

1. Introduction

Under the Code of Practice issued under the Social Services and Wellbeing Act the Statutory Director of Social Services has a duty to advise councillors on – amongst other things – the challenges, risks and circumstances where staff issues affect our ability to discharge our statutory responsibilities, and to brief the Chief Executive and councillors on matters likely to cause public concern, and strategies to deal with those situations.

This is a summary report only and does not include all areas of activity. These will be covered in my annual report later in the year or by any further notes of advice I deem necessary to report.

In March we were at the start of a National Emergency with pressures growing as the incidents of Coronavirus infection grew in the county. Many services had ceased altogether with provision being modified to prioritise care to our most vulnerable clients based on individual risk assessments. The position has since developed with new systems now in place to manage risk alongside serious concerns across Wales in relation to the residential sector. Immediate service failure is still a risk in some areas and in others the service delivery model is under increasing strain. This notice reflects that overall position.

Overall the response by the council has been effective in maintaining social care services in extraordinarily difficult circumstances. Significant support financially and direct intervention and support by the Leader of the council, Lead member and the Chief Executive has contributed to the maintenance of most core provision to a good standard despite facing unprecedented challenges. The impact of the virus on residents in care homes is a serious and ongoing concern in Carmarthenshire as it is across much of Wales.

Throughout this emergency our thoughts are with those residents, care staff and families who have been impacted on so tragically by this virus.

2. Domiciliary care

With Support from Executive Board and the Chief Executive I was able to take early action to support the workforce. These steps included:

- Redeploy day service officers to deliver care.
- Reconfigure larger packages of care based on risk assessments.
- Introducing fast track training and rolling recruitment.
- Putting in place a recruitment and retention package for in house care staff. This is reviewed monthly.
- Increasing commissioned domiciliary care rates temporarily by a pound an hour.
- Introducing upfront payment for commissioned hours for domiciliary care agencies to ensure cash flow is maintained in the sector.

It has since been agreed that these initiatives will continue until the end of May when they will be reviewed.

Our fast track recruitment process has been extremely successful. 15 new carers have been appointed with this number compensating for the additional COVID 19 related absence. General sickness is substantially down and many staff who work part time are willing to do additional hours.

Our commissioned care agencies are managing relatively well despite being under pressure. My overall assessment continues to be that our services are maintaining well in the circumstances. Members should note however that there is a considerable risk to be managed going forward.

I can report that the change in national policy in April, and the now good supply and provision of protective equipment to the sector, has made a profound difference in the feeling of safety and security for staff. Without this change in national policy, I am of the view that the service would have been unsustainable.

When considering the impact of COVID 19, data is difficult to manage with the local picture still evolving and national data being of variable quality. In looking at the impact of the virus on service users receiving domiciliary care the figure we can be most confident in is the number of deaths we experience in the service when compared against the number we would normally expect at this time of year. At the time of writing there seems to be no significant difference in the number of deaths from those receiving domiciliary care than from the level we would normally experience in the service.

My thanks need to go to the hundreds of Domiciliary care staff and their managers who have maintained the service throughout the crisis. Their performance has exceeded what could have been reasonable expected and many of our most vulnerable people are safer as a result.

3.Residential Care

Actions we took in March included- Funding every care place for older people we purchase with a temporary additional £50 per week. This is reviewed on a monthly basis through our emergency command structures. We were among the first to put a no visitors policy in all homes and subsequently to cease admissions without a negative test.

In March the emerging evidence was that there had been a substantial number of deaths in other countries in nursing home facilities. At the time Investigations into deaths in a Seattle nursing home in the US concluded that symptoms *'aren't enough to identify who is infected once the coronavirus enters a long term care facility'* The report concluded that *'as soon as there is a confirmed case all health care workers should don masks and other protective garments and residents should be isolated as much as possible'* The report also found that of 23 residents who tested positive, only 10 had symptoms on the day they were tested.

Concerns in Carmarthenshire were exacerbated by the delays and limited number of tests available. At the beginning of April only 80 tests a day were available for this

health board area and delays in getting results were frequent with the testing of care staff only requested on a case by case basis.

In March there were also widespread concerns across the sector at the guidance on the use of PPE that had been re-issued at the end of March. Formal concerns were raised by ADSS Cymru and on behalf of the council by the Leader to Welsh Government. New comprehensive guidance was issued by Public Health Wales on the 2nd April:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Whilst supplies were not initially adequate to meet the guidance in full for the whole care sector, they have since progressively improved with supply from Welsh Government now enough to enable providers to comply with the guidance. We have also seen successful procurement of protective equipment direct by the authority. At the time of writing we have distributed over 1.5 million items of protective equipment to the care sector.

Locally we have a well-resourced centralised distribution system that can deliver PPE 7 days a week, 24 hours a day. When we have identified a small number of providers not following the guidance all have complied after intervention and support from our commissioning team.

At the time of writing we have 11 residential care and nursing homes in the public and private sector who have symptomatic residents or confirmed cases of COVID 19. More than half of these also have staff with positive test results. We anticipate this number will grow as testing increases.

