

# GWYNEDD COUNCIL CABINET



## Report to the Cabinet

<b>Meeting Date:</b>	<b>26th of May 2020</b>
<b>Cabinet Member:</b>	<b>Councillor Dafydd Meurig</b>
<b>Contact Officer:</b>	<b>Aled Davies</b>
<b>Contact Number:</b>	<b>01286 679003</b>
<b>Item Title:</b>	<b>COVID-19 Emergency: Position of the Adults, Health and Well-being Department</b>

### 1 INTRODUCTION

- 1.1. To open on a positive note, I believe that the Department's position in terms of maintaining Services (the vast majority are Priority 1 services) is better than we had anticipated even a week or two ago. This does not mean that everything is quiet and there is no pressure on the Department, however, as things currently stand, we are confident that the most vulnerable persons are receiving appropriate care.
- 1.2. Currently while things are generally stable, we are fighting fires of varying sizes across all services. We are also bearing in mind that this stability may disappear very quickly if there is an increase in COVID-19 cases or more staff sickness/absence.

### 2 WEEKLY REFERRALS

2.1 The number of referrals for a weekly service has dropped since the start of the COVID-19 emergency but an increase has been seen in the last fortnight. It will be necessary to monitor our services' ability to continue with the arrangements for responding to the emergency along with the possible demand associated with these referrals in the context of the in-house workforce and external providers.

### 3 RESIDENTIAL CARE HOMES

3.1 There are 3 Council Residential Care Homes (Elderly People) who are dealing with an outbreak. Plas Pengwaith, Llys Cadfan, Plas y Don, and some of the other homes have dealt with one or two cases. As one can imagine, one case in a home leads to a significant change for staff and residents in the way day-to-day services and activities are conducted. In addition, Y Frondeg (Learning Disabilities) care home has faced the same situation. Staff at Frondeg have been affected most. A few positive COVID cases have arisen in private homes. The Department, with key contributions from the Occupational Health Team, the Health and Safety Team and Community Nurses teams are supporting these

homes. Due to the crisis, a restricted number of homes are taking on new cases. When new cases are taken up, every home follows guidance to safeguard the individual and to reduce risks to the current residents and staff. This includes making appropriate use of the testing system.

#### **4 DOMICILIARY CARE**

**4.1** A few weeks ago, work was undertaken to prioritise the case where individuals continue to provide support through direct services. With some now receiving care or an element of care from families, friends or alternative means including community volunteers, specialist equipment etc., we have been able to focus our resources on the most vulnerable persons. We have also employed additional staff to increase our in-house capacity and we are discussing options for external providers to temporarily extend their local teams. We also have an arrangement with private providers to continue to pay a retainer arrangement when an individual is admitted to hospital or receives support in an alternative way. This has enabled us to maintain essential services although many staff have been absent from work. It is also an arrangement that assists to ensure market sustainability in terms of local care provider companies.

**4.2** This service is one that needs to be closely monitored over the coming weeks. While relatively stable, waiting lists for home care remain and we have an element of concern that demand will increase as individuals who have been supported by family or friends come back to our attention as well as individuals who have not been receiving timely medical attention brought to the attention of care services at a crisis point.

#### **5 HOUSING AND SUPPORT**

**5.1** The Service is stable at the moment. The Service has had to juggle quite a lot with the staffing rotas and use overtime to maintain services. When a positive case has arisen in a service provided by the 3rd Sector or external provider, arrangements have been made to self-isolate the individual, fellow residents and staff. Attempts are made to use the Council's Support Staff and staff from another provider to support for a specific period. This field is considered to be high risk and is being closely monitored by the Service

#### **6 LEARNING DISABILITIES SERVICES**

**6.1** At the start of the crisis period and before the lockdown, much work was done to prioritise cases and place alternative care arrangements in place, if practical, to release capacity to focus on maintaining the most intensive cases. As day centre services have been closed, the Department has made use of the staff released to support individuals on a 1:1 basis. I can confirm that this field has continued to be challenging in terms of maintaining services. Cases have arisen where support needed to be sought from the Health Board and extend the use of agency staff. The crisis has highlighted a few elements that require attention in terms of providing health services and integrated care on a local level. Efforts are already being made to discuss these elements with the Health Board and other partners.

