



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Programme Committee

**At:** Remotely via Microsoft Teams

**On:** Tuesday, 25 August 2020

**Time:** 4.00 pm

**Chair:** Councillor Peter Black CBE

#### Membership:

Councillors: C Anderson, E W Fitzgerald, L S Gibbard, J A Hale, D W Helliwell, T J Hennegan, P K Jones, E T Kirchner, W G Lewis, G J Tanner, W G Thomas and T M White

Statutory Co-opted Members: D Anderson-Thomas and A Roberts

Councillor Co-opted Members: C A Holley, P R Hood-Williams, L R Jones and J W Jones

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**Webcasting:** This meeting may be filmed for live or subsequent broadcast via the Council's Internet Site. By participating you are consenting to be filmed and the possible use of those images and sound recordings for webcasting and / or training purposes.

### Agenda

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<b>2 Disclosures of Personal &amp; Prejudicial Interest.</b> <a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>	
<b>3 Prohibition of Whipped Votes and Declaration of Party Whips.</b>	
<b>4 Minutes.</b> To approve and sign the Minutes of the previous meeting(s) as a correct record.	1 - 3
<b>5 Public Question Time.</b> Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions will be dealt with in a 10 minute period.	
<b>6 Update on COVID-19 Recovery Planning.</b>	4 - 10

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| 7 | <b>West Glamorgan Regional Partnership - Overview of the Regional Response to COVID focussed on Care Homes.</b> | <b>11 - 21</b> |
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**Next Meeting:** Tuesday, 15 September 2020 at 4.00 pm

*Huw Evans*

**Huw Evans**

**Head of Democratic Services**

**Tuesday, 18 August 2020**

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**Contact: Democratic Services - Tel (01792) 636923**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Programme Committee**

Remotely via Microsoft Teams

Tuesday, 14 July 2020 at 4.00 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

C Anderson  
J A Hale  
P K Jones  
W G Thomas

**Councillor(s)**

E W Fitzgerald  
D W Helliwell  
E T Kirchner  
T M White

**Councillor(s)**

L S Gibbard  
T J Hennegan  
W G Lewis

**Statutory Co-opted Member(s)**

D Anderson-Thomas      A Roberts

**Councillor Co-opted Member(s)**

C A Holley      L R Jones  
P R Hood-Williams      J W Jones

**Also Present**

Councillor R C Stewart      Leader / Cabinet Member for Economy, Finance and Strategy

**Officer(s)**

Kate Jones	Democratic Services Officer
Brij Madahar	Scrutiny Team Leader
Martin Nicholls	Director of Place
Phil Roberts	Chief Executive
Debbie Smith	Deputy Chief Legal Officer

**Apologies for Absence**

Councillor(s): G J Tanner

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**138 Disclosures of Personal & Prejudicial Interest.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, no interests were declared.

**139 Prohibition of Whipped Votes and Declaration of Party Whips.**

In accordance with the Local Government (Wales) Measure 2011, no declarations of Whipped Votes or Party Whips were declared.

**140 Minutes.**

**Resolved** that the Minutes of the Scrutiny Programme Committee held on 16 June 2020 be approved as a correct record.

**141 Public Question Time.**

There were no public questions.

**142 Update on COVID-19 Response and Recovery.**

The Leader / Cabinet Member for Economy, Finance & Strategy, the Chief Executive and the Director of Place, were present for the Committee's consideration of the update on the Council's response to the COVID-19 Pandemic and recovery planning.

The Leader provided a presentation which included: -

- Current Covid-19 Position
- Key Decisions
- Development of Test, Trace & Protect Programme
- Recovery Planning Timetable / Outline
- Current Challenges

Questions and discussions with the Leader and Officers covered a range of issues, including the following:

- Current Covid-19 position and information on instances of Covid-19 in the area
- Advice available to Community Centres and businesses to help with re-opening
- Partnership working with other Authorities on Test, Trace & Protect Programme
- £18 million underspend on expected budget outturn
- Costs outlaid in respect of Covid-19 and potential recovery of costs
- Swansea being a high land owning Council – additional exposure to loss of income
- Financial support for Swansea Market and Freedom Leisure
- Current status regarding the acceptance of black bags at civic amenity sites and the re-opening of libraries and district housing offices
- Continued testing in care homes
- Resource / staffing implications of Test, Trace & Protect Programme
- Intended focus of the Council's recovery plan
- The Welsh Government's recovery plan
- Impact of Covid-19 on future private sector investment
- UK / Welsh Government investment into local infrastructure projects / schemes
- The proposed UK Shared Prosperity Fund and potential allocation following Brexit
- Amount of City Centre businesses which have re-opened – approximately  $\frac{3}{4}$  of hospitality remains closed until they can open indoors
- The impact on bus services and current level of service
- Dealing / learning to live with Covid-19 longer term

- Support for asylum seekers and refugees – jurisdiction / lobbying for better or free travel

The Chair thanked the Leader, the Chief Executive and the Director of Place for attending.

