

Older People, Carers & Unscheduled Care Performance

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- **Key Performance Highlights:**
 - unscheduled care
 - delays & intermediate care
- **Examples of impact on service activity**
- **Health and Social Care: care home support**
- **HSCP Commissioning Support to: adults & older people care homes**
- **HSCP care at home & current position**
- **Covid 19 vaccination programme**
- **Future challenges / opportunities**

Unscheduled Care Comparisons

Comparison
January to
December 2019
and 2020

ED ATTEND - EXCLUDES MIU AND CHILDRENS

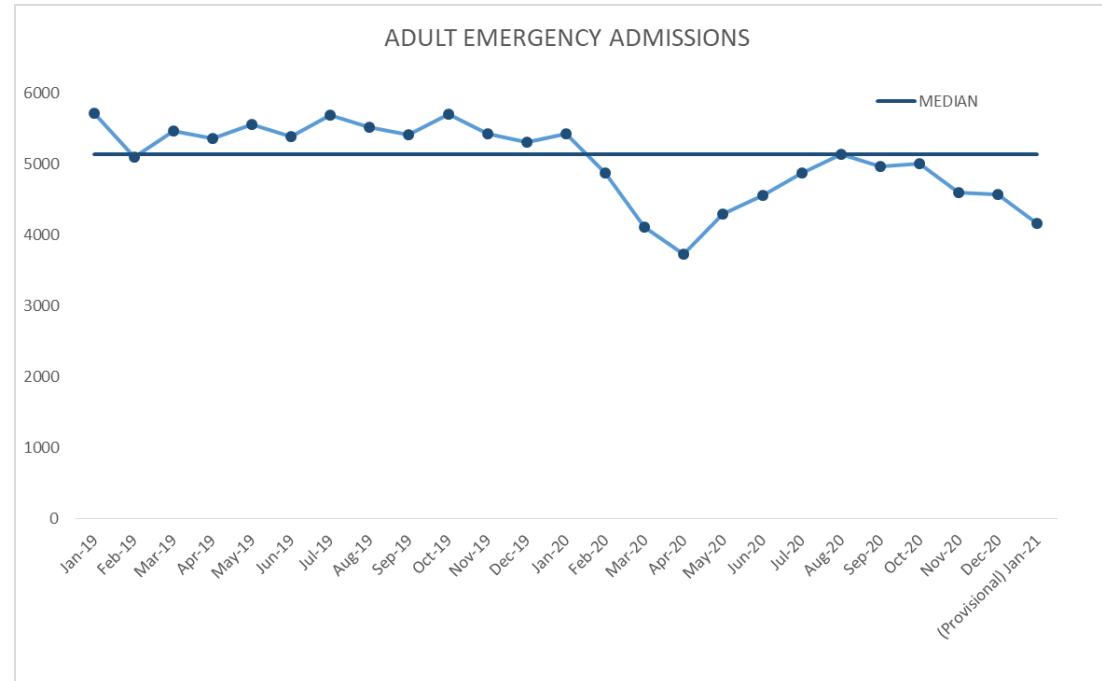
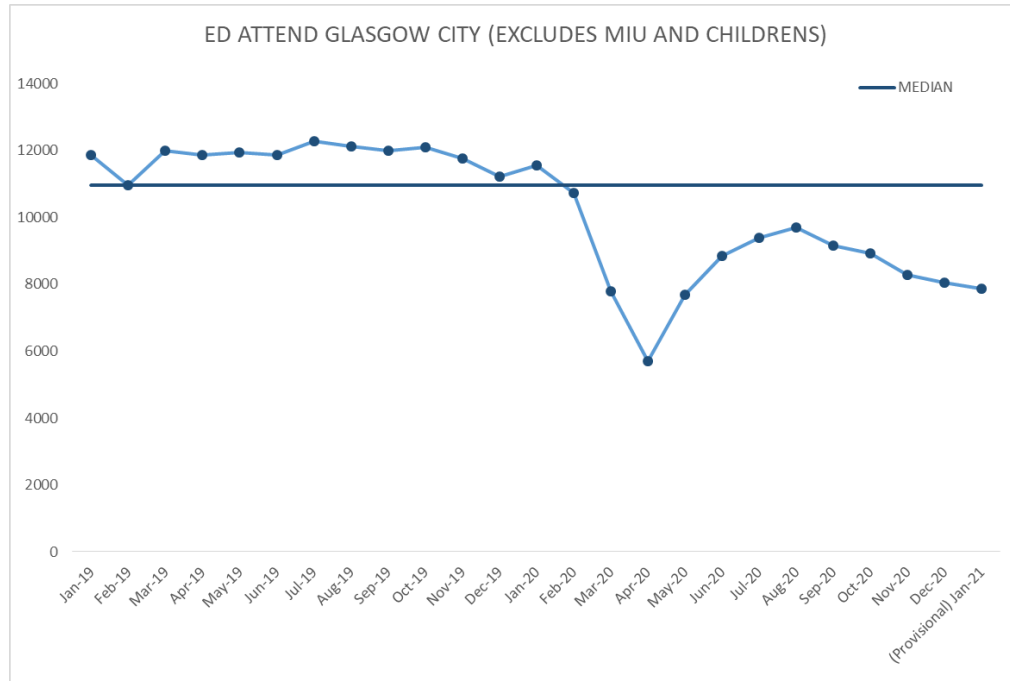
119,184 
2019 - March to December

