Department of Health & Social Care

Social Care Sector: Covid-19 Support Taskforce

Full recommendations – including all Advisory Group recommendations

18 September 2020

1. Recommendations in over-arching report

Personal Protective Equipment

Recommendation 1:

Sufficient PPE provision to all social care providers (regulated and unregulated settings) should be made, free of charge, until at least the end of the current financial year (until 31 March 2021).

Consideration should be given to making a contribution to the costs of PPE, experienced by the sector in this financial year to date.

Action for: DHSC / Her Majesty's Treasury (HMT)

Recommendation 2:

Government to ensure that robust distribution mechanisms for PPE, for the sector, including emergency supply arrangements, are in place; and to communicate clearly to the sector these arrangements for this winter.

Action for: DHSC

Recommendation 3:

Local authorities should establish mechanisms for supplying PPE to informal carers based on individual need.

Action for: Local authorities

Recommendation 4:

Organisations should work to agree joint mechanisms for enabling staff to raise concerns about access to adequate supplies of PPE.

Action for: CQC and local authorities

Testing

Recommendation 5:

NHS Test and Trace should ensure the availability of detailed data on care home tests undertaken and the positive and negative results to local government, taking into account of the legal requirements of GDPR.

Action for: NHS Test and Trace

Recommendation 6:

In areas of high prevalence and local outbreaks, testing of care staff should be a priority. It is also recommended that SAGE continues to review the evidence to consider whether community staff should be tested routinely. As testing capacity becomes available, the Government should review the testing of care staff in the community. A priority for consideration is live-in care workers.

Action for: DHSC / SAGE

Recommendation 7:

Testing of regular family visitors to care homes should be reviewed by SAGE considering risks associated with visitors, risks to residents of not being able to see their families and circumstances where relatives' care and support in the homes is an integral part of the care plan

Action for: DHSC

Recommendation 8:

The testing of essential and regular visitors to care homes, such as CQC inspectors, should be kept under review

Action for: DHSC and NHS Test and Trace

Recommendation 9:

Meeting the testing capacity (including asymptomatic testing) needs of the adult social care testing strategy (published 3 July 2020) should remain a first priority for the Government. The strategy should be evaluated, in the autumn, as planned.

Action for: DHSC

Recommendation 10:

Outbreak management in care homes should remain a testing priority utilising ‘pillar one’.

Action for: DHSC

Recommendation 11:

All agency staff should continue to receive weekly testing and agencies should put mechanisms in place to ensure this is done. Government should put in place regulations to require providers to ensure staff have been tested before they work in a care home.

Action for: DHSC

Flu vaccination

Recommendation 12:

> Arrangements should be made, where possible, for workplace access to facilitate flu vaccination and other bespoke arrangements to ensure high take-up in the social care sector. This should include the training and deployment of peer vaccinators. There should be a local system in place to review progress and remove any barriers.

Action for: DHSC

Recommendation 13:

> There should be a national communications campaign to encourage take-up of the flu vaccination in the social care sector. This campaign should involve central government, local government employers and trade unions. It should cover service users, carers and the workforce.

Action for: DHSC / local government / trade organisations and trade unions

Workforce and family carers

Recommendation 14:

The Government should set up a short-term workforce planning group to further address workforce capacity issues, likely to arise over the next six months. To conclude its work within six weeks.

Action for: DHSC

Recommendation 15:

Government should keep under review vacancies and absence levels and consider further measures to improve recruitment and retention if existing strategies do not sufficiently fill the gap. This should include the continuation of recruitment marketing to attract the right candidates to fill existing vacancies.

Action for: DHSC

Recommendation 16:

There should be a review of the access to support available to social care staff, in particular for wellbeing services.

Action for: DHSC

Recommendation 17:

There should be appropriate training and support agreed and provided for care staff who are undertaking delegated tasks.

