

WLGA EVIDENCE - INQUIRY INTO THE COVID-19 OUTBREAK ON HEALTH AND SOCIAL CARE IN WALES



CLILC • WLGA

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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 late great economist John Maynard Keynes said, "When the facts change, I change my mind." This is an apt description of the current context in which we are all currently working. The Committee's inquiry into the COVID-19 outbreak comes during a period of unprecedented uncertainty, with a rapidly changing evidence-base, continual review of policy direction and regular updating of statutory guidance and regulations. This response can therefore only provide a brief overview and snap-shot of some of the main issues impacting on local authorities at this time. As evidence gathering, evaluation and reviews are undertaken, the WLGA's views may be revised accordingly. It is likely that, given the potential length of the COVID-19 emergency, there will be several longer-term inquiries and reviews into different aspects of the UK Government, Welsh Government and wider public service response to the crisis, all of which will enable more detailed evidence and reflection on the responses taken.
5. Councils, with partners in the health service and third and independent sectors, are providing a front-line response to the rapidly changing national emergency of COVID-19. Councils have shown incredible resilience and responsiveness in how they have responded to this public health crisis and all frontline workers should be commended for their incredible efforts, innovation and flexibility. Many have and are working at incredible speed at redesigning and reprioritising local services, and many thousands of workers in other services across Wales' 22 councils have volunteered to temporarily change roles overnight to help contribute to the emergency effort.

6. The WLGA is working closely with councils, the Welsh Government and others to help coordinate and support the public service response to COVID-19. The WLGA Leader is in regular dialogue with the First Minister and Cabinet and WLGA Spokespersons meet regularly with Cabinet Members. Through the WLGA the 22 leaders participate in weekly meetings with the Housing and Local Government Minister to receive updates, share intelligence and raise queries or issues of concern. Other Ministers have also attended these meetings, including the Minister and Deputy Minister for Health and Social Services, the Deputy Minister for Housing and Local Government and the Deputy Minister for Economy and Transport. Ministers and leaders, through the WLGA, typically seek to work closely together through political dialogue, but during this crisis we have seen an unprecedented level of access, engagement and openness. This degree and regularity of central-local engagement is not seen in other parts of the UK. Whilst these regular meetings have been constructive, there have inevitably been some challenging discussions, but the level of engagement has been valued by both leaders and Ministers. The WLGA is also working with Chief Executives, Directors of Education, Directors of Social Services, Directors of Public Protection, and Monitoring Officers to inform emergency legislation and shape the emergency response of council services across Wales' communities.
7. Whilst this submission focusses on the social care response to the crisis there are a number of other inquiries being undertaken at the same time. As such there are some commonalities from the response to the crisis from local government as a whole. These include:
 - There has been and continues to be good political engagement between Welsh Government and Local Government.
 - The response has been an enormous challenge for everyone, whilst everyone has done their best in difficult circumstances things have not always been right first time, but the focus has always been on delivering the best outcomes and learning lessons. We also need to acknowledge that things could have worked better during the initial outbreak, in particular some Welsh Government departments and national agencies' communications, engagement and approach to joint planning.
 - The challenge to authorities has been immense and they have all had to transfer to 'essential services' models of delivery. All authorities have had to restructure around essential services such as social services, education and waste, this has involved staff being redeployed, the undertaking of skills audits and in some instances the furloughing of staff.
 - There has been confusion with the public and challenges around coordination given UK Government announcements and plans where there have been different approaches in Wales. This is not a new issue, but has led to more significant problems during the crisis around communications.
 - The focus at the moment continues to be improving joint working as we are still in the response phase. The transition to easement and recovery will also need to be a joint endeavour.
8. Whilst much strategy is being set nationally, the crisis has demonstrated the importance of ensuring delivery partners, especially local government, are engaged in its development; it is not only important to allow flexibility to interpret strategy and respond according to local circumstances and capacity but that organisations with experience and expertise in service delivery help shape the response.

Social Care response to COVID-19

9. Social care services in their own right are playing a vital role during the COVID-19 crisis and the plaudits for the dedicated staff working on the frontline in care homes and people's own homes are well-deserved. The current situation and the nature of the crisis means the situation continues to be fluid and is changeable, often on a daily basis. While there have been challenges along the way, and undoubtedly there will be lessons that have been learnt, and some still to learn, it should be noted that everyone has approached their responses to the crisis with the best of intentions and with the aim of doing the right thing. The evidence from around Europe suggests that approximately half of COVID-19 deaths have occurred in care homes demonstrating that local government has been on the frontline in the fight against the virus just as much as our health service.
10. In relation to social care the focus of this response provides a high-level overview on: Personal Protective Equipment (PPE); testing; care homes; the shielding scheme; vulnerable children; care packages; and the workforce.

