



Llywodraeth Cymru
Welsh Government

Impact of Covid-19 – Adult Services Questionnaire

Welsh Government would like to understand the response to Covid-19 within your local authority. This is to ensure we get a true picture of the impact this is having on the sector and how we can best support the sector to continue to support those in need. As part of this work please could you complete the following questionnaire.

Any queries regarding the questionnaire should be directed to Rebecca Cox on the email below. Please could you return your completed questionnaire via email to Rebecca Cox (Rebecca.cox@gov.wales) by 22nd April 2020.

Local Authority: Vale of Glamorgan

Local Authority staff and services

- 1) What impact Covid-19 has had on your staffing levels within your local authority and what plans does your local authority have in place to address this?

Within Adults Social Care we have to date been fortunate with minimal disruption to our social work/case management workforce numbers due to Covid-19. We do have staff requiring to self-isolate but the majority have been able to work through any symptoms and/or caring duties by working from home. We have been able to support our case management teams through provision of equipment and access to the network to support agile working, and we took the decision to minimise people attending the office environment ahead of the lockdown so minimised the opportunity for spread across our workforce. Where people are unable to work from home due to their role we have ensured appropriate social distancing measures are in place.

We have closed our day services and repurposed staff to support with domiciliary care packages and the delivery of hot meals for those previously attending day service to minimise impact on domiciliary care capacity, also utilised community support workers in Mental Health to support service users during this pandemic.

The Vale Community Resource Service (VCRS) is our integrated reablement service with Cardiff and Vale UHB. We have some sickness and anxiety amongst this workforce re attending to the care and support needs of people presenting or confirmed C-19 symptoms, We have addressed these concerns through support of

our Occupational health department, health and safety colleagues and adequate PPE. Additionally, we have offered support through our council well-being service.

We have also continued to ensure that team meetings and supervision happen.

We are engaged in a recruitment and repurposing exercise to grow our VCRS provision to develop additional capacity to address anticipated demand for domiciliary care. As a consequence, we have considered temporarily suspension of the reablement model (and closed our six bedded residential reablement unit) to ensure that we are able to offer short term discharge service to expedite discharge and enable hospital bed capacity. We will still endeavour to work in a reablement and enabling model, but it may not be to the level ordinarily offered. We will keep this under review as we are concerned about the long term impact of this decision if reablement is not a key component of our service offer.

The Local Authority also manages four residential care homes. Staffing levels have been problematic, but has not led to closure of any beds as we have been able to retain the current levels to date. We are seeking to address staffing levels and resilience through block contracts of agency staff, repurposing council staff, recruitment of new carers through a successful advertising campaign. This is proving to be adequate at present, although this may change as we are now able to increase testing and this may lead to greater absence.

We have re-admitted residents from hospital but due to having confirmed cases in two of our homes and suspected cases and depleted staffing levels in all we are currently not admitting new residents.

The Local Authority hosts the Adults Placement Scheme for the Vale and Bridgend, no issues to date regarding this service. The Registered Manager and Responsible Individual liaise on a daily basis to monitor the well-being of staff, hosts and people receiving the service.

Approved Mental Health Practitioners (AMHPs) – the Vale of Glamorgan had low numbers of AMHPs prior to the Covid-19 pandemic, so we were concerned regarding our ability to maintain our statutory duty. However, we isolated our AMHP workforce early to minimise exposure, and we have been able to sustain cover to date and access testing where required in a timely fashion. Currently we are aware this remains a high risk, but have taken all necessary steps to mitigate this risk. We have liaised with colleagues in Cardiff regarding cover and also have provisional arrangements in place with a former-employee to be re-warranted if required to provide some additional resilience.

By providing staff with equipment for agile working at an early stage, we have minimised the impact on the Community Care Finance Team, meaning that payments to providers, financial assessments of service users and our role as Corporate Appointees for a number of service users has continued uninterrupted.

2) Is there any current issue (related to Covid-19 or otherwise) that may prevent services within your local authority from continuing to operate in the immediate future?

We have instigated our business continuity plans in order to ensure we maintain our statutory services and those identified as priority one services. We are providing all services at present with the exception of Day Services, routine respite, and our residential reablement unit.

We recognise that our services are not operating as 'business as usual' but we continue to provide the services as required and according to need. Currently, we do not have any issues with continuing to provide these services, although these are constantly under review, dependent on staff availability and sickness rates.

We are seeking to protect front line services and ensure resilience as outlined in Q.1.

We are aware of the fragility of our direct care services, both internal and externally commissioned services and their reliance on staffing. Currently we are able to continue to provide the services required.

i) How is your local authority currently addressing these issues?