Action for: DHSC / Skills for Care

Funding

Recommendation(s) 18:

In view of this and the continued threat of the pandemic to care homes and the wider social care sector, our recommendation is that the Infection Control Fund should be in place for the rest of the financial year. The conditions which led to the provision of the grant still exist and will do so for the remainder of the financial year at least. In addition, we would recommend:

Rollover of any unspent committed funding for use in the rest of the year. The impact and response to Covid-19 was immediate and unpredicted. Providers and local authorities had to understand what action they needed to take. It clearly took some time for local providers to determine what changes they needed to make and how the grant would be aligned. There is also feedback that the short-term nature of the grant led to some reluctance in applying some measures, including paying full pay while staff were isolating or absent through sickness

Specified funding for the rest of the social care sector to enable all staff to self-isolate or to be absent through sickness without losing pay. The proposal here is to use a model deployed by Hertfordshire County Council, which provided an allocation based on the number of service users in home care, utilising self-directed support and supported living

Use of the funding to support extra staff and equipment to manage the new visiting policy safely and effectively

Reinforcing the existing conditions, including the ability to employ extra staff or increasing pay to meet the requirements of reducing staff movement, or supporting residents who need extra support to remain socially distanced from others

Local authorities creating a staff bank to deploy people into the care sector on a placement basis, with appropriate testing and isolation procedures in order to reduce staff movement, responding to any staffing shortfalls as a result of recruitment challenges, or resulting from infection. This would include any costs associated with indemnity. It would include arrangements for the supply of nurses in conjunction with local health services or the returners and young professionals scheme

Allowing spending on equipment and technology to aid infection control

Allowing payments to offset reduced occupancy where this is required in order to implement appropriate/cohorting/zoning of residential establishments and staff groups in line with Taskforce recommendations (soon to be available). This includes, for example, the provision of separate rooms for changing into and out of PPE and the storage and retrieval of supplies

Enabling use of up to 10% of the funding for PPE. The Government is keeping under review the provision of free PPE to the sector. This would allow some flexibility in meeting the costs of this very important equipment. However, if the Government does, as recommended, make free PPE available for the rest of the financial year with some support for costs incurred, this provision would be unnecessary

Given the evidence of the link between paying staff full pay to isolate or absent through illness, the Government should make the availability of the future grant subject to full pay to ensure that is carried out across the sector during the pandemic

DHSC should consider an increased respite offer to informal carers. This should sit alongside a campaign for carers, recognising their challenges and encouraging options for them to consider a break.

Evidence and guidance

Recommendation 19:

> DHSC should ensure that there is an easily accessible central site for all social care guidance relating to Covid-19, produced in a range of accessible formats. The site should provide links to supplementary evidence.

Action for: Government communications

Recommendation 20:

> Government should ensure that all guidance is developed with the sector in all cases and protocols developed for ensuring that this is undertaken efficiently and effectively.

Action for DHSC

Recommendation 21:

> It is recommended that the SAGE sub-group has a wider brief for the social care sector as a whole.

Action for: Deputy Chief Medical Officer

Communications

Recommendation 22:

> A social care specialist should be included in developing communications in a range of accessible and culturally accessible formats including guidance aimed at unpaid carers at national level to reflect the specific challenges and achievements of the sector.

Action for: DHSC

Recommendation 23:

> Create a digital space where guidance is easily navigated and accessible to all aspects of the social care system in a simple format. Within this space, create a place to amplify the voices of the sector, share best practice and recognise heroic efforts.

Action for: DHSC

Recommendation 24:

> Local systems are recommended to establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care as a matter of course through the winter months.

Action for: Directors of adult social services

Recommendation 25:

> There should be a single dashboard which can be used by each region for the social care sector based on the national dashboard, and used to identify risk and support improvement.

Action for: DHSC with local government / ADASS / Directors of public health / provider representatives

Clinical support

Recommendation 26:

> Communicate the aims and best practice for the clinical lead role for care homes, along with advice on how they maximise the value of their clinical lead. Put into place visible arrangements locally and nationally for assuring that a clinical lead remains in place for each care home.

Action for: NHSE / CCGs / Primary care networks

Recommendation 27:

> Primary care networks and community health services should ensure that a weekly review in care homes is undertaken including structured medication reviews. Care homes should work with the local multi-disciplinary team to ensure this works effectively.

Action for: Primary care networks, community services and multi-disciplinary teams

Recommendation 28:

> Communicate to providers a clear plan, with timescales, for the implementation of the Enhanced Health in Care Homes programme, detailing what support providers can expect to be in place and what preparations they should be making.

Action for: NHSE / CCGs

Recommendation 29:

> Local systems should engage with local care providers to implement monitoring and video conferencing tools for increased access to GPs/primary care.

Action for: Local authorities and CCGs

Recommendation 30:

Directors of nursing in CCGs to provide professional leadership and expert advice on infection prevention and control in local areas to support the local authority and directors of public health in discharging their responsibilities.