Personal Protective Equipment (PPE) and testing

11. Social care is at the frontline of responding to the unique challenges posed by COVID-19 in the personal care they provide, and the workforce is doing an incredible job in extremely testing circumstances, many going above and beyond to care for people. However, it is also a dangerous job with the risk posed by the virus, with colleagues putting themselves, their families and their communities at risk. Ensuring their safety is and has been the number one priority alongside the safety of those they are supporting, with both PPE and testing playing a crucial role in supporting this.
12. While progress has been made, Local Government has held significant concerns over both PPE and testing following the outbreak of COVID-19. Initially, two priority areas for discussion and action for WLGA Leaders has been the appropriate level of supply of PPE for key staff, such as those providing social care and to make the case for priority testing for social care staff, and more latterly, residential care home residents.

Personal Protective Equipment

13. At the outset of the outbreak local government escalated significant concerns about the limited availability of PPE from Welsh Government stocks for social care staff, including lack of clarity on stock levels and inconsistent and incomplete supplies being made available across authorities. Concerns about the supply of PPE dominated early discussions between leaders and Ministers and remained a significant risk for many authorities. One of the biggest issues of concern has been knowing what supplies would be delivered and when, as this was severely impacting on local authorities' ability to be able to plan its use appropriately and have assurance on future supply. Provision then, as is now, was from Welsh Government stock, with the rest procured on the open market.
14. Over the first few weeks, while the supply of PPE was improving, albeit slowly, the publication of updated guidance on the use of PPE on 2 April (and subsequent additional information from PHW which clearly set out detailed guidance on the appropriate and required level of PPE to be used by social care in specific settings) was important in *clarifying* use of PPE by social care staff and increasing understanding of what was required, meaning that the guidance gradually caught up with operational need. Efforts are now focused on modelling the amount of PPE required to ensure compliance with the guidance and that social care staff have the PPE they require to do their job safely.

15. A significant amount of work and discussions have taken and continue to take place on increasing and improving PPE supply and current indications are that supplies to councils from the NHS Shared Services Partnership are now improving. The work of a national group convened by Deputy Minister Lee Waters MS has led to improved coordinating and clarity. Deliveries of PPE are now delivered weekly to Joint Equipment Stores, on set days, for onward distribution to local authorities who provide PPE to the frontline, both to local authority staff as well as social care providers, including care homes and domiciliary care agencies. While it is an improved situation, and recent significant deliveries of PPE have been arranged by Welsh Government, the amount being supplied through this route is not enough to meet the overall need on its own and the supply situation is still fairly fragile over the forthcoming weeks and months. Concerns remain for short term supplies and where there are local pressures around diminished stock levels. Efforts to organise supply across public services in Wales and across the four UK Nations have helped; through purchasing of PPE, mutual aid and partly by releasing emergency reserves. There are also new supply arrangements including Welsh based manufacturers, including some businesses that have changed their production to support the need for PPE. Supplies are also now beginning to arrive in Wales in quantity from abroad. Whilst assurances are being given that the needs of social care can be met over the short term, local authorities remain cautious about supply and continue to examine all opportunities to secure future supplies.
16. Welsh Government has commissioned Deloitte to provide demand mapping which we hope will help to organise supplies of PPE more efficiently going forward and WLGA has been helping to coordinate the demand data for local authorities. There remains a need to be cautious about how supplies are distributed as quantities are huge and supply arrangements are still being developed however, good working relationships have been established with the NHS Shared Services Partnership and across procurement teams in Wales.

