

Coronavirus + Social Care meeting – 6 March 2020

Attendees: SofS, PS(P), MS(C), MS(H), Jenny Harries, Rosamond Roughton, Jonathan Marron, Chris Wormald (Permanent Secretary), Jonathan Van Tam, Lord Bethell, Richard Cienciala, Hadley Beeman, Richard Cienciala (RC), David Halpern, Nisha Mehta, NR, NR, NR, Natasha Price, Emma Dean, Jamie Njoku-Goodwin, Allan Nixon, NR, Ian Dodge

- SofS opened the meeting by stating the impact of coronavirus which poses a complicated set of problems on the social care sector due to the higher risk for older people and the need to be gripped as soon as possible.
- MS(C) noted we need to ramp up preparedness around social care.
- There was a discussion on anecdotal stories in the states and France about high mortality rates from coronavirus in nursing homes, and the high risk for people in care homes.
- SofS flagged the most contentious item in the Bill is to raise the threshold for giving care. It's a very complicated set of problems.
- DCMO Jenny Harries (JH) noted mortality rate in Washington State in nursing homes seems to be at 30%.
- Rosamond Roughton (RR) provided an update, noting nursing homes in the UK differ from those in the US. They can provide more care but are not equipped to provide specialist care.
- RR noted if someone contracted coronavirus in a nursing home the current plan would be to send to them to hospital. RR flagged that around 50% of people will likely have died within seven months regardless (nursing homes) and that this should be about minimising excessive deaths.
Action: SofS asked for the figure for deaths in residential homes. Please can team come prepared with that figure at the next meeting (11 March)
- Chris Wormald (CW) noted we seek more disaggregated data showing the reasons for people staying in the care homes. **Action: SofS asked for the expected "peace time" death rate, according to different care needs and or clinical conditions. Please can team come prepared with this analysis at the next meeting (11 March)**
- DCMO JH flagged that the majority of the people that we're talking about are receiving domiciliary care too. SofS agreed that we should be thinking about this in the following hierarchy: residential Home, nursing home, domiciliary care.
- SofS reiterated the importance of thinking about respiratory support and asked if there is the skilled capability in the sector to provide respiratory support? SofS noted the challenge will be about where the optimal place to focus resources will be.
- MS(C) flagged that there may be more people that will need to be treated in nursing homes and asked if nursing homes ready/prepared to deliver this.
- There was a discussion on the treatment of resident home residents for non Covid-19 residents and the opportunity for residential homes to use technology in this space.
- There was a discussion on workforce, with DCMO JH flagging workforce shortages and noting the majority of nursing home staff are not clinical. DCMO JH flagged the risk of double counting capacity.
- DCMO updated her call with Directors of Public Health (DPH). They are all having conversations but they need more messaging and clearer instructions. Private providers were building business continuity plans.
- CW updated on his meeting with the LGA noting their top ask was what we can say to care providers about financial certainty. CW noted conversation with MHCLG on speeding up their LRF testing which was due end of March.

- PS(P) spoke to small groups and the LGA highlighting that poor CCGs would be an issue. PS(P) noted they may be readier that we may be assuming flagging Thursday is their Smith Square meeting and it will be a good opportunity to update on the health aspect.
- SofS summarised there is work to be done and issues to solve on 10 different areas: Workforce, financial support (language or substance), excess deaths (maximising overall support to overall population, where support goes etc), data, support for non-Covid-19 illnesses, equipment (e.g. PPE, oxygen), LRF readiness, collaboration with providers, comms and the bill. Noting the big question is if we have got enough of a team or a system in place to be able to do everything we can on all of these areas.
- Jonathan Marron (JM) provided an update on capacity noting social care teams were starting to focus on this with close working with MHCLG and NHS.
- SofS flagged importance of CHC and the NHS to social care links
- Ian Dodge (ID) provided an update on NHS work on this, noting standing up all the work that is already done on care homes and community support, including flow of patients into hospital and how to provide the right integrated support into care homes. ID noted thinking is being done on 'isolate to protect' including looking at different groups on visiting services.
- Richard Cienicala (RC) we are setting up a joint group with ADASS to reach into the group. CW flagged shortage of expertise not data.
- There was a brief discussion on the bill and the difficult message which needs to be communicated on the powers to increase threshold of care needs to receive care.
- RR suggested presenting the message as enabling Local Authorities to be prioritised so that peoples urgent needs are met first. CW agreed prioritisation to the most vulnerable is a credible way of describing it.
- There was a discussion on how we stop carers making uninformed decisions and sending people to hospital unnecessarily. DCMO JH noted not all LRFs have SCGs stood up at the moment, the local context is probably not playing through, flagging LAs are getting FOIs on excessive deaths etc. this is having an impact on capacity.
- JM noted a need to update our guidance for Local Authorities and social care. SofS asked for updated guidance to be online on Monday and Tuesday. **Action: Please can the team ensure this is done by Tuesday COP.**
- RR reiterated that we do have a work programme on carers. SofS would like to add volunteers to point to social care in order to get more people helping quickly, SofS asked for tech team to be tied into this.
- There was a discussion about a platform to point want to be volunteers to, SofS noted a preference for a national level system e.g. a website to coordinate volunteers for communities and the care sector similar to HelpForce. SofS asked for David Halpern and the Behavioural Insights team to work together with the tech team on this. **Action: Hadley and teams to provide a substantial update at coronavirus/social care meeting on W/C 16th March.**
- **Action: JM to follow up with the LGA on umbrella operation for volunteers signing up and provide an initial update for this week's meeting (11th March).**
- DCMO JH flagged that these are really vulnerable people. She also reiterated that these workers are low paid, they need protection that they receive pay otherwise these may continue to work at risk.
- SofS noted although we've moved SSP from day 4 to day 1 some of social care work force won't be eligible for SSP, the solution for this may be universal credit and there is a question about whether for social care workforce we can put in place an alternative. SofS noted DWP are concerned about new system getting up and running quickly. Universal Credit can be paid on day 1 but we may need a social care front end. RC flagged this may produce inflation in cost. SofS noted there is a macro funding issue.
- RR noted a quarter of people working in social care on 0 hour contracts.

- ID noted challenges of discharge and the volumes in care homes as well as the integrated response, noted working with RR and JM on this.
- **MS(C) to run a simulation of what happens in a worst case scenario if both NHS and nursing homes are full alongside LRF exercises Action: NR to take this away and commission.**
- SofS asked MS(C) put as much time into this as possible and the need to communicate as soon as possible, including updated comms from MS(C) or SofS early next week. – MS(C) to lead all that.
- SofS noted PS(P) to loop in all major charities to ensure they are brought into the conversation. Action: NR to follow up.