

To: **Councillor Clive Lloyd Cabinet Member for Adult Care and Community Health Services**

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Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Care and Community Health Services following the meeting of the Panel on 13 July 2020. It covers Service Specific Update on Covid-19 Pandemic.

Dear Cllr Lloyd

The Panel met on 13 July to receive an update on the Covid-19 Pandemic in relation to Adult Services. We would like to thank you, Dave Howes, Amy Hawkins and Helen St John for attending to present the item and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

Service Specific Update on Covid-19 Pandemic

You introduced this item thanking Alex Williams, the previous Head of Adult Services for her contribution, and stated that there has been an internal restructure with two new interim Heads of Service, Amy Hawkins and Helen St John, who you stated "have been thrown in at the deep end". Dave Howes then presented an update on the effects of Covid-19 Pandemic on the service area. He stated that staff within the Council and wider social care and health partners had been extraordinary. He also paid tribute to LACs who he also felt had been extraordinary in these very difficult times.

We heard that a £3 million overspend is expected when everything is calculated and that the Department is in the 4 week implementation stage of a staffing restructure.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

SWANSEA COUNCIL / CYNGOR ABERTAWE GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE <u>www.swansea.gov.uk</u>/<u>www.abertawe.gov.uk</u> We queried if there was a link between the introduction of virtual assessments, processes etc and re-prioritising offers of care with revised eligibility. We heard that they are not necessarily linked, and that virtual home working was about not exposing staff to catching Covid-19 themselves or passing it on to others. It does not work for personal direct care, it was more for assessments, and there is now a need to start planning for more face-to-face assessment work.

We discussed the recovery plan. We wanted to know if there are any timescales yet and who will be involved. We heard that part of the plan involves the restructure of Adult Services and business critical services, with the current focus more on day support. We also heard that we need to be ready to adapt to a surge at any stage.

We discussed the restructure of domiciliary care and at what stage it becomes a problem. Officers felt it had not had a huge impact, as very few packages stopped all together, most were reduced or amended. It has therefore been an iterative process.

We asked if there was any idea of the impact on residential services. Officers stated that it is going to look very different whilst in this stage.

We felt there is a need for clarity about how day services can open again, as many people are feeling isolated and there is growing concern that the social element needs to be brought back. We were informed that the Department is looking at alternatives to traditional day services.

We raised the issue of re-prioritising packages of care and eligibility, and asked about the main changes to assessments. Officers confirmed the main changes to assessments reflect concerns about the pandemic. We heard there is a need to have support for people that takes into account that the infection will be with us for some time and the approach needs to reflect this.

We heard that you do not have all the answers but that they will emerge through the recovery plan, and that there is an acceptance through guidance that services will have to be shaped accordingly. Heads of Service will look at how this makes us fitter for purpose whilst living with the pandemic in the community. We noted that this will change over time, as you expect Welsh Government to retract guidance at some stage and we will have to meet the Health and Wellbeing requirements. You commented that the Department will want to look at what worked well in ours and partners' response; that going forward may look different; and that out of adversity there is a chance to reshape things for the better.

We asked about infection rates and how detailed the data is that we receive on it, and if there is a team specifically for dealing with it. We were informed that the Department is linked in with all testing arrangements but that Adult Services in the Council is not overseeing or running this per se. Adam Hill, Director of Resources is running Track and Trace for the Council. We heard that the Department is getting timely feedback especially around care homes. Officers feel contact tracing is working well for Swansea and the region. We noted that there is some concern about how this links nationally to testing of care home staff as it is taking longer than you would like for tests to come back.

We heard that the Department is working with the Health Board to produce a range of performance indicators and that this will be built into performance monitoring arrangements. We were pleased to hear this.

We believe there is an appetite to realign Health and Social Care, especially in Wales, and that Swansea is in a good position to shape that debate. Officers think the region has been very pro-active and is very well placed to build on what has been learnt. You told us you feel the integrated role in Adult Services in Swansea and the restructure is very exciting and hope we can build on everything that has been learnt, with a wider discussion on Health and Social Care going forward.

We asked about the potential loss of capacity in the private sector and possible risks given the financial strains. We heard that you expect £3 million investment on top of what you expected to pay out to the private sector. There has been a lot of impact on care homes. Some homes have lost many residents and have had to change how they operate.

We discussed how as a society we have not significantly recognized the social care service and that there is a need as a society to do better.

The Chair, on behalf of the Panel, conveyed his thanks to all social care staff, health and private domiciliary care staff.

You stated that you were blown away by how staff have responded and gave personal thanks to Dave, Amy and Helen and the hundreds of care staff and family carers paid and unpaid.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please note, in this instance, a formal response is not required.

Yours sincerely

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