

Agenda Item	9
Report No	HSW/20/20

HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 12 November 2020

Report Title: Adult Social Care – Care Home Assurance

Report By: Interim Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 This paper provides an update in relation to the delivery of Adult Social Care by NHS Highland with a particular focus on the current position in terms of provision of care in care homes. There will be an input from NHS Highland who have provided the detail of this report at **Appendix 1**.

2. Recommendations

- 2.1 The Committee is asked to:
- i. **Note** the contents of this report.

3. Implications

- 3.1 Resource - None
- 3.2 Legal – None
- 3.3 Community (Equality, Poverty, Rural and Island) – None
- 3.4 Climate Change/Carbon Clever - None
- 3.5 Risk – None
- 3.6 Gaelic – None

4. Background and Legal Requirements

- 4.1 The Highland Council and NHS Highland entered into a Partnership Agreement in 2012, establishing the principle of service integration in relation to both children’s services and adult care services and setting up the lead agency model. NHS Highland are the lead agency in terms of adult social care services and are responsible for its delivery pursuant to the partnership arrangements in place.
- 4.2 The Chief Social Worker who is an employee of the Highland Council is legally required to maintain governance, quality and professional leadership for all social work services both within the Council and in terms of those functions exercised by NHS Highland and

as such is required to be assured that services are delivered appropriately in terms of the resources provided by the Council.

- 4.3 Given the role of the Chief Social Worker the role of the Committee is two fold in that it requires to be assured that the Chief Social Worker is assured in terms of the delivery of the commissioned service and, in addition, requires to be assured of the delivery of the service itself.

5. Process of Assurance

- 5.1 NHS Highland had previously set up a Gold Command Structure within NHS Highland. That structure was in place during lockdown and it is understood that it is now being reconstituted in part given the current Covid position. The Head of Service Integration Adult Social Care had attended what were then referred to as Covid 19 Planning Meetings on a daily basis since 24th March. There have been some changes in terms of how information is provided to NHS Highland by providers of care as a result of processes put in place by the Scottish Government and both the Chief Social Work Officer and the Interim Executive Chief Officer Health & Social Care receive a daily bulletin from NHS Highland providing details in relation to staffing issues, the testing position and any PPE concerns there may be in relation to all care homes across Highland. Meetings have also been established twice weekly in terms of Adult Social Care Leadership. There is attendance on behalf of the Highland Council at those meetings.
- 5.2 Members will recall that the Care Home Assurance Group was set up as a result of guidance issued by the Scottish Government on 16 May 2020 as a result of the impact of the pandemic on Care Homes and in addition to the Social Work focus added a requirement that Public Health and Nursing should also form part of that assurance group. As such that Care Home Assurance Group includes representatives from all disciplines and considers issues on a fortnightly basis. Both the Chief Social Worker and the Interim Executive Chief Officer Health & Social Care attend that meeting and as such are sighted on both the returns made to Scottish Government by the Director of Public Health in terms of the testing position and the Adult Social Care report which is submitted which also includes nursing issues.
- 5.3 Those assurance meetings operate such that the Chief Social Work Officer can be assured that the systems in place are such as to offer a safe and robust process for the continuing delivery of adult social care during the pandemic.

6. Current position re Care Home Assurance

- 6.1 In Highland there are currently 67 **Care Homes** of which 15 are NHS managed and 52 sit within the independent sector.
- 6.2 Those care homes provide care for the elderly who may also be vulnerable are likely to require significant support. That has been provided. Members will recall that NHS Highland had prepared A Care Home Escalation plan which was referenced in terms of care delivery at Home Farm.
- 6.3 There continue to be developments nationally in terms of the care and support offered to care homes and those developments are referenced in the attached report prepared by the Director of Adult Social Care at Appendix 1. That report details the ongoing work which is carried out by NHS Highland in terms of the safe delivery of adult social care in

care home settings taking into account the current legal position in terms of guidance issued nationally.

Designation: Interim Executive Chief Officer – Health and Social Care

Date: 9 October 2020

Author: Fiona Malcolm, Interim Executive Chief Officer – Health and Social Care

Background Papers:

NHS Highland



Meeting:	Highland Health & Social Care Committee
Meeting date:	7 October 2020
Title:	Care Home Oversight Board
Responsible Executive/Non-Executive:	David Park, Chief Officer
Report Author:	Simon Steer, Head of Adult Social Care

1. Purpose

To provide assurance on and updates on new arrangements for the oversight and support of Care Homes.

In May the Cabinet Secretary wrote to Health Boards and Councils outlining new arrangements for the oversight and support of Care Homes.

NHS Highland agreed with the Highland Council and Argyll and Bute Council to establish an oversight group with the purpose of ensuring that all of the actions arising from the letters **(attached)** from the Cabinet Secretary direction for a multi-professional approach to care homes were implemented and any issues that cannot be resolved are escalated to Executive Director level.

In NHS Highland, this group is chaired by the HSCP Chief Officers and is a sub-group of the Executive Directors Group.

