

ANNEX A

COVID-19 Module 6: Survey of Local Authorities with Adult Social Care Responsibilities in Scotland

Module 6 of the UK Covid-19 Inquiry concerns the impact of the pandemic on the publicly and privately funded adult social care sector in England, Scotland, Wales and Northern Ireland. This questionnaire seeks to obtain relevant views and evidence about your Authority's experience of the matters under investigation in Module 6.

This questionnaire has been issued to all Local Authorities in Scotland. Not all of the questions will apply to all Authorities. In particular, those Authorities who do not run or manage care homes are not expected to answer questions directly related thereto.

If you have any questions related to this questionnaire please contact **Name Redacted** at **Name Redacted**@cosla.gov.uk, please also copy in covidinquiries@cosla.gov.uk

If your authority directly provides adult social care services, please include your organisation when answering questions about 'providers'.

Local Authority activity

1. During the COVID-19 pandemic, did your Local Authority support people using adult social care in any way?

Please tick all that apply

Befriending/visits to combat loneliness
Supporting the 'no evictions' policy ☒ X
Organising and/or co-ordinating volunteers/community champions ☒ X
Finding solutions for street homelessness ☒ X
Welfare checks ☒ X
Enhanced support local residential and nursing care homes ☒ X
Other *Please write in :* *The following links leads the reader to the West Dunbartonshire HSCP Integration Scheme. An element of delivery was maintained in those Adult Services delegated to the HSCP albeit in a reduced fashion or delivered in a different way - Integration Scheme*
Housing teams made contact calls to tenants, initially focused on known vulnerable tenants but looking to touch base with all; staff had a checklist of things to speak to tenants about, food/shopping, prescriptions, gas/electricity etc and arranged for food parcels/ food bank to do deliveries if needed, topped up meters if needed.
In addition crisis support team established for all residents and provided practical support or signposted where specialist required
District did not support people using adult social care
Don't know

2. What, if any, thoughts do you have on how your Local Authority supported people using adult social care?

Please write in

The COVID-19 pandemic posed significant challenges for adult social care, and the Council and Health and Social Care Partnership (HSCP) had to adapt quickly to support vulnerable service users. Here are some key ways in which we continued to provide support:

1. **Increased Funding and Resources:** The Council and HSCP received additional funding to ensure we could continue to deliver services safely. This included purchasing personal protective equipment (PPE) and implementing infection control measures. In partnership, the Council and HSCP coordinated the receipt and distribution of PPE, not only to in house services but to the third sector, independent providers and to those who employed personal assistants.
2. **Remote Support and Digital Solutions:** To minimise physical contact, the Council and HSCP turned to digital solutions. This included virtual meetings both with staff and service users, online support groups, and telehealth services to maintain contact with those who required support. The Council deployed Zoom and MS Teams to support delivery of services.
3. **Community Support Initiatives:** Through the local resilience partnership, the Council and HSCP collaborated with the third sector to deliver food and other essentials to those who were shielding or unable to leave their homes.
4. **Mental Health Support:** Recognising the mental health impact of the pandemic, the Council and HSCP maintained remote mental health supports for employees and service users. While additional supports were put in place by Scottish Government for social care workers, there was no data provided on take up of these and the Council's own Occupational Health service was significantly oversubscribed during this period. This leads us to conclude that the local resources were being favoured over those nationally available.
5. **Flexible Care Plans:** Care plans were adapted to meet the changing needs of individuals, ensuring that support was tailored to their specific circumstances during the pandemic.
6. **Communication and Guidance:** The Council and HSCP provided regular updates and guidance to the workforce, care and other service providers, service users, and their families to keep them informed about safety measures and available support.

3. **During the COVID-19 pandemic, did your Local Authority change the structure or mechanisms by which decisions were made in relation to the adult social care sector at all?**

Please tick one box only

Yes ☒ X
No ☐

If yes

4. How did the structure or mechanisms of decision-making change?

Please write in

Yes, during the COVID-19 pandemic, we had to adapt our decision-making structures and mechanisms to respond effectively to the crisis in the adult social care sector. Here are some key changes:

1. **Care Act Easements:** Under the Coronavirus Act 2020, local authorities were given temporary powers to ease certain duties under the Care Act 2014. This allowed the HSCP to prioritise the most urgent and critical care needs where we were unable to meet all our statutory duties due to the pandemic
2. **Emergency Decision Making:** On the 25 March 2020 the Integration Joint Board, known locally as the HSCP Board, agreed a suite of temporary decision making arrangements. These can be found via the following link - [HSCP Board Temporary Decision Making Arrangements](#) The Senior Management Team (SMT) met frequently to coordinate efforts across health and social care services. The SMT and the Local Response Management Team (LRMT) were responsible for rapid decision-making and ensuring that resources were allocated where they were most needed. The Council's Strategic Resilience Group (SRG) was stood up in March 2020 and continued to meet regularly until April 2022. The SRG is made up of the Chief Executive, all Chief Officers and HSCP Heads of Service.
3. **Increased Collaboration:** There was a significant increase in collaboration between local authorities, the NHS, and other care providers. This included sharing data, resources, and best practices to manage the crisis more effectively. Again the Local Response Management Team (LRMT) and the structures in place to support Care Homes were positive forums where partnership working was enhanced.
4. **Digital Solutions:** To facilitate remote working and decision-making, the Council and HSCP adopted digital tools and platforms. This enabled virtual meetings, remote assessments, and quicker communication between different stakeholders.
5. **Regular Updates and Guidance:** The Council and HSCP provided frequent updates and guidance to care providers and the public. This included information on infection control measures, PPE usage, and changes in care delivery.

These changes were crucial in ensuring that adult social care services could continue to operate and support vulnerable individuals during the pandemic.

5. What were the reasons for that change?

Please write in

In broad terms the HSCP sought approval for the suspension of normal governance arrangements following government guidance that physical meetings

may not take place during the Covid-19 Pandemic. The Council also adopted revised governance arrangements.

