

Adult Social Care Winter Preparedness Plan 2021-22



October 2021



Scottish Government
Riaghaltas na h-Alba
gov.scot

Contents

 Click to navigate



Introduction



Context



Supporting the social care workforce and unpaid carers



Maintaining high quality integrated health and social care services across care settings



Protecting those who use social care support from the direct impact of COVID-19 and other winter viruses



Working in partnership across health and social care organisations

Introduction

This Winter Preparedness Plan sets out the measures that will be applied across the adult social care sector to meet the challenges of the winter ahead. It aims to provide information and assurance to all those involved in and affected by the provision of adult social care, including: those who access support and care and their family and friends; the social care workforce and unpaid carers; and care providers and sector leaders across Scotland.

It is a companion document to the [Health and Social Care Winter Overview](#), which sets out the key challenges and response measures that will be implemented within the NHS and care this winter. Both Plans recognise the interdependencies across health and social care and that successful implementation can only be achieved through an integrated and collaborative approach to service delivery. The Plan should also complement and support contingency plans devised at local level and by individual providers.

To ensure that the Plan benefits the diverse range of people that use and provide adult social care services, it is centred around **four key principles:**

- Supporting the needs and wellbeing of the social care workforce and unpaid carers
 - Maintaining high quality integrated health and social care services throughout the autumn/winter period
- Protecting those who use social care support from the direct impact of COVID-19 and wider winter viruses
 - Working in partnership across health and social care to deliver this Plan

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

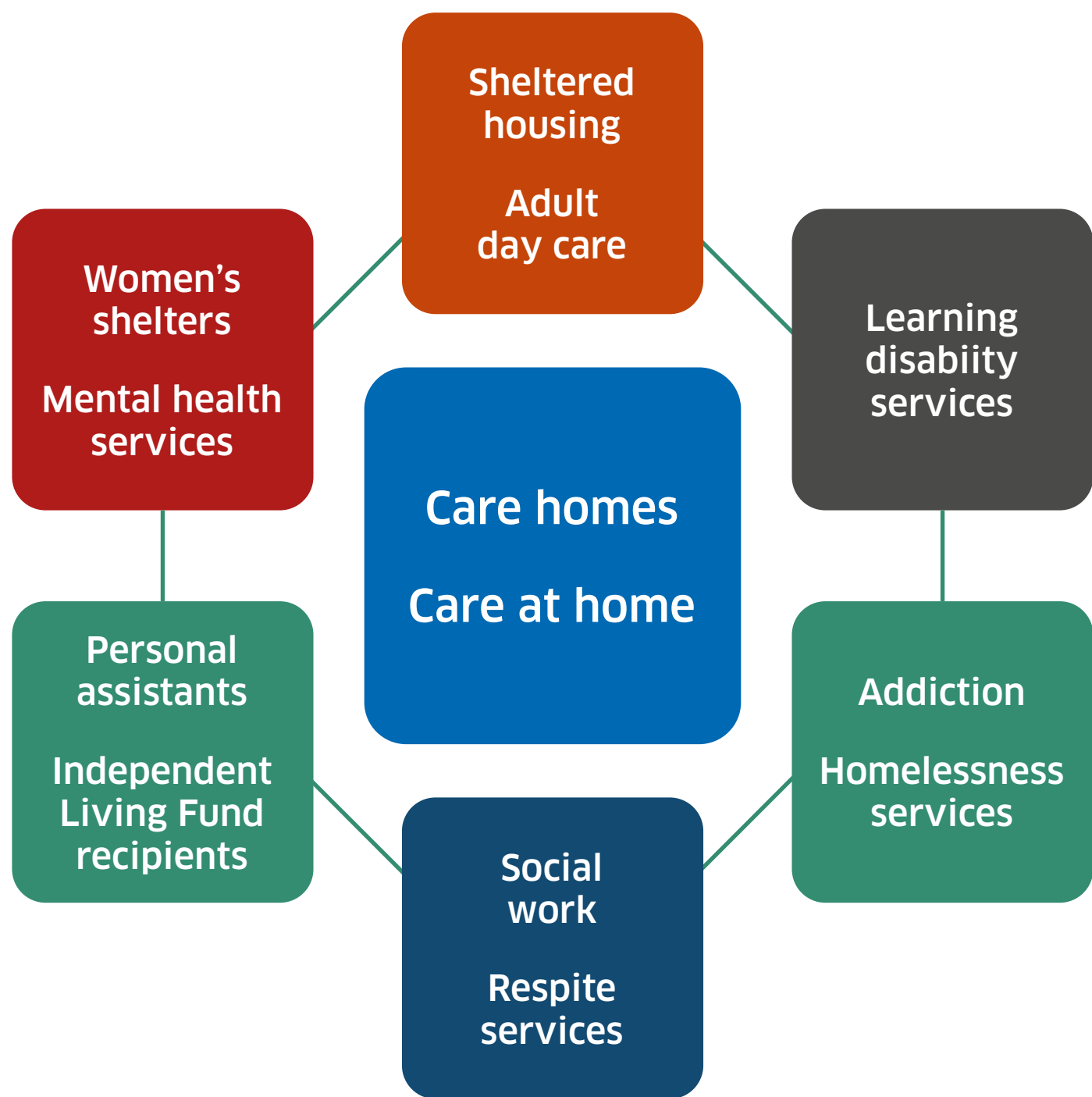
Supporting the social care workforce & unpaid carers	Maintaining high quality integrated services	COVID-19 & wider winter virus protection	Delivery through working in partnership
Mental Health & Wellbeing	Care at Home, Home First & Hospital Discharge	Infection Prevention & Control	Monitoring & Review
Recruitment & Retention	Day & Respite Services	COVID-19 Vaccination	Assurance & Support
Staffing Deficits	Primary & Community Health Care	Seasonal Flu Vaccine	Multi-Disciplinary Teams
Registered Nurses in Care Homes	Anticipatory Care Plans	Testing	Root Cause Analysis
Fair Work	Oral, Eye and Audiology Health	Those at Highest Risk from COVID-19	Turas Care Management
Unpaid Carers	Community Pathway	Visiting in adult care homes	Technology & Digital Support
PPE	End of Life		
	Mental Health Transition & Recovery		

