

Adult Social Care Winter Preparedness Plan 2020-21



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Foreword from Cabinet Secretary for Health and Sport



Every winter brings additional pressures to our health and social care system. But this winter we face those pressures in the midst of the global pandemic of COVID-19. The pressures of responding to COVID-19 and its impact on those who need our services and the frontline staff who provide them with compassion and skill exacerbate too our response to 'normal' winter pressures.

We have learned a great deal so far this year. Significant improvements have been made to the practical delivery of services as our understanding of the virus and how it spreads has deepened and as we try to respond directly to the range of challenges it presents, particularly to those who deliver services and those who receive them. That deepening understanding will continue as we learn more from the work of our clinical and scientific experts and we will continue to focus on delivering clearly and swiftly on all the steps we must take to continue to improve our support and guidance to protect as best we can those who are most at risk of harm from both COVID-19 and the challenges of winter. This will always be about reaching the best balance we can between direct and indirect harm to health and we will work to achieve that balance with all our partners in adult social care.

This Plan sets out the measures already in place that must be retained and those that we believe need to be introduced across the adult social care sector. The Plan aims to be as comprehensive as possible, seeking to offer maximum protection for those who use social care support, whether within residential, community or homely settings, and to those who provide that care, including unpaid carers. It is aimed at mitigating risks likely to arise in the short term and should therefore be treated as a flexible document, which may be updated or supported by additional guidance. At its heart it seeks to provide reassurance that the wellbeing and quality of life of those using and providing social care remains a priority.

Rightly, the plan has been the result of both what we have learned so far this year and close work with our partners. It will also rightly, continue to develop as we respond to developments not only in our shared understanding of COVID-19 but to the continuously emerging development and prevalence of the virus across the country and the challenges that winter presents. I am grateful to the many colleagues and organisations who have contributed to this plan and committed to the work and improvements it outlines.

We will be most effective by working together across the whole range of adult social care services. Collaborative and complementary work will continue and develop across local authorities, social care providers, the voluntary sector, communities, NHS organisations and the Scottish Government. Each must recognise their own clear responsibilities to deliver the services and support needed.

And each of us must continue to listen to those who receive these services, and those who deliver them. Their voice is critical.

Scotland's dedicated social care workforce are on the frontline of our national response to the Covid-19 pandemic. They provide critical support to people across Scotland every day. We have seen the strength of their response, the compassion and care they bring every day to the job they do. Our job is to do all we can to support them.

These are anxious times for all those who use social care support and for their families and friends. Anxious times too for those who work in the sector and their loved ones. Whilst the experience so far this year has taught us a great deal it has also given us a very clear insight into just how difficult this winter could be. I do not underestimate any of that but I know that there is real strength and common purpose across this sector and I know that with our colleagues across the adult social care sector we will continue to pull together to drive the improvements needed and deliver the best we can for our fellow citizens over the coming months.

