



SOCIAL SERVICES SCRUTINY COMMITTEE - 1ST NOVEMBER 2021

SUBJECT: SOCIAL SERVICES COVID-19 POSITION STATEMENT

REPORT BY: ACTING CHIEF EXECUTIVE

1. PURPOSE OF REPORT

- 1.1 It was agreed at the Social Services Scrutiny Committee on the 1 December 2020 that further reports would be provided in relation to specific areas of the broad-based report presented. The December 2020 Scrutiny Report provided a significant degree of detail in terms of the Directorate's response to the pandemic. It is not intended to repeat this but to identify several key issues which may be of interest to Committee Members.
- 1.2 On 16 March 2021, Scrutiny Committee received a position statement on the Directorate's response to the coronavirus pandemic. The report provided more detail on some of the issues raised in the December report and subsequent questions raised by Committee Members.

2. SUMMARY

- 2.1 The ongoing pandemic has meant that over the past 18 months the Directorate has had to look at the way it delivers services and deploys its resources very differently. From early on, some services have had to be paused, staff redeployed into new areas of work and resources redirected to deal with priorities that often emerged overnight.
- 2.2 Staff have had to work alongside our partners in the Aneurin Bevan University Health Board, Education, Housing, the independent sector and the third sector.
- 2.3 We are beginning to see us moving towards the recovery pathway and whilst this is obviously welcomed, there is little doubt that the impact in terms of the way we deliver services will be felt for years to come. There has been significant learning from the pandemic, both positive and negative and as we move forward we will need to be mindful of alternative ways of delivering services required as people come to terms with the outcome of the pandemic.
- 2.4 However, we also need to be mindful of the current situation and concerns that infection and incidence rates are rising. Whilst we cannot predict what is going to happen, on the basis of our experience and learning to date, we are confident that Social Services will be able to respond quickly and proportionately to any changes that

need to be put into operation.

3. RECOMMENDATIONS

- 3.1 Social Services Scrutiny Committee Members are requested to note the content of this report.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 For Scrutiny Committee Members to be fully aware of the ongoing operational pressures experienced by Social Services as a result of the Covid 19 pandemic.

5. THE REPORT

Directorate Wide Issues

- 5.1 Both Adults and Children's Services have remained operational throughout the various phases of the pandemic albeit services have had to be delivered in different and creative ways. Everything that we do is based on robust risk assessment and risk management measures and as a result is proportionate to the needs of the individual and their family/carer.
- 5.2 Despite the Level Zero status in Wales and the relaxation of restrictions in society, Social Services have a public duty to protect service users from the risk of infection wherever possible to do so. Therefore the triage arrangements, hygiene measures, social distancing and the use of PPE are all employed where appropriate and necessary to do, to ensure compliance with the Welsh Governments guideline.
- 5.3 The announcement of the two social care payments for staff whilst welcome, required substantial investment of time from Commissioning and Finance staff and the work is still ongoing including managing over 200 appeals from across the region.
- 5.4 The impact of constantly updated Welsh Government (WG) and Public Health Wales (PHW) guidance on manager's time, in terms of interpreting the guidance, updating risk assessments, communicating changes with staff and families is significant e.g. we are operating version 7 of 'care home visiting guidance'.
- 5.5 As a result, the continued impact of the Covid 19 pandemic on operational Social Services cannot be underestimated and is particularly acute within Adult Services.

Children's Services

- 5.6 Children's Services teams have employed a blended, hybrid approach to the delivery of services throughout the pandemic. This has meant using a range of approaches in order to complete assessments, undertake risk assessments and maintain statutory monitoring and oversight of vulnerable children. Virtual contact, use of social media and video links have been balanced with physical, in-person visits where it has been necessary. This blended approach has enabled the Service to continue to safeguard and protect the most vulnerable children and young people.

