

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

For further information contact:

Video Conference via Zoom

Sarah Beasley

Meeting date: 9 December 2020

Committee Clerk

Meeting time: 09.00

0300 200 6565

SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on senedd.tv

Informal pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

2 COVID-19: Evidence session with Carers Wales and Carers Trust Wales

(09.30–10.30)

(Pages 1 – 24)

Claire Morgan, Director – Carers Wales

Simon Hatch, Director – Carers Trust Wales

Llinos Roberts, Chief Officer – Carers Outreach Service

Research brief

Paper 1 – Carers Wales

Paper 2 – Wales Carers Alliance

Break (10.30–10.45)

3 COVID-19: Evidence session with ADSS Cymru

(10.45–11.45)

(Pages 25 – 34)



Nicola Stubbins – President of ADSS Cymru and Director of Social Services
Denbighshire County Council

Alwyn Jones – Vice President of ADSS Cymru and Director of Social Services –
Wrexham County Borough Council

Paper 3 – ADSS Cymru

- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**
(11.45)
- 5 COVID–19: Consideration of evidence**
(11.45.11.55)
- 6 Forward Work Programme**
(11.55–12.20) (Pages 35 – 40)
- 7 Inquiry into the impact of the Covid–19 outbreak, and its management, on health and social care in Wales Report 2 – Impact on mental health: Consideration of draft report.**
(12.20–12.30) (Pages 41 – 80)

Document is Restricted

Response from Carers Wales, June 2020

Health and Social Care Committee:

Inquiry into the Covid 19 outbreak on health and social care in Wales

Carers Wales welcome the Committee's inquiry into the Covid19 outbreak on health and social care in Wales.

Carers Wales is part of Carers UK. Established in 1965, we have led the carers' movement for over 50 years. We are a responsive, expert charity, led by carers, for carers and with carers. As the UK's only national membership charity for carers, we are highly respected in our field. Since our inception, we have been campaigning with carers, transforming understanding and winning critical developments in carers rights.

Context

In Wales according to You Gov polling in 2019 there were almost 400,000 unpaid carers in Walesⁱ (at the last census in 2011 there were 369,186 carers). Of these carers 87,173 were aged 65+ and 131,120 aged between 50-64. It is worth noting that carers are not a homogenous group and will have different needs depending on their caring situation and caring responsibilities.

Since the Covid19 pandemic, new research by Carers UKⁱⁱ suggests that an additional 196,000 people are caring for an older, disabled or seriously ill relative or friends bring the total number of carers in Wales to over 683,000.

112,000 women (57%) and 84,000 men (43%) have started caring for friends or relatives. Some have been supporting loved ones from afar, helping with food shopping, collecting medicine, managing finances and providing reassurance and emotional support during the pandemic, whilst others have taken on 24/7 care responsibilities, including providing personal care.

98,000 people in Wales (50%) who have started caring since the outbreak are also juggling paid work alongside their caring responsibilities. This highlights a need for working carers to be able to access support from health and social care as and when they return to work.

Furthermore, Carers UK's Caring Behind Closed Doors report April 2020ⁱⁱⁱ highlights the reality that is being faced by carers across the whole of the UK and identifies the practical pressures and support that carers need from health and social care services.

Before the crisis, carers were already providing substantial hours of care but the Caring Behind Closed Doors report highlights that in Wales 79% of carers are now providing more care, with over a third 36% providing more care because of local services they have relied on have closed or reduced their hours.

For carers across Wales, the type of care they are providing has also changed due to changes in circumstances, changes in services they relied on or the needs of the person they care for. 73% of carers are providing more help with emotional support, motivation or keeping an eye on or checking the person they care for.

57% of carers in Wales said that the pressure of being responsible and for keeping the person they care for safe agreed with the statement “I feel overwhelmed and I am worried that I’m going to burnout in the coming weeks”.

Action Required

Referring back to the Health and Social Care Committee report into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers, now more than ever, carers need to be identified at the earliest opportunity and the recommendations around identification, the provision of information, advice and support as well as other recommendations need to be expedited.

We are hearing carers saying that since the pandemic they are feeling invisible and that their contribution is largely going unrecognised. There needs to be an urgent and clear distinction between the difference between a paid care worker and an unpaid family carer in all messages coming out of Government and all relevant Government departments.

