

Policy and Sustainability Committee

10am, Tuesday 23 February 2021

COVID19 impact on Care Homes in Edinburgh

Executive/routine
Wards
Council Commitments

1. Recommendations

It is recommended that Policy and Sustainability Committee:

- 1.1 Note the contents of this report.

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COVID19 Impact on Care Homes in Edinburgh

2. Executive Summary

- 2.1 This report provides information on the impact of COVID19 on care homes in Edinburgh. This report has been developed in collaboration with NHS Lothian and Public Health Scotland (PHS).

3. Background

- 3.1 An addendum was submitted to Policy and Sustainability Committee on 25 June 2020 from Councillor Webber in relation to *6.1 – Adaptation and Renewal Programme Update* report asking for a report to come back to a future Policy and Sustainability Committee within two cycles covering the following areas:
- 3.1.1 An explanation for the disproportionately high number of Edinburgh Covid- 19 deaths that have occurred in care homes.
 - 3.1.2 Details of the number of care home Covid-19 deaths where the deceased had previously been in hospital.
 - 3.1.3 An explanation for the disproportionately high number of Edinburgh Covid- 19 deaths in relation to the number of non-Covid-19 deaths.
 - 3.1.4 Understanding why the number of Edinburgh care homes showing a suspected case of Covid-19 deaths continues to increase.
 - 3.1.5 The steps taken by the Partnership, or the Public Health Advisory Board, to address the issues brought out by a) and c) in relation to future outbreaks: and
 - 3.1.6 The issues raised with the Edinburgh IJB and NHS Lothian about minimising the impact of future outbreaks across Edinburgh.
- 3.2 The addendum was amended to specify the Chief Officer of the Edinburgh Health and Social Care Partnership provides a report to Committee at an appropriate time when information was available and would contain the information noted at 3.1.1 – 3.1.6. This report is in response to the motion and covers the key points raised within the addendum.

4. Main report

An explanation for the disproportionately high number of Edinburgh Covid-19 deaths that had occurred in care homes.

- 4.1 Public Health Scotland (PHS) undertook a review into outbreaks in care homes between March and May 2020 at the request of the Cabinet Secretary. This review was published at the end of October 20 and can be found ([here](#)). This review concluded, with statistical significance, that the home was more likely to have an outbreak if the home was large or run by local authority or NHS rather than a private concern. A higher risk of an outbreak following hospital discharge was identified in the report but not at a statistically significant level.
- 4.2 PHS analysis also considered the likelihood of an outbreak by Integration Joint Boards (IJBs). This element of the analysis was not published as clear interpretation was not felt to be possible. However, the hazard ratios for Lothian IJBs have been supplied by PHS within an anonymised set of results to assist with responding to the Committee's request.
- 4.3 The results showed that care homes in Edinburgh were at higher risk than some other areas of Scotland. Nine other areas (from the anonymised data set) were at the same level of risk of an outbreak as Edinburgh while homes in 21 authorities were statistically at lower risk.
- 4.4 This assessment will have taken account of other factors mentioned earlier, such as care home size, but offers no further insight into why Edinburgh is one of this group beyond speculation as to whether Lothian homes were more likely to be tested in this initial period in the pandemic due to higher test capacity than elsewhere, resulting in a higher likelihood of identification of a laboratory confirmed outbreak.

Details of the number of care home Covid-19 deaths where the deceased had previously been in hospital.

- 4.5 Analytical Services in NHS Lothian assessed discharges to care homes between 1st March and 31st May 2020 to identify discharges that may have initially introduced Covid-19 into the care home. The conclusions of this work are available in NHS Lothian's board papers (Paper 10 [here](#)).
- 4.6 The study analysed 787 discharges from Lothian hospitals over this period and identified 5 instances in Lothian homes where the discharge occurred at a critical point in the run-up to an outbreak. When clinical assessment of the likelihood of Covid-19 was considered, a number of these cases were set aside (statistical disclosure guidance prohibits the exact number of cases being identified).
- 4.7 Further virology examination after the report's completion has been also unable to establish whether those discharges introduced the virus to the homes. In the less than 5 cases remaining of discharges to Lothian homes, the need for isolation post-discharge is documented. Given the disclosure guidance it is not known if any of these Lothian homes are in Edinburgh.