The Plan provides high level information on the measures to be taken in each of these areas and also provides links to more detailed policy and strategy documents where appropriate.

We are grateful to the wide range of organisations across the social care sector for their assistance in drafting this plan, including those represented on the Pandemic Response Adult Social Care Group: Local Government, the NHS, Health and Social Care Partnerships, Regulators, the Third Sector, Independent Sector, Unpaid Carers, Trade Unions and professional bodies.

Context

Adult social care plays an important role in supporting people to remain more independent, be active citizens, participate and contribute to our society and improve their mental and physical wellbeing. It provides high-quality care for people over 18 who need help with day-to-day living. It is important that people have choice and control when accessing adult social care support, which can be provided in many settings, including at home, in care homes or in the wider community. We recognise that many people who require social care also have health care needs. Therefore ensuring safe, effective person-centred care through an integrated and co-ordinated health and social care approach will be critical over winter.



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.

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 and beyond will be those in the front line workforce and unpaid carers.

- There were 209,690 people employed in the social services sector in December 2020. There are many more people supporting delivery through our multidisciplinary health and social care teams.
- It is also important we recognise the invaluable role of unpaid carers. It was estimated that there were 700,000 to 800,000 unpaid carers in Scotland before the pandemic. Polling last year suggests that number could have grown to over a million.

Supporting the social care workforce and unpaid carers

We recognise the pressures currently being experienced across the social care system, in particular with regards to attracting, recruiting and retaining staff. In care at home, the combination of workforce shortages and increasing needs means that we need more people in the sector. We are supporting a national recruitment campaign, and working to establish minimum terms and conditions for existing staff. We are also accelerating placements for people in training, and looking across the public sector to see if vacancies can be filled by staff with appropriate training and supervision.

In our care homes we continue to support services with increased access to infection, prevention and control support and training. We are working with the sector on the recruitment, retention and training of staff in our care homes as well as enhancing community and district nursing support. It is fundamental that we support this part of the system as it is the cornerstone of support to our acute sector. We are also looking at the role of technology, prevention, and multi-disciplinary approaches to develop innovative ways to increase the support to people.

One system-shared workforce – competing pressures



The **wellbeing** of the health and social care workforce is of critical importance to ensuring the delivery of high quality services across the sector. This year, we are providing an increased budget of £12 million – an increase of £7 million on last year – to provide ongoing support for the wellbeing of health and social care staff across Scotland. This includes targeted support to the primary and community care and social care workforce of £2 million. We will continue to support and evolve local wellbeing support for the workforce while also maintaining and improving nationally-led initiatives, including developing a work stream on the wellbeing of those working in social care/social work as part of the new National Wellbeing Programme to be implemented from autumn 2021. We will continue the 24/7 National Wellbeing Helpline, the National Wellbeing Hub, Coaching for Wellbeing and Workforce Specialist Service as well as developing further practical support measures and additional resources for Boards. The National Wellbeing Hub, has already been used more than 115,000 times by health and social care staff since it was launched in May 2020. This includes a dedicated page for unpaid carers, developed with carer representatives and promoted via local carer support organisations.

