

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**.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 - Council established neighbourhood hubs in partnership with other agencies which involved different supports at different times throughout the pandemic eg delivering medicines, food deliveries, social connection, check in calls to those identified as being most vulnerable etc

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

Please write in

Overall, adults who used social care were supported well, with services working closely with service users and their families, using a range of new ways of working to best meet people's needs in line with SG guidance. Families and unpaid carers also played a key role i.e. working technology to ensure inclusion, providing additional support.

There was an integrated support model that brought all partners and community groups together to support all people, including those using 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

Gold Command structure introduced with levels of escalation for decision making across Adult Social Care settings

The following organisational risk escalation, mitigation and governance groups were established (frequency varied depending on the particular stage of the pandemic);

In addition:

Integration Joint Board (IJB), IJB Audit Risk and Scrutiny Committee and Strategic Planning Group continued to meet as scheduled, however online rather than in-person. The HSCP established an Emergency Management Team meeting structure which included the SMT and staff side attendees to manage the ongoing response.

Briefing reports were issued to the IJB members and Elected Members to ensure they were kept sighted between meetings. Additional meetings were also scheduled.

In keeping with business continuity and emergency planning arrangements, a number of new local groups were established to ensure required oversight and integrated, timely decision making. This included: the care home collaborative which met daily to ensure a spotlighted focus on hospital discharge and intake into care home settings.

In addition, the Council's CMT also met daily, under the auspices of an extended Emergency Management Team (EMT), with key agencies interfacing routinely as appropriate to bring intelligence and support cross-organisational response efforts. Through this platform the EMT received regular updates on adult social care and wider health and social care services given the natural synergies and co-dependencies that exist.

Through the HSCP there was also a connectedness to wider NHS Greater Glasgow and Clyde system through the establishment of a Strategic Executive Group (SEG), chaired by the Chief Executive with whole-system representation. The SEG met daily for an extended period with subgroups, including a Chief Officers (HSCP) Tactical Group being formed to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area given the natural linkages with wider primary care, Acute/hospital and secondary care services.

A similar arrangement was created for Chief Finance Officers across NHSGGC with regular weekly meetings established to ensure regular and connected discussions on key

areas of activity, including funding allocations to support increased demand and latterly Local Mobilisation Plan (LMP) planning and sustainability payments, with a requirement of regular reporting through Scottish Government.

5. What were the reasons for that change?

Please write in

Online meetings were introduced in line with govt guidelines i.e. social distancing.

Increased reporting / meeting were introduced to allow sufficient oversight given adults with social care were particularly vulnerable and impacted by the pandemic.

There were two additional IJB meetings over the summer of 2020 to keep members sighted on the evolving position with COVID etc. They were in addition to the June 2020 meeting that was already scheduled – 31 July and 28 August 2020. It then met again, as planned on 2 October 2020.

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

Yes
No

If yes

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

Please write in

Adult Social Care Services -

Adult Support & Protection
Provision of direct Social Work assessment and support
Care Homes
Accommodation with Support
Care at Home
Day Care
Day Services
Assessment and Care Management
Outreach
Self Directed Support
Mental Health Officer service
Carer support

Key changes due to the pandemic were:

- Collective move from building based services to outreach and online etc, where safe to do so. Examples included day support, assertive outreach for alcohol and drugs services alongside delivering essential medicines to service users at home if required.
- Building based services were only available for those most at risk i.e. adults safeguarding; respite due to family breakdown.
- Moved to virtual appointments / meeting where possible, such as: review meetings with service users / families, Allied Health Professional services where appropriate used virtual technology to assess and manage risks or identify the need for an in person visit.
- Moved to critical only Care at Home and community meals – each person was subject to a review, implementing a RAG rating to enable the effective management of each individual and to ensure their needs could met through alternative supports.
- Proactive check-in calls were made to people identified as being identified as vulnerable, through neighbourhood hubs established with third and community sector partners.

