Bwrdd Arweinyddiaeth Rhanbarthol Gogledd Cymru

Arwain Gwasanaethau Cyhoeddus

North Wales Regional Leadership Board

Leading Public Services



Gan Gadeirydd Bwrdd Arweinyddiaeth Rhanbarthol Gogledd Cymru, Swyddfa'r Arweinydd Cadeirydd Cyngor Bwrdeistref Siriol Wrecsam, Neuadd y Dref, Wrecsam, LL11 1AY From the Chair of the North Wales Regional Leadership Board, Office of the Leader Wrexham County Borough Council Guildhall, Wrexham, LL11 1AY

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Date: 29th September 2021

Eluned Morgan MS,

Minister for Health and Social Services

Email/Ebost: Correspondence.Eluned.Morgan@gov.wales

Welsh Government, 5th Floor, Ty Hywel, Cardiff Bay, Cardiff, CF10 3NQ

Dear Eluned,

Critical Pressure on Health and Social Care Services in North Wales

The North Wales Regional Leadership Board met on 17th September 2021. The meeting received a report from the Regional Co-ordination Group, which is acting with support from this Board, the Local Resilience Forum and all the partner organisations to assess the current strain on services and to make recommendations on how to mitigate against the pressures on our services.

The meeting heard that there are severe pressures on health and social care services arising from Covid 19, demand for services rising higher than pre-Covid levels and reduced capacity arising from a mix of staff shortages and reduced productivity due to the additional cleaning and PPE measures to prevent the spread of Covid-19.

The Board concluded that services and partners are working well and closely together. Partners in the region are doing their utmost to increase capacity and maintain the flow of patients through the system from the community/primary care into hospitals and then the discharge of patients back into the community, including formal care arrangements.













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The regional partners are taking all the actions within their scope and power to alleviate the pressures on the service. Despite all that is being done locally, and in the region, health and social care services are in a serious and deteriorating position which could take us into winter crisis. Indeed, one of our officers advised us that the winter pressures of 2021/22 will be the worst we have ever experienced.

Our drive to keep services functioning and able to meet demand are being led professionally in the regional Recovery Co-ordination Group. Our officers had no option but to advise that the emergency we are facing in maintaining services is escalated to you because will not be able to prevent service failure this winter without help from the Welsh Government. We are escalating to only where decisions, capacity and resources are beyond our control.

Special recognition of the efforts of staff in health, social care and public services more generally over the last year is needed. They have kept services going through the Pandemic. However, after over 18 months "hard grind" keeping services going through the Pandemic, many staff are experiencing "burnout". Maintaining the capacity and capability of the workforce is the highest risk identified by the Board in keeping services viable.

The Board appreciates the support and partnership of the Welsh Government throughout the Covid-19 pandemic. The Board aims to establish a strong and focussed partnership with you to develop an action plan with additional resources for relevant partners that will enable us to maintain services through the winter. We welcome that your officials have invited the RCG to make detailed and costed requests on our behalf.

The region's Recovery Co-ordination Group has developed a set of current and costed proposals that cover a dynamic and changing set of pressures on social care and health services. This document of proposals escalates mitigation measures to you. The principle of escalation and the development of proposals have been discussed with your officials and they are expecting the RCG to submit the paper by the 1st October 2021. We are pleased to attach and submit the document for urgent review and discussion between your officials and the RCG.

The proposals are based on whole systems review of the health and social care sector and will benefit both social care and hospitals by improving flow and care in a challenging environment for the sector.













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Examples of the help we need which were discussed in the meeting were: -

- Retention of the Covid-19 Local Authority Hardship Fund (and LHB/WAST equivalent) through to April 2022. Additional funding will enable partners to help retain and recruit staff through higher pay rates and retention/recruitment bonuses. Social care jobs are simply not competitive with retail and delivery occupations which offer similar or more pay with less stress.
- Messaging from the Welsh Government to manage public expectations through the winter and to clarify pathways to care for the public this winter, in the context of a perfect storm of CV-19, flu and the demand for health and social care services higher than pre-pandemic levels.
- Relaxing statutory and performance reporting and frameworks to allow every possible working hour on the part of all levels of staff to be focussed on responding to averting a winter crisis.
- Instituting a limited temporary visa scheme for health and social care workers aimed at former residents of the UK who left post-Brexit (by making representations to the UKG). The loss of access to employment markets across the EU and the outflow of many EU citizens following Brexit has exacerbated labour shortages.

