

## 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 – check with Council
- ☐ Organising and/or co-ordinating volunteers/community champions
- ☐ Finding solutions for street homelessness
- ☐ Welfare checks
- ☐ Other *Please write in* (See Below)
- ☐ District did not support people using adult social care
- ☐ Don't know

Additionally we had a data matching approach between our own data and shielding data; which allowed us to see who already had a known worker (e.g. carer or social worker) and we coordinated shielding arrangements with that person – rather than putting the client in touch with a new person / team to discuss their support arrangements.

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

*Please write in*

*There was good work that took place in following national guidance, during a period where it was regularly being updated. We were flexible in a changing landscape. There was strong partnership working exhibited across the Council, Health & Social Care Partnership and NHS Greater Glasgow & Clyde Health Board.*

*Many members of staff went above and beyond in caring for our community members during a period of significant upheaval for themselves and their families. We were able to adapt how we delivered our services, seeking to support our staff in safely delivering critical services for our communities. For example areas like direct care at home to individuals continued. We were able to adapt to the temporary changes in legislation to ensure that we could continue to provide direct care where this was needed.*

**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*

We had an adaption of our governance, with more frequent meetings of Management Teams (Department Management Teams, Leadership Management Teams, Council Resilience Management Team and Corporate Management Team). There was greater decision making, including increased delegated authority for senior officers, because of the scale and unprecedented nature of the challenges. There were typically daily huddles that allowed our structures to adapt, along with key messages and issues to be captured and effectively communicated.

The availability of equipment across Health & Social Care Partnership and a number of Council Services for home and agile working prior to the pandemic outset meant that a number of our critical activities were able to continue; or we were able to prioritise equipment to these areas.

As our technology evolved, the delegated authority element decreased. The availability of Teams meant we could safely facilitate a number of governance boards and Member meetings that reduced the reliance on the enhanced delegated authority.

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

*Please write in*

The reasons for the change was to respond to the required need for effective and consistent decisions, while ensuring governance to meet the pace and scale of challenges arising through the pandemic. This included regularly updated guidance and the evolving needs of our communities.

**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*

Our priorities were to protect our most vulnerable residents during these extraordinary circumstances. A huge amount of work was undertaken across the Health & Social Care Partnership, Council, Culture & Leisure Trust and in collaboration with our partners.

As an integrated partnership, the Health & Social Care Partnership worked across Council and Health Board, with the following core service areas:

- Public Protection & Children's Services – e.g. Child Protection, Justice Services, Health & Care, etc.

- Adult Services: Learning Disability & Recovery – Mental Health, Day Centres, Learning Disability Support, etc.
- Adult Services: Community & Wellbeing – Care at Home, Care Homes, Hospital to Home, etc.
- Finance & Resources – Financial sustainability of providers, identification and administration resources to improve Covid preparatory or response measures, etc.

Additionally, because of the integrated nature of the Health & Social Care Partnership and the collaborative working between it, the Council and Health Board – there were significant responsibilities for PPE, Testing & Vaccinations. With specific regard to social care there was support for these in relation to service users / vulnerable persons, caring staff – including unpaid carers and our own staff who played a frontline role in delivering or supporting our critical services.

Similarly to all Scottish Local Authorities, there was significant work to support Shielding and towards Humanitarian Support – ranging from prescription / medication collection & deliveries, to administering financial support for those isolating, to food parcel deliveries, and transport support for vaccination appointments.

**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	<p><i>Would note that for all sections there was no specific general infection control guidance prior to Covid. There was sharing and signposting of guidance if a significant concern arose (e.g. swine flu).</i></p> <p><i>During Covid there was supporting and signposting of national guidance – ensuring a single source of truth and minimising confusion for providers.</i></p>		

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

*Please tick all that apply on each row*

	Residential care and/or nursing homes	Domiciliary care	Other care settings <i>Please write in _____</i>
Started to purchase and distribute PPE			<i>Provided to individual carers – distributed through the PPE Hub</i>
Started to purchase and distribute COVID-19 testing kits			

Started to purchase and distribute hand sanitiser/hand gel			<i>Model (National Health Hub Model)</i>
Started COVID-19 vaccination programme for staff			
Started COVID-19 vaccination programme for people using social care			
Started providing infection control advice			<i>Sharing of national guidance</i>
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			<i>Sustainability payments through Scottish Gov</i>
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'					
Capacity of care sector					
Ability of care sector to increase capacity					
Resilience of the care sector					

