because of COVID-19, and, to explore how those lessons can be applied in the future to improve social care systems and delivery in Scotland.

Implications of the Report

1. **Financial** – Although this report provides an update regarding care homes during the pandemic, there are significant resource implications as a result of the response to the pandemic.
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – n/a
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed

and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – no implications as a result of this report, however the HSCP continues to work in partnership with colleagues in health and safety.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – n/a

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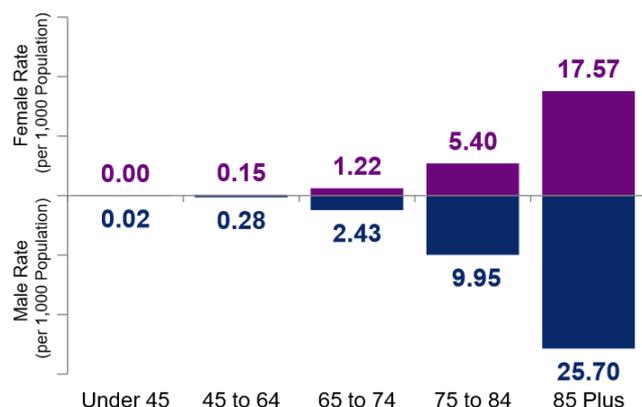
Any enquiries regarding this paper should be directed to Shiona Strachan, Acting Head of Health and Social Care, shiona.strachan@renfrewshire.gov.uk

Care Homes Update

1. Impact of the virus on older people

- 1.1 Older people have been heavily impacted by COVID-19 with three quarters of all deaths occurring in people aged 75 years or over [NRS, 1 July 2020]. COVID -19 mortality in Renfrewshire HSCP increases with age, as of 28th June, the 85+ population had the highest COVID-19 mortality, for both males and females. Deaths within this age group made up 32% of COVID-19 deaths for males, and 47% for females.

Rate of Deaths Involving COVID-19 by Age Group and Sex



- 1.2 Older people present with a range of different symptoms, often masked by their general frailty and the fact that they are often at the end of their lives. Understanding of the range of presenting symptoms has been developing over the course of the pandemic but in the early stages of the pandemic there is probably an underestimate of the number of people who contracted the virus – this will also include the residents in care homes. The level of excess deaths in Scotland has also been an area of concern.

2. Summary of Number of People and Care Home Placement Data

- 2.1 The reported deaths in this report are based on deaths in older people's care homes [as reported by the care homes] and include those with actual and suspected COVID-19 related deaths from 18 March 2020 onwards. This information has been verified with the care home reports to the Care Inspectorate who receive notifications from the Registered Managers. These notifications to the Care inspectorate are a legal requirement. There is a variance between the NRS data and the self-reported or notification data to the HSCP and Care Inspectorate, particularly in the early stage before testing and greater understanding of the range of symptoms presented by older people. At this point care homes reported some deaths as suspected based on the presentation of the individual and their understanding of the impact of the virus but not all death certificates issued at this time reflect COVID-19 as a contributing factor. NRS data uses any deaths where COVID-19 is mentioned on the death certificate whether it is the underlying cause of death or contributory condition. The NRS data also includes deaths registered as suspected or probable if mentioned on the death certificate. Health Board and Local Authority figures also include non-residents.

2.2 There are 22 care homes in Renfrewshire - 16 independent nursing homes; 3 independent residential care homes and 3 care homes operated by the HSCP. The available bed total is 1,331 beds. Renfrewshire has 1089 beds in the nursing home sector and a further 242 beds in residential care homes. Renfrewshire has the second highest average number of placements per home in Scotland – although we have a smaller number of homes the care homes we do have tend to have large capacity, including one national resource for older people.

3. Out of area placements

3.1 The care home sector is challenging for the host authority to manage and not all placements are visible – the placing authority remains responsible for any placements, including funding and reviews. As a result, not all the people who were placed and who subsequently died will be ‘ordinarily’ resident in Renfrewshire – that is, the people do not originate from this area, will often have another placing authority and their deaths may have been registered in their original home towns. Some deaths for people who have been placed by Renfrewshire in care homes out with the area, often to be close the family members, will have been registered elsewhere. As noted above, this area has several large care homes including a national resource which attracts placements from across Scotland. The impact of out of area placements can be seen in the homes operated by a large national provider where Renfrewshire purchases 42 places from the total available 180 places or 23%. Some care homes concentrate their business model on self-funding residents, again attracting placements from surrounding areas.

3.2 For the purposes of this report high level information was obtained informally from the care homes. During the period from 1 March to 30 May 2020, 9 other Health and Social Care Partnerships placed people within care homes for older people within Renfrewshire, with a total of 31 placements across 13 different care homes. 4 of the placing authorities are out with the GG&C NHS Board area. The largest group of placements was within the care homes operated by a large national resource who accepted 12 placements or 39% of the external placements. City of Glasgow [9] followed by Argyll and Bute [5] placed the largest group of residents. While most placements are from the hospital [16] there are also a considerable number directly placed from the community – this is a different pattern from Renfrewshire but is skewed by the national resource. Of the 16 people placed from hospital 7 residents were tested prior to admission.