Testing

17. Greater testing in our communities is an important step in the national effort to control and reduce the spread of COVID-19. The concerns and experiences with the initial testing regime in the early weeks of the outbreak has been well-documented; there was a lack of capacity, communications were inconsistent, and the process was complex and unclear. The WLGA has continued to make the case for the need to prioritise the testing of social care staff and despite some difficult first few weeks some progress has been made. It was a positive step forward when the principle of prioritising social care workers was agreed by Ministers and this has led to increased testing of social care staff.
18. Despite the acceptance of the need to prioritise social care workers and amended guidance, local government has been concerned however by the length of time it has taken to put in place a clear process for accessing and conducting tests and receiving test results in a timely manner in significant numbers for social care workers. We welcomed the review the Minister for Health and Social Services requested on April 15 and further discussions are ongoing to ensure a leaner and clearer process is in place, that is well communicated and well understood by all stakeholders, ensuring the process is easy to navigate and timely in turning around the results.
19. Following concerns Leaders raised directly with the Minister for Health and Social Services early on, the WLGA was pleased to see that testing for those being discharged from hospitals into care homes has since been made a priority, ensuring we are appropriately informed to take necessary action to support the individual and protect other residents and staff from transmission when a positive case is reported. This change in policy was confirmed in a letter from Welsh Government on 22 April. On 2 May there was a further change to the testing policy with Welsh Government

announcing that all residents and staff in care homes *with outbreaks of coronavirus* will now be tested for COVID-19. On 16 May the Health and Social Services Minister further announced that testing will now be extended to all care home residents and staff, an extension that local government has been calling for from Welsh Government. This starts to evidence how much policy has changed, and continues to change, over such a short period of time. Given the significant numbers of infections and deaths of people in care homes the WLGA fully support this change in policy and has long been calling for it along with the increased focus that is being given to coordinate and increase support to care homes, both to those with outbreaks and to others without to support prevention through effective infection control.

20. While progress continues to be made in relation to testing, with increasing numbers of social care staff and care home residents being tested, and capacity is not an issue, we do however continue to press for a lean and well understood and communicated system for referral for all those who require tests and increased access to tests and believe plans for increased use of home testing kits will assist in this regard. There remain localised issues around accurate and timely return of test results of council staff.
21. The First Minister has also outlined that public health surveillance measures will be needed to control the “inevitable” spread of the virus within communities once lockdown restrictions are eased and eventually lifted. Testing will play a significant role in an effective ‘Test, Trace and Protect’ (TTP) programme which will be pivotal to controlling transmission of the virus particularly in the absence of a vaccine. Coordination of the now Welsh Government-led TTP programme has improved since the plan was first developed but it remains important the operational expertise from local government needs to feed into the governance arrangements as the operational aspects are developed and implemented during the coming weeks. Councils will be integral to the proposed contact tracing arrangements, working closely with partners and local communities. Alongside specially trained council public protection officers, and partners in health, other non-clinical staff will need to be either recruited or redeployed to support the immense work required to manage the disease in local communities. Councils can manage the short-term response through the redeployment of staff but in the medium-to-long term will need to recruit additional staff to ensure the approach will be sustainable over the next 12 months or so. Councils are seeking urgent clarity and firm commitment that adequate funding will be provided for the year. Local authorities are confident that they can establish and implement the contact tracing element of the programme but the success of the whole system will be reliant on an accurate and speedy testing regime.

Care Homes and funding

22. 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. Local government recognises that people living in care homes and other similar residential (or closed) settings will be amongst the most vulnerable, with many relying on the provision of close personal care. It is becoming clear that some of the badly affected places in Europe are care homes, with research by a team hosted by the London School of Economics, the International Long Term Care Policy Network (LTCPN), suggesting that across five European countries care home residents have so far accounted for between 42% and 57% of all deaths related to COVID-19¹.
23. Local authorities have been increasingly raising concerns about the growing impact of COVID-19 in care homes for adults and children and other residential settings in Wales, and care homes are

¹ <https://ltcCOVID.org/wp-content/uploads/2020/04/Mortality-associated-with-COVID-12-April-4.pdf>

at the frontline in responding to the most at risk and vulnerable, along with hospitals. Of particular concern has been hospital discharge processes, and their potential impact on the number and level of outbreaks and deaths in care homes if people remained COVID-19 positive on discharge. The discharge process has been a core concern for leaders and has been raised in Ministerial meetings, pressing for changes to ensure testing of discharged patients as well as testing programmes in care homes. The WLGA was reassured that following concerns raised at recent leaders' meetings, the testing regimes around care homes have been introduced.