*Just to note – we weren't comfortable with Fairly Good or Not Very Good – but aired on the lower answering. I think we would have went with adequate / ok based on reflections – in that we know there were (and continue to be) a number of challenges in the sector, but we have always managed to ensure service provision for those who need it most.*

*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					

*(similar to 10 in terms of comfort with the terminology)*

*While there were challenges (including deaths within care homes, etc.), the level of support that was offered meant that adult social care sector was able to meet the critical demands of those in greatest need. Our own services typically continued to deliver, while supporting unpaid carers and others as they moved towards vulnerability.*

*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*

Challenge here in answering with hindsight, there were a number of policies in place – along with good responses to issues that had arisen. For example, there was good learning and response to challenges such as swine-flu or where providers were at risk.

However, there were widespread challenges in the sector in terms of staffing, funding, etc. which remains the case to this day. In the case of Covid itself, while there were challenges (including deaths within care homes, etc.), the level of support that was offered meant that adult social care sector was able to meet the critical demands of those in greatest need. Our own services typically continued to deliver, while supporting unpaid carers and others as they moved towards vulnerability.

## 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	Yes for all – there was regular communication, both directly through our staff & on relevant channels (website, social media, etc.)	Support was given to service users (and their families) to ensure that they could take part in discussions as these took place online.
During the periods between lockdowns		
Both during lockdowns and the periods in between		
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		Yes
Direct letter/email		Yes
Telephone call		Yes
In person visit by council officer or voluntary/community organisation		Yes
Council's regular printed magazine/publication		N/A
Other printed information provided by the council (e.g. leaflets, flyers and public notices)	Guidance typically was not to use / have in public settings, so N/A	
Council text, email and e-newsletter		Yes
Council social media (e.g. Facebook, X/Twitter, blogs)		Yes
Briefing councillors to share information		Yes
Council noticeboards in council buildings Local media (e.g. newspapers, TV, radio, news websites)	When buildings were open - yes	
Public meetings and events (including tenants/residents associations/faith groups meetings)	There weren't many of these (if any) in person – contributions via Teams	
Placing information in local newspapers/magazines		Yes
Local TV and radio		Yes
Placing information on local news websites or online forums		
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 – Weekly meetings with providers to share national guidance, etc.

☐ 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*

Weekly forum meetings with providers to share national guidance, etc. This provided a frequent, and well attended group that could consistently discuss the challenges that arose and how some of these could be supported / met.

Community Hub approach was very useful, having a single helpline; for those who needed support from the Council. Additionally, this model gave strong support to our most vulnerable and shielding community members.

Social media worked, sharing national guidance – allowing messages to come at speed. Having a dedicated webpage on the Council website offered a one-stop-shop for all up to date Covid information.

Good work with families at Care Home & receiving Care at Home – there was regular engagement to consider support needs.

Daily welfare calls to Care Home Managers provided a strong information sharing.

Specific peer support groups were available with direct involvement from HSCP staff to positively engage with carers.

Support was made available for service users and their families to ensure that they were able to attend online meetings as they became normal.

Work took place with partners and through partnerships to provide digital devices to service users and those in need to enhance the above across the care sector.

**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 sure how this applies to Local Authorities or Health & Social Care Partnerships, appreciate there was guidance available – but this was primarily focused on health.

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 – not sure how this applies to Local Authorities or the Health & Social Care Partnerships, appreciate there was guidance available – but this was primarily focused on health. However, we had received feedback from families that they were concerned around not always being involved in decisions applying to DNRs.

## 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			
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)		Sustainability payments helped	
Other Please write in			

### 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			
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)		The sustainability payments were a significant help.	
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			
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  
☒ Flexibly using temporary registrations  
☐ Helped with limiting movement of staff between settings  
☒ Helped staff access vaccinations  
☒ Other *Please write in* – we also accessed the SSSC register of social workers and used that to recruit. Additionally, we received requests from other Health & Social Care Partnerships across services to provide assistance, accommodating these in the few occasions where there was available capacity. We utilised the NHS nursing bank to support staffing in care homes.  
☐ 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'					
Sourcing agency or locum staff					
Flexibly using temporary registrations					
Other <i>Please write in</i>					