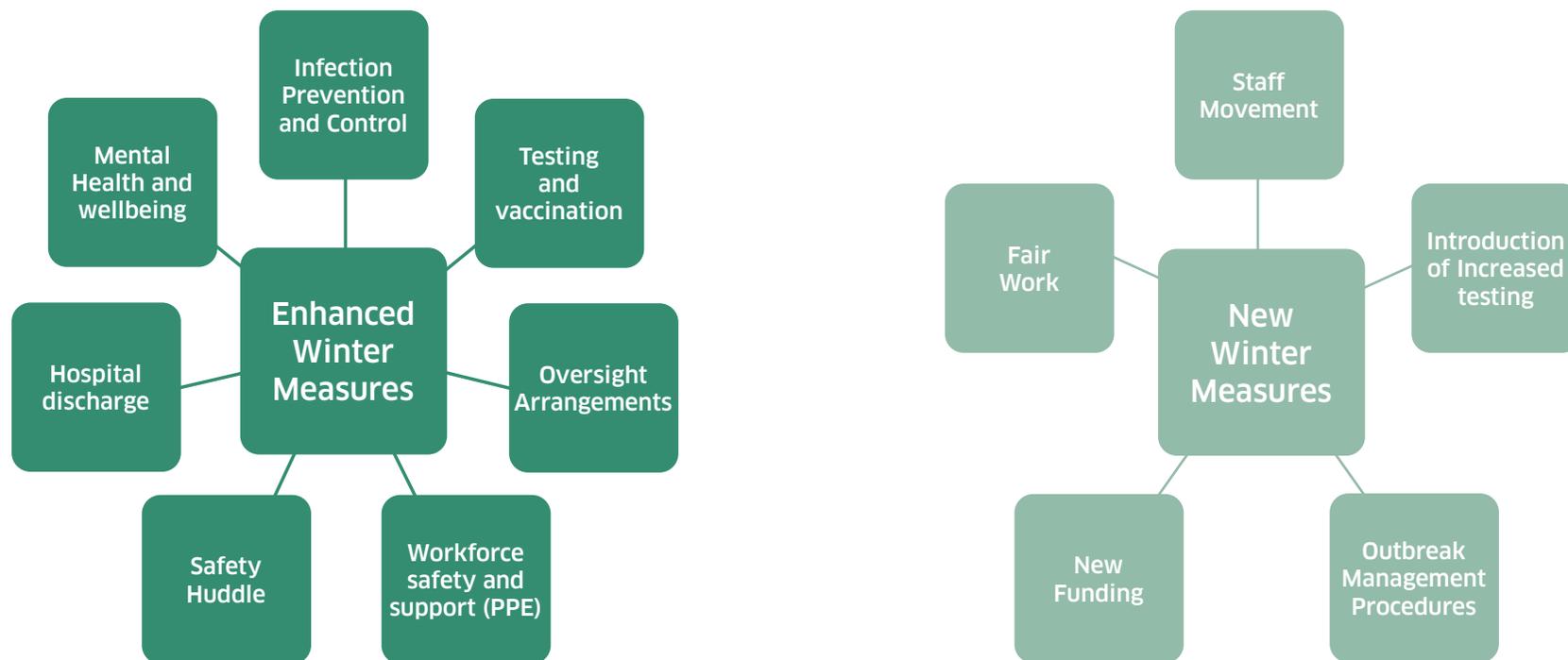
Jeane Freeman

Introduction

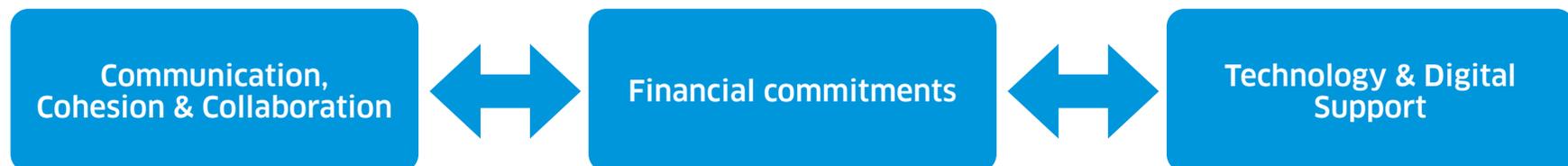
The Plan is centred around **four key principles**:

- Learning from evidence to protect people who use social care support from the direct impact of COVID-19, and wider winter viruses.
- Ensuring that people have good physical and mental health and wellbeing, through provision of high quality integrated health and care services.
- Supporting the social care workforce to deliver safe support and care and to have positive mental health and wellbeing.
- Working in collaboration to plan and deliver high quality care.

Within these categories, the Plan provides specific guidance on a range of **critical issues** such as:



The plan **will be delivered** through:



An **evidence paper** is published alongside the plan to provide context and the rationale for our actions. It brings together national and international learning, including the recent publication from Public Health Scotland on discharges from hospital to care homes, and the Root Cause Analysis (RCA) of four sample care homes, also published today.

Context

Adult Social Care is there for people over 18 who need help with day-to-day living because of illness, disability, or older age. It can be provided in many settings, including at home, in care homes or in the wider community. The population receiving social care and support is diverse, with wide ranging needs and circumstances:

- Around 245,000 (1 in 20) people receive social care and support in Scotland.
- Around 60,000 people in Scotland are receiving home care at any one point.
- The majority (77%) of people requiring social care services or support are aged 65 and over.
- People residing in a care home tend to be older, with around 90% of residents aged 65 and over and 1 in 2 aged 85 plus.
- However not all people receiving social care are older. Younger adults with physical and learning disabilities or mental health conditions also receive vital support.
- Poorer health and wider inequalities within any social care cohort will heighten the risk from Covid-19.

Within the context of the lockdown and the wider impacts of the pandemic this year the entire population has faced challenges:

- For the 90,000 people with dementia COVID-19 has presented many challenges for them and their carers.
- For people with autism and learning disabilities the challenges have been magnified.
- It is recognised that people with a sensory impairment and those with communication needs, have faced particular challenges during the pandemic. As a priority, the needs of this group must be considered when they access health care facilities and communications must be available in appropriate language and accessible formats.

The system of adult social care is planned, commissioned and delivered by a wide range of partners. This includes organisations in the public, independent and third sectors. Ultimately the people most critical to the delivery of safe, high quality adult social care services this winter will be those in the front line workforce.