24. The latest ONS figures on deaths from COVID-19 in the community 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. Led by the Closed Setting Cell in PHW, discussions are on-going about gaining more 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.
25. There is a strong view among the WLGA that all actions necessary should be taken to protect people 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, whilst also ensuring the supply of PPE alongside an increase in rapid and comprehensive testing and in other kinds of support to care homes, such as staffing and equipment, on an equal footing with the NHS.
26. One of the responses to the pressures on care homes has been the early roll out of an online tool to track vacancies in adult care homes, work which has been led by Data Cymru through the Dewis Cymru website. This has enabled providers to record their vacancies on the system, supporting care home providers, commissioners and discharge teams in reducing the volume of calls for vacancy information, also helping to inform planning decisions on COVID-19.
27. Significant concerns about the financial viability of Providers continue to be highlighted, something that has been an area of risk for several years before this crisis. This is a particular issue for us to monitor as it is believed we are yet to see the full impact of the peak of the stress on the social care system, due to the delay between hospital admissions and discharge. This will require the need to shift capacity across from hospitals and into the community to meet a likely surge in demand, with a potential role for field hospitals.
28. 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.
29. 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 it is unlikely that much of the field-hospital capacity will be required in the short-term; it has however provided an

important and reassuring 'safety net' and ensures adequate provision is in place should a second COVID-19 wave be experienced later in the year.

30. 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 for example, would be closed in the current period due to the lockdown, when restrictions are eased and these facilities or venues might be re-opened 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.
31. The recent announcement of an additional £40m to support adult social care has been welcomed. This funding has been identified to support with a range of additional costs being faced by both local authorities and Providers, including increased operational costs such as increased staff costs, enhanced infection control and increases in costs of food and PPE. It also covers lost commissioning funding – arising for example where commissioned care is not provided such as where a provider may have a vacancy (or void) for a short period due to a COVID-19 related death or insufficient staff due to COVID-19 to provide that commissioned care. Funding has currently only been provided to cover the period March till the end of May 2020. Local authorities will need to understand what further funding is available at the earliest possible opportunity and to monitor that the £40m is sufficient, as some providers, if they face reduced number of clients, will not be able to carry on without guaranteed funding levels.
32. Local government is aware that 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 and appropriate testing. 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. These concerns are shared by councils, however they are also concerned about the range of 'calls' on the COVID-19 funding which has been made available and the need to carefully monitor the additional costs being incurred to support adult social care providers. Many authorities have already taken action to support providers in meeting the additional costs that they face locally and in managing cash flow challenges. WLGA in partnership with the Association of Directors of Social Services in Wales (ADSS Cymru), 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 homes will go into financial collapse at a time when other providers and local authorities have limited or no capacity to intervene meaning that capacity will be lost from the sector. This would have a significant impact on the ability to support hospital discharges as a result. 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 £40m of funds are used to make up previous shortcomings.
33. The WLGA recently undertook a survey to estimate the additional expenditure pressures and income loss of the first quarter of this financial year due to COVID-19, a context within which we

need consider the pressures on our social care services and providers. This survey work informed a submission for additional funding through the Finance Sub-Group. Overall, we estimate additional spending pressures and income loss is £101m and £95m respectively. There are some savings through cost avoidance which brings the spending pressure and income loss to £89m and £84m respectively. This is equivalent to just under 4% of Aggregate External Finance. The greatest pressure of £45m arises in social services where the costs of PPE and additional staffing have been considerable. Some councils were able to factor in the cost of additional payments to care home providers and the cost of voids in care homes recognising that this is a developing issue, but further work is needed to understand and better estimate the pressures on care home providers across the whole of Wales as the crisis continues and businesses are further affected

34. The UK Government announced on 13 May an extra £600m for infection control in care homes. Given the concerns on infection control in care homes in Wales it is essential that the Consequential from this funding is prioritised to meet the continuing needs of frontline social care services.

Shielding Scheme

35. Councils have played a significant role in providing support to those advised to 'shield' due to particular health issues that put them at significant risk of having a negative outcome if they contract COVID-19. All local authorities have considered how best to support shielded people, and the majority have been proactive in contacting each person on the list to highlight the support available (e.g. food or medicine supply, welfare calls) and to ensure they know to contact the council if they need help and do not have family and friends to call upon. Local authorities are also processing orders for free food boxes from Welsh Government for those unable to rely on a food source elsewhere.
36. In responding to the current crisis, local authorities were quick to put in place arrangements to identify and respond to a range of support needs local communities have required. As community leaders, councils re-organised themselves, and through working in partnership with others, whether in a lead coordination role or by working with and through their local CVC, and other voluntary sector bodies and partners, local arrangements have been put in place that reflect local circumstances, making best use of local resources and capacity and by knowing and understanding the specific needs of their local communities and in particular those who are vulnerable or in particular need of support.
37. Local authorities' response to providing support to those on the shielding list in an area where councils have 'come into their own' and demonstrated their vital role in supporting local communities through times of hardship and crisis, identifying their needs and developing ways to ensure people do not feel unsupported at a difficult time. Many authorities were providing emergency food boxes prior to the Welsh Government Scheme. Personal contact and follow up calls or letters have been made; meeting food needs, collection of medicines and welfare calls are all examples of support local authorities, and voluntary bodies, are providing. This has been done through the repurposing of existing staff, providing training as necessary, to ensure support needs of local communities could be met.
38. In many ways, the development of a national scheme for shielded people, with free food boxes, but limited eligibility to those shielded has caused some confusion. The earlier announcement of