The Workforce Specialist Service, launched in February 2021, also provides tailored, confidential **mental health support** to regulated staff across the NHS and social care workforces. It is the most expansive of its kind anywhere in the UK. Over 200 staff have already received bespoke mental health care and we will continue to invest in and grow the service in line with what staff tell us they need. We are also taking forward specific targeted work to support the recovery and wellbeing of care home managers in light of a commission from the Clinical and Professional Advisory Group for Adult Social Care (CPAG).

Attracting, recruiting and retaining staff across all areas of the social care sector remains a critical priority. Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

We have extended and will continue to raise awareness of the Disclosure Scotland Priority COVID Staff process to support the prompt recruitment and appointment of additional resource. We have extended our agreement with MyJobScotland, in partnership with COSLA, which enables third sector and independent social care providers to advertise jobs on the MyJobScotland website free of charge. This will be in place until the end of March 2022, and provides a single place for social care job adverts to better support people to access opportunities in the sector. We are currently working at pace with Scottish Social Services Council and other key partners to:

- develop a national induction programme for new entrants to Adult Social Care, to support entry to both care home and care at home roles;
- promote career opportunities and deliver policies on upskilling and developing the workforce to retain and attract new people to the sector and ensure the sustainability of services over winter and beyond;
- develop leadership and management resources on managing risks and communication which can be undertaken online and will be tailored to specific live issues.

We will run a national marketing campaign to attract more people to the sector. This will take a different approach to previous campaigns, with a focus on social media, a younger target audience and working with schools and colleges. This links to the medium term work being undertaken with the SSSC on career pathways and learning and development, referenced above.

To identify and address risks of **staffing deficits**, local level workforce plans and staff rosters should be reviewed frequently by Health and Social Care Partnerships as part of professional oversight 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. Further measures to address staffing deficits within the social care workforce are discussed on p9.

The principles of ensuring **Fair Work** for the adult social care workforce remain a top priority for Scottish Government. The recent recommendations from the report developed by the Fair Work in Social Care Group – which focused on improvements to the Real

Living Wage Policy, developing minimum standards for terms and conditions and minimum standards for effective voice – is now being progressed in partnership with key stakeholders, and we will continue to engage with key sector stakeholders to ensure the experience of the workforce shapes policy and practice.

The **Social Care Staff Support Fund** has also been extended to the end of March 2022 to continue to ensure that social care workers who are ill with COVID-19, or self-isolating in line with public health guidance, receive their normal income for that period.

Unpaid carers have faced significant additional pressures over the course of the pandemic, not only as a result of COVID-19 and the associated restrictions but also the impacts on services and support for them and those they care for. Wider work to strengthen health and social care support should also help reduce pressure on carers. We are also putting an additional £400,000 into the Time to Live Fund to provide micro-grants to give unpaid carers a break. 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. We are providing £1.4m to deliver the ScotSpirit Holiday Voucher Scheme which will help low income families, unpaid carers and disadvantaged young people to enjoy a break over the winter. We will also continue to raise awareness of the Equal Partners in Care (EPIc) learning resource. This is an e-resource primarily for workforce to help staff identify and have better conversations and interactions with unpaid carers.

There are real pressures with the availability of **registered nurses in care homes** which existed pre-pandemic but which have worsened with the pandemic. The current situation in care homes with registered nurses needs to be considered alongside the supply, capacity and access to district nursing teams or care home liaison teams. We will set up a task group comprising members of CPAG and other stakeholders to scope short term actions now and over the winter period. This will include consideration around increasing community nursing and Allied Health Professional capacity, including Advanced Practitioners, to support care homes and people living with complexity in the community over the winter period. This should be linked to Health and Social Care Partnerships (HSCPs) and NHS Board resilience planning for winter.

