

Directors Annual Report 2021/22

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Statutory Director of Social Services at Carmarthenshire
County Council

April 2021 DRAFT

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Dates of Political meetings

DMT	15 th June
CMT	17 th June
PEB	28 th June
Scrutiny	7 th July SC&H 8 th July C&ED
Ex Board	26 th July
County Council	15 th September

Introduction



This is my eighth annual report as Statutory Director of Social Services. Although Social Services is only a part of my corporate role there is a statutory requirement on me to report annually on the council's Social Service's functions. Appended to this report is the Statutory Notice I issued last year. This was issued under the Code of Practice contained within the Social Services and Wellbeing act where the Director of Social Services has a duty to advise on the challenges, risks and circumstances where staff issues affect our ability to discharge statutory responsibilities.

This has, by any measure, been an extraordinarily difficult year. COVID 19 has tested every element of our organisation and our ability to discharge our Social Services functions. Our priority throughout has been to protect the most vulnerable in the community, the elderly and disabled whose health and lives have been so at risk because of Covid 19. During this time our teams in adult and children's social services have never faced such challenges and been so needed by our communities. It has been a year where the whole of society has recognised the central role Social Services functions play in all our lives and the importance of these services in keeping children and vulnerable adults safe. The council can be proud of the role its staff have played in supporting the most vulnerable.

The whole Country started the year unprepared for the pandemic in every way. It is easy to forget the emergency in March and April last year when public health advice felt short of to acknowledging the need for PPE in the care sector; When there was rapid discharge from hospital into nursing homes wholly unprepared to manage COVID 19 outbreaks and where basic protective equipment for staff at risk was nationally auctioned to the highest bidder by unscrupulous distributors. At this time vaccination programmes were a distant hope and our care staff faced anxiety daily. We all felt frustration at the slow pace of guidance change on PPE in relation to social care staff (See my statutory notice pg 33-34) The consequence of this was that even in June 2020 we were not always able to provide the protection to staff in social care that we felt was necessary. The corporate and political support in the council and from ADSS Cymru in advocating for action nationally was critical in ensuring a change of guidance.

Our partnership with health has strengthened throughout the pandemic with the authority leading on the creation of 3 field hospitals in the county and our integrated structure adding significant value in ensuring there was a coordinated approach. The role of key clinical health staff in supporting the care sector was invaluable. Review and reflection is needed locally and nationally on the use of 'do not resuscitate' instructions on the elderly in care and consideration whether the process used was the one we would want in the future.

As a Director you really find out about the strength and values of your team and organisation when you face adversity. For 6 months my team met 7 days a week to problem solve, manage risk, and support the care sector through the most difficult times it has ever faced. Unwavering support politically and corporately demonstrated the values of the organisation where the number one priority was to do whatever we can to best protect the most vulnerable. They did a great job and this was confirmed by the

Inspectorate earlier this year:

“The local authority ensures people’s voices are heard, their choices respected and people routinely achieved self-identified outcomes. Leaders have a line of sight on front line practice with clear plans that have led to creative practice.”

“Care Inspectorate Wales (CIW) Assurance Check 2021”

In the second wave in December the rapid rise of infections led to a total collapse of several of our private sector care homes. These homes found themselves with no staff or management and sick and frail residents having no one to care for them. In these circumstances I was constantly humbled by the lack of hesitation from our staff and managers from our in-house service who worked additional shifts in unfamiliar and risky environments to keep residents cared for. These staff were supplemented by corporate and leisure staff who volunteered to fill gaps where they had every right to simply stay at home. With limited family members in homes and overstretched care staff it fell on some of these staff to read to and care for the elderly who were frail, vulnerable and in many cases sick with COVID 19. We owe these staff a huge debt of gratitude.

In these days of social media comment it is easy to be cynical about *‘the council’* and Local Government. However looking back at Christmas Eve 2020 when I had the call that a home had collapsed with the whole staff team off with COVID 19 it was *‘the council’* and Local Government with our amazing staff who stepped up in these most difficult of circumstances. Over this period, I have never been prouder of the care sector and Local Government as a whole.

There has been extraordinary work nationally and locally to get us in the position we are now. We now have near unlimited protective equipment provided by government free to the whole care sector, benefit from the most successful vaccination programme in Europe and continue to receive substantial funding for the stretched care sector. Whilst the full impact on the mental health of our children and vulnerable adults is still being fully assessed the additional funding provided by the council for mental health services is further evidence that supporting and protecting vulnerable people remains a priority for the council.

In making statements about the state of Social Services in the county I always try and triangulate our internal judgement with both performance data and external independent evaluations. To this end we commissioned an independent external evaluation of our support to care homes. This independent evaluation is summarised in Appendix 4. In addition, Care Inspectorate Wales produced an evaluation of the whole of our Social Services functions through an inspection in February. This is attached to this report in Appendix 3. These outside views enable me to have real confidence in the positive statements I make in this report.

Of course, there is now much to do as we navigate the recovery from the pandemic, evaluating the impact on services and face those issues that have inevitably been put on hold. Budget pressure will undoubtedly play a part as the number of older people continues to grow and mental health in particular faces growing pressures. However, if the pandemic has

taught us nothing else then our staff and the organisation is more resilient than we could ever have known, and this gives me real cause for optimism moving forward.

Jake Morgan, Statutory Director of Social Services

Overview of an Unprecedented Year

A simple way to look at the impact of COVID 19 on Social Services for adults and children in the last year is to see it in four phases:

Phase one from March to May 2020 reflected high levels of risk, high levels of concern regarding the lack of adequate protection for residents and staff in care and nursing homes and the lack of protective equipment. (see statutory report in Appendix 1 and 2) This was a period of crisis management locally and nationally as we dealt with the overall lack of national preparedness for a pandemic of this type.

Phase two from May to October 2020 we established preventative services; embedded safe systems of work; distributed PPE, introduced testing and track and trace systems; mainstreamed agile working and monitoring of vulnerable children and established systems for infection control.

Phase three from November to January we experienced a second wave of COVID 19 with devastating effects in some of our care homes, staff absences increased due to larger numbers being tested and the total collapse of several care homes in the county. The pace of escalation in the number of those infected during December was extraordinary. This period whilst managed extremely well by our teams was challenging with staff already fatigued but continuing to work hard to keep people safe. At the end of this phase the roll out of the Covid vaccinations had begun, with care staff among the first in the County to receive their vaccinations.

Phase four from February to the end of March was a recovery from the second wave with infections low, care homes operating effectively, and a number of reviews and external inspections having been completed to ensure lessons were learnt and that we were prepared should there be further outbreaks. The vaccination programme was demonstrating its effectiveness with 97.7 % of care workers vaccinated and 96.4% of residents in care vaccinated. (at the time of writing this report) All the signs are that this programme is effective in protecting the most vulnerable residents in the county.

During this time, it was imperative that we continued to deliver essential services and meet our statutory responsibilities to support those in greatest need. At times we made difficult decisions on prioritising our resources for the most critical services as necessary. Emergency planning across Social Services, the Council and the region saw us develop a coordinated response across in-house and commissioned services supported by a strong partnership with the Health Board to keep those for whom we provide care and support as safe as possible.

Staff from different services were redeployed to areas of need, and we continue to work to the guidance issued by the UK and Welsh Government in relation to safe working practices. We have received an impressive response from the community,

with individuals, groups and businesses working together to support friends, neighbours and strangers. We hope that the networks built will remain after the pandemic has subsided, continuing to support those in need.

We have set a **budget for 2021/22** which balances our resources with known demand. However, demand across Children and Adult Services is volatile and we have seen a steep rise in demand for domiciliary care since March. This is reflected in the financial uncertainty we face. A contingency fund established by the Council for Social Services is a prudent approach in the circumstances.

The Council has made a commitment to protect budgets within Social Services and invest in our mental health services. This will ensure that we are able to continue to deliver high quality services that put people at the centre of their care and support.

We have drawn down substantial financial support from the Welsh Government Hardship Fund to help offset some of the additional costs associated with Covid. We have claimed a total of just over £9million to date. It is difficult to predict at this stage how this crisis will impact on long-term demand and consequently spend, but we will continue to monitor the position closely.

We have seen an overall reduction in the number of funded residential and nursing placements for older people, which has had a positive impact on the budget albeit not quite offsetting the rise in demand for domiciliary care, direct payments and mental health services.

Children's services have continued to function effectively during the Covid 19 Pandemic and lock-down working arrangements. Service delivery has been prioritised according to a regionally agreed model. This has ensured the safeguarding of children and young people residing in Carmarthenshire whilst also ensuring that our staff and the families we visit, stay safe by applying social distancing. The pandemic has demonstrated the benefits and opportunities of digital working with contact enhanced with many of our children and young people. However, a return to a greater level of in person contact will be essential in children's services as we move forward.

For young people leaving care, especially those who may not have previously been in regular contact has had a huge potential to increase engagement, develop better insight and improve outcomes. Whilst the focus has been on the pandemic it is also good to reflect what an excellent job our service has done in continuing to support children and families during this unprecedented year.

The Council's ability to maintain and even reduce our number of looked after children through good practice, investment in prevention and long term effective management is an area that is receiving positive national attention.

"In children's services, the pod meetings were embedded and highly regarded by all staff as an effective and supportive mechanism for themselves and the families they supported. These meetings combine a systemic and strengths based approach to evaluating work with families"

"Care Inspectorate Wales (CIW) 2021"

Within Mental Health and Learning Disability we have seen an 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. The impact of the pandemic on mental health, substance misuse and safeguarding and demand for services is likely to be significant and we have prepared for this in our budget setting for 2021/2022.

In relation to **supporting adults and older people**, we have continued to 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.

We have inevitably, had to change the way we do things, and wherever possible we have tried to support people virtually when providing information and advice 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.

Despite all the challenges we continue to have sufficient supply of residential and domiciliary care in the county. Rural areas continue to be a challenge and work on a new commissioning framework will seek to address gaps in the next year.

At the start of the pandemic, in line with government advice and the high vulnerability of our client groups to Covid, we immediately had to close most of our **Day Services**, and suspend most planned respite in care homes. We have however tried to look at innovative ways of how we can continue to support those we support to meet their preferred outcomes and provide some degree of respite for individuals and families.

In relation to **Older People's Day Services**, we carried out a consultation with those that previously attended day services and their families in November last year on a proposal to provide alternative support whilst day services remained closed. This model includes 1 to 1 support at home, as well as greater digital connection where appropriate. Emergency respite can also 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. At the time of writing new guidance is anticipated from Welsh Government surrounding transfer to care homes, which may make bed-based respite a more realistic proposition going forward. Moving forward it is likely that day services will be required to focus on meeting the needs of highly vulnerable older adults whose carers require respite. This will require considerable remodelling of our day services.

Within **Learning Disability and Mental Health Day Services**, whilst some buildings have been closed, we have continued to provide care to our most vulnerable and we have in some instances successfully provided support in buildings following robust risk assessments. We have also offered support at home and a range of online virtual activities which remain popular with those who use our services and their

carers. Activities provided include, exercise, quizzes, and cookery sessions, Woodwork and craft activity packs have also been delivered to individual homes to enable them to join in with the virtual demonstrations.

In the autumn of 2020, some of our buildings reopened and we are gradually accommodating more numbers, prioritising those individuals and families who are struggling. 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 is to keep everyone safe.

A review of the regional Shared Lives Scheme was undertaken in 2019 with a view to revising the model and structure for future sustainability. The consultation which was delayed during the pandemic is now being undertaken and a new model will be implemented following this.

The first phase of the new model for disability was also established during 2020 commencing with the 0 to 25 years old service. Initial feedback from those who use services, their carers and professionals is that this is a positive development. Phase 2 will be implemented this year.

We recognise that the pandemic has been a hugely challenging time for carers who have been managing with reduced support and respite. Through the Regional Partnership Board arrangements, we have continued to adapt our offer to carers to ensure that they can continue to feel supported. The Social Work teams and day services staff have kept in contact with carers and provided support when necessary. Many of our staff have either achieved or are undertaking the Investors in Carers Award which is an acknowledgement of the support provided to carers. All Social Work teams also have identified Carers Champions.