83,581 
2020 - March to December (Provisional)

ADULT EMERGENCY ADMISSIONS

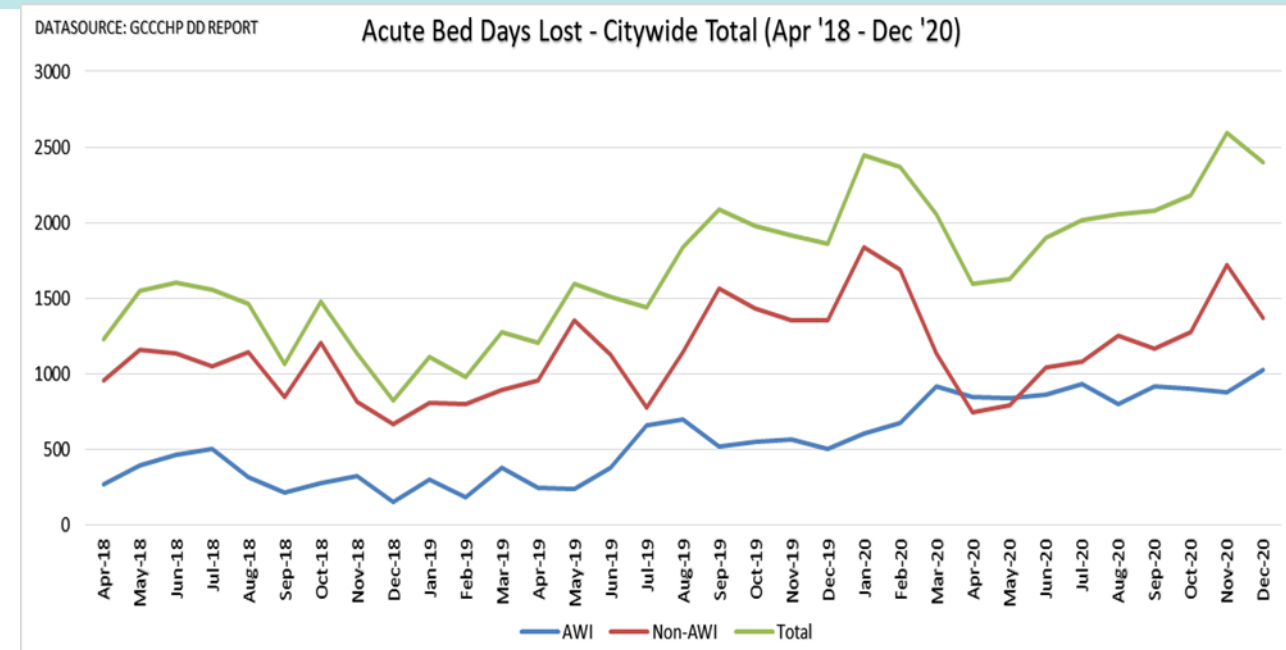
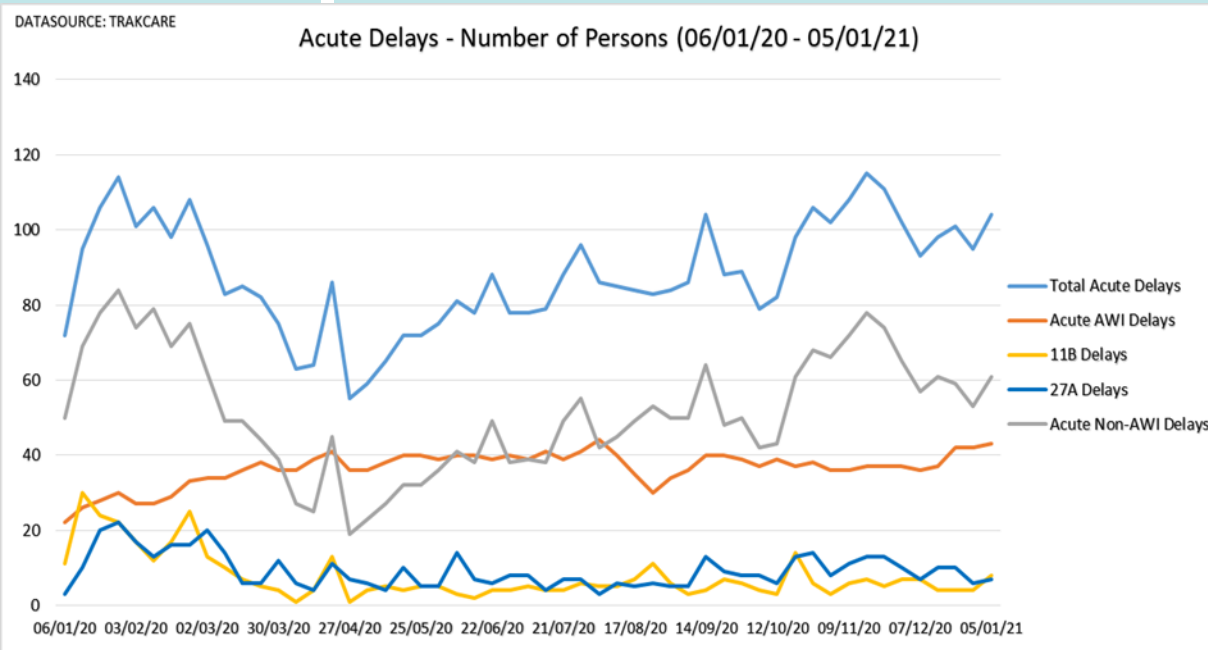
54,815 
2019 - March to December