Action for: NHS / CCGs

Recommendation 31:

STPs and ICSs to ensure that, through their approaches to population health management, primary care networks ensure that the risks and needs of users of social care services in the community are identified and reviewed.

Action for: STPs and ICSs

Movement of people between care and health settings

Recommendation 32:

> The SAGE sub-group to review the evidence on the risks associated with the discharge of Covid-19 positive people from hospital and admissions of Covid-19 positive people from the community to care homes.

Action for: SAGE sub group

Inspection and regulation

Recommendation 33:

The CQC inspection framework should be reviewed to take into account the recommendations in this report and the winter plan.

Action for: CQC

Capacity, expertise and information

Recommendation 34:

It is recommended that DHSC significantly boosts its own expertise and capacity, in relation to social care, for the duration of the pandemic and beyond. It should do this by bringing in, perhaps through secondment, senior local authority figures with current/recent experience at senior levels both within social care and public health. Such expertise, allied to the soon-to-be-appointed Chief Nurse, could, for example, be deployed, during the pandemic, on the understanding and effective management of local Covid-19 outbreaks, with a role in linking effectively with regional and local structures. Looking more broadly, it is recommended that DHSC should consider what role a group similar to the Taskforce could play in:

- Providing professional advice to DHSC policy officials, on the basis of interaction with the system, playing a key role in informing its development
- Continued implementation of the Care Home Support Plan
- Implementation of the adopted Taskforce recommendations
- Oversight of the quality and effectiveness of national policy through working in partnership with regional and local structures
- Supporting implementation/delivery – advising/supporting as well as identifying places where there are higher risks on a range of adult social care delivery issues.

It is further recommended that these national level arrangements continue to be supported by a robust, resilient and agile regional structure which can support a line of sight at a national level into local situations, enable two-way communications between local and national, and can deploy rapid and targeted support to local systems.

Action for: DHSC

Use of data and Digital

Recommendation 35:

The Government to complete urgently the national Covid-19 social care dashboard.

Action for: DHSC

Recommendation 36:

The DHSC must make some infrastructure changes in order to be able to address these data issues. Principles that should underpin this are:

- Robust data capture – capture once, use multiple times, and ensure that it is clear why data is needed and how it is being used so that good data quality is incentivised. Ideally this would see the establishment of a social care data source, rather than reliance on health or other platforms

- Rigorous database management – collating, cross-checking and processing data from multiple sources and organising it to be used consistently in ongoing reporting and ad hoc analysis

- Operationalising the data – getting the prioritised insights back to users immediately so they can address both emergent issues and data quality, driving proactive improvement. This will help support the sector with problem-solving and managing the pandemic

- Accessibility and democratising data – make both analysis and raw (or appropriately aggregated) data available to everyone as appropriate to their role in supporting the system. This one version of the truth can help to unite a distributed sector behind a shared understanding of where problems lie and what good standards look like

- Operational data leadership – establish the capability and capacity to set new standards of how data will be used to inform decision making. Driving both high standards around the collection and management of data and the active use of data operationally to inform priorities and interventions

- Governance and communication – establish clear roles and responsibilities for who takes which actions and how the data supports them to do so in a prioritised way. Ensure data provides a way to focus on what each part of the

system can do and where more complex or multi-disciplinary work may be needed to investigate beyond the existing data.

Action for: DHSC with support from across Government

National, regional and local structures

Recommendation 37:

> Provider representation should be established in each area as part of the regional support to the sector and assurance for the sector. The model and arrangements need to be confirmed and implemented with the sector.

Action for: DHSC, Care Providers Alliance, with LGA and ADASS

Care home support plan

Recommendation 38:

> Local authorities should review contingency arrangements for staffing shortages with the aim of reducing the need for staff movement.

Action for: Local authorities

Recommendation 39:

> In consultation with local government, central Government should consider making regulations to give local authorities a responsibility for arranging a staff bank to help meet staffing shortages, where this is required. Arrangements should comply with good infection prevention control including weekly testing and infection prevention and control training.

Action for: DHSC

Recommendation 40:

> Further explore the level of exclusivity arrangements that exist with care agencies and how to increase them, reducing staff movement.

Action for: Providers

Recommendation 41:

> The cohorting and zoning recommendations developed by ADASS, working with providers and its implications for commissioning should be adopted across the country. This should include ensuring early partnership discussions with providers about the safety and feasibility of implementing these arrangements within their homes.