**Resolved** that the Chair of Scrutiny Programme Committee write to the Leader, reflecting the discussion and sharing the views of the Committee.

**143 Date and Time of Upcoming Panel Meetings.**

The dates and times of the upcoming Panel / Working Group meetings were **noted**.

The meeting ended at 5.25 pm

**Chair**

# Agenda Item 6



## Report of the Chair

Scrutiny Programme Committee – 25 August 2020

### Update on COVID-19 Recovery Planning

<b>Purpose:</b>	The Committee will receive update on, and discuss, the Council's COVID-19 recovery planning.
<b>Content:</b>	The Leader of the Council, Councillor Rob Stewart, and the Chief Executive, Phil Roberts, will report to the Committee. Also attending to assist the Committee will be Martin Nicholls, Director of Place, and Jeff Dong, Deputy Chief Finance Officer. This covering report outlines the broad themes that may be covered by the Committee.
<b>Councillors are being asked to:</b>	<ul style="list-style-type: none"><li>• Ask questions, and make comments and recommendations as necessary.</li></ul>
<b>Lead Councillor:</b>	Councillor Peter Black, Chair of the Scrutiny Programme Committee
<b>Lead Officer:</b>	Tracey Meredith, Chief Legal Officer
<b>Report Author:</b>	Brij Madahar, Scrutiny Team Leader Tel: 01792 637257 E-mail: <a href="mailto:brij.madahar@swansea.gov.uk">brij.madahar@swansea.gov.uk</a>
<b>Legal Officer:</b>	Debbie Smith
<b>Finance Officer:</b>	Paul Cridland

#### 1. Introduction

- 1.1 The Scrutiny Programme Committee's previous meeting in July enabled committee members to get an update on the Council's COVID-19 response and recovery planning. The committee heard from the Leader of the Council, the Chief Executive, and Director of Place.
- 1.2 Questions were asked around the current COVID-19 position in terms of local public health; the key decisions made by the Executive Control Group as part of emergency planning arrangements; developments with the Test, Trace & Protect service; recovery planning; and current challenges.

- 1.3 The Committee wrote to the Leader of the Council following the meeting on the key findings and its reflections on the discussion. This letter is ***attached***.
- 1.4 The meeting today continues the discussion about the Council's recovery planning, which is underway. The Leader of the Council, Councillor Rob Stewart, has been invited to attend, along with the Chief Executive, Director of Place, and Chief Finance Officer.
- 1.5 The session will be expected to cover:
  - The different recovery themes
  - Priorities within each recovery theme
  - Overview of status / progress in relation to activity in each area
  - Current challenges

## **2. Legal Implications**

- 2.1 There are no legal implications from this report.

## **3. Financial Implications**

- 3.1 There are no financial implications from this report.

**Background Papers:** None

### **Appendices:**

Appendix 1 – Letter to Councillor Rob Stewart, Leader of the Council, dated 28 July 2020



**To/  
Councillor Rob Stewart  
Cabinet Member for Economy,  
Finance & Strategy (Leader)**

**BY EMAIL**

cc: Cabinet Members

*Please ask for:  
Gofynnwch am:*

*Direct Line:  
Linell Uniongyrochol:*

*e-Mail  
e-Bost:*

*Our Ref  
Ein Cyf:*

*Your Ref  
Eich Cyf:*

*Date  
Dyddiad:*

Scrutiny

01792 637257

scrutiny@swansea.gov.uk

SPC/2019-20/17

28 July 2020

Summary: This is a letter from the Scrutiny Programme Committee to the Leader & Cabinet Member for Economy, Finance & Strategy following the meeting of the Committee on 14 July 2020. It is about the Council's COVID-19 response and recovery planning.

Dear Councillor Stewart,

### **Scrutiny Programme Committee – 14 July**

Thank you for attending the Scrutiny Programme Committee on 14 July 2020 to update us and answer questions about the Council's COVID-19 response and recovery planning. We also thank the Chief Executive and Director of Place for their contribution to the discussion.

We asked you about the current COVID-19 position in terms of local public health; the key decisions made by Executive Control Group as part of emergency planning arrangements; developments with the Test, Trace & Protect service; recovery planning; and current challenges. Following on from our June meeting, we felt it important that the Committee have an opportunity, through constructive challenge, to influence and help shape the right recovery for Swansea.