45,843 
2020 - March to December (Provisional)



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Delayed Discharges



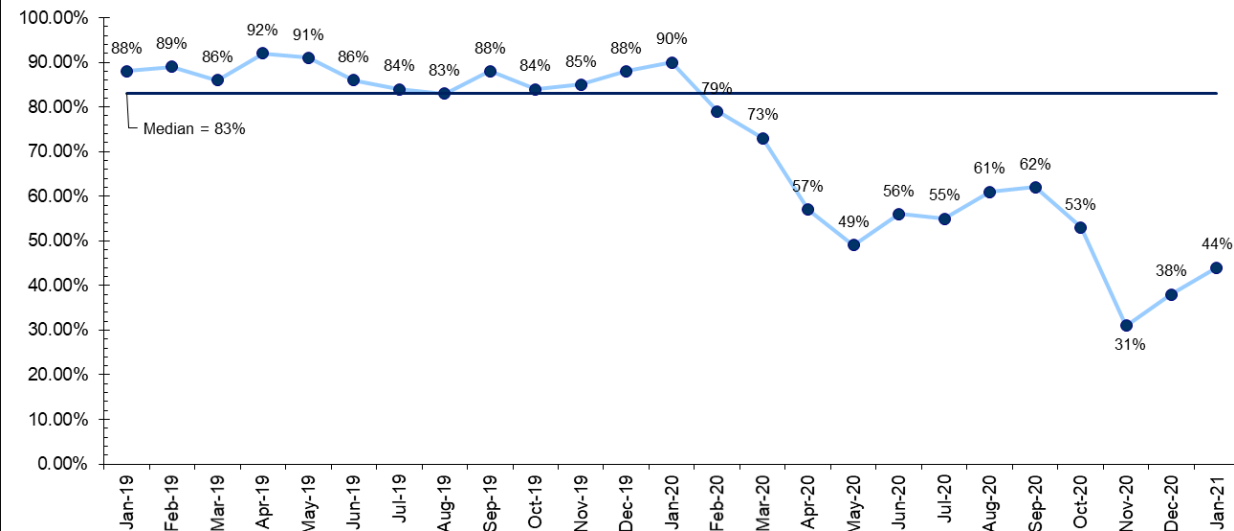
- significant reduction in delays January to May 2020 – upward trend from May 2020 to date
- impact of increase in unscheduled care activity, winter period and third wave as well as care home closures to admissions
- continued move away from assessment in hospital to Discharge to Assess approach
- AWI delays up to 51 as of yesterday out of a total of 100
- increase in acute bed days lost – in large part due to AWI delays
- continued scrutiny of delays for all reasons

