#### **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 @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
- ✓ Organising and/or co-ordinating volunteers/community champions

Finding solutions for street homelessness

√ Welfare checks

Other Please write in

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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

The local authority progressed a robust and whole system approach to the support of individuals using adult social care as part of the with Health & Social Care Partnership. This included close liaison with commissioned services who provide majority of support within the local authority area. Examples included

- dissemination and support to implement guidance received from relevant agencies, including Scottish Government, throughout the pandemic;
- effective use of delegated powers to Chief Social Work Officer;

- continued priortisation of all public protection matters
- enhanced contact with internal & eternal providers of adult social to ensure any emerging issues were identified and mitigating actions progressed;
- ongoing provision of care at home services (both internal & external providers) without disruption
- enhanced support to internal and external care homes with infection, prevention and control measures throughout pandemic;
- development of mechanisms for internal & external providers to escalate any issues relating to equipment & staffing
- development of strategies to support internal & external providers to access equipment e.g. PPE where required
- staff redeployed from existing roles to support ongoing delivery of adult social care.
- 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

No

If yes

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

#### Please write in

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

- Existing emergency delegated powers recorded in the Scheme of Delegations
  were used by the Chief Executive on 23 and 25 March 2020 to suspend all
  committee and PDSP meetings at which decisions about adult social care would
  have normally been progressed. A restricted calendar of meetings resumed with a
  meeting of Council Executive on 26 May 2020
- In the gap, existing emergency powers recorded in the Scheme of Delegations continued to be used by the Chief Executive and other senior officers. Those were all recorded and logged, including the type of delegated power used. The Chief Executive consulted the Council Leader as appropriate, sometimes before taking action but also after doing so because of the speed required. The Corporate Management Team was meeting frequently to support decision making
- As required by Standing Orders when powers to take emergency and urgent action are used, the record kept of their use was presented to Council Executive on 26 May 2020. Those decisions did include some related to adult social care
- Meetings did resume after that but on a much-reduced basis and restricting them
  to meetings required to meet statutory or governance-related deadlines.
   Emergency powers were still being used and the same recording and reporting
  process was followed to appropriate meetings
- An early report was made to Governance & Risk Committee on 22 June 2020 explaining the council's approach to risk management during the pandemic
- A second report to that same meeting on 22 June set out the governance aspects around the use of emergency powers and described in general terms the way they were used and reported
- The full calendar of meetings was reintroduced in stages after that, with normal service being restored in about December 2020. Some use was still be being made, much less frequently, of emergency powers. Their use was always reported

to committee when required

For the IJB, things followed a similar path:-

- An IJB meeting scheduled for 21 April 2020 was cancelled under an existing emergency power in the IJB's Scheme of Delegations
- As required by the IJB's Standing Orders that was reported to the IJB at its next scheduled meeting on 30 June 2020
- The Chief Officer reported at the same meeting on the IJB's response to the pandemic and the emergency actions taken
- That pattern of reporting by the Chief Officer was continued after that but meetings were resumed almost immediately by August

#### 5. What were the reasons for that change?

Please write in

The requirements to comply with restrictions put in place early in the pandemic

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

√ Yes No

If ves

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

#### Please write in

Social care services are provided for adults from the age of 16yrs onwards, this includes transitional arrangements from children services.

An individual's circumstances are assessed within both hospital and community settings to establish the requirement for social care support, in line with eligibility criteria. There are a range of teams that support assessment activity, identify appropriate provision and review individual need to determine if support in meeting assessed outcomes.

Support is provided both by local authority staff and by independent commissioned providers.

#### This includes

- residential care for adults with complex learning disabilities
- residential care for adults with a learning disability, physical disability or mental illness - including short breaks/respite
- care at home provision for adults and older people, including those with specialist and complex needs
- housing with care for older people
- reablement services to support hospital discharge and community support
- crisis care support for individuals who have summonsed support via telecare equipment

