Adult Social Care

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that there had been an increase in the incidence of Covid-19 (Coronavirus) in recent days. The Committee was gathered to consider the options available to limit the spread in care settings.

THE MINISTER FOR CARE said that there were rising rates in care settings, and in particular among staff, leading to increased risk for care home residents. The Government needed to act now in order to avoid later regret. The work that had been carried out by the Social Care Task Force had produced a strong set of recommendations for what needed to happen across Government, the NHS, local actors and providers to prepare the sector for winter. The majority of these, such as the extension of the Infection Control Fund were incorporated into the Department for Health and Social Care's Adult Social Care Winter Plan, which was in front of the Committee. She wanted to publish the plan this week. The measures in the Adult Social Care Winter Plan, as well as the use of funding levers, such as the volume and conditionality of the Infection Control Fund, as well as the publishing of more data, were all 'must dos'. The paper in front of the Committee contained a list of additional measures demanding more from the sector to make the most of the funding available to it, and improve accountability and transparency. The intention was not that all should be put into practice. Some of the recommendations would be uncomfortable for the social care sector, but were important. More could be demanded of the sector. The measures included a strengthened CQC inspection regime, and legal powers to: prevent staff movement between settings; require full payment of wages to staff when isolating; to stop visiting; and to comply with PPE and testing and infestation control measures, for example weekly testing. The government should consider going stronger on staff movement restrictions and sick pay in particular, and legal powers to enforce these would not face the same backlash that had been seen earlier in the year due to the existing guidance. However, this was a 'stick', that needed to be accompanied by an incentivising 'carrot' of additional funding through the Infection Control Fund. A further 'stick' to consider was a move to greater transparency through publishing care home test rates.

Continuing, THE MINISTER FOR CARE said that the decision on visiting was difficult. The advice of the Chief Medical Officer was that any ban would likely be in place through the winter until March. There would be a number of deaths throughout this period. Visiting was important, but carried with it a high risk of infection and the government needed to be tougher. A compromise could be to only ban visits in 'tier

conditional this funding could be the better. The conditionality of the Infection Control Fund had led to a large increase in the supply of data;

h) the question of visiting was particularly difficult. If measures were in place until March it would be very hard for families and residents. There was an argument for being firm now, in order to relax restrictions later, but given the human impact of care home deaths in the intervening months this was not as applicable as to other decisions regarding the pandemic. Any approach should be proportionate to the evidence on the transmission risk;

i) further transparency was the right thing to do. Data on compliance should be published care home by care home, as well as group by group, or chain by chain. This would identify chains or organisations that were only just meeting the standards across the board;

j) the sector had not done enough to protect those in its care, nor its staff;

k) care home infections tended to be binary, with either no resident cases, or a major outbreak;

l) no notice inspections were being carried out by the Care Quality Commission. These were currently focussed on high risk settings;

m) hospital discharges into care home settings were not the primary driver of care home infections. This was a high-profile issue. The Government needed to explore the possibility of ensuring that no one was discharged from hospitals into care home settings until they had received a negative test;

n) the role of local authorities had to be considered further, and those that were performing poorly should be identified. A small number of local authorities were on the brink of financial collapse, notably Croydon and Nottingham, partly due to pressures of responding to the virus and compounded by poor management. Data was expected by the end of the month demonstrating this;

o) councils needed to work with the NHS, GPs, and the Care Quality Commission on their plans and these needed assurance from the Department for Health and Social Care;