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### **Draft Minutes of NW Locality Engagement Forum Online Meeting held on 3 December 2020**

#### **Online Attendance**

Robert Smith                      Alan Gow                      Muriel Anderson                      Lilian Woolfries  
Gordon McInnes                      Alan McDonald (via phone)

#### **Online Apologies**

Nicky Neilson                      Winnie McPhail                      Sadie Gordon

**Note:** 10 of the NW LEF are not online

#### **In Attendance:**

Karen Lockhart, NW Head of Older People's Services,  
Tony Devine NE Locality Community Engagement Officer,  
May Simpson, NW Locality Community Engagement Officer

#### **Introductions and Welcome**

After introductions and welcome Karen gave a brief background on her role and remit.

#### **Older People's Service and Recovery Plans**

Karen advised LEF members that the majority of health and care services had continued throughout the Covid pandemic and restrictions – online, agile workers etc. Initially there was some reduction in staff levels experienced due to staff temporarily transferred to other teams, self-isolating or shielding. All health centre buildings, where both health and social care staff are located, remained open and exercising safe working processes. Many services restarted/implemented recovery plans (part telephone assessments, online support, one to one with PPE etc) in July/August before the start of the second wave of Covid/restrictions.

Karen advised that District Nursing staff have been heavily involved in the flu vaccination programme. HSCP staff and teams have been working closely with Hospital Discharge Teams, Homecare services and 3<sup>rd</sup> sector services to support and sustain patients leaving hospital. There is a great deal of fear and worry about Covid, especially in the early day but the 3<sup>rd</sup> sector such as Knightswood Connects have stepped up to the plate. Links with Pharmacy have also been developed over this period.

At this point it is unclear the impact of long Covid on HSCP services but likely to be increased pressure on community services.

There has been 488 referrals to Carers services, 560 care plans put in place and over 15,000 phone calls taken in relation to care and emotional support between April – Sept 2020. One of the early priorities was to get Carers access to PPE – provided by the Hub with positive

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feedback. There was also over 170 Self Directed Support (SDS) payments for the intermediate care programme processed.

### Questions, Discussions and Comments

**Question** - AG highlighted that the increased reliance on carers has had a knock on impact on carers health and wellbeing. Will this be seen a long term solution by HSCP planners to save money?

Answer: No. In the early days of Covid the HSCP aimed to reduce footfall (homecarers, support workers) into people's houses and this resulted in an increase reliance on carers. But it is recognised that carers are tired not just with Covid and the extra pressures. Homecarers are being offered overtime to relieve carers and the previous status quo will be put in place once the vaccination has been rolled out.

**Question:** Has the HSCP seen any savings through Covid?

Answer - most of HSCP expenditure is in staff costs and all HSCP staff were working throughout the Covid crisis – so no savings identified at this point. Some staff have been transferred to other services such as Track and Trace teams, Glasgow Helps – food distribution, wards etc. New teams have also been created as a response to the demands of Covid – the Assessment Centres, PPE etc – so there may be additional expenditure.

**Question:** LW Lilian highlighted workers fatigue – was there any plans to increase the workforce?

Answer - his has been raised as an issue as many staff have worked throughout the Covid period. HSCP Homecare (formerly Cordia) recruited staff in November as they lost a lot of their experienced staff after the GCC Equal Pay settlement. The HSCP recently recruited nearly 40 new social workers across the city into adult and older people's vacancies. There has also been recruitment into Phlebotomy and treatment room services and District Nursing teams.

RS highlighted that one of the reasons that Knightswood Connect is so successful was due to the good links with other organisations in the area but the project needs resources and back up. It also needs to be focused in one area - if you extend into other areas/neighbourhoods you will dilute its effectiveness. Muriel agreed that the Knightswood Connect project provided a really good service.

AMcD felt in terms SDS there was of too much disruption to care and reductions in packages of care without consultation with service users. The HSCP asked Care Providers in the early stages of Covid to look at packages of care to see if there were social care elements time that could be redirected to vulnerable individuals living alone and isolated in the community. Personal care elements were not changed but there was no consultation with the service users. Karen confirmed that services were re-directed to the most vulnerable households temporarily and confirmed that AMcD package of care back was back up to pre Covid levels. She advised if a service user has any concerns about the Care Providers they use they should contact the Commission Team.

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Karen advised one of the priorities was to discharge people from hospital as we don't want vulnerable people in hospital at this time. The Discharge from Hospital team is a new team comprising of 12 staff who – complete risk assessments, organise packages of care and rehab services, refer to intermediate care, provide wrap around support etc. The discharge pathway is different for everyone – individual care for everyone provided by this team. It would be useful to invite Jackie McGoldrick to a NW LEF meeting to tell members about the hospital discharge process.

**Question:** LW felt that there was too many cases of older people being discharged too early from hospital – and ending up back in hospital. Her cousin is affected by dementia and has been in and out of hospital 4 or 5 times over a very short period of time – sometimes between treatments/procedures and sometimes at the end of treatment. Very distressing so why can't the hospitals keep vulnerable patients in to ensure they are fit and able to go home or ready for next treatment/procedure.

Answer. It was agreed this type of movement will not help vulnerable patients' resilience. But pressure on hospital beds, which are at 85- 100% capacity, in response to the pandemic has taken precedence over everything. Medically fit patients will be discharged from hospital.

Question: AG asked if the links between social care services and hospitals are stronger? Are we moving nearer to a unified structure where families will also have an input?

Answer. There are clearer service pathways and co-ordination due to a multi-disciplinary approach. But both Acute services and HSCP service are large institutions with differing care responsibilities however the person/patient/service user is at the centre of both models of care.

Karen advised the HSCP is working well – much more integrated and multi-disciplinary teams - for example the older people's Neighbourhood model.

**Question:** GMcl asked about the Moving Forward Together agenda in particular Mental Health Services. Are services able to adapt post Covid and has Covid exposed the fragility of the NHS?

Answer: Over the last few years there has been a drive to optimise what resources we have and reduced duplication so there is not a lot 'of give' in the system. Staffing is our biggest resource – however filling vacancies pose challenges such as recruitment (ie 5 adverts for physiotherapist GGC but still vacancies), retention of staff and the aging profile of staff.

GMcl highlighted work the GG&C Mental Health Network is undertaking with Mental Welfare Commission around issues such as isolating and safeguarding patients to reduced Covid transmission 'bridges' versus liberty. The flexibility of Care Providers during Covid has been challenging as it is difficult for smaller Care Providers to respond a 4 hour discharge - only Glasgow Homecare is big enough and has the ability to respond and adjust services.

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NW LEF may need an update on the Mental Health strategy and how Covid has impacted on its progress. It was agreed that this pandemic would result in a lot of learning for the country and how we adapt to future public health emergencies.

### **Actions**

- May will contact Jackie McGoldrick if the LEF member wish an input on Hospital Discharge team and pathway.
- Karen will find out more information about the Knightswood Connect Project and services they provide
- May will contact Ronnie Sharp if the LEF members wish an input on progress with the Mental Health Strategy.

**Date of Next Online Meeting** – late January 2021 - date and time to be agree

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