- support to divert admission to hospital and/or provide bridging support prior to independent care at home provision becomes available.
- 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</i> write in
Purchase and distribution of personal protective equipment (PPE)			
Advice on infection prevention and control			
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 Please write in
Started to purchase and distribute PPE	<b>√</b>	<b>√</b>	
Started to purchase and distribute COVID-19 testing kits	<b>√</b>	<b>✓</b>	
Started to purchase and distribute hand sanitiser/hand gel	<b>√</b>	<b>✓</b>	
Started COVID-19 vaccination programme for staff	<b>√</b>	<b>√</b>	
Started COVID-19 vaccination programme for people using social care	<b>✓</b>	<b>√</b>	
Started providing infection control advice	<b>√</b>	✓	
Started providing advice on visiting care homes	<b>√</b>	<b>✓</b>	
Started providing advice and support on limiting movement between care homes	<b>✓</b>	<b>~</b>	
Passed on central government funding to care providers who met conditions	<b>√</b>	<b>√</b>	
Supported recruitment and retention of care staff	✓	<b>✓</b>	
Other Please write in			
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'			<b>✓</b>		
Capacity of care sector			✓		
Ability of care sector to increase capacity			<b>✓</b>		
Resilience of the care sector			<b>√</b>		

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
- √Workforce recruitment difficulties
- √Workforce retention difficulties
- ✓ Rising demand for adult social care services
- √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

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		✓			
Ability of care sector to increase capacity		<b>✓</b>			
Resilience of the care sector		<b>√</b>			

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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

The onset of the global pandemic was an unprecedented event that required the social care sector to quickly implement National guidance as it was issued.

Local authority and commissioned providers had robust business continuity arrangements in place however these did not focus on the significant impact of a global pandemic.

All available capacity to provide social care support was utilised in line with developing guidance. In some areas capacity increased as a result of requests to cease visiting support due to individual circumstances e.g. family at home full time or specific shielding requirements.

Both local authority and staff within independent commissioned service demonstrated significant resilience to ensure service provision was maintained throughout the pandemic. This included redeployment of staff from substantive roles to support service delivery.

### 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, <u>and</u> 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	V	<b>V</b>
During the periods between lockdowns	✓	✓
Both during lockdowns and the periods in between	<b>~</b>	<b>~</b>
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
- ✓ Carers/families of people already using social care
- ✓ General public (general messaging)
- ✓ General public (to reach people who might have needed support due to the pandemic)
- √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	<b>√</b>	✓
Direct letter/email	✓	<b>√</b>
Telephone call	<b>√</b>	<b>√</b>
In person visit by council officer or voluntary/community organisation		
Council's regular printed magazine/publication	<b>✓</b>	✓
Other printed information provided by the council (e.g. leaflets, flyers and public notices)		
Council text, email and e- newsletter		
Council social media (e.g. Facebook, X/Twitter, blogs)		

Please write in		
If yes 18. Please describe the com people using social care well or is notable?	munication work your Local and/or their carers/families	
Yes ✓ No		
17. Was there any communic worked particularly well Please tick one box only	cation your Local Authority or you felt was innovative/n	
Yes ✓ No Not Applicable		
Did your Local Authority und providers?  Please tick one box only	dertake any communication	jointly with local care
Don't know		
None of these		
Other method <i>Please</i> specify		
news websites or online forums		
Placing information on local		
newspapers/magazines Local TV and radio		
Placing information in local		
Public meetings and events (including tenants/residents associations/faith groups meetings)		
council buildings Local media (e.g. newspapers, TV, radio, news websites)		
Council noticeboards in		
Briefing councillors to share information Council noticeboards in		

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

central government and Scottish Government, good or not?

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

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
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	<b>✓</b>		
Difficulty recruiting new staff	✓		
Difficulty retaining existing staff	<b>✓</b>		
Increased sickness absence (physical) amongst staff	<b>✓</b>		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	<b>✓</b>		
Increased financial hardship (during			✓

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illness/self-isolation)		:
Other <i>Please write</i>		
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# 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			<b>✓</b>
Difficulty recruiting new staff			✓
Difficulty retaining existing staff			✓
Increased sickness absence (physical) amongst staff			✓
Increased sickness absence (mental health/anxiety/burn out) amongst staff			✓
Increased financial hardship (during periods of illness/self-isolation)			✓
Other Please write in			Internal reporting does not identify specific roles in a reportable manner. Reporting is within a service area e.g. care homes

# **C.** For domiciliary care workers... Please tick one box in each row

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

Other <i>Please write</i>	Internal reporting
in	does not identify
	specific roles in a
	reportable manner.
	Reporting is within a
	service area e.g.
	care homes