The pandemic is challenging for everyone, but the impact on the mental health and wellbeing of many people in Wales is significant. Contact with mental health teams has also increased by 136% over the last year, from 131 in April to September 2019, to 301 for the same period this year. For the Advanced Mental Health Practitioner (AMHP) service, it has been business as usual and they have had continued to undertake their statutory duties throughout the pandemic and often in high-risk situations.

All Mental Health Forums and Networks since March have reported increased demand and reported high levels of anxiety across West Wales and Carmarthenshire including reported significant increases in people contacting them for support for self-harm and eating disorders also.

The impact on mental health services is likely to be significant. In planning for this, the council has invested significant growth resource to address this which will be used to recruit more social work and social care staff to focus on two specific areas; early intervention and prevention and a more robust and timelier crisis response. During 2020, we have been collaborating with the Health Board and the third sector to develop initiatives in this regard developing a Single Point of Access and a 24/7 crisis response service. Substance misuse services has also seen an increase in the

volume of work and the complexity of cases as isolation and lockdown has an impact on vulnerable people's lives.

Adult Safeguarding

In relation to Adult Safeguarding, the Regional Safeguarding Board and associated subgroups have continued to meet virtually. We were part of a Regional Multi Agency Covid response group which met weekly to have assurance regarding safeguarding responses during the pandemic. Attendance at strategy meetings has been improved. MAPPA, MARAC and VAWDASV arrangements have also continued. We have continued to work within the new All Wales Adult Protection Procedures and Carmarthenshire has led on several developments across the region including the development of a Covid Threshold document and training. We are now well prepared for the implementation of the new Liberty Protection Safeguards in 2022.

We have seen a small increase in safeguarding activity and an increase in the complexity of referrals. We are now seeing in the region of 100 to 120 referrals a month.

The number of adult safeguarding reports received during 2020/21 demonstrate a direct correlation with COVID-19 restriction periods in Wales. During enhanced restriction periods in Q1 and Q3 fewer safeguarding reports were received likely due to the limited opportunities professionals had to visit service users in person and the restricted access to service settings.

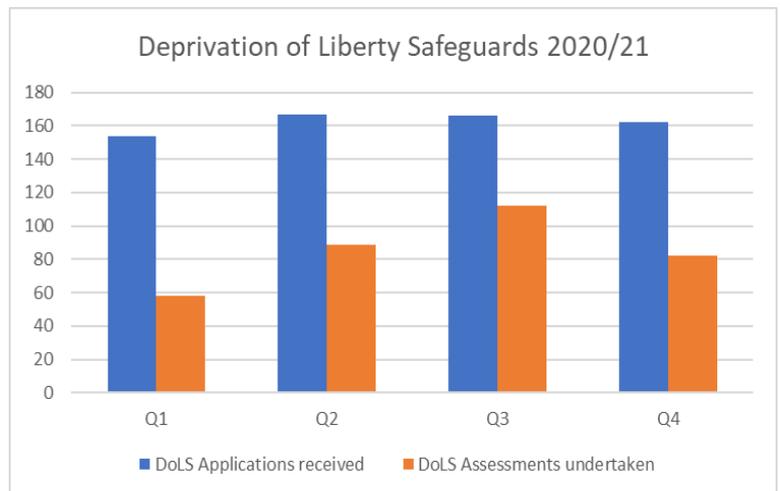


Co-produced solutions were evident and there were positive outcomes for people subject to safeguarded interventions. Safeguarding enquiries and investigations conducted in line with statutory requirements, good analysis of risk, protection plans in place and action taken when necessary. Providers and partners said they were supported by the adult safeguarding team; their willingness to offer advice, guidance and assist with training of social care workers was acknowledged.

“Care Inspectorate Wales (CIW) 2021”

A robust regional approach to managing new and existing Deprivation of Liberty Safeguard authorisations has been agreed as we have had to adapt our practice when we have been 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.

The number of DoLS applications has been consistent during the past 12 months. Due to the visiting restrictions in place for care homes, the assessments have been undertaken remotely in line with national guidance and good practice. Assessments are prioritised in terms of urgency and a robust audit process in place for ensuring the principles of the Mental Capacity Act (2005) are followed.



Seraphim Call

We have developed an innovative trueCall nuisance call blocker device monitoring tool and dashboard that correlates call blocker activity data with user risk profiles to generate an alert when a service user is exposed to a high number of telephone fraud approaches and/or exhibits behaviours that put them at increased risk of telephone fraud victimisation.

The purpose of the alert system is to safeguard vulnerable service users and initiate a welfare call and/or visit from local officers and to protect service users from fraud victimisation. The nature of trueCall means that many interventions can be performed remotely. Such protection and remote oversight has proven invaluable during the pandemic. Since April 2020, active trueCall units installed by the authority have blocked **16277** nuisance calls made to vulnerable people in the county. Based on national intelligence, **4883** of these were identified as scam calls.

Delta wellbeing

Carmarthenshire has continued to work with its TEC trading company Llesiant Delta Wellbeing, to develop a TEC Prevention Strategy for the region, and the CONNECT project in particular has come into its own. The programme combines proactive integrated tele-monitoring and wellbeing calls, with a rapid response and community-based support.

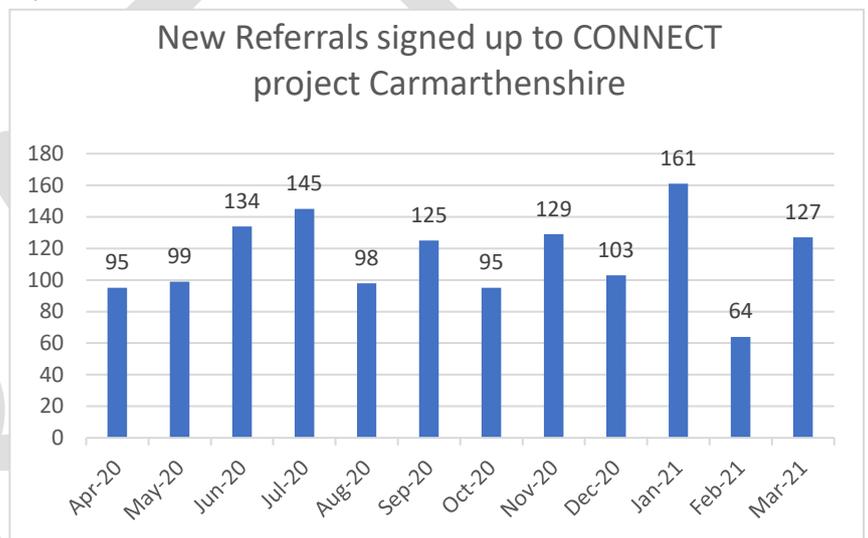
In adult services, the Delta / Connect project has been successful in promoting prevention and early intervention and reducing need for increased or formal support from statutory agencies. We saw evidence of enhanced use of technology to support people's safety as well as reduce loneliness and isolation.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

Throughout the Covid pandemic, Llesiant Delta Wellbeing has worked closely with Carmarthenshire County Council to ensure extremely vulnerable residents, who were shielding across the county, were supported appropriately. During the national emergency, staff worked 24/7 to provide the right support at the right time to our most vulnerable in the local community.

They conducted approximately 8,500 calls to residents within Carmarthenshire that received shielding letters from Welsh Government, ensuring they had everything they needed to stay safe during these difficult times. Through these calls, the team were able to check on individual's general welfare, providing peace of mind for loved ones and their families, and vitally, making sure they had enough help and support around them during the shielding period and also to prevent isolation and loneliness.

Technology Enabled Care equipment providing round the clock support if needed as well as essential food parcels or support while shopping for essentials. The team also checked if people were receiving their medication prescriptions and if pharmacies were unable to deliver, we referred this for assistance also. Delta Wellbeing's Community Welfare Response team, as part of its CONNECT service provision, was also on hand to visit people at home when required to solve any practical issues they had whilst shielding. The team went above and beyond on occasions to ensure our communities most vulnerable received the vital help they needed to prevent a possible crisis occurring.



Feedback about the outbound calls has been extremely positive and ensured any potential issues were identified and supported at the earliest opportunity as well as many expressing, they felt "reassured" by the call.

The project in Carmarthenshire is a finalist in the Public Sector Transformation Award for Excellence, as it exemplifies our ambition of working across sectoral boundaries to deliver a radical, person-centred approach to wellbeing, care and support. It involves implementing a new model of self-help and pro-active care, enabled by Technology Enabled Care (TEC), improving the wellbeing of individuals, which in-turn allows people to stay independent for longer, reducing demands on long term or acute care.

In June 2021, we established Test, Trace, Protect Strategy and team to enhance health surveillance in the community, undertake effective and extensive contact tracing, and encourage and support people to self-isolate. The Test, Trace and Protect (TTP) team's work was and still is vital, in helping reduce the spread of the Coronavirus by identifying recent contacts of people who have tested positive and giving them advice.

Contact tracing is being used to limit the spread of the virus in the community by breaking the link in transmission. Contact tracing starts with self-reporting of symptoms, followed by testing suspected cases, tracing the contacts of those who have tested positive and then protecting our families, friends and communities through self-isolation. Embedding infection control structures into the permanent work of the department will be a priority moving forward.

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Children Services

This year has been even more challenging due to Covid 19 which has placed significant pressure on families and has led to an increase in demand for our services. This year saw an increase of Contacts/Referrals received by 770 in statutory services. However, we continue to perform well despite these pressures. During 2020/21 93.6% of new assessments were completed within statutory timescales.

We continue to follow the guidance within the CYSUR regional threshold document and multi-agency child protection arrangements ensuring early intervention, and utilisation of preventative services to reduce the need for statutory involvement

A family support ethos is strongly embedded in the authority and numbers of looked after children have continued to reduce slowly despite Covid 19. We have performed better than the Welsh Government expectation with 15 less children being looked after when compared with the same time last year. The on-going work of the specialist preventative services such as IFST, Edge of Care and Family Intervention Team (FIT) working across the teams to ensure as much as possible children remaining at home safely with families or alternatively securing permanency for children to maintain them out of the statutory services by promoting SGO's to further reduce numbers of children becoming looked after.

We found services such as the Emotional Health Support team, Edge of Care and Camau Bach have been planned and aligned to focus on the same aim. Files had clear personal outcomes recorded, particularly important in complex situations requiring co-ordination of support to address eligible need.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

We have continued to focus on maintaining placement stability with good placement support being offered across the service to achieve this. During 20/21 only 7 children (out of 148) experienced 3 or more placement moves during the year (4.7%) which is below the Welsh average of 9% and reflects the excellent work going on to support placements with foster carers.

The number of children on the child protection register has remained stable and the use of virtual meetings for conferences has continued to progress good working together with professionals in attendance, and communication with families has been good to ensure safeguarding issues for children is managed as safely as possible.

The Fostering Team has continued to recruit, train, and assess prospective foster carers as well as providing ongoing support to foster carers to enable them to care for our most vulnerable children to meet their individual needs and emotional well-being, to ensure wherever possible that children are matched appropriately to foster carers and remain in Carmarthenshire.

The team has continued to work across the region collaboratively with National Fostering Framework (NFF) and work is progressing with implementing the new arrangements in

respect of Special Guardianship Orders. The new Foster Wales Brand Campaign is being taken forward and supported regionally with the websites being updated to reflect not only preserving our local website but a National approach which we hope will assist our marketing and improve fostering recruitment both locally and nationally. Fostering are also holding regular online information sessions.

As a result of Covid restrictions assessments have been completed using a combination of remote and various forms of face-to-face visits. Social Workers have made a lot of effort to ensure children are seen and sufficient relevant information is gathered for assessments despite the challenges of doing that during the last year. The monthly audit of assessments by senior managers has continued to ensure they are outcome focused, evidencing the voice of the child and reflect the underpinning principles of the SSWBA. This had led to discussions with social workers and managers about strengths as well as areas for further development.

