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By Email.

29 June 2020

Dear Lewis

Many thanks for your email of 10 June regarding my appearance before the Health and Sport Committee on 4 June. I appreciated the opportunity to set out the measures that the Scottish Government has taken to address the deep and multifaceted impact that the Covid-19 pandemic has had on Scotland's care homes and care sector.

Below, I provide further clarification on those issues Committee Members were unable to raise during the evidence session due to time constraints. Thank you for bringing them to my attention.

Individual care homes

A range of information on Covid-19 in care homes is published on the Scottish Government website on a daily (https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland/) and weekly (https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/) basis.

Further analysis is underway to investigate the complex interactions that may play a role in the variation in suspected Covid-19 cases reported by care homes to the Care Inspectorate.

The Scottish Government is working with a number of partner organisations to consider how best to capture the learning from Covid-19. We will consider how we engage with services to share this learning and how it can be applied to support the sector.

Guidance

I can confirm that the Scottish Government first issued guidance for care homes on 13 March and this was subsequently updated on 26 March and 15 May. It is based on Health Protection Scotland infection control guidance for care homes but provides more detailed practical advice around adoption of measures to protect staff and residents. It has been updated regularly to reflect the impact of the pandemic and any emerging evidence relating to COVID-19.

As I indicated during the session, we are happy to take feedback on the guidance. The Committee will wish to be aware that, in response to recent feedback from staff that guidance needs to be more easily accessible and understandable, a new poster has been produced. '*COVID-19: Safe Practice in Care Homes'* is intended as an Infection Prevention Control aide memoire on the prevention of COVID-19 transmission for care home workers and is an abbreviated version of the comprehensive IPC guidance that supports frontline health and social care staff in undertaking safe and effective IPC practice.

It is important to stress that a wide range of support is being provided directly to care home providers to help them adopt IPC measures contained within the guidance. This includes support from local health protection teams and Directors of Public Health, working alongside partners such as the Care Inspectorate and Health and Social Care Partnerships. In addition, Scottish Care regularly holds webinars with its members to discuss aspects of the guidance and has invited colleagues from the Chief Medical Officer and Chief Nursing Officer directorates to join these events.

On the issue of Health and Social Care Partnerships (HSCPs) issuing their own guidance, I made it very clear at the Committee that any guidance that should be issued in the current circumstances is from Government. That clinical and practice guidance is signed off or cleared by our Chief Nursing Officer and our Chief Medical Officer, and then agreed with me, before it is published. This is complementary to Health Protection Scotland (HPS) guidance, who, in its very particular role, also issues guidance. Working alongside local partners, HSCPs will undoubtedly provide support and advice to care homes to enable them to adopt such national guidance but it is important that any advice and support is consistent with national guidelines. I do not have information on the number of HSCPs that have issued their own guidance, but I do not expect them to continue to do so and do expect that HSCPs will provide the type of support described above as part of the enhanced arrangements we have in place for care homes.

We will continue to work closely with our partners including HPS and HSCPs to ensure that care homes are protected during this time, recognising the importance of Local Mobilisation Plans in supporting the work throughout the duration of this pandemic. From the outset of the pandemic, we have followed the best advice available and made judgments that we believe to be correct, but there are undoubtedly lessons for us to learn and more work for us to do.

In relation to the resumption of visiting to care homes, the *Scotland's route map through and out of the crisis Phase 2* document published on 18 June included care home visiting and clarified that consideration will be given to a phased resumption of visiting to care homes, starting with outdoor visiting where it is clinically safe to do so.

In line with the above document, on 25 June we published guidance confirming that from 3 July care homes where there is no covid will be able to permit outdoor visits with a single nominated visitor. Physical distancing and safety measures will continue to be required.

The guidance builds up to a fourth and final phase of reintroduction, which will include controlled indoor visits and wide use of communal areas by residents, with appropriate measures still being observed. When the scientific advice states that is that it is safe to do so, we can then gradually open up further visiting options.