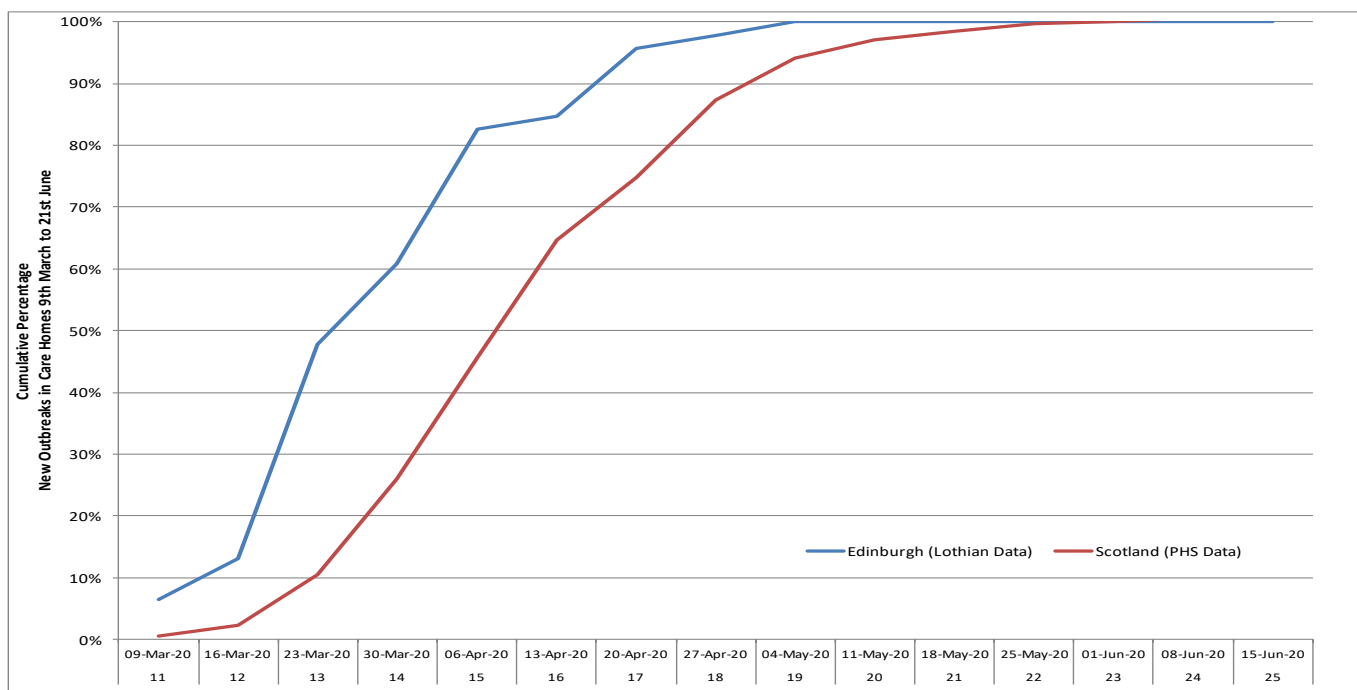
- 4.8 Separate analysis, undertaken in response to this request, identified that 32 of those who died in Edinburgh care homes of Covid-19 had been discharged from hospital between March and May 2020. All these discharges will have been considered in the published exercise above.

An explanation for the disproportionately high number of Edinburgh Covid-19 deaths in relation to the number of non-Covid-19 deaths.