The pandemic was unprecedented, and a route was required to facilitate decision making to meet immediate operational demands. As such alternative decision-making arrangements were enacted in that the HSCP Board delegated authority to the Chief Officer in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer.

6. Immediately before and during the pandemic did your Local Authority provide adult social care services directly to those in need?

Yes **X**
No

If yes

7. Please provide an overview of the adult social care services your Local Authority provided.

Please write in

A full overview can be found via the Integration Scheme - Integration Scheme

8. Before the pandemic, other than where adult social care services were provided directly, which, if any, of the following activities did your Local Authority undertake for care providers?

Please tick all that apply on each row

	Residential care and/or nursing homes	Domiciliary care	Other care settings <i>Please write in</i>
Purchase and distribution of personal protective equipment (PPE)	Yes	Yes	
Advice on infection prevention and control	Yes	Yes	
Other <i>Please write in</i>			
None of these			

9. How, if at all, did the activities your Local Authority undertook for the following types of care providers change during the pandemic?

Please tick all that apply on each row

	Residential care and/or nursing homes	Domiciliary care	Other care settings <i>Please write in _____</i>
Started to purchase and distribute PPE	<i>Yes via HSCP Hub</i>	<i>Yes via HSCP Hub</i>	<i>Unpaid carers</i>
Started to purchase and distribute COVID-19 testing kits	<i>Yes via HSCP Hub</i>	<i>Yes via HSCP Hub</i>	<i>Unpaid carers</i>
Started to purchase and distribute hand sanitiser/hand gel	<i>Yes via HSCP Hub</i>	<i>Yes via HSCP Hub</i>	<i>Unpaid carers</i>
Started COVID-19 vaccination programme for staff	<i>Yes in conjunction with NHSGGC</i>	<i>Yes</i>	
Started COVID-19 vaccination programme for people using social care	<i>Yes in conjunction with NHSGGC</i>	<i>Yes in conjunction with NHSGGC</i>	
Started providing infection control advice	<i>Yes via NHSGGC / HSCP</i>	<i>Yes via NHSGGC / HSCP</i>	
Started providing advice on visiting care homes	<i>Yes</i>	<i>Yes</i>	
Started providing advice and support on limiting movement between care homes	<i>Yes</i>	<i>Yes</i>	
Passed on central government funding to care providers who met conditions	<i>Yes</i>		
Supported recruitment and retention of care staff	<i>Yes – provision of mutual aid from NHSGGC</i>	<i>Yes</i>	<i>Passed on SG 'bonus' payment – created division between NHS/HSCP and other LG colleagues who were not eligible for the payment while continuing to deliver services</i>
Other <i>Please write in _____</i>			
We did not undertake any of these			

Preparedness and capacity in adult social care sector

10. How would you judge the following elements of the adult social care sector in your area in the year leading up to the COVID-19 pandemic?

Please tick one box on each row

	Very good	Fairly good	Not very good	Not good at all	Don't know
Preparedness of care sector for a pandemic			x		
Capacity of care sector			x		
Ability of care sector to increase capacity			x		
Resilience of the care sector			x		

If 'Capacity' or 'resilience' of care sector not very good/not good at all

11. For what reasons would you say the capacity and/or resilience of the care sector was not good?

Please tick all that apply

- Funding pressures x
- Workforce recruitment difficulties x
- Workforce retention difficulties x
- Rising demand for adult social care services x
- Too few providers in the area
- Pressure to take people discharged from hospital x
- Too few social care places in the area
- Insufficient mix of types of provision in the area
- Other please write in

12. How would you judge the following elements of the adult social care sector in your area in the years during the pandemic?

Please tick one box on each row

	Very good	Fairly good	Not very good	Not good at all	Don't know
Capacity of care sector			x		
Ability of care sector to increase capacity			x		
Resilience of the care sector				x	

If 'Capacity' or 'resilience' of care sector not very good/not good at all

13. For what reasons would you say the capacity and/or resilience of the care sector was not good during the pandemic?

Please tick all that apply

- Funding pressures ☒
- Increase in referrals due to illness of/restrictions on unpaid carers
- Other rising demand for adult social care services ☒
- Workforce recruitment difficulties ☒
- Workforce retention difficulties ☒
- Too few providers in the area
- Pressure to take people discharged from hospital ☒
- Too few social care places in the area
- Insufficient mix of types of provision in the area
- High levels of care staff sickness (physical) ☒
- High levels of care staff sickness (mental health/anxiety/burn out) ☒
- Need to isolate some people using adult social care ☒
- Need for extra infection control
- Other *please write in*

14. Do you have any comments about the preparedness, capacity and resilience of the social care sector in your area before and/or during the pandemic?

Please write in

The system was already under pressure for the aforementioned reasons. However, the additional funding provided during the pandemic afforded the opportunity to offer additional support to residential and nursing care homes – these relationships and activities have evolved and endured and one positive factor has been strengthened partnership working with care homes in the area to support care quality and continuous improvement in this respect. This applies to adult (mental health and learning disability) and older people's residential and nursing care homes.

Communication with people who use adult social care

This section is about your Local Authority's communication with the people who were using social care in your area before the pandemic, and their carers and families, and those who drew on it as a result of the pandemic.

15. When, if at all, did your Local Authority communicate about adult social care during the pandemic?

Please tick one box in each column

	To people using social care and their carers/families	To the general public (to reach anyone receiving private care or who might have needed care during, or as a result of, the pandemic)

During lockdowns		
During the periods between lockdowns		
Both during lockdowns and the periods in between	X	X
Never		
Other <i>Please specify</i>		

16. Which groups, if any, did you target with your communications about adult social care support?

Please tick all that apply

- People already using social care **X**
 Carers/families of people already using social care **X**
 General public (general messaging) **X**
 General public (to reach people who might have needed support due to the pandemic) **X**
 People waiting for adult social care
 People waiting for a review of their assessment or care plan
 Other *Please specify*
 None of these groups

Which methods, if any, did you use for communicating about adult social care during the pandemic?