Action for: DHSC/ADASS and providers

Recommendation 42:

Implement a national framework for learning reviews of care home outbreaks with subsequent advice on good practice and learning.

Action for: DHSC

Adult Social Care Action Plan

Recommendation 43:

> In implementing the Taskforce Action Plan, local authorities should ensure they take steps, in line with the public sector equality duty of the Equalities Act 2010, to ensure they evidence and address the inequality of outcomes for people affected by Covid-19. DHSC should make available further specific advice for the sector in addressing inequalities.

Action for: DHSC / local authorities

Recommendation 44:

> A mechanism should be developed for sharing good practice on support for young carers to engage effectively with education providers.

Action for: DHSC

Recommendation 45:

> The Government, in conjunction with local government, carers and service users should establish a project to ensure that day service provision is opened up across the country and the innovative examples of alternatives are spread nationwide.

Action for: DHSC / ADASS / providers

Recommendation 46:

> Government and local authorities should review the options to make occupational health services available to the sector where there are gaps.

Action for: DHSC / LGA

Managing community outbreaks and the response of social care

Recommendation 47:

> The actions identified in the workshop should be implemented in September 2020.

Action for: DHSC / NHS Test and Trace

Recommendation 48:

> NHS Test and Trace to ensure that local authorities (DASSs and DPHs) have timely access to test results from residents and staff in care settings, to enable them to manage, effectively, the risk of incidents or outbreaks.

Action: DHSC / NHS Test and Trace

Recommendation 49:

> There should be a monthly review of the specific arrangements and protocols between NHS Test and Trace, its Contain function, and social care. This is to ensure consistency of approach as well as providing appropriate and proportionate support to localities and the sector.

Action for: DHSC / NHS Test and Trace

Recommendation 50:

> NHS Test and Trace should determine whether those tested positive for Covid-19 (or their contacts) are working in the care sector, or are unpaid carers, to enable the appropriate advice and support to be offered.

Action for: DHSC / NHS Test and Trace

Key themes emerging from the Taskforce advisory groups

Recommendation 51:

The advice and recommendations of the Advisory Groups should be considered by the DHSC and a response be provided on the advice and recommendations and how they are to be taken forward.

Planning for the next phase of the pandemic

Recommendation 52

> Following the publication of the national winter plan, each local authority and provider should have in place its own winter plan to build resilience and give confidence to the public. This should include business continuity planning for organisations and contingency planning for service users and carers in situations where there are complex arrangements which depend upon a few key individuals and family carers.

Action for: DHSC with local authorities and providers

2. Advisory groups' recommendations

BAME Communities Advisory Group

Recommendation 1:

We recommend that the work of the BAME Communities Advisory Group continue beyond the timeframe set out by the Social Care COVID-19 Taskforce, with involvement of the Minister for Women and Equalities.

- The wide-ranging issues of inequality raised through our work and the clear and obvious benefits of communicating directly with BAME individuals, carers, people who work in social care, faith group leaders and others require further consideration.

Recommendation 2:

We recommend that people with lived experience; who are in receipt of social care, their support networks and people who work in social care are at the forefront of developing social care policy and guidance that affects BAME communities.

- The future work of the BAME Communities Advisory Group should include facilitation and coordination of this.

- The Advisory Group have found that BAME leaders and individuals have not been hard to reach and have been very forthcoming.

Recommendation 3:

We recommend that there is parity between staff working in the NHS and social care in research, the design, development and delivery of programmes that support BAME staff through this and future pandemics.

- BAME workers within Social Care should be included in the Jointly funded research study by UK Research and Innovation (UKRI), the National Institute for Health Research (NIHR), and University of Leicester-led UK-REACH (UK Research study into Ethnicity and COVID-19 outcomes in Healthcare workers) Or an equivalent study to be funded for Social Care.

Recommendation 4:

We recommend that The NHS Confederation, Care Providers Alliance and British Association of Social Work come together to share best practice and coordinate their advice and support to Employers and BAME staff. This would include:

- Developing co-produced online resources and training for employers on how to support and protect BAME staff and how to implement guidance and information equitably.

- Tailored mental wellbeing support for BAME care staff and those receiving care and support.

- Issuing guidance which further clarifies employer's responsibilities to prioritise support for frontline BAME staff working in social care, including prioritising PPE, consideration of adjustment to working patterns, conditions and/or locations and improving general health and wellbeing.