In children's services, the pod meetings were embedded and highly regarded by all as an effective and supportive mechanism for themselves and the families they supported. These meetings combine a systemic and strengths based approach to evaluating work with families.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

Mid & West Wales Adoption Service (MWAS) has continued to recruit, assess, and approve adopters. The level of enquiries has remained high and to respond to demand the required preparation training has been taking place every 2 months plus additional sessions where necessary. The content and delivery of training is now consistent across the region. We are making more use of social media to communicate messages about adoption and have updated and re-launched the website to make it more accessible to those interested in adoption. <https://vimeo.com/479780913>

The demand for adoptive placements has remained high this year. MWAS has continued to place children for adoption during the year even though Covid restrictions has meant the transition process takes longer in order to ensure moves are undertaken safely for all involved. We have been able to place sibling groups and older children for adoption.

Welsh Government investment in adoption support has enabled MWAS to develop support offered to adoptive families and those affected by adoption. This has been challenging as a result of lockdown. Staff have provided support remotely as well as face to face and have been very creative in finding alternative ways of supporting families. One support worker wrote a book about returning to school for children. However some therapeutic interventions can only be delivered face to face, so it has been more problematic to find ways of doing that resulting in some delay.

Adoption Worker's Back to School Story

Rachel Cook has always wanted to write a children's story. But she has never been able to find the time to sit down and do it. And then the coronavirus pandemic happened, which gave her some free time and also the inspiration too. Rachel who works for Carmarthenshire County Council as an Adoption Support Worker, used her time during lockdown to write and illustrate Sammy Sloth Goes Back to School. The story will hopefully help children who are felling anxious about going back to school after being home for so long. Rachel, aged 36, who has always worked with vulnerable children and children with additional learning needs said: "I have always enjoyed being creative and have dreamed of writing short children's stories and illustrating them for a long time. I never imagined that the first story I would write would be about a pandemic, but in times of so much change and uncertainty I found myself thinking of the many children I've supported over the years through transitions and how challenging this would be for so many. Children often find change particularly challenging, and with the changes approaching us as we begin to return to school, with it may come a mix of emotions and feelings. Stories are a natural way for children to learn about their feelings, to help them learn that their experiences of feeling worried or nervous about returning to school are faced by many. This story focuses on the familiar, particularly around relationships, as sometimes feelings of anxiety come from the unknown, and while we may not know everything about what school will look like in the coming months, by thinking of some of the things that will be staying the same, we can help our children feel more secure". The council's Translation Team has translated the story into Welsh, and the council has arranged to print copies to put into the county's primary schools.



Executive Board Member for Education and Children's Services Cllr Glynog Davies said: "This is a wonderful story which I am sure will help a lot of children feeling uncertain about returning to school. I would like to both congratulate and thank Rachel, I am delighted that the book will be going into primary schools for pupils to enjoy."

This year Adult and Children's Services have collaborated to create and implement a **0-25 disability service**. This will ensure support is based on children's needs, not their age so that they receive the services they need when they need them and where they can best access them. We have invested in the Early Help service to provide access to Information, Advice and Assistance to families sooner. We have also developed a multi professional approach within our statutory team so that the support needs of every family will be overseen by a team incorporating adult and children's social workers, specialist health and educational psychology staff. They

will employ a systemic relationship-based approach, building on the strengths of families to overcome their own problems. We continue to meet with parents of disabled children on a monthly basis. Our 'Working Together' groups have been used to review services and ensure we are focussed on delivering better outcomes for families.

We found a strong emphasis on professional disciplines working together; for example an education psychologist being part of the 0-25 Disability Team and other specialist posts in this team providing specialist knowledge. We received positive responses from staff about the 0-25 Team structural changes that occurred last year

“Care Inspectorate Wales (CIW) Assurance Check 2021”

We have also been developing a 'local offer' of support for disabled/autistic children and young people and their families. This will include the piloting of a proactive provision of information, advice, and assistance to families with Delta Wellbeing. A working group has been formed by Early Help Manager with representation from our parents' group to begin developing the content.

We are currently undertaking a review of our residential services for disabled children to ensure that they prepare children for adult life. Consultations have taken place with parents, managers, staff, and a number of changes agreed which will be taken forward to enable us to maintain the high quality of the existing service as well as plan for the future demand. The new residential services manager commenced in post from January 2021. They will undertake a programme of work to review our existing services as well as develop new services to prevent young people with a learning disability needing to leave Carmarthenshire to access residential college.

Family Information Service (FIS) has continued to ensure families and professionals have received Information, Advice and Assistance (IAA) and been kept up-to-date with services, information, resources, and developments especially in relation to Covid-19 and priority issues. FIS social media platforms are continuing to grow and develop and the number of enquiries to FIS has seen a 62% increase over the last year.

Families First projects adapted quickly and innovatively to the changes in delivery during the pandemic and during the year 8362 individuals (2409 families) received support from the FF programme, 45% were new families.

Flying Start homework packs were successful in providing Early Years Learning for those FS children unable to attend their nursery due to the pandemic. Since September over 677 packs have been delivered. The Flying Start App has been pivotal in reaching families, delivering services, and providing key messages and information to all our families.

Team Around the Family (TAF) has continued providing targeted support to children and families mostly via the telephone and digital means and supporting families outdoors in accordance with WG requirements as well as visiting schools when they re-opened. <https://youtu.be/owHIBYyAFKY>

During the first lockdown the number of domestic abuse reports rose steeply. The Schools Safeguarding and Attendance Team (SSAT) responded to this by increasing awareness in schools of the impact of domestic abuse and promoting support services, and the Domestic Abuse Toolkit for schools was updated.

A child protection policy specific to Covid 19 was developed including information on Domestic Abuse. Families open to the team were RAG rated and where needed daily contact provided, especially as many children have struggled to cope with the impact of the pandemic alongside the periods of school closures, self-isolation, and remote learning.

Just before lockdown in March the numbers of electively home educated children (EHE) increased and continued to rise where on average 25 children were becoming EHE each week. The long-term failure of government to produce appropriate legislation to enable us to support and monitor these young people is well documented and subject to considerable concern from the regional safeguarding board, Children's Commissioner and the National Safeguarding board advising government. This issue will continue to be raised with government to act from Directors of Education and Directors of Social Services.

The Young Carers' team have continued to provide a range of services and support for young carers including emotional support and counselling.

Care Leavers have continued to be seen and have also had access to advocacy services and the team have provided a range of training and support. As at 31/3/21 out of the 135 care leavers – 15 are in University, 34 were in FE, 22 at school, 3 in 6th form, 16 in full-time employment, 11 in full-time training, 1 in full time paid work placement. 7 young people have been working as Key Workers alongside their studies and 10 young people who work full-time are Key Workers. 33 were NEET

Educational and Child Psychology Service (ECPS) and Emotional Health Team (EHT). ECPS and EHT have continued to provide consultation, assessment, training, and therapeutic interventions through remote means and where essential face-to-face. Additional pastoral support has been provided to school who provided Childcare Hubs for children of essential key workers and those who were vulnerable during lockdown. Continued to support Emotional Literacy Support Assistants and worked to rapidly introduce safe processes for pupils to continue to receive counselling during lockdown and piloted therapeutic interventions with year 5 pupils and below through the whole school approach to emotional well-being.

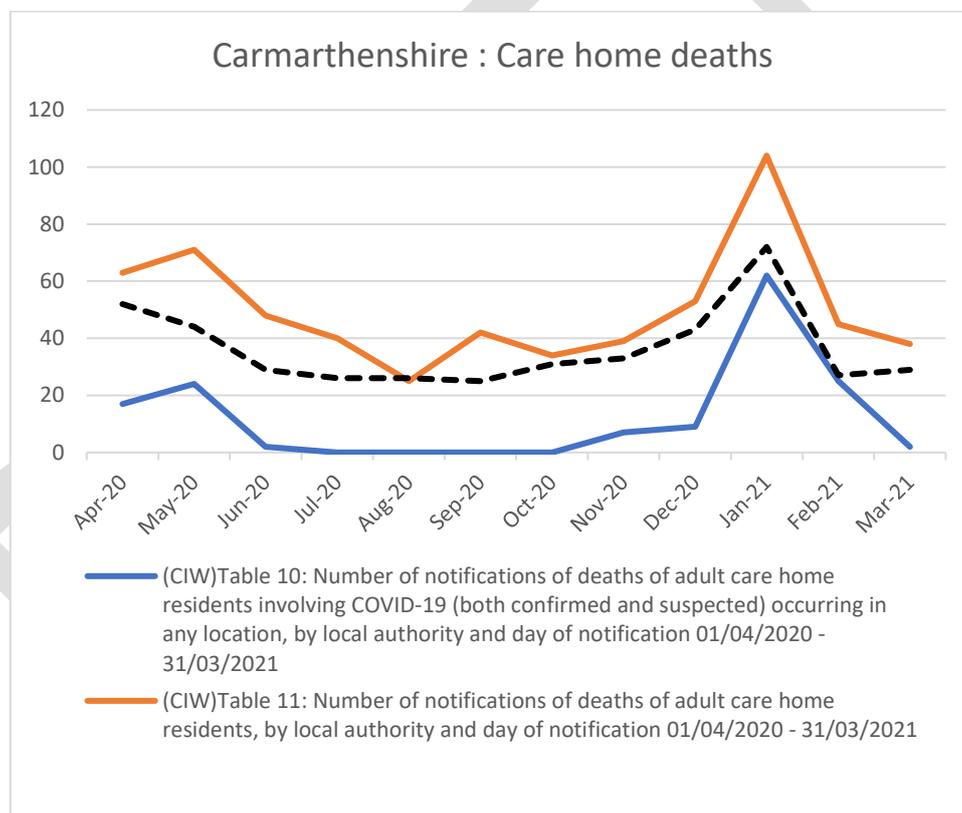
We found services commissioned through education colleagues making a positive difference to children's outcomes.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

Direct Care Provision

Care Home

The most significant area of risk and greatest impact of Covid-19 has continued to be in relation to the care home sector in Carmarthenshire, in particular care homes for older people. In the second wave, we have experienced significantly more care home outbreaks and a very high level of homes under 'exclusion' to new admissions due to positive cases. In total, 33 older people care homes were subject to exclusion and of these, 16 were deemed as outbreak status. In addition, 23 care homes for people with a learning disability and or mental health were also subject to exclusions with 8 of these experiencing an outbreak. Outbreaks have looked very different in the second wave due to very high community transmission rates, and significant advances in both TTP (Test, Trace and Protect) and testing regimes.



Whilst there is a deep sadness felt by the sector for every individual lost to Covid 19 the external evaluations Appendix 3 and 4 has reassured the local authority that we have done everything in our power to support care homes within the County. Where things have not been right we have advocated and learnt to improve practice going forward.

The advances in testing and TTP processes led to much greater protection for both staff and residents and have undoubtedly helped reduce the number of potential deaths. However, these developments have also brought significant challenges which has meant that we have on several occasions been in positions where 50% of

a workforce establishment to be off work at the same time. Covid test results tended to come back in batches, so it was common for significant numbers of staff need to self-isolate at once.

We therefore developed a suite of options to be able to support homes with a workforce response when needed. This has included block contracts with agencies, deployment of our own staff, mutual aid from both Pembrokeshire County Council and the Health Board to support with staffing, management on call arrangements over weekends and bank holidays and in the two most serious cases the Local Authority temporarily taking over the management of the home. Thankfully, following the reduction in community transmission of Covid and the roll out of the vaccination programme, at the time of writing the report we had no care homes in an outbreak situation and only a handful under 'exclusion'.

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.
- Support for risk assessments surrounding admissions/returns from hospital.
- Initiating provider performance arrangements to address any Covid-19 or other concerns in relation to service provision.
- Support with testing and infection control.
- Financial support.
- Coordination of support and liaison with care homes experiencing outbreaks.

Providers told us about good communication and positive meetings with local authority commissioners during the pandemic. They said there was good communication and a culture of working collaboratively and making decisions together. We heard how the relationship between providers and care management teams had been strengthened during the pandemic.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

Visiting care homes by families and friends has, and remains, a challenge. Within our own homes, we continue to follow Welsh Government guidance which has allowed us to implement a plan to allow managed visits, balancing infection control issues with the need for residents to see their loved ones. With external homes, we have encouraged them to follow the Welsh Government guidance.