I appreciate that the necessary restrictions placed on care homes have been challenging for both the people living in care homes, their loved ones and the staff. However, it is important that we find safe ways for people to reconnect with their families and friends.

Significant progress is being made and we are continuing to see improvements with the proportion of care homes with ongoing infection reducing.

Health and Social Care Partnerships

The Scottish Government and COSLA have established a group to assess and benchmark the Local Mobilisation Plans (LMPs) from Integration Authorities (IAs). The HSCP Mobilisation Plans Financial Review Group meets fortnightly and has representation from Heath Board finance teams, Integration Authority Chief Finance Officers, Local Authority S95 officers, and officials from Scottish Government Health Finance and Integration.

Although the IA LMPs cover the whole period of 2020/21, the initial focus of the group has been on benchmarking expenditure in the first quarter, dealing with the immediate effects of the pandemic. The next iteration of the LMPs are due on 22 June and we expect the group to broaden its focus to the medium term to include IA surge planning preparations. The group has met twice and will meet next on 1 July.

Clinical Assessment

Guidance prior to 21 April recommended that a documented clinical risk assessment for COVID-19 should be undertaken. This was described as including an assessment of some of the signs of COVID such as fever and new continuous cough. In addition it was recommended that the clinical judgement of the most senior medical decision maker should be sought in determining whether an individual has any new medical or infective problems. This is in addition to any clinical assessment undertaken to determine whether an individual is ready for discharge. Crucially, it was recommended on admission to the care home, residents should be isolated to ensure that they do not develop new symptoms.

Infection prevention and control

The National Infection Prevention and Control Manual (NIPCM) was launched in January 2012 by Health Protection Scotland. It is an evidence-based manual that is endorsed by the CNO, CMO, CPO, CDO and Scottish Care and is intended to be used by all those involved in care provision. It is mandatory in NHS settings and considered best practice within all other settings. It is a practical guide for use in Scotland which contains a set of infection prevention and control principles which, if applied correctly every time, can reduce the risk of infection to individuals in care settings.

The NIPCM aims to make it easy for care staff to apply effective infection prevention and control precautions, reduce variation and optimise infection prevention and control practice throughout Scotland, help align practice, monitoring, quality improvement and scrutiny and help reduce the risk of healthcare associated infection.

The recommendations for practice made in the NIPCM are based on real-time reviews of the current scientific literature and best practice. Any major changes identified in the scientific literature may lead to a change being made to the NIPCM. There is also a robust governance framework that supports this process which is fed into the Scottish Government. The Scottish NIPCM has now been adopted by Wales and the UK Antimicrobial 5-year action plan has

identified the need for this to also be adopted with NHS England. Work with this is progressing at present.

The National Antimicrobial Resistance and Healthcare-Associated Infection team at NHS National Services Scotland have developed an IPC workstream for care homes which includes colleagues within the Care Inspectorate, Scottish Care, Healthcare Improvement Scotland, NHS Education for Scotland and the Scottish Government to develop further the NIPCM for use with the care home setting. This will include practical application of the IPC principles within a care home setting – taking into account that this is a person's own home – and education and training for care home staff in order to build a resilient workforce capable to meet the public health challenges going forward and ensure the safety of those people within care homes.

The committee will want to be aware that further work is being undertaken to advance the use of the NIPCM in the care home sector. This builds on the IPC workstream for care homes described above and will ensure a consistent evidence based approach to IPC is applied in every care home.

As part of the COVID-19 response, Health Protection Scotland has produced a number of resources and guidance to support care home staff including COVID-19 aide memoires which are abbreviated guidance, videos of how to put on and remove PPE and checklists to support decision making by care home staff. These are updated by Health Protection Scotland in line with the emerging international evidence.