These suggestions, and more, are described in more detail in the attached RCG paper.

Public Services worked successfully and effectively in partnership under the leadership of the Welsh Government to battle through previous phases of the Covid-19 Pandemic. We seek to offer you a partnership with us. We have a one care system approach that, with the additional resources and flexibilities your support can bring, can make an impact in averting a crisis in care this winter. We look to you for that critical leadership and funding that will enable us to work our way through this year's challenging "winter pressures".

The Board is a strong regional partnership with representation from, and the support of, the six councils, BCUHB, WAST, NWP and NWRFS. If we can work together with you to manage and reduce (where we can) demand and also increase the capacity of the workforce we can maintain services, albeit at a lower level than normal. We can then work together on recovery, seeking to clear backlogs and raise standards of performance and quality of service.













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We look forward to your officials and our officers in the RCG being able to agree a package of measures for the region that will enable health and social care services to be maintained through this winter.

Yours sincerely,

Councillor Mark Pritchard, Chair, North Wales Regional Leadership Board and Leader Wrexham County Borough Council

Mark Polin OBE, Chair, Betsi Cadwaladr University Health Board

Councillor Ian B. Roberts, Leader, Flintshire County Council

Jan B. Rober

Cynghorydd Linos Medi Huws, Vice Chair, North Wales Regional Leadership Board a Arweinydd, Cyngor Sir Ynys Mon

Councillor Huw Evan OBE, Leader, Denbighshire County Council

Cynghorydd Dyfrig Siencyn, Arweinydd, Cyngor Gwynedd

Councillor Charlie McCoubrey, Leader, Conwy County Borough Council













North Wales Recovery Co-ordination Group Support for North Wales Health and Social Care

The North Wales Recovery Co-ordination Group (RCG) was commissioned by the Regional Leadership Board to develop this submission to Welsh Government. This paper is supported by the North Wales Health & Social Care Leadership Group and the North Wales Health and Social Care Tactical Silver Group, with members of both groups contributing extensively.

As key regional partners in North Wales we have come together to review and act on the Health and Social Care system challenges which we currently face. We have a challenging and deteriorating situation and need to act now to avert a winter crisis within the sector.

We are working together and creatively, to do everything within our scope and power to address the challenges. We have identified both immediate and long-term solutions and this paper seeks to escalate requests where we do not have the decision-making power, capacity or resources to enact solutions. National support and intervention is needed urgently.

The Immediate Ask

We have identified that the recruitment and retention of the social care and social services workforce is the core issue and the region's ask of Welsh Government is summarised below:

- Enhanced national recruitment campaign.
- Parity of esteem reflected in national press releases and Ministerial messaging.
- Relaxation of CIW and SCW guidance and regulations to allow flexible deployment of care workers across services.
- Agree flexibility of grant funding to allow existing WG grants to be utilised creatively to support the current crisis
- Sustainable Care Fees allowing for Fair Pay for Care Workers.
- Sustainable Fair pay for Local Authority employed Care Workers.
- Cease the tapering of the Hardship Fund and extension of the fund into 2022/23.
- Review of PHW Guidance
- Support for Unpaid Carers
- Greater flexibility in the re-deployment of health care staff (OT, Practice
 Development Nurses, CHC staff) to increase the wrap around support for care
 providers with a focus on training, education and quality and safety. This may
 result in breaches in the new CHC framework delivery
- Virtual Recruitment Days
- Recruitment and Retention bonus payments
- Delay in the delivery of the new CHC Framework
- Financial support to facilitate regional mutual aid programmes.

It is acknowledged that these asks need to be supported by full risk assessments completed by the key partners and in conjunction with Welsh Government as required.

