

Embedded and emerging good practice in health and social care

Aligned to the [Framework for Community Health and Social Care Integrated Services](#)

Health and Social Care Partnership: Perth and Kinross				
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Name of good practice: Local Care Home Oversight Group (LCOG)				
Select (x) all areas that apply to your good practice (select more than one if applicable)				
CLIENT GROUP	Children and young people		Older adults	x
	Younger adults			
SETTING	City		Remote & rural (incl islands)	x
	Corporate		Urban	x
SERVICE AREA	Addictions		Management team	
	Admission avoidance		Mental health	
	Community care services incl care at home/care homes	x	Physical disabilities	
	Day services		Physical health	
	Housing incl Homelessness		Primary care	
	Intermediate Care incl Hospital at Home		Rehabilitation	
	Justice services		Social care services	
	Learning disabilities		Supported discharge	
	Other – please specify			
ELEMENTS of FRAMEWORK	Anticipatory care planning		Live independently at home or in a homely setting	
	Assets based approach		Manage own care	
	Connect with communities		Reablement	
	First point of contact		Seamless working with acute	
	Enhanced care in care homes / supported accom	x	Short term targeted interv to meet more complex needs	
	Fully integrated community teams	x	Teams aligned with general practice	
	Other – please specify			
ENABLERS	Agile working		Information sharing	
	Aligned plans		Infrastructure	
	Clarity of vision		Management information	
	Clinical and care governance	x	Shared accountability	
	Collaborative leadership		Strong team ethos	x
	Culture and values	x	Technology	
	Fit for purpose premises		Well-developed lead professional roles	x
	Improvement capacity		Well-developed relationships	x
	Other – please specify			

Perth and Kinross HSCP

Local Care Home Oversight Group (LCOG)

SITUATION	<p>The COVID-19 pandemic has impacted all areas of our service delivery but the devastating consequences have been felt particularly by the care home sector, where many of the residents have multiple co-morbidities, frailty and additional care needs which increase their susceptibility to the COVID-19 virus and if they contract COVID-19 results in poorer outcomes.</p> <p>Across Perth and Kinross, we have 39 independent/voluntary care homes and two local authority care homes. Very quickly we needed to establish arrangements that would ensure we were aware of outbreaks immediately and that we were able to support the sector as effectively as possible, to ensure residents within care homes felt safe and that their families were well informed and able to cope with limited access to their loved ones.</p>
ACTIONS TAKEN	<p>We quickly established the Local Care Home Oversight Group, comprised of a broad range of partners including head of adult social work, service manager and team leader commissioned services, Scottish Care Integration Lead, Care Inspectorate, lead nurse, falls service manager, lead advanced nurse practitioner, health protection, adult support and protection lead, union representation and infection prevention and control nursing. Other invited parties have contributed as and when needed for example our learning and development colleagues.</p> <p>This integrated group has been and still is the central forum for coordination of all activity during this pandemic in relation to care homes, the function of the group has changed as the pandemic progressed but have met every week since April 2020 in some form or another, this has ranged from daily meeting to twice weekly meetings.</p> <p>We had existing close relationships with our care homes, and this has been invaluable to our work, knowing every care home and every manager and them trusting us to work with them for the best outcome.</p> <p>Having the range of individuals represented in the LCOG has meant we have been able to support our care homes with a wide range of activities, including:</p> <ul style="list-style-type: none">• Identifying any issues related to infection prevention and control, care quality, staffing requirements and testing.• Identify the most appropriate key worker who can support a care home to address any highlighted issues or concerns and support them to develop and implement solutions using an improvement methodology and improvement plan.• Play a pivotal role in mobilising multi-agency and multidisciplinary services to support care homes and receive insight intelligence from these services where they anticipate additional support is required.• Review and analysis of care home safety huddle data daily, a central point for gathering local intelligence therefore proactively identifying issues with robust escalation processes in place.• Advising where care homes can access expert advice, taking account of up to date data and the latest guidance available and clinical expertise e.g. consultant geriatricians, advanced nurse practitioners, district nursing, GPs and social work.• Provide regular exception reports to the chief officer, clinical director and chief social worker and locality managers and weekly RAG information to the Scottish Government.