This letter reflects on what we learnt from the discussion, shares the views of the Committee, and highlights any outstanding issues / actions for your response - main issues summarised below.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**  
**SWANSEA COUNCIL / CYNGOR ABERTAWE**  
 GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE  
[www.swansea.gov.uk](http://www.swansea.gov.uk) / [www.abertawe.gov.uk](http://www.abertawe.gov.uk)



- Current COVID-19 Position – we heard that Swansea continues to have one of the lowest rates of positive cases for any large population centre, at 519.9 per 100,000 population. There is a very low number of currently confirmed cases in hospital, but of course await to see the impact on the infection rate as we emerge out of lockdown and re-open society. The Bay Field Hospital has now been used for antibody testing for Health, Welsh Ambulance Service Trust, and Education staff. The Community Testing Unit formed at the Liberty Stadium is providing significant testing capacity and mobile testing units established for care homes are working well. All care home residents and staff have been, and will continue to be, tested on a regular basis.
  
- Executive Control Group – we noted the range of key decisions taken by the Executive Control Group during the period of emergency. This includes decisions on: the building of a field hospital; provision of PPE; closure of Council offices and other public venues / services; redeployment of staff; mortuary provision; changes to social care; shielding of vulnerable people; the operation of childcare settings for key workers; delivery of free school meals; business rates / discretionary discounts to businesses; and the re-opening of services etc. You highlighted that consultation and regular briefings with political group leaders has helped to inform and communicate executive decision-making.
  
- Test, Trace & Protect Service – you told us that, in collaboration with the local health board, a number of TTP teams have been established and trained to provide this service. This currently involves around 50 members of staff, who were redeployed from their existing roles in order to get things up and running quickly, working in teams of around 12 people. The service is live, ready to act 7 days a week where there are new positive cases, and considered to be working well. However, currently numbers coming through the service are low, but we noted that spare resources have been able to assist with dealing with COVID-19 spikes in other parts of Wales. There is also close working with Neath Port Talbot Council so that resources can be shared if necessary to deal with any local spikes. As redeployed staff members return to their substantive posts recruitment in to the TTP service may become necessary, where we cannot fill internally. We heard that this is likely to be funded by the Welsh Government.
  
- Recovery Planning – we were informed that the Council is focused on tackling the challenges that have resulted from the pandemic and recovering, with a number of key strategic themes that will drive this work:
  - Health, Welfare and Community
  - Business and Economy
  - Future Council
  - Finance
  - Education, Skills, Prevention, Wellbeing and Safeguarding
  - Environment

We discussed the importance of the aligning the various strands into a single coherent recovery strategy. You told us that recovery planning and preparations were at around the same stage as most other Councils across Wales, with some recovery work already underway, for example with the safe re-opening of schools, revision to social care provision, and assistance to businesses to re-open safely. You also highlighted work that has never stopped that will contribute to recovery, such as the new Arena as well as things like our school rebuilding programme. You stated that thinking will be informed by reflection on the experience and learning, for example building on the positives such as the ability of the Council to function effectively in the future with a large degree of remote working.

With the re-opening of non-essential businesses, we noted that around 90% of businesses in the city centre had re-opened and 80% of Swansea Market traders, with an increase in footfall from the previous weeks, and larger stores reporting a good opening. On the hospitality sector, currently limited to outdoor service, three-quarters of businesses remain closed, however indoor reopening allowed from 3 August.

We discussed the potential for local recovery to support and help deliver the Welsh Government's national recovery plan, given its emphasis on 'building back better' through construction, and garner support and much needed investment for the numerous infrastructure projects / schemes in the pipeline here. You assured the Committee that the Council was pushing hard for investment, working closely with the Welsh Local Government Association, and were awaiting announcement from the Welsh Government on their recovery programme. However, it was noted that the Welsh Government were very disappointed with the consequential funding recently announced by the UK Government. We also recognised the potential consequences for Wales from Brexit and agreed that we should not be worse off. We asked you to keep us abreast of any developments and details in relation to the proposed UK Shared Prosperity Fund, which will replace EU Structural and Investment funding, given its significance for our future.

We asked about public transport provision and efforts to get service levels back up as people are returning to work and with shops and businesses re-opening. We noted that the main bus operator, First Cymru, was operating around 45% of the network and seeing around 20% of normal passenger numbers. The potential to increase service was there and was something that the Council was in dialogue with operators about. However, you told us that it was unlikely to back to anywhere near full capacity given that private companies take commercial decisions. It raised the question once again of the future of public transport and potential benefits of public ownership in order to serve communities better.