- There were 206,400 people employed in the social service sector in December 2019. There are many more individuals supporting delivery through our multidisciplinary health and social care teams.
- It is also important we recognise the valuable role of unpaid carers with an estimated total of around 690,000 carers living in Scotland, including 29,000 young carers.

This plan was drafted following consultation with a wide range of organisations across the social care sector, including those represented on the Pandemic Response Adult Social Care Group: Local Government, the NHS, Health and Social Care Partnerships, Regulators, the Third Sector, Trade Unions and professional bodies. This Plan will be delivered alongside Scotland's Strategic Framework which set out the methodology for local tiering this winter.

Learning from evidence to protect people who use social care support from the direct impact of COVID-19, and wider winter viruses

The continued provision of high quality adult social care for all services current and future is a priority. Public health measures will be deployed to protect people from the direct harm of all viruses this winter.

Enhanced winter measures:

We have already made significant progress with successful **infection prevention and control** (IPC) practices. These require action by all organisations involved in the delivery of health and social care. It is vital that all staff have the necessary knowledge, understanding and skills to help them continue to improve the overall safety and quality of care. Employers have a duty to safeguard the health and safety of their staff. Services that can safely and effectively be delivered digitally, for example some mental health services, will support reduced transmission. To augment current arrangements the Clinical Professional Advisory Group will lead work for updated IPC in adult residential settings including care homes and community care practice guidance. This will further enhance the existing requirements for all individuals to have a single negative test on admission to residential care settings from the community, requirements for admissions following hospital discharge are covered later in the plan. As highlighted within the Root Cause Analysis (RCA) of 4 sample care homes, this will be accompanied by a dissemination and implementation plan. This will be further enhanced by an additional **£7 million** to enable IPC support and training for adult social care staff led by Health Board Nurse Directors.

The additional risks of COVID to individuals living in a communal setting are now widely understood and the RCA reaffirmed that all care homes are vulnerable to outbreaks. We are now asking providers to introduce a **daily review of COVID symptoms** in care home residents and staff. The Clinical and Professional Advisory Group will shortly provide and issue a checklist of the broader COVID symptoms common to the care home cohort. The pandemic has highlighted that the clinical complexity of people residing in care homes requires significant nursing input. Steps should be taken by partners to increase nursing provision in care homes or, where more appropriate, increase nursing support to care homes.

Vaccinations are the most effective method of preventing infectious diseases. When a safe and effective **Covid-19 vaccine** becomes available at a national level, we will work to ensure that priority is given to: care homes, vulnerable people cared for in their own homes including housing support and residential settings as clinically appropriate, and care workers, paid and unpaid.

The **seasonal flu vaccination** programme remains a key part of our plan to protect the most vulnerable and those at risk people during the pandemic this winter. We are working to secure maximum uptake for all eligible social care workers (including unpaid carers and personal assistants) and for those eligible groups who are in receipt of social care support.

The pandemic has affected every single person in Scotland, including recipients of adult social care. Many of us will have been anxious or worried about our health, our family and friends, and the effect of changes to our way of life. The **Transition and Recovery Plan for Mental Health** has been developed to address emerging evidence and with expert stakeholder input to respond to the current mental health needs of the population: <https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/>.

Visiting is vital to the wellbeing of residents in residential care and their loved ones and should continue to be supported as safely as possible. It is essential that we achieve a balance between the need for safety and the need for family and visitor contact to address individual feelings of isolation and loneliness. We are actively monitoring the adoption of Stage 3 visiting across Scotland and will work with partners to ensure the consistent adoption of guidance. Essential visits where they will benefit the resident's health and wellbeing, or allow families and friends important time with loved ones in circumstances approaching end of life should be generously and sympathetically accommodated at all-time throughout the pandemic. Visiting arrangements to care homes are updated on the basis of evidence. As at 3 November where the care home is COVID free visiting guidelines recommend 1 designated visitor, indoors for up to 4 hours once a week and up to 6 people from no more than 2 households for one hour once a week. We will also provide further advice and options to opening up care home visiting to support more people to connect with their loved ones where it is safe to do so. To support this further we will expand testing to include designated visitors to care homes as soon as possible. This is likely to involve increased delegation and local ownership and oversight of care home visiting, within a national framework of guidance and principles. This will be supported by local oversight teams and aligned with the new Strategic Framework that supports Scotland's approach to tiering. To improve information and engagement we will shortly publish a website to provide information and advice for families on visiting.

A significant proportion of individuals accessing adult social care support will also fall within the **shielding category**. Information and advice are crucial for those with a higher clinical risk from COVID-19. The national helpline is maintained for people seeking further information or advice about shielding and use of risk assessments is promoted for people who are at high risk and cannot work from home, to ensure their safety. This ensures that they understand the risks, both for their individual condition and of local virus transmission. This supports informed choices about individual protection, particularly over the winter months. Where appropriate, a daily 10 microgram supplement of Vitamin D is recommended to keep bones and muscles healthy, and a free supply is being offered to people shielding in the community. For those in care homes Vitamin D will be recommended on an individual basis, based on clinical assessment.