4. Care Inspectorate gradings/impact on smaller care home companies

4.1 There does not appear to be a direct correlation between the Care Inspectorate gradings and the level of outbreak and subsequent reported deaths from either suspected or confirmed COVID-19. However what we have seen over the period of the pandemic is that the smaller care home companies have struggled in terms of their contingency arrangements around staffing and have required additional input to obtain staffing via the nurse bank and have sought [appropriately] additional input from clinical staff.

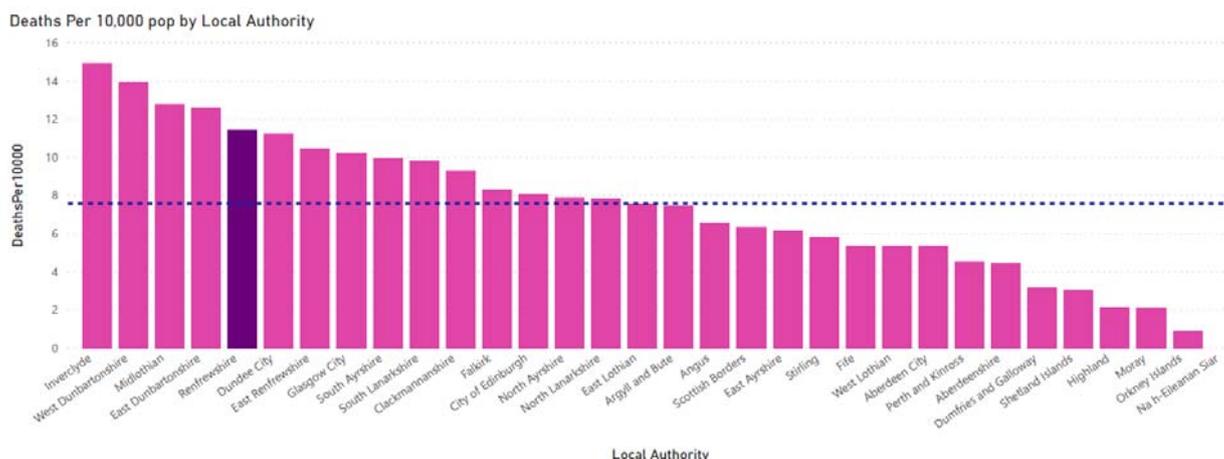
5. Reporting of care home status

5.1 The reporting of care home status was, until 11 March 2020, based on vacancies and reported on a weekly basis. Since moving to the daily reporting system it has undergone several revisions to ensure it is capturing the contractual, Care Inspectorate and latterly the required Public Health information.

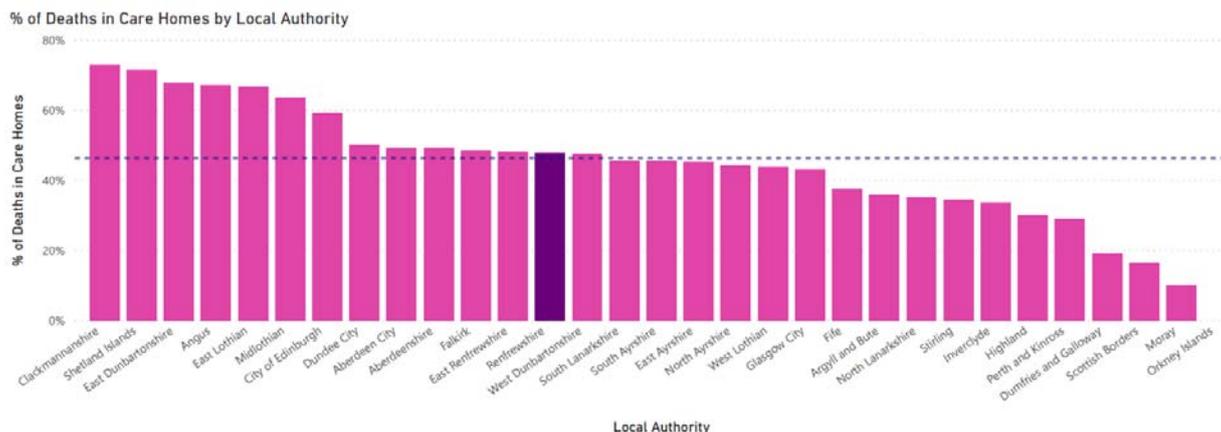
6. COVID-19 deaths

6.1 Care home residents in both nursing and residential care homes are at the end of their lives and are frail, often with complex multiple conditions. Mortality in Renfrewshire increases with age. The virus has also affected some areas more than others. While population profile and density will have affected the spread of the virus there is a growing acknowledgement of the likely impact of deprivation.