Prior to the establishment of this structure, the work to support care homes had been successfully actioned and monitored through the Board's COVID19 Gold Silver Bronze structure where all members were present. However that decision making structure has now been integrated into the Boards standard decision making structure, and as a result it was felt that this group should be formally convened to oversee the work, not least because it is clear that this is now likely to be a longer term requirement.

The Group meets on a fortnightly basis at present. Initially, a joint A&B/Highland meeting underpinned this, however this approach proved unsatisfactory in terms of addressing local characteristics, therefore in Highland the work is has been supported by regular safety huddles and a Care Homes Programme Group (encompassing all improvement and support work). This arrangement is being extended to support the Care@Home agenda.

The principle agenda for the Oversight Group is outlined in the Cabinet Secretary communications and includes:

- A report from the daily Bronze huddles including any escalations
- A report from the Director of Public Health as submitted weekly to Scottish Government
- Review of testing adherence and results to the latest SG policy
- Review of Nursing support to Care Homes
- Review and implementation of latest SG policy in relation to Care Homes
- Review of Care Inspectorate gradings and reports for Care Homes

2. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – Reviews output from this meeting every two weeks

Confirmation received from EDG on TBC

3. Recommendation

- The Committee are asked to note that the above agenda of testing, support visits, oversight and engagement represents a significant new area of work throughout the Covid period and provides assurance that appropriate and compliant oversight is in place to ensure support of Care Homes
- The Committee are asked to note that the requirements of the attached letter have been actioned as required.



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Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

17 May 2020

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of people who live there, and the staff who care for them. In particular, straightforward and transparent Covid-related oversight for every care home is vital. This document sets out arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

Professional roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close



relationships will be maintained between this group and the Care inspectorate relationship manager.

This will be done by continually taking account of up to date data and the latest guidance available, published 15 May <https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/>, national reporting requirements and operating framework as set out at **Annex 1**; and via reporting on the additional measures as set out at **Annex 2**. The reviews may require to be a mix of in person visits and remote reviews where the care home remains stable.

Via the Health and Social Care Mobilisation Plans, Chief Officers have already provided in their local areas assurance that:

- care home support processes have been active in accordance with HSCP mobilisation plans to create a 'wrap around' effect
- arrangements for testing are in place and these are following the most recent extensions put in place
- arrangements are in place for response to Covid 19 outbreaks
- redeployment plans have been activated to maximise local staffing support for care homes

Each oversight team will build on this activity and detail to ensure granular scrutiny and support as required. Each oversight team will:

- hold a daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed
- ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:
 - staff are tested in accordance with the guidance and regardless of impact on staff rotas
 - patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes
- ensure a range of responsibilities are fulfilled:
 - NHS Boards take direct responsibility to ensure staff are tested
 - NHS Boards ensure contact tracing is undertaken where required
 - NHS Boards ensure linked home testing is delivered
 - NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
 - Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

These arrangements will be put in place in every area in the week beginning 18 May.



All organisations including care providers (statutory, third sector and independent sector) are responsible for effective and safe care in their services and are expected to work closely together and at pace to give effect to these arrangements.

There are specific responsibilities that Health professionals will need to deliver within these whole system arrangements. This is because Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes. These responsibilities are:

- Nurse and Medical Directors taking direct responsibility for the clinical support required for each care home in their NHS Board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads, providing practical expert advice and guidance on infection prevention and control

Escalation

Where the Care Home Clinical and Care Professional Oversight team believes there is a significant issue that requires onward escalation – i.e., which cannot easily be resolved through routine local reporting and support mechanisms – that should be escalated by the Director of Public Health to the Chief Executives of the Health Board and local Authority. Such issues should also be escalated to the Care Inspectorate and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.



Safety Huddle

Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be able to deliver safe and effective care. The questions that will be asked are

Local information

H&SCP

Name of Residential/Care Home

Bed Number

No of Residents

Covid-19 related Information

Total number of positive COVID-19 residents

Total No of Covid-19 symptomatic residents

Active outbreak

Adequate PPE equipment

Ability to comply with IPC measures

Total number of deaths (COVID-19 related)

Additional Information to aid staffing decision making

No of 1:1 care

End of Life Care

No of deteriorating Residents –

No of residents with cognitive impairment

Workforce

Staff absences

Additional team requirements

Registered Nurse,

Senior Social Care Worker,

Social Care Worker

Testing

How many residents tested

If not tested why not

How many staff tested

If not tested why not

Testing completed by care home staff yes/no

The professional judgement template set out below should also be used by care homes to identify staffing requirements. Care homes with sophisticated electronic rostering may get the same functionality from that.



