

Message

From: [redacted] **NR**

Sent: 11/02/2020 17:53:21

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Subject: Coronavirus: Adult Social Care meeting readout

Hi all,

Please see a readout from the ASC Coronavirus meeting earlier. Let me know if there are any issues!

Thanks,

[redacted] **NR**

Coronavirus: Adult Social Care meeting 11/02/20 12:00

Attendees: Chris Wormald (CW), Lee McDonough (LM), Jonathan Marron (JM), Gavin Larner (GL), Rosamund Roughton (RR), Richard Ciencala (RC), Jenny Harries (JH), David Lamberti (DL), David Williams (DW); [redacted] **NR**, Sarah Harriss,

[redacted] **NR**

[redacted] **NR**

Overall response and plan

1. RR stated that there is a tripartite plan to dealing with Coronavirus in Social Care:
 - a. Raising awareness in the sector to promote prevention
 - b. Preparing for the RWC planning assumptions
 - c. Putting in place the appropriate staffing and resourcing – RC confirmed that he has overall responsibility for response and that the dedicated EU Exit team has moved over to work on this. They are in place until March. Team stated that their preference would be to have a dedicated G6 in place to lead on this.
2. RR noted that we are more familiar with the supply issues that might arise but the legislative side is less well thought through.
3. CW raised two questions:

- a. Do we need any new powers to manage the response in Care Homes?
 - b. Do we want to manage response nationally or via LRFs / LAs? (Initial thinking is that LAs will need to prioritise this work locally, but will require guidance and perhaps a degree of coordination).
4. RR explained that the expectation on LAs would involve how we support them to meet statutory duties (and where these may need to be relaxed in the event of RWC) vs. the expectation for LRFs to lead on issues such as prioritising workforce if issues arise. ASC team are discussing with MHCLG red teams, who are adopting a locally led, nationally supported model as well.

Action #1: Adult Social Care team to work with David L to draft clear lines on who has responsibility for response (noting SoS steer that primary planning responsibility is for LAs) ahead of the planned publication of CoV plan. CW noted that this should be framed in the context of how we will support planning nationally.

5. Team will also need to consider if there may be any legislative changes required for LAs (e.g. relaxing requirements on nursing homes in case of workforce issues). CW noted that the default position is to include any powers which might be needed in the emergency Bill. In the public plan, we will indicate that we may legislate but not indicate the specific details at this time. This should reinforce the point that LAs will be able to do sensible things in response and legislation will not get in the way.

Action #2: ASC team to consider what legislative changes may be required to support LA response. Initial view should feed into DL's plan this week, with more detail to be discussed with SoS (PO team to organise meeting with SoS next week, cc NR to be aware).

6. There is also a need to provide some clinical advice to cover what should happen when there is a case in a care home (to include advice on isolation, delay of transfer of care out of hospital, moving patients). This should include an assessment of the practicalities of each option so will require input from the CSW and ASC team.

Action #3: DCMO to draft clinical advice on response to a case in a care home ASAP. This will likely require input from CSW and ASC team on the practicalities of implementing.

7. DL commented that there were likely three ways that the virus could enter a care home (infected people moved into homes; staff; visitors) and these should be considered during the response phase.
8. JH noted that there are some difficulties around informal carers and domiciliary care, in particular a) around how isolation would work, b) the lack of information flow between private sector care providers and LRFs and c) what the triggers would be in RWC.

Action #4: ASC team to draft response guidelines for domiciliary care / informal carers ASAP (this may come from LA flu plans and would probably be a good idea to test at the next NSG).

9. CW commented that it would be helpful to have an ethical framework in place that is specific to ASC.

Action #5: PO to commission CSW to draft ethical guide / framework for ASC.

Local Authority engagement

10. CW asked if we are engaging with LGA. RC confirmed that the NSG (which includes CPA, LGA, ADASS, DAs and MHCLG) met last week and these will now be weekly.
11. We asked LAs to have a pan flu plan in place in 2018 so they should all have these. CW asked if we should request every LA plan. RC commented that we should at least do this at a regional level, possibly coordinated by regional DASSs.

Action #6: ASC team to agree with LGA a plan for reviewing LA pan flu plans ASAP.

Workforce

12. LA plans already cover how other public sector resource can be redeployed if required.
13. CW commented that he was keen that we also work on this from a national perspective, so that another workforce can be sent to different geographic regions.
14. LM noted that there should be join up with workforce cell looking at legislation and on some of specific barriers to implementation (e.g. DBS checks).

Action #7: PO team to organise meeting with workforce, HO, DfE and CSW to discuss DBS checks.

15. RR noted that there should be a community led response as well (e.g. engaging the WI). CW said this should already be happening via the LRFs.

AOB

16. Team noted that it would be useful to be more linked up with Dept Coronavirus meetings.

Action #8: PO team to ensure ASC team are invited to Perm Sec / SoS Coronavirus meetings (copying Cindy to be aware).

Action #9: DL to set up board to coordinate Coronavirus workstreams.

Action #10: PO team to socialise the trigger map ASAP (will send document tomorrow).

17. LM asked what we should be communicating to ALBs, and CW said messaging should be aligned through Clara Swinson.

Action #11: PO team to coordinate ALB messaging with Clara ASAP (wording has been shared with Lee – we will socialise tomorrow).



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