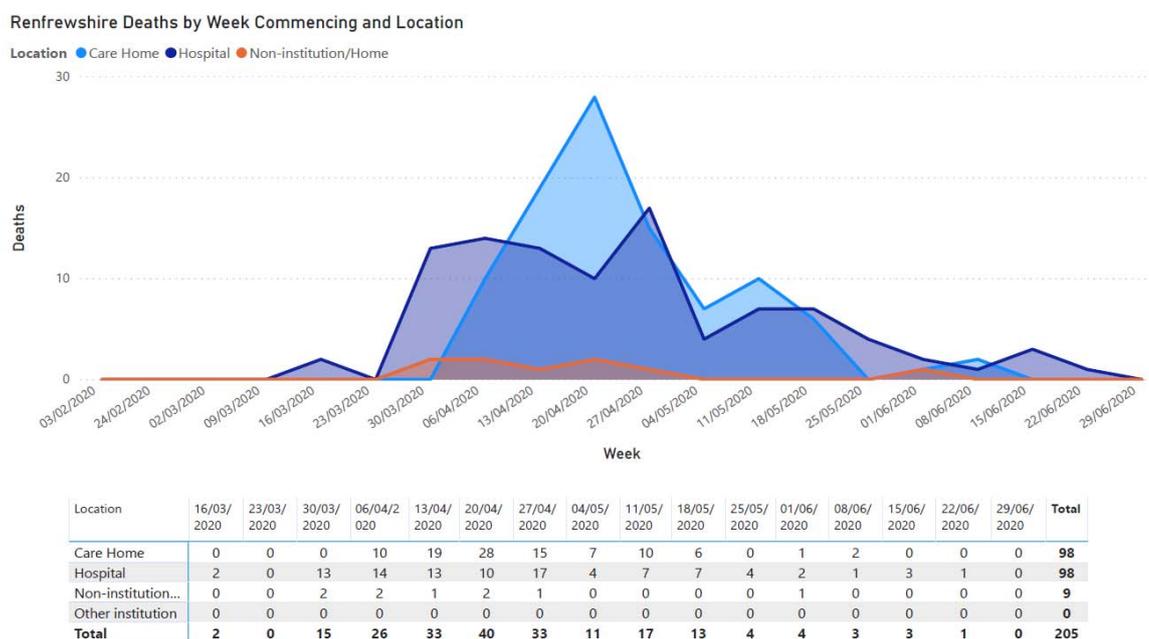
6.2 Inverclyde remains the area with highest death rate but the rate in Renfrewshire has risen to 11.45 (from 11.4 the previous week). Renfrewshire has the fifth highest rate with the figure for Scotland as a whole 7.6.



6.3 The % of cumulative COVID-19 deaths occurring in care homes has decreased slightly in Renfrewshire (47.8% from 48.0% last week). However, Renfrewshire remains above the Scottish average (47%) but there appears to be no clear link between overall death rates and the % in care homes.



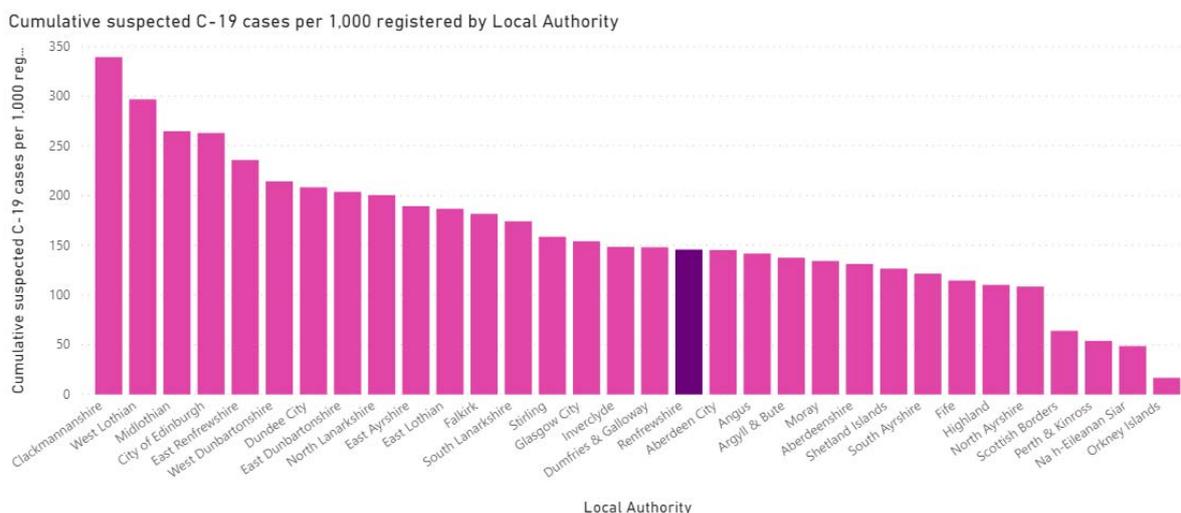
6.4 The graph below shows the location of all COVID-19 deaths. Renfrewshire's first recorded deaths were in w/c 16 March 2020 and peaked in the w/c 20 April 2020. The local care home peak was sharp with the first deaths in 6th April and peaking on the w/c 20 April 2020 – this is in line with the Scottish national peaks for recorded deaths at 9 April 2020 and 20 April 2020.