Proposals

National Ask	Context	Regional Actions	Initial Costing	Timescale
Enhanced national recruitment campaign	Current TV advertising limited to terrestrial channels. Our request is for more advertising under the 'We Care Wales' brand to include: • more frequent TV advertising • advertising on TV subscription and On-Demand services • a radio advertising campaign • a smart and social media campaign targeting individuals according to their profiles	A north Wales media campaign supported by local marketing activity centring on personal stories to spotlight intrinsic motivation factors associated with care and social services. Identify local "champions" or NHS/GPs to front our Recruitment campaigns – to emphasise the integrated element of our Workforce – e.g "by join the social care Workforce you're helping the NHS"	Regional Budget Requirements – TBC	Immediate
Parity of Esteem Health colleagues are hugely respected and valued (and rightly so), however the same value is not currently bestowed upon the social care workforce	Support from national influencers: First Minister, Minister and Deputy Minister for Health and Social Services, CMO etc. Strong messaging on value of social care, esteem in which workforce are held. A national Hearts and Minds Campaign.	Identify local influencers within our communities and create the same narrative to reinforce the value of social care in our local communities.	No identifiable finance implication	Immediate

allow for the temporary relaxation of regulations that prohibit the movement of staff between social care settings. With greater flexibility on how the workforce can be utilised, local authorities and care providers can make best use of the workforce available to deliver care where demand is greatest. Agree flexibility of grant funding to allow existing WG grants to be utilised creatively to support the current crisis. Sustainable Care Fees – Independent Providers Current Pay Rates for carers are around the National Living Wage. The current North Wales fee structure allows for c.£9.00p.h. for the independent care sector care workers. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. Independent Providers Agree flexibility of grants are available supporting (for example Flying Start). At this time of crisis, the flexibility to utilise grant money to support the whole social care sector would give additional support where needed. We have already undertaken an open book exercise with a range a care home providers and utilised the latest LaingBuisson model to establish the True Cost of Care across the region, based on an average carer pay rate of £10.31p.h. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. Agree flexibility of tentification We have already undertaken an open book exercise with a range a care home providers and utilised the latest LaingBuisson model to establish the True Cost of Care across the region, based on an average carer pay rate of £10.31p.h. Category Current True We Average Cost Inc. Agree flexibility of two with the workforce available supporting (for example Flying Start). At this time of crisis, the flexibility to utilise grant money to support the whole social care sector would give additional support where needed. We have already undertaken an open book exercise with a range a care home providers and utilised the latest LaingBuisson model to establish t	National Ask	Context	Regional Actions	Initial Costing	Timescale
grant funding to allow existing WG grants to be utilised creatively to support the current crisis. Sustainable Care Fees — Independent Providers Current North Wales fee structure allows for c.£9.00p.h. for the independent care sector care workers. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl -£10.70 p.h. (for example Flying Start). At this time of crisis, the flexibility to utilise grant money to support the whole social care sector would give additional support where needed. We have already undertaken an open book exercise with a range a care home providers and utilised the latest LaingBuisson model to establish the True Cost of Care across the region, based on an average carer pay rate of £10.31p.h. Category Current True % Increases (e.g. insurance, agency costs, left).	and SCW	allow for the temporary relaxation of regulations that prohibit the movement of staff between social care settings. With greater flexibility on how the workforce can be utilised, local authorities and care providers can make best use of the workforce available to deliver care where demand		finance	Immediate
around the National Living Wage. The current North Wales fee structure allows for c.£9.00p.h. for the independent care sector care workers. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. These employers compete against: Local Authorities - £10.70 p.h. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h.	grant funding to allow existing WG grants to be utilised creatively to support the	(for example Flying Start). At this time of crisis, the flexibility to utilise grant money to support the whole social care sector would give additional support		finance	Immediate
Whilst pay is not the only factor, a lack of fair pay to reflect to complexities of the work is a significant contributor in the current crisis. Nurs £897 £1,074 20% EMI EMI	Fees – Independent	around the National Living Wage. The current North Wales fee structure allows for c.£9.00p.h. for the independent care sector care workers. These employers compete against: Local Authorities - £10.82 p.h. Health Board - £11.13 p.h. Lidl - £10.70 p.h. Whilst pay is not the only factor, a lack of fair pay to reflect to complexities of the work is a significant contributor in the current crisis.	open book exercise with a range a care home providers and utilised the latest LaingBuisson model to establish the True Cost of Care across the region, based on an average carer pay rate of £10.31p.h. Category Current True % Average Cost Inc. Res £599 £950 59% Res EMI £641 £918 43% Nurs £855 £1,221 43% Nurs £857 £1,074 20%	is to meet £12.00 p.h. for all care workers across north Wales as well as accounting for other cost increases (e.g. insurance, agency costs, increase hours due to enhance service user complexity) the annual gap as at 2021/22 is c.	By 01/04/22