## **7 MENTAL HEALTH SERVICES**

- 7.1** As with the Learning Disabilities Service, the Mental Health Service scrutinized their cases at the start of the COVID-19 phase so that resources and effort were concentrated where it was most needed. Team and Support Workers liaise with individuals on a daily basis to ensure appropriate support is available. Cases are reviewed weekly with additional support offered if required.
- 7.2** During the initial period the Health Board made a number of service adjustments on a regional basis and this had an impact on local authority services. Some of these changes have been reversed and the regional discussion to try to better co-ordinate work and strengthen communication arrangements is already underway.

## **8 PPE**

- 8.1** It must be noted that the situation in terms of PPE availability has vastly improved compared to a few weeks back. A regular provision is received from the Government and as a result of this, and the Council's efforts to obtain PPE equipment, the Department/Council has the ability to respond to the requests of in-house and external providers by now, as well as to emergency cases. The system works on an 'as needed' basis and at times, a few concerns have arisen as individual services see some items of equipment becoming scarcer. Over the past fortnight, it was seen that the demand for equipment, e.g. direct payments carers and family carers, has increased. There will be a need to ensure that we are able to identify and maintain a sufficient supply of equipment to respond to this demand.
- 8.2** During the initial period of the crisis, there was considerable uncertainty regarding the guidance on the use of PPE, mainly as changes were published regularly. This was one of the factors that led to cases where inconsistent messages were being conveyed in relation to the suitability and standard of PPE for frontline staff. The situation has now improved substantially, partly due to stability in the national guidance but also due to the joint-effort made to have consistent messages for health and care staff on a local level.
- 8.3** It must be noted that the position regarding the availability of PPE has improved compared to a few weeks ago. There is regular Government provision and because of this and the Council's own efforts to procure additional PPE equipment, we are now more comfortable with our ability to respond to the needs of internal and external providers and to urgent requests. However, we remain concerned that the equipment we are receiving from the Government is not sufficient, and does not meet the needs of the county's care sector, with some items appearing to be scarcer from one week to the next. The distribution system works on an 'as needed' basis, where we monitor stock levels and usage of each home or provider and try to support them with the equipment they need most that week. However, at times some concerns have arisen as individual services are experiencing some equipment shortages and many private providers are reporting difficulties in procuring even the equipment they would use in a normal non-emergency situation.
- 8.4** We are now seeing a steady increase in demand for equipment as care packages that have been frozen for a while restart, and we anticipate that such cases will continue over the next period. Over the past two weeks it has been observed that the demand for equipment has increased in some less obvious areas e.g. family carers. We will need to ensure that we are able to source and maintain sufficient equipment stock to meet this demand.

## **9 COVID-19 TESTING**

**9.1** The situation regarding staff and resident testing continues to improve but some issues around the slow speed of testing some cases and getting the results back in a consistent and timely manner remain a challenge. The process of testing service users in general and ensuring results are returned to the employer as well as the employee still needs strengthening. Further guidance has been issued by the Government in recent days. Although some confusion has arisen from their announcement, and with further confirmation on some elements, they should lead to further strengthening of the arrangements, particularly in facilitating the testing of residents and residential home staff.

**9.2** It is now possible to make arrangements for all staff and/or residents of a care setting to be tested. This is very valuable when attempting to structure a response when cases or potential cases arise. One concern about the broader situation of the crisis is that we have already seen an example of a setting where a number of staff (completely asymptomatic) were tested and a number of them received a positive result. This raises fundamental questions about the presence and spread of COVID-19 within our communities and consequently the type of response required when the lockdown restrictions are lifted.

**9.3** The arrangements now include proving individuals before they return to a care setting or receive care in the community. This arrangement is to be welcomed and will assist to safeguard others, e.g. residents in residential homes and because testing individuals in the community has so far been problematic. The Health Board are continuing to collaborate in an attempt to identify appropriate solutions when such cases arise.