Key Activity Data

- 5.7 Overall activity dipped during 2020/21 in direct correlation to the pandemic and is predicted to return to pre-Covid levels in most areas during 2021/22. The following examples are helpful in demonstrating this:
- 5.8 Although Children's referrals have remained stable pre-pandemic, during the pandemic and in the year to date, the numbers of referrals progressing to assessment dropped by 10.5% in 2020/21, from 1840 in 2019/20, to 1640 in 2020/21 and for the year to date the figure is predicted to return to pre covid levels of around 1900.
- 5.9 Similarly, of the referrals progressed to assessment, there was an even more significant reduction in those progressing to preventative services of 41% from 591 in 2019/20 to 347 in 2020/21. For the year to date, this figure is predicted to increase to around 400.
- 5.10 Reassuringly, the numbers of children's names included on the Child Protection Register have remained constant over the last three years averaging around 170 at any time. This is positive because, despite the reduction in assessments undertaken, it is evident that those children in greatest need have continued to be safeguarded.
- 5.11 Applications to court to protect children were already reducing and have continued to reduce since 2020. In 2018/19, the number of proceedings was 174. In 2019/20 this had dropped to 153 and in 2020/21 this reduced further to 130. For 2021/22, the number is predicted to be around 100. Overall, this is in line with the UK wide review of Public Law proceedings which reported that too many children were becoming subject of Care Orders.

Workload complexity

- 5.12 Although workload levels can be seen to have reduced in some key areas during the pandemic period, the complexity and challenging nature of the workload has increased significantly.
- 5.13 Increasing numbers of chronic parental neglect cases are being reported. Whilst the exact reasons are not able to be confirmed, the reduction in monitoring, screening and surveillance of other professionals including Health Visitors and Teachers during the lockdowns has inevitably impacted on the early identification of concerns.
- 5.14 Of more significance, is the increase in the numbers of young people presenting with emotional and mental health issues, often at the point of crisis leading to an Emergency Department admission. The majority of the young people have had no previous involvement with Children's Services but due to the risks of self-harm, are having to be accommodated by the Local Authority to ensure their ongoing safety. Due to the risks the young people present, foster placements are not appropriate and we have seen an increase in the number of residential placements being commissioned with the inevitable associated budgetary pressures.

Family Time / Parental Contact

- 5.15 During the earlier lockdowns, family time was supported virtually with only those children subject of court proceedings or under two years of age being prioritised for physical meetings. As restrictions eased and the seasons improved, more use of

outdoor contact was made. However, with the approach of autumn, Children's Services offices have had to be made safe for physical contact indoors to resume.

- 5.16 All visits to the offices are risk assessed and building occupancy levels are monitored throughout the day to ensure cross contact opportunities are minimised and to allow for thorough cleaning to take place. Offices are manned at minimum levels to allow a safe service to be delivered.

Expansion of the Vaccination Programme for Children

- 5.17 Expansion of the vaccination programme to children aged 12 years and above has implications for children Looked After by the Council. A regional approach has been agreed across the 5 Gwent Children's Services to ensure children have the required information to make their own decision, ensuring parental consent is sought as necessary and where this is not able to be gained or is refused unreasonably, the Head of Service will provide consent in line with current PHW guidelines.

Adult Services

Assessment Care Management

- 5.18 We have seen a significant increase in demand across all teams, for example May-June 2021 the Information, Advice & Assistance Team (IAA) received 1099 Occupational Therapy (OT) referrals. This is an increase of 57% compared to the same period pre-covid. The impact on the team has been significant and responses are focused to those people with the highest levels of need. The complexity of referrals has increased which has led to an increase in the non-priority waiting list from an average 4 weeks pre covid to 16 weeks currently.
- 5.19 Caerphilly Mental Health Services are seeing an increase in mental health activity. Between September 2019 and August 2020, a total of 2667 referrals were received however, in the corresponding period 2020/2021, 3275 were received, an increase of 18.5%.
- 5.20 Gwent Police have also reported an increase in demand for a service relating to mental health within Caerphilly e.g. there were 248 requests for service in August 2021 which increased to 293 in September 2021. Caerphilly is recorded as the second busiest Local Authority with Newport being the highest.
- 5.21 There has been an increase of 14.4% of people detained under the Mental Health Act recorded for 2020/21 with a further 16% increase in detentions for the first quarter of 2021/22.
- 5.22 We also currently have 9 active Deprivation of Liberty Safeguards (DoLS) challenges and a further 9 applications have been submitted awaiting response.
- 5.23 Referrals to the Community Resource Team (CRT) between June 2020 and August 2021 have increased by 55% compared to same period pre covid. This has had a significant impact on both responding to referrals in the community to prevent unnecessary admissions to hospital and providing responses to facilitate discharges from hospital.
- 5.24 Community Physiotherapy which is part of the CRT saw a 26% increase in referrals which resulted in a waiting list of 130 people, with an average waiting time increasing from 4 weeks to 16 weeks which impacts significantly on peoples independence and correlates with levels of care required.