a scheme in England (and the lack of clarity in the press on it only being available in England and the ensuing confusion) added to the complexity of developing a scheme in Wales at pace. The pace in establishing the national scheme meant several teething problems around communication, coordination and the way in which the data lists have been shared (which was undertaken in a number of waves, a lack of clarity of expected numbers and lack of contact details) and the many problems or changes encountered in developing the scheme (GP additions, wrongly addressed letters) has added to the challenge for local authorities to make sense and operationalise the scheme. An opportunity to review the scheme and amend its operation as appropriate, including suggestions for improvements moving forward would be welcomed, particularly if it is to continue after the initial 12 weeks. The speed at which the scheme has been developed is fully recognised and the work put in by many across Wales to put it in place and work is to be commended, however, it is felt that there may be other ways to develop a more efficient and effective system to ensure the support needs of shielded people, and those of other vulnerable or at risk groups, can be met over a sustainable period of time.

39. The approach to volunteering in England and Wales is an example of where there has been uncertainty about the different approaches being taken across the nations. The UK-wide publicity for the England-only GoodSAM scheme led to confusion in Wales over how to volunteer and meant that further work was then needed to work out the best way of co-ordinating volunteers between local government and third sector groups. The approach taken in Wales has built upon existing partnerships and relationships at the local level between local authorities, the third sector and community and town councils and by working together to coordinate local arrangements. However, engagement from some parts of the voluntary sector with local authorities has varied and whilst there are a number of examples of excellent partnerships and relationships this is not the same across the board. There is a national Volunteering Wales website which provides much of the same functionality of the GoodSam app. In addition to the 26,000 registered on the Volunteering Wales website and over 5,000 (plus redeployed staff) recruited by local authorities, there is a significant groundswell of community support from COVID mutual aid, faith and locally organised groups. The WLGA, WCVA and Welsh Government meet regularly to discuss arrangements, which are working well locally, and the longer-term need for, role and availability of volunteers as lockdown eases, giving consideration to how the support needs of some vulnerable people can continue to be met.

Vulnerable children

40. Councils are very concerned about the impact of the COVID-19 pandemic on vulnerable children, including both those who are already in contact with social services and those who may have become more vulnerable as a result of lockdown measures.
41. The WLGA is aware that referrals to children's social care have fallen in many areas and councils continue to work closely with local partners and communities to identify children who may be at risk, and to ensure that the message that council's safeguarding services remain open for 'business as usual' and normal processes should be followed is widely communicated.
42. We know that many families are concerned for the health of their children and other family members if they attend school, and councils are working with schools and families to provide reassurance, and to make sure that where children are not in school, they are still being spoken

with regularly. The delivery of free school meals is one way in which some councils have kept in touch with families.

43. It is essential that local safeguarding partners, including councils, the police and health, continue to have the resources and capacity they need to keep children safe, and that communities know how to spot signs of risk and how to report these so that appropriate actions can be taken.

Care Packages

44. Local authorities and care providers are already facing rapidly growing pressures as more people need support due to COVID-19, maybe because carers are unwell or unable to reach the person cared for, and as care workers are having to self-isolate or unable to work for other reasons. In addition, local authorities are seeing increased demand resulting from the need to accelerate the pace of hospital discharge and the requirement to put in place special arrangements for those who have been treated for COVID-19 and are now being discharged. As a result, some decisions may be needed by local authorities, supported by the modifications enabled under the Coronavirus Act 2020, about streamlining or prioritising how care and / or support is delivered. Any decisions will be based on the overarching principles and core values for social care of voice, control and co-production.
45. Preparations within local authorities are well underway with the local mapping of existing known packages for complexity and need, enabling a better understanding of the risk should there be an impact on care delivery. To support this ADSS Cymru have developed a Prioritisation Framework to support local authorities to adhere to the principles of keeping citizens safe, promoting independence, and supporting staff and volunteers. Some local authorities have already written to people in their local areas to explain the challenges they are facing about sustaining care packages during these unprecedented circumstances, while also ensuring should any reductions be considered, conversations will be held with people first, looking at alternative ways such care could continue to be provided, including through family and friends.
46. Local authorities remain committed to meeting the care and support needs of citizens at this difficult time and fully recognise the challenges in implementing any modifications if necessary and the impact this might have on existing packages of care and support. Any actions will not be taken unless absolutely necessary, however we need to recognise that one of the biggest challenges in the current climate will be to ensure there is sufficient care and support available to keep the most vulnerable citizens safe, while at the same time avoiding unnecessary contact that could inadvertently spread the virus. The priority has to be to protect both our citizens and our workers as far as we possibly can.