Accurately recording the impact on residents in care homes is difficult with some residents infected but asymptomatic and many whose health was severely compromised prior to infection. The most reliable measure is the number who die in residential care in excess of what we would have ordinarily expected. This time last year we experienced 22 deaths over the 30 days up until the 15th of May. In the last 30 days there has, tragically been 47 deaths across the residential and nursing sector. This is broadly consistent with the most recent national O.N.S figures for much of South and East Wales although our figures are calculated differently so caution should be taken before reaching conclusions at this early stage. Whilst there may be some natural variation in the data, our early analysis indicates this increase is largely down to COVID 19 related disease. Of those residents who have tested positive since monitoring began approximately 60% have since become symptom free. Thus, we can see that whilst the virus is devastating to this population many frail and elderly residents can and do recover. Early evidence locally is that the likelihood of recovery has a strong correlation with the general health of the resident before the infection. Moving forward ensuring we can evidence that all residents receive the highest quality of health care based on their needs as individuals will be a priority for us.

Action to support homes includes:

- **The issuing of PPE** – We now have the guidance and the equipment we need to protect staff and residents.
- **Increased Testing**- In the last two weeks the Health-Board has successfully co-ordinated systematic testing in care homes. Where there is an outbreak in a home mobile unit test all staff and residents in these homes on a weekly basis. The importance of this has been highlighted with substantial numbers of staff (and some residents) who are A-symptomatic testing positive in several homes. It is evident that without the testing of asymptomatic staff and residents, these outbreaks are impossible to adequately contain. Whilst there were substantial delays in getting adequate testing in place our Local Health Board has been among the most proactive in Wales. As has been nationally reported, testing has only very recently been made available to all care home staff and residents. We are working on a plan with the health board to have completed the screening of all care home residents and staff in the next few weeks.
- **Revised Admission Criteria**- No admissions to care homes are allowed without a negative test in place. When discharged from hospital the guidance now requires a further period of shielding after a negative test.
- **Improved Infection control**- Substantial work has been done by the Health Board advising and supporting homes with infection prevention and control, the use of PPE and the separation of infected and non-infected residents into red and green zones within settings. Additional funds have been allocated to increase the volume of advice and support in this important area as we move forward. Partnership working with the Local Health Board has been assisted by our integrated management structure in the county.
- **Direct Intervention** - A sector leading escalation and monitoring process is in place where each home is monitored, and risk assessed daily. Joint interventions can be agreed into all care provision by the Health Board and the Local Authority. This has been successful in two homes in helping them manage substantial outbreaks.
- **Financial Support** - Substantial financial support is in place with a premium being paid to all homes per placement and selective support in relation to voids where homes are unable to take placements because of infections. To date we have seen no homes fail although a small number are under significant financial pressure. Determination of further funding from Welsh government to support the sector beyond May will be essential to avoid a significant collapse of care homes across the county.

Tribute should be paid to our remarkable care staff and managers whose commitment in dealing with the most difficult of situations has been outstanding. Sickness levels in this staff group are now lower than they have been prior to the National emergency.

4. Other key Services:

All day care provision continues to be suspended with care packages assessed and staff supporting clients in the community where necessary.

Proactive calls from Llesiant Delta Wellbeing and social work teams monitor those who are vulnerable. To date they have made over 6000 proactive calls to shielded residents. Many of these have resulted in bespoke interventions to support isolated people.

Children's social work continues to maintain all statutory monitoring and to have the capacity to act when necessary. Care proceedings continue to be issued. Children's cases have been risk assessed by the Head of Children's Services so the most vulnerable can be prioritised for monitoring and support. Some of the most vulnerable children have been provided with day care at school hubs. No children's homes have been affected by confirmed cases.

Adult Mental Health Practitioner numbers are low, and it is proving extremely challenging to maintain adequate cover. However, at present it is maintaining its core statutory service.

The Authority are compliant with the WG Discharge (from hospital) Requirements for the COVID 19 emergency period. This has significantly contributed to the Health Board's business continuity planning in expediting discharge from hospital in readiness for the anticipated demand on acute services by our population related to COVID 19. The position outlined above in relation to domiciliary care resilience and capacity is such that very few patients' transfer home from hospital with care is delayed beyond 48 hours unless necessary. For those individuals who require transfer from hospital to a care home (either existing residents or new placements) and who continue to test positive to COVID 19, arrangements have been made with the Health Board to ensure that care is provided in the most suitable of environments to meet their needs until their test results return a negative result. At times of escalated pressure and risk within the acute hospital setting this may be facilitated in one of our Field Hospitals however to date this has not been deemed necessary by the Health board. There is capacity in our acute hospitals at present with all categorised as 'green' at the time of writing.

Following conversion of three settings by the local authority all Field Hospitals are in a state of operational readiness should they be required.

7. Conclusion:

This report highlights the significant ongoing risk to residents in Residential and Nursing homes with a substantial, ongoing increase in excess deaths because of COVID 19 infections. This is an issue that is of the highest possible priority in the local authority.

Domiciliary Care is relatively stable with some early evidence that services and risks are being managed well. Other statutory services are under pressure but

also holding up well. Any significant risks going forward will be considered carefully and reported where necessary.

Jake Morgan

Statutory Director of Social Services

Carmarthenshire County Council