Following on from discussion in June about support for vulnerable people, the experience of asylum seekers was again raised with you. We discussed difficulties in accessing food support during the crisis due to their inability to pay for transport. You were urged to press lawmakers for a better deal for asylum seekers, e.g. free local bus travel.

- Council Finances – In terms of finances that will need to support our recovery we noted a reported healthy £18m underspend, against projected outturn in this year's Council budget, which is good news. You confirmed that the Council spending on the emergency field hospital had been recovered in full, as expected, from the Health Board. It was expected that COVID-19 related Council spending would also be recovered from the Welsh Government, which has effectively been about implementing national policy locally. However, the final picture would not be known until the end of the year, after all claims from the various pots of money have been submitted and approved, which is currently on ongoing process with periodic deadlines to meet. You clarified that some Council income was not lost, but deferred e.g. Council Tax payment holidays. We discussed the implications on investment income during this crisis, with the Council being a significant owner of property, particularly in the city centre. We also discussed the financial support you are providing for Swansea Market, which we fully endorse, and to Freedom Leisure Trust in order safeguard our leisure centres whilst closed, in a cost-effective way. Whilst we understood the relationship the Council has with Freedom Leisure, we did warn that this support, to what is a third party organisation, could set a precedent in terms of other organisations with furloughed staff asking for Council subsidy to help them to pay the 20% top up.
- Challenges – we noted current challenges as:
  - Health, Welfare and Community: Planning for future COVID-19 peaks, with the virus still present; Restarting services with transition back of staff who are currently redeployed to emergency work.
  - Business and Economy: Restarting to economy, and reacting to new Welsh Government announcements and planning ahead with teams across the Council working to make sure the right support is in place for businesses.  
Future Council: Continuing the Council's transformation and modernisation, moving on from the Sustainable Swansea – Fit for the Future Programme; Returning to conventional governance processes, as the Council returns to a more 'normal' mode of operation, with Council and Committee meetings once again taking place in the Guildhall.
  - Finance: Financial planning, with regular submission of claims to Welsh Government (including recovery of lost income or other COVID-19 related expenditure), and awaiting approvals.

- Education, Skills, Prevention, Wellbeing and Safeguarding: School re-opening and transition to full-time return for pupils from 1 September, along with necessary transport and catering provision in place.

On the challenge of future COVID-19 peaks, we reflected on whether we really were at the point of recovery at all, as that would suggest that the crisis is now over and we can get on with re-building. The continued presence of the virus is of course a concern and may hamper what we may call recovery. Much rests on the emergence of an effective vaccine or treatment to end the crisis. The truth is that this is not a short-term crisis but may be with us for some time yet, and become an endemic health issue that we must learn as a society to live with. Are we prepared for this, for the years ahead? Are we thinking long term? It is feasible to think that the Council will need to keep on standby its emergency response in order that resources can be deployed to deal with future outbreaks. You assured us that the Council was not lost in short-term thinking. There is an element of both immediate recovery from lockdown and long-term recovery. You felt that the Council was better prepared to mobilise, and was even more resilient, to deal with a second wave or future outbreaks. We may also see the virus mutate causing milder forms of illness, and becoming less of a threat to society.

To conclude we look forward to continued discussion with you on the Council's recovery planning and have asked you to attend our next meeting on 25 August so we can discuss this in more detail. It would be helpful to explore with you the different recovery themes, priorities within each, and overview of status / progress in relation to activity and challenges.

We look forward to meeting you then to learn more about this work and share our views.

### **Your Response**

We hope that you find the contents of this letter useful and would welcome any further comments, however we do not expect you to provide a formal response.

Yours sincerely,



**COUNCILLOR PETER BLACK**

Chair, Scrutiny Programme Committee

✉ [cllr.peter.black@swansea.gov.uk](mailto:cllr.peter.black@swansea.gov.uk)



## Overview of the Regional Response to COVID focussed on Care Homes

Date: 23<sup>rd</sup> July 2020

### 1. Executive Summary

- 1.1. The report was collated by Jack Straw, Independent Chair of the Health and Social Care Group on behalf of the Extraordinary Regional Partnership Board.
- 1.2. The partnership can give a good level of assurance in terms of complying with extant guidance, and challenging it, when appropriate.
- 1.3. The Regional Partnership Board is asked to note and endorse the report

### 2. Background and Context

- 2.1. The report was requested to examine the extent of assurance that the West Glamorgan Partnership could provide to the Statutory Bodies in relation to its work with Care Homes in responding to the COVID-19 crisis
- 2.2. The partnership wanted assurance that the West Glamorgan Partnership complied with existing guidance as it become available and the speed at which we were able to respond the guidance as it was issued
- 2.3. Extensive and detailed documentation is available to evidence activity at all levels of the governance arrangements
- 2.4. The Partnership are preparing for scrutiny at both local and national levels
- 2.5. The partnership wishes to be clear as to the extent to which we can be assured that the region is prepared for any future surges

### 3. Summary Conclusion

- 3.1. The report give an overview of the partnership approach to care homes and more
- 3.2. The partnership can give a good level of assurance in terms of complying with extant guidance, and challenging it, when appropriate.