As above.

Commissioned Services

3) What are the key issues your local authority's commissioned care providers have highlighted to you in relation to Covid-19? Please respond to each below.

i) Care Home providers

The key issues identified include:

1. Concerns re protecting their residents and staff from Covid-19
2. Concerns re levels of PPE
3. Staffing levels and workforce
4. Availability and timeliness of testing/results
5. Payments of staff on Statutory Sick Pay (SSP) due to Covid-19.
6. Ability to fill vacant beds and the effect this has on financial viability.

These have been addressed through continued positive working relationships with the Council and Providers. Regular contact via teleconferences and telephone reporting to advise of concerns/issues. Consistent approach between internally provided and externally commissioned services. Providers have been following PHW advice re admissions into their establishments and will need reassurance re testing, PPE and support to release any vacancies and have new admissions.

For those providers who have contacted us regarding financial viability, the various locality teams have been made aware of the vacancy provision for consideration when discharging people from hospital. In addition, we are working with the provider to ascertain if there is any financial support that can be provided to maintain their service, including retainers and block booking of beds.

ii) Domiciliary Care providers

The key issues identified include:

1. Concerns re protecting their residents and staff from Covid-19
2. Concerns re levels of PPE
3. Staffing levels and workforce
4. Payments to staff on SSP due to Covid-19..

These have been addressed through continued positive working relationships with the Council and Providers. Regular contact via teleconferences and telephone reporting to advise of concerns/issues. Consistent approach between internally provided and externally commissioned services.

iii) Other providers

As above, Supported Living providers have worked positively with the Council to find solutions to protect staff and residents. Some solutions have included longer shifts to minimise the numbers of people coming into the homes.

Commissioned day opportunity providers have closed their building bases but continue to have contact with the people they support through telephone and social media. Initial concern in respect of payment has been resolved with the authority honouring all contracts.

Direct Payment Recipients – information has been provided via the payroll service and emails as to PPE available to Personal Assistants (PA's). Our support provider is working with us to identify alternative PAs should the usual member of staff not be available for work. Our Brokerage Section is working closely with the Direct Payment Development Officer to broker agency cover should an alternate PA not be available.

Care and Support

- 4) What steps has your local authority taken to identify and keep in contact with adults who receive care and support and carers who need support (including those who do not have access to internet-based services)?

Our social work case management teams are proactively in touch via telephone with those individuals who are 'active' cases on their caseloads. We have taken

the approach that case managers 'look after their own' in the majority of cases, and they have ongoing dialogue with their team managers/peers that should they become unable to work that their cases can be supported by other team members in their absence.

In addition, we have added further resources to our 'review' team to ensure that those individuals who are 'in review' because their cases are stable are adequately supported and have a contact during this time.

Additionally, those service users that are on the 'shielded' list, have been contacted separately by the Council's Crisis support team to ensure that their needs are addressed for food and medication as per Welsh Governments direction. However, our social work teams are co-located with this Crisis Support Team and can offer additional support to staff to aid in signposting or taking the calls should the individual need further support. We have maintained the Adult Services Intake Team alongside the Crisis Support Team to be available to offer urgent responses to people in need of care & support or rapid reviews of existing Care and Support Plans.

We have updated our discharge pathways in partnership with the health board to provide timely access to assessment and discharge planning based upon a Discharge to Assess model that aims to remove unnecessary barriers to discharge and provides ongoing assessment in the weeks following the discharge before a permanent Care & Support Plan is finalised.

Our Day Services closed the week prior to lockdown, however, our day services staff have continued to visit and provide care and support to those that have requested this, in order not to put additional demands onto domiciliary care service at this time. All day service attendees receive a telephone call on a weekly basis to check their wellbeing and that of their carers.

5) Has your authority or providers found it necessary to reduce or withdraw any care and support packages in order to manage resources as part of the Covid19 response? If so how did you go about doing this and what are your plans for ensuring people's needs are kept under review?

We wrote to all recipients of care and support at the beginning of lockdown advising them of arrangements and the potential requirement to reduce packages of care and support (by agreement) should we need domiciliary care capacity to support people with increased needs either as a direct (e.g. infection) or indirect consequence of Covid-19 (e.g. isolation, other carer/household member having the virus)

The 'Contingency Review' team was set up to have conversations with all service users to ensure that where safe to do so, packages of care could reduce. This team has worked closely with domiciliary care providers in order to move towards contingency plans to aid them should they begin to struggle to meet the calls required. Currently the majority of our commissioned domiciliary care providers

have been able to honour the calls (with some flexibility for times). We have set up a 'buddy' system between allocated social workers and Account Administrators for the commissioning of domiciliary care packages, ensuring that new packages continue to be placed and contingency care packages have been agreed, should they be required at a later date.

