

## 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
- ☒ 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*

Dundee City Council provided a range of supports for its citizens via its COVID-19 Supporting Dundee Programme this was not targeted at those people using adult social care, but they could have benefited from any of these. See additional information regarding this in the **Appendix 3 attached**, this covers a wide range of supports including for vulnerable groups e.g. welfare checks, food, volunteers, homelessness, etc

A summary of specific supports to people using adults social work and social care services by the Health & Social Care Partnership is contained within the additional information in **Appendix 2**.

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** - Please see Appendix 1 setting out the context in Scotland for Health and Social care and delegated services. Appendix 2 provides details of changes to structures within the Health

and Social Care Partnership, and the interface between these arrangements and the Council.

No

If yes

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

*Please write in*

Incident Management structure was implemented within the Health and Social Care Partnership as detailed in Appendix 2. This made decisions in relation to delegated functions and integrated services, including adult social care services. An interface was maintained with both Health and Council structures via the Chief Officer of the Health and Social Care Partnership.

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

*Please write in*

To enhance capacity within the Health and Social Care Partnership to respond to the pandemic. Changes were in line with resilience and business continuity plans.

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

✓ **Yes** - as partners within the single integrated delivery unit of the Health and Social Care Partnership.

No

If yes

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

*Please write in*

See info in Appendix 1.

**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 settings Please write in
Purchase and distribution of personal protective equipment (PPE)			
Advice on infection prevention and control			
Other Please write in			
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			
Started to purchase and distribute COVID-19 testing kits			
Started to purchase and distribute hand sanitiser/hand gel			
Started COVID-19 vaccination programme for staff			
Started COVID-19 vaccination programme for people using social care			
Started providing infection control advice			
Started providing advice on visiting care homes			
Started providing advice and support on limiting movement between care homes			
Passed on central government funding to care providers who met conditions	√	√	
Supported recruitment and retention of care staff			
Other <i>Please write in</i> <b>See info provided in Appendices 2 &amp; 3 and subsequent responses</b>	√	√	
We did not undertake any of these			

**Additional information regarding Q9** – Whilst the local authority were only involved as ticked above, the Health & Social Care Partnership worked on the other activities listed facilitated via the health element of the partnership.

## 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			√		
Capacity of care sector		√			
Ability of care sector to increase capacity			√		
Resilience of the care sector			√		

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		√			
Resilience of the care sector		√			

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* National policy impacted on availability of staff including through need to isolate and targeted advice to protect staff in particular population groups.

**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*

Across most of the public sector there was resilience and preparedness work including testing of the plans but mostly in relation to a flu type pandemic and/or other emergency planning scenarios. In relation to capacity most organisations had not tested or planned for significant periods of emergency activities. Although flu preparedness had been useful some elements were not transferable to the covid scenario. A range of local systems and plans relied on access to normal procurement processes for essential materials, including PPE, however these were disrupted by national policy decisions/interruption of the supply chains to service the national stockpile and were not accessible in the way that was accounted for in resilience plans.

## 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	✓ (via HSCP)	✓ (Local Authority)
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** (via HSCP)
- ✓ **Carers/families of people already using social care** (via HSCP)
- ✓ **General public (general messaging)** (direct by Dundee City Council)
- ✓ **General public (to reach people who might have needed support due to the pandemic)** (direct by Dundee City Council)

- ☒ 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 (Ticked below done by HSCP)	To the general public (to reach anyone receiving private care or who might have needed care during, or as a result of, the pandemic) (Ticked below done by DCC)
Council website	<input checked="" type="checkbox"/> and HSCP website	<input checked="" type="checkbox"/>
Direct letter/email	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone call	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In person visit by council officer or voluntary/community organisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Council's regular printed magazine/publication		
Other printed information provided by the council (e.g. leaflets, flyers and public notices)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Council text, email and e-newsletter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Council social media (e.g. Facebook, X/Twitter, blogs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Briefing councillors to share information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Council noticeboards in council buildings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local media (e.g. newspapers, TV, radio, news websites)		
Public meetings and events (including tenants/residents associations/faith groups meetings)		
Placing information in local newspapers/magazines		
Local TV and radio		<input checked="" type="checkbox"/>
Placing information on local news websites or online forums		
Other method <i>Please specify</i>		<input checked="" type="checkbox"/> Bus stop advertising
None of these		
Don't know		

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

*Please tick one box only*

- ☒ **Yes** (via HSCP)  
☐ 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**

☐ **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*

This was for all citizens - Establishing a website across 3 local authority areas (Dundee, Angus and Perth & Kinross) called Tayside Cares and keeping this updated regularly with a wide range of information relating to supports and guidance. Plus in Dundee the use of the electronic bus stop adverts widened the coverage of key messages throughout the pandemic period and into recovery phase. See Appendix 3 section 2.4. Targeted communications were also used with translated information and leaflet drops connected to vulnerable groups as well as for local outbreaks also e.g. Seven Sisters.