The Covid19 pandemic outbreak has brought into stark focus the need to support carers and the people they support. With the health and social care system under significant pressure, local services that carers have relied on have been closed and carers have had to, without choice, take on the extra caring responsibilities that have implications for their own health and well-being.

Wales Carers Alliance, an alliance of Welsh charities that exists to uphold unpaid carers rights and champion the voice of carers across Wales. The Carers Wales Director is currently Chair and has written two letters to Welsh Government highlighting the key issues and concerns carers have raised with Alliance members as a result of Covid19. Many of the issues raised are in direct relation to social services and health – links to which can be found here - <https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-sends-letter-to-welsh-government-on-the-impact-on-unpaid-carers> and

<https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-responds-to-welsh-government-response-to-covid-19-letter>^{iv}.

Carers Wales has various examples of how carers have been impacted by COVID19. For example, an elderly carer, with considerable caring responsibilities, told us that since lockdown all day services he relied on have been cancelled. He has also had to cancel services via Direct Payments, which meant that all of the caring responsibility for his adult son now falls to himself and his wife. He stated that even though they are in the social care system, they were not given any information or advice and only through instigating a phone call themselves to their local authority did social services call. Following this, they now get a weekly call or text to see if they are ok. The carer stated to me that he concerned about:

- other carers in the same position who are not getting a call or any support at all and are forgotten about
- the lack of information coming from the local council about the situation now and plans for the future as lockdown eases (e.g. will the day centre open with social distancing in place?)

- unpaid carers being seemingly forgotten in the pandemic with no information forthcoming without them having to instigate it
- council staff being seconded elsewhere and also not being told about post lockdown plans
- he wants to see services such as day services that carers rely on re-open as a priority

Pre-lockdown support plans to carers and those they care for need to be re-instated as soon as possible.

In regard to health services, carers have raised concerns about being unable to visit loved ones in hospital settings due to the restrictions put in place since Covid19.

Carers continue to report that people are being discharged from hospital without adequate support in place. This was emphasised by one of our members, who reported that a carer had a loved one discharged from hospital to the home, without being informed that they had coronavirus. We would welcome a reminder to Health Board leads around the duty to fully engage carers in any discharge planning processes, and also follow up referrals in primary care.

Non-urgent clinic/medical appointments are being cancelled and unpaid carers are under additional pressure to care for their loved ones while the NHS capacity is depleted.

Our Director also wrote a letter on behalf of the Wales Carers Alliance to the Chief Medical Officer for Wales. Again, this summarises concerns raised by carers. The letter can be found here: <https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-responds-to-welsh-government-response-to-covid-19-letter>

There needs to be a clear post lockdown strategy and real consideration into what happens to enable carers to transition back into some sort of a normal life, ensuring that they have all the emotional and practical support they need. Our Director has written the attached response to Welsh Government on their Roadmap document and considerations for unpaid carers.

At the time of writing this response, Wales is still in lockdown and the situation regarding carers and the implications on health and social care services remain fluid.

Where issues continue to arise for carers we will highlight them to the Committee.

ⁱ Carers UK – Getting Carers Connected – Carers Week 2019 research

ⁱⁱ Carers UK – The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak

ⁱⁱⁱ Caring behind closed doors – Forgotten families in the coronavirus outbreak April 2020

^{iv} The impact of Coronavirus on unpaid carers – Wales Carers Alliance letters -

<https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-sends-letter-to-welsh-government-on-the-impact-on-unpaid-carers> and <https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-responds-to-welsh-government-response-to-covid-19-letter>^{iv}.

Thoughts Regarding Welsh Government Recovery Roadmap

Whilst the response to the coronavirus pandemic by friends and family who have stepped in to care for the vulnerable in our society has been substantial, this is not a sustainable solution.

The Alliance strongly suggests that the following matters be addressed when developing any health and social care recovery plans and guidance.

Protecting and promoting Carers Rights

- Reaffirming carers rights as laid down in the Social Services and Wellbeing Act 2014.
- Ensuring Carers' voices are at the heart of designing recovery solutions going forward to ensure they, and the people they care for, are heard, respected and equal partners in the process.
- Reinstatement of support following lifting of lockdown restrictions e.g. social services support plans (whether or not the carer had initially requested that the service cease due to potential infection risk).

