GOFAL AM GYMRU . TAKING CARE OF WALES

Submission to Health, Social Care & Sport Committee, Senedd Cymru, Covid-19 Inquiry

Care Forum Wales

Care Forum Wales Care Forum Wales is a not-for-profit organisation with more than 450 members across Wales. We are the leading provider representative organisation in Wales. We were set up on March 1, 1993 to give health and social care providers a collective voice in the debate about how to provide the best outcomes for those who need social care. Our members are from both the private and third sectors and include care homes for all ages from older people to children and from nursing homes offering palliative care to specialist dementia or specialist mental health care homes. Our members also include domiciliary care providers.

Timeline

As awareness of Covid-19 grew we became increasingly concerned about the impact on the sector. We first raised the issue with national bodies at the National Commissioning Board on 10 February referencing the work we had been involved in with others in 2010/11 around pandemic preparedness with the then Chief Medical Officer. We were provided with some alerts that had been issued but none related to the care sector. On 13 February Public Health Wales issued Guidance for healthcare providers: health and social care workers who have travelled to China and other specified areas/countries. This was the first guidance to reference the sector. Following the issuing of guidance for the sector by Public Health England for Social and Community Care and Residential Settings on 25 February we wrote to the Chief Medical Officer asking for advice for Wales. We wrote again on 2 March asking:

- For early sight of any more detailed advice for a care home where a significant number of people have been in contact with someone who has tested positive;
- Ditto re. a care home resident who tests positive;
- Who would pay for the time of care staff who are advised to self-isolate? Would this be classed as sick leave and what evidence would be required or should we approach commissioners for support?
- Advice on the likelihood of key suppliers being impacted;
- The knock on effects of the reactions of others e.g. closure of schools meaning members of the workforce are unavailable;
- The impact of mass panic and reluctance to go to work;
- Will care staff be prioritised in the event of availability of a vaccine

We were invited to a phone conference with Welsh Government to discuss the issues relating to the sector on 6 March, which then became weekly.

PPE

The difficulties in gaining appropriate PPE for the sector are well documented as more was needed and usual supply routes dried up. The guidance was changed on Maundy Thursday (9 April) to recognise the community spread in the UK. While the situation has now eased somewhat in terms of both supply and supplementing by Welsh Government through local authorities, providers continue to be concerned about ongoing supply issues and and increase in costs for PPE.

Testing
As we know both care home residents and staff are at significant risk from Covid-19 and anecdotally most outbreaks in care homes seem to be traced back to asymptomatic residents or staff. We believe the safest policy would be to test all residents and staff regularly as well as domiciliary care staff who could become carriers. We have seen some progress in recent weeks with discharges from hospitals to care homes; all residents and staff in care homes where there is an outbreak and all admissions to care homes now tested. However, sometimes the implementation has lagged some way behind the policy announcements.

Finances and Viability of the Sector Going Forward
The sector has been hit by a number of additional costs in preparing for and dealing with Covid-19. Staffing is the vast majority of the costs in normal times and most care in Wales is at prices commissioned by local authorities and Health Boards based on paying staff the legal minimum wage or small increments above. This year's 6.2% increase on 1 April came before a number of local authorities and health boards had confirmed their fees for 2020/21. This added to the pressure on covering for staff who were ill, self-isolating or shielding as well as the increased need to isolate residents which increases staffing. Increased infection control measures have added to both staff and equipment costs. There have also been increased costs of IT infrastructure to allow contact between residents and those that would usually visit as well as home working for those who are not in the frontline; increases in costs and difficulty obtaining PPE, food etc. and insurance for those whose renewals are due. Finally, there is a growing issue of occupancy, where care homes are understandably reluctant to take admissions and potentially introduce Covid-19 to a care home and its existing residents. This has hit all homes who have had residents pass away but particularly affected those homes where there has been a Covid-19 outbreak. Staffing where residents are isolating also means the same staff complement can only care for a reduced number of residents. This means homes are reporting to us higher staff costs than income in a given week. This is obviously not sustainable.

The Welsh Government announced an initial £40m for social care to be distributed through local authorities on 14 April. While welcome, little of this money has actually been distributed as guidance was not issued until 27 April. Despite this guidance saying local authorities should "provide funding where appropriate, in a timely manner as and when they are aware of them and not delay dealing with these due to the timing of claims to the hardship fund" a number of local authorities are still considering the way forward, suggesting rigid timetables and incorporating significant bureaucracy into their processes. We would suggest the best solution would be to pay a flat fee that recognises all providers increased costs; additional costs on an evidenced basis to allow for the estimated variation of between 10-30% additional costs and an additional payment for occupancy that falls below 90% to ensure sustainability. Payments also need to cover health commissioned clients and self-funders.

The crisis comes on top of the chronic under resourcing of the care sector for a number of years and is blasting wide open the cracks in the system. As we move forward we need a better solution to create a robust and sustainable sector to care for our most vulnerable citizens.