

# WLGA EVIDENCE: Welsh Government's Rapid Review of Care Homes

July 2020



## About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

## Introduction

4. The safety and protection of the most vulnerable people in our communities has been an urgent priority in the response to the COVID-19 pandemic for councils. People living in care homes and other similar residential (or closed) settings are amongst the most vulnerable, with many relying on the provision of close personal care.
5. Residential and nursing care homes are at the frontline along with hospitals in responding to the impact of the virus on those most at risk and vulnerable. The hospital discharge process has been of serious concern because of the potential impact on the number and level of incidents and deaths in care homes if people remained COVID-19 positive on discharge. Along with the guidance around and provision of Personal Protective Equipment (PPE), the testing and discharge process has been a core concern for leaders and has been raised on several occasions in meetings with Ministers. Leaders strongly pressed for changes to policy and guidance to ensure testing of discharged patients, as well as the need for a testing programme within care homes, prior to Welsh Government changing its policy to enable testing to take place.
6. There is a strong view among the WLGA that all actions necessary should be taken to protect and shield people who live and work in care homes and those receiving care in their own homes. This means responding quickly and efficiently to suspected or reported cases, coordinating support from PHW, CIW, local authorities and health boards to work with the home, whilst also ensuring the appropriate supply of PPE alongside an increase in rapid and comprehensive testing.
7. This response does not seek to recap the issues and challenges that were faced and debated, particularly in the early days and weeks of the initial response to the outbreak, rather it focuses on the lessons that need to be learnt from these experiences, identifies potential opportunities to do things differently moving forward and highlights the aspects it is essential to have in place

to continue to support care homes, with a focus on preventative and protective activities should there be further outbreaks of the virus.

8. Whilst the rapid review is centred on the experience of care homes and throughout the COVID-19 outbreak much of the focus has been on care homes it is important that any lessons learnt are also applied as appropriate to other parts of the social care sector, such as domiciliary care, for example around PPE and testing.

## Partnership Working and Local Responses

9. Throughout the outbreak, councils have provided leadership of place, working closely with their NHS partners, the third sector, providers, community and wider partners. In many cases responding to the pandemic has strengthened joint working at the local level, with more agile and responsive decision making and action planning being enabled. Relationships with providers have been strengthened by the continual dialogue, with local authorities, and others, supporting homes with the provision of advice and updates, and sharing learning.
10. These partnerships have increasingly included care providers as well as the voluntary and community sector, housing and wider public services, including public health professionals and environmental health officers. The vast effort and actions mobilised by system leaders is also clear, with the work undertaken to establish or extend the offer of support to care providers, including care homes, such as establishing PPE supply routes, rolling out training and advice, or redeploying staff or volunteers.
11. As leaders of place, councils have also highlighted the importance of considering the needs of the whole care market when developing financial or other support. **Moving forwards the Welsh Government should actively promote the 'principle of subsidiarity' and decision-making at the most local level appropriate in all health and social care delivery of policy, as a necessary underpinning feature of effective health, care and wellbeing.** It is also important that all parts of the health service, including primary care, community services and health boards are fully committed to playing their part in supporting and protecting care homes, for example, ensuring tests are always conducted prior to hospital discharge, utilising virtual methods to support those homes with cases so they can appropriately advise on the best care and treatment plans. The role and support provided to care homes by primary care during this crisis may also benefit from further investigation to ensure any lessons are learnt for the future.

## Funding and Financial Sustainability

12. Significant concerns about the financial viability of Providers continue to be highlighted. This had been a recognised area of risk for several years prior to this crisis but the position has now been exacerbated. This is something that needs to be monitored closely as there may be further stress on the social care system if there is a second peak. This will require the ability to shift capacity and resource across from hospitals and into the community. **It is imperative that the Welsh Government provides sufficient funding to enable councils to meet additional demands arising from COVID-19 (both short and longer-term), which build on pre-existing pressures. Additional funding should be made available with as few a set of conditions as possible to allow flexibility to address local circumstances.**