Access to Information

- Ongoing need for clarity of guidance and messaging in relation to social distancing/shielding e.g. how carers can continue to protect themselves and the ones they care for as society begins to 'open up' and they face challenges such as kids going back to school, or their need to potentially return to work.

Services

- Access to services, both key services that existed before the pandemic and new services that may now be required since e.g. bereavement support, counselling, respite, employment support.
- Funding for carers services should be secure and long-term, despite the challenges health and social care budgets may experience post lockdown.
- A pre-requisite of planning future services is that carers should be involved. Unpaid carers should be involved in the decision-making that affects their lives.
- Clarity about how quickly access to routine medical and social care assessments be reinstated.
- Understanding that the needs of those being cared for will have amplified during the lockdown and how carers are supported with these e.g. impact that months of isolation has had on people's independence, communication skills and confidence – how can people living with and affected by dementia be supported to continue to live their lives e.g. using public transport, shopping, increased opportunities.

Finances

- Unpaid carers, like others, should have access to hardship funds, as many have had to give up paid employment to care and many others have eaten into savings to cover the costs of caring during the lockdown. Carers will have saved statutory bodies millions of pounds

through the lockdown. It is not morally right that they should not receive financial support as a result.

Support to Care at Home

- Clarity and commitment that unpaid carers need access to testing and PPE.
- Prior to the pandemic there was an expectation that more care would be increasingly provided in the home. The pandemic has amplified the needs of carers to receive proper support to do this e.g. administering medication, equipment and home adaptations. Plans should be put in place to support carers with skills development and support.
- Improvement in hospital discharge processes, to ensure carers are involved in the discharge planning and have support in place to support safe discharge.

We believe that the Ministerial Advisory Group on Carers should be pro-actively planning for short, medium and long term needs of carers as a result of the coronavirus pandemic. The Wales Cares Alliance will proactively support this work.

On behalf of the Alliance members:

Age Cymru
All Wales Forum of Parent Carers
Alzheimer's Society
Care and Repair Cymru
Carers Trust Wales
Carers Wales
Children in Wales
Hafal

Learning Disability Wales
Macmillan Cancer Support
Marie Curie
MND Association
MS Society Cymru
Parkinson's UK Cymru
SNAP Cymru
Stroke Association

Agenda Item 3

ADSS Cymru Evidence to the Health, Social Care and Sport Committee's Inquiry into the Impact of COVID-19 on the Social Care Sector

December 2020



ADSS Cymru

Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru
Leading Social Services in Wales

General Comment

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services, the Heads of Service and Tier Three managers who support them in delivering statutory responsibilities and accountabilities; a group of more than 100 social services leaders across the 22 local authorities in Wales.

As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult and Children's Services, together with senior professionals who support vulnerable adults and children, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

As a member-led organisation, ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence important decisions around social care to the benefit of the people it supports and the people who work within care services.

ADSS Cymru welcomes the opportunity to respond to the Health, Social Care and Sport Committee's inquiry into the impact of the COVID-19 (COVID) pandemic on health and social care in Wales and how it has been managed over the last nine months.

The pandemic has been an unprecedented challenge for all of Welsh society but none more so than the health and social care sector. Statutory service commissioners and their provider partners have been pushed to their very limits in trying to respond to and deliver services in, what has been an exceptional public health emergency.

Our members working within local government have been at the forefront of the current emergency and mid-way through a second wave of the virus, we continue to meet the exceptional challenge of COVID in partnership with Welsh Government, statutory agencies, public sector partners in health, as well as vital third sector organisations and an army of community volunteers.

Despite the positive news of vaccines and new rapid testing technologies coming on stream in the near future, COVID is still very much here and with a potential third wave of the virus in the new year, we all must continue to be very cautious in managing the risk.

