NR

Hi Matt,
As you know I run one of the largest Social Care Charities in the U.K., I am also on the Board of the Countess of Chester Hospital and the Board of the National Care Forum, 'NCF'.
In these roles I am able to get a reasonable sense of where everyone is in awareness and preparation for what is coming with Covid19.

I am very concerned about the lack of preparedness generally and in Social Care specifically.

Today I chaired a working group and looked at the flow charts for what happens in a major break out in any of our 450 Charity locations. Nearly all options led to our Nursing Homes and supported living units needing to drop our 3500 clients off at local Acute Trusts.
With 1.7m social care workers looking after over 800k vulnerable people these operations do not have capacity to provide continued care if a location is effected with a person coming down with the illness. We need early guidance from the Government on what to do at different stages.

Today we have made the unilateral decision to:
1) stop all public meetings. This involves cancelling National conferences and any meeting of more than 4 people.
2) move all training to E-learning rather than bringing people from the four corners of the Country to group courses or events.
3) discourage public transport if possible
5) to reduce the participation of the people we support in public gatherings
6) to obviously stop handshakes or other close methods of greeting
7) we are looking at personal supplies of hand sanitisers and obviously reinforcing the hand washing protocols.
8) we are looking at ways to home deliver food and supplies rather than to send care workers to supermarkets

At this stage we are not stopping friends and family from visiting but this might need to be reviewed if the conditions change.

At Community Integrated Care we have nearly 50% of the people we support over 60 with multiple co-morbidities . We also have 40% of our staff in the age range of 55-70.

As you know we have a major shortage of care workers and nurses in the sector and in the event of a decision to close schools (as per Italy and the UAE) then we will lose a lot of the younger support workers who will have to prioritise their families. In the event of a Nursing home or Supported Living Home having a diagnosed person with Covid19 how can you ask older workers to carry on without any Hazmat protection especially when our older colleagues and PWS are in the high risk category?

If our staff don't come in we would have no option but to pass the care to local authorities (who would be in the same situation) or to local Acute Trusts.

Matt, I think that some of the actions we are taking should be encouraged as immediate common practice in the sector and given as strong a level of official advice as possible. I also think that you should look at the working time directive and allow this to be breached in the event that facilities in social care are left through circumstances beyond their control, with a skeleton staff.

At some point we will also need to look at how we can fast track DoLS orders in the event that PWS continue to want to socialise and put themselves and their carers at risk?

A larger issue would be; in a case where a Nursing Home with 100 Dementia patients has an outbreak and staff want to

go back to their families, how do you put healthy new workers into a building where there will be many PWS who will by then have the condition. If there is no compulsory lockdown, then it maybe that without willing staff, that the PWS will be looking to the local Acute trust for support, even if non symptomatic.

From the work in Chester, I know that this dynamic is not being looked at as a system wide challenge and again it probably needs serious contingency planning which must involve the 3rd sector.

I am sure that you have seen many of the same extrapolation forecasts that I have and if this does go the way of a pandemic then actions taken now to embrace every possible prevention measure, must be an immediate priority.

Matt, I don't envy your challenge but if their is anything we can do to help with thinking through the issues, obviously we are there as an on the ground team who could add perspective if this is useful.

Best regards,

NR

From: NR
Sent: 05 March 2020 11:30
To: Roughton, Rosamond <Rosamond.Roughton@dhsc.gov.uk>; Cienciala, Richard <richard.cienciala@dhsc.gov.uk>; Marron, Jonathan <Jonathan.Marron@dhsc.gov.uk>; Permanent Secretary <permanent.secretary@dhsc.gov.uk>; NR @dhsc.gov.uk>; psmatthancock <psmatthancock@dhsc.gov.uk>; Moses, Ed <ed.moses@dhsc.gov.uk>; NR @dhsc.gov.uk>; Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Cc: NR @dhsc.gov.uk>
Subject: Read out 4.3 Coronavirus Social Care

Dear all,

Thank you for joining the social care coronavirus meeting. Please see a brief read out below.

Attendees: MS(C) NR NR NR Jonathan Marron (JM) Ed Moses (EM), Jenny Harries (JH) Richard Cienciala (RC) Mark Harvey (MH) NR

Summary actions

1. To reconvene next week to discuss progress on MHCLG assurance and comms to the LAs. **PO to action.**

General discussion

- MS(C) set out that she wants to know what we are doing for social care preparedness. She saw the two plans for Essex and Herts and was concerned.
- RR said that there were more detailed, COVID specific plans and started discussing slide 3 on assuring the plans. She outlined that MHCLG are setting up a process to assure plans and that the Department was identifying people to support on the social care aspect. MHCLG lead on these as they cover lots of other things too.
- MS(C) asked if the plan is to assure all plans.
- SF outlined what is being done in terms of reviewing plans, including bringing in health experts and doing this quickly. This process should happen in the next day or so. MS(C) asked how long the process would take. NR said it should take about a week.
- JH that the assurance you need is several layers below the plan. There are hugely detailed plans sitting at local levels that may not surface. MS(C) flagged that she is concerned that perhaps these plans don't exist. MH reassured there are plans that sit below this plan that include how do you prioritise plans etc.
- JH noted that she has a call with DPH locally to get some soft intelligence on plans.

- RR flagged that she is not sure that the current process will get to the level to detail that MS(C) necessarily wants. She asked whether we thought it was more important that we start articulating requirements to the sector. RR flagged that we need LAs to move away from containment plans start work on their plans for the "mitigate" phase.
- MS(C) agreed and reiterated that she does not want people to starve because they had not come to care. All agreed.
- MS(C) asked if there was a plan to work with some of our best LAs to work out what the plans should look like.
- RR confirmed there was plan via ADASS to agree which communications and which products are needed. It is also a direct route of concerns from the sector and what are the expectations locally. RR flagged that q third of people receiving care are not known to LAs – this is a major risk.
- JH linking to NHSE on self-isolation and how does it relate to their social situation.
- EM thought that an assurance of providers, e.g. do they have financial issues, vulnerability of providers, where is the most consistent and underpayment of fees, would be important to understand where the greatest risks are.
- RR agreed that thought this could be overlaid with MHCLG assessment.
- MS(C) asked if will have a picture of where the greatest worries are. MS(C) asked if there is a plan to work with really good councils to pull together a good plan.
- NR we have some work going on to make sure all councils are ensuring that they are focusing on this. There are nine CEO of region. JM will send a letter to all CEOs.
- RC flagged that we've seen a major shift from the sector looking for support from the centre.
- RC outlined the options with the primary legislation.
- MS(C) asked how hard will the prioritisation be. MH reassured that we're looking at a number of ethical frameworks, however in a WCS there will be difficult scenarios and difficult decisions.
- EM flagged that these decisions may have an impact on life expectancy and quality of life which may end up with greater acuity of need.
- MS(C) are we thinking about the comms aspect. No one is thinking about social care preparedness or talking about it at least.
- JM agreed that we are not saying the right thing at the moment, we're not talking about social care enough.

Comms to note.

- RR agreed and said that we need to say when there is nothing new to say.
- MS(C) asked to reconvene early next week – **PO to action**

Department of Health & Social Care

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