Sustainable Fair Pay for Local Authority Care Workers	Increase the average local authority pay rate from £10.82 per hour to £12.00 per hour (an increase of £1.18 p.h.) Based on 2021/22 figures.	An agreement to pay £12.00 per hour as a minimum wage for all direct care staff across the north Wales social care sector would significantly reduce workforce movement between employers. It is acknowledge that initially this may need to be arranged through either 'retainer pay' or 'market supplement' mechanisms until full Job Evaluation processes can be implemented. It is also important to note that this would need to be an all Wales consideration.	£3.534m	By 01/04/22
Linked to Sustainable Pay Rate, we need to support providers immediately. We ask that Welsh Government cease the tapering of the Hardship Fund and continue at the current levels until 30 September 2022	We recognise that achieving sustainable care fees may not be achieved until the next financial year (2022/23), therefore our immediate ask is the continuation of the Hardship Fund to provide ongoing support to address inflationary pressures in 2021/22. It is recognised that local authorities agreed to the tapering of the hardship fund, however circumstances have changed significantly since the start of this current financial year and it is felt that the situation has deteriorated significantly. We also ask for a continuation of the Hardship Fund at current levels in first 6 months of 2022/23, to further stabilise the sector.		Estimated cost - £15m Estimated cost - £15m	Immediate

National Ask	Context	Initial Costing	Timescale
Review of PHW	Time a care home is closed (Red Status) – currently we do whole home	No identifiable	Immediate
Guidance	testing (WHT) after the home has been clear of any positive results	finance	
	(residents or staff) for 14 days. Even if all the results are negative, the home	implication	
	cannot open until after the 21st day. Could consideration be given to		
	removing the restrictions earlier?		
	Other care settings and those for working age adults – further guidance		
	has been promised but to date none received. The risk factors for those		
	who are not extremely clinically vulnerable have not been communicated		
	as fully for those who are.		
	Guidance for new residents entering a red home – Although this is a		
	PHW decision, we need speedier turnaround times on decisions. An		
	example is a young person in hospital for over 2 months who requires a		
	specialist placement which keeps going red, and discharge has repeatedly been missed – this is not in the best interest of the individual to remain in		
	hospital, but no alternative placement is available. In August PHW advised		
	that a Risk assessment tool kit, supported by training was in development		
	and we await it		
	All residents require 14 days isolation on return or entering a Care		
	Home from hospital (Green or Red Homes) – could the isolation		
	requirements be reviewed so that vaccination status and an enhanced		
	testing regime introduced to minimize risk?		
	Care Home Status – currently a home goes red as soon as there are two		
	or more cases – this does not take into account the size or type of home or		
	the number of staff working there. For our larger homes this results in		
	them being red for prolonged periods and repeated episodes of isolation,		
	restricted visiting for the residents. In addition some of the homes have		
	separate facilities which could be co-horted, so that part of the home (with		
	agreement with the EHO, IPC advice) be opened. Can a more		
	proportionate response be considered?		
	Staffing – In situations of extreme staffing crisis when consideration is		
	being given to moving the residents into hospital or other care settings,		
	could they be further guidance on how this is managed. What		
	circumstances would be acceptable for physically well positive staff		
	(voluntary, with full disclosure) caring for positive residents, and who		
	should make that decision		