**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

☐ 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 did not directly deal with this see Q3**

*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

☒ **Not applicable, Local Authority did not directly deal with this see Q3**

## **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		√	
Difficulty recruiting new staff		√ - became more challenging after first year	
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 <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		√	
Difficulty recruiting new staff		√ - became more challenging after first year	
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 <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		√	
Difficulty recruiting new staff		√ - became more challenging after first year	
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 <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 (via HSCP)**
- ✓ **Flexibly using temporary registrations (via HSCP)**
- ✓ **Helped with limiting movement of staff between settings (via HSCP)**
- ✓ **Helped staff access vaccinations (via HSCP)**
- ✓ **Other** Please write in - Local authority staff were asked if they would be willing to be deployed to priority services like the HSCP – see section 2.3 of Appendix 3
- 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'					n/a
Sourcing agency or locum staff		✓			
Flexibly using temporary registrations		✓ - where used but not in large numbers			
Other Please write in <b>Deployment of local authority staff see section 2.3 of Appendix 3</b>	✓				

## 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
- Not applicable

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

In general information was provided via health services on a health board basis to the HSCP, this did not always meet the needs of local authorities where their boundaries were not co-terminus with the local health board.



## 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?

Please tick one box only

- 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 write in</i>
Very often			<input checked="" type="checkbox"/> - This was mitigated locally by a collective approach to distribution of PPE	
Fairly often		<input checked="" type="checkbox"/>		
Not very often	<input checked="" type="checkbox"/> - Aprons and masks specifically			
Not often at all or never				
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  
None of the above

✓ **Other** Please write in - National Services Scotland push stock for PPE was delivered through the PPE store for care services developed at the West District Hub. Local businesses also donated stock they held.

**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	Orders of hand sanitiser/gel diverted to NHS	Other Please write in
Very often				
Fairly often		✓		
Not very often	✓ - Aprons and masks specifically			
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 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 - Through nationally procured routes via the PPE Hub**
- 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

**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 Please write in
Very often		<input checked="" type="checkbox"/> - This was mitigated locally by a collective approach testing, including access for providers	
Fairly often			
Not very often			
Not often at all or never	<input checked="" type="checkbox"/>		
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** – All ordered through the national system of test kit ordering and stocks were stored and distributed. Test kits were available for service providers, staff and the wider public as well as targeted groups.

None of the above

**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** – noted that a number of significant outbreaks took place before testing was introduced and therefore delays in results had no impact / relevance in these instances.

Not at all

There were no delays

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

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 (via the HSCP)**

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*

Internally provided services (i.e. via HSCP) moved relatively quickly to enable alternative forms of communication with families, including using ipads for video calls. Private providers took longer to be able to implement these alternative approaches.

## 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 – visits continued to provide essential care only. GP visits were severely reduced throughout the first 9 months. Overall, the position improved over time.**  
☐ To a small extent  
☐ 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 – visits continued to provide essential care only. GP visits were severely reduced throughout the first 9 months. Overall the position improved over time.**  
☐ To a small extent  
☐ 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*

Local arrangements followed guidance issued by Scottish Government. The position taken by GPs was particularly challenging for other health and social care professionals in terms of maintaining care and support.

**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
- ☒ **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
- 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

**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
- 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
- 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**

**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*

None

## 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  
To a moderate extent  
☒ **To a small extent** – due to the health and social care needs of the population, meaning they were much less able to co-operate with isolation than the general population.  
Not at all  
Don't know

55. 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** – challenges were in relation to number of staff rather than skill set.  
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  
☒ **To a moderate extent** – this was more challenging in the initial weeks but improved over the period.  
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  
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*

The quality and impact of guidance improved over time as it was amended to reflect emerging evidence and learning from practice. However, this meant guidance was frequently updated and that it was challenging to gain a clarity on how key provisions should be implemented in practice. Local partners felt that specific guidance for care homes should have been issued at an earlier stage.



