

NATIONAL STEERING GROUP (CORONAVIRUS): MEETING NOTE (corrected)

WEDNESDAY 26TH FEB 2020

Chair: NR

Attendees: Ros Roughton (DHSC), NR (secretariat), John Kennedy (CPA), Grainne Siggins (ADASS), Peter Holton (CQC), Alison Murray (CQC) Sarah Beadman-Cowley (CQC), Simon Williams (LGA), NR (NI), NR (NI), NR (Wales), Cheryl Cavanagh (DHSC), NR NR (DHSC), NR (DHSC), other members of the DHSC ASC coronavirus team dialled in for information.

Previous Actions

Action 4.1 was a request for more information on the phases of the government's plan to respond to COVID-19. These are set out in section 3.9 of the Action Plan that was published on 3 March. We remain in Contain.

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

Other actions from the previous week were closed.

Update from DHSC

- Use the pan-flu RWCS for planning for now and the information in the action plan
- The action plan was published at pace, DHSC welcomes feedback and comments

Action – NSG members to provide further feedback and comments on the action plan via NR

Local situation

NSG members set out some of the concerns that they have heard from the sector:

- Many queries from providers are about proposed changes to sick pay – will the LA will cover the new costs for the first three days of absence. Concern that staff on very low pay may not self-isolate if not paid. Cheryl - This is affecting other sectors too

Action – Cheryl to feed back advice on sick pay changes via NR

- Pressure from members seeking more granular advice. CPA offered to host a workshop with a providers representing a range of care settings to collect up the queries, even if can't get an answer yet
- Financial issues are wider than just sick pay – those on zero hours contracts may not even be eligible for sick pay. And if smaller care homes lose 20% staff (as indicated by RWCS) and are obliged to pay sick pay and agency fees and there is supply price inflation and maybe reduced care recipients – very quick bankruptcy. Larger providers may have more resilience
- Access to NHS111 – conflicting advice but also why don't they have priority like *6 for previous emergencies.

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Action – Cheryl to take concern about care homes access to NHS111 to the relevant team in RWCS

- Hard evidence of providers failing to get PPE they had paid for as it was requisitioned for the NHS

Action – John to send details of the failed order for PPE to [NR]

- Challenge in future when vaccines available – perception they have to pay and also too much effort to make an appointment at pharmacy – would like a workplace vaccination programme

Action – [NR] (workforce) to look at option of workforce vaccination programme for social care workers

- Providers are worried that CQC attitude to inspections. A Statement would be helpful, CQC use 3 principles to inform decisions about inspections so that CQC is focussing where there is a known risk and can make a difference. Comms are going out to providers today and is being shared with CPA in advance. This was sent out after the meeting and can be found here.
- Providers think they may have extra capacity and have found previously that such offers have not been taken up.

Action – [NR] to discuss spare capacity in care homes with relevant person in ASC team

National update

- As part of ramping up arrangements in government we are formalising the governance structures for ASC. The DHSC and ADASS have agreed that we need to strengthen the well-established relationships with the social care sector that have worked so well through the work on EU Exit and broaden membership to include public health colleagues. A new formal steering group, co-chaired by Ros Roughton from DHSC and James Bullion from ADASS, will advise Government on the concerns of the sector, and steps that might be taken nationally to support commissioners and providers locally. The new group will take stock of need for one or more working groups / task and finish groups
- Separately MHCLG / DHSC have agreed to review a number of LRF plans
- Other possibilities discussed to support communications with the sector:
 - A series of workshops or shorter meetings to focus on issues that might arise in a RWCS – with operational staff from a number of different care settings
 - Webinars by sector of specific topics eg self-isolation
 - Make more use of CQC routes to get messages across
 - Tips on what to do if care provision needs to be brought in house as a result of provider failure

Action – [NR] to provide 5 examples of great contingency plans prepared by LAs

Action – [NR] to follow up on what information went out to LRFs on the differences between pan-flu and coronavirus to aid contingency planning

AOB and next steps

Action – [NR] to provide update on next meetings of this group after the first meeting of the national Social Care Coronavirus Planning Group