National Ask	Context	Regional Actions	Initial Costing	Timescale
Support for Unpaid Carers	A one-off payment or direct payment to carers to focus of families under	Respite – boost to funding provided to local authorities to	c. 8,000 individuals in	Immediate
Caleis	extreme pressure due to the complex	fund a range of respite provision	North Wales	
	care needs of their loved one.		receive Carer's Allowance – a	
	Also create flexibility for families to use		payment of	
	Direct Payments to support their needs through the crisis.		£230 to all would equate to	
			£1.840m	
Virtual Recruitment Days	Replicate a recent Health Board virtual recruitment Day, but for Social Care specifically	Regional virtual recruitment days to be arranged to obtain expressions of interest to work in Social Care	TBC	Immediate
Recruitment approach – golden hello	All new starter in Wales during the remainder of financial year. Payment made after 6 weeks. Suggest £250.	Local authorities to administer	To illustrate - 3,000 joiners at £250 = £0.750m	Immediate
Retention approach – payment at 6 months (but consider further payment, or split payment to 12 months to encourage stability)	Benchmarked against labour market competitors. Payment in March, to retain capacity by incentivising people to stay in the sector.	Local authorities to administer	c. £20m	By 01/04/22

National Ask	Context	Regional Actions	Initial Costing	Timescale
Acknowledgement of the potential for unavoidable breeches in delivering the New CHC framework and others	Greater flexibility in the re-deployment of health care staff (OT, Practice Development Nurses, CHC staff) to increase the wrap around support for care providers with a focus on training, education and quality and safety. This may result in breaches in the new CHC framework delivery With additional wrap around support care providers are more confident to provide care for individuals within the acuity mix, supporting improved patient flow from hospital.	To undertake a comprehensive risk assessment associated with this ask.	No identifiable finance implication but discussion required with HIW/CIW	By 31/10/21
Financial support to facilitate regional mutual aid programmes.		 Delivery of the following: A Falls Support Programme through North Wales Fire and Rescue and St. John's Ambulance – replicating an existing service in South Wales. To reduce demand on WAST to lift fallers. 	Estimated costs £0.270m	by 30/11/21
		Redeploy office based nurses into the community to create further capacity in the District Nursing and Community Psychiatric Nursing pool	No identifiable finance implication	
		Regional advertising campaign	Estimated cost £0.050m	
Total Financial Ask	Exc. Hardship Fund		£160.247m	

The immediate ask of the North Wales Region

As a region we are also requesting mutual aid from partners, outlined below:

- To build on previous Falls Support pilot programme delivered by North Wales Fire and Rescue and develop a model to support our current demands.
- Acknowledgement of the potential for unavoidable breeches in delivering the New CHC framework and others
- Deliver a proactive, multi-media regional advertising campaign that mirrors the national campaign and compliments local advertising and marketing activity.

<u>Long Term Solutions – Identified for future review</u>

- Grade compression and the need to review and increase pay for Senior Care Workers, Deputy Managers, Team Managers etc. across both the independent sector and local authority employed carers.
- The Health and Social Care Workforce model of the future, including integrated teams, equal pay for equal value, harmonised Terms and Conditions of Employment.
- Extension of the existing Health Board Nursing Bank to include 2nd phase agency brokers.
- Health Board delivery of domiciliary care or the block commissioning of care home beds – at this critical time it is felt this would further destabilise the market.
 However, as a region we appreciate there is a need to explore alternative delivery

models once the immediacy of the crisis has passed.

- Review of the choice agenda.
- Explore options with Registered Socal Landloads to provide low level domiciliary care tasks.

Contributing Partners

- Betsi Cadwaladr University Health Board
- Conwy County Council
- Denbighshire County Council
- Flintshire County Council
- Gwynedd Council
- Isle of Anglesey Council
- Ministry of Defence
- Natural Resources Wales
- North Wales Councils Regional Emergency Planning Service
- North Wales Fire and Rescue
- North Wales Police
- Public Health Wales
- Wales Ambulance Service Trust
- Wrexham County Borough Council