- 4.9 Publication by National Records Scotland does highlight that Edinburgh has a higher proportion of deaths from Covid-19 in care homes as opposed to other causes against most other parts of Scotland.
- 4.10 However, an assessment of excess deaths in care homes suggests little difference between the direct and indirect consequences on mortality of Covid-19 between Edinburgh and Scotland.
- 4.11 Between March and October 2020, Scotland had 10547 deaths, 2129 more than the average for the previous five years. 2053 deaths were linked to Covid-19. Therefore, Covid-19 accounted for almost all excess deaths for Scotland. Edinburgh had 1011 deaths, 203 more than the five-year average. 253 were linked to COVID19. Consequently Covid-19 accounted for more than the excess deaths in Edinburgh.
- 4.12 The number of deaths occurring in care homes in Edinburgh between March and October was 25.1% higher than recorded on average between 2015 and 2019. This rate is similar to that observed for Scotland as a whole (25.3%).
- 4.13 This could suggest differences are due to different reporting practices and classification of the cause of death, on death certificates by practitioners across Scotland. Appendix 1 provides a range of other possibilities summarised by Beaney et al (2020), although not specifically for care homes.

Understanding why the number of Edinburgh care homes showing a suspected case of Covid-19 deaths continued to increase.

- 4.14 Between 17 May and 9 October 2020, according to Death Certificates held nationally there were 20 **suspected** Covid-19 care homes deaths in Scotland, none of which were in Edinburgh.
- 4.15 The study undertaken by PHS, referred to earlier, set out the number of care homes with a new laboratory confirmed outbreak by week between 9 March to 21 June (Figure 6, page 28). Comparing that distribution with an equivalent one for Edinburgh, constructed from local data, suggests that new outbreaks in Edinburgh's care homes **ceased increasing in early May** several weeks earlier than nationally, having initially run between one and two weeks in front of Scotland as whole.



The steps taken by the Partnership, or the Public Health Advisory Board, to address the issues brought out by a) and c) in relation to future outbreaks and the issues raised with the Edinburgh IJB and NHS Lothian about minimising the impact of future outbreaks across Edinburgh.

- 4.16 The Chief Officer early in the pandemic, set up an Edinburgh Care Home Oversight Group (ECHOG) that has representation across the external care home sector, the Chief Social Work Officer, contracts team, operational management including the specialist review team and from within the internal care home sector. The ECHOG meets three times per week, (it was meeting daily in the early days of the pandemic) to discuss any issues arising from Edinburgh care homes. Appendix 2 provides the care home oversight arrangements.
- 4.17 One of the main tasks the ECHOG undertake is to review the daily safety huddle submission to Scottish Government (rapid rundown) which will include staffing and testing arrangements for all care homes. This process would also highlight any issues and agree any actions to address those issues.
- 4.18 Where there are issues identified and require escalation, there is a mechanism to do so through the Care Homes Strategic Oversight Group, or via Multi-Agency Escalation Group chaired by the Executive Nurse Director with representation from the Chief Officer and the Chief Social Work Officer also sits on this group.
- 4.19 Also, alongside the ECHOG, a care home support team has been established to support care homes during the pandemic and have been working closely with all 65 care homes in Edinburgh, offering advice and support on issues such as the correct application of PPE, infection prevention / control and escalating any concerns to the ECHOG for resolution. The care home support team also continue to do assurance visits within all care homes, as part of the additional responsibilities placed on the Executive Nurse Director. Additionally, the care home

support team works closely with the specialist social care review team, and plays an active role in the multi-agency quality assurance oversight processes which have a key role in overseeing and responding to any quality of care issues raised including those relating to adult support and protection.

- 4.20 The Edinburgh Health and Social Care Partnership (the Partnership) has also undertaken significant engagement with external care home providers, including regular virtual engagement sessions with providers and weekly contact to provide support in relation a range of issues including testing, PPE, and guidance.

5. Next Steps

- 5.1 The Partnership will continue to work closely with all care homes (both internal and external) to support them through the pandemic, offering support and guidance where necessary.

6. Financial impact

- 6.1 There are no financial impacts arising from this report.

7. Stakeholder/Community Impact

- 7.1 There has been engagement with NHS Lothian and PHS to compile the data contained in this report.