13. Local government is aware that some providers have several concerns which reflect their anxieties about being able to survive in the short term. Some of those concerns are operational such as the need to ensure that care workers have the right level of PPE along with training to support use, appropriate testing and ensuring appropriate staffing levels. However, there are also immediate and very pressing concerns about the increased costs they are facing and the impact this will have on their cash flow and ability to operate. It should also be noted however that we have also seen some very good practice from care homes during this crisis, many going 'above and beyond' to support and protect their residents, despite some financial uncertainty.
14. The additional £40m to support adult social care announced on 14 April was welcomed. Many authorities have taken action to support providers in meeting the additional costs they face locally and in managing cash flow challenges through this hardship fund. The £40m has been used in different ways by local authorities including:
  - to provide a flat rate increase on commissioned places to providers;
  - to pay for vacancies / voids arising from COVID-19 deaths;
  - to make a payment to match occupancy levels pre-COVID 19; or
  - to cover reasonable additional financial pressures directly attributable to COVID-19 (e.g. IT).
15. The experience of the £40m fund has demonstrated the need for clear guidance that is understood by all partners with the ability to be able to review the guidance and process with a view to improving the operation and management of the funding moving forward.
16. WLGA in partnership with the Association of Directors of Social Services in Wales (ADSS Cymru), National Commissioning Board, Care Inspectorate Wales (CIW), Social Care Wales (SCW) and the Welsh Government have developed guidance to support Local Authority commissioners. The guidance is designed to summarise pressures on social care Providers in Wales arising from COVID-19 and to put forward ways in which commissioners can alleviate these pressures. However, the risk remains that without some additional support some 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. This could have a significant impact on the ability to support hospital discharges as a result in some areas.
17. Discussions had begun previously about rebalancing the social care market and bringing services back closer to the public realm, though it is important to recognise this requires significant short to medium term capital and long-term revenue investment. The WLGA is working to propose a number of integrated investment programmes that (subject to funding) could be undertaken by local authorities in a co-ordinated way, contributing to efforts to 'build back better' from the COVID experience whilst providing a stimulus to local economies. Leaders have outlined their views on the need for investment in care homes. This is essential not only to bring buildings up to modern standards but also to learn lessons from the current crisis, where the need to be able to segregate different care home residents has been highlighted. 'Extra-care' facilities have also been developed by a number of local authorities, with scope for further investment in these or 'Extra-care plus' facilities if capital and revenue were made available. The 21<sup>st</sup> Century Schools initiative provides a model that could be used to support a programme of work of long-term investment in the improvement and development of our social care infrastructure.

18. It is also important to acknowledge the existing fragility of the care market before it had to contend with the challenges arising from COVID-19. It cannot be the case that the additional funds provided in response to COVID-19 are used to make up previous shortcomings. **There remains a need to secure sustainable long-term funding for social care as soon as possible.**

## Testing

19. The challenges around testing have been well documented. Since 15 June all care home staff have been offered a weekly antigen test, this was for an initial four-week period, and it has been set out that the policy for testing in care homes will continue to be reviewed and adapted as scientific evidence emerges. We welcome the update on care home re-testing provided on 15 July and the intention to continue re-testing on a weekly basis for the next four weeks. It is now essential that we consider any national analysis of the test results and any specific local or regional concerns that are evident from the analysis of the data from this initial period. **This analysis should be shared and published and any lessons on the epidemiology of the virus noted, for example, the number of asymptomatic positive test results. There is a need for a strategy for testing in care homes (both staff and residents) and to monitor its implementation so that the incidence of COVID-19 in care homes can be closely monitored and remedial actions undertaken as and when required.**
20. As the number of tests being undertaken in care homes increases 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. **There is a need for contingency plans to be put in place in case establishments find themselves short-staffed as a result of high numbers of staff having to self-isolate at the same time. Consideration should be given to the plans and support available to assist homes in these situations, such as the establishment of Rapid Response Teams available to go in and provide support at short notice.**
21. Local government has welcomed 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.** The tracing of contacts of those with positive test results as part of TTP also needs to be robust to limit further community transmission.