In-house and external care homes have continued to face the following challenges:

- Increased number of vacant beds, due the numbers of residents who have sadly passed away during the pandemic, and difficulties surrounding new admissions linked to 'exclusion' status.
- 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.

Wherever possible, we are taking the opportunity to reflect on how we can improve and do things better in the future. For example, we commissioned an independent review to evaluate our approach to supporting care homes (Appendix 4) in the first wave, and this has been hugely valuable in informing how we have responded in the second wave.

Domiciliary Care

Domiciliary Care services were also affected, with the Support from Executive Board and the Chief Executive we were able to take early action to support the domiciliary care workforce. These steps included:

- Redeploy day service and Leisure 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.

Our fast track recruitment process has been extremely successful. At the time of writing 25 new carers have been appointed in-house with this number compensating for the additional Covid 19 related absence. General sickness was substantially down and many staff who work part time are willing to do additional hours.

I am particularly proud of our in-house workforce who have demonstrated remarkable resilience and commitment and continued to deliver care to our most vulnerable throughout the pandemic even at the start when there was insufficient PPE. There were sickness challenges during 2020 although only a third was covid related so many have worked extra hours and have been flexible to cover calls. Senior staff and supervisors have also undertaken front line duties when necessary. Staff have also been vigilant in the application of safe working practices and use of PPE.

During the pandemic, a small independent domiciliary care company was transferred into the service. A new Senior Manager for domiciliary care was also appointed and commenced in March 2021. Regular compliance meetings with CIW for all registered services have taken place during 2020/21 and have been very positive. A key

objective going forward is to grow the in-house domiciliary service which will include supporting those with more complex needs.

Our children's residential sector worked throughout the pandemic and have been extraordinarily successful at protecting vulnerable children in their care.

Complaints and Compliments

Adults

At the end of Q4 20/21, the department received a total of 277 compliments, this is an increase of 156% compared to last year. The highest number of compliments are under our In-House Domiciliary care team who account for a total of 89 of these compliments.

A total of 34 complaints were recorded at either Stage 1 or 2 in relation to Adult Social Care. It provides a positive picture of the department's performance in the context of 4,355 individuals that received a social care service from Carmarthenshire County Council during this period. This means that well under 1% of individuals formally complained about the service they received. There were 28 stage 1 local resolution complaints and 6 Stage 2 formal complaints, this means the department have received 46% fewer complaints compared to the same period last year. The department received a further 52 'concerns' which did not go down the formal route of a Stage 1 or Stage 2. Two out of the six stage 2 complaints were escalated from stage 1. Of the three completed stage 2 complaints, 2 were not upheld and 1 was partially upheld.

Children

At the end of Q4 20/21, 11 compliments were received by parents, carers and other agencies. The compliments included comments relating to individual social workers reports, the way they communicated with parents and other professionals as well as their written work.

There were 9 Stage 1 complaints received in relation to Children Services. 5 of the Stage 1 complaints were upheld. There were 3 independently investigated Statutory Stage 2 complaint; these were not upheld by the IIO. A further complaint was investigated by an IIO; this complaint was a historic complaint and therefore did not fall under the Social Services Complaints Procedures, however it was looked at to consider if there was any learning for the department.

We undertook a proactive survey during the pandemic to those who had received care and support services during the year and the response was overwhelmingly positive. Feedback included:

"That has been their highest priority in setting up my care plan"

"Very comfortable and felt supported in an appropriate way."

"The ladies in question were extremely patient and forgiving, knowing I have a brain injury"

Very very fast response to my needs in a time of national lock-down"

Workforce

Having the very best people working for the Authority means the very best social care can be provided for our people in the community. It is important that staff feel proud about the social care they provide and feel they are connected to the Local Authority, their communities and the teams they work within.

During the Covid pandemic, our workforce has continued to amaze us with their flexibility and resilience. Most notably, our in-house residential staff have been deployed to support independent sector care homes where needed at times of Covid outbreaks. Leisure staff were redeployed to support our front line services. Their commitment and compassion can only be described as outstanding. Recruitment and retention remains good in most areas. Social work retention is generally good with all but a small number of posts relatively easy to recruit to.

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

The workforce had a high level of competence in how to work with people, this has been maintained as far as possible during the pandemic. Staff told us training online has been available and is accessible to partners. Given the pandemic circumstances we found staff morale was very good.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

We recognise that the pandemic has had a huge emotional and psychological impact on many of our staff, and this should not be underestimated. We are doing all we can to support them ensuring that our staff benefit from our corporate wellbeing programme of support. We are paying particular attention to how we can support staff who have been involved in care home outbreaks, as we recognise how distressing this has been and the significant emotional toll that it has played.

Each of the childcare teams has been using a **systemic approach** to delivering social work services. 30 members of staff and managers are about to complete the qualification Foundation Year of Systemic Social Work Practice and in addition social workers across the service undertook a 3 day training event. As a result of this training staff now have the knowledge to underpin their practice which will increase confidence and provide consistency.

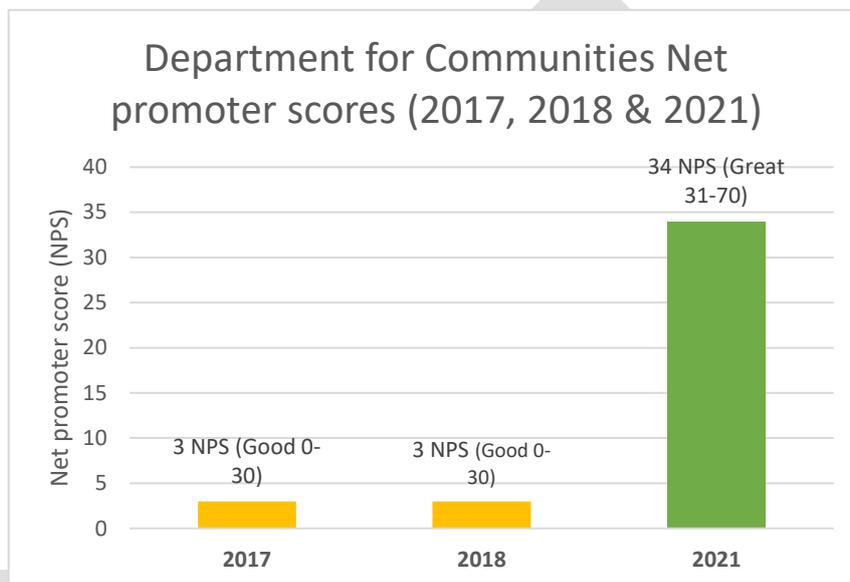
Covid restrictions have affected pod working as many staff find it harder to pick up on non-verbal communication and to be creative when discussing a case in a remote meeting. However, pod meetings continued throughout the year and staff made every effort to make them as effective as possible.

Staff continue to be positive about the benefits of the systemic approach. They find it supportive and also value how it makes the most of different perspectives in order to

understand better how a family functions as well as the impact on and meaning for the child of relationships in the family.

Outstanding support has been provided by IT services to modernise working practices as our whole workforce went agile in 2020. Moving forward we need to get the right balance between the use of digital solutions and face to face interaction.

A survey was undertaken in April 2021 on Rate Your Division as an Employer based on a Net Promoter Score analysis. We asked a question to all the staff in the Department if they would “Rate Your Division as an Employer” to understand their experience working in the department and division. The overall result was staff rated the department as a positive place to work. With staff views significantly improving from good to great since 2017.



Welsh Language

Over the last 9 months our Welsh language speaking levels have increased from 33% to 35%.

We found the Welsh language ‘Active Offer’ was being promoted with recognition of people’s first language recorded and services being delivered in people’s chosen language. Preferred language is recognised as a key factor in building effective relationships between people and practitioners.

“Care Inspectorate Wales (CIW) Assurance Check 2021”

Conclusion and Next Steps

Overall, this report demonstrates a strong response to the pandemic and the maintenance of effective service delivery for the last year. This was confirmed early this year by the national inspectorate. We inevitably go into the next year facing the unknown, unsure whether the end of the pandemic is in sight or exactly what the new normal will be. We have a workforce that is fatigued from a difficult year and our priority must be to support them in the changes to services that will be needed if we are to continue to perform well. The business plans for the services will drive the necessary change moving forward and we can be confident that we have the workforce and management needed to adapt to future challenges. In the tables below we have set out many of the key actions needed in the coming year:

Children's services:

No	Action	By Who
1	We will ensure the regional threshold and multi-agency child protection arrangements are working effectively.	Noreen Jackman
2	We will continue to develop the Flying Start programme, promoting early intervention for disadvantaged families with children (0-3) living in specific deprived communities, ensuring good multi agency support to families.	Noeline Thomas
3	We will continue to work with partners to improve appropriate accommodation options and housing support for all vulnerable young people (aged 16-25) and implement the care leavers' accommodation framework	Bethan James
4	We will implement a joint disability service for children, young people aged 0-25 and their families to ensure our services are based on need not on age.	Kelvin Barlow
5	We will continue to aim to reduce the number of children becoming Looked After and number of care proceedings in accordance with our LAC reduction target as agreed with Welsh Government, utilising appropriately Edge of Care (EOC), Integrated Family Support Team (IFST) and Family Intervention Team (FIT).	Jayne Meredith

Adult Social Care and Integrated Services

No	Action	By Who
1	We will develop our overall approach to Integrated Services, so we are able to help develop strong communities, help people to help themselves, provide help when people need it and provide long-term support whilst keeping people safe. We will ensure we are able to do this through agreement of a vision for Integrated Services between the Local Authority and Health Board, a new Section 33 agreement setting out our collective responsibilities and agreement and of a new structure to support delivery.	Alex Williams
2	<p>We will develop our overall vision and strategic plan/pathways for prevention, proactive care including approach dementia, intermediate care and long-term care, to ensure that we can deliver the vision for integrated services and effectively manage demand.</p> <p>As part of this, we will deliver the corporate objectives as follows:</p> <ul style="list-style-type: none"> • We will develop the Information Advice and Assistance (IAA) service by enhancing the Multi-Disciplinary Team, to ensure that as many individuals as possible are supported to achieve preventative outcomes. (14694) • We will continue to support people living with dementia and the development of more dementia friendly and supportive communities and provisions across the County (14695) <p>We will work with partners to ensure that people remain socially connected, particularly through the use of virtual support such as the Connect project, in order to reduce loneliness, tackle inequalities and poverty (14696)</p>	Alex Williams
3	We will reshape our approach to support patient flow and home first by developing the above pathways and ensure that monitoring and escalation processes are in place to ensure effective patient flow.	Alex Williams
4	We will further strengthen the provision and use of the Welsh language within social care services, supporting our staff to learn virtually currently, to be able to provide services in the language of service users' choice and ensure compliance with the `Active Offer` (14697)	Angharad Jenkins
5	We will develop an overall recovery model to redesign support and services during and after the Covid-19 pandemic. This will include how we safely restart day services/develop day opportunities as well as bed-based reablement.	Alex Williams
6	Establish Delta Connect as a primary prevented telecare service within the country. Develop with the health boards intervention with telecare/telehealth	Alex Williams
7	We will ensure that we have a through age approach to community support. This will include new models of service delivery to respond to Covid -19. (12540)	Sharon Frewin

8	Maintain a strong and sustainable in-house domiciliary provision for Council and support the commissioning team in developing a new framework including the redevelopment of the reablement services (13225)	Julie Duggan
9	We will continue to work with partners to transform mental health and learning disability services. We will promote independence, early intervention and prevention and ensure that support and services are accessible (14698)	Mark Evans/ Kelvin Barlow
10	Implement measures to respond to operational and strategic imperatives associated with Safeguarding including Deprivation of Liberty Safeguards (DOLS) Liberty Protection Standards (LPS) and Violence Against Women , Domestic Abuse and Sexual Violence Act (VAWDASV)	Cathy Richards
11	Collaborate with colleagues in commissioning, housing and the Health Board to develop a range of supported accommodation	Mark Evans/ Kelvin Barlow

DRAFT

Departments Management Structure



Appendix 1 – Statutory Notice March 2020

EXECUTIVE BOARD DATE: 1ST JUNE, 2020

SUBJECT: REPORT OF THE STATUTORY DIRECTOR OF SOCIAL SERVICES

Purpose:

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 report reflects the position of key Social Services in Carmarthenshire during the National Emergency caused by Covid 19. This is a summary report only and does not include all areas of activity. These will be covered in the Director of Social Services annual report later in the year or by any further notes of advice deemed necessary to report.