Please tick all that apply

	To reach people using social care and their carers/families	To the general public (to reach anyone receiving private care or who might have needed care during, or as a result of, the pandemic)
Council website	X	X
Direct letter/email	X	X
Telephone call	X	X
In person visit by council officer or voluntary/community organisation	X	X
Council's regular printed magazine/publication	N/A – do not have one	N/A – do not have one
Other printed information provided by the council (e.g. leaflets, flyers and public notices)		
Council text, email and e-newsletter	X	
Council social media (e.g. Facebook, X/Twitter, blogs)	X	X
Briefing councillors to share information	X	X
Council noticeboards in council buildings		
Local media (e.g.		

newspapers, TV, radio, news websites)		
Public meetings and events (including tenants/residents associations/faith groups meetings)	Were not taking place	Were not taking place
Placing information in local newspapers/magazines		
Local TV and radio		
Placing information on local news websites or online forums		
Other method <i>Please specify</i>	Posters in care homes	
None of these		
Don't know		

Did your Local Authority undertake any communication jointly with local care providers?

Please tick one box only

Yes **x**
No
Not Applicable

17. Was there any communication your Local Authority undertook which you felt worked particularly well or you felt was innovative/notable?

Please tick one box only

Yes **X**
No

If yes

18. Please describe the communication work your Local Authority undertook for people using social care and/or their carers/families, and why you feel it worked well or is notable?

Please write in

The communication with local care homes in particular, was enhanced by the establishment of HSCP oversight group. This fed back to Council resilience groups.

19. More specifically, in relation to 'Do not attempt cardiopulmonary resuscitation' forms (DNACPRs), was the information your Local Authority received from the UK central government and Scottish Government, good or not?

Please tick one box only which best describes the how good or not the guidance was

Very good – very good information that was clear, succinct, consistent and timely

Fairly good – reasonable information that was fairly clear and consistent, and reasonably timely

Not very good – poor information, with a number of elements missing or unclear/inconsistent, and/or not very timely **X**

Not good at all – very poor information, much of which was unclear, inconsistent and/or missing elements; and not at all timely

Don't know

Not applicable, Local Authority does not provide direct adult social care

If not 'Don't know' or 'Not applicable'

20. How easy or difficult was it to apply the information?

Please tick one box only

Very easy

Fairly easy

Neither easy nor difficult

Fairly difficult **X**

Very difficult

Don't know

Staffing in the social care sector

21. During the pandemic, which, if any, of the following workforce issues were experienced by the adult social care sector in your local authority area in relation to care workers and auxiliary staff (for example, cleaners or kitchen staff)?

A. For care workers in residential care and/or nursing homes...

Please tick one box in each row

	Yes	No	Don't know
Increased number of vacancies		x	
Difficulty recruiting new staff		x	
Difficulty retaining existing staff		x	
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	x		
Increased financial hardship (during periods of illness/self-isolation)	x		
Other <i>Please write in</i>			

B. For auxiliary workers (for example, cleaning staff and kitchen staff) in residential care and/or nursing homes...

Please tick one box in each row

	Yes	No	Don't know
Increased number of vacancies	x		
Difficulty recruiting new staff	x		
Difficulty retaining existing staff	x		
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	x		
Increased financial hardship (during periods of illness/self-isolation)	x		
Other <i>Please write in</i>			

C. For domiciliary care workers...

Please tick one box in each row

	Yes	No	Don't know
Increased number of vacancies	x		
Difficulty recruiting new staff	x		
Difficulty retaining existing staff	x		
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	x		
Increased financial hardship (during periods of illness/self-isolation)	x		
Other <i>Please write in</i>			

22. What, if anything, did your Local Authority do to try and address these workforce issues?

Please tick all that apply

Campaign to encourage people who have retired or left the sector to 'return to work'
 Sourcing agency or locum staff **X**
 Flexibly using temporary registrations
 Helped with limiting movement of staff between settings **X**
 Helped staff access vaccinations **X**
 Provision of mutual aid – staff from NHS into care homes
 Other *Issued communications to all Council email users seeking employee volunteers from non essential services to work in social care.*
 None of the above

If tick any, then list and ask

23. To what extent, if at all, did this address some of the workforce issues?

Please tick one box on each row

	Very successful	Fairly successful	Not very successful	Not at all successful	Don't know
Campaign to encourage people who have retired or left the sector to 'return to work'					NA
Sourcing agency or locum staff		x			
Flexibly using temporary registrations					NA
Other <i>Please write in</i>			X limited success small number of volunteers		

Understanding of the local situation for adult social care

24. How, if at all, did your Local Authority maintain information in terms of data on number of available beds, vaccination rates of staff and residents and test results for adult social care settings without the area of your local authority?

Please tick all that apply

Data from Public Health Scotland / Health Protection Scotland **X**
 Data from the Capacity Tracker national collection
 Data collected regularly from care providers by the council **X**
 Other The HSCP collated data re bed / tests results / vaccinations across care homes. **X**
 TURAS _ Care Home reporting system
 None of the above
 Don't know

25. What comments, if any, do you have about access to data during the pandemic?

Please write in

Initially data was collated manually by the Adult Nursing Service, but moved to NHS / PHS systems as these were developed. This included: testing and test results, vaccinations, bed availability across local and external homes.

Care Homes found the volume of reporting burdensome at a time when capacity to deliver care was already under pressure.

Wider data was requested by Scottish Government in relation to shielding which, again, was resource intensive at a time of significant demand for local government and HSCP support.

PPE, hand sanitiser and COVID-19 tests

26. Overall, in the first six months of the pandemic, how easy or difficult were care providers within your local authority area finding it to access PPE?

Please tick one box only

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult **X**
- Very difficult
- Don't know

27. Overall, in the first six months of the pandemic, how easy or difficult were unpaid carers within your local authority area finding it to access PPE?

Please tick one box only

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult **X**
- Very difficult
- Don't know

28. Which, if any, of the following did your Local Authority or care providers within your local authority area experience with orders of PPE in the first six months?