Care Inspectorate

The timescales for the review of the Care Inspectorate's powers are still to be determined. However, I have made clear that the safety, protection and wellbeing of residents and staff in our care home sector is a priority. We will learn from the pandemic to identify what that means for the future of care home provision including, how it is organised, funded, regulated and impact of the size of care homes on infection control

This programme of on-site inspections carried out by the Care Inspectorate began on 4 May 2020. I advised that, at 4 June 2020, the Care Inspectorate had carried out 27 on-site inspections in 19 care homes. This was correct at the time. The Care Inspectorate is continuing to carry out inspections and I can confirm that, as of 25 June 2020, it has carried out 62 on-site inspections of 45 services.

All inspections are carried out in a strictly risk-assessed way, and the approach is informed by public health advice given the risk that inspectors could transmit or spread Covid-19. Inspectors are rigorously following infection prevention and control guidance before, during and after visits to keep care homes safe.

The enhanced system of assurance for care homes is led by health boards and directors of public health, and inspectors are currently required to get agreement from directors of public health before going into services because of the risks around transmission and spread.

The Care Inspectorate have been working closely with directors of public health to jointly assess circumstances within each and every care home in Scotland. They come to joint decisions on those care homes that need further intervention to provide the right support from a range of specialists including infection prevention and control experts, community nursing, GP services and inspection.

Review of social care in Scotland

The pandemic has highlighted how essential social care is, and indeed we had already been working with a range of partners to develop a reform programme to raise the profile, quality and sustainability of social care, including the status of social care as a profession. While that work paused during the Covid emergency, we were clear that we would use our learning from the pandemic to continue working together with our partners to enhance and accelerate reform.

Our focus will be on considering how social care is understood and valued by individuals and our society; how it is funded and paid for into the future; what models of care we need in Scotland and how they are delivered; and how we achieve Fair Work for all of our social care workforce. Our experience of Scotland's response to Covid-19 has been that people and organisations have moved quickly to develop creative and effective solutions, reducing bureaucracy and overcoming barriers to change. It is also clear that the pandemic highlighted to the people of Scotland the scale, importance and diversity of social care support.

While a specific timescale has yet to be confirmed, and our immediate priority is on protecting life and protecting people from the virus, we are determined that as we enter the renewal and recovery phase our ambition must be to reinforce the collaborative work that we have seen and to accelerate reform. This should include a conversation with the people of Scotland about how social care support is organised, funded and regulated and, as we have seen with our reform work to date, have at its heart the involvement of those who use or provide social care support.

Anticipatory Care Planning

Everyone supported by our health and social care services should be treated with sensitivity, dignity and respect at all times. At no time is this more important than when having anticipatory care planning (ACP) conversations with individuals and their loved ones.

ACPs provide an important opportunity for people to have an open and honest conversation with their carers and loved ones about the type of care that they would like to receive should they become unwell, so as to plan their future care as well as possible.

These conversations should be carried out in a compassionate and person-centred way. In normal circumstances (pre-Covid) an ACP discussion would be carried out face to face. However it was recognised that due to the pandemic these conversations may need to be carried out by telephone or video consultation (NHS Near Me). These discussions are always difficult ones to have, even more so when being done over the telephone or by video, and so guidance was issued on 10 April to reflect these unique circumstances.

We were also aware that there had been some instances where ACP discussions, particularly those that encompassed the use of Do Not Attempt CPR forms (DNACPR), could have been handled in a more sensitive manner. Therefore we took this opportunity to remind clinicians that there is no specific requirement to have a DNACPR discussion as part of the ACP conversation, unless the patient raises this and wishes to discuss it, or the clinician feels strongly that they need to discuss it. Instead the focus should be on supportive discussions with patients about what matters to them should they fall ill.

The ACP conversation does not always need to be carried out by a GP and can be completed by other members of the clinical team e.g. General Practice Nurse, District Nurses, Allied Health Professionals, Speciality Community Nurses, Care Home staff and Hospital clinicians.

I hope Members of the Committee will find this information useful.

JEANE FREEMAN