Our efforts to protect people from the virus and the **rights** of those we are seeking to protect are equally important. Decisions on care must involve the individual as much as possible. Where an individual does not have the full capacity to make decisions, it is critically important that families, guardians and those with Power of Attorney are fully involved in decision making.

New winter measures:

The RCA and the Evidence paper both reinforce that minimising **staff movement** within and between care settings is critical to reducing the risk of transmission. The evidence is clear that reducing the number of people in close contact reduces the risk of infection of COVID-19. Measures to support the adoption of staff cohorts, working in smaller viable units within care homes must be implemented wherever possible. Similarly, in the delivery of care at home and in other settings, staff cohorting or increased continuity of carers should be adopted where possible.

We will explore whether new regulations are required to support this in the coming weeks. However, providers will now be required to demonstrate they have done everything they can to limit staff movement. In addition, agency staff who are asked to support care homes with COVID will be required to self-isolate for 14 days, before moving to another setting. We will keep this requirement under review and update guidance as our knowledge and wider technology develops. Where staff movement is unavoidable it is vital that there is robust recording of all and any staff movement.

The RCA report highlighted the need to ensure sufficient workforce capacity to manage demand and provide continuity of safe care. Implementation will therefore require planning and co-ordination across partners at a local level. We will work with nurse and care agencies, trade unions and wider partners to consider winter staff deployment to support this aim. To support implementation of the requirements to restrict staff movement we will make up to **£50 million** available for care providers. It will be important that every effort is made to ensure any measures do not negatively impact on individual members of this vital workforce.

Testing will remain critical in limiting transmission of COVID-19. The [Coronavirus \(COVID-19\): review of testing strategy](#) sets out our approach to expanding routine testing. Within the priority groups identified are health and care staff who visit care homes, and other residential settings as appropriate; designated visitors to those who live in care homes; and care at home staff. More detail on this is set out later in the Plan.

Ensuring that people have good physical and mental health and wellbeing through provision of high quality integrated care services

A strong and well-functioning integrated system will ensure that people can be supported in the community where clinically possible.

Enhanced winter measures:

Health and Social Care Partnerships must build on the **Home First** approach that has been successful in many parts of Scotland and widely adopted during the pandemic. Strong multi-disciplinary working across health and social care is needed to support a Home First approach, with the NHS supporting a range of Intermediate Care services as well as Hospital at Home. Healthcare Improvement Scotland (HIS) are developing a national learning system to help share knowledge and good practice on Hospital at Home. Resources include:

- Online learning sessions, case studies and podcasts
- Twinning areas developing Hospital at Home to provide peer support and mentoring
- Development of a toolkit to support areas to assess their readiness to adopt Hospital at Home
- Development of standard protocols and templates to help standardise services across Scotland.

Local authorities must balance the COVID transmission risk of restarting some supports and services with ensuring that **social care packages** allow people to live fulfilling lives. The priority is to ensure that eligible care and support needs are being met, in the right way for people and unpaid carers, to ensure safety, dignity and human rights. This includes where care and support needs have changed. We will work with COSLA, Integration Authorities and providers on the scope and mechanisms of additional funding for financial sustainability throughout the winter period to protect social care services. In addition, work with Health Boards and Integration Authorities will continue over the coming months to review and further revise financial assessments, and as part of this we intend to make a further substantive funding allocation in January.

Significant work has also been undertaken to ensure that the **NHS 'wraps around'** social care during the pandemic. This has worked well in addressing direct harm from Covid-19 and ensure that non-Covid-19 health harm is addressed. We need to maintain and extend this 'wrap around' more widely for people using adult social care provision. The Clinical and Professional Advisory Group is leading on the development of the care model and this must now be supported into the delivery phase.

There are two aspects to this:

- Ensuring that people stay well for as long as they can; and
- When hospital admission is required, suitable provision is available for people to return to their home with the right support in place, supporting the **Home First** approach.

It will be important to support the acute hospital sector by ensuring no-one is unnecessarily delayed in their **discharge from hospital**. We must ensure that the approach of planning for safe discharge as soon as people are admitted to hospital is adopted across the country. This approach, already shown to be person centred and effective makes sure that when a patient is clinically able to leave hospital they can be safely discharged home or to a homely setting. Packages of care must be appropriate and in place rapidly. Unpaid carers must be involved in the hospital discharge of those they are caring for, ensuring they are able to provide the care required. This approach provides a better outcome for individuals, as well as ensuring hospital capacity is used appropriately.

