Message

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Sent: 11/04/2020 8:06:35 PM
To: Mary Jones [mary.jones@cabinetoffice.gov.uk]
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Subject: Re: Draft Social Care Strategy: For Comment

Thanks. I've put a couple of comments and suggestions in the document, but I have little to add to what others have picked up. My presentational comment/suggestion would be that each section starts with quite a long intro. That could be shorter I think and would benefit from highlighting the key issue and top few policy responses announcements to bring howm more clearly what we are doing and to help signpost.

I agree with Mary for the meeting we do need clarity on the problems and the key policy changes/measures in here that address them. That can be in the annotated agenda, but we should discuss with DHSC team

I think the big things we need to be ready to discuss in detail at the meeting are:

- spread of infection in settings (pillar 1). We should have the latest data. On responses we need: clarity on testing policy and deliverability; clarity on discharge policy/link with NHS; clarity on forward PPE plans imn coming weeks (LRFs are absolutely desperate for this)
- workforce (pillar 2). We need some numbers on what we are aiming at here. I'm not sure this exists. We should know before the meeting what data/estimates we have.
- sustainability/getting money in (pillar 4). Two things slightly confuse me here. (i) the language on getting the 1.6bn to the front line (para 4.4/4.5). Can MHCLG help? It maybe councils are spending some of the money elsewhere than social care? But what are we saying? - that they should spend more on social care? (ii) theres lots of language about more money, which I again find hard to pin down

The. above is not downgrading pillar 3, which is where the humanity is. But they feel the things we most need to nail.

Thanks very much
Simon

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On Sat, 11 Apr 2020 at 19:25, Mary Jones <mary.jones@cabinetoffice.gov.uk> wrote:
> Chris, I'm just sending this to CO colleagues because my knowledge of social care is very limited so others with more expertise should editorialise anything I say here. My comments are also somewhat geared towards handling the FSS meeting rather than the document itself. Finally, I read the previous draft and have only skimmed this one to see if my comments are still valid - overall they are.

1. Overall point on handling the meeting. Like with the PPE document, I don't think the document itself should be the focus of the meeting, but the substance behind it. This is a big problem and we need to know what we are doing about it. We should make that very clear on the annotated agenda. Comments 2 & 3 below are therefore about how we can actually understand what the issues are and how we tackle it.

2. problem diagnosis - I read this document and wasn't very clear about what the risks are for social care and why this strategy would address them. Common sense tells me that these are probably sensible things to do but to what extent are they tackling the actual problem? To know that we need to start by identifying the problem, and how impactful certain solutions would be. So for the meeting, I think we should use the annotated agenda to get DR to press on what the issues are: presumably the infectious environment of care homes, the vulnerable population inside them, and workforce shortages as social care staff are themselves suffering from the illness. Others will be much better qualified than me to judge if these are right.

3. Solutions - there are some suggestions in here but they are not clearly targeted at a problem and some of the stuff seems to be just 'random good things' we probably were already doing leaving aside Covid. I think probably fine to include these in the doc, but for the meeting but we should be clearer about how we are addressing specific Covid issues as diagnosed in our problem diagnosis. In this respect I wasn't that clear we had any particularly pointed suggestions. e.g.
- the five patient policy before testing - like Alex said, got to have an answer on this, surely this is major
- quarantine would from a logic perspective seem to be a big part of this, but again an unconvincing approach (we'll ask LAs to have a look for some capacity...). Surely we can do more to assist if part of the issue is lack of capacity to quarantine.
- testing - paragraphs 1.32 and 1.16 are internally inconsistent! in one we seem to say care workers can go back to work if they test negative, but in another we say don't use testing for discharge in case somebody is asymptomatic. We need to sort that out.
- I thought the stuff on workforce was a lot more convincing, although others might think it could be imaginative.

For the meeting, I would use the annotated agenda to push for some proper decisions on those areas, so we can say something really convincing and powerful. And also a sense of how much of the problem any of these would solve. I.e. I might be completely wrong about quarantine being a sensible thing to do. But we need DHSC to help us understand that.

4. in terms of what that leaves us for feedback for DHSC, I think there are two buckets of things to feedback: a) changes to the doc - I thought Alex's comments were good, and depending on what others think we might want to press them to clarify the doc on point 3; and (b) things they need to be prepare their SoS to present and discuss in the meeitng. We don't need the doc necessarily to give an in depth problem analysis and how effective these measures might be (that's not necessarily the public reassurance exercise its intended to be!) but we need Matt Hancock to be ready to set that out in the FSS meeting, so DHSC should prepare for that accordingly.

Those are just my thoughts - like I say I would very much welcome others editorialising these and feeding in.

Just as a reminder, I am off duty tomorrow and Jon Garvie is on. We spoke this afternoon so Jon is as up to speed as anybody is with anything these days!

Many thanks
Mary