Recommendations / key decisions required:

This summary report highlights actions and the position in:

- Domiciliary Care
- Residential Care
- Other Key Services

The Executive Board are asked to note the position and confirm these actions.

Reasons:

To inform members and the public of the position in relation to key services.

Relevant scrutiny committee to be consulted : NO

Exec Board Decision Required YES

Council Decision Required NO

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

Directorate

Designations:

Tel Nos.

Communities

Director of Community Services

01267 224698

Name of Head of Service:

E Mail Addresses:

Jake Morgan

JakeMorgan@carmarthenshire.gov.uk

**EXECUTIVE SUMMARY
EXECUTIVE BOARD
1ST JUNE, 2020**

**SUBJECT:
REPORT OF THE STATUTORY DIRECTOR OF SOCIAL
SERVICES**

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 the Director of Social Services' annual report later in the year or by any further notes of advice deemed 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.

DETAILED REPORT ATTACHED ?

YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: **Jake Morgan** Director of Community Services

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE						
Directly relating to this update report						

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: **Jake Morgan** Director of Community Services

1. Scrutiny Committee – N/A
2. Local Member(s) - N/A
3. Community / Town Council – N/A
4. Relevant Partners - N/A
5. Staff Side Representatives and other Organisations - N/A

EXECUTIVE BOARD PORTFOLIO HOLDER(S) AWARE/CONSULTED:
YES

Cllr. J. Tremlett has been fully consulted with the content of the report.

Statutory Notice June 2020

Report of the Statutory Director of Social Services 30/3/2020

1. Introduction

Under the Code of Practice issued under the Social Services and Wellbeing act the 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.

I have been a Statutory Director of Social Services for seven years and this is the first time I have issued a formal advice note to councillors outside of my Annual report. 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.

As members are all aware, we are at the start of a National Emergency with pressures growing as the incidents of Coronavirus infection grow in the county. Many services have ceased altogether with provision being modified to our most vulnerable clients based on individual risk assessments.

In some cases, families have withdrawn services as the lockdown enables children to care for parents. This has helped in many of our key areas to maintain statutory provision. Overall in the circumstances our services are holding up well but there are significant risks moving forward.

2. Domiciliary care

We are facing significant challenges to maintain staffing as Coronavirus absences increase (Primarily self-isolating because of underlying conditions or household members with symptoms). I am enormously proud of the teams running our service and we continue to deliver broadly the same number of hours of care. With all sickness considered our in-house services are functioning on approximately 30% reduced staff numbers. Actions to support and maintain services include:

- Reducing continuity of care with carers deployed to cover essential calls even when this reduces established call patterns.
- Risk assessing packages of care and reducing them where we can safely.
- Redeploy day service officers to deliver care.
- Reducing larger packages based on risk assessments.
- Introducing fast track training and rolling recruitment (we anticipate an additional 8 staff will start in the coming week).
- Temporarily increasing pay rates for in house carers, offering time and a half for every hour people work over 20 hours a week. This is reviewed monthly through our emergency command structures.
- Increasing commissioned care rates temporarily by a pound an hour.

- Introducing up front payment for commissioned hours for domiciliary care agencies to ensure cash flow is maintained. At present our commissioned care agencies are managing whilst reporting they are under significant pressure. My overall assessment is that our services are maintaining well in the circumstances. However, there is a considerable risk to be managed going forward. The national policy, provision and supply of protective equipment to the sector is causing some staff and clients anxiety.

3. Residential Care

Residential care for older people is holding up well in the circumstances with placements still being made and whilst we have reduced staff numbers levels remain safe. Our commissioned care homes are reporting that staffing levels are still adequate but are under pressure with a small number of homes periodically refusing new admissions. No significant problems have yet been identified in the Learning disability, Children's or Mental Health residential sector. Our fostering and adult placement services remain stable. Actions to support the sector have included:

- Paying time and a half for every hour over 20 hours. To be reviewed monthly.
- 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. To be reviewed monthly.
- Ensuring a no visitors policy is adhered to in all homes.
- Rhyd y gors school has been made available for emergency children's placements.
- Our residential respite children's homes remain open for emergencies only.

My overall assessment is that our services are maintaining critical provision well in the circumstances. However, there is a considerable risk to be managed going forward. The national policy, provision and supply of protective equipment to the sector is causing some staff and clients anxiety.

4. Other key Services:

All day care provision has been suspended with care packages assessed and staff supporting clients in the community where necessary. Proactive calls from Delta and social work teams monitor those who are vulnerable. Wider council initiatives will also enhance our ability to respond to those in need thus preventing Social Service functions becoming overwhelmed.

Children's social work continues to maintain all statutory monitoring and to have the capacity to act when necessary. At least one set of care proceedings has been issued with courts still functioning effectively. 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.

Adult Mental Health Practitioner numbers are low, and it is proving extremely challenging to maintain. It is possible that a reduced service will be offered going forward pending any temporary legislative changes although statutory requirements are still being met at present.

5. Protective Equipment:

Protective equipment for Social Care staff refers primarily to gloves, aprons, eye protectors and masks which have a water-resistant feature (there are detailed specifications as to what should be used). We include hand gel as essential and after considerable efforts we now have adequate supply for the next 2 weeks of this product. All items are disposable.

At the time of writing the National guidance is that face masks are only used where there is a suspected or confirmed case of Caronavirus. It does not, in my view reflect the nature of the care task domiciliary care workers are required to do in comparative isolation where their clients symptoms may change on a day by day basis and they are required to make decisions without the support of a location and immediate hierarchy to support any risk assessment.

Concerns regarding this area have been a permanent feature of correspondence and Dialogue between councils the WLGA and Welsh Government. Last week the Leader of the council wrote to the minister highlighting concerns.

Managing the anxieties of service users is extremely difficult for care staff along with managing their own. Care staff have reported to me as being 'terrified' before coming on shift and we are certain the lack of protective equipment being used routinely has reduced the overall capacity of the service.

Domiciliary Care – Following this guidance is challenging. Symptoms of Coronavirus include temperature, headache and/or a cough. These are common symptoms of many chronic conditions and infections that many of our clients have in the ordinary course of their lives Furthermore many infected people are not symptomatic. Thus, identifying when such symptoms relate to Coronavirus can be problematic and this causes anxiety amongst front line staff.

The national position is, in my view, made more complex by the guidance for isolation and shielding of many of our service users and those with some chronic conditions. Guidance indicates that many of our clients should '*Stay away from people, even friends and family. Do not go out at all*'.

Yet where they require care that can include feeding, washing and toileting by up to 6 different people a day we are not instructed that these carers should be given protective clothing to mitigate the risk to them or the client. All the front-line care workers and nurses I have spoken to see this apparent contradiction. I am yet to speak to someone delivering care who is supportive of the current guidance.

Care Homes The emerging evidence is that there have been a substantial number of deaths in other countries in nursing home facilities. 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 found that of 23 residents who tested positive, only 10 had

symptoms on the day they were tested. Further indicating that symptoms alone are a poor indicator of the need to issue protective equipment (the current guidance).

Testing - My concerns are exacerbated by the delays and limited number of tests available. At present there only 80 a day for this health board area and the testing of care staff can only be requested on a case by case basis. Whilst substantial national work is underway to increase the capacity to test, we are yet to see the impact of it to the sector. Where symptoms were identified in one setting there was a substantial delay in getting results that confirmed they were negative.

Supply- The current position is that equipment will be issued 'when needed' by Health and local authorities from Welsh Government. The only source for the required standard of Facemasks is Welsh Government. We have a relatively good supply of gloves and aprons. I have not been made aware of any national shortage or supply issues by Welsh Government. Policy in issuing protective equipment is consistent across Community Health and Social Care.

As of last week, we have completed a daily return to Welsh Government at 3pm. However, I have no indication of what future supplies will be or the basis on which the current allocations have been made. Communication into those issuing equipment is limited and there is no dialogue on what amounts are released to us. This makes it extremely difficult to know what level of supplies to issue to hundreds of settings and thousands of employees across the social care sector in Carmarthenshire. At the time of writing we have approximately 5000 facemasks in store, enough for approximately one day if we were to use across the sector.

Later this week a new 24/7 store in the county will be established with a dynamic and flexible distribution process to ensure those most in need get it. This will address any shortfalls in communication and distribution that have been identified
Central to how we manage this risk is how limited the supply is nationally. It may be that we must ration because of a shortfall nationally however to advise the council on risk I would have to understand the rationale/ risk assessment for the supply we are getting.

The prudent and safest action to take to protect staff and vulnerable people would be to issue protective equipment for all community care workers to use as a matter of course in personal care. In addition, increasing the usage in residential settings is key to mitigating risk of multiple infections. Our initial estimate, based on a range of assumptions, would mean we require in the region of 25,000 masks a week for the county. Further work would need to be done on this to test these assumptions however this is not nearly achievable with the current supply from Welsh Government.

To conclude - I **am not able** to reassure the council as to the risk in relation to staff or service users without the issuing of protective equipment to domiciliary staff to use at all visits in the community. In addition, there should, as a minimum be enough stock to issue to all staff in a residential setting where there are suspected or actual cases.

6. Additional beds

- Central to the management of care pathways in preparing to meet predicted demand. Whilst there is a considerable range in terms of modelling of the virus spread we have been amongst the proactive authorities in Wales identifying, designing and building three settings for the NHS that will create more than 600 additional beds to be handed over to the Health Board in the next 2 weeks. Thus, whilst we anticipate considerable strains on the system and risk, we have already taken action that will mitigate this risk. Further expansion plans on the three sites and in our care homes is being considered. The estimated cost of this in capital build terms is £4.7 million. It is hoped this will be less as the building work progresses. It is intended that the bulk of this work for the NHS will be covered by ICF Capital regional fund although this is yet to be formally agreed.

7. Conclusion:

This report sets out the risks that are being managed well. Any significant risks going forward will be considered carefully and reported where necessary. At this stage I am not able to reassure the council regarding the use of Personal Protective Equipment.

- The report was by state and local investigators, and scientists at the centre for disease control and prevention in Atlanta.

Appendix 2 – CIW Assurance Check February 2021



Mr Jake Morgan
Director of Community Services
Carmarthenshire County Council
County Hall
Carmarthenshire
SA31 1JP

Date: 06 April 2021

Dear Director

Care Inspectorate Wales (CIW) Assurance Check 2021: Carmarthenshire County Council
This letter summarises the findings of our assurance check on 1 February to 5 February.
The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

Overview

In March 2020, CIW suspended its routine programme in response to the Covid-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme with local authorities recommenced in September to provide assurance about how people are being safeguarded and well-being promoted during the pandemic. We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. We focused our key lines of enquiry within the four principles of the Social Services and Well-being (Wales) Act 2014 and have recorded our judgements and findings aligned to these: People - Voice and Control, Prevention, Partnerships and Integration, Well-being.

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Our focus was on:

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their wellbeing during the pandemic?
2. What is the local authority doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?
3. How well is the local authority providing early help, care and support and seamless transitions between services for disabled children and their families?

Summary of findings and priorities for improvement:

People - voice and control – We asked: How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives. While also balancing the recommendations and requirements made by Public Health Wales and Welsh Government to limit the spread of COVID-19?

Overall we found the local authority ensures people's voices are heard, their choices respected and people routinely achieved self-identified outcomes. Leaders have a line of sight on front line practice with clear plans that have led to creative practice.