Public Health Scotland were commissioned to undertake an analysis of discharges from hospital to care homes and their report was published on 28 October. The independent report, produced in partnership with senior clinical and data experts from the Universities of Edinburgh and Glasgow, showed that whilst discharge from hospital, when other factors were considered, did not contribute to a significantly higher risk of a COVID outbreak, discharge along with other factors requires continued improvement and focus. It found the strongest association with outbreaks of COVID was care home size. To ensure that hospital discharge is both safe and effective across the country, in line with the findings of the independent report, Health Boards must ensure that the national testing requirements for people are followed:

<p>Admission of COVID-19 recovered patients from hospital</p>	<p>Patients should always be isolated for a minimum of 14 days from symptom onset (or first positive test if symptoms onset undetermined) and absence of fever for 48 hours (without use of antipyretics). They also require 2 negative tests before discharge from hospital (testing can be commenced on day 8). Tests should have been taken at least 24 hours apart and preferably within 48 hours of discharge.</p> <p>Where testing is not possible (e.g. patient doesn't consent or it would cause distress) and if discharged to care home within the 14 day isolation period, then there must be an agreed care plan for the remaining period of isolation up to 14 days.</p>
<p>Admission of non-COVID-19 patients from hospital</p>	<p>Testing should be done within 48 hours prior to discharge from hospital. A single test is sufficient. The patient may be discharged to the care home prior to the test result being available. The patient should be isolated for 14 days from the date of discharge from hospital. Risk assessment prior to discharge from hospital should be undertaken in conjunction with the care home.</p> <p>Note: an admission to hospital is considered to include only those patients who are admitted to a ward. An attendance at A&E that didn't result in an admission would not constitute an admission.</p>

The way we provide **primary care** has already changed during the pandemic, with increased use of telephone and Near Me assessments to minimise potential transmission of infection through face to face contact. There are still times when a face to face consultation is clinically necessary, and health and care professionals will continue to enter settings such as people's homes and care homes to provide ongoing care and support when required, with appropriate safety measures. District Nurses, Advance Nurse/AHP Practitioners, specialist nurses and AHP's and community mental health teams have continued to provide essential care during this pandemic and will continue to do so over winter months.

Health and Social Care Partnerships will continue to work closely with community pharmacists, AHPs and community nursing teams to co-ordinate support for care homes and other care settings to ensure good pathways of care and support during any outbreaks. GPs and multi-disciplinary teams lead delivery of care to patients at home with multiple co-morbidity, general frailty associated with age, and those with requirements for complex care. Ensuring the deployment of sufficient resources across the multidisciplinary teams to support compliance is crucial. Health care pathways and more care within the community setting, including urgent care and support for palliative and end of life care over the winter period must be supported. In addition, where possible GPs may wish to consider aligning with a care home local to their practice to offer strategic support to the care home management over the winter months, whilst respecting the individual choice of residents on GP registration.

Oral and Eye Health care underpin the wellbeing of people living in care homes or other at risk groups. During winter 2020/21 the focus will be to continue the safe provision of urgent and essential oral and eye health services, including remote consultations where it is appropriate. Patients will continue to be risk stratified with ongoing support to those in care homes and with additional needs. Service remobilisation also involves availability of key services such as new spectacle prescriptions for failing eyesight, the replacement or repair of dentures and spectacles, and the detection of oral cancer and sight-threatening conditions.

The **Community Pathway** has been in place since 23 March 2020 with symptomatic patients being directed (via NHS24 111) to local Community Hubs for further triage and assessment. As announced in the Programme for Government, the existing Covid Community Pathway will be enhanced to support people over the winter period, as patients present with symptoms similar to COVID-19 symptoms, such as cold and flu. Significant engagement has taken place, and will continue, with key stakeholders – across Primary and Secondary Care – to agree how this model will be delivered at a local level. Public Health Scotland data reports that between 23 March and 8 October a total of nearly 180,000 consultations were carried out with patients being triaged to Community Hubs and Assessment Centres. This includes telephone advice, face-to-face consultations at assessment centres and a small number of other recorded consultation types.

People who may be approaching **end of life** will get the care and support that is right for them. We will support medical professionals to have sensitive and timely conversations with individuals and their loved ones (where appropriate) about their care wishes should there be a risk of them becoming seriously ill. These can be challenging conversations and can reflect the variety of anxieties and concerns people can have during what remains a difficult time for us all. That is why we want to learn from our experiences earlier in the pandemic and adopt a more person centred and sensitive approach to anticipatory care planning (ACP) discussions.