## **10 STAFFING GAPS**

**10.1** Levels of absences remain high in a few services within the Department. They appear higher in some services and they have definitely been higher in the in-house sector compared to external providers since the start of the crisis. This has caused a few challenges over the past weeks. It should be noted that the improvements seen in terms of arrangements for carrying out tests and the availability of PPE has assisted somewhat over the past fortnight.

**10.2** The latest projecting and modelling work suggests that due to the impact and implications of COVID-19 we will need to plan for staff absence levels of around 15% for a period of some months. This is likely to increase the pressure on internal and external staff. This is not sustainable for an extended period and there is a risk of a burn-out with staff having little time off for two months. This can be a factor as we try to maintain services over the summer months and into October.

**10.3** Work is underway to try and identify and re-train internal staff as well as external recruitment and training so that we will have staff ready for a role as casual workers in the care field should they be needed. If the modelling outlook is accurate, the numbers of staff needed to deal with new cases, COVID discharges from hospital and dealing with the waiting list for home care could mean that a very high number of temporary staff would be needed to respond to demand. This work considers the need for internal and external provision. Further work is underway with one or two external providers to establish additional temporary teams to support the work and to

help respond to the likely 'surge'.

**10.4** We will closely monitor the actual impact and compare it with the predictions so that we can effectively prepare for responding to increased demand.

**10.5** Some specific cases of staffing gaps have created a considerable challenge for the Department's services. Assistance had to be obtained from the Health Board and agency workers to fill the rota and have expertise to assist at Y Frondeg, in addition to the staff who had transferred from other services in the Department. At one time, 28 out of the 30 staff at the Home were absent.

**10.6** I would like to draw the Cabinet's attention to the healthy, responsible and conscientious attitude of the Department's staff and staff from other departments who have assisted us at a time of substantial pressure. We can only feel humbled when we consider the committed contribution of the care staff on the front line at the residential homes and in the domiciliary care service. The same is true of the staff of some of our key partners and our external providers. We have discovered a few stars, some of whom have left their normal duties and stepped in to assist to provide direct care services to vulnerable individuals.

**10.7** We have an element of concern about overworking some of them and regular consideration is given to their health and well-being, particularly as the crisis will be with us for an extended period of time.

**10.8** It should also be noted that risks arise from having to move staff from other services to fill gaps. This situation mainly concerned around maintaining and the continuation of those services is being monitored. This also applies if there is a need to move staff from area to area to respond to demand.

## **11 SAFEGUARDING MATTERS**

**11.1** No growth has been seen in terms of the number of adults safeguarding referrals for Gwynedd over the past two months, compared with the same period in 2019. However, an element of hidden cases could exist here as some parts of the normal service is slightly further away from the residents than they would be under normal circumstances. This is also true about the Council's other services and of course, national policies such as self-isolation and social distancing are also influential. The efforts being made to ensure that people are aware of the support available is continuing and cases will need to be monitored closely so that an element of normality is returned to people's lives.

**11.2** Some of the referrals in April related specifically to COVID-19 issues and transfers from health services. The Department is working with the Health Board to improve arrangements and reduce the possibility of unsafe transfers.

## **12 ADDITIONAL COSTS TO PROVIDERS AND INTERNAL SERVICES**

**12.1** Residential care and non-residential care providers are facing additional costs as a result of the COVID-19 crisis. In-house arrangements have already been made by the Council in an attempt to lighten the load on providers and offer support where possible. Work has been done to gather information to prove the additional

expenditure on extra staffing, specialist equipment, retainers for cases that are stopping temporarily, PPE from providers. The impact of COVID-19 on empty beds is also a factor. Welsh Government has earmarked specific funding to assist the sector (in-house and external) and we have informed providers of the details of the support available. The work of arranging payments is already underway.