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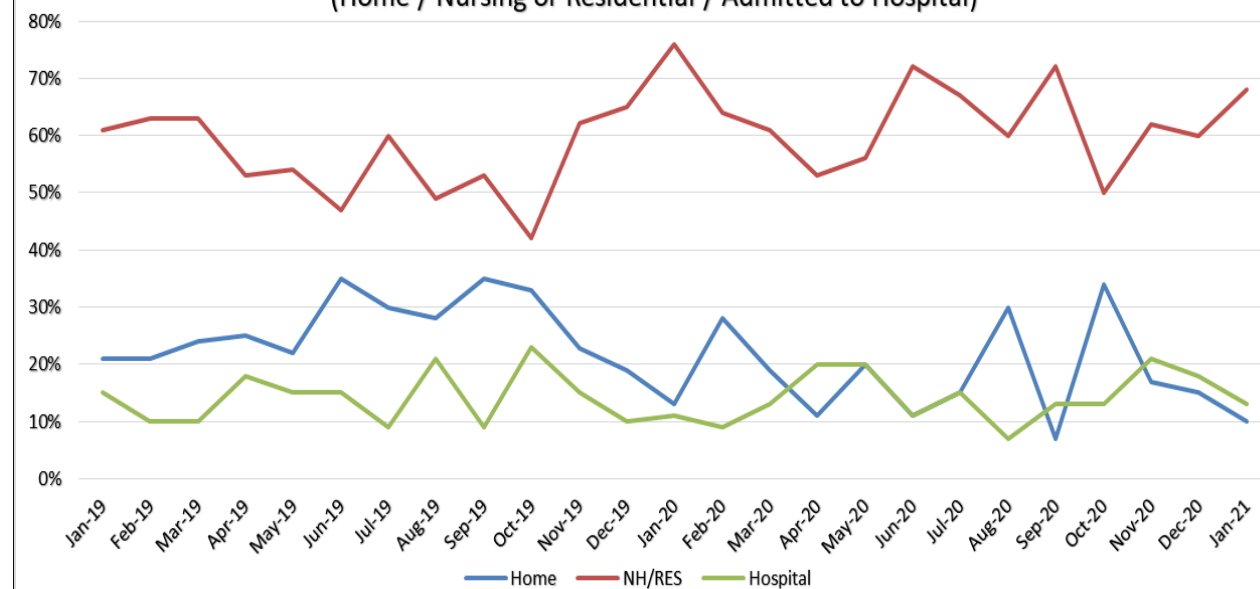
Intermediate Care

DATASOURCE: IC TRACKER DATA

Occupancy of Intermediate Care
(Glasgow City Jan '19 to Jan '21)



Discharge Destination from Intermediate Care Jan '19 - Jan '21
(Home / Nursing or Residential / Admitted to Hospital)

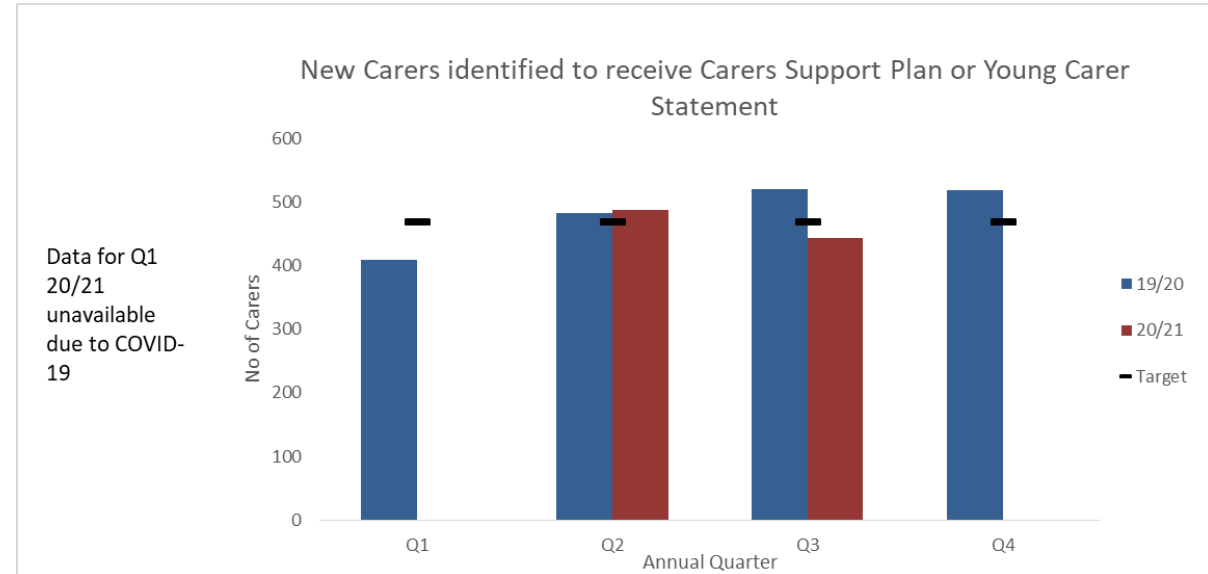


- low occupancy levels because of:
 - reduced emergency admissions to acute hospitals; and,
 - care home beds closed due to Covid
- increased level of discharges to nursing and residential homes and drop in numbers discharged home
- partly due to increased complexity in this patient group