Please tick one box in each column

	Poor quality PPE	Erratic deliveries of PPE	Orders of PPE diverted to NHS	Other <i>Please write in</i>
Very often				
Fairly often		x	x	
Not very often				

Not often at all or never	x		
Don't know			

29. Did your Local Authority help local care providers (other than Local Authority run services) to access PPE during the pandemic, or not?

Please tick one box only

Yes **X**

No

Don't know

NA- local care providers sourced their own.

If yes

30. What support did you give to help local care providers (other than Local Authority run services) access PPE?

Please tick all that apply

Bulk purchase of PPE from abroad

Linking care providers to local manufacturers **X**

Sourcing PPE from universities/hospitals/other councils

Bulk purchase of PPE from the UK **X**

Council officers personally collecting supplies from other areas of the country

Other *Please write in*

None of the above

31. Overall, in the first six months of the pandemic, how easy or difficult were care providers within your local authority area finding it to access hand sanitiser/gel?

Please tick one box only

Very easy

Fairly easy

Neither easy nor difficult

Fairly difficult **X (quality was often poor, i.e., too runny / bottles too large)**

Very difficult

Don't know

32. Overall, in the first six months of the pandemic, how easy or difficult were unpaid carers within your local authority area finding it to access hand sanitiser/gel?

Please tick one box only

Very easy

Fairly easy **X**

Neither easy nor difficult

Fairly difficult

Very difficult

Don't know

33. Which, if any, of the following did your Local Authority care providers within your local authority area experience with orders of hand sanitiser/gel in the first six

months?

Please tick one box in each column

	Poor quality hand sanitiser/gel	Erratic deliveries of hand sanitiser/gel	Orders of hand sanitiser/gel diverted to NHS	Other <i>Please write in</i>
Very often				
Fairly often	x			
Not very often				
Not often at all or never		x	x	
Don't know				

34. Did your Local Authority help local care providers (other than Local Authority run services) to access hand sanitiser/gel during the pandemic, or not?

Please tick one box only

- Yes
 No **X**
 Don't know
 NA- local providers sourced their own supplies

If yes

35. What support did you give to help local care providers (other than Local Authority run services) access hand sanitiser/gel?

Please tick all that apply

- Bulk purchase of hand sanitiser/gel from abroad
 Linking care providers to local manufacturers
 Sourcing hand sanitizer/gel from universities/hospitals/other councils
 Bulk purchase of hand sanitiser/gel from the UK
 Council officers personally collecting supplies from other areas of the country
 Other *Please write in*
 None of the above **X**

36. Overall, in the first six months of the pandemic, how easy or difficult were care providers within your local authority area finding it to access COVID-19 tests?

Please tick one box only

- Very easy
 Fairly easy **X**
 Neither easy nor difficult
 Fairly difficult
 Very difficult
 Don't know

37. Overall, in the first six months of the pandemic, how easy or difficult were unpaid carers within your local authority area finding it to access COVID-19 tests?

Please tick one box only

Very easy
 Fairly easy
 Neither easy nor difficult
 Fairly difficult
 Very difficult
 Don't know **X** – anecdotal evidence of people having to travel excessive distances to be tested.

38. Which, if any, of the following did your Local Authority or care providers within your local authority area experience with orders of COVID-19 tests in the first six months?

Please tick one box in each column

	Erratic deliveries of COVID-19 tests	Orders of COVID-19 tests diverted to NHS	Other <i>Please write in</i>
Very often			
Fairly often			
Not very often			
Not often at all or never	x	x	
Don't know			

If yes

39. What support did you give to help local care providers (other than Local Authority run services) to access COVID-19 tests?

Please tick all that apply

Bulk purchase of COVID-19 tests from abroad
 Bulk purchase of COVID-19 tests from the UK
 Sourcing hand COVID-19 tests from hospitals/other councils
 Council officers personally collecting supplies from other areas of the country
 Other *Please write in*
 None of the above **X**

40. To what extent, if at all, did delays to receiving test results make it harder to control outbreaks?

Please tick one box only

To a great extent
 To a moderate extent
 To a small extent
 Not at all
 There were no delays **X**
 Don't know

Restrictions on care home visits

41. Was the guidance received from the Scottish Government, about restrictions on

home care visits, good or not?

Please tick one box only which best describes the how good or not the guidance was

Very good – very good guidance that was clear, succinct, consistent and timely

Fairly good – reasonable guidance that was fairly clear and consistent, and reasonably timely -

Not very good – poor guidance, with a number of elements missing or unclear/inconsistent, and/or not very timely - **X**

Not good at all – very poor guidance, much of which was unclear, inconsistent/changeable and/or missing elements; and not at all timely

Don't know.

42. Did your Local Authority provide any support (either to the families/friends of care home residents, to the people in residential care and/or nursing homes themselves, or to the care providers) or not, in order to mitigate the impact of the restrictions on visiting care homes?

Please tick one box only

Yes **X**

No

Don't know

If yes

43. Please explain how your Local Authority tried to mitigate the impact of the restrictions on visiting residential care and/or nursing homes, if at all.

Please write in

The Local Authority care homes moved quickly to using digital solutions to support communication with loved ones and used social media platforms to update relatives.

Effect of COVID-19 restrictions on healthcare

44. To what extent, if at all, were visits by healthcare professionals (for example, district nurses, GPs, ambulatory care) limited in residential care and/or nursing homes within your local authority area generally, over the period of the pandemic (March 2020 to June 2022)?

Please tick one box only

To a great extent

To a moderate extent

To a small extent NOTE: All clinically indicated visits were maintained, but digital solutions were also used if appropriate to reduce footfall in care homes to protect the residents. **X**

Not at all:

Don't know

If to a great or moderate extent

45. To the best of your knowledge, what was the effect, if any at all, of these limitations?

Please tick all that apply

- Residents not receiving medical treatment ☒
- Longer waits for residents to receive medical treatment ☒
- Necessary transfers to hospital not undertaken
- Unnecessary transfers to hospital undertaken
- Other *please write in*
- Don't know

46. To what extent, if at all, were visits by healthcare professionals (for example, district nurses, GPs, ambulatory care) limited in residential care and/or nursing homes within your local authority area during an outbreak of COVID-19?