It is important to recognise that in some cases of overwhelming illness, particularly in individuals with significant or multiple pre-existing conditions, some treatments such as Cardiopulmonary Resuscitation (CPR) may not be effective. This can often be a difficult subject to discuss, however it is important for medical professionals to be open and realistic with people and their loved ones, about whether this treatment is likely to be successful given the specific medical circumstances of the individual. However, there is no specific requirement to have a discussion on CPR as part of an anticipatory care planning (ACP) conversation, unless the individual raises this and wishes to discuss it, or the clinician feels strongly that they need to discuss it for the individual's wellbeing.

Our healthcare professionals are trained to have these conversations and will help people, and those closest to them, to make an informed choice about the treatment and care that is right for them. However, we want to build on our learning from earlier in the year and have a range of tools to support clinicians in taking a more person centred and sensitive approach when having these discussions. To aid them in this work, on 30 September 2020, the GMC launched updated guidance on *Decision making and consent*. The updated guidance focuses on person centred care and aligns with the Realistic Medicine agenda in Scotland. It promotes shared decision making as the key to ensuring people receive the treatment and care that they need, based on what matters to them, and ensuring they have all the information they need to give informed consent.

Additionally, resources have been developed to support clinical colleagues in having these conversations in a more person centred, sensitive and holistic way. These are available on the Healthcare Improvement Scotland website <https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit/>

We will also continue to work with health and social care colleagues to ensure that information and guidance to support care planning conversations are easily accessible to the public, medical professionals, and care providers to help ensure that people get the advice they need, when they need it. Our overarching Cardiopulmonary resuscitation decisions – integrated adult policy guidance makes clear that these discussions and decisions should be consistent with relevant legislation and guidance, such as the Human Rights Act (1998), and the Adults with Incapacity (Scotland) Act 2000.

Supporting the social care workforce to enable the delivery of safe support and care and to have positive mental health and wellbeing

Social care employers and Health and Social Care Partnerships will fully support their dedicated social care workforce through these challenging winter months.

Enhanced winter measures:

We will sponsor **fair work** practices by continuing the **Social Care Staff Support Fund**, in addition to the support provided by adult social care employers. This will ensure that staff are paid their expected income when ill or self-isolating as a result of Covid-19 where their terms and conditions pay less than this.

The additional pressures of the pandemic to the delivery of adult social care will have had an effect across the workforce. We recognise that as we enter winter, and after some very challenging months, individual reserves may be low, and people are concerned about future challenges. Supporting the **mental health and wellbeing** of the workforce, the third sector and unpaid carers will be key. We will maintain access to local NHS Board workforce wellbeing services, raise awareness of the health and social care wellbeing national hub PROMIS and the mental health support service at NHS 24.

Through our partners and existing forums we will raise awareness of the Disclosure Scotland Priority COVID Staff process to support the prompt **recruitment and appointment** of additional resource. We will provide access to staff identified through the Health and Social Care Covid-19 Accelerated Recruitment Portals which has enabled those with relevant skills and experience to come forward and support health and social care services. In addition, we will work with care homes to understand the additional administrative activities required in response to COVID.

Local level workforce plans and staff rosters should be reviewed frequently by Health and Social Care Partnerships as part of professional oversight to identify **risk of staffing deficits** and offer advice and/or mutual aid where required. In circumstances where mutual aid is required it will be facilitated in a timely fashion to support safe care where necessary and provide support and sick pay to staff where it is required. Mutual aid across geographical boundaries should also be effected where necessary.

Ensuring our essential social care workforce, and Scotland's unpaid carers, have access to the **Personal Protective Equipment** (PPE) they need in order to carry out their roles safely during the pandemic is essential. Given the immense pressure on normal supply chains due to Covid-19, the Scottish Government, through NHS National Services Scotland has since March 2020, been providing top-up and emergency provision of PPE free of charge. This arrangement will continue until at least the end of March 2021. It will also be enhanced with the dissemination of information and updated PPE guidance for social care providers. This is important for the safety and wellbeing both of those providing care and support and the people they are supporting. Scotland's COVID-19 PPE Action Plan will help ensure that the right PPE of the right quality gets to the people who need it at the right time.

Testing will remain critical in limiting transmission of COVID-19. All care home staff, including agency staff, where they are deployed to care homes, will continue to be offered weekly COVID-19 testing and uptake to date will be sustained by partners. With around one third of tests already moved, we will continue the transition of testing to our NHS run labs by the end of the calendar year, to secure improved turnaround times. The [Coronavirus \(COVID-19\): review of testing strategy](#) presents a clinical and scientific review of our COVID-19 Testing Strategy in light of the latest evidence and sets our priorities for extending testing as soon as capacity increases. This will expand routine testing to health and care staff who visit care homes, and other residential settings as appropriate, such as community nurses. It will further introduce testing for designated visitors to those who live in care homes where this can add an additional layer of risk mitigation and enable safe visiting to continue. Finally, it will allow us to expand testing to care at home staff as soon as the technology and capacity allow. We will also consider the delivery alignment of all new testing provision with local areas with highest community prevalence. Social care staff more widely and those in receipt of social care will continue to get tested if they or someone in their household are displaying symptoms or if they have been advised to be tested as a contact of someone who has tested positive for COVID-19.