## Field Hospitals

22. Councils played a central part in responding to the health emergency crisis, working through LRFs/SCGs and with their Local Health Boards, in setting up temporary field-hospitals. This emergency response, requiring extensive partnership, planning, staff and financial resources and the rapid transformation of several council properties has seen councils and their staff widely commended for their efforts and expertise. Councils managed significant logistical challenges and turned round major infrastructure developments in a matter of only weeks. How these facilities can be best utilised in event of further surges in the coming months needs to be considered, including how they fit within and support existing care pathways.
23. Given the 'lockdown' and Welsh Government imposed restrictions, and the incredible work of the NHS, the projected increase in COVID-19 has been managed and much of the field-hospital capacity has not been required up to now; it has however provided an important and reassuring 'safety net', and helps ensure adequate provision is in place should any second COVID-19 wave occur later in the year which will be a valuable resource to support care homes and the further pressures they may experience.

24. Some local authorities have sought expressions of interest in care home facilities that can offer step down in isolation units, although it is recognised that this is more difficult for smaller care homes. However, it is also **important that further consideration is given to how we can make best use of all resources available and whether field hospitals can be considered as an option to provide accommodation, care and support for individuals who are unable to immediately return to their home of choice. The role of field hospitals may be critical** in light of the recently communicated Public Health Wales guidance regarding the 28-day quarantine period required for a care home to be COVID-19 free before accepting new residents.
25. There has inevitably been a significant revenue and capital commitment from authorities in converting council-owned premises, but also a risk of lost income in the longer-term. Although some of these venues, such as leisure centres, would be closed in the current period due to the lockdown, as restrictions are eased and these facilities or venues re-open it is unclear how long some of the field hospital conversions will be required to remain in place. Losing such income generating council assets for a prolonged period of time will therefore have a longer-term impact on council revenue. Furthermore, Venue Cymru is a major part of the Conwy and North Wales economy, and should its role as 'Ysbyty Enfys' continue for some time after wider restrictions are lifted, this will have a significant impact on the hotel and tourism industry in the county and surrounding area.

## Data

26. The latest ONS figures on deaths from COVID-19 in the community continue to demonstrate a welcome decrease in the number of deaths linked to COVID-19 in care homes in England and Wales. Despite this reduction, the virus has had a major impact on the overall number of deaths in care homes. While the official recording of deaths in care homes where COVID-19 has been confirmed or suspected by the ONS is approximately two weeks behind their occurrence, local reporting of deaths highlighted the urgency of the situation before the official numbers caught up.
27. This demonstrates **the need to have up-to-date data and intelligence about the incidence of COVID-19 in care homes to help target help and support in any identified hotspots and so further consideration should be given to what improvements may be needed to current data collections and how this is shared to ensure its best use.**
28. There are several exercises planned, both nationally and regionally, to look ahead to 'worst case scenarios' of winter pressures given the expected triple pressures of 'normal' winter pressures, a backlog of delayed health interventions from the recent period and a second wave of COVID-19. **It is therefore essential that Public Health Wales provides regular modelling data with local authorities and LHBs via SCGs to ensure adequate planning of health and social care capacity.**

## Guidance

29. The nature of the outbreak has meant that Welsh Government – like their partners in councils – have had to work at breakneck speed and around the clock to resolve the critical operational issues that are preventing the most timely and effective response to COVID-19. However, this has meant that there has been a significant amount of new guidance published, with frequent changes being made, this has also led to uncertainty about the different approaches being taken across the UK-nations. **It is essential in future that we ensure there is one trusted source of**

information for providers and local authorities, something that has been worked towards as we have progressed.

30. It is hoped that the experience of managing the first wave will have put in the foundations for any future responses required and so the rapidly changing guidance should not be experienced in the same way, but **it is vital that care homes in Wales have a single point of contact to support them in responding to any future waves. Now is the time to build these relationships and ensure that all have the necessary information and contact details to support them.**