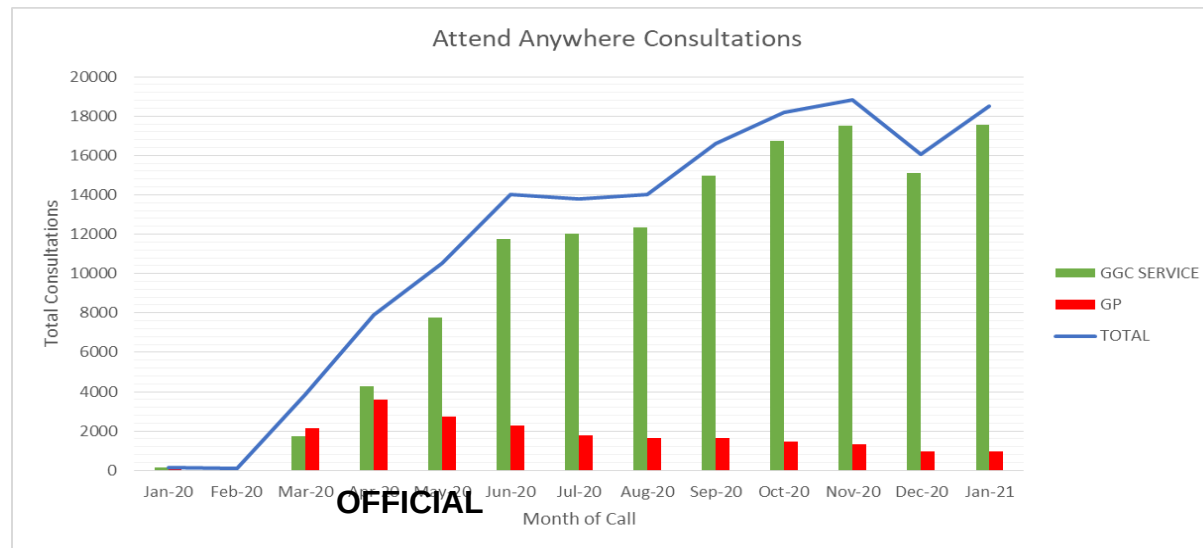
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Impact of Changes in Service Delivery

- Carers Data – reduction in quarter 2 – 20/21 but we continue to receive high levels of new carer referrals
- Attends Anywhere – virtual consultations show an overall increase in use through the pandemic as an effective alternative to face to face consultations



Use of Attends Anywhere – Telephone and Video Consultation



Health and Social Care: Care Home Support

- **Adhere to the high degree of standards expected by the Scottish Government, Chief Nurse, Care Inspectorate, Chief Social Worker and Health Protection Scotland. Implementing new policies and protocols in all care homes.**
- **Care home strategy group established supporting 5 HSCP care homes, meeting weekly and chaired by the Chief Officer. All 5 HSCP care homes are evaluated externally under new guidance issued by Health Protection Scotland and the Scottish Government's Chief Nurse. As at 17th February 2021 all 5 care homes are categorised as green.**
- **Workforce planning has been challenging however; Large Scale Recruitment events have sought to fill vacancies at all levels within the 5 HSCP Care Homes.**
- **The HSCP are currently achieving 100% compliance testing staff. This includes the introduction of twice weekly Lateral Flow Testing since December 2020 and in addition to weekly PCR Tests.**
- **Vaccination of Residents and all staff has been a priority since mid-December 2020. 96% of residents and 83% of staff have received a first dose vaccine with second doses being administered during February/March 2021.**
- **A new Discharge to Assess pathway has been agreed with Public Health and Scottish Government to support timely discharge of patients from hospital to the HSCP Care Homes. This has become operational in February 2021, and will allow planning of discharges in liaison with Public Health and hospital teams.**

