

OFFICIAL-SENSITIVE

HMIG (20) 07  
Minutes

Minutes of a Meeting of the  
COVID-19 - Health Ministerial Implementation Group  
held via Zoom on

TUESDAY 7th April 2020  
At 1200 PM

---

P R E S E N T

The Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

The Rt Hon Robert Jenrick, MP  
Secretary of State for Housing,  
Communities and Local Government

The Rt Hon George Eustice MP  
Secretary of State for Environment, Food  
and Rural Affairs

The Rt Hon Dr Thérèse Coffey MP  
Secretary of State for Work and Pensions

The Rt Hon Michael Gove MP  
Chancellor of the Duchy of Lancaster and  
Minister for the Cabinet Office

The Rt Hon Stephen Barclay MP  
Chief Secretary to the Treasury

The Rt Hon Penny Mordaunt MP  
Paymaster General

The Rt Hon Mark Drakeford AM  
First Minister of Wales

The Rt Hon Michael Ellis QC MP Solicitor  
General

The Rt Hon Simon Hart MP  
Secretary of State for Wales

The Rt Hon Alister Jack MP  
Secretary of State for Scotland

The Rt Hon Christopher Pincher MP  
Minister of State for Housing and Planning

Joe FitzPatrick MSP  
Minister for Public Health, Sport and  
Wellbeing

Helen Whately MP  
Minister of State (Minister for Care)

Robin Swann MLA  
Minister of Health

Vicky Ford MP  
Parliamentary Under Secretary of State for  
Children and Families

James Heappey MP  
Parliamentary Under Secretary of State  
(Minister for the Armed Forces)

Edward Argar MP  
Minister of State (Minister for Health)

Baroness Williams of Trafford  
Lords Minister at the Home Office

Caroline Dinenage MP

Robin Walker MP

OFFICIAL-SENSITIVE

Minister of State (Minister for Digital and Culture)

James Dudderidge MP  
Parliamentary Under Secretary of State  
(Minister for Africa)

Minister of State (Northern Ireland Office)

Amanda Solloway  
Parliamentary Under Secretary of State  
(Minister for Science, Research and Innovation)

ALSO PRESENT

Sir Simon Stevens  
Chief Executive, NHS

**Name Redacted**

National Director for Strategy and Innovation, NHS

Professor Jonathan Van Tam  
Deputy Chief Medical Officer for England

Professor John Newton  
Director of Health Improvement, Public Health England

Dr Katherine Newell  
Scientific Advisory Group for Emergencies

Sir John Manzoni  
Chief Executive of the Civil Service and Permanent Secretary, Cabinet Office

Simon Ridley  
Director General C-19 Healthcare Ministerial Implementation Group, Cabinet Office

Alison Pritchard  
Interim Director General, Government Digital Service

Rosemary Pratt  
Director C-19 Healthcare Ministerial Implementation Group, Cabinet Office

Clara Swinson  
Director General for Global and Public Health, Department of Health and Social Care

Rosamond Roughton  
Director of Adult Social Care, Department of Health and Social Care

Antonia Williams

## OFFICIAL-SENSITIVE

Introduction	<p>THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the Group would review the current situation in Adult Social Care, which was a mission-critical element of keeping capacity in the NHS. The Group would also cover delivery of the shielding programme for clinically vulnerable people as well as an update on the health impacts of social distancing. Personal Protective Equipment (PPE) would be discussed in further detail at the next Healthcare Ministerial Implementation Group.</p>
Adult Social Care System Readiness	<p>THE MINISTER OF STATE FOR CARE said that there had been a lot of cross-government work to support Adult Social Care although the system was under pressure due to COVID-19. 9.7% of care homes in England had reported outbreaks of COVID-19, although this figure was higher in London. Data was being collected from the NHS England Capacity Tracker to give a picture of the system and covered over 70% of care homes at present. From the data available, occupancy was at 90% meaning there was some available care home capacity. RAG ratings across admission status, workforce and PPE were being collected from care homes and could potentially be shared with Local Authorities and MHCLG to compile into a LRF dashboard. An app was being developed by the Care Quality Commission (CQC) to allow domiciliary providers to input data and to allow providers to flag issues to receive further support.</p> <p>Continuing, THE MINISTER OF STATE FOR CARE said that discharges from hospital into the community to increase NHS capacity had been hugely successful. Non-COVID bed occupancy had reduced by nearly 40,000 patients since 2nd March, against the target of 30,000. Clear guidance on discharge processes and care home acceptances had been published. DHSC were aware of some concerns in the sector and guidance on infection control was under review. Further work was ongoing to model future discharge volumes and likely acuity of patients to ensure Adult Social Care capacity was sufficient in the coming weeks and months.</p> <p>Continuing, THE MINISTER OF STATE FOR CARE said that ensuring parity in the approach between the NHS and social care for PPE and testing was important. PPE was being delivered to social care providers from national stocks and they could contact the National Supply Disruption Response hotline in emergencies. A new channel through Clipper Logistics was also being established to deliver PPE to social care providers. Social care workers were also to be tested alongside NHS staff where capacity permits in order to reduce staff absences. There has also been a growth in interest around jobs in the care sector. Online training capacity has been scaled up and the DBS process shortened to create a pool of potential workers that providers can tap into.</p>

## OFFICIAL-SENSITIVE

Continuing, THE MINISTER OF STATE FOR CARE said that ensuring the financial viability of providers was vital. The Local Government Association (LGA) and Association for Directors of Adult Social Services would be publishing guidance for Local Authorities on how best to support providers. DHSC were also continuing to monitor provider financial health through the CQC's existing oversight scheme. The Coronavirus Act and associated Care Act easements allowed Local Authorities to prioritise care to meet the most urgent and acute needs. Work was also underway to ensure that care homes are supported to manage end of life care for residents where that is the choice of the individual and the family.

In discussion, the following points were made:

- work on metrics for Adult Social Care had moved forward at pace. By the end of the current week, there would be a Local Resilience Forum (LRF) dashboard covering a range of measures across Local Government such as health and social care, business continuity and death management.
- the LGA has requested a focus on encouraging recent leavers from social care professions to return to this work in the current crisis, which is being picked up between the THE SECRETARY OF STATE FOR HOUSING, COMMUNITIES AND LOCAL GOVERNMENT and THE MINISTER OF STATE FOR CARE;
- ensuring data reporting compliance from all care home providers was a priority. There were some concerns that data reporting by providers would be used by Local Authorities to penalise them, but this should not be a blocker to reporting;
- the current rate of deaths in care homes was being tracked against the normal rate, to provide a sense of the scale of excess deaths due to COVID-19. It would be important to develop a sensitive narrative about deaths in care homes;
- work on discharges was welcome and the number of patients with a hospital stay of over 21 days had halved;
- financial resilience for the care sector would be vital in keeping enough capacity in the NHS to deal with any potential uplift in admissions. There were four care home beds for every hospital bed and so a relatively small percentage reduction (around 7%) in care home availability could lead to all available capacity in the NHS being filled with patients unable to be discharged.
- it was vital to ensure that funding reaches care home operators in order to keep this capacity. THE MINISTRY OF HOUSING, COMMUNITIES AND LOCAL GOVERNMENT was working closely with HER MAJESTY'S TREASURY to ensure cash flow issues in some lower-tier authorities did not disrupt provision of social care;