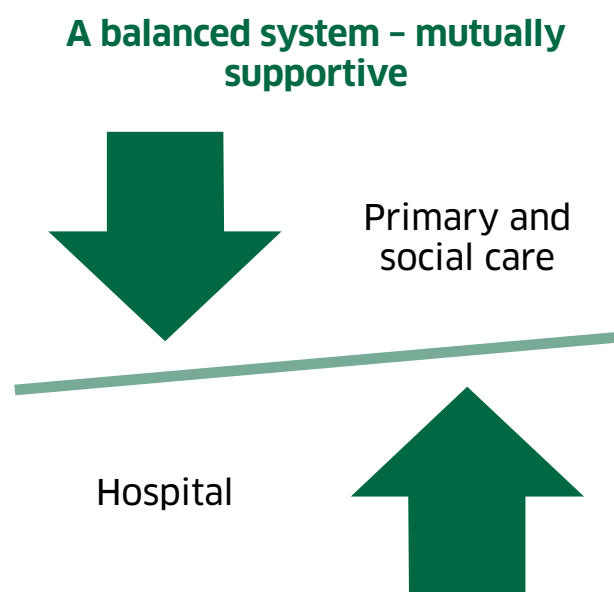
Following a review of the existing **PPE support** arrangements, it has been confirmed that the PPE Hubs and PPE Support Centre, which provide free PPE to providers across the sector where supply routes fail, and to unpaid carers who are unable to access PPE through their normal routes, will continue to operate until end March 2022. For care providers, payments for PPE over and above usual amounts as a result of the pandemic have also been extended to end March 2022 as part of the Financial Support for Adult Social Care Providers. These arrangements will continue to be monitored by the Adult Social Care PPE Steering Group, which consists of a range of stakeholders from the adult social care sector, NSS and the Scottish Government.

Links to training, funding and guidance for social care workforce and unpaid carers

- [Staff wellbeing during a Pandemic and Beyond](#)
- [Psychological mental health & wellbeing support](#)
- [Going home check list](#)
- [Questions to support staff during the day](#)
- [Guidance for support workers](#)
- [Unpaid Carers](#)
- [Protecting yourself and workplace environment](#)
- [PPE](#)
- [Coronavirus \(COVID-19\): clinical guidance for the management of clients accessing care at home, housing support and supported housing – gov.scot \(www.gov.scot\)](#)
- [Delegation](#)
- [Mental health improvement, and prevention of self-harm and suicide | Turas | Learn \(nhs.scot\)](#)
- <https://wellbeinghub.scot/>
- <https://learn.sssc.uk.com/careers/>
- <https://caretocare.scot/>
- <https://www.myjobscotland.gov.uk/social-care>
- <https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/>

Maintaining high quality integrated health and social care services across care settings

Maintaining good physical and mental health and wellbeing through the provision of high quality care services and a strong and well-functioning integrated system will ensure that people can be supported where clinically possible.



£62 million for 2021/22 has been allocated for building capacity in **care at home community-based services**. This additional recurring funding should help to fulfill unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

This funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Funding of £40 million for 2021/22, has also been provided to **enable patients currently in hospital to move into care homes and other community settings**, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control.

Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP is unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

We will also build on the **Home First** approach through the launch of an improvement programme (in collaboration with the Centre for Sustainable Delivery). The Discharge without Delay Programme will engage teams across the whole patient journey, aiming to ensure all delay is prevented where possible and placing a strong focus on discharge to assess.

This approach will ensure local teams engage patients and their unpaid carers from the point of admission in the planning and preparation of safe and timely discharge, ensuring that strengths can be properly identified, goals discussed and expectations properly managed. We will use a **'Planned Date of Discharge'** approach and link with the wider multi-disciplinary team across seven days. We will put systems and processes in place to protect time for planning and joint decision making and to ensure we do not inadvertently cause or contribute to delay. This will also allow us to improve our understanding of where pressures and blockages are in the system. We will promote discharge to assess for the ongoing assessment of care needs in a more homely setting, ensuring in-patient stays are only as long as is clinically and functionally essential. Funding of £40 Million has been allocated to make provision for moving patients currently in hospital into care homes on an interim basis.

An additional £2.6 million has been shared between ten health boards so they can continue to develop **Hospital at Home** services to avoid admissions to hospital and we will work with Health Improvement Scotland (HIS) colleagues to monitor the progress of this work.

Day and Respite Services continue to have an important role in supporting adults with additional support needs and their families. Guidance remains that these services can re-open, and decisions regarding the re-opening of services should be made at a local level. These services provide a number of essential functions such as enabling those who attend to reconnect with friends and networks. In doing so they provide vital support to allow unpaid carers to continue in their role.

