

Covid-19 Impact on Adult Social Services

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Summary of changes made in adult services in response to Covid

- Emergency RPB arrangements established to ensure robust governance of overall health/ social care system across the region.
- Strengthened adult services senior management team by creating 2 interim HOS posts
- Suspended the provision of traditional day services and planned respite
- Introduced processes for undertaking remote/ virtual assessments
- Extended out of hours provision

Summary cont.

- Created significant additional capacity within in house direct service provision – in particular residential and domiciliary care
- Expanded our intermediate care offer – Reablement, hospital to home, hospital avoidance services
- Reprioritised our offer of care through revised eligibility
- Expanded local area coordination as part of an increased community support offer, working with the third sector, to avoid unnecessary recourse to formal care
- Restructure of adult services
- Increased support to the external care sector – financial, commissioning, infection control, pastoral

PPE

- Established regional arrangements for the procurement and distribution of PPE to supplement the national supply chain.
- Issued regional guidance and provided training to care homes on use of PPE
- Monitor compliance
- Have built up and maintained a surplus stock
- Pre-empted national guidance on moving to full use of PPE within closed care settings

Care Homes

- Issued regional care homes protocol which brings together all national guidance and any additional regional requirements
- Pre-empted national guidance on initiating lockdown (full barrier care) in care homes where infection was suspected
- Pre-empted national guidance on full use of PPE in closed care settings
- Agreed and implemented a regional approach to distributing additional funding for care homes affected by Covid
- Maintained daily contact with care homes with advice on managing infection control/ Covid outbreaks/ staffing difficulties

Care Homes cont.

- Pre-empted national guidance by establishing the principle of 'not knowingly transferring infection into a close care setting'
- Established local arrangements for the testing of care home staff when the national arrangements weren't proving sufficiently robust
- Have completed the roll out of testing of all staff and residents in care homes
- Further weekly testing of care home staff for a 4 week period
- Provided additional counselling/ pastoral support for care homes impacted by Covid outbreaks

Domiciliary Care

- Reprioritised care packages to reduce risk of infection transmission by carers unnecessarily entering residents homes when alternative family/ community support was sufficient to keep an individual safe
- Increased domiciliary care for individuals who might otherwise be at risk of hospital or residential care admission including individuals with learning disability who might otherwise be supported in a day service
- Block commissioned domiciliary care to promote market stability and give providers maximum flexibility to respond to demand
- Reduced brokerage list to zero
- Implemented full recourse to PPE in advance of national guidance

Hospital Discharge

- Agreed a regional protocol for rapid hospital discharge that expands our hospital home service – community re-ablement, bedded re-ablement and other intermediate care services
- Introduced requirement for a negative test for Covid prior to a discharge that requires social care to be provided – whether intermediate, residential or domiciliary care
- Introduced an expanded community services/ third sector pathway to facilitate hospital discharges without recourse to formal social care

Next Steps

- Complete the staffing restructure
- Implement surge/ super surge response if and when required
- Review HOS structure
- Enhance recovery/ adaptive service planning
- Use of offices
- Review prioritisation of care
- 'reopen' or adapt some services