8. Background reading/external references

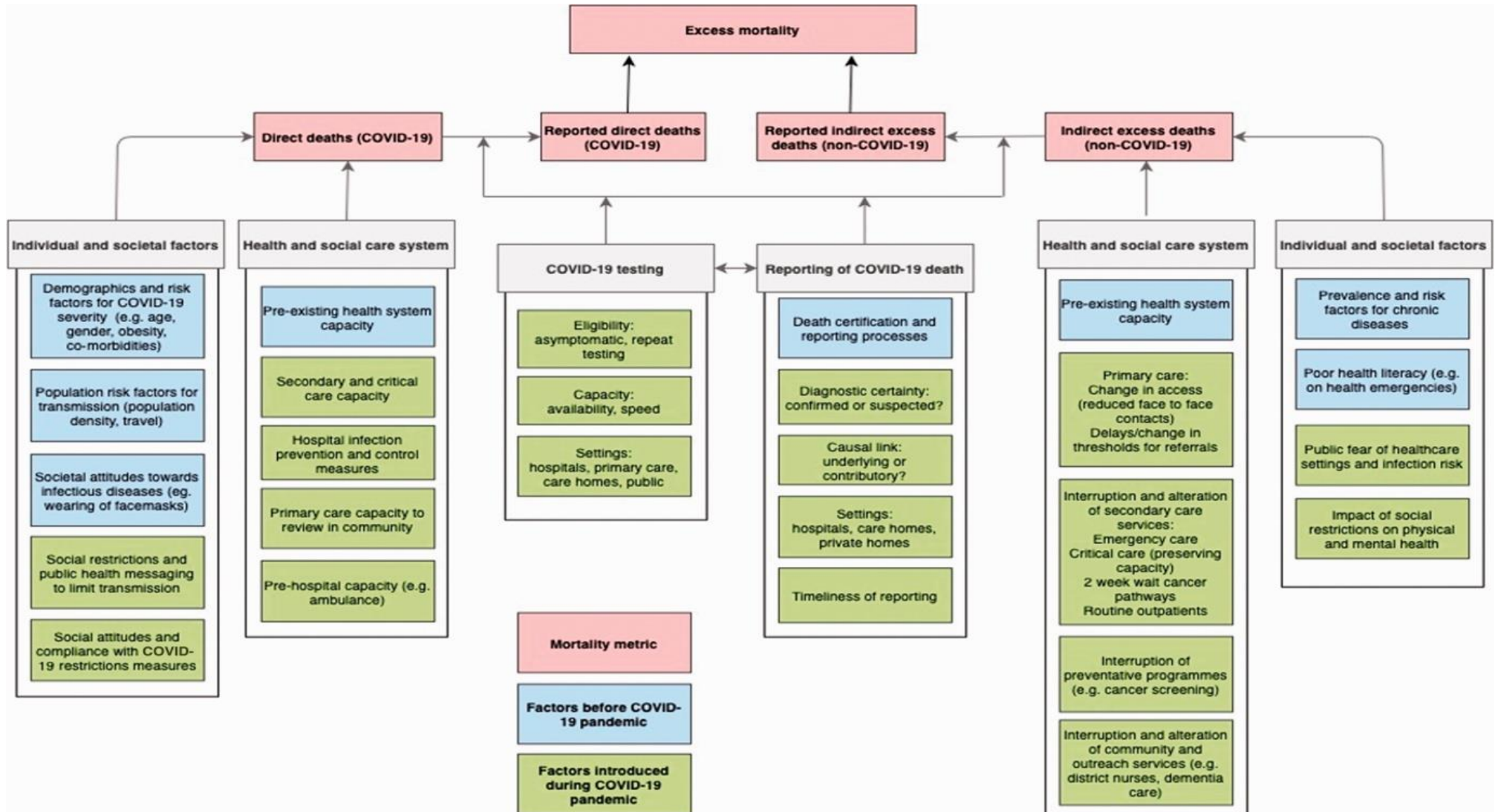
- 8.1 Not applicable.

9. Appendices

Appendix 1 - List of possibilities relating to excess mortality.

Appendix 2 - Care Home Oversight Arrangements

Appendix 1 - List of possibilities relating to excess mortality.