As highlighted at our recent National Social Care Digital Conference by Cllr Huw David, Cabinet-lead for Social Care on the WLGA, the pandemic has placed a spotlight on the incredibly valuable role social care plays in its own right. Social care staff have been on the frontline throughout this crisis, risking their lives, doing an incredible job in extremely challenging circumstances to protect those they care for. Our members working through their respective councils continue to do all they can to support people receiving care, whether at home or in other settings. Moreover, while much has been learnt about the virus over the past nine months, the number of cases in the community reflect that it is essential that we continue to learn from previous experience and do not make the same mistakes again. The Welsh Government needs to ensure that councils and social care providers have all the support and resources they need for the weeks and months ahead. However, for the medium and longer-term, Welsh Government must look to deliver on the full implementation of *A Healthier Wales*. Social care deserves parity of esteem with the NHS and this needs to be backed up by a genuine, long-term and sustainable funding settlement for social care, which local government has been calling for, long before the current crisis.

Partnership working during the pandemic

ADSS Cymru has underlined its leadership credentials by working closely with Welsh Government and other statutory partner agencies, at the very highest level, from the onset of this emergency, to ensure that locally, regionally and national, the response has been as co-ordinated and joined-up as possible.

Throughout the outbreak, Directors and Heads of Service, have served on and, in a number of instances, led specific, national, multi-agency working groups, to aid the development of emergency legislation; to develop new and updated operational policies, procedures, protocols and guidance and disseminate them to the wider professional social care network; to collate and share data with Government and key strategic partners on a range of key indicators like safeguarding referrals, testing, workforce and care capacity in various settings. Most of this work has taken place at break-neck speed and around the clock, 24/7.

In addition to this work, ADSS Cymru members have also actively collaborated with both the Older People's Commissioners for Wales and the Children's Commissioner for Wales, on key priority areas they have focused on during the pandemic and public lockdown, including sitting on the Older People's Commissioner's Virtual Abuse Group.

ADSS Cymru has led the way in distributing key communication messages and information from several statutory partners, including Welsh Government, Social Care Wales (SCW), Care Inspectorate Wales (CIW) and the Welsh Local Government Association (WLGA). ADSS Cymru's communication team collates and circulates a bi-lingual bulletin on a bi-weekly basis (on a weekly basis throughout the initial response stage) to a wide network of health and care professionals in Wales and via CIW, to registered care providers as well.

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 them with the provision of advice and updates, as well as shared learning. This mobilised activity and effort of ADSS Cymru members has enhanced and strengthened the offer of support to care providers, such as establishing PPE supply routes, rolling out training and advice from ourselves and other key partners, or helping to redeploying staff and volunteers.

Financial sustainability of commissioned providers

The fragility of the care provider market was well understood by ADSS Cymru members and the Welsh Government, before the pandemic struck. So much so, that through the Delivering Transformation Grant (DTG) programme over the past few years, ADSS Cymru has developed a number of policy and research papers for Government on innovative funding models to meet social care needs,ⁱ re-balancing the care market (for both adults and children's services),ⁱⁱ mapping co-operative provision in domiciliary care in Walesⁱⁱⁱ and strengthening integrated commissioning with NHS Wales through new technical advice and guidance.^{iv} The financial short comings in relation to cost pressures and cost differentiation that existed before the COVID crisis must be acknowledged and understood in order to put the current period in context.

ADSS Cymru believes that the pandemic has exacerbated the precarious financial position that many care providers have found themselves in and calls into question the long-term viability of a number of care providers in the market, particularly within the residential care market.

While we welcomed the Government's commitment to support commissioned providers in adult services through vital cash injections during the pandemic (particularly from the Hardship Fund), we still have significant concerns about providers surviving in the short-term, particularly if a third wave emerges towards the start of next year, which could put unprecedented stress on the social care system. ADSS Cymru members continue to monitor this situation closely both locally and regionally, in collaboration with the WLGA and the Society of Local Authority Chief Executives in Wales (SOLACE Wales).

For example, the WLGA has just completed its Local Services Spending Round Survey. This information, coupled with two quarterly reports, is a considerable body of data demonstrating the pressures being faced by the sector. Demand led services in the social care sector have been particularly badly affected and real concern about service continuity and the on-going impact on finances is evident in councils' responses. The responses also highlight the key role played by council commissioned private care providers many of whom are small and lack the financial resilience of larger providers. Therefore, it is right to highlight the important role local authorities played financially in the early weeks and months of the pandemic to ensure that there was no critical collapse within the independent care provider market. Authorities went at risk and provided financial support before any funding criteria was agreed with Welsh Government. Moreover, local authorities have also provided their own staff to independent providers at their own cost to keep them viable during times of staff shortages.