## **Valuing the role of and looking after the wellbeing of social care workers**

31. The reality is that the outbreak is having a devastating impact on people working in social care. When adjusted for age and sex, social care workers have twice the rate of death due to COVID-19 compared to the general population.<sup>1</sup> **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.**
32. The WLGA has welcomed the introduction the social care worker card by Social Care Wales and Welsh Government. **It is essential that social care workers, including those working in care homes are offered the same recognition as NHS workers.** This includes access to both PPE and testing, but also to other benefits such as free public transport, resulting in social care workers having the same practical help to be able to move freely between their homes and workplaces as NHS staff, and access to similar mental health support services available to NHS staff such as the recently expanded Health for Health Professionals Wales (HHP) service, which provides a free, confidential helpline.
33. The confirmation from Welsh Government that they are working with Samaritans to consider delivering a model which could be available to the whole of the NHS and social care workforce to provide support to social care workers is a welcome development, but as yet still remains to go live. As the pandemic continues, our social care workers will face new and growing challenges on a daily basis, and **it is therefore more important than ever that they are able to access resources to help them manage their own mental health and wellbeing.**
34. **Local government also welcomed the £500 payment for social care staff however it is also recognised that pay levels and career opportunities for social care staff requires urgent national attention. Parity of esteem with NHS workers is essential.** We welcome the establishment of the Social Wales Fair Work Forum to discuss such issues.
35. Given the risk of further outbreaks which could coincide with seasonal flu it is imperative that all agencies work together on health promotion activities, for example promoting the uptake of vaccination programmes such as seasonal flu.
36. While there were initial significant concerns in the early days of the pandemic about the supply of and guidance on the use of PPE, the supply has subsequently been resolved. There is a need however to continue to closely monitor the use and supply of PPE moving forward to ensure that the workforce are adequately protected from the virus.

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<sup>1</sup> <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>

## Summary of Actions Required

### Partnership Working and Local Responses:

- Moving forwards the Welsh Government should actively promote the ‘principle of subsidiarity’ and decision-making at the most local level appropriate in all health and social care delivery of policy, as a necessary underpinning feature of effective health, care and wellbeing.

### Funding and Financial Sustainability:

- It is imperative that the Welsh Government provides sufficient funding to enable councils to meet additional demands arising from COVID-19, which build on pre-existing pressures. Additional funding should be made available with as few a set of conditions as possible to allow flexibility to address local circumstances.
- There remains a need to secure sustainable long-term funding for social care as soon as possible.

### Testing:

- Following the initial 4-week care home re-testing period the results and experiences must be analysed, shared and published with any lessons on the epidemiology of the virus noted, for example, the number of asymptomatic positive test results.
- There is a need for a strategy for testing in care homes (both staff and residents) and to monitor its implementation so that the incidence of COVID-19 in homes can be closely monitored and remedial actions undertaken as and when required.
- There is a need for contingency plans to be put in place in case establishments find themselves short-staffed as a result of high numbers of staff having to self-isolate at the same time. Consideration should be given to the plans and support available to assist homes in these situations, such as the establishment of Rapid Response Teams available to go in and provide support at short notice.
- 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.

### Field Hospitals:

- It is important that further consideration is given to how we can make best use of all resources available to us and whether field hospitals can be considered as an option to provide accommodation, care and support for individuals who find themselves unable to return immediately to their home of choice



**Data:**

- There continues to be a need to have up-to-date data and intelligence about the incidence of COVID-19 in care homes to target help and support in any identified hotspots. Further consideration should be given to what improvements may be needed to current data collections and how this is shared to ensure its best use.
- It is essential that Public Health Wales provides regular modelling data with local authorities and LHBs via SCGs to ensure adequate planning of health and social care capacity.

**Guidance:**

- It is essential in future that we ensure there is one trusted source of information for providers and local authorities, something that has been worked towards as we have progressed.
- It is vital that care homes in Wales have a single point of contact to support them in responding to any future waves. Now is the time to build these relationships and ensure that all have the necessary information and contact details to support them.

**Valuing the role of and looking after the wellbeing of social care workers:**

- The intense pressure on social care workers and the impact on their current and future mental health and wellbeing continues to be a source of concern. It is more important than ever that social care workers are able to access resources to help them manage their own mental health and wellbeing.
- It is essential that social care workers, including those working in care homes are offered the same recognition as NHS workers.
- Pay levels and career opportunities for social care staff requires urgent attention, with a need for parity of esteem with NHS workers.
- All agencies should work together on health promotion activities e.g. promoting the uptake of vaccination programmes including seasonal flu