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14th December 2022

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors,
Directors of Public Health, Medical Directors

Cc: Local Authority Chief Executives and NHS Chief Executives

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

We are writing to confirm new arrangements for providing enhanced collaborative clinical and care support for social care in Scotland. This follows a review undertaken by a Short Life Working Group (SLWG) comprising a range of stakeholders from across the health and social care sector.

We know that the social care workforce is continually and tirelessly providing exceptional care and innovating in the face of many challenges. We would like to build on this strong platform by ensuring that the sector is supported when needed and there is a continuous cycle of cross sector collaborative support to strengthen what is already in place.

As you know, arrangements for providing additional whole system, multidisciplinary support for adult care homes have evolved during the pandemic since the original request in May 2020 from the then Cabinet Secretary for Health and Social Care. Arrangements were subsequently widened to include adult social care. There has been considerable learning and examples of excellent partnership working during this time, and a recognition of the outstanding contribution and skills of so many care home staff and the teams that support them. That learning has very much been a two-way process.

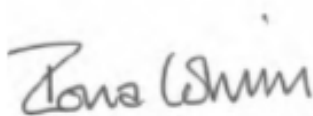
While there has been considerable value in the arrangements, it has been important to review them to ensure that they reflect the current context. Based on the findings of the review and taking account of the current pressures facing the sector, **we have developed a number of recommendations.** Overall **we recommend continued enhanced support for adult and older people's care homes** to support the sector as it emerges from the pandemic and as it deals with the current pressures. This note follows one from Caroline Lamb and Sally Loudon on the 8th December on winter pressures and preparedness.

We note that such an approach outlined for care homes is also relevant for the wider social care sector, which many local systems have already adopted.

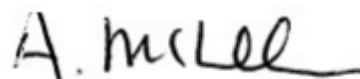
The recommendations are outlined in the advice note in Annex 1. **They support a partnership approach,** which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The **note provides guiding principles and a framework which recommends that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes,** as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by SG in June 2022 and Health and Social Care Standards in Scotland.

We hope this will be helpful to you as you continue to work with and support care homes locally.

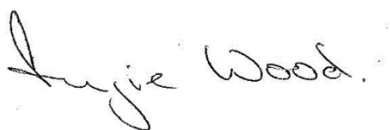
Yours sincerely



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Professor Alex McMahon
Chief Nursing Officer



Angie Wood
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Annex 1

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

Overview

Enhanced clinical and care oversight arrangements for care homes were put in place early on in the pandemic to support care home staff to keep residents safe. This followed a request from the then Cabinet Secretary for Health and Sport for multi-disciplinary teams, comprising key clinical and care leads from NHS Boards and local authorities, to provide additional whole system support to protect residents and staff^{1,2}. There has been considerable learning and examples of excellent partnership working during this time. Using this learning, a Short Life Working Group (SLWG) comprising a range of stakeholders across the sector reviewed the arrangements.

Based on the findings of the review to date and, taking account of the current pressures facing the sector, **this advice note sets out recommendations**, informed by the SLWG, **for new arrangements for providing continuing enhanced support to adult and older people's care homes** in Scotland.

Many areas have already evolved their arrangements, in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. The outstanding contribution and skills of so many care home staff and the teams that support them during the pandemic is recognised. **Currently care homes, along with other parts of the health and social care system, are operating within an increasingly complex and pressurised environment. Their value and ongoing success is critical to the future sustainability of locally based health and social care provision.**

The intention of this advice note is not to supersede existing arrangements, but to **provide guiding principles and a framework for collaborative improvement** to strengthen any locally developed approach whilst ensuring a level of consistency across the country.