### 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
- √ Flexibly using temporary registrations
- √ Helped with limiting movement of staff between settings
- √ Helped staff access vaccinations

Other Please write in

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'		<b>√</b>			
Sourcing agency or locum staff		<b>✓</b>			
Flexibly using temporary registrations		<b>✓</b>			
Other Please write in					

### 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
  - ✓ Data from the Capacity Tracker national collection
  - ✓ Data collected regularly from care providers by the council

Other Please write in

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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

As the pandemic developed methods of data collection and analysis improved. This supported responses to challenges of local service delivery. Providers reported challenges in multiple reporting routes e.g. Turas, the local authority provided support where possible to ensure requirements were met.

### 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
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?

Very easy
✓ Fairly easy
Neither easy nor difficult
Fairly difficult
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</i> write in
Very often				
Fairly often				
Not very often		<b>√</b>		
Not often at all or never	<b>√</b>		✓	
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 No

Don't know

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 Sourcing PPE from universities/hospitals/other councils Bulk purchase of PPE from the UK

Council officers personally collecting supplies from other areas of the country ✓ Other - the local authority supported local care providers to access PPE via the HSCP HUB that was set up to distribute supplies as required. Local care providers were able to request supplies when their usual supply infrastructure was not available. Supplies to the HUB were provided by National Services Scotland. 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
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
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	sanitiser/gel diverted to NHS	Other <i>Please</i> write in
Very often				
Fairly often				

Not very often				
Not often at all	✓	✓	✓	
or never				
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

Don't know

If ves

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 - the local authority supported local care providers to access PPE via the HSCP HUB that was set up to distribute supplies as required. Local care providers were able to request supplies when their usual supply infrastructure was not available. Supplies to the HUB were provided by National Services Scotland. None of the above

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
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

## 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 Please write in
Very often			
Fairly often			
Not very often			
Not often at all			
or never			
Don't know	✓	✓	

If yes

# 38. 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

## 39. 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
✓ Don't know

#### Restrictions on care home visits

### 40. 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

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.

41. 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 No Don't know

If yes

42. 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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Additional staffing was allocated to support the care home during the pandemic. Specifically testing families when they came to visit relatives. Shared guidance and provided a point of contact for providers.

#### Effect of COVID-19 restrictions on healthcare

43. 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
✓ Not at all
Don't know

If to a great or moderate extent

44. 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

45. 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
✓ Not at all
Don't know

If to a great or moderate extent

46. 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

47. 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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Visits of healthcare professionals to residential care and/or nursing homes were managed in accordance with related guidance and client need.

48. 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
✓ Not at all
Don't know

If to a great or moderate extent

49. What was the effect of these limitations?

Please tick all that apply

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

50. 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
✓ Not at all
Don't know

If to a great or moderate extent

51. What was the effect of these limitations?

Please tick all that apply

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

52. 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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Visits of health care professionals to people receiving domiciliary care were managed in accordance with related guidance and client need.

### Infection prevention and control

53. 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
To a moderate extent

To a small extent Not at all Don't know

54. To what extent did 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

To a small extent

Not at all

Not applicable

Don't know

55. 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

√ To a moderate extent

To a small extent

Not at all

Not applicable

Don't know

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

Please tick one box only

Very well
✓ Fairly well
Not very well
Not well at all
Don't know

For all responses except 'Don't know' 57. Why do you say that?

Please write in

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Throughout the course of the pandemic the advice and guidance developed and became increasingly specific.

Frequent changes to national guidance and multiple documents imbedded within guidance presented challenges to easily navigate.

Local infection prevention and control measures were supported by NHS Lothian including targeted advice for care homes experiencing COVID outbreaks. This facilitated the development of target plans to manage the outbreak status.