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

Please tick all that apply on each row

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

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	x	x	
Started to purchase and distribute COVID-19 testing kits	<i>The Local Authority worked closely with colleagues in Renfrewshire HSCP, as part of a wider NHSGGC effort, to establish a PPE Hub in common with practice across other areas in Scotland to support response efforts. This was formalised through a Memorandum of Understanding between Scottish Government, COSLA, NHS National Services Scotland and IJBs/HSCPs alongside Scottish Care and National Carer Organisations. The Local Authority were the lead partner in developing and running the Hub, enlisting support to collect/deliver and store resources in a local site, with this arrangement continuing throughout the period of significant impact as part of wider remobilisation efforts.</i>		
Started to purchase and distribute hand sanitiser/hand gel			
Started COVID-19 vaccination programme for staff	x	x	
Started COVID-19 vaccination programme for people using social care	x	x	
Started providing infection control advice	x	x	
Started providing advice on visiting care homes	x	x	
Started providing advice and support on limiting movement between care homes	x	x	
Passed on central	x	x	

government funding to care providers who met conditions			
Supported recruitment and retention of care staff			
Other <i>Please write in</i> _____			
We did not undertake any of these			

Preparedness and capacity in adult social care sector

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

Please tick one box on each row

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

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

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

Please tick all that apply

- Funding pressures
- 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			x		
Ability of care sector to increase capacity			x		
Resilience of the care sector	x				

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

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

Please tick all that apply

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

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

Please write in

The resilience of existing staff and strong leadership focused on common goal to ensure service users were receiving the right care.

Strong relationships were developed and strengthened with a range of partners and organisations across a number of sectors, and there was a real willingness from all to collectively respond and maximise the use of all resources in the system at that time.

Communication with people who use adult social care

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

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

Please tick one box in each column

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

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

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

Please tick all that apply

People already using social care

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	x	x
Direct letter/email	x	
Telephone call	x	
In person visit by council officer or voluntary/community organisation	x	
Council's regular printed magazine/publication		x
Other printed information provided by the council (e.g. leaflets, flyers and public notices)	x	x
Council text, email and e-newsletter	x	x
Council social media (e.g. Facebook, X/Twitter, blogs)	x	x
Briefing councillors to share information	x	x
Council noticeboards in council buildings	x	
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		
Placing information on local news websites or online forums	X	X
Other method <i>Please specify</i>		
None of these		
Don't know		

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

Please tick one box only

Yes (e.g. Care Home vaccinations)

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

The following is an example of an update provided to Councillors which provides a case study of good practice in communication...

Dear Councillors

I am writing to update you the outcome of initial results from the Covid-19 Asymptomatic Testing Centre at **I&S** which concluded yesterday (Weds 9 Dec). As you'll be aware, the pilot was the first of its kind on Scotland at a fixed site – in this case the town hall, and ran for eight days from Wednesday 2 December until Wednesday 9th from 8am to 8pm each day. More than 100 staff from across the council and our partners helped deliver and operate the centre, which was designed to test people with no symptoms of Covid-19 to help stop the transmission of the virus and inform future public health decisions on how to manage this virus.

For the purposes of the pilot, those who lived, worked or went to school in **I&S** were eligible for a test and more than 5,000 people came through the centre over its duration for a test. The data collected was verified by Public Health Scotland and the Scottish

Government and published.

The pilot was supported by a comprehensive public communications and partner engagement campaign, including media, digital and social media content (through our own council and HSCP channels - and by working with local community Facebook groups), local partner and community council engagement and supported by the production of marketing materials and leaflets distributed throughout the local area. We posted 38 social media posts over the period with a reach of 1.2million and our website pages attracted almost 33,000 views.

We conducted an exit survey of a sample of members of the public who passed through the centre to help inform our results and responses were overwhelmingly positive which is testament to the hard work of staff involved in the project. I am pleased to say in answer to the questions 'How safe and well organised did the centre feel?' and 'How satisfied were you with your experience' on a scale of 1-5 (with 5 being very good and 1 very poor), 100% of responses were satisfactory or above, with 97% and 93% respectively rating the safety and satisfaction levels as 'very good', the highest rating.

The findings of this pilot were shared with Public Health Scotland and Scottish Government to enable planning for other local authority testing sites.

As you will be aware, there has also been some excellent news this week regarding the start of the first phase of the Pfizer Covid-19 vaccination programme. We are working closely with our colleagues from Renfrewshire Health and Social Care Partnership and NHS Greater Glasgow and Clyde to support them in the roll out of the first stages of this phase which will initially see eligible staff in our care homes including carers, cleaning and catering offered the vaccination.

Our Renfrewshire HSCP and NHS colleagues have now completed training on how to administer the Pfizer vaccine which is proven to be up to 95 per cent effective. Delivered in two doses, the first tranche of vaccines is being administered to health care workers this week before they begin the roll-out of the vaccine for other priority groups, including care home staff the vaccine in local care homes in the coming weeks. We will keep you updated as the programme progresses.