	<ul style="list-style-type: none"> • Additional expenditure claims coordinated and processed . • Psychological and emotional wellbeing support including: <ul style="list-style-type: none"> ○ Individual home debriefing with learning and development staff ○ Managers support meetings ○ Fast track referral to clinical psychological support ○ Signposting to local and national support • Care assurance visits undertaken • Coordination of weekly virtual meetings • Worked in affected care homes as necessary (usually in response to staffing shortages)
<p>OUTCOME / IMPACT</p>	<p>The value and work of the different roles within Perth and Kinross Health and Social Care Partnership as a whole is better understood, but more so the value of what we can achieve when we work together is better understood.</p> <p>Our relationship with the care home sector is stronger than ever.</p> <p>The complexity of working in a care home and the specialist skills required to do so in now far better understood.</p> <p>There is a better understanding of differences between working in a clinical and a home/homely environment and the requirement for flexibility in approach.</p> <p>The pandemic has been an incredibly challenging time to work through, to always remember the person at the centre, their wellbeing, their rights and their dignity. But we believe that by establishing our group quickly, by changing practice and by adopting national guidance immediately, by working with our partners, by having existing strong relationships with the care home sector, by listening to the sector, by challenging one another and by using all available skills flexibly that we reduced the impact of the pandemic.</p> <p>Care homes are better able to cope with the impact of the pandemic and the workforce feel well supported and able to provide high quality care to their residents.</p> <p>The care home sector has reflected that they are now working more closely together, they are using each other's experiences to help one another, they are emotionally and psychologically supporting one another.</p> <p>We also have a better of understanding of improvements that are required within the sector and how we can help to make those improvements.</p> <p>We have created an Enhanced Care Home Team (with nurse, social work and social care staffing) who will use the learning of the last year to respond and work with the care homes to continuously improve practice, to reciprocally learn from one another and to ensure the value of this sector is not lost.</p> <p>Improved wellbeing of care home staff.</p>

MEASURES/
INDICATORS
OF SUCCESS

Individual Improvement plans when required after a care assurance visit have demonstrated gaps and work completed to improve issues.

Learning summary produced following our intervention, when one of our care homes experienced a challenging outbreak, this summary highlighted what went well, and what if anything we could improve.

TURAS data has helped us understand trends within the sector, under-occupancy for example is improving, faith in the sector is increasing again

Relationships with all parties has improved – external partners are using the group to inform their work for example IPC expertise from the group.

Our ability to reduce the frequency of our meetings is an indicator of success, we have clear assurance that our relationships, communication channels and data are informing our decision making and that the sector is well supported and coping.

Regular and sustained attendance at weekly Zoom meetings (25 managers generally in attendance).

Feedback received from the care home sector:

- Care assurance visit feedback – managers welcomed the visiting staff and were appreciative of the support given and the, 'all in it together approach.'

60 staff from 21 care homes attended our emotional wellbeing programme and fed back the following:

- Connection
 - *'It has been good to connect and realise that we all feel the same and that we are not alone in feeling this way.'*
- Understanding
 - *'It has helped me. It has given me words to my feelings.'*
- Importance of self-care and kindness
 - *'When we spoke about person centred care I realised that I always focus on the residents and their needs, but it made me realise the importance of thinking about myself and looking after myself.'*
- Team work
 - *'As a team we have grown together and learned better coping mechanisms.'*

These are my hands



This poem, inspired by Michael Rosen's 'These are the Hands' poem, was written by a group of Care Home staff who had come together through Project ECHO to reflect on the impact of the pandemic on staff wellbeing. The group were invited to consider their own hands and the 'journey' those hands have been on through the pandemic.

Even better if ...

(enablers to further the principles of integration and result in even better outcomes if ...)

We are keen to take the learning from the previous year, the integrated and enhanced approaches developed and use these to inform our future practice. We need to not forget, or return to how it was pre-Covid, the pandemic has and still is having a huge impact on services and the staff that work within them, but our ability to act quickly (reduce bureaucracy), to work out with our normal duties and to support one another, whilst understanding the skills each party brings will enable us to work in an integrated manner moving forwards.

Ongoing and close work with external partners such as the Scottish Care, Care Inspectorate and public health has been extremely useful and we would seek to continue these relationships. The Scottish Care Lead Officer arrangement is of huge benefit and ensures improved relationships and joint working methods.

Recognition of the skills required to work within social care is important, one example being the care home sector but the point is applicable across the social care workforce. The individuals we and our partners support are complex, and the workforce require a set of skills unique to the sector. Recruitment and retention remain highly challenging, a review of roles, skills required, qualification level and pay levels would potentially help make the sector more attractive and of course reward those undertaking what is a highly challenging role.

NATIONAL HEALTH AND WELLBEING OUTCOMES

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	x
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
5. Health and social care services contribute to reducing health inequalities.	
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7. People who use health and social care services are safe from harm.	x
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	x
9. Resources are used effectively and efficiently in the provision of health and social care services.	x

Health and Social Care Scotland's 5 Essential Elements ([click link to listen to statement of intent](#))

10. Transforming the approach to improving health, wellbeing and independence	
11. Building stronger community care systems and primary care services	
12. Establishing a new focus on mental health	
13. Securing a sustainable acute hospital service and specialist care service	
14. Strengthening future partnerships to ensure a modern sustainable workforce	x

Links to any published reviews/evaluations

Before submitting this example of good practice please ensure approval and sign-off by your head of service / chief officer.

Approved for online publication
(signature and position)

Gordon Paterson, Chief Officer

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