ADSS Cymru is acutely aware of the anxieties that some care providers (particularly residential care providers) have about being able to survive in the short term, particularly in relation to additional cost pressures for PPE, insurance liabilities, staffing and the pressure

of carrying COVID-related vacancies and what impact this will have on their cash flow and ability to operate. That is why we quickly co-produced and published a piece of critical guidance at the end of March with four of our principle statutory partners – the Welsh Government, the Welsh Local Government Association (WLGA), Care Inspectorate Wales (CIW) and Social Care Wales – to enable Local Authority commissioners to support their care providers. The *COVID-19: Support for Commissioned Providers* guidance¹ is designed to summarise a range of pressures on social care providers in Wales arising from COVID and to put forward practical ways in which commissioners can alleviate these pressures. For example, there are several suggestions in the guidance to assist providers alleviate some of their cash-flow pressures by encouraging commissioners to:

- Increase the frequency and speed of payments, making payments in advance of delivery, making rapid repayment the norm;
- Review arrangements for invoice reconciliation in order to ensure expedited payments;
- Ensure that disputed amounts do not delay payment of regular invoice amounts;
- Increase the discretion of providers to deliver more / less care to individuals based on staff supply and priority needs;
- Pay providers for planned care when citizens refuse visits without notice.

While the guidance has been a well-received and well utilised tool, the risk remains that without some additional support some care homes could go into financial collapse. Failures in the sector could see homes being returned to the public sector, but it comes at a time when local authorities and other providers have limited or no capacity to intervene. This means that capacity would be lost from the sector. Moreover, it would also have a significant impact on the ability to support the hospital discharge process (Discharge to Recover and Assess – D2RA), which will result in an even greater pressure being placed on domiciliary care.

It is imperative that Welsh Government continue to work closely with ADSS Cymru to develop sufficient packages of financial support in the short and medium term, to enable providers to survive this current period of challenge and uncertainty. Additional funding to local authorities for their commissioned providers should be made available with as few a set of conditions as possible to allow local flexibility to address local circumstances.

Adult services

Unsurprisingly, Adult Social Care has featured as a key concern for our members during the pandemic, particularly balancing the continued need to deliver the Social Services and Wellbeing (Wales) Act with the on-going COVID pressures, which is currently being funded through Welsh Government's Hardship Fund. This has been a significant financial support mechanism but currently only covers the 2020-21 financial year. Demographic pressure means that costs are rising at a time when there is increasing concern about market fragility. The WLGA have highlighted that claim data coming from the hardship fund shows the monthly claims of between £8m and £12m are needed for the sector. This will amount to £96m and £144m annually.

¹ ADSS Cymru et al., (2nd edition) [COVID-19: Support for Commissioned Providers Guidance](#), 2020.

While there has been a real focus on protecting vulnerable adults in care homes, we should not lose sight of the support and services that are given to vulnerable adults in the community – those in assisted/supported living, those in extra care accommodation or in shared lives accommodation and particularly those receiving domiciliary care at home. Increased service demands and pressures are being felt by care at home providers, particularly in relation to rehabilitating those post-COVID patients who have spent long periods in hospital or who are suffering Post COVID Syndrome (Long COVID). We are concerned that there are domiciliary care supply and demand gaps emerging in some parts of Wales following high levels of D2RA discharges from hospital into community settings. Our members are still developing care packages for citizens who were affected by the first wave of the pandemic, let alone this second wave and any further waves that might emerge in the new year.

Children's services

Children's Services were already under pressure before the impact of COVID-19. Our members have concerns around the impact on children's wellbeing during the pandemic. Despite the continuing and increased provision by children's services, many other provisions that promote early intervention and prevent the escalation of need and risk, were adjusted or stepped back in a myriad of ways, the accumulative impact of which is yet to be assessed. Bearing in mind the multiple jeopardy faced by vulnerable families during protracted pandemic conditions, additional demand is sadly predicted with uncertainty about the precise nature of excess demand. This, coupled with pre-existing marketplace constraints in relation to placement costs and underlying workforce issues, means that we will see continuing financial pressures arising from the pandemic in the longer term, something which the WLGA highlighted in their evidence to the Committee in September.