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 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	x		
Difficulty recruiting new staff	x		
Difficulty retaining existing staff	x		
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	x		
Increased financial hardship (during periods of illness/self-isolation)		x	
Other <i>Please write in</i>	Family pressures for staff who had children not at school and other caring responsibilities		

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

Please tick one box in each row

	Yes	No	Don't know
Increased number of vacancies	x		
Difficulty recruiting new staff	x		
Difficulty retaining existing staff	x		
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental health/anxiety/burn out) amongst staff	x		
Increased financial hardship (during periods of illness/self-isolation)		x	LA staff were paid however position may have varied in independent sector
Other <i>Please write in</i>	one of the challenges was not being able to move staff around for location to location i.e. if someone was off, you would normally shift staff around and this wasn't allowed during Covid which put more pressure on Services.		

C. For domiciliary care workers

Please tick one box in each row

	Yes	No	Don't know
Increased number of vacancies	x		
Difficulty recruiting new staff	x		
Difficulty retaining existing staff	x		
Increased sickness absence (physical) amongst staff	x		
Increased sickness absence (mental)	x		

health/anxiety/burn out) amongst staff			
Increased financial hardship (during periods of illness/self-isolation)		x	LA staff were paid however position may have varied in independent sector
Other <i>Please write in</i>	Family pressures for staff who had children not at school and other caring responsibilities		

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'
 NHS carried this out but unaware of LA campaign
 Sourcing agency or locum staff
 Helped with limiting movement of staff between settings
 Helped staff access vaccinations

Other *Please write in* – LA staff redirected

None of the above

If tick any, then list and ask

22. 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'					
Sourcing agency or locum staff	x				
Flexibly using temporary registrations					
Other <i>Please write in</i> Staff access vaccinations	x				

Understanding of the local situation for adult social care

23. 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

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

Please write in

During the COVID-19 pandemic, timely and accurate NHS and Social Work data was critical for effective decision-making and critical care. However, the lack of CHI (Community Health Index) numbers in social work systems made it challenging to integrate data effectively. HSCP staff had to manually verify and record CHI numbers from offline sources, which, despite their best efforts, may have slowed decision-making and service delivery. To address this, RHSCP, in collaboration with COSLA, is now automating CHI recording in social work systems and adopting CHI as the primary identifier across health and social care.

PPE, hand sanitiser and COVID-19 tests

25. 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

26. 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

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

Please tick one box in each column

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

28. 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

29. 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 worked closely with colleagues in Renfrewshire HSCP, as part of a wider NHSGGC effort, to establish a PPE Hub in common with practice across other areas in Scotland to support response efforts. The Local Authority were the lead partner in developing and running the Hub, enlisting support to collect/deliver and store resources in a local site.

30. 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

31. 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

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

months?

Please tick one box in each column

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

33. 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

34. 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 worked closely with colleagues in Renfrewshire HSCP, as part of a wider NHSGGC effort, to establish a PPE Hub in common with practice across other areas in Scotland to support response efforts. The Local Authority were the lead partner in developing and running the Hub, enlisting support to collect/deliver and store resources in a local site

35. 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

36. 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

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

Please tick one box in each column

	Erratic deliveries of COVID-19 tests	Orders of COVID-19 tests diverted to NHS	Other <i>Please write in</i>
Very often			
Fairly often		x	
Not very often	x		
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 2

Other As previously noted, the Local Authority worked closely with colleagues in Renfrewshire HSCP, as part of a wider NHSGGC effort, to establish a PPE Hub in common with practice across other areas in Scotland to support response efforts. The PPE Hubs were used as a mechanism to support access to both PPE and test kits, where supply routes were challenged.

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 – Guidance was good but not timely and subject to change. The LA / HSCP rarely received guidance before it was in the public domain and consequently had to respond to this to ensure compliance and conformity with an evolving position.

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

Within Local Authority operated care homes, a number of practical arrangements were implemented, where possible, to provide compliant spaces to support visiting. This include the installation of garden rooms etc which provided additional space with natural airflow in order to mitigate transmission of infection.

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

Very limited change to healthcare visits. If required, they were carried out in line with the guidelines at that point.

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

--

Only with regards to use of PPE which could be a barrier to communication etc. Mental health toll on professionals due to risks of infection, impact on service users such as isolation.