[Source: NRS, 08 July 2020]

6.5 The earliest date of COVID-19 related deaths [reported by the Care Homes] is on 3 April 2020, with a rapid increase in numbers of residents affected by the virus during the early part of April 2020. This is in line with the pattern of COVID-19 related deaths and infections across Scotland. At the time of writing the outbreaks have stabilised and the rate of death being reported has slowed down, with the last reported death on 31 May 2020.

6.6 Renfrewshire has one of the highest bed capacities to care home ratios across the country and our figures are impacted by a large national resource located within our local authority area. The graph below shows that Renfrewshire's rate of suspected cases per 1,000 places of registered capacity is average.



[Source: Care Inspectorate, 08 July 2020]

7. Key Policy and Legislative Changes

7.1 Throughout the period of the pandemic a range of key policy and legislative changes have been introduced specifically in relation to care homes. While understanding of the impact of the virus on populations was continuing to develop during the pandemic the frequency, volume and various dissemination routes for guidance has been challenging for all services to ensure they are fully updated and compliant. Key pieces of legislation and guidance are as follows:

- The Coronavirus (No.2) (Scotland) Act 2020 is emergency legislation which sets out a range of provisions that ensure swift interventions in care homes where there is a serious risk to individuals. It is anticipated that Scottish Government will soon issue guidance relating to the powers contained in the legislation
- Health Protection Scotland information and guidance for care home settings was initially published on the 24 April 2020, however this has been revised on a regular basis to reflect scientific and professional advice. The information and advice includes preventing the spread of the infection; admissions; testing; and PPE etc.
 - PPE - The provision of PPE and its correct application in service areas such as care at home during March [in particular] was an area of concern. While staff in care homes and care at home have always used aprons and gloves they have not previously used masks or visors. Additional support and local guidance including access to videos and posters was provided to support the directly provided and the commissioned services address correct usage, with supporting advice from the Care Home Liaison team and contract officer. The supply chain for PPE was also irregular during the early stages for all community-based services. While it was in place [often shared between services] and being used in line with national guidance it was a considerable source of stress for all the management teams and staff groups. It is important to recognise that the commissioned providers are responsible for the provision of PPE for their own services.
 - Testing of people prior to admission to care home – for the admission of COVID-19 recovered patients from hospital ‘double testing’ i.e. two negative tests for individual patients being discharged from hospital was put in place from 29 April 2020. Prior to this, patients were tested on admission and retested where they presented with symptoms. Testing of non-COVID-19 patients from hospital is done within 48 hours prior to discharge from hospital and a single test with a negative result should be available before admission.
 - Admissions from the community- Placements made from the community are few in number but have not been tested routinely. However, on admission residents should be showing no symptoms and are subject to a 14-day period of isolation following admission. Care homes are using full PPE and approaching the care of new admissions with the presumption of infection. No admissions were made to care homes where they had outbreaks. Further details of Renfrewshire admissions are detailed in Section 9.
 - Visiting – We are now in Phase 3 of the Scottish Government’s ‘route map through and out of the crisis’. Visits to care homes have been

subject to separate guidance throughout the pandemic. National guidance sets out how care home visiting may be re-introduced while minimising the risks to residents, staff and visitors.

The guidance outlines a staged approach, where stage 1 – essential visits only to people in exceptional circumstances or at the end of their lives - has been in operation throughout the pandemic.

Relaxation of visiting restrictions is set out in three further stages, moving through outdoor visiting [in place since 3 July 2020], indoor visiting by one designated person [supplemented by outdoor visits] and eventually to a controlled programme of outdoor and indoor visiting.

It sets out what precautions will be taken to safeguard resident, visitor and staff safety.

At a national level, each stage of easing of restrictions will be assessed depending on scientific advice and the progress of the infection rates. If risks are identified with this approach, restrictions may be resumed. The guidance is set and reviewed by the Care Homes Clinical and Professional Advisory Group [CPAG]. The stages are laid out in the table below –

Stage readiness	Stage 1	Stage 2*	Stage 3*	Stage 4*
Visiting	<ul style="list-style-type: none"> Essential Visits (End of Life Care, Stress and Distress behaviours) 	<ul style="list-style-type: none"> Garden Visits with 1 key/designated visitor appropriate social distancing Essential visits indoors 	<ul style="list-style-type: none"> Indoor visits of 1 key/designated visitor Garden visits with multiple visitors appropriate social distancing Essential visits as before 	<ul style="list-style-type: none"> Controlled visiting Resumption of communal life Garden visits with children appropriate social distancing Essential visiting as before
Communal activity	Avoidance of communal areas	Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. Avoidance of communal areas Must be with: <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask 	Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. All residents use of communal areas in limited numbers in homes without an ongoing outbreak with full physical distancing and IPC. Must be with: <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask 	All residents use of indoor and outdoor communal areas in limited numbers in homes without an outbreak with full physical distancing and IPC. Must be with: <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask
Setting	Homes with no outbreaks . Homes with a previous outbreak must be cleared by HPS/DPH – 28 days from last symptoms of any resident No visiting apart from essential visits in homes with an outbreak			
Requirements	<ul style="list-style-type: none"> PPE Resident consent Choice of designated visitor Screening visitors Care Home risk assessment 		<ul style="list-style-type: none"> Visiting protocol Scheduled visits IPC and cleaning protocols Leaflet for families and designated visitors 	
*Subject to review and ratification by scientific advisory committee				