People's circumstances were represented in the files we reviewed, a personal element was noted in assessment and care and support plans. Practitioner analysis was clear and focused with a good balance of information proportionate to circumstance. This provided evidence of practitioners who prioritised and focused on understanding life for people they were working with. For example, we reviewed a safeguarding intervention where the practitioner made links to the third sector (Tir Dewi which provided on farm support) and other local support to meet the outcomes identified by the person.

People were able to have an influence over services they received and were supported by advocacy as appropriate. This supports a focus on what matters to people, the outcomes they want to achieve, and how they can use their own strengths and resources to promote their own wellbeing. The mental capacity assessments we reviewed indicated there were robust systems and processes in place to ensure people's mental capacity was assessed appropriately when needed. Health partners indicated there were strong links between social care and health for this process.

We found many examples of direct payments helping people to have flexibility in the care and support they received. People, including carers, were given the opportunity to tailor and manage their own support through use of direct payments. There was evidence of direct payments being utilised during the pandemic as a means of providing alternative respite. We found instances of carers' needs being considered and supported alongside the cared for person, these were often considered in an integrated holistic assessment. There was a clear intention recognised to support carers during the pandemic; one carer for example, told us about how they were able to maintain employment during the pandemic with support provided.

Carers' needs were also recognised and responded to in children's services with support ranging from financial, practical to therapeutic; all made available according to need. We found practitioners working to engage parents in complex circumstances. Where the local authority had shared parental responsibility there was clear evidence identified of parents being involved or attempts to achieve inclusion in decision making through attendance at legal meetings, conferences and reviews.

We found the Welsh language 'Active Offer' was being promoted with recognition of people's first language recorded and services being delivered in people's chosen language. Preferred language is recognised as a key factor in building effective relationships between people and practitioners. It is important the local authority builds on the 'Active Offer' for those people who are bilingual and explicitly address their preferred language in the provision of a service.

The geography and demographic of the local authority covers a large footprint with a range of services covering both highly populated and some very isolated rural areas. There was indication from some adult services staff that it can be difficult to keep track of the community based 3rd sector and volunteer resources available, this has the potential to limit options and information made available to people. This is an area the local authority should review to ensure the workforce has access to information about the range of services available.

Practitioners had high regard for approachable and supportive managers. The local authority has a culture of co-production and personal outcomes being developed with people and driven by leaders across the organisation. Staff have a shared motivation to work promptly and effectively with families. There is a clear strength based approach adopted across the service, evident in what we found about how social workers prioritise communication. The workforce had a high level of competence in how to work with people, this has been maintained as far as possible during the pandemic. Staff told us training on line has been available and is accessible to partners. Given the pandemic circumstances we found staff morale was very good.

Prevention - We asked: To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

We found a positive integrated approach to a culture of prevention through joint working, supportive infrastructures across social and health care and aligned delivery systems. This was evident in a prudent approach to resource allocation ensuring the right help was available at the right time, this prevents escalation of need and improves the quality of the individual's journey through the health and social care system. We found services such as the Emotional Health Support team, Edge of Care and Camau Bach have been planned and aligned to focus on the same aim. Files had clear personal outcomes recorded, particularly important in complex situations requiring co-ordination of support to address eligible need.

In adult services, the Delta / Connect project has been successful in promoting prevention and early intervention and reducing need for increased or formal support from statutory agencies. Staff and managers understood the need to ensure people are receiving appropriate care and support as well as the importance of making the best uses of resources, especially so during the pandemic. We saw evidence of enhanced use of

technology to support people's safety as well as reduce loneliness and isolation. Bespoke individualised equipment was provided to support people's well-being with plans monitored through proactive calls and a 24/7 welfare response focusing on community based solutions. This enabled people to be supported at home and whenever possible, avoiding the need for admission to hospital or residential care.

Practitioners said there was a focus on preventative services in the local authority, with the availability of step down and community resources to support people. Many of these services have not been available during the pandemic, but we heard of communities coming together and developing services.

In response to the pandemic there has been investment to support acute and field hospitals, with the local authority appointing a team manager to facilitate hospital discharges from West Wales General and Prince Phillip hospitals and support field hospitals. Since November 2020 the Well-being officers have been facilitating hospital discharges especially for people who do not have eligible needs for care and support. The community responders is another service the local authority has commissioned via Delta, using Transformation funding. Community responders have supported people to remain at home rather than be admitted to hospital and have also supported people to settle back home following a hospital admission.

We identified an encouraging culture of staff working together to the same aim. The approach to working with families was understood, there was a shared understanding in children's and adult services. In children's services, the pod meetings were embedded and highly regarded by all staff as an effective and supportive mechanism for themselves and the families they supported. These meetings combine a systemic and strengths based approach to evaluating work with families.

Our review of files found timely and proportionate interventions to support people's independence and to remain at home with families when it was safe for them to do so, taking in to account individual wishes. In children's services risks were dynamically evaluated to ensure decisions to instigate moves into care were made at points when relevant thresholds were met. We found early intervention to address problems before they escalated; this is an important contributor to improved stability of placements and security for children. Placement support was evident in many files we reviewed.

Partnership and Integration - We asked: To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

At the individual level we found services co-produced based on a relationship of equals between practitioners and people who needed care and support and carers who needed support. Success was measured by gathering information about whether support was achieving the things that matter to people. There was evidence of practitioners developing professional working relationships with people built upon co-operation and shared understanding of what matters. People were supported to identify what matters to them and how they might achieve their personal well-being outcomes. The outcomes were clearly described and the actions to achieve them identified.

We had conversations with care leavers about their positive experiences; many of whom were still being supported by foster carers, others were in *When I am Ready* arrangements, and in further education.

Partnerships were found to be working well at all levels and delivering an integrated sustainable approach to meeting need and promoting well-being in line with legislation and expectations. Co-production was advanced and communities were engaged.

The local authority demonstrated opportunities for partnership working with health colleagues have been positively and successfully promoted to produce positive outcomes for people. Integrated services and posts have provided the foundations for joint working across health and social care. We found practitioners from different sectors and services working effectively together. This is significant as effective partnership working contributes to strengths based, person-centred plans that maximise potential for increased independence. We were told there could be disagreements about funding between health and social care packages of care and different interpretations about the lead care management practitioner. There was no evidence we found of adverse impact on people because of this.

Our review of files identified information sharing taking place, we were advised multi-agency regional training is being planned to further promote information sharing across agencies. When children or adults were identified at being at risk of harm, strategy meetings were convened in a timely manner and information to inform decision making was shared by professionals in attendance. For both children and adults, even where decisions were not necessarily welcomed, a focus on engagement between practitioners and people ensured these were accepted in good faith and people understood what was expected of them.

We found a strong emphasis on professional disciplines working together; for example an education psychologist being part of the 0-25 Disability Team and other specialist posts in this team providing specialist knowledge. We received positive responses from staff about the 0-25 Team structural changes that occurred last year.

We saw how school and education staff worked closely with social workers; teachers providing a nurturing environment for vulnerable children and fully contributing to care and support. We found services commissioned through education colleagues making a positive difference to children's outcomes. In children's services we heard about good relationships with paediatricians but more limited benefits from interactions with Child and Adolescent Mental Health Services (CAMHS).

Providers told us about good communication and positive meetings with local authority commissioners during the pandemic. They said there was good communication and a culture of working collaboratively and making decisions together. We heard how the relationship between providers and care management teams had been strengthened during the pandemic.

A challenge for the local authority has been the reduced capacity of some partner organisations during the pandemic; for example we were told school nurses had been redeployed and local authority practitioners found this hindered the assessment and planning process. Some Third Sector services were limited in their offer of support due to

strict Covid rules; this caused additional burden for front line practitioners. Conversely, we found safeguarding meetings had continued through the pandemic period and practitioners said remote meetings had resulted in improved attendance by partners.

Well-being - We asked: To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

The local authority has exercised its functions under the Social Services and Well-being (Wales) Act 2014 to ensure it makes a positive contribution to the well-being of people who need care and support and carers who need support. At an individual level this has included seeking out the person's wishes and feelings, respectful practice, building upon their circumstances and capabilities. Working in partnership with people to develop creative solutions was evident, improving the quality of care, securing well-being and preventing the development of people's needs for care and support. Identifying people's outcomes was a priority rather than process.

There was a collaborative response by all agencies to the pandemic including the development of a regional Escalation Policy for care homes. The Regional Safeguarding Board provided oversight and assurance in relation to safeguarding practice for vulnerable children and adults. During the pandemic we saw efforts made to maintain contact with people, with statutory visits and meetings taking place virtually but also some risk assessed face to face contact as appropriate.

The local authority has effectively promoted the well-being of people to ensure timely care and support was available to maintain their independence and safety. This was evident as we found assessments clearly recorded views in plain language with emphasis on personal circumstances, strengths, risk, barriers and what needs to happen to achieve personal outcomes. Care First prompts were helpful, they enabled practitioners to clearly articulate what they were worried about. The elements the person seeking support and protection brings to the process were recognised and valued.

Co-produced solutions were evident and there were positive outcomes for people subject to safeguarded interventions. From the files we reviewed, we found safeguarding enquiries and investigations conducted in line with statutory requirements. Strategy meetings and discussions were effective and involved relevant agencies. We found good analysis of risk, protection plans in place and action taken when necessary. Providers and partners said they were supported by the adult safeguarding team; their willingness to offer advice, guidance and assist with training of social care workers was acknowledged. Health colleagues indicated when things went wrong, social care and health would work collaboratively and openly to identify learning opportunities.

The pod meetings in children's services clearly promoted a holistic and strengths-based approach to working with families. This was demonstrated in records that clearly articulated outcome focused planning. Plans outlined clear achievable goals to safeguard children and improve their well-being through the provision of a range of services best suited to their needs. We reviewed a plan that included stringent risk measures to ensure a child's safety over the pandemic period. This comprised daily unannounced visits which focused on risk whilst also evidencing the quality of a positive working relationship between family and practitioner.

We saw care and support being adapted to meet peoples' changing needs and agencies contributing to the review process. Relationships and communication with people was collaborative in this process. Strengths-based conversations had replaced the traditional needs-based assessments with voice and choice prominent in the practice reviewed in both adult and children's services.

The files we reviewed demonstrated that whilst every effort was made to sustain independence, adults were also supported to make pragmatic decisions about when the time was right to move into care homes so they and could be more safely supported.

In children's services we found effective support from the multi-agency group and a good standard of reviews for care experienced children led by Independent Reviewing Officers. They had a mechanism in place to seek assurance about well-being in between formal reviews and hear from children and their carers.

Care Leavers were highly complementary about Personal Assistants (PAs) on the whole; they valued the dedicated support provided by PAs. There was, however, some feedback about inconsistency in support.

Methods

- we reviewed documentation supplied in advance of our visit
- we spoke with carers and people who were receiving or had received care and support, including nine care leavers
- we reviewed 30 files
- we held ten case tracking interviews with practitioners, managers and carers
- we held four focus groups
- we administered nine surveys
- we observed a carers champion meeting

Next Steps

We have identified strengths and areas for priority improvement and we will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

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Yours sincerely,



Lou Bushell-Bauers
Head of Local Authority Inspection
Care Inspectorate Wales

Appendix 3 – Care Home Review

Review of Carmarthenshire County Council's Support to Care Homes during the Covid 19 Pandemic

June 2020

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PURPOSE OF THE REVIEW:

Carmarthenshire County Council requested an independent review of its approach to supporting Care Homes through the Covid-19 pandemic, with a view to creating an evidence base of approach taken and identify any lessons learnt that need to be addressed or implemented going forward.

The picture is still emerging with considerable pressure on homes at the time of producing this report as the second/third COVID wave has a significant impact on the functionality of homes. Whilst there were significant challenges across all sectors nationally in March to May the purpose is not to apportion blame but to ensure early lessons are learnt and areas for further investigation are identified.

TIMESCALE:

The period under consideration is from March 1st leading up to lockdown through until 31st of August 2020, when the lockdown restrictions were lifted, and regulations eased.

I have also made reference to the current period from 31st Aug through to December as it is having an impact on responses as we hit a second wave of the pandemic.