Please tick one box only

- To a great extent
- To a moderate extent
- To a small extent: all clinically indicated visits were maintained, ☒
- Not at all
- Don't know

If to a great or moderate extent

47. What was the effect of these limitations?

Please tick all that apply

- Residents not receiving medical treatment
- Longer waits for residents to receive medical treatment
- Necessary transfers to hospital not undertaken
- Unnecessary transfers to hospital undertaken
- Other *please write in*
- Don't know

48. Do you have any comments about the impact of the pandemic on the visits of healthcare professionals to residential care and/or nursing homes in your local authority area?

Please write in

Visits to care homes were co-ordinated to minimise the number of people attending.

49. To what extent, if at all, were visits by healthcare professionals (for example, district nurses, GPs, ambulatory care) limited for people receiving domiciliary care within your local authority area generally over the period of the pandemic (March 2020 to June 2022)?

Please tick one box only

To a great extent
To a moderate extent
To a small extent: GP's increased the use of phone consultations if people were housebound, this reduced the number of housecalls, unless clinically indicated in which case they were visited. District Nurses maintained visits to deliver care as per care planning. X
Not at all
Don't know

If to a great or moderate extent

50. What was the effect of these limitations?

Please tick all that apply

People not receiving medical treatment X
Longer waits for people to receive medical treatment X
Necessary transfer to hospital not undertaken
Unnecessary transfers to hospital undertaken
Other *please write in*
Don't know

51. To what extent, if at all, were visits by healthcare professionals (for example, district nurses, GPs, ambulatory care) limited for people receiving domiciliary care within your local authority area during an outbreak of COVID-19 in their home?

Please tick one box only

To a great extent
To a moderate extent
To a small extent GP's increased the use of phone consultations if people were housebound, this reduced the number of housecalls, unless clinically indicated in which case they were visited. District Nurses maintained visits to deliver care as per care planning. X

Not at all
Don't know

If to a great or moderate extent

52. What was the effect of these limitations?

Please tick all that apply

People not receiving medical treatment X
Longer waits for people to receive medical treatment X
Necessary transfers to hospital not undertaken
Unnecessary transfers to hospital undertaken
Other *please write in*
Don't know

53. Do you have any comments about the impact of the pandemic on the visits of healthcare professionals to people receiving domiciliary care within your local authority area?

Please write in

The COVID-19 pandemic impacted the visits of healthcare professionals to people receiving domiciliary care. The extent of this impact has yet to reveal itself however, key points for consideration include:

1. **Reduction in Visits:** There was a decrease in in-person visits due to lockdowns and social distancing measures.
2. **Shift to Telemedicine:** To compensate for the reduction in physical visits, there was an increase in the use of telemedicine. This shift helped maintain some level of care, although it wasn't always a perfect substitute for in-person visits.
3. **Challenges in Care Delivery:** Healthcare professionals faced significant challenges, including the need to balance infection control with providing compassionate care. This often led to increased pressure and a need for better support systems.
4. **Impact on Patients:** Some patients missed out on essential care, which may have had long-term health implications. The reduction in visits particularly affected those with less severe illnesses, who might have avoided seeking care due to fear of infection.
5. **Adaptations and Innovations:** The pandemic also sped up innovation in care delivery, such as the use of telehealth and remote monitoring technologies, which will continue to benefit domiciliary care in the future.

Infection prevention and control

54. In general, to what extent were residential care and/or nursing homes within your local authority area able to isolate residents who tested positive for, or were judged likely to have, COVID-19?

Please tick one box only

- To a great extent ☒ X
- To a moderate extent ☐
- To a small extent ☐
- Not at all ☐
- Don't know ☐

55. To what extent did your care providers within your local authority area have the number of staff with relevant skills which they needed to prevent outbreaks and control the spread of them?

Please tick one box only

- To a great extent ☐
- To a moderate extent ☒ X
- To a small extent ☐
- Not at all ☐
- Not applicable ☐

Don't know

56. To what extent did care providers within your local authority area have the equipment (for example, PPE, sanitizer, testing kits) which they needed to prevent outbreaks and control the spread of them?

Please tick one box only

- To a great extent ☒ X
- To a moderate extent
- To a small extent
- Not at all
- Not applicable
- Don't know

57. Overall, in your opinion, how well did the national infection prevention and control policies worked in general.

Please tick one box only

- Very well (once implemented but staff required a lot of training and reinforcement of guidance – guidance also changed frequently) ☒ X
- Fairly well
- Not very well
- Not well at all
- Don't know

For all responses except 'Don't know'

58. Why do you say that?

Please write in

Infection Prevention and Control measures were quickly initiated across care homes, and as PPE guidance amended (use of face masks) the homes quickly responded. There were initial issues with sourcing masks, but once nationally available these were used across the care homes. Adult Community Nursing supported care homes in ensuring IPC compliance.

The guidance changed frequently which was challenging.

Impact of transferring people from hospital to care

This section focuses specifically on people who use adult social care who were sent home from hospital during the pandemic.

59. As far as you are aware, did any consultation take place between the Health Boards and Local Authority (either with the Director of Adult Social Services or Director of Public Health), about the discharge policy for moving people between hospitals and residential care and/or nursing homes?

Please tick one box only

Yes
No
Don't know X

- 60. To what extent were appropriate infection prevention/control measures in place for moving people between hospitals and residential care and/or nursing homes (for example, the completion of individual risk assessments for each care/nursing home, appropriate mitigations agreed for care homes, and regularly reviewing and updating processes as the pandemic evolved)?**

Please tick one box only

To a great extent
To a moderate extent
To a small extent in the initial stages of the pandemic, This became much more robust as knowledge and guidance strengthened during the pandemic. X
Not at all
Don't know

- 61. In your experience, did the NHS discharge people from acute hospitals into residential care and/or nursing homes within your local authority area without testing them routinely first?**

Please tick one box only

Yes In the initial stages of the pandemic. Once PHS defined the pre discharge testing procedures this stopped. X
No
Don't know

- 62. As far as you are aware, was there any time when residential care and/or nursing homes in your local authority area were unaware of the patients' COVID-19 status on receiving them from hospital?**

Please tick one box only

Yes In the initial stages of the pandemic. Once PHS defined the pre discharge testing procedures this stopped. X
No
Don't know

- 63. In general, to what extent were residential care and/or nursing homes within your local authority area able to isolate residents returning from hospital?**

Please tick one box only

To a great extent (but this was challenging for residents with dementia who walk with purpose) X
To a moderate extent
To a small extent
Not at all
Not applicable
Don't know

- 64. How would you assess the guidance your Local Authority received from the Scottish Government about how to deal with people who use adult social care**

returning from hospital?