## 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 (via the HSCP)**  
☐ No  
☐ Don't know

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  
☐ 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** – this only happened for a very short period (approx 2 weeks) until testing was available. Other mitigations were in place at that time and no symptomatic patients were transferred during that period.  
☐ 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  
☒ **No** – not to our knowledge, although during the initial approx 2 week where there was no testing period this could have been the case.  
☐ 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  
☐ To a moderate extent  
☒ **To a small extent** – due to the health and social care needs of the population, meaning they were much less able to co-operate with isolation than the general population.  
☐ 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
- Not good at all
- 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*

	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 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		

**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		
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

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

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

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**

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**

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

✓ **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*

In Dundee an early and comprehensive approach to communication (by the HSCP) with providers regarding available funding was taken, this was seen to be a strength by providers. Financial governance processes were established quickly and payments made promptly to providers in line with government guidance.

**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  
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  
☒ **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**  
☒ **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* – see question 78  
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*

Following the pandemic the HSCP undertook a consultation with unpaid carers, young carers and the wider workforce to ascertain impacts of the pandemic. This included a online local survey of carers (116 responses), online survey of the local workforce (37 responses) and focus groups with unpaid carers (41 attendees). Key findings were:

- The majority (84%) reported an increase in the amount of care provided since the start of the pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role

- 38% had to reduce or give up hours in employment due to their caring commitments
- Negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 33% were able to make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc
- Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one-third (35%) had been able to access this.

**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*

Dundee City Council provided a range of supports for its citizens via its COVID-19 Supporting Dundee Programme this was not targeted at unpaid carers, but they could have benefited from any of these. See additional information regarding this in the **Appendix 3 attached**, this covers a wide range of supports including for vulnerable groups e.g. welfare checks, food, volunteers, homelessness, etc

The HSCP consultation referenced at question 78 found that:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period
- Carers also benefited from local networks in the community and neighbour support during this period
- Many services used technology effectively to communicate with people during this period. It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats

## 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
- ☐ 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*

In general times, it was clear from an early stage that people of older age and with underlying health conditions, including disabilities, were more vulnerable to the impacts of covid-19. Evidence shared by the Scottish Government and PHS also indicated additional vulnerability of BME people and of pregnant women. It was also clear that these groups, as well as experiencing poorer health outcomes associated with any covid infection, were more likely to be negatively impacted by the range of public health restrictions that were implemented to safeguard physical health and reduce the spread of infection. This included the impact on people from deprived communities. It was also recognised that the social care workforce is disproportionately drawn from the female, over 50s and deprived population.

Due to the nature of social care and social work provision people who use these services are also disproportionately from these more vulnerable / protected groups. The focus was therefore on maintaining services within the restrictions placed upon us in national guidance. Specific work was undertaken to communicate with people from minority ethnic communities, particularly in terms of testing and vaccination (led by NHS Tayside but with a contribution from local authority employed staff).

**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**

☐ **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*

See question 82 – the workforce contains high numbers of female and older staff, and people from deprived communities.

Workplace risk assessments were completed for any pregnant workers.

Guidance on workplace risk assessments for staff from minority ethnic communities was shared (NHS guidance) and applied to local authority staff working within the HSCP.

Staff were supported to access PPE, testing and vaccination as a priority group.

The local authority administered additional funding to providers to mitigate the financial impact of absence / isolation on staff. We also promoted the Social Care Staff Support Fund.

**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*

See question 82.

## 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*

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?**

*Please write in*

See response to Q2 and Appendix 3 for fuller details of supports available to all citizens in the city.

**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
- ☒ **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
- 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**  
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 *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**

Recognition of the importance of workforce wellbeing and prioritisation of related support for the workforce, particularly during what was an extensive period of resilience and recovery related to the pandemic. Health & wellbeing resources are more readily available and shared with the wider workforces.

**Lesson 2**

Better business continuity / resilience arrangements and experience / skills to implement them, including alignment of regional and local arrangements.

*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*

Additional information has been provided in Appendices 1 to 3

Completed by **NR** on behalf of Dundee City Council

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