

Committee: **Executive Committee**

Date of meeting: **14th October 2020**

Report Subject: **Social Services Response to the COVID-19 Pandemic**

Portfolio Holder: **Cllr John Mason, Executive Member for Social Services**

Report Submitted by: **Damien McCann, Corporate Director of Social Services**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
06/08/20	20/08/20	29.09.20			17/09/20	14/10/20		

1. Purpose of the Report

The purpose of the report is to provide Executive Members with information on how the Social Services Directorate has responded to the COVID-19 pandemic over the last 4 months. It's particularly important that you are able to get a flavour of the work that is being done, not just in relation to Covid-19, but in continuing our services to ensure that our most vulnerable residents and children continue to get the care and support they require, both in their own homes and registered settings.

2. Scope and Background

- 2.1 The Covid-19 pandemic has been one of the most dramatic and far reaching events to impact on everyday life. Whilst departments like Social Services are still in part in the responsive phase, there is a need for reflection on how we responded to this pandemic in order to inform and shape the recovery phase, as well as prepare for the possibility of a future outbreak or second wave.
- 2.2 At the beginning of the pandemic, the worst-case scenario was that hospitals and the wider Health and Social Care system would be unable to cope with anticipated massive numbers of patients. This first peak of this pandemic has been less intensive than previously predicted. Hospital capacity and care support in the community was able to cope. The significant input from staff and volunteers at all levels across organisations was extremely positive which enabled services to adapt to change in working conditions and was key to the response across Blaenau Gwent and the region.
- 2.3 It is unclear whether in the future there will be further resurgences of Covid-19. The measures now in place, such as changes to societal safeguards,

social distancing, restricting travel, and limiting of commercial and leisure services, will take time to illustrate the impact that the easing of these restrictions might have on infection transmission rates. The Health and Social Care system already experiences seasonal pressures in the winter period, and the prospect of a rise in Covid-19 infections later in 2020 or 2021, cannot be ruled out.

3. Options for Recommendation

3.1 The Report has been considered by the Corporate Leadership Team and Social Services Scrutiny Committee.

Option 1

Members are asked to consider the report on the Social Services Directorate's response to the COVID-19 pandemic and make any appropriate recommendations.

Option 2

Accept the report as provided.

4. Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan

The Social Services Directorate's response to COVID-19 links to the following key priorities in the Corporate Plan:

- To intervene early to prevent problems from becoming greater;
- To promote and facilitate new ways of delivering health and social care involving key partners and our communities;
- To put effective safeguarding arrangements in place to protect people from harm.

5. Implications Against Each Option

5.1 *Impact on Budget (short and long term impact)*

Welsh Government identified £40 Million to support the Adult Social Care sector in Wales in the fight against COVID-19 which was administered through the Emergency Hardship Fund. This involved the Council agreeing to fund additional spend related to the COVID-19 outbreak by Social Services and its commissioned services and then to submit claims for reimbursement from the Welsh Government for the money that the Council had committed. It is likely that the vast majority of additional funding we have issued will be reimbursed by Welsh Government but no doubt there will be some funding they will challenge and question which may result in additional cost to the Social Services budget.

5.2 In Gwent we worked with colleagues across Gwent Local Authority's to put forward a proposal for the allocation of funding. Directors of Social Services agreed to a regional approach to funding care homes with Aneurin Bevan

University Health Board, with a focus on sustainability. We had proposed three phases, firstly we wanted to rapidly provide a sum per registered bed to cover the 10-week period of the fund across Gwent, to support with their increasing costs and to maintain their sustainability during these difficult times. Secondly, we were then going to target support to those in greatest need and then finally we were going to look to support the domiciliary care market to retain their workforce.

- 5.3 However, this approach was not accepted by Welsh Government (WG) and did not meet the financial terms of the Emergency Hardship Fund (in full); with local authorities being asked to distinguish between healthcare and social care provision in care homes, which was another layer of administration for providers to consider when processing the claims. Health board Chief Executives have also raised sustainability of homes and the impact of patient flow if providers seek to close their doors due to financial viability.
- 5.4 Claims have been submitted to WG for funding from the Hardship fund for the period March to July 2020 for £2.4m to fund additional costs incurred as a result of the Council's response to the pandemic, of which £1.06m relates to Social Services expenditure.
- 5.5 The table below provides an analysis of expenditure claimed from the Hardship fund for the period April to July 2020:

Table 1 – Analysis of Expenditure

	£	Comments
<u>Children's Services</u>		
Staffing Costs	80,957	
Mobile Phones for Parental Contact	402	
<u>Adult Services</u>		
PPE	203,969	
Staffing costs	40,033	
GWICES equipment store and PPE distribution	25,292	
Direct Payments	861	
External Care Providers financial support	646,074	Financial support for April to June 2020, and covers: <ul style="list-style-type: none"> - Additional staffing costs - Increased cost of enhanced infection control - ICT costs - Loss of income from voids as a result of Covid-19