At the time of writing, garden visits under Stage 2 are currently in place. These are operated on an appointment basis and the designated family member is offered a weekly visit, with the visit lasting no more than 30 minutes.

The move to stage 3, which has indoor and out-door visiting, will allow other family members to see residents and will be welcome. Out-door visiting remains subject to weather conditions and visits within the care

home will support visits to residents who are frailer in greater comfort. Social distancing measures are still in place and visits will continue to be subject to booking to ensure management and oversight of numbers within the care homes. Visits will continue to be limited to 30 minutes at this stage.

The leaflet “Visiting your Relative Living in a Care Home’ [June 2020] was previously circulated to all residents’ family/significant others and is being updated to reflect the move to the next stage. In terms of the HSCP operated care homes and extra care units contact is being made with the family members to update them on visiting arrangements and the changes to the national guidance. The changes to visiting arrangements will also be discussed with the care homes on the fortnightly clinician led call to support consistent application of the guidance.

- Enhanced Support to Care Homes - Within Renfrewshire we already had regular contact with care homes via the contracts officer and used this as a basis for gathering information on the impact of the virus in the early stage. In addition, we established weekly meetings with the Care Inspectorate and the meetings were also attended by the Council’s Chief Social Work Officer to share information and agree joint actions. Virtual meetings were also held with individual care homes on a one to one basis to provide additional support and to share learning. These visits had Care Inspectorate, Nursing, Hospice and clinical support present and began to both strengthen relationships and ensure support was in place for care homes affected by COVID-19.

New arrangements were introduced by the Scottish Government to strengthen oversight of care homes during the pandemic. As a result, the following governance arrangements are in place:

- Daily Huddle - chaired by the HSCP Chief Officer, attended by the Chief Social Work Officer and includes (at a minimum) a senior HSCP Head of Service/Manager, HSCP Clinical Director/Senior Clinician, HSCP Chief Nurse/Senior Nurse, HSCP Contracts and Commissioning Manager and the Service Planning and Policy Manager, Chief Executive’s Service. The huddle is ‘responsible and accountable’ for providing oversight, analysis and response to emerging issues; infection prevention and control; and for the clinical and care support provided to service users. Each day the huddle reviews the daily care home status report and ensures this leads to the provision of appropriate advice and support to all homes and clear improvement actions where required. The meeting also sets out the programme of assurance visits to care homes, which are led by the Chief Nurse and Locality Managers District Nursing and RES Service.
- Renfrewshire Clinical and Care Oversight Group weekly meeting – jointly chaired by Public Health and the Care Inspectorate and representation is similar to that of the daily huddle. This group is responsible for; analysing all aspects of COVID19, infection control, testing, training and support; classifying each care home using the

Scottish Government agreed rating; and prepare and return the 'Directors' of Public Health weekly questionnaire on Care Homes' to the Multi-Disciplinary Team who will prepare a composite report of all classifications of care homes across all of Greater Glasgow and Clyde. There has been no requirement to escalate issues via the Chief Officer/Director Nursing to the Chief Executives of the Council and NHS respectively.

- Fortnightly [previously held weekly but has recently been revised to fortnightly] Care Home Peer Support Meeting - led by the Clinical Director with support from contracts and commissioning officers and the enhanced care home liaison team. This meeting provides a forum for clinical and care advice and support to all registered homes in Renfrewshire. This meeting is well attended by all care homes and been so successful that it is intended that this meeting to be continued beyond the pandemic.

These three groups build on the work that was already underway in Renfrewshire including the HSCP mobilisation plan and daily contact with care homes.

