

# Impact of COVID-19 on Carmarthenshire's Adult Social Care Services

Social Care & Health  
Scrutiny Committee  
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## **Health and Social Care Scrutiny Report: Covid-19 Position Statement.**

### **Introduction**

Throughout this emergency our priority has been to continue to support those who receive services and their families, to do this safely, to protect staff and the people of Carmarthenshire. We have not experienced the infection rates or deaths that some Local Authorities have, but we remain vigilant with our governance processes and infection control, in order that we ensure this position is sustained.

### **1. Impact of Covid on Services**

From an Integrated Services and Adult Social Care perspective, we have tried as far as possible, to maintain business as usual. We have continued to support people who need our help in the community and need support to be discharged from hospital. We have continued to offer Information Advice and Assistance (IAA) in line with the requirements of the Social Services and Wellbeing (Wales) Act and carried out social care assessments where required.

Tribute should be paid to our remarkable care staff and managers whose commitment in dealing with the most difficult of situations has been exceptional. The most significant area of risk and greatest impact of Covid -19 has been in relation to the Care Home Sector and Carmarthenshire has experienced a number of outbreaks and the sector, which includes our in-house and commissioned provision, has faced huge challenges to care for those who were very frail, and for some, sadly at the end of their life. Again, we acted swiftly. We were among the first to put a 'no visitors policy' in all homes and subsequently not to allow admissions without a confirmed negative test. Actions to support homes included:

- **The issuing of PPE**
- **Increased Testing**
- **Revised Admission Criteria**
- **Improved Infection Control**
- **Financial Support**

Visiting Care Homes by families and friend has, and remains, a challenge. We are looking, however, post the latest circuit breaker, to implement a plan to allow managed internal visits, balancing infection control issues with the need for residents to see their loved ones.

A Regional (West Wales) Care Homes Risk and Escalation Policy was developed, to ensure a whole system coordinated approach to risk and collaborative responsibility to respond to the Covid-19 challenge. Work is currently being progressed to develop this approach for domiciliary care.

Unfortunately we had to close all day services for Older People at the start of the pandemic, due to the vulnerability of the client group to Covid-19, together with the challenges surrounding social distancing in our buildings and on transport. We also

had to suspend all planned respite in care homes, due to the challenges that care homes faced in managing the spread of the virus.

In terms of our in-house care homes we have faced the following challenges:

- Increased number of vacant beds.
- Financial impact in terms of increased staffing needed due to shielding staff and residents being isolated; and
- Managing the mental and physical impact on staff e.g. Additional workload, dealing with end of life situations with little or no family involvement and pressures for the teams.

Day services for older people currently remain closed and it is difficult to envisage how they can reopen before there is either a vaccine, or community transmission of the virus ceases. We are therefore now looking at an alternative offer. We have started to re-offer planned respite at one Local Authority run care home, to see whether we can safely start to roll this out going forward. Emergency respite can still be arranged at a range of care homes across the County on a risk assessed basis, subject to a negative Covid-19 test and isolation for 14-days on admission to the care home.

In relation to Learning Disability and Mental Health day service, at the start of the pandemic Welsh Government introduced guidance to protect people and to prevent the spread of coronavirus. In response to this, the Local Authority took the decision to suspend our building-based services.

Whilst some buildings have been closed, we have continued to provide care to our most vulnerable and we have in some instances provided support in buildings following robust risk assessments. Our current position is that we are now looking at how some support services can be re-introduced safely into the community. However, this will be on a significantly reduced basis, so that we can maintain everyone's safety. Many services will not operate as they previously did. They will not be able to offer the range of activities or be able to support as many people as they did previously, as our priority at the current time is to keep everyone safe.

Most of the care and support in Carmarthenshire is delivered by the independent commissioned sector. The Commissioning team in Carmarthenshire has played a significant part in supporting these services during the pandemic. The range of support has included:

- Coordination of the numerous communications and guidance.
- Coordination and supply of PPE
- Proactive communications including a 24/7 helpline at the peak of the pandemic.
- Collaborating with health colleagues to produce daily reports to monitor escalation and risk.
- Initiating provider performance arrangements to address any Covid-19 or other concerns in relation to service provision.

## **2. Changes to service provision due to Covid**

We have inevitably, had to change the way we do things, and wherever possible we have tried to support people virtually when providing IAA or undertaking assessments. We have however, also continued to visit people at home when needed on a risk assessed basis, to ensure that our assessments are thorough to inform what support we might be able to provide.

At the start of the pandemic new legislation was introduced to relax the requirements of the Social Services and Wellbeing (Wales) Act. Carmarthenshire County Council did not feel the need to use this legislation and has continued as normal, but there is currently a national consultation ongoing, as to whether this legislation needs to be maintained going forward.

In relation to Safeguarding of Adults, we have seen an increase in safeguarding activity and multi-agency forums have continued to meet virtually. We were part of a Regional Multi Agency Covid-19 response group which met weekly. MAPPA, MARAC and VAWDASV arrangements also continued.