In House Services	Provider	58,483	
-------------------	----------	--------	--

In addition to this the Council has estimated a significant loss in income mainly due to a suspension of services and reconfiguration of services in line with COVID response:

- Cwrt Mytton – income reduction of £18K - attributed to inability to provide weekly respite
- Community Options – reduction of £185K due to service closure
- Augusta House – reduction of £55k due to current service closure

5.6 ***Risk including Mitigating Actions***

To minimise the impact of COVID-19 on the Social Services budget the department has sought evidence of additional costs as a result of COVID-19 from our commissioned providers prior to paying for these additional costs, so we are confident given our approach that the vast majority of these costs will be reimbursed from the Emergency Hardship Fund. If WG challenge or refuse any of these additional costs, then we will provide further evidence if necessary. However as indicated above there may be some additional costs that do not meet the criteria established by WG for the Emergency Hardship Fund but we anticipate these will be relatively small.

5.7 ***Legal***

There are no legal implications within the report, but already there have been a number of reviews undertaken by different bodies and it is likely in the future there may be a public enquiry into the overall handling of the Coronavirus in Wales.

5.8 ***Personnel***

There are no personnel issues within the report other than to say it is important that we recognise the work of all the front line care staff including foster carers and their supervisors /managers who have, as always, pulled out all the stops to ensure services were maintained despite the anxieties of some we really can't praise them all highly enough.

6. **Supporting Evidence**

6.1 ***Performance Information and Data***

Children's Services

Across Children's Services we have maintained the Information, Advice and Assistance (IAA) service throughout the pandemic and have prioritised home visits to safeguarding investigations, children on the Child Protection Register, Children Looked After and care leavers and those children on the 'edge of care'. In Children's Services all cases have been risk rated by team managers and these decisions are continually being reviewed. Prior to any visits by

social care staff, we adopted a triage approach which consisted of contacting the family/individual to check if they were self-isolating or presenting symptoms of COVID if they were the visits would be delayed if possible. If due to immediate safeguarding concerns the visit needed to take place staff would comply with public health advice in relation to social distancing, hygiene and PPE if required. Staff have continued to work from our 2 main offices at Anvil Court and Beaufort Road. Each team has provided a skeleton staff to work from the offices on a rota basis.

6.2 Child Protection Conferences, Core Groups and Reviews have been undertaken virtually as have all Court attendances. However, contested Court Hearings and Final Hearings have been postponed. A number of digital platforms have been used to undertake these virtual meetings. These have included teleconferencing, SKYPE and Microsoft TEAMS.

6.3 The number of Children Looked After currently stands at 214 (down from a high of 237). The My Support Team have continued to engage with our most complex children in residential care by providing face to face support in line with public health guidance. We have seen a decrease in the numbers of children in residential care reduce from a high of 18 down to 13.

6.4 Children's Services have been able to continue working throughout the pandemic outbreak and meet the needs of our children and families, all teams including our preventative teams have kept in touch with parents and children virtually. Three of our Flying Start children's hubs have remained open for children of keyworkers throughout the pandemic. Some of the Families First staff have been redeployed to help the Supporting Change Team to support those children on the 'edge of care' as this is one of our highest priorities and seen as an even higher risk area during the COVID crisis. A small number of our flying start staff were redeployed into adult domiciliary care. Our Early Year's Child Care and Play Team have played a crucial role during the crisis. They have worked closely with colleagues in Education to ensure school/child care provision was available for keyworker staff and the most vulnerable children in the borough. The Early Years and Child Care Team have provided significant support to child care providers during COVID-19 which has played a large part in 64% of providers remaining open throughout the crisis.

6.5 **Adult Services**

Across Adults Services we have maintained the Information, Advice and Assistance (IAA) services throughout the pandemic and have prioritised home visits to families and individuals to undertake safeguarding investigations, Adults Services have continued to discharge patients from hospital (including those recovering from COVID-19) and any emergency assessments. In Adults all cases have been risk rated by team managers and these decisions are continually being reviewed. Prior to any visits by social care staff, we adopted a triage approach which consisted of contacting the family/individual to check if they were self-isolating or presenting symptoms of COVID, if they were the visits would be delayed if possible. If due to immediate safeguarding concerns the visit needed to take place staff would comply with public health advice in relation to social distancing, hygiene and PPE if required. Staff have

continued to work from our 2 main offices at Anvil Court and the Vitcc with staff working on a rota basis from office and home.