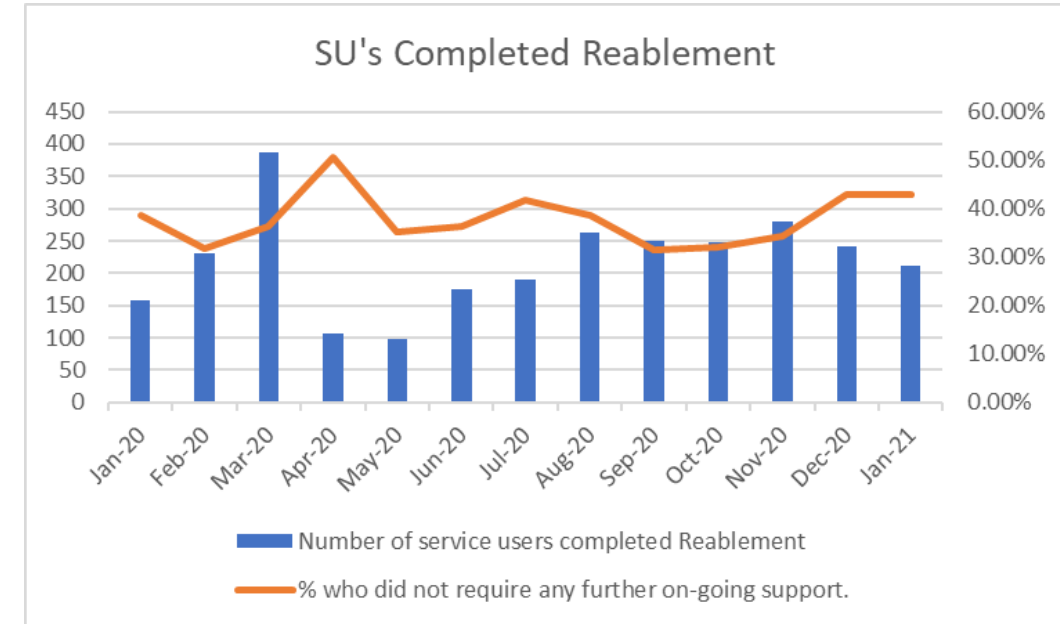
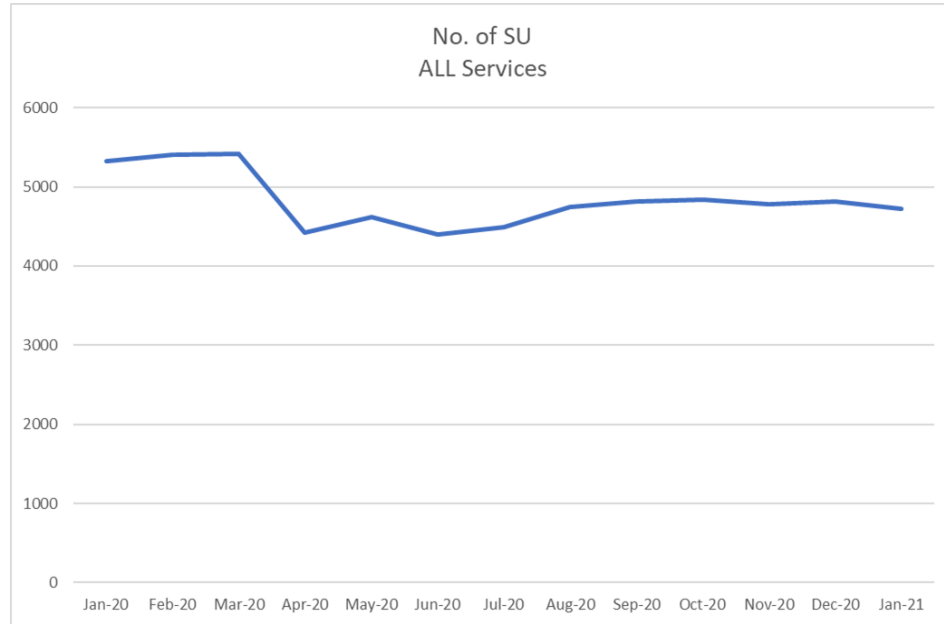
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HSCP Commissioning Support to: adults and older people care homes

- Commissioning has expanded the support available to 106 Care Homes across the wider sector, with a range of governance overseen by the Chief Nursing Officer, Care Inspectorate, Commissioning Officers, Commissioning Leads & Health Protection Scotland.
- Challenges and external scrutiny have led to a need to provide further accountability and assurances to the Scottish Government, Health Boards and Residents and their families.
- GCHSCP Commissioning have worked in partnership to deliver strategies by:
 - Creating daily huddles throughout pandemic for timely response and communication with partners. Now moving to tri-weekly meetings as we move to recovery.
 - Monitor and prioritise care homes at risk through RAG system (a wide range of indicators to prioritise & minimise risk)
 - Direct support given around guidance for Infection control, care and support.
 - Additional training & links through online webinars, toolkits and communication channels developed to support the sector and partners.
- Commissioning have responded to the pandemic by:
 - Supporting a wide range of datasets through the use of monitoring systems .
 - Weekly testing and assurance visits carried out to support our clinical colleagues.
 - Day to day contact to support services provided to our partners to assess risk and support.
 - Commissioning were responsible for Adult Support and Protection, monitoring and escalating issues within this process.
 - Commissioning risk assessed and investigated each outbreak through deep dives to inform learning and minimise risk.
- Commissioning have had a positive responses for their intuitive and dynamic response throughout the pandemic to date and have communicated and fed back through:
 - Webinars, Survey Monkey and Practice Development Nurses providing intervention on request and when instructed.