Recognising and supporting **unpaid carers** is central to the sustainability of the social care system. The pandemic has thrown into sharp focus the important role that unpaid carers play in our communities. It has also significantly increased the pressures on carers and the numbers of people carrying out unpaid caring roles. Local delivery will be supported by funding and working with partners including the Carer Centre Manager Network and Scottish Young Carer Services Alliance. This will help local services to share practice and resources, and ensure that local carers' services can access tools to support staff to build resilience over the winter months. This winter we will also work, through a dedicated national campaign, to encourage carers to take up the support they need to look after their own health and wellbeing, and to highlight the value of unpaid care and the pressures on carers.

New winter measures:

To develop our **fair work** proposals further we will shortly publish details of retrospective financial support for those within the workforce who were unable to work as they needed to shield at any point between March 2020 and the end of the UK Job Retention Scheme. Eligibility will be where their employer did not access the job retention scheme to furlough them.

Working in collaboration to plan and deliver quality care

The delivery of adult social care in Scotland requires effective collaborative working between planners, commissioners, providers and improvement and protection bodies.

Enhanced winter measures:

In May it was announced that multi-disciplinary enhanced **clinical and professional oversight arrangements** for care homes should be put in place in every HSCP area. This included a daily meeting of the Chief Officer, Chief Social Work Officer, Director of Nursing, Director of Public Health and Clinical Director (or their representatives) to review the position of all adult care homes in their area. The Care Inspectorate are included as appropriate in these considerations. For the 2020/21 winter period, it is expected that these daily huddles will continue to operate. The scope of interest should now be extended to wider adult social care provision to protect services over the winter. It is also expected that ensuring appropriate health and safety procedures are in place is within the remit of the oversight function. As part of this work local partners should support providers to review and update their continuity plans for winter. Provider engagement with the local multidisciplinary oversight team should be sought where there are concerns by no later than the end of November.

The **Turas Care Management – Safety Huddle tool** has been developed to enable a consistent approach to data collection, report staffing decisions and early escalation and warning to enable timely support and intervention. Over the last 2 months providers have demonstrated a high level of commitment to the adoption of the huddle tool and input to the huddle tool will continue to be promoted and supported by all partners. The RCA conclusions have recommended that more proactive monitoring and review of local data will support increased early outbreak minimisation and management. For that reason, ensuring that the huddle tool is being proactively used by all local partners to record, analyse and act upon information must be a priority. Support and training will continue to ensure greater understanding of the functions that support early escalation of concerns over the winter months and beyond.

Effective scrutiny of, and support to, care homes to ensure the safety and wellbeing of residents will continue. The Care Inspectorate will be supported to continue to carry out **scrutiny and improvement** activity during the winter months. As the pandemic continues, this remains a vital mechanism for protecting and improving services for individuals. The role of the Care Inspectorate remains under continuous review to ensure they have the necessary powers to respond to a continually developing landscape. This was demonstrated in the response to the pandemic, when new emergency regulations were introduced to ensure that the Care Inspectorate could act swiftly to protect and promote high quality social care service delivery.

New winter measures:

National and local partners will work at a local level with the public to prevent, contain and manage outbreaks during the winter period. A number of further processes should be adopted this winter:

- In the event of a **suspected** outbreak this winter the HSCP will immediately provide support to care providers.
- Whilst awaiting confirmation of an outbreak providers should be supported by local partners to immediately review IPC processes and brief all staff on the heightened risk.
- Where any single member of staff or a care home resident shows symptoms of COVID, along with testing and self-isolation of the individual(s) concerned, the local Public Health Team should provide immediate advice on whether all staff and residents should be tested and take the necessary action (ie on the same day of symptoms showing)
- All staff and residents (where clinically appropriate) at care home sites should be tested immediately on confirmation of one positive test and the Health Board will prioritise the analysis and communication of test results ideally within the same day.
- Staff not at work on the day an outbreak is confirmed will be required to be tested and receive a negative result prior to returning to work. Local health protection teams should provide advice on additional follow up testing.
- Local oversight teams are to provide support for care homes in managing outbreaks and ensuring continuity of care by providing mutual aid – for example through staffing if the provider is unable to secure sufficient support through normal routes.

National and local partners, including care providers, need to work together to plan and prepare for **EU exit**. At both national and local level, we need to plan for concurrent risks, with the end of the Transition Period on 31 December coinciding with the ongoing Covid-19 pandemic (and potential for further surges) and the impact of winter (including flu and severe weather).