A robust regional approach to managing new and existing Deprivation of Liberty Safeguard authorisations has been agreed, in the light of us being unable to visit care homes. This approach ensures the principles of the Mental Capacity Act are upheld and is consistent with the guidance received from Welsh Government

Within Learning Disability Services, virtual activities have been arranged via skype or teams and individuals have accessed buildings on a 'one to one' basis where this has been necessary. Activity packs have been delivered to people's homes and home visits have also been facilitated to support families.

Carmarthenshire has been working with its TEC trading company Llesiant Delta Wellbeing, to develop a TEC Prevention Strategy for the region over the last twelve months. This has proved particularly valuable during this crisis. The programme combines proactive integrated tele-monitoring and wellbeing calls to those who were shielding, with a rapid response and community-based support. Delta has also increased front door Capacity through the Information, Advice and Assistance Services.

Lifelines and iPads have also been provided to promote social inclusion to those who are most vulnerable. Delta has conducted approximately 5,000 calls to residents in Carmarthenshire that received shielding letters from Welsh Government, to ensure they had everything they needed to stay safe during these difficult times. A quantity of 80 iPads was distributed to care home residents to keep in touch with their loved ones.

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

### **3. Workforce implications**

At the onset of the pandemic, a central deployment hub was created where services could make requests for additional staff and offer staff that could assist with front line operations. Residential and domiciliary care have benefited from these arrangements. Staff from leisure and day services moved into domiciliary care and staff from day services moved into residential care and day services staff also helped out in residential care. Staff in administrative roles, all Integrated Services staff and staff in the Mental Health, Learning Disability, Transition and Substance Misuse have continued in their ordinary roles, as these have been essential to allow us to deliver business as usual, and also respond to the specific requirements of the pandemic. A very small proportion of these staff was asked to shield, so there has been a minimal impact on the workforce.

Engagement has been maintained with the Trade Unions via the Communities Department Trade Union forum, and issues have been addressed as needed.

We have had to adapt our practices to ensure that staff undertaking essential visits to people at home, and in hospital, wear PPE and follow good infection control guidance. Risk assessments are in place to support this. This has been a particular challenge for our Approved Mental Health Practitioners, who have had to continue undertaking Statutory Mental Health Act assessments, often in very challenging and high-risk circumstances.

Staff have been outstanding throughout the pandemic, in continuing to support people in our communities, and also take on challenges that they would never previously have foreseen; for example, in helping care homes to manage Covid-19 outbreaks. We are conscious that this has been a hugely difficult time for staff managing both work and challenging situations at home, and staff have been exemplary in the commitment and dedication they have shown.

### **4. Service user and carer implications**

We noticed at the start of the pandemic, that a high volume of people decided to cancel or reduce their care at home or day provision, as they wanted to minimise the number of people coming into their homes and families were able to offer more care, due to people being furloughed and unable to go to work. Whilst we have of course supported this approach, we have continued to maintain regular contact with those people that chose to do this, in order to make sure that they have the appropriate level of support as time has gone on. As people have returned to work, we have noticed that a number of people have contacted us again to restart their support.

We have been hugely conscious of the impact of the pandemic on carers as well as the individuals we support, so we are currently consulting on a proposed model for alternative support for day services for older people. As part of this consultation, we will be asking people how we can also support respite in different ways.

We have worked closely with stakeholders, particularly Carers Trust Crossroads Sir Gar and the WWCDG to maintain awareness of the impact COVID has had on unpaid carers (existing and new carers).

CCC has utilised this intelligence to implement a PPE procedure and the Carers Resilience Project.

The Carers Resilience project seeks to provide a comprehensive range of safe responses to support wellbeing and promote the caring relationship through these worrying times. These responses range from preventative services such as the Carers Emergency Card and Response, Connect, Carers Information Service to residential respite in a care setting. The project gives structure to the offer of support that is safely available to us, and a model that enables fair and equitable use of resources. The project is adapting as the year progresses, in line with the needs of carers. Consultation is underway to engage carers in shaping future arrangements for support.

The recent Strategic Partnership Board for carers afforded us the opportunity to reflect over the COVID period, and it was beneficial to note the excellent work of the third sector to continue to support people across service areas to feel connected and supported.

Whilst we generally suspended our building-based day services in Learning Disability, some remained open to enable 'one to one' support for those individuals and families who needed it. These were in emergency situations and were subject to robust risk assessments.

Those who use services have welcomed the opportunity to get involved in the virtual programme of day activities, and feedback from individuals and carers is that this has provided some respite from the pandemic and been beneficial for their wellbeing.

## **5. Financial issues**

Across the Mid and West Wales region, Covid related funding was made available to support the commissioned care sectors from the Welsh Government Hardship fund. In West Wales, there was consistency in application of payments to the care home sector of £50/ person/ week for LA commissioned placements. Furthermore, detailed work has been undertaken which has included additional payments for 'outbreak' care homes linked to voids.