Appendix 2 - Care Home Oversight Arrangements

SBAR Coronavirus enhanced professional clinical and care oversight of care homes.

Situation
<p>15th May 2020 Scottish Government issued an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic.</p> <p>17th May 2020 Cabinet Secretary Letter setting out new and additional responsibilities for multi professional oversight of care homes from local authorities and Health Boards.</p> <p>18th May 2020 The role and responsibility the Health Board Executive Nurse Director is subject to a Cabinet Secretary Variation Order, effective from the 18 May to the 30 November 2020 with the Exec Nurse Director having accountability for the provision of nursing leadership, support and guidance within the care home and the care at home sector.</p> <p>20th May 2020 The Interim CMO has instructed Health Boards to encourage the involvement of geriatricians in supporting older people in care homes.</p>
Background
<p>The Scottish Government Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes guidance was originally published on 13/03/20 and had been updated on 26/03/20 before this update dated 15/05/20.</p> <p>The key changes in the most recent update include:</p> <ul style="list-style-type: none">• Strengthening advice around visiting & infection control• Updating testing arrangements for Care Homes• Workforce requirements, education and training• Support to the care home sector by partner agencies• Supporting staff Wellbeing <p>The Cabinet Secretary's letter, dated 17/05/20, in relation to the multi professional oversight includes a requirement for additional support to care homes from the Scottish Government, Local Authorities, Health Boards, and the regulatory and improvement bodies and details 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.</p>

There are responsibilities placed on:

- Executive Nurse Director
- Medical Director
- Director of Public Health
- Chief Social Worker Officers
- H&SCP Chief Officers

who must have a close relationship with the Care Inspectorate Relationship Manager and collectively must be established as a multidisciplinary team with the remit of providing clinical and care 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.

An amendment to the Coronavirus Bill, together with a Variation Order on the role of the Executive Nurse Director has allowed for a clear statement on the expectations of the above group to provide enhanced clinical and professional oversight of care homes during Covid-19. There is provision for the delegation of certain of these duties by the Executive Nurse Director and the Medical Director.

In addition to the NHS Board taking direct responsibility for care home staff testing, contact tracing and linked home testing the support and oversight role includes ensuring clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care.

The guidance also notes that joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns but also requires local reviews, either through in person visits or via a remote review (based on risk level).

The model adopted by NHS Forth Valley is provided as a model of good practice.

In summary the Executive Nurse Director is accountable for the provision of professional nursing leadership, support and guidance within care home and care at home services, supporting the Director of Public Health and supported by the Medical Director and others. Collectively the Health Board and Local Authority officers are responsible for

- Testing, outbreak management and ongoing surveillance.
- Workforce requirements and supply of mutual aid
- Infection prevention and control, including PPE and cleaning requirements.
- Education and training
- Supportive Review / Visits

Assessment

There is a good working relationship between the Health and Social Care Partnerships (H&SCP) and care homes within their locality with support frameworks already in place. 3 of the 4 H&SCP in Lothian had long established

Care Home Support Teams and the 4th offered a comprehensive in reach from the District Nursing Service.

In response to the Covid 19 pandemic NHS Lothian had established through the Nurse Director (Primary Care)

- a daily Care Home call across the Health and Social Care Partnerships on 07/05/20
- a weekly Tactical Level meeting, co-chaired by the Nurse Director (Primary Care) and a representative Chief Officer which first met on 12/05/20.

All 4 H&SCP are now delivering a 7 day per week Home Care Support service and in reach to Care Homes. Each H&SCP has its own local oversight arrangements for care homes in place as part of their incident management and resilience arrangements, feeding into both their respective Local Authorities and NHS Lothian, as well as the pan-Lothian arrangements set out above.

These arrangements offer a sound foundation for the governance structures required to support the Scottish Government requirements. A proposal for a governance structure to support the Health Board and Local Authority input as now required is included at appendix 1.

The accountability of the Executive Nurse Director will be delivered through a programme management approach to this governance arrangement. The proposed remit / membership of each of the groups is summarised in appendix 2.