METHODOLOGY:

Interviews: 16 staff across the Local Authority, Commissioning and Health partners were interviewed individually via Teams. I also attended 2 meetings with Senior Managers, again via Teams. A small number of staff were unable to be interviewed due work pressures and commitments.

A Snap Survey was distributed to all Care Homes in the Adult Services and 3 establishments within the Children services sector.

Response was good.

41 Adult Care Homes and 3 Children Residential settings were approached.

30 establishments completed the survey which saw 68% response rate

All 6 Care Home settings who experienced Covid-19 outbreak were approached for further information regarding the support process. 3 responded and were interviewed via Teams.

I had access via Teams Files to the numerous Policies/Procedures and processes adopted to deal with Covid-19. A key document that I referenced was the **Nursing & Residential Care Homes, Supported Living and Extra Care Risk & Escalation Management Policy v1.5**; This document developed initially in Carmarthenshire is now jointly agreed between Hywel Dda University Health Board and the 3 partner Local Authorities.

I also had sight of the Chronology of Communication to Care Homes detailing information, support and guidance offered to the sector. I adopted a broad Signs of Safety methodology in formulating the questions. What worked well, what didn't work so well and what were/are the challenges.

The Scoping and discussions commenced on 22nd October, with the Questionnaire and interviews commencing on 10th November and running through November and early December. The last interview took place on the 10th December.

The key areas covered were as follows:

- Provision of overall advice and guidance to independent and Local Authority care homes.
- Infection, Prevention and Control.
- Sourcing and supply of PPE.
- Facilitation of hospital patient discharge to care homes.
- Management of outbreaks in care homes, to include involvement of other agencies including medical professionals.
- Identification, management and escalation of safeguarding concerns.
- Management of Deprivation of Liberty Safeguards.
- Testing in care homes.
- Overall support to care homes, including support to the workforce and financial support.
- Overall support to care home residents and families.
- Partnership working, particularly with Hywel Dda Health Board, surrounding all of the above.

Leadership surrounding all of the above

LEADERSHIP/SUPPORT/GUIDANCE

The universal feedback for the Local Authority from the Snap Survey and the interviews held with Staff across the Local Authority, Health and Care sector is of a County Council that displayed strong, decisive leadership. This is referenced as applicable from the Chief Executive and Statutory Director down throughout the

organisation. There is evidence of the effectiveness of the Gold/Silver/Bronze Command structure, staff were clear where they fitted into the structure and the roles they had to play. It has been noted on countless occasions in interview and survey that the ability to make agile decisions, responding swiftly in a solution focussed way; that staff had autonomy to make decisions and were able to problem solve.

The Leader of the Council and Lead member demonstrate considerable support for the sector in particular advocating nationally in relation to PPE supply and testing with ministers throughout the early days of the pandemic

The effectiveness of Inter-agency working was evident from the outset to all staff and daily SITREP meetings established. Senior Managers within CCC met 2 x daily and this pattern was replicated further down the management structure to ensure staff were fully briefed. There has been an effective audit trail of decision making and policies have been adapted as the situation has changed.

Safeguarding has continued to be a consideration during the Covid pandemic. The Regional Safeguarding Board has led on the discussions and considerations around safeguarding at what has been an extremely difficult time for the Care sector. There were weekly meetings held to consider the safeguarding requirements, with a Covid focus. There have been challenging discussions around safeguarding issues, at what point does the organisation become concerned about practice etc; these have been addressed at all senior management meetings. The Care Homes Escalation meetings did consider what was needed in the Care homes to support and promote safe practice whether that be staffing/equipment/support or advice. The safeguarding concerns that did come through have been around poor practice where processes weren't followed correctly.

The Coronavirus Act 2020 did not make any changes to the relevance or application of the Mental Capacity Act 2005. It did however mean that Local Authorities had to make significant changes to how it addressed meeting the requirements of the law. Carmarthenshire worked with its regional colleagues to produce guidance for staff. Work was undertaken to review the assessments and the review process. Skype and Teams

meetings were facilitated, although they did pose questions around the independence and efficacy of the process. Carmarthenshire sent its Guidance to Welsh Government for its consideration and it was commended. The Regional Group has continued to meet and consider whether the policy remains relevant and that the principles of the MCA 2005 are still being met.

The setting up of a dedicated Commissioning Team which was available 24/7 to advise and proactively support was also universally welcomed. They provided a centralised response, reporting and decision/discharge mechanism for the Care sector that was vitally important. The Local Authority was also ahead of the curve in recognising the potential impact of Covid-19 on market stability and introduced payments to help cover voids and extra costs such as deep cleaning and extra care

costs in the sector. Covid positive homes were offered extra support and assistance and this was highly valued.

Carmarthenshire CC also adopted a Safe Hospital Discharge Policy to support the Care Homes sector, insisting on Covid- tests prior to discharge. All discharge requests were processed through the Commissioning Team to help ease the burden on the Care Homes. This process appears to have been less well understood by Health colleagues within the Hospital setting and is something that will need addressing jointly going forward.

The focus was very much on keeping residents safe and on their care needs. Staff across the Local Authority were quick to pull together and that feeling of unity and support has remained; Staff were re-deployed to new roles to support efforts across the services. A number of challenges have emerged that will need attention in the longer term. Most staff spoken to feel it is too early to even contemplate an exit strategy yet, still feeling very much in the eye of the storm as the second wave hits our communities.

Monitoring of the Care Homes was suspended during the first lockdown. There were restrictions on visitors to the care homes. Staff from within Health were re-deployed to other Covid response roles, this continues to date. Health staff did note that when they did go back in to undertake mass TTP testing they were able to have some oversight. The Commissioning Team has been dedicated to focussing on the Covid Response as well. The CCC and Health were dependent therefore on any other professionals who went into the homes to be the eyes and ears and to report any concerns. CIW/HIW have undertaken their visits virtually. There haven't been any concerns reported.

There are concerns about future financial austerity impact on the Care Sector and Health & Social Care in general post the pandemic response. Carmarthenshire acted before National funding was agreed, at risk, with a formula that was then largely adopted by Welsh Government. Subsequent national funding providing top ups and void payments has been effective in stabilising the sector financially. The Care sector has depended on this support to sustain it.

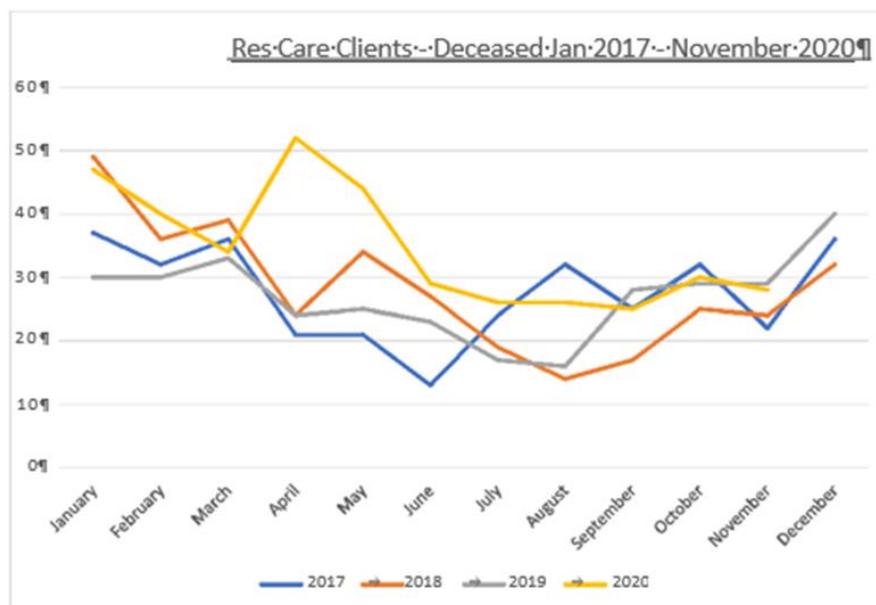
RECOMMENDATIONS

The Exit Strategy needs to be as equally robust and well planned as the Pandemic response- recovery will take longer

Consider a Review of the Safeguarding response during Covid Pandemic, possibly as a Regional Safeguarding Board with a focus on what worked well/what has been the learning

Build on and maintain the extended partnership working, maintaining the ability to make pragmatic agile decisions, with less bureaucracy.

Mortality in Commissioned Residential Placements for Older People



	2017	2018	2019	2020
January	37	49	30	47
February	32	36	30	40
March	36	39	33	34
April	21	24	24	52
May	21	34	25	44
June	13	27	23	29
July	24	19	17	26
August	32	14	16	26
September	25	17	28	25
October	32	25	29	30
November	22	24	29	28
December	36	32	40	

There was significant challenge in March to May 2020 with a specific spike in the mortality rates of residents. A small number of homes were tragically severely affected with a significant number of residents dying within 28 days of a positive test and further work on how improved care. Addressing this and protecting residents has been the highest possible priority across homes, health, and the local authority. This work across infection control, intervention in homes, testing, treatment, intervention, and care has dramatically improved the position with a lower rate of mortality in homes than pre COVID periods despite a rise in the number of homes affected

COMMUNICATION

In March and April of 2020 communication and guidance nationally was widely seen as inconsistent around the supply and use of PPE and admissions. There was significant challenge for all care homes as the evidence base of what was needed to protect staff and residents was seen to run ahead of appropriate national guidance being released. This left local authorities/ commissioners unable to be clear and consistent with homes. At this early stage considerable concern was raised with Welsh Government as to the vulnerability of care staff and residents where guidance and supply fell short of what was needed. Whilst some Care Homes highlighted that information and guidance was too slow in the first few weeks of the pandemic (leaving some care homes feeling somewhat adrift and confused) they do acknowledge that this was a completely new scenario for everyone.

All staff acknowledged that the volume of information flowing from various sources, the changing guidelines and pace at which the information was coming through was a significant challenge nationally. It has been commented on in several interviews that once the CCC machinery swung into action and started getting a handle on the information flow from central government then the support was evident and effective.

As noted above communication with the Care sector was viewed positively. At the early stage improvements could be made in co-ordinating phone contacts. Managers talked of 5/6 daily phone calls asking for similar data/information when they were stretched. Managers felt conflicted between dealing with administrative matters when they were needed on the floor to support caring duties.

RECOMMENDATIONS:

Consideration for a Regional Communication Team comprising LA & Health to craft clear joint communication from one source

HEALTH & HOSPITALS

The role of the Frailty Consultant in supporting Care Homes with Covid outbreaks during the early weeks was been particularly commended. Health colleagues report that the swift ability to make decisions on hospital discharges without overly worrying about funding stream/splits was also critically important. Improved co-ordination and clarity on roles between this consultant and GP'S assisted as there were some risks of a lack of clinical coordination.

There were varied responses in terms of GP support to the Care homes during the pandemic; some Managers advised that GP practices were reluctant to attend the Care Homes; others felt the service was supportive. Some practices managed their patient lists virtually over the phone, with weekly surgeries undertaken remotely.

One area worthy of note raised by a number of staff was the issue of DNACPR forms. Some Care Homes felt a “blanket” approach had been taken with regard to their residents and they have since removed the DNACPR at the resident’s request. There was also concern from a Manager spoken to about a letter issued by a GP cluster very early on advising that residents would not be proactively treated. This caused tremendous upset for residents, families and staff. I believe the matter was raised with the Health Board and addressed rapidly.

The Hospital Discharge Policy has also been a hot topic for the Care Homes and Commissioning Team and evoked quite a response. What is clear is there appeared to be a lack of understanding and sometimes, even, an acknowledgement of the existence of the policy by ward-based Hospital staff. The Care Homes have felt very well supported during the pandemic with the Commissioning Team co-ordinating and agreeing hospital discharges. This will need to be closely monitored as we go into the second wave of the pandemic and the pressure on both Hospitals and Care Homes increase from staffing pressures or Covid positive perspective.

Several of the care homes also noted that they have been unable to get Occupational Therapy/ Physiotherapy or Dietician visits into the Care Homes since lockdown lifted in August.