Proposed new arrangements

There has been considerable value in the clinical and care oversight arrangements which have enabled whole system support to be provided to care homes during an

¹ [Strengthened clinical oversight for care homes - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [Coronavirus \(COVID-19\): care home oversight - gov.scot \(www.gov.scot\)](http://www.gov.scot)

unprecedented time of crisis. Local arrangements have generally worked best where conditions have been created for a partnership approach which has fostered mutual respect, trust and equal voice. Key to the approach has been a recognition of the experience of care home staff; assurance support in the context of ensuring a homely environment in which people live and work; and solution-focused improvement support conversations with supportive follow-up.³ Arrangements which link effectively with, rather than seeking to duplicate, wider regulation activity by the Care Inspectorate, have worked well.

On this basis **it is recommended that:**

- **Assurance and support arrangements continue but there should be a continued focus on adult and older people's care homes.** They should evolve to take account of the current situation to support care homes as they emerge from the pandemic and deal with the current pressures facing the sector. Where local systems have evolved to include the wider social care sector, these principles should also apply.
- **Local oversight teams should be renamed as Collaborative Care Home Support Teams or local equivalent** – removing 'oversight' from the name is recommended. **This is to reflect the emphasis on building on existing good practice, collaborative improvement and assurance, wider considerations around the pressures of financial viability/ sustainability in the face of rising costs and to avoid confusion with the statutory duties of the Care Inspectorate.**
- **The local teams' TOR and membership should be reviewed in line with this shift,** recognising that the need for flexibility to respond to current challenges (see below for more details around roles).
- **Collaborative Care Home Support Teams should take a collaborative improvement approach, with health and social care professionals working together** using approaches such as [appreciative inquiry](#)⁴ to identify ways to improve health and wellbeing of people living in care homes as described in My Health, My Care, My Home - healthcare framework for adults living in care homes⁵ published by SG in June 2022 and Health and Social Care Standards in Scotland⁶. **There should be robust engagement with care homes including representatives for example through Scottish Care, CCPS.**
- **Collaborative Care Home Support Teams should not replicate inspection or regulation,** which is the clear statutory responsibility of the Care Inspectorate. **There should be a move away from an inspection model of assurance** which has caused confusion in the sector and teams should not use Care Inspectorate terminology. For example, rather than making recommendations or areas for improvement **identify what is working well and how to build on this in line with an appreciative inquiry approach. Decisions on assurance visits should be guided by local circumstances which may mean a nuanced approach.**

³ [Care home quality assurance during COVID-19 | Iriss](#)

⁴ Appreciative Inquiry practical resources SSSC <https://lms.learn.sssc.uk.com/course/view.php?id=14>

⁵ [My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator, who will consider what, if any, action may be appropriate at an individual or regional service level.
- The Care Inspectorate share with Executive Nurse Directors, Chief Social Work Officers and Health and Social Care Partnerships concerns about care services by providing both with copies of Letters of Serious Concern and Improvement Notices issued. These should be used to guide improvement with a multi-agency action plan put in place that includes the involvement of the Care Inspectorate.
- Where NHS Boards issue instructions or policies for their staff to provide mutual aid for local care homes then this work by NHS staff would fall within the scope of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Nevertheless, where questions arise about individual cases, NHS Boards should consult the Central Legal Office about the Board's potential liabilities in those cases.

Supporting people to live well in a homely setting

Care homes, whether they provide residential or nursing care, are people's homes and are not clinical settings. However, it is nevertheless entirely appropriate that there should be assurance of clinical standards and quality of care sought by Executive Nurse Directors, in the context of Excellence in Care. This is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care no matter where they live.

It is therefore recommended that:

- Arrangements should focus on clinical and care support with leadership from Executive Nurse Directors, Chief Social Work Officers, HSCP Chief Officers and Medical Directors in full partnership with providers and care home staff who are experts in providing care and support for people in a homely setting. Directors of Public Health should continue to play a role in outbreak support to care homes. The roles of other professionals to support the Group around understanding of pressures, developments and opportunities across the whole system will also be important. For example, Director of Planning and Commissioning and social care contracts team or equivalent to make best use of intelligence from contracts and commissioning teams.
- Executive Nurse Directors should ensure that care homes are being supported in the context of Excellence in Care to facilitate the best possible care for residents, including IPC support for embedding of the National Infection Prevention Control manual. Such support should be delivered in full and collaborative partnership and aligned with My Health, My Care, and My Home - healthcare framework for adults living in care homes, the Health and Social Care Standards in Scotland, Healthcare Improvement Scotland IPC standards/national IPC requirements and the National Care Home Contract.
- Executive Nurse Directors and Chief Social Work Officers should continue to work in close partnership with the Care Inspectorate to act on findings from inspection and when intelligence is shared to guide the support to services. There should be a collaborative approach to the development of improvement