- 6.6 The Adult Services Department at the outset of the pandemic had to close our day services and respite care facility to ensure the safety of our most vulnerable people and to maintain social distancing and to ensure resources were concentrated at caring for people in their own homes and care homes. However, we have managed to have our respite facility available in case of an emergency to prevent carer breakdown, although we have not needed to use it at the moment. Careful consideration will need to be given to the timing of the reopening of these services.
- 6.7 We have successfully redeployed staff from community options to our care homes and home care teams to provide cover when staff became sick or more residents require 1:1 support due to isolation. We have seen a reduction in the care families require from domiciliary care agencies. This has been principally driven by family members providing care while they are off work and the fear that domiciliary care staff may transmit the virus into their home's. It is felt that demand will increase as more people return to work.
- 6.8 We have also supported the community hubs set up for those shielding and vulnerable in our communities, our community connectors and supporting people staff have been instrumental with corporate colleagues in delivering this service to vulnerable people in our communities.
- 6.9 From the start of lockdown Adults Services have had to work/ be available 7 days a week to ensure we could react appropriately to the issues being faced by us, i.e. getting recovering COVID-19 patients home, ensuring our care homes and domiciliary care agencies were being supported and provided with PPE and reacting and supporting our NHS colleagues to maintain bed capacity within the hospital system. This has meant our Adult Services staff working on the wards at our community and acute hospitals including working on the COVID wards.
- 6.10 Social Services took over the operational running of the Community Meals service from the 1st April 20, at the point of taking the service on 4 of the 7 drivers had to be shielded as they were all over 70 years of age or vulnerable, whilst one was off on long term sick. We redeployed some of our community option staff to drive the vehicles and also due to the social distance rules only one driver could go out on a round rather than 2 staff previously. Since we took over the services the hot meals have increased from 91 meals a day on average to 128 meals a day on average. This figure will fluctuate on a weekly basis due to starters and leavers.
- 6.11 In terms of staffing, then we did see initially a reduction in our staffing capacity early on as staff were expected to shield or classed as vulnerable, however where these staff can work from home we have facilitated this. Also a number of staff went off self-isolating due to symptoms for 14 days as we did not have access to testing at that point. A similar scenario occurred within our commissioned care homes and with our domiciliary care providers, however

within the last couple of months both Local Authority staff and commissioned staff are at good levels.

6.12 **National Issues**

As you would have seen, national attention has been drawn to the supply of Personal Protective Equipment (PPE), testing and outbreaks of Covid-19 in care homes.

If we take **PPE**, then initially there were difficulties around the supply of PPE encountered with supplies forwarded from the Welsh Government (WG) Pandemic store to local authorities (LAs) who for the first time were asked to supply PPE to local services providers who were in short supply (prior to this those providers were responsible for supplying their own PPE). For the five LAs in the former Gwent area, deliveries are made to the integrated community equipment store in Newport for onward delivery to individual Local Authorities. These deliveries are for both local authority and independent sector staff. Initially we used Augusta House for the supplies to be stored at and providers who required supplies picked these up from Augusta House, more lately we have moved the stores to the depot in Brynmawr. Social Services staff are continuing to distribute PPE on a weekly basis to all Social Care Providers working across Blaenau Gwent, our direct payment personal assistants and where requested by family carers.

6.13 Over the past few months and following representation at all levels, the situation with regards to PPE has improved significantly with regular deliveries and sufficient supplies to meet demand and internally we have continued to try to source our own PPE to reduce demand on WG stock, we have had some success thanks to colleagues in procurement across Gwent. Appendix 1 provides the amount and type of PPE that we have distributed to our commissioned providers of care and support and to our own staff over the last 4 months.

6.14 The position around PPE has been made more complex by frequent changing guidance from Public Health Wales through Welsh Government which has led to a level of misunderstanding amongst staff around the actual PPE they required. Despite this we are holding our own. Staff have the PPE they require to do their jobs safely across Blaenau Gwent.

6.15 **Testing** - Testing of staff exhibiting Covid-19 symptoms has been particularly problematic. At the commencement of the outbreak testing was very difficult to access due to prioritisation of NHS colleagues. When testing of social care staff did become available we were limited to 15 places per LA per day with the only testing facility available to staff being at the Cardiff City Stadium. This was obviously difficult for staff who could not drive nor had access to a car, or had the additional concern of driving when feeling unwell due to the symptoms of COVID 19. Appendix 2 identifies the number of tests on staff carried out in Blaenau Gwent up until the 3rd July 2020.

6.16 Testing of patients coming out of hospital was not put in place until the 29th April 2020, so prior to this discharges were occurring without any testing which

may have resulted in some of these bringing the virus into the homes. Couple this with no or limited staff testing in Care Homes to begin with created some of the problems that until recently we were having to deal with daily.