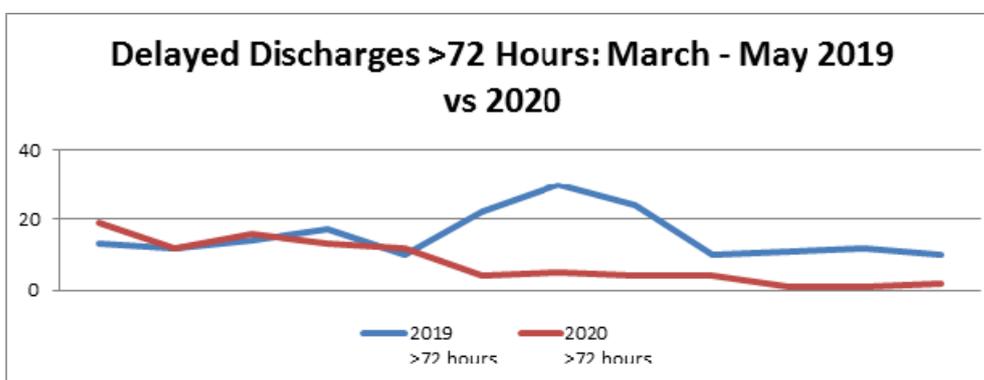
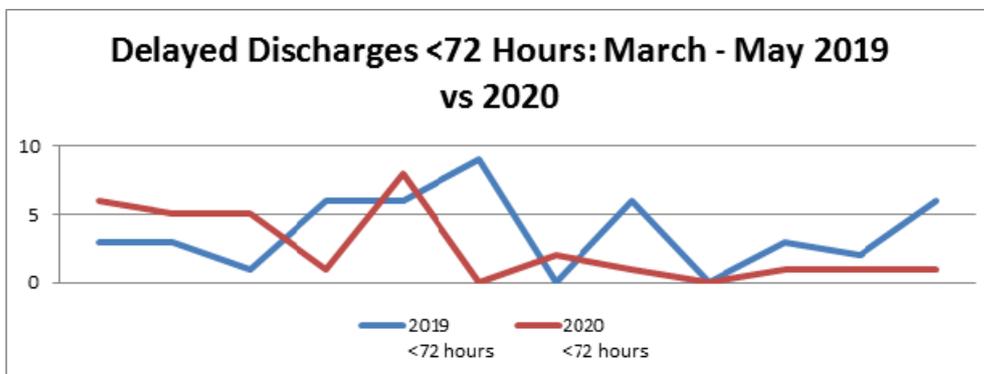
- In addition, the Greater Glasgow and Clyde Assurance and Governance Group has been established and meets twice a week and provides strategic oversight of support, testing, infection control, staffing and care standards for care homes within Greater Glasgow and Clyde. The group is led by the Directors of Nursing and Public Health and includes representation from the Care Inspectorate, Scottish Care, CSWO, Clinical Directors (2) and HSCP commissioning managers (6) and service managers.
- On 26 May the Test and Protect Strategy was launched by the Scottish Government and Health Protection Scotland, this approach is a public health measure designed to break chains of transmission of Covid-19 in the community by identifying cases, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the disease they are less likely transmit to it to others.
- The Test and Protect strategy was enhanced on 24 June 2020, the Cabinet Secretary for Health and Sport and COSLA issued letters to staff working in care homes and managers of care homes with important information requesting that they take a weekly Covid-19 test even if they have no symptoms. The testing aims to reduce transmission and protect vulnerable people receiving care. Weekly staff testing is well underway in Renfrewshire using the UK Government Social Care Portal. However, there have been challenges for care homes whilst using the portal including: adding an administrative burden for registering staff and arranging delivers and uplifts; coordinating staff to be available for testing at a time of the week when they may not be contracted to work; a significant number of inconclusive test results. Testing is subject to ongoing revision and further amendments have been made to the process to address concerns.

8 Delayed Discharge and Admission to Care Homes

- 8.1 There is a need to continue to admit older people to hospital for treatment and to discharge when they are clinically fit. Many older people are unable to return home – often due to the progression of disease including dementia or general frailty. Families often do not live nearby and are limited in the support they are able to provide or the main family carer has died or become ill. This means that throughout the pandemic and beyond placements of older people have continued to be made. The majority of placements have been made from the hospital to care homes – either for permanent placement or as part of the step-down arrangement.
- 8.2 Renfrewshire uses beds within the internally operated care home sector for step down – that is, people are discharged from hospital and either need some further recuperation time or a care at home service which is not immediately available.
- 8.3 As part of the national preparation for the pandemic there was a focus on reducing the number of people delayed in their discharge from hospital. By 2 March 2020, work was underway across GG&C to address delays in discharge across the NHS Board area. For all the HSCPs in the NHS Board area the target set was 50% by 30 June 2020. In the planned response to this work the local focus was on the provision of improved processes and increasing the capacity of care at home services. The process for assessment within the hospital-based team was reviewed to respond to the pandemic and further staff resources were deployed to help speed up the process for all people delayed in their discharge.
- 8.4 For some time, the main issues for Renfrewshire in respect of the management of delays to discharge had been the provision of care at home and suitable placements or services for a smaller group of younger people with complex mental health or capacity related issues.
- 8.5 The work around care at home and assessment processes did show improvement towards the end of March when the target of 21 delays was achieved - and this is reflected in the delayed discharge position in the later part of March and early April which shows 28% reduction in delays if comparing 4 March 2020 to 8 April 2020.
- 8.6 We began recording delays in discharge from hospital daily from 16 March 2020 as part of the monitoring arrangements for management of demand across the wider system. The average delays to discharge are outlined below – there is clearly a reduction between March and May. Some of that will be as a direct result of discharges both back to people’s own homes and to care homes [including step down to await care at home or for further support] but it also reflects the reduced demand for all services during the pandemic.