- Encouraging employers to discuss these measures not only with BAME staff but all staff.

- We recommend that alternative and creative methods of engagement are developed and utilised to widen participation. Online platforms have proven to be successful to facilitate inclusion with younger BAME people.

Recommendation 5:

We recommend that research and accurate data is widely and quickly shared from Government to local authorities to inform the development of strategies that minimise local outbreaks.

Recommendation 6:

We recommend that faith and ethnicity be recorded on death certificates and data sets.

Recommendation 7:

We recommend the development of a 'Trusted Places and Trusted People' strategy as the way of disseminating awareness, knowledge and information.

- Using evidence to inform - For BAME communities, community led works.

- Using existing and relevant legislative frameworks e.g. The Care Act 2014 & Localism Act 2011 to facilitate local level decision-making with communities and individuals.

- People are more likely to listen to people they know, trust and identify with; be that through religious, community or other affiliation, where information is translated into multiple languages or shared through mother tongues.

- This is particularly important with messages of prevention i.e., self-health improvement, flu vaccination etc.

Recommendation 8:

We recommend that greater efforts are made to improve cultural ‘competence’ at Government level.

- This includes understanding the impact of the closure of places of worship and the timing of issuing closures. Many religions are a rules based and only the Faith leader can issue a “breaking of the rules” in order to prevent harm or to minimise risks to others. e.g. directing people to not group or come together. Therefore, clear messages from Government, are necessary.

Recommendation 9:

We recommend that there is increased robustness in co-ordination of the Health and Social Care System, thus working better together to support BAME staff in social care between the NHS and Local Authority, Social Care and Public Health.

- Specifically, more sharing of information, learning and best practice emerging from NHS employers to social care employers on how to support and protect BAME staff including risk assessment processes and procedures, protective measures, campaigns and guidance.

Recommendation 10:

We recommend that guidance is produced and clearer expectations set, that deliver improved messaging on the need to protect BAME workers across social care. (In line with evidence which details the higher risk posed to them).

Carers Advisory Group

Action for national and local lockdowns

Recommendation 1:

Tailored information and advice: We recommend the Government's carers' guidance is reviewed and updated with learning from the pandemic in the event of a second wave/spike. Specific guidance for carers in England was produced relatively quickly which was welcomed. We recommend this guidance is reviewed nationally, in collaboration with carers and key stakeholders, in case of the need to reissue quickly. Locally similar tailored advice must be targeted at carers and in accessible formats, languages and easy-read, consulting key communities and groups. As well as key public health messages, key areas to focus on include exemptions allowing carers to travel to care, take extra exercise, continue contact for essential care, accompany someone to health appointments. It should also cover testing for carers, PPE rules, masks exemptions, workplace rights, contingency planning, sources of support and volunteer schemes with key messages that they include carers. As well as helping carers, it would help to build trust with key communities e.g. BAME, Gypsy and Traveller communities.

Recommendation 2:

Protecting carers and people they care for: We recommend continued priority testing of carers, access to free PPE for carers and exploring the possibility of developing guidance on early shielding bubbles to provide ongoing support for carers so they are able to have breaks. This also needs to cover people in supported living who often don't have weekend cover, are supported by family or live with family at weekends.

Supporting carers - we recommend:

Recommendation 3:

Rapid delivery of ID for carers like key workers, with core text/practice from national Government to support appropriate delivery arrangements in local authority areas. ID has been a key issue for carers i.e. being unable to prove to the police/others of the need to travel to provide care and not being able to prove they are a carer to access priority shopping, both of which were necessary. These have been two major challenges.

Recommendation 4:

Continued clear support for carers from local volunteer schemes, including how this can be used in the future to provide support for carers.

Recommendation 5:

Guidance to employers from Government on measures to support staff juggling work and care and measures such as access to continued furlough if carers are unable to work because of shielding or lack of day services. Guidance for employers/ees on what happens if it is unsafe for shielding employees to return to work.

Recommendation 6:

Quick benchmarking tool including key measures to have in place locally for carers in the event of local lockdown. E.g. action to ensure that carers have access to food, either because of poverty or challenges in shopping for food. These were major issues at the start of lockdown.