plans with care homes, HSCP operational/professional leads and the Care Inspectorate.

- Collaborative Care Home Support Teams should continue to monitor opportunities for people living in care homes to connect with their loved ones both in and out of the home in the context of the ongoing delivery of Anne's Law (named visitor policy, health and social care standards implementation and any forthcoming directions linked to provisions in the National Care Service (Scotland) Bill)

Support for responding to current challenges

Many of the challenges facing the care home sector that were apparent during the pandemic remain and have been exacerbated by recent cost of living crisis, staff shortages and wider pressures in the health and social care sector. Collective and ongoing support for care home staff and those living and working in care homes has never been more important at this time. It is therefore recommended that:

- Care Home Support Teams, under the leadership of the appropriate person should monitor the viability of care homes as far as is practicable, taking a whole system overview of capacity. The arrangements for this will vary locally depending on other support systems for example at Board level. Regardless of the arrangements, this should be supported by planning and commissioning teams in HSCPs.
- The following guidelines for Care Home Support Teams to assist in monitoring capacity and to support with the provision of assurance to Scottish Ministers will be useful. Collaborative Care Home Support Teams should have:
 - A pathway for escalating/report serious concerns about quality and safety in care homes to the Care Inspectorate
 - Ongoing review of local care home bed availability and viability, including workforce and financial risks, taking a whole system approach which appropriately balances risks and considers provider as well as individual service viability/sustainability.
 - Refreshed contingency planning for care home closures recognising that multiple care homes may fail due to viability
 - Sight of a strategic plan for commissioning care homes as developed by local Social Care Contracts and Commissioning teams
 - Where there are care home beds not being used there should be work with providers to understand reason for this and put supports in place, for example improvement support or support with staffing where appropriate, recognising that there are staffing challenges across the whole health and social care sector
 - Escalating concerns nationally through the recently redesigned "Director of Public Health" care home monitoring template which now focuses on viability and pressures.
 - Regular review of completion rates of the Safety Huddle Tool – this is particularly important for local planning.
 - Transitions of care between care homes and hospitals – consider drawing on best practice including hospital at home, to enable where appropriate admission prevention and planned interventions to keep residents safe in

their own home. In the same way, facilitation of timely discharge to hospital should be a key element of consideration.

- Started developing a local plan towards implementation of the Healthcare Framework for Care Homes, with MDT support to care home residents and a quality management approach based on the Health and Social Care Standards.
- Care Home Support Teams alongside providers may find it useful to undertake a self-assessment based on the healthcare framework to identify actions that can be taken forward by all partners to support people in care homes. We are already aware that many areas are or have undertaken a mapping exercise and prioritising which of the recommendations to focus on in the first instance. We will continue to support implementation in the New Year.

Conclusion

This advice note has been developed with input from SLWG members. It recognises that in many places assurance and support arrangements have already evolved to respond to the current context based on good practice and sound partnership working. These recommendations seek to provide guiding principles and a framework to support local approaches. With many significant challenges facing the care home sector at this time, such approaches will be essential to supporting those living and working in care homes.

Going forward collaborative work will commence to consider the development of a Collaborative Improvement Model to provide a framework to support local approaches aligned to existing work looking at improvement models and support in the social care sector. This will enable more detailed consideration and confirmation of the roles of clinical and professional leads including Executive Nurse Directors in context of a collaborative improvement approach.