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

### Introduction

The purpose of this report is to provide a comprehensive overview of the regional response to COVID, highlighting key issues and providing a balanced view in relation to both strengths and challenges.

The report is, by nature, a summary of key issues. Inevitably decisions have been made on a daily basis as the crisis has unfolded, as new information has become available, and as national guidance has changed. Extensive and detailed documentation is available to evidence activity at all levels of the governance arrangements, but is beyond the scope of this report, for example;

- Minutes and action notes at Gold and Silver level.
- The Care Home Matrix maintained to record all interactions with the sector.

At the outset of the crisis, a strong set of governance arrangements was established, with a particular focus on ensuring effective partnership working.

These arrangements directly addressed the challenge of partnership working by establishing the interface group as a point of escalation and issue resolution. This group reports and escalates issues to the Chair/Leaders informally, or sitting as the RPB, as necessary.

There has been a strong commitment, even in the face of adversity, to regional working and establishing a regional response on all key issues.

Working together in this way has been very effective, as will be demonstrated when reviewing the key issues later in this report. However, it is not without its challenges. Not all issues fit neatly into the fold of joint ownership and joint accountability. An obvious example is 'testing'. This is clearly a responsibility of the health service, and ultimately decisions and accountability sit there. Nevertheless, the partnership has strived to work together to both influence policy and deliver local solutions, for the benefit of the community. There are, of course, other examples.

In providing a frank assessment in relation to the key issues, great care has to be taken. When identifying what went well and not so well, an element of hindsight inevitably comes into play, and must be guarded against. The partnership has focused on complying with existing guidance at all points, whilst often challenging and questioning where appropriate. Decisions and actions should primarily be judged against the prevailing circumstances and guidance at the time they were made.

This report will now present an overview of the key issues arising in our joint efforts to support the Care Home Sector.

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

### General Support to Care Homes

Throughout the period of the crisis, there has been extensive work with care homes on an almost daily basis. An Externally Commissioned Care Homes Group was established as a sub-group of the multi-agency Community Silver group to manage the region's plans and interactions with care homes.

- Local commissioning teams have been in regular contact with all care homes, not just reacting to outbreaks, but ensuring early communication of any or all emerging issues.
- Local public health and EHOs have advised on infection control generally and have responded to specific outbreaks.
- The Matrix details a range of other support; when and how it has been provided, including;
  - Pastoral – bereavement and trauma
  - Financial
  - Providing staff to cover shortfalls
  - End of life care guidance
  - Guidance in relation to BAME

Irrespective of the extent of support, key issues need to be addressed in more detail. Firstly, the management of infection in care homes and, secondly, prevention of infection in care homes.

### Managing Infection in Care Homes

First, the positives;

1. There has been a proactive approach to securing additional PPE rather than relying on a national supply chain that took a number of weeks to reach adequacy.
2. Set up regional procurement and store management infrastructure to ensure supply to care homes was sufficient and timely.
3. Moved to 'table 4' of guidance requiring full use of PPE (issued regional guidance to that effect) in advance of national advice that 'community transmission' was sustained, which was officially the trigger for doing so.
4. Established and published proactive regional guidance on 'lockdown' in care homes, ie moved to full barrier care of all residents if either residents or staff presented as symptomatic or tested positive. This regional guidance has become the mechanism through which all national guidance is brought together and communicated to care homes within the region.
5. Agreed proactive regional protocol and operational guidance that facilitated early local testing of symptomatic care staff, rather than relying upon the nationally agreed testing infrastructure that was not working.

Then, the challenges;

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

1. National guidance led to a reliance on the presumption that if all of the above measures were implemented and that if any new admission to a care home was isolated for 14 days (as per the national guidance), then infection would be controlled.
2. The reliance on the presumption that the efficacy of testing was such that there was only value in testing symptomatic residents and staff between day 1 and day 5 of those symptoms.
3. There have been a small number of examples which appeared to indicate a possible breakdown of communication between Health Board, Public Health Wales, Local Authorities, and individual care homes. Concerns raised indicated that known information that an individual resident was infected was not passed to the responsible care home in a timely manner. However, any individual concerns of this nature were immediately referred for investigation via the usual complaints or safeguarding processes.