6.17 Thankfully the position has improved greatly over the past 3 months. The limit of 15 places has been removed, staff now have a choice of which testing station to attend, together with the offer of home testing and access to the Welsh Government portal to book tests. All Care Home staff and residents had been tested across Gwent by mid-June and for the last 8 weeks we have had testing of care home staff on a weekly basis and from the 24th August this will be on a fortnightly basis. Challenges remain in relation to the speed that test results are processed by the laboratories due to restricted capacity. This is due to improve from September 2020.

6.18 **Care Homes-** members will have seen over the last weeks and months the coverage around outbreaks in care homes. In Blaenau Gwent we own and run one care home for older people and commission services with a further 14 privately owned homes. Unfortunately, consistent and accurate information around the levels of outbreaks has been extremely difficult to obtain and we like all other LA's in Wales have struggled to get an accurate and timely picture in the private sector. Blaenau Gwent had the first case of COVID-19 within a Care Home in Wales in early March 20 and subsequently there have been a number of deaths related to COVID-19 in Care Homes across Gwent.

6.19 We are now collecting key data from all care homes across Gwent and supporting and ensuring rapid responses to outbreaks by ensuring all residents and staff are tested. Of the 15 Care homes in Blaenau Gwent 6 have had either staff or residents tested positive and 9 have had no outbreaks at all. As of the 4th August 2020 there are currently 14 clean homes within Blaenau Gwent, which means they have never had an outbreak or have not had an outbreak for the last 28 days.

6.20 ***Expected outcome for the public***

The work the Social Services Directorate has been doing during the outbreak of COVID-19 has been to ensure we minimise the harm of COVID -19 and to keep people as safe as possible from contracting this virus whilst continuing to deliver services to those who have required our help.

6.21 **Involvement (consultation, engagement, participation)**

The Directorate has had to work at speed to try and ensure our communities safety against contracting the virus and has often had to make decision without the consultation or engagement of the public which has often been as a result of implementing Welsh Government and Public Health Wales guidance speedily. If at all possible we have tried to consult with providers who have delivered services to the public.

6.22 **Thinking for the Long term (forward planning)**

Social Services are still in part in the responsive phase, however there is a need for reflection on how we responded to this pandemic in order to inform and shape the recovery phase, as well as prepare for the possibility of a future outbreak or second wave. There have already been a number of reviews to ensure we learn from any of our mistakes and continue with our successes as we look forward and be better prepared for any future spikes in COVID-19.

6.23 **Preventative focus**

Social Services have tried to be proactive to prevent the spread of COVID-19, we have continued to make contact with vulnerable individuals, children and families throughout the pandemic as well as continued to visit where it has been necessary and safe to do so. This has been to try and prevent the spread of the virus but also ensure people are able to continue to manage during the lockdown period.

6.24 ***Collaboration / partnership working***

In many cases responding to the pandemic has strengthened joint working at local, regional and national levels, with more agile and responsive decision making and action planning being enabled. Relationships with providers have been strengthened by the continual dialogue, with local authorities, and others, supporting homes with the provision of advice and updates, and sharing learning.

6.25 ***Integration (across service areas)***

Health and Social Care have had to work closely together to reduce the potential harm of the Coronavirus outbreak for the public, this has included working in an integrated way to ensure we protect and safeguarding vulnerable individuals during these unprecedented times.

6.26 ***EqIA (screening and identifying if full impact assessment is needed)***

There is not a requirement for this report to undertake an Equality Impact Assessment.

7. **Monitoring Arrangements**

7.1 This report is a one off report to reflect on the work undertaken by the Social Services Directorate over the last 5 months of the Coronavirus outbreak within Blaenau Gwent. If and should there be a further outbreak of the virus then we would bring a further report back to identify how and what we were able to do as a Directorate to continue to support our most vulnerable residents and children to continue to get the care and support they require, both in their own homes and registered settings.

8. **Background Documents /Electronic Links**

Appendix 1

Please find following PPE allocated by Blaenau Gwent from 24th March to the 27th July (inclusive):

Equipment	Number of Items
Face masks	408,800
Latex gloves	366,950
Disposable aprons	221,320
Full face visors	5,625
Total	1,002,695

Appendix 2

Access to Testing

Please find following numbers of symptomatic staff tested between 9th April and 3rd July (inclusive)*. *This does not include asymptomatic staff who have been tested via the routine care home weekly testing where an average of 3,200 staff are being tested each week across Gwent:*

Category	Numbers tested via LA
Commissioned Providers staff	67
Social Services staff	22
Other Local Authority staff	11
Family Members	21
Total	121

*Please note after the 3rd July any staff member could book a test through the Welsh Government Portal so we no longer having an accurate record of testing.