Please tick one box only which best describes the how good or not the guidance was

Very good – very good guidance that was clear, succinct, consistent and timely

Fairly good – reasonable guidance that was fairly clear and consistent, and reasonably timely

Not very good – poor guidance, with a number of elements missing or unclear/inconsistent, and/or not very timely: initially poor guidance, however once established, the information provided was robust, if complex and changed regularly.
X

Not good at all – very poor guidance, much of which was unclear, inconsistent and/or missing elements; and not at all timely

Not applicable

Don't know

65. In general, did the residential care and/or nursing homes in your local authority area have adequate PPE and COVID-19 tests to deal with isolating residents who had returned from hospital, or not?

Please tick one box in each column

NOTE: this was once the guidance for testing and isolating was clear and kits were available nationally.

	PPE	COVID-19 tests
Fully adequate	x	x
Fairly adequate		
Not very adequate		
Not adequate at all		
Don't know		
Not applicable		

66. In general, did the domiciliary care providers in your local authority area have adequate PPE and COVID-19 tests to deal with isolating residents who had returned from hospital, or not? - a per extant guidance

Please tick one box in each column

	PPE	COVID-19 tests
Fully adequate	x	x
Fairly adequate		
Not very adequate		
Not adequate at all		
Don't know		
Not applicable		

67. In general, did the unpaid carers in your local authority area have adequate PPE and COVID-19 tests to deal with isolating residents who had returned from

hospital, or not?*Please tick one box in each column*

	PPE	COVID-19 tests
Fully adequate	x	x
Fairly adequate		
Not very adequate		
Not adequate at all		
Don't know		
Not applicable		

Guidance and funding**68. In your opinion, was the guidance your Local Authority received from the Scottish Government about shielding vulnerable people, good or not?***Please tick one box only which best describes the how good or not the guidance was*

Very good – very good guidance that was clear, succinct, consistent and timely

Fairly good – reasonable guidance that was fairly clear and consistent, and reasonably timely

Not very good – poor guidance, with a number of elements missing or unclear/inconsistent, and/or not very timely. **X**

Not good at all – very poor guidance, much of which was unclear, inconsistent and/or missing elements; and not at all timely

Don't know

69. How easy or difficult was it to apply the guidance?*Please tick one box only*

Very easy

Fairly easy

Neither easy nor difficult

Fairly difficult **X** Neither the Council nor HSCP have formally evaluated this aspect however, the frequency of change was challenging and multiple versions of the guidance was extremely confusing for staff.

. The cascade of information was prompt however implementation was variable.

Frequent changes

Very difficult

Don't know

70. On balance, how timely was any additional funding for infection prevention and control measures for Local Authorities to support care providers?*Please tick one box only*

Very timely

Fairly timely

Not very timely - X
Not timely at all
Don't know

71. How sufficient overall was the amount of any additional funding for infection prevention and control measures that your Local Authority received to support care providers?

Please tick one box only

Completely sufficient
Fairly sufficient X
Not very sufficient
Not sufficient at all
Don't know
Not applicable

72. And was the amount of funding available for domiciliary care sufficient or not?

Please tick one box only

Completely sufficient
Fairly sufficient X
Not very sufficient
Not sufficient at all
Don't know
Not applicable

73. How, if at all, did your Local Authority help care providers (other than Local Authority run services) access the Infection Control Fund?

Please tick all that apply

Making advance payments X
Paying it promptly
Writing to local care providers directly to ensure they were aware of the funding
Other *Please write in*
None of the above

74. Do you have any comments about the available funding for adult social care during the pandemic?

Please write in

The additional funding was welcome; however, the key lesson is that resilience and capacity across social care must be strengthened. This has become even more pressing since the pandemic with many HSCPs finding it challenging to respond to what would have previously been routine surge events (e.g. winter pressures).

Regulation

75. How supportive were you or not of the Care Inspectorate's decision to temporarily suspend inspections of care homes?

Please tick one box only

- Very supportive
- Fairly supportive
- Not very supportive – needed to increase scrutiny and assurance not decrease during times of pressure **X**
- Not at all supportive
- Don't know

76. And do you feel that the suspension of inspections of care homes had a negative impact on safeguarding or not?

Please tick one box only

- Yes - **X** isolation and no visitors had a negative impact on safeguarding
- No
- Don't know

Unpaid carers

77. As far as you could tell, what impact, if any, do you think the pandemic had on unpaid carers in your local authority area?

- Financial hardship **X**
- Mental stress **X**
- Increased physical demands (for example, doing more care) **X**
- Less respite (due to the closure of day centres/schools/colleges) **X**
- Other *Please write in – significant increase in social isolation. This is evidenced by our recent health and wellbeing survey.*
- None of the above
- Don't know

78. What, if any, other thoughts do you have about the effect of the pandemic on unpaid carers in your local authority area? Please describe any unequal impacts you observed?

Please write in

The COVID-19 pandemic had profound effects on unpaid carers, with several unequal impacts observed:

1. **Increased Care Burden:** Unpaid carers faced a significant increase in their caring responsibilities due to the closure of support services and day centers. This has led to physical and emotional exhaustion.
2. **Mental Health Strain:** The mental health of unpaid carers, already vulnerable before the pandemic, deteriorated further. Many experienced

heightened levels of stress, anxiety, and depression due to the increased caring demands and isolation.