### 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.

58. 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

59. 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
Not at all
Don't know

60. 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 No ✓ Don't know

61. 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 No ✓ Don't know

62. 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
To a moderate extent
To a small extent
Not at all
Not applicable
Don't know

# 63. 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

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

# 64. 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

	PPE	COVID-19 tests
Fully adequate	$\checkmark$	✓
Fairly adequate		
Not very adequate		
Not adequate at all		
Don't know		
Not applicable		

# 65. 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?

Please tick one box in each column

	PPE	COVID-19 tests
Fully adequate	✓	✓
Fairly adequate		
Not very adequate		
Not adequate at all		

Don't know	
Not applicable	

# 66. 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	✓	✓
Fairly adequate		
Not very adequate		
Not adequate at all		
Don't know		
Not applicable		

### **Guidance and funding**

# 67. 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

 $\checkmark\mbox{ Fairly good}$  – 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

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

#### 68. 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
Very difficult
Don't know

69. 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
Not timely at all
Don't know

# 70. 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
Not very sufficient
Not sufficient at all
Don't know
Not applicable

## 71. And was the amount of funding available for domiciliary care sufficient or not? Please tick one box only

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

# 72. 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

√ Paying it promptly

Writing to local care providers directly to ensure they were aware of the funding ✓ Other Sharing information re funding as it was received.

None of the above

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

#### Please write in

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Sustainability payments

### Regulation

74. 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 Not at all supportive Don't know

75. 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

No

✓ Don't know

### **Unpaid carers**

- 76. 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
  - √ Mental stress
  - ✓ Increased physical demands (for example, doing more care)
  - ✓ Less respite (due to the closure of day centres/schools/colleges)

Other Please write in

None of the above

Don't know

77. 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

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

The impact within the local authority aligned with the findings of related research on the effect of the pandemic on unpaid carers. This included many unpaid carers finding they were spending more time caring, with less opportunity to get a break.

Many felt the needs of the person(s) they care for had intensified, and found their responsibilities increasing as a result of other services being paused or closed.

This impacted on unpaid carers mental and physical health.

78. 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 this will have been specific to the needs of each individual as they arose. Teams were available throughout the pandemic to assess need and align available support where necessary.

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

#### Please write in

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

Examples of support provided to unpaid carers include

- · access to the PPE Hub
- sharing of guidance via relevant carers groups or directly where required
- funding to independent providers was maintained throughout the pandemic, including carer organisations
- social work teams continued to provide support to carers as required throughout the pandemic

### **Unequal and Disproportionate Impacts**

80. 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

No

√Don't know

#### If yes

81. 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

82. 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

No

√Don't know

If yes

83. 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

84. 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

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85. 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

### **Local Authority reflections**

86. 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

District did not support people using adult social care

Don't know

Not applicable

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

Please write in

Due to the time constraints associated with the submission of this response, it has not been possible to progress a detailed review of all activities relating to the local authority response to the pandemic.

All possible opportunities to work in partnership were utilised including links with other HSCPs across Lothian and beyond, links via Chief Nurse and Chief Social Work Officer networks. This enabled the sharing of information and learning in relation to issues as they arose. For example shared approach to PAGs chaired across Lothian when an outbreak occurred within a care home.

88. 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

Workforce capacity

Spread of COVID-19 in care settings

Infection prevention and control

Testing (for example, access to COVID-19 tests and speed of results)

Accessing PPE

Vaccination

 $\checkmark$  Other  $\,$  - it is not possible to identify one single issue as there were multiple, sometimes interconnected issues that concerned the Local Authority

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)

89. 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

Prevention and control of outbreaks

Establishing pipelines for supplies of PPE

Co-ordinating the voluntary response

Communicating with providers

Communicating with users and carers

✓ Other - it is not possible to identify one single issue (as in Q89)

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

90. 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

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To support the response to the pandemic there was a requirement for the HSCP to work in a very integrated manner. Whilst there was established integrated working within the HSCP the pandemic reinforced these arrangements and supported the development of further integrated approaches. Examples of this include the collaborative approach to support care homes and integrated senior manager oversight to support wider reliance within social care. These news ways of working have been further refined and continue to be integrated into current practice.

#### Lesson 2

Business continuity planning across both internal and independent providers did not focus upon pandemic response. Plans had a clear focus on the delivery of service with reduced access to relevant IT systems and/or reduced staffing levels. These was limited focus upon the impact of individuals who use the service/families/carers. Internal services and independent providers quickly adapted practice in compliance with guidance as it emerged.

#### Ask all

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

Please write in		
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Completed by Lothian Council	NR	Senior Manager Older People Services on behalf of West
Lothian Council		- ·

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