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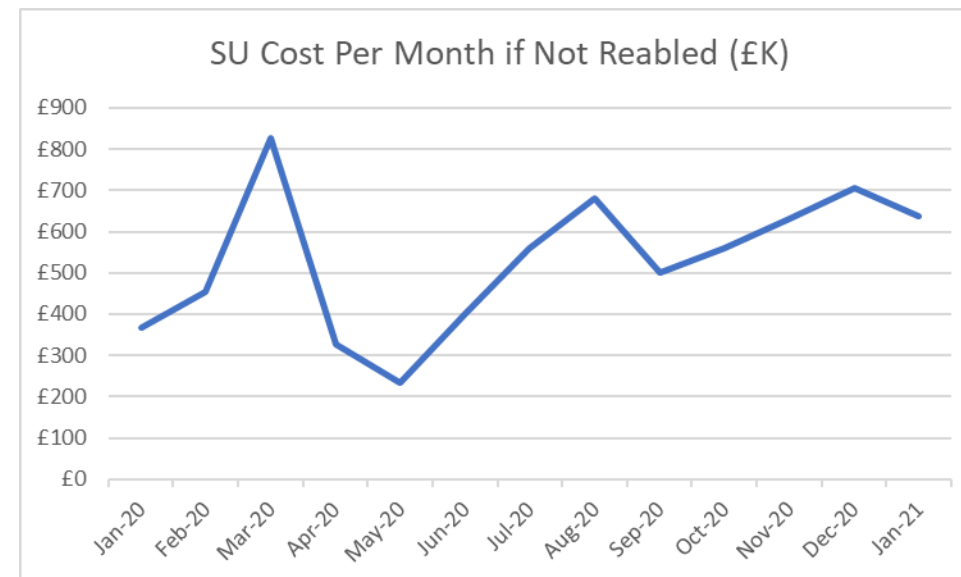
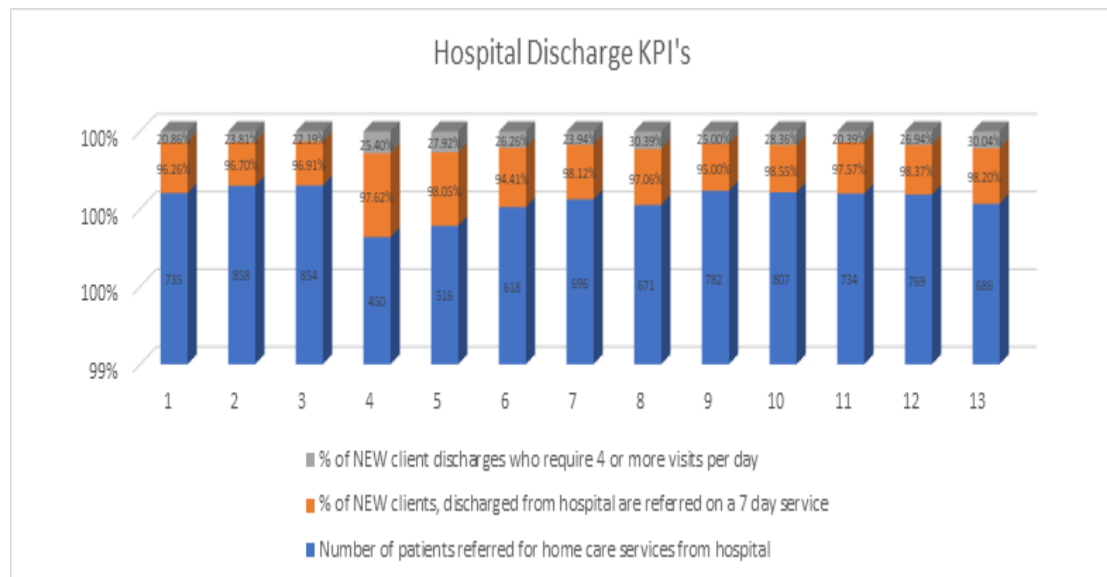
HSCP Care at Home



- **Care Services saw an immediate drop in the amount of direct care being delivered at the start of the Covid pandemic (March 2020); 5,418 down to 4,424 (19% decrease).**
- **The average number of Homecare visits per week dropped from 80,959 in March 2020 to 58,902.**
- **As of January 2021 Homecare is averaging 79,445 visits per week.**
- **59.8% of services are delivered out of hours, evenings and weekends.**
- **A total of 2,628 completed reablement within the last 12 months.**
- **In Jan 2020, 735 service users completed reablement and required ongoing support. As of Jan 2021, 686 completed and required ongoing support (7% improvement over previous year whilst operating in a pandemic).**

