

[See recipients listed above]

Subject: Guidance for social care

Dear Paul

Draft guidance

Hopefully we will get to speak about this, but in the absence of that, here are my comments on the guidance that Duncan kindly sent through. I recognise that the guidance has already been through several clearance procedures so I have tried to minimise my comments. These are comments on the guidance headed "Guidance for social or community care and residential settings on Covid-19".

1. Patients. We need to be clear that it is not just elderly people who are vulnerable. It might also be children with complex conditions.
2. Setting. The language is all about care settings, but we should be clear that this applies to people being seen at home by home care workers. It makes this clear at one point in the background, but I think the reference continually to care settings seems odd. Could we say "care settings or people's homes"
3. Definition of close contact. This applies to a majority of people working in social care I would have thought, so it seems odd that the guidance assumes it is an exception. I think the guidance needs to assume close contact and how you mitigate that.

Missing questions from the sector. This doesn't cover quite a lot of things that I know the care sector would like to see, if Covid-19 becomes more widespread. This is where the need for more detailed guidance. So do we need to signal "There will be further guidance on the management of Covid-19 in these settings, in the event that there is a wider outbreak."

Next tranche of guidance

I think we need to make a scientific decision on whether we call upon **care homes to take a specific approach to social distancing** in order to protect people in care homes. This might involve: closing to visitors; taking specific additional infection control steps eg. facemasks for staff; reducing footfall of contractors. Care homes should already be operating good infection control, and this would be to enhance it. Some care homes are already taking these decisions unilaterally, and the sector want to know what they should do. **I assume this is for PHE to advise? If not, please let me know urgently and advise where I should go for this.** SofS and the Care Minister would both like an answer to this ASAP.

In a next tranche of guidance, I imagine it to deal with things like:

- If an individual or household has "self-isolated" and needs daily care and support (with a particular focus on keeping care workers safe eg. should they wear facemasks?)
- If a domiciliary care worker is infected with Covid-19, will contact tracing remain in the event of an outbreak?
- What should employers do to keep their staff safe? If they are in the vulnerable group recommended for social distancing, do they need to pay them for 13-16 weeks?
- Will there be fast track testing for care staff?

I think we will need this for Wednesday? I don't know if PHE have already been commissioned to do this following COBR(O) actions yesterday. If not, I am happy to help.

Will be good to talk!

Best wishes
Ros