3. **Financial Hardship:** Many unpaid carers faced financial difficulties as they had to reduce their working hours or leave their jobs to provide care. This was particularly challenging for those already in low-income households.
4. **Gender Disparities:** Women, who make up most unpaid carers, were disproportionately affected. They often had to juggle caring with other responsibilities, such as homeschooling and household chores, exacerbating gender inequalities.
5. **Lack of Support:** The pandemic highlighted the lack of adequate support for unpaid carers. Many felt overlooked by public health measures and struggled to access necessary resources and respite care.
6. **Health Risks:** Unpaid carers were at risk of contracting COVID-19 due to their close contact with vulnerable individuals. This added an extra layer of stress and fear to their already challenging roles.

These impacts underscore the need for better support systems and policies to protect and assist unpaid carers, especially during public health crises and brought home a greater awareness of how reliant formal systems of care are on unpaid carers and the role they play.

79. What support, if any, did your local authority provide to social care users when their unpaid carers were sick or not able to visit them?

Please tick all that apply

Befriending/visits to combat loneliness
Prescription/medicine collections
Welfare checks ☒
Temporary alternative domiciliary care
Other *Please write in*

80. What support, if any, did your local authority provide for unpaid carers?

Please write in

The HSCPs Care at Home service provided wellbeing calls to unpaid carers. The HSCP also funded enhanced support from the local carers centre and online support was developed.

Unequal and Disproportionate Impacts

81. During the pandemic did your Local Authority identify any unequal and/or disproportionate impacts on adults in receipt of social care? This may include inequalities regarding ethnicity, age, disability, socio-economic background and nationality.

Please tick one box only

Yes **X** – those experiencing deprivation disproportionately impacted both in terms of health and social outcomes

No

Don't know

If yes

82. Please provide some examples of any unequal and/or disproportionate impacts identified and outline any steps taken by your Local Authority to attempt to address those unequal and/or disproportionate impacts.

Please write in

During the COVID-19 pandemic, several unequal and disproportionate impacts were identified, particularly affecting vulnerable groups:

Economic Hardship:

Low-Income Households: Individuals in low-income households faced greater challenges in accessing healthcare and maintaining social distancing due to crowded living conditions.

Job Losses: Many people in low-wage and informal sectors lost their jobs, leading to increased financial instability.

Food Insecurity: The economic downturn exacerbated food insecurity, particularly among families relying on school meals and food banks.

Educational Inequities:

Digital Divide: Students from low-income families struggled with remote learning due to lack of access to digital devices and reliable internet.

Learning Loss: Prolonged school closures disproportionately affected students with special educational needs and those from disadvantaged backgrounds.

Mental Health Strain:

Increased Anxiety and Depression: The pandemic led to a rise in mental health issues, particularly among those already experiencing social isolation and economic stress.

Limited Access to Services: Mental health services were under pressure, making it difficult for many to receive timely support.

Steps Taken by the Council and WDHSCP

Targeted Vaccination: The HSCP implemented targeted a vaccination programme in high-risk communities (e.g. care homes) to reduce infection rates and improve health outcomes.

Expanded Telehealth Services: Telehealth services were expanded to provide remote health support, making it easier for people to access care from home.

83. During the pandemic did your Local Authority identify any unequal and/or

disproportionate impacts on adults working in the adult social care sector? This may include inequalities regarding ethnicity, age, disability, socio-economic background and nationality.

Please tick one box only

Yes X
No
Don't know

If yes

84. Please provide some examples of any unequal and/or disproportionate impacts identified and outline any steps taken by your Local Authority to attempt to address those unequal and/or disproportionate impacts.

Please write in

Yes, the COVID-19 pandemic highlighted several unequal and disproportionate impacts on adults working in the adult social care sector, for example:

Age:

Older Workers: Older care workers were at higher risk of severe illness from COVID-19, leading to increased anxiety and the need for additional protective measures.

Disability:

Health Risks: Those with underlying health conditions were at greater risk, necessitating adjustments in their work environment and duties.

Socio-Economic Background:

Financial Strain: Many care workers, often on low wages/part time contracts, faced financial difficulties.

Steps Taken by the HSCP

Enhanced Support and Resources:

PPE Distribution: The HSCP prioritised the distribution of PPE to ensure all care workers had access to necessary protective equipment.

Mental Health Support: Initiatives were in place to provide mental health support and counselling services to care workers dealing with increased stress and anxiety.

Training and Education:

Infection Control Training: Additional training on infection control and the proper use of PPE was provided to ensure the safety of care workers and their clients.

These measures aimed to mitigate the unequal impacts of the pandemic on adult social care workers and support their well-being during this challenging period.

Many of these challenges are enduring and have in some cases been exacerbated post pandemic.

85. During the pandemic did your Local Authority identify any unequal and/or disproportionate impacts on unpaid carers? This may include inequalities regarding ethnicity, age, disability, socio-economic background and nationality.

Please tick one box only

Yes ☒

No ☐

Don't know ☐

If yes

86. Please provide some examples of any unequal and/or disproportionate impacts identified and outline any steps taken by your Local Authority to attempt to address those unequal and/or disproportionate impacts.

Please write in

During the COVID-19 pandemic, unpaid carers faced several unequal and disproportionate impacts. Here are some examples and the steps taken to address these issues:

Unequal and Disproportionate Impacts

Increased Care Burden:

Higher Intensity of Care: With the closure of support services and day centers, unpaid carers had to take on more intensive caring responsibilities, leading to increased pressure on their physical and mental health.

Mental Health Strain: The increased caring demands, coupled with isolation and fear of infection, significantly impacted the mental health of unpaid carers, leading to higher levels of stress, anxiety, and depression.

Gender Inequities:

Women Disproportionately Affected: Women, who make up most unpaid carers, experienced a greater increase in caring responsibilities. This exacerbated existing gender inequalities, as they had to balance caregiving with other responsibilities such as homeschooling and household tasks.

Economic Hardship:

Financial Strain: Some unpaid carers faced financial difficulties due to reduced working hours or job loss, as they had to prioritise caring over paid employment.