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## Understanding of the local situation for adult social care

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

*Please tick all that apply*

☒ Data from Public Health Scotland / Health Protection Scotland

☐ Data from the Capacity Tracker national collection

☒ Data collected regularly from care providers by the council

☐ Other *Please write in*

☐ None of the above

☐ Don't know

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

*Please write in*

*There was initially a need for manual checking & verification while the fast moving data picture evolved – but this was eventually automated and consistent.*

*The data picture continued to evolve as the type of information needed and available developed.*

## 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 (see below)

☐ Fairly difficult

☐ Very difficult

☐ Don't know

The first two to three months were difficult; but as the Health Board Hub model became established – this process became easier. There was a process with regular deliveries of PPE. Were supplier issues in that there was such widespread demand; with limited supplies & high prices – weren't always getting what was ordered, just what was available.

The integrated nature of the Health & Social Care Partnership helped enormously with ordering of PPE, Sanitiser and testing – there was very much a joined up and collaborative approach where there was need.

**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 (See below)

☐ Fairly difficult

☐ Very difficult

Don't know

The first two to three months were difficult; but as the Health Board Hub model became established – this process became easier. There was a process with regular deliveries of PPE. Were supplier issues in that there was such widespread demand; with limited supplies & high prices – weren't always getting what was ordered, just what was available.

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

*Please tick one box in each column*

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

☒ Other *Please write in –*

*We supported through the coordination of orders and supply of goods through the National Hub model in operation within Scotland.*

☐ None of the above

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

*Please tick one box only*

☐ Very easy

☐ Fairly easy

☒ Neither easy nor difficult (see below)

☐ Fairly difficult

☐ Very difficult

☐ Don't know

The first two to three months were difficult; but as the Health Board Hub model became established – this process became easier. There was a process with regular deliveries. Were supplier issues in that there was such widespread demand; with limited supplies & high prices – weren't always getting what was ordered, just what was available.

**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 (see below)
- Fairly difficult
- Very difficult
- Don't know

The first two to three months were difficult; but as the Health Board Hub model became established – this process became easier. There was a process with regular deliveries. Were supplier issues in that there was such widespread demand; with limited supplies & high prices – weren't always getting what was ordered, just what was available.

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

*Please tick one box in each column*

	Poor quality hand sanitiser/gel	Erratic deliveries of hand sanitiser/gel	Orders of hand sanitiser/gel diverted to NHS	Other <i>Please write in</i>
Very often				
Fairly often		<input checked="" type="checkbox"/>		
Not very often	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
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 -*

*We supported through the coordination of orders and supply of goods through the National Hub model in operation within Scotland.*

None of the above

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

*Please tick one box only*

Very easy

Fairly easy

Neither easy nor difficult (see below)

Fairly difficult

Very difficult

Don't know

Limited testing was available for the first few weeks; but became available for care homes. There was ability to fast-track staff to testing sites as these became established (e.g. at Glasgow Airport), as the wider public testing offering and ability to order kits came into effect there were less difficulties.

**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 – similar access to the wider public until the NSS Hub Model started providing tests for carers.

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 <i>Please write in</i>
Very often			
Fairly often			
Not very often			
Not often at all or never			
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 –* (See below)

None of the above

We coordinated the ordering and provision of test kits through the National Health Hub model. Distribution Hubs were key. Council employed staff within the HSCP were providing significant support to NHS colleagues in administration, supply and administering testing. There were 7 day a week collections and coordination of care home testing across Council staff.

**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** – bigger care homes with lots of tests were sometimes staggered with results coming over a number of days. By and large when testing was awaited, individuals were isolated with minimising outbreaks in mind.

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.

\*While the guidance was clear & consistent; it was not typically timely... it came out at the end of the day / week with little notice for implementation. Staff were often at the brunt of families who weren't happy with the messaging, calling the service / council often. Where guidance changed quite quickly, because of the lack of timely messaging, staff were confused and on the back foot.

**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**

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*

Tablets were made available in care homes to allow communication with friends / family by facilitating video calls.

Visiting at windows and in outside spaces was facilitated where possible; in line with the prevailing restrictions and rules at the time.

A number of care homes made changes to their outside areas and segregation spaces to support visiting in line with the Covid restrictions at the time; recognising the importance of these visits to residents and their family members.