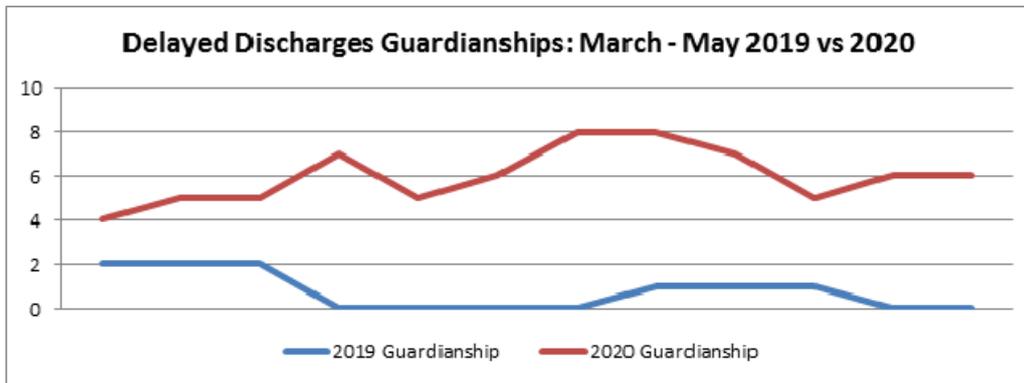
Month	Average Delays	Delays – complex [Guardianships]
Mar	24	4.9
Apr	16	6.8
May	9.4	6

8.7 It is difficult to carry out a year on year straight comparison of delayed discharge due to number of variables in the system but delays in discharge for Renfrewshire had been climbing over 2019, as the care at home service had struggled to meet demand. The comparison between 2019 and 2020 is contained in the graphs below and again confirms a reduction in people delayed in their discharge during the period considered. It should be noted that numbers are small.



8.8 As part of the additional planning for the pandemic there was considerable focus on reducing delays further as part of the local Mobilisation Plans and discussion across GG&C on block booking of beds to facilitate further movement should this be required. In Renfrewshire we did not take this approach on the basis that we did have enough capacity in the system and already used step down beds within one care home which at the time of writing remains free of COVID-19.

8.9 The growth in people who require Guardianship but are delayed in their discharge has grown consistently during the period of the pandemic and this group of people remain in acute hospital wards. As noted earlier this is due to the partial closure of the Courts, difficulty in accessing solicitors and the fact that the easements for legislation in this area has not been enacted.



- 8.10 In May 2020, of the 1331 available beds for older people from the care home sector, Renfrewshire purchased 605 beds or around 45%. The service adopted a measured, risk-based approach to placement within care homes during the period considered in this report. Placements were authorised either at Head of Service or operational manager levels, often following discussion with other colleagues in the management team, and the care home status checked pre-placement.
- 8.11 As noted above, there have been a number of external placements by other HSCPs. We can see following an intervention in one care home locally that 5 placements from the original group of 23 residents were made by two other HSCPs, with one further self-placement – 3 of the placements were made during the period of the pandemic in late March and early April but at a time when this care home was free of the virus. During this same period Renfrewshire placed 2 residents on 18/3 and 17/4.
- 8.12 The total number of admissions to the independent sector operated care homes over the key period from 1 March to 31 May, with direct comparison between 2019 and 2020 is detailed below.
- 8.13 The data for May 2020 is partial – the placement information for the last week or so takes time to filter through to finance. The data includes placement from the community which account for a very small percentage of overall placements. It does show there is no spike in placement rates to the independent care homes [largely nursing homes].
- 8.14 The total number of admissions to the independent sector operated care homes and to the HSCP care homes from 1 March to 31 May 2020, is detailed below. The data includes placements from the community [4 people] which reflects the normal placement pattern of the majority of placements being made from hospital. The data does show an increased level of admissions over the period when compared with the same period in 2019. The step-down beds were not in existence in 2019 and no comparison can be made for these placements which are primarily for people receiving further intense support or waiting for care at home services.

Independent Sector

	March	April	May
2019	15	10	13
2020	22	15	9

HSCP Residential (permanent placements)