For **primary and community health care** support, a National Healthcare Framework for Adults and Older People Living in Care Homes Working Group has been established, which will focus on: Prevention; Anticipation and Supported Self-Management; Early Intervention; Urgent and Emergency Care; and Palliative and End of Life Care. A priority for the winter will be to ensure that there are good communication channels between care homes and primary care and the Working Group is developing an engagement strategy which will be used to share information to enable good healthcare for people living in care homes. As HSCPs develop the breadth of professionals working within their extended MDTs (e.g. District nurses, Care Home Liaison Nurses, AHPs and advanced practitioners), it is important that care homes understand who to contact and how to access both planned and urgent healthcare.

Keeping **Anticipatory Care Plans** up to date with details of what matters most to the resident within the care home, and if possible with information on how the person within the care home would like to be cared for if there was a sudden serious deterioration in their health (e.g. following an infection not responding to oral antibiotics) remains important in ensuring that the right care is provided. There should be a clear mechanism for sharing this information through the *Key Information Summary*.

The **oral health** sector continues to remobilise, despite dentistry not yet being back to business as usual. The sector is currently delivering around 50% of pre-pandemic activity due to the risks associated with aerosol generating procedures and associated infection prevention and control requirements. Recently announced Scottish Government funding to provide drills which do not create the fine aerosols and also to support more sophisticated ventilation systems in practices, in addition to revised IPC guidelines for dentistry, will provide further capacity in the system. During winter 2021/22, dentists will continue to optimise provision of a full suite of GDS services within the capacity available, providing urgent and essential care according to clinical priority. The Caring for Smiles Health Improvement Programme will consolidate its pre-pandemic support and Boards will continue to methodically re-engage with all their Care Homes to identify the backlog of care.

The community **eye care** sector has fully remobilised. Activity has returned to pre-pandemic levels and is available to all patients who require care. Practitioners who provide care in care homes and to patients in their own home are fully up to date with current protocols for isolation, the use of PPE and how to react to a COVID-19 outbreak within a care home, and will deliver services accordingly.

Audiology services are currently at around 80% of pre-covid levels of activity and that is set to increase following the recent changes to IPC guidance. A postal repair service will remain in place with turnaround times of 7 days, typically. Our plans to improve services will include training for care home staff and support from the third sector.

We continue to work closely with Boards around **community pathways**, including local Covid hub and assessment centre pathways. They have adapted to support local population needs and circumstances, and as we continue to respond to different phases in the pandemic, we have developed a number of supports including:

- a remote monitoring pathway to support people to self-manage Covid symptoms at home, helping to detect early signs of deterioration;
- support for GP practices to enable them to manage people with respiratory symptoms, including practice guidance around infection prevention and control measures;
- a national respiratory guidance document, which is currently out for consultation.

Scotland is already widely recognised for providing high-quality palliative and **end of life care**. The new Palliative and End of Life Care strategy recently announced in the Programme for Government will build upon and improve our services for palliative and end of life care by taking a whole system, public health approach. To support the development of the strategy, a new national clinical lead for palliative care will be appointed and engagement with key stakeholders and partners will continue throughout autumn/winter 2021-22.

The COVID-19 pandemic has had a significant effect on those in receipt of care, in addition to the social care workforce and unpaid carers. Our **Mental Health Transition and Recovery Plan** sets out our response to the mental health effects of the COVID-19 pandemic, containing over 100 actions which will continue into autumn/winter 2021-22, including:

- Working with local authorities to maintain community mental health and wellbeing services, with over 200 new services and supports having been established to date.
- Continuing to support the roll-out of Computerised Cognitive Behavioural Therapy – 16 CBT treatments are now available to all territorial Health Boards.
- Rolling out our Distress Brief Intervention (DBI) programme on a national basis (via its NHS24 pathway), with over 3,200 people having already benefited from support.
- Continuing to support the Clear Your Head campaign across radio, digital and TV, offering tips for people to look after their mental wellbeing.
- Supporting the expansion of the NHS 24 Mental Health Hub to be available to the public 24 hours a day, 7 days a week.

Further measures to address wellbeing concerns within the social care workforce are discussed at pp 7-8.