- Programme Management Team
- Lothian Operational Huddle (daily 5/7)
- H&SCP Operational Huddle (daily 7/7)
- Strategic Oversight Group (weekly)
- NHS Lothian “Gold” Strategic Management Group / Local authority equivalent
- Multi-Agency Task Force (As Required – Escalation of unmitigated risk)
- H&SCP Clinical and Care Governance (As Scheduled – Governance)
- NHS Lothian Healthcare Governance (As Scheduled – Governance)

The programme of work will support a number of work streams with leads to be identified and clear remits to be developed, those underway are:

- Testing Tracing and Isolation
- Data Measures & Reporting / Excellence in Care national measures
- Clinical Education and Training
- Workforce Planning Nurse / HSCW Staffing Supply (see appendix 3)
- Supportive Framework (including a framework for the supportive review / visits)
- Joint Care Inspectorate / HIS inspections
- Care Home Staff Wellbeing
- Integrated Pharmacy
- GP engagement

- Scenario planning

Recommendations

The Strategic Management Group are recommended to

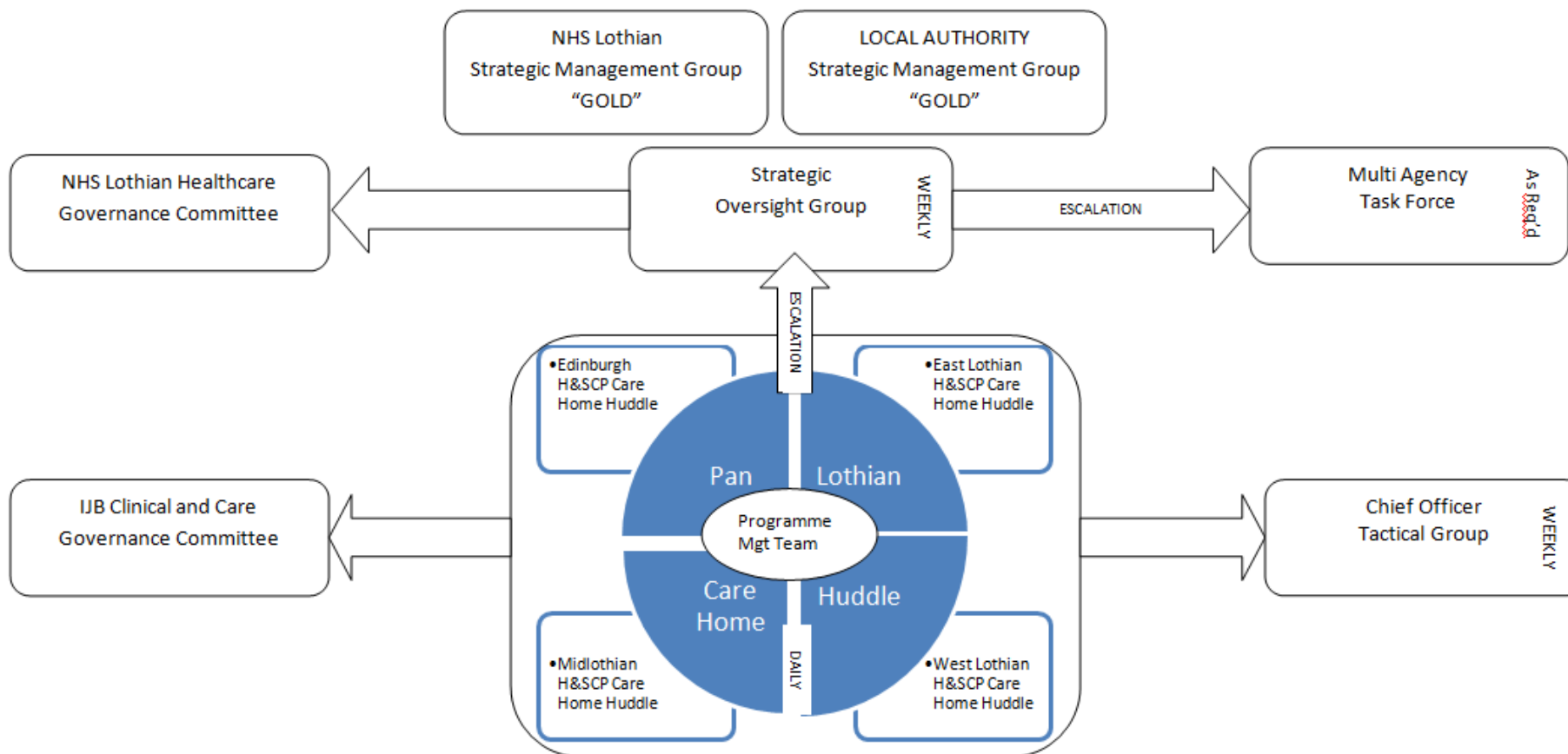
- Approve the proposed governance structure.
- Approve the remit and membership of the groups established to deliver the responsibilities placed on the Board.
- Support the development of a pan Lothian framework for supporting care homes to approach the requirements placed on the Board in a consistent manner across all 4 H&SCP
- Note and support workforce plans of staffing mutual aid.
- Note and support the development plans for a framework and tools for the supportive visits across Lothian.
- Note that the Executive Nurse Director has written to all Care Homes across Lothian – attached separately.
- Note that a mini scenario planning session has been arranged for Tuesday 26th May and will be led by the Army Liaison colleagues and key officers from the IJBs/Councils and NHS Lothian.

