Feedback from NCF members' COVID 19 call – 10 March 2020

Liz Jones (NCF policy director) plus c53 members joined

Session aims – Support regular ongoing NCF / Care Provider Alliance discussions re Covid 19 response and feed messages from today back into national steering group

Current practicalities – Still in containment stage; important that we raise practical business challenges for escalation and share latest contingency plans.

Important to engage to try to ensure government does not make incorrect assumptions about how local areas are responding and the ability of providers to respond on their own, without co-ordination and support across LAs, local health systems and supply chains.

Key themes emerging as follows:

- **Precautions to limit the virus coming into care settings**
  A number of providers have introduced screening approaches at the entry point to their services – things like temperature testing and hand washing requirements. Others are limiting access for visitors. We know that temperature testing is limited for detecting people before they develop symptoms – but presumably it's helpful in detecting those with symptoms, specially staff..... Any other advice here?

- **Concerns about how to ensure providers receive a fast, co-ordinated response from health care services within 12 hours of suspected cases**
  Really good conversation about this. Providers are experiencing confusion from different parts of the health system around who should be providing the testing and diagnosis of suspected cases (PHE or GP or community testing or paramedic?) and we need absolute clarity and guarantees on the healthcare response within a short time frame eg 12 hours. This will enable providers' operational planning arrangements to swing into action – as long as the numbers of cases in residents and staff are not too high. There was also mention of the importance of remembering our H&S responsibilities to our staff as well as our duty to our residents/ people we care for. We need immediate clarity on the response we can expect to see from the health system in terms of the testing and diagnosis of suspected cases in care settings, for both staff and residents.

- **Concerns around those who may refuse to self-isolate** (people with MH issues, people with dementia, people with drug/ alcohol problems), including MCA/ DOLs issues and public protection issues
  A number of providers raised this and it was a concern across a wide range of services, from those with people with dementia to those who support people with mental health problems and those working in homelessness/ substance misuse and abstinence services. Providers need real practical advice about how to support the self –isolation of those who do not want to co-operate, for whatever reasons. There was a discussion about issues relating to deprivation of liberty and to those with capacity but who choose to ignore the advice. Some providers who work with homelessness and abstinence/ treatment service have been advised to seek support from the police and PHE. A wider group of providers support people with dementia and again are concerned about how to handle this scenario. Might there need to be some emergency powers within any emergency legislation that is planned? Advice please!