Links to training, funding and guidance in relation to maintaining high quality integrated services

- [Keeping a record of care – 1](#)
- [Keeping a record of care – 2](#)
- [COVID-19: Advice for people at highest risk](#)
- [COVID-19 Highest Risk List Survey Report July 2021](#)
- [Practice in the community setting](#)
- [Mouth care](#)
- [Palliative and end of Life Care](#)
- [Mental Health & Wellbeing](#)
- [Death and Bereavement](#)
- <https://learn.sssc.uk.com/coronavirus/hospitaldischarge/index.html>
- <https://www.careinspectorate.com/images/documents/6292/Supporting%20better%20oral%20care%20in%20care%20homes%202021%20-%20final.pdf>

Protecting those who use social care support from the direct impact of COVID-19 and other winter viruses

Infection Prevention and Control continues to be of paramount importance as we come to terms with the impact of the pandemic and apply lessons learned. It is also important to consider other infections that have outbreak potential within care homes. Respiratory infections such as influenza and RSV, and gastro intestinal infections such as Norovirus and C.diff, will all become more prevalent as physical distancing restrictions are eased.

In order to mitigate against these risks there will be continued support at NHS board level for IPC in care homes. The launch of a new national [IPC manual for care homes in May 2021](#) and implementation supported by a series of webinars delivered with partners: Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), the Care Inspectorate, Health Care Improvement Scotland (HIS) and Health Facilities Scotland over the summer months should support the consistent application of standard infection control precautions (SICPs). The Care Inspectorate will continue to promote the use of the manual and have a focus on IPC at all inspections, which is a core assurance of the self-evaluation framework for care homes for adults and older people. Providers and visiting health and social care professionals should continue to follow the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum. Providers will be informed of any changes and updates to guidance.

The IPC sub group of the Clinical and Professional Advisory Group for adult social care continues to monitor progress against the [Outbreaks in care homes: root cause analysis review and action plan](#) that was produced last winter. As part of this, tools for local assurance of IPC are being developed with national agencies and sector partners represented on this group.

The ‘*Kind to Remind*’ campaign developed as part of the COVID behavioural insights work will be adapted to be more health and social care specific to support best practice in relation to staff behaviours that might contribute to the spread of infection. The pandemic has highlighted a number of variations in the process for reporting of outbreaks and reporting systems across Scotland. CPAG has supported a proposal for a task and finish group to develop a standardised outbreak reporting process to be included in the national IPC manual for care homes and used across Scotland. IPC advice has also been updated for Care at Home, housing support and supported housing.

The primary objective of the **COVID-19 booster** programme is to maintain protection against severe COVID-19 disease, specifically hospitalisation and deaths, over winter 2021/22, and is aimed at maintaining protection in those most vulnerable, and to protect the NHS. The booster programme will run alongside our biggest ever flu vaccination programme. The booster dose can be offered any time at least 6 months after the second primary dose.

NHS Scotland are offering a booster dose to those most at risk first. For residents and staff in care homes for older people, local health boards are making arrangements with care homes to give flu and COVID-19 booster vaccines at the same time. Staff and residents will be vaccinated in the care home setting. If you are a member of staff working in a care home for older adults, you will likely be offered both vaccinations on site. You are able to book an appointment online if you were unable to be vaccinated on site. Frontline Health and Social Care Workers are eligible for the COVID-19 booster, and a wider group of Health and Social Care Workers are eligible for flu vaccination. These can be booked via the [NHS Inform portal](#). Employers in all parts of the health and social care system will be supported to communicate with their staff groups around eligibility and encourage uptake.

For **flu-only vaccinations**, in previous years, employers circulated the offer of local clinics in their work locations and offered workplace-based peer to peer vaccination programmes. While this type of workplace clinic will continue to be offered by some Health Boards this year, social care staff delivering direct care and support will also be able to use the online self-registration portal to register and self-declare that they meet the criteria for vaccination and book a time and venue closer to home or work that suits their individual needs. The NHS helpline will also be available for those who prefer to speak to someone by phone, and NHS Health Boards have flexibility to put in place a model of delivery which suits local planning and delivery.

Unpaid carers aged 16+ are also eligible for the COVID-19 booster vaccine. All unpaid carers and young carers are eligible for the free flu vaccine. Young carers in primary and secondary schools will be offered the flu vaccine as part of the schools programme. Those aged 70 or over will be contacted by their local NHS health board with details about their appointment. Information about how to arrange your flu vaccination for all other eligible individuals will be available soon. We want to ensure that all unpaid and young carers know they are eligible for the free flu vaccine. Some carers will be contacted directly to encourage them to book and there will also be a public marketing campaign to raise awareness and encourage people to come forward.

Testing to Protect against COVID-19 for those most vulnerable to severe harm, through routine asymptomatic testing, remains a priority. Routine weekly PCR testing and twice weekly LFD testing continues to be available for all care home staff in Scotland. Testing has now expanded to include residents entering or returning to a care home, all professionals entering a care home, and family visitors. Social care testing has also been extended to include care at home, sheltered housing, and a large number of community based services through a blend of LFD and PCR testing. Social care testing will continue to operate until at least the end of December 2021.