### **13 DATA AND INFORMATION REQUIREMENTS**

**13.1** The demand from different directions on services under pressure to provide information has been heavy. Some of the requests reach us without much clarity regarding the purpose or use of the work. Some effort has been made to try and combine arrangements where there is a requirement for the same information from more than one direction.

### **14 COVID-19 STEP DOWN TREATMENT LOCATIONS**

**14.1** There may be a need for specific settings and units for the final phases in the improvement processes for COVID-19 treatments, e.g. reablement before returning home and of course the increase in the demand for care support anticipated over the next months. Work has been done to model the needs, including centralising individuals who need domiciliary care for one site in order to facilitate the ability and capacity we have to go further. The situation is 'live' with the need to adapt projections often as new information comes to our attention.

**14.2** Initial investment is being made at three of the Council's residential homes to establish an initial provision; however, it is anticipated that this will need to be extended if the modelling projections are accurate.

### **15 STAFF WELFARE**

**15.1** In the current context it is difficult to give a detailed picture of the staff welfare situation in the Department. A significant percentage are under considerable pressure and work very long hours. With other staff absences, we ask a great deal from a much smaller pool than usual of staff who work on the frontline and in offices/from home. The Departmental Management Team tries to keep an eye on the situation and in some cases we have forced staff to take a day's respite for their own welfare.

**15.2** With the assistance of the Corporate Support Department work is being undertaken to support staff and we will need to continue to invest sufficiently in this for an extended period following the crisis. Specific attention will need to be given to staff in the residential care homes who have faced an outbreak situation and a high number of deaths as a result.

### **16 FORWARD PLANNING**

**16.1** In the midst of the crisis, the Department is also trying to get us to look up and forward to the period beyond COVID-19. We continue to try to ensure that we are ready to move with investment plans for resources and new work arrangements

especially investments via the ICF Fund and the Council's Assets Plan.

- 16.2** It is inevitable that much of the developmental work in progress has been delayed. Staff working on the plans have been diverted to support frontline work and other response plans in the care field. However, the developmental and transformational work has not been forgotten. Although the tendering process has been delayed due to the COVID-19 situation, opportunities have recently arisen to re-engage with the plans to move towards a new model of home care provision.
- 16.3** One challenge that will definitely need to be managed over the next months will be to manage the expectations of individuals, families and possibly providers as we gradually exit lockdown arrangements. Things will not be as they were before the crisis and undoing some of the changes will have to happen very gradually over an extended period. How we shape and deal with day services will be an obvious example of this. Every step will have to be considered carefully to ensure the welfare and safety of the individuals being supported. We are already anticipating that the costs relating to the continuation of some services and changing them will be inevitable.
- 16.4** We are also alert to the fact that some new working arrangements have the potential, perhaps with minor adjustments, to be better than were previously in place and we will need to try and persuade some of our providers and partners that we should not go back to the old systems. We are also trying to push some further adaptations that may be useful in the response to COVID-19 in the short term, but will also improve the cohesion between our work in years to come.
- 16.5** Staff in the Department have adapted very well to the need to work from home and the use of technology to conduct meetings, assessments etc. This is seen as proof that care services can be provided and maintained by alternative and possibly more efficient means in the future.
- 16.6** The crisis has also sharpened our minds regarding the future training needs and arrangements of our workforce in order that we can be more flexible in terms of providing day-to-day Services and of course in terms of responding to the crisis.
- 16.7** While our daily focus is on maintaining suitable and safe services for the vulnerable residents of the County during the COVID-19 crisis, we as a Department have also learnt a lot from the crisis and we hope to use this new information to shape better adult care services for Gwynedd in the future.

**Views of the local member**

Not applicable.

**The views of the statutory officers****The Monitoring Officer:**

I support this report to the Cabinet. By providing information about the status of the Service, their response to the crisis and risk factors it enables the Cabinet to have an important and current overview.

**Head of Finance:**

The financial implications of the Covid-19 crisis on the Adults Department's position have already been included in 'The Effects of Covid-19 on the 2020/21 Budget' report presented to the Cabinet meeting on 19 May. Any further comments will be presented, as necessary, at the 26 May Cabinet meeting.