### Preventing infection getting into care homes

First, the positives;

1. In advance of national guidance, a regional position was agreed that we would not 'knowingly transfer infection into a closed setting' (subsequently extended to cover all circumstances in which commissioned personal care is being provided).
2. All regional guidance and operational protocols refreshed and published to reflect the above organisational principle.
3. Set a threshold for the presumption of 'infection free' at 14 days post a positive test or symptoms in advance of national guidance to that effect. Eventually, that threshold has become the requirement of a negative test (as per national guidance).
4. A multi-agency infrastructure was established to oversee the practical implementation of an expanded testing regime, and to agree prioritisation in circumstances in which demand would likely outstrip capacity. Care home testing was agreed as the overriding priority.
5. A programme of testing for all care home staff and residents was initiated, and that programme was completed slightly ahead of schedule for older peoples' care homes.
6. Care staff have been prioritised for local testing, utilising the same local arrangements that the HB operate for their own staff in contradiction of the national arrangements, which were not effective.

Then, the challenges;

1. National guidance led to an over-reliance on the presumption that infection could be safely managed within a care home setting; meaning that infection is likely to have been transferred into some care homes as part of the national strategy (implemented nationally, regionally, and locally) to ensure capacity within the acute hospital setting in order to manager 'surge'.



## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

2. Hospitals are closed settings. Once there was COVID spread in the community, then any person admitted to hospital was potentially infected, which also inevitably results in a risk of spread of infection within hospitals. Keeping some of the most frail and vulnerable members of our society in acute hospital beds, when they did not need the level of care provided in acute hospitals, and would have been at risk of acquiring the infection, would not have been the right course of action.
3. It took longer than ideal to agree the 'don't knowingly transfer infection ...' principle.
4. Operational implementation of that principle was not as effective as it should have been, and therefore, some clinicians continued to operate on the basis that once an individual was MFFD, they could be transferred to a care home setting, even if still COVID positive.
5. In a small number of cases, there were examples of miscommunication between PHW, HB, LAs, and individual care homes; meaning that individuals were discharged on the presumption that they were not COVID positive when in fact, they should have been known to be so.
6. The national guidance on hospital discharge/care home admissions and step up/step down beds was not issued until the end of April. Whilst in theory, the principle of 'not knowingly transfer infection ...' predated this guidance, operational implementation may well have been more easily facilitated if the guidance had then been referenced. Full implementation of that guidance in relation to step up/step down beds is agreed in principle, with the details of implementation still being worked through.
7. The over-reliance on symptomology and then testing within the first 5 days of those symptoms (as per PHW advice) meant that asymptomatic staff and residents are likely to have been introducing infection into care home settings.
8. National guidance on mass testing of care home staff and residents took too long to develop. Politically and ADSS were petitioning for such testing to be rolled out. For ADSS, the knowledge that asymptomatic transmission was known to be a factor in high rates of care home deaths in other countries prior to the surge in this country, makes it particularly difficult to square the national and public health guidance. Once the guidance was issued, it was implemented quickly at a regional level, and capacity was prioritised to support testing of care home staff and residents.
9. Subsequent mass testing has identified that asymptomatic staff have continued to work and, therefore, have been a possible source of infection transmission for longer than necessary.

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

### General issues relating to testing

The partnership has throughout strived to comply with national guidance. The frequency with which new guidance has been issued has presented a major challenge. On several occasions, ministerial announcements have been made altering the guidance without prior consultation or warning. The practical implications and impacts on local resources have meant that there have been short periods between national announcements and local implementation. This has created frustration at both a managerial and political level.

It appears that guidance has not always been aligned with PHW advice nationally and public health advice locally. It has often been difficult to reconcile the 'laymen's' view of the usefulness of testing with professional advice on efficacy/reliability etc.

Local politicians and managers have lobbied extensively on testing issues, as the mismatch between public expectations of 'test, test, test' and the reality of guidance have come into sharp focus. On occasion, this lobbying has preceded further change in national guidance.

The issue of testing and the uncertainty created nationally has put strain on local partnership arrangements. However, despite this, local solutions have been found to deliver care home testing and key worker testing when national systems proved unworkable.

### Ethics

There has been much debate nationally on a number of ethical issues that arise across the spectrum of response to the COVID crisis. These range from the access of the elderly to acute services based on need; the ethical issues arising from the hospital discharge process; issues arising at end of life; and much more.

It will be for UK and WG politicians to account for ethical choices they have made in setting policy and guidance at that level (if indeed, ethics was an overt consideration).