We continue to provide information, advice and support to enable and empower **people at highest risk from COVID-19** to make decisions about managing their own risks and circumstances and responding to population advice, as well as recovering and re-connecting with daily life and activities. Local authorities continue to provide local advice and support where needed. The Scottish Government is continuing to fund the National Assistance Helpline (NAH) until the end of 2021, which connects people, especially those at highest risk, to their local authority to provide local advice and support where needed. This includes access to food and medicine, as well as practical and emotional support. We continue to liaise with Regional Resilience Partnerships on demand and capacity for local support for those at highest risk from COVID-19. Last year, we gave those on the highest risk (shielding) list an opportunity to receive a free, 4 month supply of Vitamin D over the winter months. We have not asked people on the highest risk list to stay indoors this year, whereby they may have had less exposure to the sun. Our policy remains that everyone should consider taking a daily 10 microgram supplement of vitamin D to protect bone and muscle health, particularly during the autumn and winter months. Further action to raise awareness of current vitamin D advice, particularly amongst at-risk groups, is being considered and kept under regular review.

Across Scotland care home staff have worked incredibly hard to implement the principles of Open with Care **visiting** guidance, to support people who live in care homes to connect with their loved ones within and outwith the home. We will build on this progress and work with partners, including the Care Inspectorate and local oversight teams, to ensure that care homes continue to be supported to normalise visiting opportunities for people. Recognising the success of the vaccination programme, and with the range of other protective measures in place, a named visitor can visit during controlled outbreaks unless there are exceptional circumstances. The principle of allowing limited visiting in a managed COVID-19 outbreak situation takes account of the fact that social contact (with a family member, friend or representative) is essential to a resident's health, wellbeing and quality of life.

Throughout the pandemic, our overriding priority in care homes has been to safeguard and protect staff and residents from infection – but at times, that meant that residents were cut off from their loved ones, causing anguish for many. As outlined within the Fairer, Greener Scotland: Programme for Government 2021-22 published on 7 September, we will strengthen residents' rights in adult residential settings and bring in 'Anne's Law' – giving nominated relatives or friends the same access rights to care homes as staff while following stringent infection control procedures.

Our efforts to protect people from the virus and the **rights** of those we are seeking to protect are equally important and individual rights, wishes and preferences should be foremost in decision making. Access to advocacy services is available to help individuals express views, including support to communicate their decisions, wishes and concerns. A wide range of legislation is in place to protect, support and provide care to vulnerable adults, including the Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000. Both Acts are underpinned by the principles of actions or decisions being of benefit to the individual, and furthermore be the least restrictive option. In addition, both Acts highlight the importance of taking into account the views of those with a close interest in the welfare of the individual, such as families, guardians and those with Power of Attorney. To increase awareness of the duties of an attorney we will be updating the Codes of Practice for Continuing and Welfare Attorneys. Support is delivered and assessed consistent with the rights-based Health and Care standards.

Links to training, funding and guidance for protecting those who use social care support

- [Infection prevention & control](#)
- [Preventing infection in care](#)
- [Scottish Infection Prevention & Control Education Pathway – Foundation](#)
- [Testing](#)
- [Coronavirus \(COVID-19\): social care testing – gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): getting tested in Scotland – gov.scot \(www.gov.scot\)](#)
- [Presentation of infections in the older person](#)
- [Open with Care – supporting meaningful contact in care homes: guidance – gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): named visitor during outbreaks – letter and guidance for care home sector – gov.scot \(www.gov.scot\)](#)
- [Covid-19 advice note v14 28 Aug 2020.pdf \(mwcscot.org.uk\)](#)
- [Covid-19 vaccine](#)
- [Vaccination Programme](#)
- [Seasonal Flu vaccine](#)
- [Vaccinations for health and social care workers | NHS inform](#)

Working in partnership across health and social care organisations and unpaid carers

The strategic priorities set out in this Plan will be **reviewed and monitored** on a regular basis. Stakeholders from across the adult social care sector will continue to review, monitor and support implementation of the Plan through the Pandemic Response Adult Social Care Group (PRASCG). A System Response Group (SRG) has also been established, comprised of strategic leaders from across the Health and Social Care system, to provide strategic oversight of pressures across the system and to consider collective response and action at a national level. The Social Care GOLD group continues to meet twice weekly to assess system pressures and address emerging issues. It is chaired by Scottish Government and has representation from across local government, IJBs, and wider delivery partners.