Recommendation 7:

Maximising digital and tech opportunities across local government, health and the voluntary sector, reviewing where they work well for carers who want them, where it meets need, positively enhances their lives and delivers more tailored support. This might cover systems, processes, information, advice, learning, wellbeing, health, or social activities. All support mechanisms for carers must also factor in digital exclusion and where other options are working better for some carers.

Immediate and urgent actions before September 2020

Protecting people - we recommend:

Recommendation 8:

Flu jabs: carers are already treated as key workers in the list of priorities but need specific messaging to encourage take-up particularly amongst working carers, those caring at a distance and BAME carers. CCGs need to look creatively at where and how carers are able to get flu jabs, e.g. GP practices have become less accessible.

Vaccine for COVID-19: That carers are included in the priority list by Government along with other key workers. This would help to align public messaging with the flu vaccine, improve take-up, value carers, reduce the likelihood of infection, protect the person being cared for and reduce the pressure on health and social care in the event of the carer being ill – one of their biggest concerns.

Recommendation 9:

Test and trace to include a key question to identify whether someone is providing unpaid care e.g. outside the home or across multiple homes, e.g. to three elderly relatives, and to signpost to tailored guidance. This would help families to plan faster and connect more quickly with appropriate support.

Recommendation 10:

Visiting is a priority for many families and there is strong evidence that this supports the health and wellbeing of the person needing care. We understand the need for infection control. We need regular testing for a single named relative on entry to care homes and supported living. We also need testing for all people discharged from hospital into the community. This would provide reassurance for families. For those in care homes and supported living, it would improve people's wellbeing and that of their families. For families caring after hospital discharge it would allow them to manage risk and provide safe care.

Recommendation 11:

Access to free PPE for specific unpaid carers in key situations modelled on Scotland scheme. Sufficient free PPE for visitors in care homes, supported living and in hospitals, as well as secure supplies for care workers.

Supporting carers - we recommend:

Recommendation 12:

Local authorities draw up a 'Back to School' plan for young carers which involves adult social care, reassessing families and ensuring sufficient face-to-face support is put in place to give young carers and their families' confidence that they can return to school. This return of services includes face-to-face mental health services. To back up existing good practice work with the voluntary sector and join up services, Government needs to

issue guidance to schools to ensure that young carers are clearly identified in order to provide tailored support.

Recommendation 13:

Address rising need: urgent re-appraisal of baseline need in local authorities and sufficient resource allocation for a) winter and b) the 2021/22 budget for local authorities needing action by MHCLG and DHSC. Impact and outcome: sufficient funding to shore up essential services, supporting the delivery of Care Act 2014 provisions, prevent carer breakdown, prevent loss of employment through not being able to juggle work and care.

Recommendation 14:

Mental health support for carers: targeted mental health support for carers, including young carers, is needed to improve health, resilience and to prevent carer breakdown.

Recommendation 15:

Sustainability of the workforce and supporting carers juggling work and care: Government to look quickly at furlough being extended where care services are not yet in place for carers to be able to work. Government guidance for employers clarifying where “return to work” is not possible without day services returning.

Recommendation 16:

Day services and carers’ breaks and opening up/being reinstated: Our evidence demonstrates the need for quick solutions and several stakeholders, including carers, class this as the most urgent issue. Reports of carers at breaking point, the people they care for losing skills and abilities and the lack of key services means that some carers are unable to work. This is a complex picture and more detail is in the evidence paper. Breaks are delivered in many different forms. Day services and overnight breaks are two types of vital support. Home care services have been used positively where day services have been suspended. The need for breaks has increased. Because of social distancing, it is not possible to provide the same level of capacity for face-to-face support as pre-COVID-19. We have looked at this in some detail. We would recommend:

- Additional investment in day and evening service provision to increase face-to-face support to comply with social distancing and infection control measures – investment by Government to local authorities via Infection Control Fund.

- Sharing good practice such as using additional home care services to provide breaks, providing short term overnight care, waking nights service or live-in care.

- Additional home care services to enable carers to return to work.

- Creative use of direct payments, personal budgets and personal health budgets to give flexibility in breaks provision e.g. agreement on how carers can continue to use their funds in order to secure alternative provision.

- Opening up short term breaks in residential settings e.g. Revitalise breaks or care homes is vital. Both are problematic because of the 14-day quarantining required. Urgent assessment of how this can be managed is needed and additional resource to enable short breaks to be taken, good practice developed and shared with providers.