Annex 1 (cont)

Care Home Clinical and Professional Oversight team should develop a process for care homes in their area similar to that detailed below from NHS Forth Valley

Situation	Actions
<p>Homes currently in green</p>	<p>Homes will have a joint visit with nursing and senior social care staff. Nursing will assure:</p> <ul style="list-style-type: none"> • infection control measures – PPE, cleaning solutions and matrix, hand hygiene • documentation of patients normal abilities, DNACPR/AWI/ACP • fundamental care – personal hygiene, FF&N, medicines are being met • communication – with families, virtual visiting <p>Care home will either be doing really well in which care assurance is achieved or standard information can be shared at this point – infection prevention posters, SOP’s on setting up PPE stations/cohorting if required. This will allow forward planning in the event of patient contracting Covid-19</p>
<p>Homes who have patients testing positive (amber and green)</p>	<p>Joint visit with nursing and social care staff to:</p> <ul style="list-style-type: none"> • clarify all of the above are in place • assess for other services to support: palliative care, dementia, mental health, infection control • supply any other helpful resources eg palliative care • mobilise other relevant services – this will require one person to co-ordinate • are residents conditions being documented • are relatives being kept informed • are PPE stocks adequate and being used correctly • has cohorting/zoning been put in place • do residents have appropriate medicines • are staff aware of just in case medication accessed via PSD and COVID medication pathway for care homes • are patients receiving appropriate fundamental care • have the ANP’s/GP’s reviewed all symptomatic patients • staffing arrangements have been considered if there is increasing acuity and care needs
<ul style="list-style-type: none"> • leadership within the care homes will remain with the care home staff. Wherever possible a senior member of the care home staff should be on site and there should be access to a detailed handover on all residents • significant staffing levels will be supported via NHS/HSCP staffing flowchart • utilise grab box with clinical information for major incident 	



- Head of Nursing for HSCP will provide leadership and link with the care home and determine support an expert advice required from other teams including care home liaison, PDU and palliative care, psychological therapy



Additional measures for monitoring progress

Additional measures	Lead	Timescale – all additional measures reviewed every two weeks from implementation	How will we know it has been delivered
Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health These Directors will lead in providing practical expert advice and guidance on infection prevention and control Boards will provide DHPs with the resources needed	Nurse Director Medical Director	Immediate	Reports on safety huddles and visits to be included in weekly DPH return to SG
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	Reports to SG on outcomes to be included in weekly DPH return to SG



Annex 2 (cont)

Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	Reports on staff tracing to be included in weekly DPH return to SG
Boards will ensure linked home testing is delivered	DPH	Immediate	Reports from Boards to be included in weekly DPH return to SG
Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	immediate	Reports and data from safety huddles to be included in weekly DPH return to SG
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	CI	Immediate	Reports from CI to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	Reports from safety huddles
Significant adverse event	HIS and CI	Immediate	Proposals to be discussed and advice on implementation
CI and HIS joint inspections	As above		

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NHS Board Chief Executives
Local Authority Chief Executives
IJB Chief Officers
NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Nurse Directors
Local Authority Chief Social Work Officers

17 May 2020

Dear Colleagues

These are exceptional times for us all requiring every one of you and your staff to go well beyond the call of duty in public service. I want to extend my sincere thanks to all of you, and would ask that you convey my gratitude to your staff as well.

It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Current estimates are that over 40,000 residents live in the 1083 adult care homes across Scotland. The vast majority of adult care homes are for older people (75%) and 75% of these care homes are run by the private sector, with the remainder run by voluntary sector and local authority/ health board sectors. As you know, adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

Care homes are environments that have proved to be particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths and as such we require urgent additional whole system support to protect residents and staff. This additional support will come from the Scottish Government, Local Authorities, Health Boards, and the regulatory and improvement bodies.

This introductory note sets out in summary the detail within the attached pack that constitutes the Scottish Government's comprehensive support arrangements for care homes to date and what still needs put in place. This is expected to ensure appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each care home in each area.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Much has been put in place already at a local and national level, including the emergency legislation, an assortment of guidance, provision of PPE, commitments around workforce salaries and the real living wage; £50m of initial investment for provision of resilience and sustainability of services; roll out of testing for staff and residents and the establishment of a Care Home Rapid Action Group advised by a CMO/CNO led Care Homes Clinical and Professional Advisory Group.

Support and oversight going forward

Care Homes for older people are a vital part of the panoply of provision in our communities and will be so for years to come. Residents, staff and communities need to have confidence that the care provided in every care home is as clinically safe as it possibly can be in the context of Coronavirus. There is still much to do. In the accompanying pack there is:

1. Revised and final version of guidance for care homes.

In summary, this guidance sets out:

- That care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.
- That decisions about care and treatment for residents should be on an individual basis, based on the person's best interests and in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their Anticipatory Care Plan
- The range of factors and provisions that must be taken into account in the admission of any person into a care home; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

2. Amendments to the Coronavirus Bill

In summary these amendments allow for:

- A package of measures/ powers as part of the Coronavirus Bill to provide assurance to those involved in the care home sector, including staff and particularly those using these services and their families, so that in the event there is significant risk to those using services, or a provider was unable to continue to deliver care due to failure, Scottish Ministers and public bodies have the power to intervene.
3. A clear statement on expectations providing enhanced clinical and care professional oversight during Covid-19.

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In summary this document sets out:

- The expected new and additional responsibilities on clinical and professional leads in every local authority and Health Board that will provide daily support and oversight of the care provided in care homes in their area.
- This includes arrangements for testing and Infection Prevention Control arrangements, PPE in particular.

Thank you again for all you and your teams are doing to help ensure Scotland's care homes can be safe environments for their residents and staff through the Covid emergency.



Jeane Freeman

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