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

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

*Please tick one box only*

To a great extent

To a moderate extent

☒ To a small extent – visits were as requested, but no real disruption.

Not at all

Don't know

*If to a great or moderate extent*

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

*Please tick all that apply*

Residents not receiving medical treatment

Longer waits for residents to receive medical treatment

Necessary transfers to hospital not undertaken

Unnecessary transfers to hospital undertaken

Other *please write in*

Don't know

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

*Please tick one box only*

To a great extent

To a moderate extent

☒ To a small extent

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*

*There were daily calls that took place to assess need; with healthcare professionals still visiting where there was a need (rather than necessarily on a routine basis) – however, there were no issues in receiving visits where there was a need.*

*There were concerns raised by family members within a care home on a non-visit from a GP; these arose from differences of view across healthcare professionals on whether the person should be transferred to hospital.*

**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*

*Visits still took place on an as needed basis.*

**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  
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**  
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**  
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*

*Care Homes / Suppliers undertook significant work to improve their facilities in relation to infection control. Additionally, our HSCP paid for extra staffing to support suppliers in this regard.*

*Government / Health guidance was followed and signposted with a view to providing infection control – including suggested restricting of staff to one site if they worked across multiple venues.*

**Impact of transferring people from hospital to care**

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

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

*Please tick one box only*

☒ Yes  
☐ No  
☐ Don't know

**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 (see below)  
☐ To a small extent  
☐ Not at all  
☐ Don't know

Initially enhanced IPC measures put in place until guidance and PCR testing was implemented. Daily meetings with care homes were of significant benefit in being able to discuss discharges and potential infection control. The daily discharge planning huddles allowed greater consideration of issues that may arise and responding to these issues when they did. There was clear improvements as the pandemic progressed in processes relating to all of the above.

**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 – (as per question 60 response)  
☐ 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 – (as per question 60 response)**

No

Don't know

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

*Please tick one box only*

To a great extent

**To a moderate extent –** Risk assessments were put in place for those who wandered or with challenging behaviour.

To a small extent

Not at all

Not applicable

Don't know

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

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

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

**Fairly good –** reasonable guidance that was fairly clear and consistent, and reasonably timely – Guidance on dementia residents who wandered or with challenging behaviour was unclear.

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

**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		

Similar to previous questions on PPE & Testing – initially there was not adequate resources, but as the National Hub model was established, it was much easier to have the required PPE and testing kits.

**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		

Similar to previous questions on PPE & Testing – initially there was not adequate resources, but as the National Hub model was established, it was much easier to have the required PPE and testing kits.

**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		

Similar to previous questions on PPE & Testing – initially there was not adequate resources, but as the National Hub model was established, it was much easier to have the required PPE and testing kits.

**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

\*Shielding guidance was iterative and developed over time but was not great to start with. Guidance / clarification of what it meant could change very shortly after initial communications - meaning we were on the back foot.

**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

\*As above, guidance was iterative and developed over time but was not great to start with; for example the initial guidance on elements such as food deliveries was not clear.. Guidance / clarification of what it meant could change very shortly after initial communications - meaning we were on the back foot. Additionally, the numbers of persons shielding grew weekly and our asks were coupled with onerous data returns (initially on a daily basis).

**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*

*The understanding of the Scottish Government Guidance for financial support for Social Care Providers was open to interpretation in some areas. A considerable amount of resources in terms of HSCP staff time was utilised to explain and correct submitted claims.*

## 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 Below

☐ None of the above

☐ Don't know

Day to day activities can be challenging anyway but the added difficulties during restrictions on shopping, pharmacy, visiting loved ones, accessing PPE, concerns about breaking rules, managing behaviours of people who don't understand rules.

### 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*

Everyone was concerned about catching the virus but this was increased for those already vulnerable or in the shielding category. For some carers this led to them declining what support may have been available.

### 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*

We encouraged flexible use of SDS budgets. We established community hubs to support people during difficult times and respond to needs such as shopping, pharmacy collection, wellbeing calls.

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

*Please write in*

We tried to maximise the normal care and support service within the available operating capacity.

The local Carers' Centre commissioned by the HSCP continued to operate within the restrictions.

Emotional and peer support was available as was advice and information services.

There was a big focus on social activities (within restrictions) to combat loneliness and isolation, concerts, quizzes, treasure hunts.