RECOMMENDATIONS:

Consideration be given to offer joint training with GP clusters to manage expectations of Care Homes around the support they need

To review the DNACPR processes and procedures and ensure that they are applied in a person-centred way with the needs and best interest of the residents at the heart of the decision.

Discussion between the Local Authority and Health regarding the Safe Discharge Policy and how Care Homes can be supported to feel confident and trust the Hospital assessment of patients in future

PPE/CONSUMABLES

Carmarthenshire CC had clear objectives on what they were trying to achieve for the Care Homes and care sector across Health and Social Care. Evidence from the Team suggests they achieved this from the outset. Prior to a centralised store supplied by Welsh Government the county managed its supply well, getting close to running out, but never actually doing so. There is evidence that seconded staff worked tirelessly to ensure all Care Homes were supplied. No care homes lacked supply once effective national guidance was established.

The changing guidance caused anxiety, conflict, uncertainty and upset in the early weeks. Considerable time politically and at the most senior levels was spent trying to resolve the challenges in this area. Senior council officers report significant political

support from the Lead member, Leader and Chief Executive in trying to resolve these very difficult issues. Once shared services were established and up and running the PPE supply has not been an issue. The PPE Team have worked closely with Commissioning, Environmental Health and Infection Control Team. They have modelled the demand across the Care Homes, accounting for multiple scenarios and have ensured that a consistent supply of PPE has been maintained. There was proactive support from across the Council to source suitable storage sites. Dispatch of PPE has been efficient and responsive.

Corporate Health and Safety have complemented the work of the Infection Control Nursing Team by providing online training for staff on the “donning /doffing” procedures and clear instructions on how to prevent cross contamination. This was a good example of effective joint working with the health board responsive to the care sector.

A weekly survey is sent out to establish a baseline of PPE stocks held in each Care home. Where care homes have tested positive for Covid- the PPE team have calculated the number of likely changes by the number of interventions likely to be required and sent out Booster packs.

The challenge going forward as we emerge from the Covid Pandemic will be to ensure we continue to maintain good PPE practice and protocols. There will also be a challenge for Care Homes in the private sector who are currently being provided PPE from the Welsh Government central supply; again, something for consideration in the exit strategy around extra costs and fee setting structures.

RECOMMENDATIONS

Local Authorities to consider holding sufficient stocks of PPE/Consumables (such as dedicated waste bins) that could be quickly deployed in the event of any future infectious outbreak. To be included in any Emergency Plan going forward.

INFECTION/PREVENTION CONTROL

This has been a front-line service that has been universally praised by all. The Team have been in direct contact with the Care homes, on the floor offering, support advice and guidance. They have made themselves available at all times of day and night to support staff. Their input has been critical in ensuring the Care Homes have responded as well as they have in mitigating the risks as far as possible.

Environmental Health became more involved from the May period onwards to support the Infection Control effort. They developed an effective working partnership with Infection Control. There were challenges for the Team in terms of the layout of some of the Care Homes; many are in older buildings, not purpose built. Zoning the residents care in Covid positive homes became quite a logistical challenge. It was made more difficult in Care Homes where you had residents who

“walk with purpose”. Moving residents out of their rooms was also a challenge, leaving their personal effects and the comfort of their own rooms.

The necessity for deep cleaning in Covid Positive Care Homes also became an issue and highlighted how in some homes the Carers also double up as the cleaners. There has been a significant amount of learning in this area on the impact of good infection control.

The challenge will be in ensuring that Infection Control remains a high priority and its importance maintained in the future.

RECOMMENDATIONS

LA Commissioning & Health to work with the Care Home sector going forward to ensure that clear policies, procedures, advice, training and guidance re PPE and Infection Control remain central to good quality practice within Care Homes/Dom care

The role of Environmental Health in Infection Control to be established and resourced as a permanent function

STAFFING

The first priority is to acknowledge and commend the dedication of the Care Home staff and their Managers- they have gone above and beyond any job description. They have been honest about their fears, anxieties and struggles; they have kept providing quality care in a loving compassionate way to people who have been separated from seeing loved ones. They have sat with residents who were facing the final journey and ensured they didn't pass alone. They have displayed a “can do attitude” and have supported each other.

Other Local Authority staff have elected to be re-deployed into the care sector and have provided invaluable support. All have adapted to what was required of them, be that changing shift patterns to working extra shifts. Many have undertaken roles that were completely outside their normal experience.

Many Care Homes noted that the Local Authority supported swiftly when there were staffing issues. There appeared to be more challenges in the Nursing Homes where it was more difficult to get qualified Nurses. Bank agency rates were £3,000 per shift and this cost was prohibitive to most Nursing homes.

It has also been noted that Care Home staff are being called upon to assist in the assessment and review processes of residents in a different way to previously. Social Workers and Nurse Assessors are assessing & reviewing virtually which necessitates a member of the care Home staff providing them with updates and information from the files and care notes. Prior to Covid this would have been done by the Social Worker/Nurse Assessor when visiting the home. Managers find

supporting this a challenge when staffing numbers haven't been increased to support the extra demands.

There is a wider mental health issue to be considered when looking at the exit strategy. Staff, especially those in Covid hit homes, have been emotionally stretched and many are left traumatised at seeing so many deaths in a short period. The fear of Covid and its impact has been very real for all.

From a broader Local Authority perspective all staff spoken to have acknowledged that the notion of a 5-day working week disappeared when the pandemic hit. The Council has made sure that staff were available 7 days a week from very early on. There were teething problems early on when the scale of the pandemic and the impact wasn't known, e.g., being able to access stores for supplies. Once the scale of issues was understood the Local Authority responded effectively.

There is a greater sense that staffing may well become an issue during this second wave. Increased testing of people is seeing an increase in numbers needing to self-isolate. Also, an increase in community transmission which will inevitably put pressure on services. Added to this Managers talking of increase in staff anxiety/ Covid fatigue in the approach to this second wave. During the first wave people were running on adrenalin.

RECOMMENDATIONS

Staff support and counselling should be considered

Lead on the parity of esteem debate for Care Home sector workers that will inevitably arise post pandemic

Consideration is given to creating additional mental health capacity as part of the COVID exit strategy.

INFORMATION TECHNOLOGY

From a Care Homes perspective one of the major areas of concern is the lack of internet access across the homes. It appears to be the same picture pretty much across the Local Authority and Private sector.

Care Home Managers have laptops and have been able to attend Teams Meetings etc with their line manager and also with fellow Managers. This was seen as extremely useful as a source of support and information sharing and the meetings have continued at the behest of the Managers.

It was reflected that much of the work in the care homes is paper based and as they tried to address this by trying to adopt a paperless system, they were hampered by the lack of available equipment. In the Local Authority homes the senior care staff and the carers do not have access to laptops. The carers themselves have not had local authority e mail address. This caused problems if staff were self-isolating and could potentially work from home writing or updating care plans. The frustration felt by Managers was evident.

Wi-Fi connectivity was an issue highlighted by the majority of Care Homes. Ensuring that relatives could remain in virtual contact with families and friends during lockdown this was problematic. Several homes had the equipment but it's ability to be used was patchy; either there was no internet access, or signal would drop off mid-conversation.

There was also an issue in the private sector of residents being told if they wanted internet access then they would need to pay. Many Managers felt given the required use of technology that Wi-Fi access should be a given.

RECOMMENDATIONS

Consideration should be given to an investment programme in the IT infrastructure in Local Authority Care Homes, enabling all staff the opportunity to access work e mails, information relayed digitally, access online training etc in line with the majority of the Council's workforce.

Similar scoping and consideration with the independent sector Care Homes- although resolving that might necessitate Welsh Govt support to grant fund such a scheme.

Consider Wi-Fi access and increased use of smart technology to improve people's lives and maximise independence within care settings and include as part of the contractual requirements/negotiations. IT/Internet access to be a consideration when formulating care plans, how will prospective residents maintain contact with family and friends

TRACK, TRACE & PROTECT

Once the service got over the initial teething problems the co-ordination has worked well. There has been swift mobilisation into care homes, with proactive calls and advice & guidance.

All have commented that the Health Board testing service was consistently reliable with a swift turnaround. Staff were on fortnightly testing; some have resumed weekly due to the spike in community transmission.

There was an early challenge with Local Authority unable to get the test results of employees from the Health Board due to confidentiality and governance issues.

It seems the "Lighthouse testing" is proving more of a challenge from a resource intensive perspective as well as accuracy & reliability. There is also now the challenge of mass testing and finding higher numbers of cases; all has an impact on the Care Homes, staffing wise.

There is understandable caution from care homes with regard to the testing of visitors to Care Homes especially now we are seeing a rise in infection rates.

RECOMMENDATIONS

NONE

CHILDREN SERVICES/MENTAL HEALTH & LEARNING DISABILITIES

Whilst Children Services, Mental Health and Learning Disability services were not included in initial core meetings, which focussed on older adults because of the high level of risk on older persons, they did nevertheless follow the same protocols. There were 3 specific units within Children Services and the RI/ Managers held their own meetings with the site managers. Children Services sits within Education but has the same regulatory requirements from a Residential care perspective as Adults. The Senior Managers ensured they were the direct contacts with their care homes to be able to offer the support and guidance. All the children that accessed the facilities had their care needs reviewed and arrangements put in place to support. There were some concerns as to where Children Residential services would have accessed staffing support if it had been a necessity due to the specialised nature of the client group- children with complex learning disabilities. However, an escalation process was in place should that have been needed.

Strategically the Head of Children's services and Head of Mental Health and Learning Disabilities attended strategic meetings with adult services colleagues and the Statutory Director to ensure the response was inclusive.

The Children services are now developing a specific Operational Policy for Children's Residential Services.

From a Mental Health and Learning Disability perspective Health worked closely with the Local Authority to ensure that hospital beds were reduced to take pressure from the acute sector. There was a great deal of proactive work undertaken to find suitable placement options; all the Mental Health and the vast majority of Learning Disability options are in the private sector. Funding agreements were reached, and it highlighted how quickly services can act when necessary.

One area that was highlighted as a risk if any Learning Disability Care home had to close down or people needed hospitalisation. There would be a requirement for specialist LD nurses to care for the more complex cases. It is acknowledged that the services are talking about lower numbers but significant needs, but this was seen as an area that sector specific contingency plans could be developed.

RECOMMENDATIONS

Ensure Children Services/Mental Health & Learning Disabilities are included from the outset in any future Emergency planning around residential care

Mapping the support needs of Children services/MH & LD

Children services to develop a specific Operational Policy for Children's Residential Services

FAMILIES/FRIENDS/VISITS

Some care homes have been extremely innovative and resourceful in how they have facilitated visits once the lock down was lifted. It has, nevertheless, been and continues to be a challenge for the majority of Care Homes to facilitate and support safe visiting arrangements.

During the summer it was far easier with some able to erect marquees or facilitate outdoor visits. Winter has made things far more difficult and challenging. Some homes have been able to create safe spaces in conservatories, others in their Day Care site which is closed to day users. Some have managed to utilise Skype/What's App more successfully than others.

End of life visits have been supported across the care sector, with one relative being able to be present, wearing the correct PPE. For families who could not attend staff have provided assurances that their loved one has not passed alone and had a staff member there with them.

What is clear is that all Care homes are seeing the negative impact on residents of loss of contact with family and friends. Those with cognitive impairment cannot understand the lack of visits and struggle with virtual meetings. The impact of increased testing and staff testing positive there is a real issue in care homes rolling from one 28-day period of closure to another.

RECOMMENDATIONS

Work with National Advisors/Regulators/LA & Health to consider and develop guidelines on how to promote and maintain safe visiting to Covid free residents when staff & other residents on site have tested positive. Consideration as to how to support Care Homes to develop safe visiting spaces and other innovative ways of maintaining contact

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I would like to thank all the staff who participated in the interviews and all those who contributed by completing the survey. I have been impressed and truly humbled by the sheer hard work and dedication of all to work together during this pandemic. The overriding thought for everyone has been to ensure the safety and wellbeing of the people they serve and the care of the most vulnerable in our society.

Diolch yn fawr/Thank you

Carys James B.A.HONS; CQSW; Dip SW

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