Delivering Our Response

Finance

The Scottish Government has allocated a total of £150 million this year for social care as part of our additional COVID funding to help the social care sector deal with the financial implications of the pandemic.

It is recognised that ensuring winter preparedness this year is going to require additional resources. This Winter Protection Plan will be supported by **further** funding of up to **£112 million**. We will work with COSLA, and wider partners, immediately on effective allocation of this funding through mechanisms that promote additionality of services and value for money. Funding levels will continue to be reviewed to ensure the sector has the support that it needs this winter.

Funding will be allocated broadly as follows:

- **£50 million** to support the additional costs of restricting staff movement across care settings
- **£50 million** for the Social Care Staff Support Fund and winter sustainability funding through to the end of March 2021
- **£7 million** for Health Boards to invest in Nurse Director teams to support increased infection protection and control measures in care settings
- **Up to £5 million** for additional oversight and administration costs associated with responding to the pandemic and outbreak management

Technology and Digital Support

All those within the social care sector should have the digital tools to provide and receive effective, safe social care services and ensure that innovation is maximised. A refreshed digital health and care strategy with a new data strategy across health and care are in development, alongside key partners, to reflect recent developments as a result of Covid-19.

To improve services this winter at a national level we will:

- **Commit £500,000** to ensure all care homes to have access to digital devices, connectivity and support to keep their residents safe through the national Connecting Scotland Programme. We will work to ensure that moving services online reduces inequalities and does not exclude the least advantaged in society from the services they may need the most.
- Publish a **Digital in Care Homes Action Plan** to ensure residents and staff in our care homes can benefit from a range of digital tools and approaches. We will make NHS email accounts available to all Care Homes to provide greater communication and integration of services.
- Look to build upon the success of the use of **Near Me** video consulting by extending its uptake into social care and care homes.
- Roll out a digital tool to support people with Covid19 and its longer term effects to help them manage their condition from home or a homely setting and a clinical assessment tool to enable an early diagnosis of COVID for care home residents following initial testing.

- Support trials of outbound calling for telecare as a model for wide-scale implementation to deliver a more proactive telecare service.
- Work with key partners to develop approaches to keep people safe during the winter, including promoting the new **Purple Alert App** for people living with dementia and those around them, and the new **About Digital and Me (ADAM)** assessment tool to help people keep connected and independent.
- Encourage service commissioners and providers to consider and engage with national programmes on how technical or digital solutions may help to protect residents from COVID-19 and connect them to their loved ones. This includes the use of Near Me, vCreate, mental health support, clinical assessment tool and more.
- Promote working with local Connecting Scotland Lead Contacts who can advise on available support to get people connected.

Shared Values

To monitor the delivery across the strategic priorities this winter we will put in place national arrangements with COSLA, the Care Inspectorate and others. These monitoring arrangements will focus on implementation and will be reviewed by Scottish Ministers and COSLA Leadership on an ongoing basis. A regular report on winter delivery will also be fed into the Mobilisation Recovery Group, chaired by the Cabinet Secretary, to support the requirement for quality integrated care services set out in this Plan.

In addition, we need to work across partners to ensure strong local oversight that takes account of and responds to delivery barriers and challenges – this will be supported through the Pandemic Response – Adult Social Care Group. Where they are identified action should be taken to support timely resolutions. This will be strengthened by a commitment to shared values to ensure that we have the systems and corresponding behaviours to support high quality integrated services for all of those touched by adult social care:

Communication

The Pandemic Response in Adult Social Care Group (PRASCG), jointly chaired by the Scottish Government and COSLA, will meet on a weekly basis for the next 6 months, to act as an early warning for emerging delivery issues and challenges.

The Clinical and Professional Advisory Group (CPAG), whose remit has been extended to cover wider adult social care settings, will also continue to ensure that the policy and advice is translated into robust clinical guidance for the sector.

The Care Inspectorate will continue to review and oversee the quality of care to ensure it meets high standards. Where they find that improvement is needed they will support services to make positive changes to meet the needs, rights and choices of service users.

Cohesion

All partners will approach discussions about challenges over the winter months in a transparent and inclusive way to deliver timely resolutions that prioritise the needs of service users.

Consider and support adult social care interventions in the round and equitably over the winter months to deliver safe and efficient care.

Demonstrate integrity to resolve challenges in a supportive and empathetic manner.

Collaboration

We will explore with partners the development of accessible information about the impact of COVID on services.

Use the Multi-Disciplinary Oversight model to escalate matters that will impact on the care and support of individuals.

Continue to learn from experience and respect and share findings widely to maximise protection measures for people.



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