The number of looked after children has increased over the period of the pandemic and placements are increasingly difficult to source. A review of the data and our current circumstances mean that despite promising progress in many areas, looked after children numbers will not reduce in line with the trajectory of expectations. We know that the level of demand for independent provider placements, including higher cost placements to meet complex need continues to rise. Equally, the insufficient availability of suitably experienced social workers has led to many authorities relying upon agency staff and thus the cost is magnified.

However, it should be noted that whilst the numbers of looked after children in the care system have increased slightly over the period of the pandemic, the rise was only marginal. This is quite remarkable considering that schools were shut for several months and that domestic violence increased significantly. It demonstrates how proactive local authorities have been in working with families, particularly those on the edge of care, preventing an exponential growth in numbers.

Personal Protective Equipment (PPE)

This was probably one of the most challenging issues to overcome during the first critical response phase of the pandemic. Establishing secure, consistent and appropriate supply of

PPE for social care services, including supplies for care home providers, took several weeks to finalise and achieve and certainly caused a high-level of anxiety amongst our members. So much so, that ADSS Cymru's President wrote to both the Welsh Government's Director General and Deputy Director General of Health & Social Services Group, on 31st March 2020, raising a number concerns about access to PPE and the potential impact of supply failure, including the inequity of supply compared with the NHS; that PPE guidance for the social care sector was being tailored to the supply of PPE rather than risk to staff and vulnerable people; that there was a lack of a co-ordinated community testing policy, which was ensuring the demand for PPE remained high; and the risk of increase deaths in residential care settings was not being given suitable national attention.

Following this letter, we welcomed the opportunity to work with officials to shape new guidance and PPE protocols in various care settings in Wales. ADSS Cymru members worked proactively with the military during their review of PPE supply chains and distribution networks and through our members, we have ensured that the learning and best practice models highlighted by military logistics officers have been shared.

While the supply of PPE has improved considerably over the last few months, we must be cognisant of the demand through this winter period, which has seen various local outbreaks, and could put pressure on supplies. Therefore, it is important to ensure that regional joint stores have sufficient levels of the right pieces of PPE, ready for any eventuality that occurs, that includes additional pressure placed on the sector by the end of the UK's period of transition.

ADSS Cymru has welcomed the opportunity of working with Welsh Government and NHS Shared Service Partnership to streamline the process of purchasing and distributing PPE, to ensure that social care staff working on the frontline in various care settings have the confidence to deliver personal care, without putting themselves or the citizens that they care for, at undue risk.

Testing

Similarly, as to PPE, the challenges of implementing a robust testing regime for social care has been extremely problematic and well documented. There have been several difficult elements in this process, which includes trying to work with Public Health Wales to provide a clear strategy on testing for staff in social care (particularly community care), insufficient and inconsistent capacity in the early weeks, the distances staff were required to travel to be tested, getting tests processed and turned around in a timely manner and getting those results back to care staff (the back-end process).

Another significant challenge has been around the testing and discharge of patients out of acute care back into residential and other community care settings. During the early phase of the pandemic, ADSS Cymru members pressed the Welsh Government to roll out a medical protocol in relation to admissions to care homes from hospital because Directors and local authority commissioned Providers were being placed under significant pressure by Health Boards to admit people into care homes without receiving a COVID test. Many Directors were not prepared to sanction these discharges, particularly while there was still so much capacity left in hospitals at the time. The whole situation has resulted, in many

parts of Wales, with a significant breakdown of trust between care homes and hospitals, which will take some time to repair.

However, what exacerbated this was the delaying in Welsh Government publishing its discharge guidance, which came some two weeks after the UK Government published its guidance for England. This was further complicated with some Health Boards not adhering to that guidance when it was published.

Initially, there was some inconsistency how this protocol was implemented but, in some regions, Health Boards have worked closely with local authorities in care homes where there were specific outbreaks, with a view to developing a consistent regional process and that has worked well.

The problem with asymptomatic members of staff has been a challenge in care homes and we welcomed the move to weekly testing for care home staff in June which continued through to October. Moreover, we have also welcomed the testing flexibilities that Welsh Government have provided authorities from November, which allows an options-based approach (weekly or fortnightly) which is triangulated using guidance, local data/intelligence and professional judgement.