The Clinical and Professional Advisory Group for Adult Social Care (CPAG) will continue to provide clinical and professional advice and guidance to support the social care sector during the pandemic. Our response to COVID-19 has benefited from dynamic and collaborative expert professional advice across social care. As we emerge from the pandemic, in addition to continuing to provide COVID support, CPAG’s role will expand to provide a multidisciplinary perspective and voice in a range of social care reforms including the establishment of a National Care Service.



Multi-disciplinary teams (MDTs) within health and social care will continue to play a critical role in keeping people well and independent and delivering the right care at home or in the community to prevent unnecessary hospital admission through accessing a range of health, social care and other community services. MDTs are made up of a range of professionals from across healthcare services, social work and social care. The aim of the healthcare framework for care homes is to enable a more nationally consistent approach to MDT working, recognising differences in local context.

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance MDTs this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- scaling up Hospital at Home to prevent or avoid admissions.

Assurance and support to care homes to ensure the safety and wellbeing of residents will remain a high priority as the pandemic continues. This will be a key feature of the work of oversight teams in HSCPs and the Care Inspectorate.

In addition, the Care Inspectorate will continue to work collaboratively with services, member organisations and national stakeholders to support and drive quality improvement through:

- developing an organisational winter plan to support the national plan in Scotland;
- identifying themes from assurance activity and communicating these to the sector with links to quality improvement support;
- sharing intelligence with relevant stakeholder groups including SG Gold and CPAG as required;
- developing a series of COVID-19 winter webinars to support the social care sector, linked to improving outcomes for people from assurance themes and to support winter planning.

Root Cause Analysis

We will also continue to assess the progress with the recommendations made in the Root Cause Analysis report for partner organisations including NHS, Care Inspectorate, HIS and providers. We will continue to learn through reflecting on progress and importantly hearing from those in the sector.

The **Turas Care Management – Safety Huddle Tool** was developed as part of the response to the COVID-19 pandemic. The tool has made available, for the first time, a standardised data set on each adult care home in Scotland. One year on since the launch of the huddle tool, with response rates remaining high, we recognise the ongoing commitment of providers and local partnerships to the tool. The huddle tool continues to provide – in one place – key data and information to allow for early warning, escalation and timely intervention. The need for consistent and timely data has not gone away, and for that reason, making sure the huddle tool is being proactively used by all local partners to record, analyse and act upon information must continue to be a priority. The tool will be an important resource throughout the autumn/winter period for providers and as part of the enhanced clinical and

professional oversight arrangements that remain in place. The Scottish Government will continue to provide support and training on the use of the tool as well as working with the sector to develop it further, and work with wider stakeholders to reduce the burden of data capture as much as possible.

A refreshed **Digital Health and Care Strategy** will set out the strategic approach to support digital in social care. As part of winter planning we will also:

- Continue to provide connectivity support and data packages for devices for a further year and we will extend the digital training and leadership package available to residents and professionals.
- Continue to roll out Near Me video consulting into our care homes and wider social care, facilitating Near Me social work reviews, duty social work and out of hours early adopters as appropriate.
- Support telecare providers with new guidance to support contingency planning for telecare services over the winter period. This will include supporting proactive telecare, remote working where appropriate and contingency when adverse weather or the pandemic are disrupting installation and responder services.
- Work with Alzheimer Scotland to increase uptake of the Purple Alert app for people with dementia if they are missing. We will also consider further innovative approaches to lifestyle monitoring that will support enhanced wellbeing from home.
- Continue to implement the Care Home Assessment Tool (CHAT) to support assessment and decision making.

Links to training, funding and guidance for working in partnership

- [A resource for team leaders in health and care settings.](#)
- <https://www.gov.scot/collections/adults-with-incapacity-forms-and-guidance/>
- [Delivering social care in a changing climate \(climatexchange.org.uk\)](https://climatexchange.org.uk/)
- [Dementia, mobility, respiratory & breathlessness, mental health and communication](#)
- <https://lms.learn.sssc.uk.com/>
- <https://www.badges.sssc.uk.com/>
- <https://learn.sssc.uk.com/cyber/s>



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2021



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit **nationalarchives.gov.uk/doc/open-government-licence/version/3** or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: **psi@nationalarchives.gsi.gov.uk**.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80201-414-3 (web only)

Published by The Scottish Government, October 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS946186 (10/21)