No POC have been withdrawn, unless at the request of the individual. We have noted some concern by some service users about the risk of carers attending their homes and the risk of bringing infection into their home. We have discussed this with the individuals concerned and also aware of strain upon informal carers at this time and will monitor. We have also ensured that our carer support workers (with additional support from staff with Carers Trust South East Wales) have been in touch with informal carers to ensure they are supported during this time.

6) Has there been any specific impact on specific groups named below and what has your local authority put in place to support these groups?

i) Disabled People

Our day service for physically disabled service users has closed, but we have continued to provide support in their own homes as an alternative.

ii) Carers

As above, we have been aware of the increased pressures placed potentially upon informal carers, and provided additional support to ensure that we are in regular contact with carers. We have also increased our offer of support to carers via our new Cardiff and Vale Carers Gateway (provided by Carers Trust for South East Wales) are contacting all identified carers to offer information, Assistance and Advice, and signpost to relevant support services.

Safeguarding

7) What steps has your local authority taken to identify and keep contact with adults at risk and any prioritisation (including those who do not have access to internet-based services)?

There is no change to our arrangements for receiving reports, and these are being maintained although staff are working from home. We are assessing reports in the usual way and determining the action required. Where this requires a face to face visit, this is being undertaken in accordance with Government and Health advice.

S.126 enquiries are continuing as usual, and where appropriate are being delegated for the most appropriate agency/person to undertake. We are utilising telephone/ dial in and email. In relation to Adults at Risk this usually takes place via telephone, consideration is given as to whether this would put the individual at risk and may include closed questions or utilising carers or other professionals that are still visiting the individual if telephoning is not an option.

Adult Safeguarding strategy discussions – these continue to take place where required, utilising conference calling/virtual meeting platforms.

The Safeguarding Team Manager has made contact with the other Adult Service team managers to consider how the impact of isolation could increase the risk to individuals known to them and have encouraged them to contact the safeguarding team for advice and support or to discuss particular individuals, regardless of whether or not they are receiving a service. This will be followed up regularly.

We are utilising the recent guidance published in relation to Deprivation of Liberty /MCA and continue to receive applications. We are utilising the prioritisation tool to determine where to deploy our resources in response to these applications. Where necessary we are considering previous assessments and information to inform the process. We are also using conference calling and other virtual platforms *where appropriate* to engage with the individual/families and relevant persons.

8) Has your local authority identified any reduction in the number of adult safeguarding reports/referrals?

Yes, there has been a reduction in the number of safeguarding enquiries.

9) Has your local authority identified any specific issues in relation to scams, if so what steps have you taken to respond to any changing needs?

Nothing has been reported to social services, we have a Shared Regulatory Service (SRS) that would feed information into either our Regional Safeguarding Board, Corporate Management Team or direct to HoS in order to escalate themes/trends of this nature.

Future planning and sustainability

10) What plans does your local authority have in place to support the increasing demand on local authority services over the coming weeks?

As stated above, we have taken a proactive approach to work with people with care and support needs, their families and their domiciliary care providers, to identify community and family support structure that could provide support to people in the event of an increase in demand over the coming weeks to ensure that the finite domiciliary care resources is available to meet essential need.

We have worked with the 3rd sector to support the mobilisation of community volunteers to provide support to vulnerable and isolated people in the community.

Providers will continue to support each other (Alongside the Local Authority) via the online messaging group and conference calls to provider advice and guidance, plus we will use it as a vehicle for asking to cover calls, provide staff at short notice should it be required in future. We are also looking to repurpose Local Authority staff and newly recruited staff to commissioned providers if they need this.

We will continue the re-purposing of council staff to social services following appropriate service specific training.

11) Has your local authority been using technology to support in the delivery of care and support? If yes, please give a brief overview of what that technology is and how it is being used

Acknowledging the important role of Technology Enabled Care, we have removed the installation charge for our telecare services to encourage more people to make use of telecare support. This has been a successful initiative to provide some additional support options.

Social care staff are encouraged to utilise telecommunication approaches to keep in touch with their service users and even undertaken DoLS assessments through video calls.

In LD supported living providers are utilising social media to deliver Tai Chi sessions, quizzes, virtual coffee clubs and a range of interactive virtual groups.

Further comments

12) Does your local authority have any further comments you would like to make regarding the impact and/or response to Covid-19?