As the number of tests being undertaken in care homes has increased, there are concerns being highlighted where a home may have a high number of positive results, particularly amongst staff members and the impact this may have on services and care. The *Support for Commissioned Providers* guidance has encouraged commissioners to work with providers on enhanced business continuity plans to build in resilience and sustainability. A third iteration of the guidance is currently being finalised.

ADSS Cymru welcomes the commitment from the First Minister to improve the turnaround of test results with the aim of providing results within 24 hours, however concerns remain about the amount of time being taken to get results back and it is essential that this is resolved as a matter of urgency.

Moreover, there are also concerns about the lack of testing of domiciliary care workers, which consequently could make them an unwitting reservoir of community infection. This cohort of the social care workforce must be tested on a regular basis. We understand Welsh Government have piloted a testing model using both real-time reverse transcription polymerase chain reaction (rRT-PCR) test and the Lateral Flow Antigen test. It is critical that the evaluation process for the pilot is undertaken at pace so it can be rolled out as soon as practicable.

Vaccinations

The planned roll-out of vaccinations from early December is going to be critically important. As well as vaccinating our most vulnerable citizens, it is vitally important that frontline social care workers are vaccinated at the same time as health workers and the type of vaccine and logistics around that need to be comprehensively thought through; for example, for staff working out in the community, which vaccine will be administered and how will it be administered? And what considerations are being taken about staff who have auto-immune conditions and are unable to receive a live vaccine?

Also, the communication of the roll-out is also extremely important. The messaging needs to be appropriate and targeted and pushed out quickly before the roll-out commences so that our citizens, our workforce and our care providers are very clear what their roles and responsibilities are during this extremely important phase of the pandemic.

Workforce

The social care workforce has been extraordinary during this first critical phase of the pandemic. ADSS Cymru welcomes the recognition both the Welsh Government and wider Welsh public have afforded the sector, which has ensured they have remained high in the public's consciousness over the past nine months. Parity of esteem in terms of pay, working conditions and recognition, have been seen as critical elements in ensuring the long-term sustainability of the workforce moving forward. It is essential that social care workers, including those working in care homes, are offered the same opportunities and conditions as NHS workers.

It cannot go unnoticed that the outbreak has had a devastating impact on people working in social care; particularly those working in residential care. When adjusted for age and sex, social care workers have twice the rate of death due to COVID compared to the general population.^v The intense pressure on these workers and the impact on their current and future mental health and wellbeing continues to be a source of concern for ADSS Cymru's members.

It has been well documented that the coronavirus has had a disproportionate impact on BAME health and social care workers than their white colleagues. ADSS Cymru has ensured it has had director input on the Government's COVID-19 BAME Advisory Group. They have examined ways to mitigate the impact of the pandemic on this workforce group, including producing employer toolkits and a risk assessment document for BAME workers, as well as information materials in a variety of different languages and accessible formats to communicate key coronavirus messages, around issues like Test, Trace, Protect (TTP).

ADSS Cymru has welcomed the introduction of the social care worker card by Social Care Wales and Welsh Government and our members were part of a working group which enabled its development and implementation. ADSS Cymru has also welcomed the £500 bonus payment for social care staff and welcomed the opportunity to work with Welsh Government to ensure that the payment is optimised and financially efficient. However, where support has fallen short is in relation to other benefits received by NHS workers, like free access to public transport, to allow social care workers to have the same freedom to move between their homes and places of work, as well as access to mental health support services. This must be remedied as a matter of urgency.

However, while these benefits have been welcomed, ensuring that social care staff have equal access to PPE, testing and vaccinations as health care staff, is absolutely critical to allow them to effectively undertake their caring duties.

Over the medium to longer-term, we are concerned about the physical and mental toil the pandemic will have taken on the workforce. That is why we welcome Social Care Wales

expediting the well-being theme of the national integrated workforce strategy because it is going to be vitally important that all the support mechanisms are in place to aid workforce recovery.