Professor Alex McMahon

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals

21 May 2020

Appendix 1 Care Home Support Governance Framework



Appendix 2 Summary of Groups Supporting Care Home Work Programme

Group	Frequency	Chair / Lead	Membership	Remit
Project Mgt Team	Daily / As Required	Programme Manager (S&V)	Programme Manager (S&V) Programme Manager (Corporate Nursing) Chief Nurse R&D	To retain an accurate record of decision making and materials developed across all workstreams and groups
Operational Pan Lothian Care Home Huddle	Daily 5/7	Nurse Director (Primary Care)	Chief Nurse (or rep) from each H&SCP Care Inspectorate Care Scotland (representing the care homes) Health Protection Team Covid Testing Team Infection Control Clinical Education Assoc Med Director (GP) PMgtT	Rapid Rundown using structured format & pre submitted data from each H&SCP Care Home Review of staffing levels and supply Review of PPE status Review of Findings from Supportive Visits Determination of Escalation to Oversight Group
Operational H&SCP Care Home Huddle	Daily 7/7	Chief Officer / Chief Nurse	Chief Officer Chief Nurse Care Home Team Lead Clinical Director	Review of status for all Care Homes in H&SCP Local Oversight and Support mechanisms Determination of Escalation to Oversight Group
Strategic Oversight Group	Weekly	Exec Nurse Director	Exec Nurse Director Nurse Director (Primary Care) Medical Director (or Delegate) Chief Social Worker x 4 Chief Officers x 4 Care Inspectorate Relationship Manager Scottish Care Rep Police Scotland Rep	Provide leadership, oversight and professional scrutiny in relation to - infection prevention control standards - agree a set of agreed metrics - deploying professional advice, education and training and staff support Seek assurance from Pan Lothian Operational Group & provide assurance to

				the Strategic Management Group, Governance Groups Convene H&SCP Task Force where risk remains
Multi-Agency Task Force	As Required	H&SCP Chief Officer	H&SCP Chief Officer Chief Social Work Officer Exec Nurse Director Medical Director Director of Public Health	A multi-agency Chief Officer led group which will be convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.
NHS Lothian SMG / GOLD	Twice Weekly	Chief Executive	Chief Executive Exec Nurse Director Medical Director Dir of Public Health Director of Finance HR Director	
NHS Lothian Healthcare Governance	As scheduled	Board Non-Executive	As per Board	Board governance Docking of Exec Nurse Director accountabilities
IJB Clinical and Care Governance	As scheduled	As per IJB	As per IJB	IJB governance Docking of Chief Nurse / Chief Officer accountabilities

Appendix 3

CARE HOME Proposal for Mutual Aid Staffing