Workforce

47. Across local authorities staff continue to rise to the challenges this crisis has brought, and the tens of thousands of people working in social care across Wales are often our unsung heroes. Their work all too often goes unnoticed by the public but without it, Wales would not function. Much of the nation's focus has been on the essential work that is being carried out by our valuable NHS workers, but there is a need to also recognise that social care workers face similar practical challenges in undertaking their roles as those working in the NHS. They are often working long hours and shifts, they are being exposed to high levels of personal risk, long hours in difficult environments, and also experiencing the distressing awareness that people feel when they know they cannot meet all the needs of the people they are trying to care for. Many will

also be concerned about their own family; many will be juggling family commitments, childcare and their job and many of will be working in a different way. This combination of factors would be extremely challenging for even the most resilient of us.

48. 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.² Social care workers are often poorly paid and on insecure contracts. The sector is also hugely fragmented with thousands of organisations providing care, with concerns being raised about adequate provision of PPE and issues accessing testing for staff in care homes. Social care workers often need to have very close physical contact with those they care for, and in care homes many people live in the same building or facility. This makes transmission of the virus among staff and patients more likely.
49. The WLGA has welcomed the introduction the social care worker card by Social Care Wales and Welsh Government as well as the work being undertaken to help secure the same priority access to supermarkets as NHS staff. It is essential that social care workers 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. The recent 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. 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.
50. Social care workers are playing a vital role in caring for adults and children in every community in Wales during this unprecedented crisis. They are supporting people to stay safe and well, which is crucial in helping relieve pressure on colleagues in the health service who are treating people with acute symptoms of COVID-19 in our hospitals. The recent announcement of a £500 extra payment for all social care workers in Wales is some recognition for a workforce that has often been under-valued and overlooked. Further work and discussions are ongoing to understand the detail of this announcement, but it is essential we continue to recognise the role social care workers play and look at how we can appropriately recognise and reward all staff who are crucial to the response, including cooks, domestics and porters ensuring that workers are able to access the same benefits as NHS workers. This is something that we need to reflect upon when the crisis has passed and the level of recognition and reward that we give to some of society's most important workers.
51. Over recent years, the WLGA has called for a discussion with Welsh government on potential benefits to be gained from locating some public health functions in local government, similar to the position in England where public health is becoming an increasingly effective and vital part of local government, both leading and supporting aims to develop healthy, prosperous and inclusive communities and environments. While now is not the opportune time for such a discussion in Wales, with the ways in which councils have responded to this emergency, and the opportunities for increased and joined up working should specific public health functions be

² <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>

located in councils, the WLGA is keen that this proposal is considered as part of the 'lessons learnt' exercise post Covid19.

Conclusion

52. We know that in these extraordinary times, Welsh Government – like their partners in councils – are working 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. Whilst there have been challenges and difficulties, and more are likely to come as we continue to respond to the impact of this crisis on our communities the significant progress that has been made in a short space of time should be noted.

53. Moving forward, it is essential that we continue to work to make sure there is a reliable and sustainable supply of PPE available to all social care and health workers that need it, along with others. As the testing capacity increases, the increased testing in care homes and the 'Test, Trace and Protect' system will be critical in controlling the disease and providing assurance. Of particular concern at this time is the impact of COVID-19 on care homes and the increasing numbers of deaths that have been reported, working with other stakeholders, the WLGA is keen to ensure all care homes are supported where cases are reported, as well as supporting others to continue to prevent the virus entering the home. The need to protect older and vulnerable residents in care homes will require concerted efforts and close monitoring by organisations working closely together at the local level. Our level of preparedness must be the best it can be if we are to support our residents and minimise the impact of this devastating disease. Importantly, we also need to continue to support our incredible NHS and social care workers as they care for people through this global health emergency, ensuring that they are treated with equity and respect.