Data

The pandemic has highlighted the paucity of data that existed both in Wales and externally, around key social care indicators. For example, the data the Office for National Statistics (ONS) held on registered care settings in Wales, was woefully out of step with the data that CIW held and significantly skewed the statistics around death rates during the early weeks of the pandemic. The data gathering work that the ONS had previously undertaken with Care Quality Commission (CQC) and the Association for the Directors of Adult Social Service (ADASS) in England, had ensured that English datasets were far more accurate and up to date. This demonstrates the importance of having up-to-date data and intelligence about the incidence of COVID-19 in all care settings but particularly care homes, to aid the targeting of help and support in any identified hotspots.

ADSS Cymru members have welcomed the opportunity to work with colleagues in Welsh Government, CIW and Data Cymru, to identify, gather and share information that would be helpful to policy makers and care professionals, to understand where current and existing pressures may emerge in areas like the workforce, with testing, with safeguarding, with care setting capacity and demand, all of which are important checkpoints to understand an authority's ability to operate effectively at any given point in time.

Innovation and sector improvement

As social care leaders, we take the innovation and improvement of the sector extremely seriously and it is a driving factor in everything that we do. However, our members could be forgiven for not progressing this agenda whilst trying to manage a public health emergency. However, despite the pressures placed on the social care sector by the pandemic, local authorities have taken the opportunity afforded by the situation to innovate, reconfigure and develop new services to meet citizen need.

There have been significant changes in the way people have worked in response to the pandemic, with the greatest impact being on the increased and improved use of digital platforms and technology and the need to work from home. While in the early stages, some authorities may have felt like they were not geared up for home working, many of our members have been surprised at the speed in which their organisations were able to adapt to this new way of working. Having the ability to remain flexible and adaptable to change has been vital as things in the early stages of the pandemic were changing on an hourly basis as new information became available. Moreover, the sense of urgency created by the crisis meant that it was easier to be more focussed, as all partners were working towards delivering a common purpose which resulted in decisions – sometimes very difficult and complex decisions - being made more quickly, with a lot more being achieved in a short timeframe.

What has also emerged to some extent during the pandemic is there has been a shift in the level of support that some services users have required. There have been many cases of citizens who have previously accessed services because they required support having found other ways of coping without the extent of the service they had previously been in receipt of. It is not clear what impact this will have on citizen expectation and service delivery in the longer term and whether this is because family/friends have been able to fill any gaps in care and support while their work patterns had changed. The various lockdowns and restrictions have provided an opportunity to further embed the principles of the Social Services and Well-being (Wales) Act across local authority corporate customer services who are now focussing on asking people “what they can do for themselves rather than what do they need?” This may have the effect of looking in more detail at the amount of time spent on assessments with a stronger focus on the most vulnerable.

Some service innovation examples are:

Good Turn Scheme – Good Turn Schemes had been identified in the Older People’s Strategy and the plan was to develop this over 2 years. The pandemic gave this increased impetus and there will be 10 up and running in the next 2 months. The local authority involved moved quickly to get the governance arrangements in place, funding for mobiles, laptops and training for telephone coordinators.

Digital Companions - One authority is developing Digital Companions for those 80+ living in the community who do not have access to the internet and do not use digital technology. This has been accelerated and a website will provide a direct line to a virtual community hub and connect a digital champion to the individual.

Newid App – One authority has undertaken further development work on an application that it uses - ‘Newid’ App, (a Children’s Services App only available on iPad) - for families and key workers. Key workers are able to share screens and do activities with the families over the App, which has worked really well and families have enjoyed it. This good practice model has been shared and other local authority areas have also started to use this App.

The WLGA is hosting a repository of good council practice that has taken place during the pandemic on its website, which covers many examples within both adults and children’s services - <https://www.wlga.wales/good-council-practice-covid-19>

References

ⁱ Delivering Transformation, [Innovative Funding Models to Meet Social Care Needs](#), ADSS Cymru, 2018.

ⁱⁱ Delivering Transformation, [Rebalancing the care sector: A Report on Adult Services](#), and [Rebalancing the care sector: A Report on Children’s Services](#), ADSS Cymru, 2019.

ⁱⁱⁱ Delivering Transformation, [Mapping co-operative provision in domiciliary care](#), ADSS Cymru, 2019.

^{iv} Delivering Transformation, [Technical advice to improve integration and support the use of pooled budgets](#), ADSS Cymru, 2018.

^v <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-has-been-the-impact-of-covid-19-on-care-homes-and-social-care-workforce>

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