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 y 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

There were some inconsistencies across homes at different times dependent on staffing levels, staff continuity and outbreaks that meant that it was challenging for all policies to be implemented consistently well. HSCP staff worked collaboratively with care home staff to support effective IPC across homes. As time progressed, skills and confidence increased across all homes.

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		
Fairly adequate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	x	x
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	x	x
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

Fairly good – reasonable guidance that was fairly clear and consistent, and reasonably timely LA staff were paid however position may have varied in independent sector

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 *Please write in*
None of the above

73. Do you have any comments about the available funding for adult social care

during the pandemic?

Please write in

Funding - It was overly bureaucratic and cumbersome process to follow. The financial returns required were very complex, subject to continual change and too frequent.

Shielding – different guidance for health and social care.

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 – however understand Key Question 7 continued as a partial inspection

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

Below is evidence of impact rather than specifically unequal impact. As stated previously, unequal impact difficult to quantify, as the pandemic impacted the whole population in a range of different ways.

Renfrewshire Carers Centre carried out a survey of carers in the summer of 2020, which found that:

- 95% said their emotional health and wellbeing were affected.

- 78% had an increased caring role of 50+ hours a week of mainly personal care.
- 73% were worried about the person they care for.
- 65% concerned if they become ill.
- 45% had an increased role due to local services being paused/reduced.
- 47% impacted financially.

Carers of unvaccinated people were wary of going out in case they brought COVID back to the house.

When restrictions eased some carers could still not go out because they had to provide care.

Some groups of carers had a greater burden than usual, e.g. parent carers – caring, work, and home educating.

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 write in*

Neighbourhood hubs established were able to offer practical support in terms of shopping, medicine deliveries and support for isolation if there were issues around accessing unpaid care.

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

Please write in

Support provided in partnership with Renfrewshire Carers Centre, a HSCP commissioned provider, included:

- Opportunity to complete Adult Carer Support Plans remotely.
- Regular information updates on COVID and available support.
- Triage system to quickly access PPE.
- Deliveries of PPE, prescriptions, and groceries.
- Support to register for vaccinations.
- Continued to provide care at home service to people within their own home whilst keeping everyone safe.
- Regular welfare calls and a check on whether support needs have changed.
- Distribution of grants to carers facing financial hardship.
- Hybrid online and in-person physical wellbeing activities including wellness walks, fitness classes, and yoga.
- Delivery of goody/activity bags to young carers.
- Moved training, one-to-one, and group support online.
- A technology loan scheme to get online.

- COVID specific training courses including Autism Quarantine Anxiety, Energy Booster During COVID-19, and Helping Carers Cope During Lockdown.
- Opportunities for online peer support and social interaction through a range of fun and interactive activities.

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

*Those with a cognitive impairment appeared more disproportionately affected.
On the whole, most people were impacted.*

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 – covered in unpaid carers section

Yes
No
Don't know

If yes

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*
Don't know
Not applicable

Neighbourhood hubs established were able to offer practical support in terms of shopping, medicine deliveries and support for isolation if there were issues around accessing unpaid care

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

Please write in

A NHS Board level resilience partnership was established to allow Chief Executives/Chief Officers and other strategic partners to discuss wider impacts and strategies

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 – after first vaccination
 Workforce capacity – first lockdown
 Spread of COVID-19 in care settings – between first lockdown and vaccination
 Infection prevention and control
 Testing (for example, access to COVID-19 tests and speed of results)
 Accessing PPE
 Vaccination
 Other *Please write in*
 Don't know

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

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 – first lockdown
 Prevention and control of outbreaks- first lockdown and first vaccination
 Establishing pipelines for supplies of PPE
 Co-ordinating the voluntary response -
 Communicating with providers
 Communicating with users and carers – after first vaccination
 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)

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

Lesson 1

The importance of having strong cross sectoral and collegiate relationships was key. Partners worked very collaboratively, and having a shared understanding of each other's activities was very important, and continues to be locally. A key focus was on working with local people and communities to make the best use of all resources and supports available to help people with all different types of needs.

Lesson 2

Having effective business continuity plans in place for a pandemic scenario (beyond just flu). This should be at all levels of government with clear national planning and guidance in place which is regularly reviewed and can be reflected in local planning. This would enable clearer and quicker response at the outset of a pandemic.

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

New or changes to guidance were often first heard via First Minister briefings on tv. We regularly received updated guidance with very little notice to implement.

Completed by

PD

NR

– Civil Contingencies Manager on behalf of Renfrewshire Council

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