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Current Position February 2021



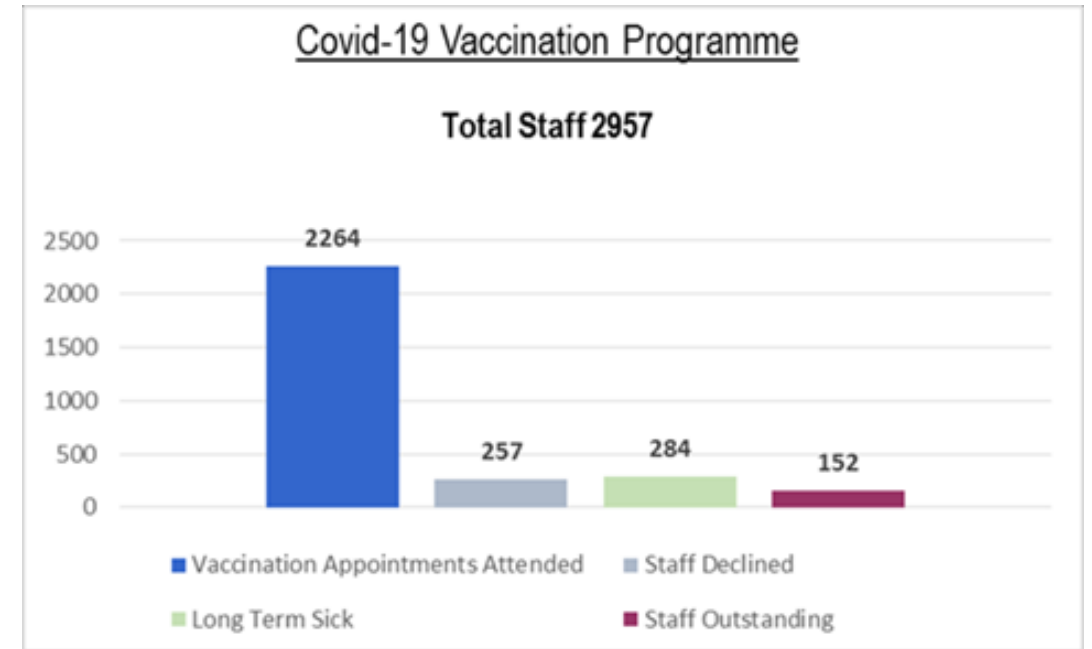
- 6,729 discharges from hospitals have been supported since the 01/04/2020 no delay order as at Feb 2021
- 4,663 service users are now receiving home care services
- Reablement services are fully operational to accommodate new referrals from hospitals and communities. All new service users are being fully assessed with care needs supported. Year to date breakdown below:

1	2064 Clients have fully completed or partially completed reablement services
2	1282 of these Clients (62%) did then transfer to mainstream services
3	782 of these clients (38%) did not then transfer to mainstream Home Care Services
4	If these 782 Clients had remained on mainstream Home Care Services the annual cost would have been £5.2m

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Covid 19 Vaccination Programme

- The vaccination programme has been successfully rolled out to staff across the partnership, with an extension to partner organisations. To date 76.5% of HSCP homecare staff have received their 1st Covid-19 vaccine.
- Vaccination Programme commenced 8th January 2021
- Support was put in place from HSCP for staff with online booking for appointments
- Communication were issued on a regular basis to ensure staff were kept up to date with information and progress
- 2nd dose of vaccinations are currently being rolled out. Staff are being contacted direct from the NHS to book.
- Staff now eligible for vaccine and new starts to the partnership are being contacted as of 1st March 2021 to arrange initial appointment via 'mop up' clinic.



Future Challenges & Opportunities

- Home Care anticipates an increase in service demands as the city moves to recovery. Moving into recovery relieving families of additional care and support responsibilities brought on by the pandemic.
- Discharge to Assess has commenced with discharge into the 5 HSCP care Homes. Supporting the flow from hospital for service users with complex care needs and undergoing Covid recovery.
- The Care Services have used learning from the Covid pandemic to review the Continuous Improvement Plan. Driving forward the advancements in technology and blended working, ensuring our staff have access to the resources and support they need.
- A continued focus on improving our performance & developing our unscheduled care improvement programme with other HSCPs
- An approach to recovery embedding & retaining benefits of developments introduced during the pandemic e.g.:
 - maximise opportunities from Attends Anywhere / Near Me consultations, use of Teams for MDTs etc.
 - reduced staff travel and improve capacity / efficiency through use of new ways of working & communicating – longer term opportunities.
 - support successful initiatives to manage people at home – introduction of Hospital at Home Model / Anticipatory Care Planning in Care Homes etc.
 - build on the support to care homes – clinical support, training, communication.

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