

From: Secretary of State

To: Prime Minister

CARE HOMES AND NOSOCOMIAL TRANSMISSION

1. Following the comprehensive deep dive held earlier this week by the Foreign Secretary, and attended by the Minister of State for Care, this letter sets out my department's plans for an intensive support package for care homes to meet our objective to suppress infections. This builds on the guidance we issued in February and March, and the financial support and policy decisions we have already made over the last eight weeks to help the sector. I will shortly be writing to all Local Authorities asking them to ensure that care homes can access the support they need and that local area resilience plans are being delivered, and to report back on progress and compliance.
2. The latest evidence from Public Health England confirms that:
 - a. There is asymptomatic transmission of COVID-19 in care homes via both residents and staff. This is similar to transmission seen in the wider community; and
 - b. By the time a single symptomatic case is identified in a home, the virus is likely to be circulating in the home amongst residents and staff.
3. We are therefore taking steps on five fronts to suppress infections:
 - a. Infection prevention and control
 - b. Building the workforce
 - c. Stepping up NHS clinical support
 - d. Comprehensive testing
 - e. Oversight and compliance - local government and national
4. At its heart, the core problem of managing social care is that accountability for delivery falls to us, while the levers are held by local authorities. This makes delivery of sensible policy proposals - like reducing staff movements between providers - very difficult. We need to change this through legislation. But in the mean time, the most effective way we can drive specific policy directly is to tie adherence to funding: to give funding to those providers who act in the correct way.

Infection prevention and control

5. To support care home providers' observe PHE guidance on infection prevention and control measures (including on use of PPE, isolation/cohorting practices and decontamination and cleaning processes) there will be:
 - a. A requirement for care home providers to confirm through new monitoring arrangements that they have restricted all routine and non-essential healthcare visits in line with the guidance issued previously;
 - b. A significant push on training in PHE's recommended approach to infection prevention and control – with additional support now offered to care homes by the NHS;

- c. A requirement for local authorities to support care providers that are unable to cohort residents; and
 - d. confirmation that the £1.3 billion Covid-19 discharge funding for the NHS, should be used to fund quarantining of patients being discharged from hospital before entering a care home.
6. On PPE we are now testing and rolling out the e-portal for smaller providers to access the Clipper distribution service, and this is now in place across Devon and Cornwall. I have agreed to roll this out to further. This will enable us to better understand the implications for demand of taking on more providers and will determine the pace at which the e-portal service is offered to all care providers. I plan to set milestones for roll out, once we understand this better and it will be important that the pace is guided by the supply position. We are taking steps to significantly increase the supplies into the country, as was discussed earlier this week.

Building the workforce

7. Expanding and retaining the social care workforce will be key to enabling care providers to continue to provide care and support to their residents, and rapid support to expand the workforce will be key to support care homes in reducing staff rotation between care homes.
8. My officials have reviewed the option of making this a legal requirement, however I have been advised that this is fraught with operational risks. If providers cannot meet the requirement, they would be forced to operate with unsafe staffing levels which in itself may create further health risks or lead to providers exiting the market.
9. I therefore propose to take a firm supportive approach, looking to establish compliance, and as testing ramps up (including of agency workers) the risks attendant on movement of the workforce will be mitigated. This way we can achieve the same ends, but from a stance of supporting care homes.
10. As we are looking to compensate workers for the financial impact of restricting where they can work, I am strongly of the view that we must ensure that those social care staff that need to isolate do so on full pay rather than on statutory sick pay. To date we have been encouraging providers to adopt this policy wherever possible, however we know that many are not, citing that local authorities have not passed on the funding which we announced in March, a large proportion of which was intended for this purpose. I would like us to be more directive towards both employers and local authorities to ensure this happens. We simply do not have enough effective levers to directly mandate changes in practice in social care. We must address this by tying extra funding to changes of practice in future, instead of simply increasing funding to councils with no requirement for this to be used to improve practices in social care.
11. The local measures taken by providers need to be supported nationally. That is why we have started a new national recruitment campaign to run across broadcast, digital and social media with the ambition to attract an additional 20,000 people into social care over the next 3 months. We are fast tracking DBS checks for new recruits and volunteers and making