Whilst there remains work to be done locally, it is to the partnership's credit that ethical discussions have taken place regularly at the Interface Gold Board, and elsewhere. Local policies and practice have been influenced by these ethical discussions; for example, the adoption of a guiding principle, 'do not knowingly transfer harm/infection'.

Work is underway to formalise these ethical discussions, in order that assurances can be given or otherwise with regard to, for example;

- The extent to which we can evidence compliance with existing and revised ethical guidance.
- The extent to which the elderly's right to access services has been protected.
- The extent to which the guiding principle of transferring no harm/infection has been operationalised.
- The appropriateness of the various guidance on:

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

- Return to work 7 days
  - Isolation 14 days
  - Care home 'closure' 28 days
- The ethical issues arising from our emerging discharge policy.

This crisis has sharply focused attention on the ethical framework that has underpinned Health and Social Care for years but is rarely directly debated. The likely impact of this is that ethical matters will need to be overtly considered in the post-COVID rebuild of services and beyond.

There clearly will be a need to differentiate between national decisions that constituted instructions and local decisions that have clear local accountability.

### Creating capacity in the NHS

An urgent response at the very start of the COVID crisis was a move by UK and WG to create capacity in terms of NHS beds in anticipation of the NHS otherwise facing being overwhelmed.

This initiative had many and dramatic implications. Non-urgent clinical activity was put on hold; additional general medical ( ~ 1,200) and intensive care (112) capacity was created locally; and a major initiative to empty hospital beds was initiated. The dire forecasts on which this activity was based were emphasised by the rapid provision of additional mortuary capacity and emergency body storage. Large numbers of temporary staff were also recruited to work in the additional field hospital capacity, and to provide cover for workforce shortages which were anticipated as being as high as 20% throughout the pandemic.

The key documents from Welsh Government which set out these requirements are:

Document	Date
Letter from CEO of NHS Wales to prepare for COVID-19 including: Engage with social services partners to help ensure social care is ready and able to locally manage their residents that may be impacted and that they have infection prevention control measures in place, and their staff are aware of how to maintain these measures	5 <sup>th</sup> March 2020
Statement from the Minister for Health and Social Services on actions to protect our communities, including: Expedite discharge of vulnerable patients from acute and community hospitals	13 <sup>th</sup> March 2020
Letter from CEO of NHS Wales confirming the above	14 <sup>th</sup> March 2020
Welsh Government issued: COVID-19 preparedness and response: framework for the health and social care system in Wales, which included requirement to:	18 <sup>th</sup> March 2020

**OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES**

<ul style="list-style-type: none"> <li>- Discharge vulnerable patients from acute and community hospitals to suitable alternative placements in the community.</li> <li>- Plan now to manage the extra challenges relating to bed capacity shortages and high levels of long-stay patients, delayed transfers in care and poor social care infrastructure.</li> </ul>	
<p>Letter from CEO of NHS Wales advising on requirement to create additional capacity in the NHS (1,242 acute medical and 112 critical care beds in Swansea Bay)</p>	<p>3<sup>rd</sup> April 2020</p>
<p>Letter from CEO of NHS Wales advising on need to review additional capacity in light of demand</p>	<p>16<sup>th</sup> April 2020</p>

The local partnership was instructed to vigorously pursue a policy of emptying hospitals of those ‘medically fit for discharge’ (MFFD). The beds emptied by these initiatives were not sufficient to meet the bed capacity targets set by WG; hence the commissioning of field hospitals.

As the April peak passed and lockdown was continued, it would be easy to think that the actions were an unnecessary overreaction. However, as lockdown is eased, Test, Trace, Protect is implemented, and we move through the Autumn to Winter, there remains a number of scenarios where this capacity could yet be required. Time will tell.

These capacity-creating targets were driven hard by WG, and the local partnership was, unsurprisingly, equally focused on meeting the requirement.

At the point that the MFFD programme was at its peak, guidance was at a minimum, though the policy intent was crystal clear. The reality is that little was known about COVID and its impact at a national or local level.

There is no evidence that the capacity-creating exercise was driven by anything other than avoiding the NHS system being overwhelmed, or that the ethical issues arising were understood or considered.

Locally, Multi-Agency Community Silver was tasked with delivery of the targets and compliance with the guidance, and it was from this work that local ethics discussions were generated.

No assurance can be given that this discharge process avoided the transfer of infection, however, we do know that there was infection in the community which may have been transferred into hospitals. The then guidance presumed that infection could be managed in closed settings; no testing regime existed.