At the height of the pandemic we saw an overall reduction in the number of funded residential and nursing placements for older people. We also saw an overall reduction in the number of funded external domiciliary care hours. Both did have a positive effect on the budget. This has now returned to near normal levels and in some areas, demand is increasing.

Within Mental Health and Learning Disability we did see a slight increase in residential placements and high cost community packages, as the work to place people in alternative settings was paused for the first six months of the pandemic. We are

gathering evidence to forecast demand and budget pressures for 2020/2021 and the impact of Covid-19 on services areas such as Mental Health, Substance Misuse and Safeguarding.

We have seen some challenges in achieving our predicted PBB this year. We are reviewing our PBBs for the remainder of the year and into 2021/2022, so that we have realistic projections going forward.

## **6. Communication and engagement**

Good and regular communication has been critical to supporting staff, as well as recognising the achievements of staff and taking each opportunity to thank them. The use of technology has meant that we are probably in much more regular contact with each other and have taken the opportunity to have regular short meetings. This is something that we would want to continue going forward.

There is regular communication with staff via the internet, newsletters, individual letters and published guidance. Team meetings have continued via teams and training modules are being made available via e-learning programmes, wherever possible.

Within Adult Social Care and Integrated Services, staff have kept in touch with individuals and families so that we can determine when people may be struggling and respond in a timely fashion. Those who used services and their carers also received regular letters to update them on what was happening with front line services.

During the peak of the pandemic, the Divisional Management team met daily to respond to immediate issues, make decisions and agree actions and priorities. Regular contact has also been maintained between Heads of Service and the Executive Board Member, to provide regular briefings regarding issues as they develop.

## **7. Moving forward**

We must make sure that we learn from this unprecedented experience as we reintroduce our services and re-set our strategic and operational priorities. It is not going to be a case of restarting and getting back to the way we were. This is an opportunity to refresh and renew. Recovery Groups have been set up and we are focusing on recovery plans to sustain services following the crisis. Moving forward we will:

- Continue to change and adapt the way we work. For example, we will not be able to fully reopen our day services buildings for some time, to comply with social distancing and minimise risk of infection.
- Continue with virtual activities and provide a service to those most at risk safely. This will impact on families and carers who will continue to need support. So, we will need to do this creatively.
- Escalate our modernisation plans for some services e.g. less building-based services, agile working.

- Require our workforce to be flexible and adaptive in the long term in the event of future uncertainties.
- Prioritise and transform services to respond to those who are most vulnerable.
- Respond to pressures in the health acute sector which are likely to increase as we enter the autumn/winter months.

We have seen that whilst the virus is devastating to our older 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.

The immediate priorities are to maintain business as usual and look to implement the alternative options, to support those that previously attended building-based services. This is particularly critical to, both support individuals and their families, as well as managing the overall demand and budget of long-term care.

There is currently a risk that the need for residential placements and domiciliary care will increase at a faster pace than projected, in line with population growth, and due to the additional pressures on families/informal caring arrangements with no structured day services and limited respite available. Whilst we are doing everything we can to mitigate the risk, there is a likelihood that we will not be able to offer sufficient support at home to mitigate it entirely.

Pressures in the acute sector will also have a significant impact on social care community services, and in particular the care home and domiciliary care sector.

## **8. Lessons learnt.**

Digital solutions will play an ever-increasing role in shaping what we do. Communication has improved significantly, through effective use of virtual technology and going forward, we need to get the right balance between virtual and 'face to face' contact, to make best use of time.

Technology and forms of virtual communication have been invaluable through this time.

Staff Resilience has been remarkable during this unprecedented time, but we are seeing general fatigue across services and fear regarding the future. We are aware of the need to ensure that staff access supervision, support, and occupational health interventions where necessary.

In the medium and longer term, the economic downturn itself will have persistent negative health effects, with these effects being worse for some groups than for others.



The centralisation of a 24/7 PPE hub to manage the distribution of PPE has been critical in managing our infection control. The appointment of a Senior Officer and team to oversee this as well as the Track and Trace programme, has been critical in controlling the spread of the virus.

One of the positive outcomes of the pandemic is the collaboration within the council and with external organisations. Attendance at multi agency meetings has improved and regular governance forums have enabled decisions to be made quickly, and identified risks responded to swiftly.

We have all had to change and adapt the way we work, and staff have been flexible and resilient to ensure that our essential services continue to be delivered. Those who use our services and their carers have also demonstrated resilience, patience and understanding during this very challenging time.

The pandemic has provided us with an opportunity to work innovatively and we will capitalise on this in our quest to continuously improve services. We have inevitably learnt a huge amount during the first wave, which stands us in very good stead to cope with a second wave. All our processes are in place to manage the various scenarios, so we are confident that we will be able to learn the lessons and manage the challenges ahead together.