Impact of Welsh Government, Public Health Wales and Environmental Health Guidance

- 5.25 Health and Social Care is subject to additional guidance to that provided to members of the public which often causes confusion and misunderstanding. A good example would be that although operating at Level Zero, care staff who are a household contact of someone who has tested positive must refrain from work for 10 days regardless of the fact they have been doubly vaccinated and many have now also received the booster vaccine. They don't have to self-isolate but they are not allowed to work with vulnerable people. In one week alone, Home Assistance Reablement Team (HART) had 20 staff who fell into this category and their rotas had to be covered. These results can come in at any time so the demands of staff to cover are relentless.
- 5.26 We are responsible for ensuring all staff in registered services across Caerphilly County Borough Council are provided with the appropriate PPE and to date, we have delivered over 18 million pieces of PPE – an enormous logistical exercise.
- 5.27 The demand for information from both the regulator Care Inspectorate Wales (CIW) and ABuHB have been immense. For example, weekly Sitrep information for PHW/EHO provision of evidence of undertaking regular hand hygiene audits and staff members correct use of PPE, completing updated spreadsheets for vaccination info, designated visitors, uploading weekly test results and then checking all results, preparing and arranging swabs, ordering and stock control of LFD'S for visitors and staff, reviewing and updating risk assessments, submitting notifications of positive test results are all extremely time consuming and are over and above the provision of care.

Provider Services

- 5.28 Due to the current national staffing crisis in Domiciliary Care, we are currently unable to provide 860 hours of care. This picture changes regularly and previously "our waiting list" has been in excess of a 1000 hours.
- 5.29 20 people are currently waiting for a package of care to enable their discharge from hospital totalling 239.5 hrs per week. In addition, 90 people are currently in the community waiting for care totalling 565.5 hrs per week. 12 carers are currently waiting for a sitting service in the community totalling 55 hrs per week.
- 5.30 We are working with independent sector care agencies, partners, Social Care Wales and local colleges to look at any opportunities to improve the situation and attract staff to come and work in the care sector.

Care Home settings

- 5.31 Currently there are 7 large independent care homes in 'incident' status across the Borough with 42 staff and 33 residents having tested positive. In addition, 3 homes are under review due to a single positive test. This impacts significantly on social workers when they are trying to place people into long term care or respite placements from the community or hospital in terms of time taken to find a suitable home with a vacancy and no restrictions.
- 5.32 Of the 6 large in-house care homes, 3 are in 'incident' status. The impact of this is that people are not able to move in or out of the Care Home and visitors are restricted to one designated visitor per resident. During the week commencing 10th

October we had 1500 care hours not covered across our 6 homes. During a 2 week period in August we had to cover 15 cooks' shifts in one home. We have worked across provider services to ensure we provided essential personal care for residents. However, for the first time ever, we have had to use external agency staff to provide essential care services

- 5.33 Testing regimes at all homes are at least twice weekly LFD and weekly PCR testing and if a Home is in incident this increases to daily LFD testing for 10 days. This testing regime is very labour intensive for managers as several of our homes have over 70 staff.
- 5.34 The inability of the Welsh Ambulance Service to respond to urgent 999 calls is impacting on both telecare and provider staff. The average response time is 7 hours and telecare have to keep that call open which impacts on capacity and providers have to remain with an individual in many situations.
- 5.35 Respite services for both adults and children have had to be suspended on several occasions due to positive tests which has impacted upon unpaid carers. As a result, 12 children have not accessed overnight respite yet and 24 children have had their provision significantly disrupted.