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

### Creating capacity in Social Care

Both LAs took steps to create additional capacity, both physical and manpower, in anticipation of not only demand, but the potential impact of COVID on the available social care workforce. However, the most important, and bold, step was taken collectively by the emergency RPB. Despite national pressure to not be so transparent, the RPB publicly launched revised social care 'eligibility' criteria. This work emphasised the need to prioritise and manage safe care. The strategy sought to avoid care home admissions and unnecessary personal care where a safe alternative family or community option was available. The RPB remains the only one in Wales to take this necessary strategic move in a transparent and open form.

### Escalation

The strength of the local partnership, irrespective of tensions that inevitably arise, has allowed the region to have a strong voice on the national stage. The weekly meetings held between the Chair/Leaders/Chief Executives and lead officers from the LAs and Health Board have enabled this.

Key issues relating to testing, PPE, the shielding programme, and much more, have been regularly raised via political and managerial routes. These include;

- LA Leaders' meetings with WG
- LA Chief Executives' meetings
- WLGA
- ADSS
- HB re TTP liaison
- HB Chief Executives' meetings
- HB Chair meeting

It is evident that strong partnership working locally has facilitated advocacy on behalf of the local community interests, rather than the parochial needs of individual organisations.

### Learning and Future Preparedness

It remains the case that future surges in COVID 19 are possible whereby infection rates increase, along with hospitalisations and, ultimately, deaths. The easing of lockdown and the potential for annual flu and COVID to occur at the same time are real risks.

The Health and Social Care system is undoubtedly better placed to cope with future surges as a result of recent experiences and developments. There is, of course, no room for complacency.

The areas that have benefitted from learning and development include;

## OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES

### 1. Capacity

NHS capacity has been both released by stopping non-essential services and reducing the numbers of Delayed Transfers of Care/Medically fit for Discharge, and increased by the provision of field hospitals. The former will reduce as services are re-opened, but the latter is a significant addition in the medium term at least. The NHS has devised clear trigger points to respond to increased activity levels at 'surge' and 'supersurge' levels.

Social care has created additional capacity by adding beds. Additional flexibility has also been created by adopting (albeit time limited) new eligibility criteria focused on safety. Both organisations have demonstrated an ability to flex staff and increase numbers to deal with peak demand.

### 2. Infection Control

Working practices are now well established. The use of full PPE and isolation are now the norm in the event of an outbreak. The support systems provided by Public Health and EHOs are now well established and clear.

### 3. Prevention of spread of infection

A new discharge protocol has been agreed regionally, founded on the principle of 'not knowingly transferring infection'. The process of embedding this principle systems-wide is underway.

Testing protocols are now established, and capacity is in place locally to respond promptly to outbreaks. A regular programme of routine testing is also established.

The introduction of TTP will identify clusters and allow for intervention, including specialist advice and assistance, at the earliest possible time.

### 4. Ethics

The immediate ethical issues have been addressed, particularly by adopting the 'not knowingly transferring infection' protocol. This should stand us in good stead in most scenarios. If any surge were so large as to completely overwhelm the enhanced NHS capacity, the ethical implications would need to be overtly considered as indicated earlier.

Undoubtedly the local risks sit within a national policy framework, set at UK and WG levels. The timing of further lockdowns, local or national, and the continued effective use of TTP are key determinants, largely outside the control of local arrangements.

**June 2020**

## **OVERVIEW OF THE REGIONAL RESPONSE TO COVID FOCUSED ON CARE HOMES**

### **Conclusion**

This report gives an overview of the partnership approach to care homes and more.

The partnership can give a good level of assurance in terms of complying with extant guidance, and challenging it, when appropriate.

There are, however, a number of areas, notably national NHS capacity-creation, where assurance cannot be given in relation to the transfer of infection or harm. This does, however, need to be viewed in the context of the then paucity of facts in relation to the nature of COVID, and the national imperative.

The partnership cannot be accountable for that.

The period March to June has seen rapid development in terms of the national and local response to managing COVID 19. The region is undoubtedly better prepared to deal with surges in activity going forward. However, the risks remain high and whilst the possibility of the NHS being overwhelmed has diminished, it is that scenario that is the most difficult to prepare for.

# Agenda Item 8



## Scrutiny Programme Committee – 25 August 2020

### **Date and Time of Upcoming Scrutiny Panel Meetings**

#### **25 August – 12 October**

- a) 1 September at 10.30am – Natural Environment Scrutiny Performance Panel
- b) 14 September at 1.30pm – Development & Regeneration Scrutiny Performance Panel
- c) 16 September at 1.00pm – Child & Family Services Scrutiny Performance Panel
- d) 21 September at 10.00am – Service Improvement & Finance Scrutiny Performance Panel

Meetings will be held remotely via MS Teams