Lack of Access to Financial Support: Some carers struggled to access financial support and benefits, further exacerbating their economic challenges.

Health Risks:

Higher Risk of Infection: Unpaid carers were at a higher risk of contracting COVID-19 due to their close contact with vulnerable individuals, adding to their stress and anxiety.

Steps Taken by the Council and HSCP

Enhanced Support Services:

Mental Health Support: Initiatives were launched to offer mental health support, including counselling and support groups, to help carers cope with the increased stress and anxiety

Health and Safety Measures:

PPE Distribution: Personal protective equipment (PPE) was distributed to unpaid carers to reduce their risk of infection and ensure their safety while providing care.

Vaccination Priority: Unpaid carers were prioritised in vaccination campaigns to protect them and the individuals they care for.

These measures aimed to mitigate the unequal impacts of the pandemic on unpaid carers and provide them with the necessary support to continue their vital caring role.

Local Authority reflections

87. During the pandemic, in which of the following ways, if any, did your Local Authority support people using adult social care in any way?

Please tick all that apply

Befriending/visits to combat loneliness ☒

Introduction of 'no evictions' policies ☒

Finding solutions for street homelessness ☒

Welfare checks ☒

Other *Please write in*

Housing teams made contact calls to tenants, initially focused on known vulnerable tenants but attempted to touch base with all; staff had a checklist of things to speak to tenants about, food/shopping, prescriptions, gas/electricity etc and arranged for food parcels/ food bank to do deliveries if needed, topped up meters if needed.

District did not support people using adult social care

Don't know

Not applicable

88. What, if any, thoughts do you have on how Local Authorities worked together to support people using adult social care?

Commented: **NR** : Missing response

Please write in

Multiple teams across the local authority and HSCP worked together to provide support to those using care services and those in the shielding category. Many employees who were unable to undertake their substantive role(s) due to the pandemic/lockdowns/restrictions volunteered to support efforts to deliver services including shopping, prescriptions, walking/caring for pets etc.

89. Looking back, at each of the following stages of the pandemic, what was the single issue that most concerned your Local Authority in relation to the impact of COVID-19 on the adult social care sector?

Please tick one box only for each period

- Funding for response to pandemic
- Provider instability
- Identification of people who may need support **X first lockdown**
- Workforce capacity **X after first vaccination**
- Spread of COVID-19 in care settings **X between first lockdown and first vaccination**
- Infection prevention and control
- Testing (for example, access to COVID-19 tests and speed of results)
- Accessing PPE
- Vaccination
- Other *Please write in*
- Don't know

For the waves of: during the first lockdown/between first lockdown and first vaccination (December 2020)/after first vaccination (January 2021 onwards)

90. And what, in your opinion, was the single issue that was handled best by your Local Authority in relation to the impact of COVID-19 on the care sector.

Please tick one box only for each period

- Supporting providers
- Supporting unpaid carers
- Identifying vulnerable people **X first lockdown**
- Prevention and control of outbreaks
- Establishing pipelines for supplies of PPE **X after first vaccination**
- Co-ordinating the voluntary response **X between first lockdown and first vaccination**
- Communicating with providers
- Communicating with users and carers
- Other *Please write in*

For the waves of: during the first lockdown/between first lockdown and first vaccination (December 2020)/after first vaccination (January 2021 onwards)

91. Please outline up to two lessons identified by your Local Authority in relation to the impact of the COVID-19 pandemic on the adult social care sector and how any lessons might apply in the future.

Please write in

Lesson 1

Importance of Robust Infection Control Measures

Impact During the Pandemic: The pandemic underscored the critical need for stringent infection control measures within adult social care settings (and wider workplaces working in support of the social care sector). Many care homes and domiciliary care services faced challenges in managing outbreaks, which highlighted gaps in preparedness and response capabilities

Future Application:

- **Enhanced Training:** Ongoing and comprehensive training for all care staff on infection prevention and control practices will be essential. This includes regular updates and drills to ensure readiness for future outbreaks.
- **Improved PPE Supply Chains:** Establishing reliable supply chains for personal protective equipment (PPE) and ensuring stockpiles are maintained can prevent shortages during crises.
- **Infection Control Protocols:** Developing and implementing robust infection control protocols, including regular testing and isolation procedures, as well as responding to increased cleaning regimes can help mitigate the spread of infectious diseases in care settings.

Lesson 2

Integration and fast-paced implementation of Digital Technologies

Impact During the Pandemic: The pandemic accelerated the adoption of digital technologies in the adult social care sector, and wider workplaces working in support of the sector. Telehealth services, remote monitoring, and digital communication tools became vital in maintaining care and support for vulnerable individuals while minimising physical contact.

Future Application:

- **Telecare Expansion:** Expanding telecare services can improve access to health and social care. This includes virtual consultations, remote monitoring of health conditions, and digital care planning.
- **Digital Literacy Training:** Providing training for both care staff and service users on how to effectively use digital tools can enhance the quality of care and ensure that technology is accessible to all.
- **Data Integration:** Integrating digital health records and care management systems could streamline care coordination, improve communication between healthcare providers, and enhance the overall efficiency of care delivery.

These lessons highlight the importance of preparedness, adaptability, and the integration of technology in building a resilient adult social care sector capable of responding to future challenges.

Ask all

92. Are there any other points that you wish to raise in relation to COVID-19 and adult social care?

Please write in

While many local government services continued to operate during the pandemic, albeit in different ways, those that could not/were not permitted, meant that employee volunteers from across the workforce joined the wider voluntary sector in support of those in the shielding groups. This demonstrated a strong sense of community. Unfortunately, not all those working in volunteering positions were deemed eligible for the Scottish Government 'bonus' payment and this had a detrimental impact on morale.

Completed by **NR** WDHSCP Chief Officer and **NR** Chief
Officer People & Technology on behalf of West Dunbartonshire Council and West
Dunbartonshire HSCP.

I confirm that the answers provided in this questionnaire are true and accurate to the best of my knowledge and belief.