	March	April	May
2019	1	1	0
2020	2	2	0

HSCP Step Down Beds

	March	April	May
2019	0	0	0
2020	9	1	3

9 Admissions to Care Homes and Visitors

- 9.1 Renfrewshire had no moratoriums on care homes – this is where the Chief Social Work Officer will stop all admissions to care homes due to the level of risk to residents, often following Large Scale Investigations [LSI]. One care home in Renfrewshire had an LSI which concluded on 2 December 2019.
- 9.2 By 1 April 2020, 6 care homes had taken a decision to suspend admissions in the independent sector. Of this group, 3 have had no outbreaks. By 1 May this had increased to 9 homes – with all others accepting admissions following testing.
- 9.3 By 23 March 2020 all care homes had stopped visitors in line with the national lockdown - the HSCP operated care homes had moved to restriction of visitors to one significant person in early March and closed to all non-essential visitors on 16 March 2020. We did retain admissions throughout the period, but these were limited to people in crisis or who did require discharge from hospital. The HSCP care services remain the ‘provider of last resort’ and there is no option to stop all services. It is not consistent, but it does seem that the homes who closed for admissions or who restricted visitors at the mid-March point or earlier do seem to have fared better. Timing of outbreak also mattered – those in the early phase had a very high impact in terms of death from the outbreak.
- 9.4 From the range of information systems, it is estimated that 50 people were discharged from hospital during the period to new placements or for step down support across 17 care homes. These figures do not take account of any short-term admissions to hospital – for example for assessment or day appointments.
- 9.5 As noted above, the majority of placements came from the hospital – as is the normal pattern for Renfrewshire. All placements were made when people were clinically fit for discharge and the receiving care homes had no outbreaks. Of the group of admissions, a total of 8 people have subsequently sadly died – 5 of this group of non COVID-19 related issues.

10 Support to Care Homes

10.1 The support to care homes has been regularly reported through the weekly papers to the Emergencies Board of Renfrewshire Council, the Integration Joint Board briefings and the Community Protection Chief Officers Group. The support has included the following key steps, some of which predate the NHS Board and national approach:

- Weekly phone call to all care homes centred on vacancies moved to daily contact from the contracts team, supplemented by calls from the Enhanced Care Home Liaison Team and the Care Inspectorate.
- Care Home Liaison and Support MDT using Near Me/Attend Anywhere.
- From 3 April all referrals from care homes triaged into single response accessing a full range of disciplines including advanced nurse practitioners, speech and language therapists, palliative care and clinical nurse specialists.
- Weekly meetings with the Care Inspectorate and involving the Chief Social Work Officer to review care homes and care services in the area and inform response and data collection – this was later expanded to include the Public Health response.
- Care Inspectorate led individual care home meetings with clinicians, hospice input with Homes who had experienced outbreaks or required additional advice and support.
- Weekly [now fortnightly] online Care Homes Support Meeting led by the Clinical Director with support from the social care operational service, contracts team, Care Home Liaison Service, Pharmacy, palliative care services including the Accord Hospice and mental health services. Attendance has been very good and is now expected as part of the national enhanced package of support. This meeting has led to several key actions:
 - Setting up of the care home prescription delivery service in partnership with ACCORD hospice start date: 1st June 2020
 - The offer of emotional support to staff in care homes from ACCORD hospice via ECHO technology. Started end of April early May
 - Sharing of information re initiative such as repurposing medicines, the use of subcutaneous fluids and the provision of O2 concentrators
 - The opportunity to ask questions of the clinical directors regarding testing, GP support, any issues relating to hospital admission or discharge
 - Additional purchase of wi-fi boosters to access remote technology purchased via the Primary Care Transformation Fund.
 - Direct intervention into a care home on where staffing was reported to be in difficulty and a high number of residents had tested positive and were becoming unwell. Including medical assessment and intervention with residents by the GP palliative care facilitator on 15 March 2020
 - Bereavement advice, leaflets and knitted hearts sourced and shared with care homes
 - By 2 June 2020 Geriatrician support added to the Care Home Liaison and Multi-Disciplinary Team.
 - Week commencing 8th June 2020 the national enhanced Assurance Programme commenced including RAG rating all care homes led by

Public Health and the establishment of the Clinical and Care Oversight Group chaired by the Chief Officer and co-chaired by the Chief Social Work Officer, which directs the assurance visits to care homes by the Nursing and clinical teams. The work of the Group is supported by the GG&C wide group. Work is reported at national level.

11. Health and Sport Committee of the Scottish Parliament – Social Care Inquiry

- 11.1 The Health and Sport Committee scrutinises the spending of approximately 50% of the Scottish Budget. The Committee had agreed to undertake pre budget scrutiny of the 2021-22 budget.

The initial national programme, launched in June 2019, was designed to take a strategic approach to explore how social care could be co-ordinated, commissioned and funded differently in the future. The intention of the programme was to –

- Support integration authorities, the wider sector, and communities in planning and taking forward changes;
- Advise Scottish Minister if national changes or interventions are required; and
- Raise awareness of the role of social care support in Scotland and its social and economic value.

- 11.2 Due to the pandemic scrutiny of social care was paused. The pandemic and required response highlighted some key issues in respect of care homes and the wider provision of social care. Following evidence from the Cabinet Secretary for Health and Sport on 4 June 2020 it was decided to begin scrutiny on a new social care inquiry. This new inquiry will build on the work to date and will -

- Examine the effects of the COVID-19 pandemic on the social care sector;
- Examine wider issues impacting social care delivery that have come to light because of COVID-19; and
- Explore how those lessons can be applied in the future to improve social care systems and delivery in Scotland

The Committee intends to take evidence from relevant bodies in August and September. Targeted engagement will also look at home care between August and October 2020 to add to the existing evidence base on social care. Evidence collected over 2020 in Committee sessions will be reviewed during October and November 2020.

It is intended that the inquiry will contribute to the Scottish Government's proposed review of adult social care.