Advice on how to manage caring responsibilities and the restrictions.

We created local hubs for carers to access PPE and the equipment could also be delivered if the carer could not travel. Likewise we support access to testing and vaccinations as these became available.

Access to online counselling and CBT.

We encouraged flexible use of humanitarian budgets to meet respite/short break needs.

School hubs were open to young carers.

The Carers Centre secured substantial additional funding to distribute grants to carers for wellbeing activities and flexible respite short breaks, such as garden furniture, play equipment, outdoor play houses, garden furniture and toys, tv subscription services, arts and crafts, take away food.

Carers were a priority group for the local digital inclusion partnership, providing laptops, tablets and access to broadband.

Support was available in collection and distribution of prescription / medications as well as access to vaccinations as they became available.

**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*

*There were impacts upon the neuro-diverse community who experienced significant changes to their routines, and ultimately led to increases in the levels of support that was required.*

*However, we did carry out a lot of work with providers, day services, etc. to ensure that support could be provided to those most in need and at risk.*

*We amended our day services as an example, moving from a building based service to a more individual outreach service. A significant number of changes were made across areas like Children's Services and Day Services that sought to meet our service users' needs.*

*Recognising the impact on carers across groups – significant support was offered.*

**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*

*There were challenges in terms of socio-economic backgrounds particularly with those who were struggling financially. Humanitarian support and financial support was provided.*

*Risk assessments were paramount in identifying the support and protections required for our staff. Financial support was made available to providers, as well as transport support for individual members of staff.*

*Impacts were felt in terms of testing and isolating, particularly for staff from care providers, impacting their financial wellbeing if they could not earn. Signposting of support was key in these situations.*

*It was recognised that mental health impacts were experienced by staff involved across working in the pandemic; greater consideration has been given to the support for our staff.*

**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*

*As previous answers, plus*

The overall wellbeing of people with care needs and the carer themselves deteriorated making caring more intense but harder to deliver.

For vulnerable people, those shielding and their cares there was a reluctance to access what little support and day to day services which may have been available for a heightened fear of catching the virus.

Some carers noted that living with lockdown restrictions was just like a normal day for them, they don't get out, don't see anyone from one day to next and have a list of responsibilities that keep you busy from getting up to going to bed.

Through the HSCP, Carers Centre and Community Hub, we just tried to provide as much information and support as we could. Available support was offered in as flexible away as possible to meet the carers needs and through weekly wellbeing calls we retained a priority approach to respond to those most in need.

We were completely flexible in our approach to respite and encouraged creative use of options 1 payments to meet carers respite needs.

It may be appropriate to note that for some carers, there were unintended benefits to Covid. Flexible working and working from home could mean that caring responsibilities could be shared particularly for parent carers when one or both would normally have been at work.

### **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* – While street homelessness solutions were typically required in cities, East Renfrewshire Council were able to provide accommodation for any homeless household who sought assistance.

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*

*There was good working between Local Authorities, HSCPs and the Health Board to understand issues & share best practice.*

**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)

Throughout the pandemic, all of these issues were a significant concern.

As the Hub model became established, elements like accessing PPE and testing became less of a concern; but at all waves there was equal prominence placed each area outlined above.

**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)

Throughout the pandemic, all of these issues were a significant concern and as such dealt with through equal prominence being placed on each area outlined above.

**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**

*At times, National guidance changes or restrictions were made late in a day or week; with little or no notification provided to the Local Authority or HSCP. Staff were often having to interpret and*

*implement new guidance simultaneously & typically left to deal with the frustrations of the public.*

*Earlier communication (prior to publication) of decisions and changes would be beneficial; allowing questions that may reasonably be expected or challenges to guidance / rules to be identified and discussed. This would ensure that there was consistent messaging and approaches.*

## **Lesson 2**

*Being an integrated partnership was a significant help; because of the links to both NHS and Council, the Health and Social Care Partnership were able to access PPE, Vaccinations, testing, etc. There was a good ethos of collaborative and partnership working throughout with people, particularly vulnerable people being the driving concern.*

*As an example of this, we managed a provider led closure of a care home at one stage during the pandemic; bringing together a wealth of resources and expertise.*

*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*

N/A

Completed by: NR on behalf of East Renfrewshire Council & East Renfrewshire Health & Social Care Partnership

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