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UPDATED VERSION - 24 APRIL 2023

17 March 2023

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, NHS Board Directors of Finance

Funding for Collaborative Care Home Support arrangements 2023/24

We are writing to confirm the continued funding arrangements for providing collaborative clinical and care support for adult and older people's care homes. The Scottish Government is making £14 million available to maintain and build on the Collaborative Care Home Support (CCHS) arrangements (previously called Oversight arrangements).

The funding breakdown by NHS Board is outlined in Annex A. We hope this will be helpful to you as you continue to work with and support care homes locally.

The recommendation to continue the whole system multidisciplinary support arrangements was outlined in our [letter and advice note](#) of 14 December 2022 (Annex B). As you know this followed a review undertaken by a Short Life Working Group comprising a range of stakeholders from across the health and social care sector. In our December communication, we provided guiding principles and a framework to support health and social care professionals to continue to work together to identify ways to improve the health and wellbeing of people living in care homes.

The funding recognises the recovery phase that the social care sector is still in. It is to provide additionality, over and above core work and statutory roles, and is intended to create conditions for improving outcomes for people who live in care homes. We anticipate that it will maintain a network of support for care homes and those who live and work in them. The focus of this funding is improvement and assurance, and complements the funding previously provided for multi-disciplinary teams.

As outlined in our advice note of 14 December 2022, staff roles funded by this allocation should focus on supporting the implementation of and embedding the recommendations made in the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), and the [Health and Social Care Standards](#).

The majority of funding and thus focus of attention should be directed towards continuous improvement affecting the quality and safety of resident care, and providing assurance. Where posts are continued or created to meet additionality required, it is expected that funded post holders will either be directly or indirectly involved in improving resident care. This should be demonstrated through role modelling, delivering and demonstrating high quality evidence-based care, provision of education, training and development for the care home workforce, monitoring the impact of the above, providing a voice for nursing, and through this assuring that care meets the health and wellbeing needs of residents or escalating timeously where there are concerns in order that appropriate action can be taken.

We know that many of you have already evolved your CCHS teams (or equivalent) in line with the principles and focus outlined in our December communication. Recognising the collaborative and coordinated multidisciplinary nature of the CCHS teams, the funding is being given to Health Boards with the intention that it will be appropriately distributed as deemed necessary to meet the aforementioned requirements between the Board and HSCP. This distribution should be agreed, overseen and monitored by the local CCHS team.

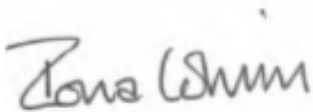
Outcomes and assessing progress

With the focus of improving the health and wellbeing outcomes of people living in care homes, CCHS teams should take an outcomes-focused approach to planning, implementing and evaluating support. Many of you will be utilising an existing or a locally developed set of outcomes to guide your work. The nine [National Health and Wellbeing Outcomes](#) which HSCPs use to support commissioning are a good starting point alongside the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), which contains six core elements of care and support.

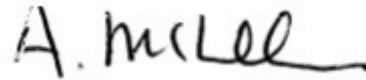
A condition of the funding will be a commitment to provide Scottish Ministers with information on the plans for your approach and the impact of the funding. To achieve this we ask a short overview is returned by 30th April on how local areas already are or envisage using the funding to improve outcomes (see Annex C).

We will consider how to understand and report on overall impact including sharing and dissemination of learning nationally and will be in touch in due course.

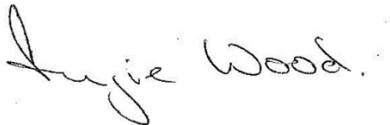
Yours sincerely

Handwritten signature of Iona Colvin in black ink.

Iona Colvin
Chief Social Work Advisor

Handwritten signature of Professor Alex McMahon in black ink.

Professor Alex McMahon
Chief Nursing Officer

Handwritten signature of Angie Wood in black ink.

Angie Wood
Interim Director Social Care

Table – Funding by Board

UPDATED TABLE 24 APRIL 2023

Funding will be the same as 2021-22 and 2022-23 and is based on the number of care home beds at a local level, with an uplift for the island Boards, rather than an NRAC share as previously indicated.

HEALTH BOARD	Allocation
Ayrshire and Arran	£ 1,023,040
Borders	£ 282,256
Dumfries and Galloway	£ 376,096
Fife	£ 1,053,216
Forth Valley	£ 795,984
Grampian	£ 1,372,272
Greater Glasgow and Clyde	£ 3,112,912
Highland	£ 864,800
Lanarkshire	£ 1,548,544
Lothian	£ 1,919,488
Orkney	£ 120,000
Shetland	£ 120,000
Tayside	£ 1,306,032
Western Isles	£ 120,000
TOTAL	£ 14,014,640

Letter and advice note - 14 December 2022**Chief Social Work Adviser**

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E: angie.wood@gov.scot14th 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.

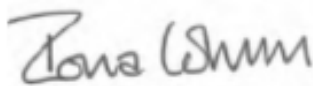
While there has been considerable value in the arrangements, it has been important to review them to ensure that they reflect the current context. Based on the findings of the review and taking account of the current pressures facing the sector, we have developed a number of recommendations. Overall 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.

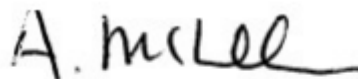
The recommendations are outlined in the advice note in Annex 1. They support a partnership approach, which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The note provides guiding principles 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.

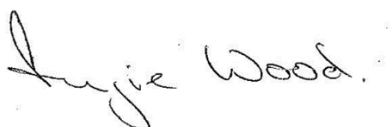
Yours sincerely



Iona Colvin
Chief Social Work Advisor



Professor Alex McMahon
Chief Nursing Officer



Angie Wood
Interim Director Social Care



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 \(www.gov.scot\)](https://www.gov.scot/publications/stronger-clinical-oversight-for-care-homes/pages/1-3-introduction.aspx)

² [Coronavirus \(COVID-19\): care home oversight - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/pages/1-3-introduction.aspx)

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-focussed 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 \(www.gov.scot\)](#)

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

- 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.

Annex C

CCHS teams reporting

Local CCHS teams should provide, by 30 April 2023, an overview of how the money will be spent in line with the objectives set out in 14 December 2022 letter and how improvement will be monitored and reported, using qualitative and quantitative measures.

We continue to receive a monthly return (previously Director of Public Health (DPH) return) from each Health Board that details immediate care home concerns and challenges including viability and we will review these along with the template below.

Template

Please send plans for your area to CareHomesCovidSupport@gov.scot, by 17:00 on 30 April 2023 with subject 'Care Home Collaborative Support team plans'

1. What are the overall aims and anticipated outcomes of the work of the CCHS team, taking account of learning to date?
2. i) Outline how the CCHS team will support the objectives outlined in the 14 December 2022 letter?
2ii). How will the funding will be used to contribute to overall improvement and building capacity for improvement? (it might be helpful to use the pillars outlined in the healthcare framework to structure answer)
3. How are the CCHS team monitoring and evaluating improvement? If easier please send standalone reports have been carried out on specific projects to date.
4. How has the funded team contributed to the improvements?
5. What has worked well so far (what will you consider scaling up for example)?
6. What has worked less well so far? What have your learned that would be valuable to share with others (including challenges that you have had to overcome?)

7. Please detail anything else you would like to share with Scottish Ministers?

8. Please provide details of the expenditure of this funding, broken down into resource e.g. staff, whether full or part time, £value (see table below)

For example

Resource	Hours	Unit Cost	FTE	Total Cost
Advanced nurse practitioner	37	£40,000	1	£40,000
Staff Training		£5,000	N/A	£5000