Day Services

- 5.36 The current position across our Day Service bases is:
- Energlyn Resource Base is open for people at the garden project
 - Ystrad Mynach Resource Base has resumed 2 sessions per day Mondays- Thursdays since 25th October
 - Brondeg Resource Base, Blackwood, is open Wednesday, Thursday and Friday
 - Oaklands Resource Base re-opened week commencing 11th October on Tuesdays and Thursdays
 - Gwerin Resource Base is open for people within the garden project at Min Y Mynydd
 - Markham Resource Base is used for sessional support for people with autism and challenging behaviour
 - Woodfieldside units. Ventilation had to be installed in the units as a result of covid, they have commenced reopening along with sessions in the community
 - Springfield Resource Base, planned reopening in relation to the café and sessional support, no date as yet. However commenced supporting individuals who have been prioritised
 - Links, Wyllie – remained open throughout the Pandemic for people with autism and behaviours that challenge
 - Brooklands Resource Base– open Monday and Tuesday. Also separate garden project that accesses building for toilets etc.

- Windyridge, horticulture project, Pontllanfraith – remained open throughout pandemic for individuals who live alone with no families

5.37 Current provision levels are:

- Gardens – 182.5 hours per week
- Community – 386 hours per week
- Bases – 255 hours per week

5.38 Day Services can only be provided in a reduced capacity due to the current Welsh Government Guidance. This provision is mirrored across Wales. Of the 21 LA's that responded to our request for information, 15 are provided through sessional support in the community with reduced capacity at bases as we are. Of these, 2 haven't opened any day bases yet but plan to do so with reduced capacity to ensure compliance with the guidance. Transport is limited in all Local Authorities.

5.39 All Authorities, like ourselves, have recognised the impact that this reduced provision is having on unpaid carers.

5.40 The impact of reduced day service provision has been clearly seen as we have received 6 complaints and 30 representations. We have also received a petition with 1429 names. As a result of this we have published a list of Frequently Asked Questions on our website and contact details for any questions not answered.

5.41 The service has also received 38 compliments.

5.42 As a result of this, a press statement was issued stating that we would need to undertake further consultation with stakeholders.

5.43 It is proposed that we engage an independent organisation to undertake consultation with a much wider group of stakeholders which could include individuals, carers, third sector, assessment care management, etc. This approach has been used successfully in at least two other Local Authorities resulting in a co-produced model for day services for the future.

5.44 It is anticipated that this work will take some time, hence we will continue to provide sessional day support to individuals both in the community and in bases to enable them to achieve their outcomes and support their families/carers. We will increase capacity when we can.

5.45 **Conclusion**

This report has identified the key operational pressures being acutely felt in areas of the service to enable Committee Members to scrutinise and seek further clarification on as deemed appropriate. The report has also hopefully provided reassurance to Committee of the ability of services to be able to respond to changing pressures and confirmed the commitment and resilience of our staff.

6. **ASSUMPTIONS**

6.1 There were no assumptions made in relation to this report.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 This report is for information only therefore a completed IIA is not required at this stage.

8. FINANCIAL IMPLICATIONS

- 8.1 As part of the regular budget monitoring reports, Members have received details of the costs to the Directorate of responding to the pandemic as well as the specific grant funding allocated to the Directorate.

9. PERSONNEL IMPLICATIONS

- 9.1 Whilst there are no direct workforce implications arising from the report, the pressure that the current vacancies linked to the national shortage of staff in social care is putting on services and individuals must be acknowledged. It is a constant challenge to cover vacancies and staff absences, due to positive test results. For example, the week commencing 18th October saw positive test results higher than December 2020.
- 9.2 We have open adverts for recruitment however, the response is very poor for front line care staff as we are competing with a retail sector that often offers better terms and conditions
- 9.3 We are also having difficulty in recruiting Registered Social Workers and Occupational Therapists across Adult and Children's Services directly linked to salary scales.

10. CONSULTATIONS

- 10.1 There are no consultation responses that have not been reflected in this report.

11. STATUTORY POWER

- 11.1 Social Services provision is delivered in accordance with the requirements of the Social Services & Wellbeing (Wales) Act 2014.

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