The evidence is that carers will only trust these services if there is:

- Clear data about the level of risk e.g. low level of transmission among homecare staff

- Openness and transparency about infection control, assurances and delivery of testing of workers, volunteers and carers across settings, including supported living.

- Clear engagement, communication and learning with carers.

- Steady and continuous supply of PPE to workers, but also to carers where necessary.

- Understanding of PPE, when and how it must be used for carers as well as workers. Resources have been developed by local organisations which could be shared.

Next three months (until October 2020) - winter planning

In preparation for winter or a second wave carers needs should be clearly considered in any NHS winter plan and social care planning incorporating the following:

Recommendation 17:

Continuous review of day services/face-to-face services and breaks as above by local authorities, but with national review by DHSC and additional funding of breaks and day services/alternatives.

Recommendation 18:

Rapid assessment/re-assessment/review by local authorities of carers most at risk, and proactive identification of them, in the event of breakdown or at risk in second wave. This should include contingency planning if the carer is ill, unable to care or the relationship breaks down.

Recommendation 19:

Local authorities should encourage early contingency planning by carers who are able to develop their own plan, and focus on those who need more detailed social care support/help developing their plan – this needs to be part of core winter planning.

Recommendation 20:

Continued assessments and reviews of those new to caring during COVID-19. Large variation in local authorities undertaking carer's assessments – one has seen carer's assessments nearly double, others are doing very few and few referrals to local services which suggests unmet need building in areas. Complexity has increased.

Supporting carers - NHS doing more

Recommendation 21:

Rapid upscaling and acceleration of GP identification of carers. This is in the Long Term Plan as good practice, but Government could strengthen and accelerate this with NHSE&I to introduce a basic requirement of all GP practices to have a system in place to identify carers. This would provide a response for any second spike, or increased demand during winter as well as providing a baseline for prevent e.g. flu jabs/vaccines.

Recommendation 22:

Tackling low income issues that affect many carers – in particular the potential winter effect of being indoors longer. Working age disabled people do not get the Winter Fuel Allowance, which could be provided to people in receipt of disability and carers' benefits. Carer's Allowance should be increased from its current rate of £67.35.

Throughout winter (at least to March 2021)

- Issue guidance that gives priority to carers using non-urgent patient transport (NEPTS) to go with and support the person they care for if this is appropriate e.g. dementia carers

- Government ongoing monitoring of Care Act 2014 delivery and easements if enacted.

- NHSE&I needs to set out measures to support carers within the rapid resumption of the full range of healthcare provision that has been missed during the COVID-19 crisis so far. This has to go hand in hand with services for older and disabled people providing replacement social care.

- Support for carers providing end of life care and bereavement support.

- DHSC having a national informed view of how far cancelled or reduced services are reinstated to judge where the sector has returned, or not, to previous levels.

- National review of extent of implementation of reasonable adjustments/disability specific guidance and measures e.g. additional exercise, journeys, accompanying people with dementia, learning disability or autistic people to hospital as standard to see how far these measures are being used/implemented, plugging gaps where necessary. Local authorities could supply proportionate information to DHSC; NHS Trusts and a random selection of GP practices could supply evidence to NHSE&I health inequalities.

Long term

- Improve data collection on social care and carers including capturing the impact on people from Black, Asian and Minority Ethnic communities.

- Review NHS responsibilities towards carers, with a view to building on and improving them.

- Investment in and reform of the social care system.

- Ensure carers' needs for information, advice and support are fully integrated into future pandemic planning.

Guidance, Good Practice and Innovation Advisory Group

Guidance

Recommendation 1:

Produce new guidance for commissioners, providers and others in relation to ‘local outbreaks’ (including testing arrangements, track and trace, coordination and use and interpretation of local data).

Recommendation 2:

To conduct a rapid review of all Covid-19 guidance to ensure they are still relevant, up to date and written in a consistently accessible style. As part of this, apply a consistent process whereby all relevant guidance can be curated for use across the sector with a systematic programme to communicate guidance directly with care and support staff.

Recommendation 3:

Develop a pool of ‘coproduction peer reviewers’ and a sector stakeholder group who could provide rapid feedback on guidance.

Recommendation 4:

Review and reissue guidance on the discharge of people from hospital to care settings.

Recommendation 5:

Guidance on safe visiting for friends and carers for supported living and extra care housing care settings, including safety in communal settings, issues around catering or other on-site facilities.

Recommendation 6:

Fund a short-term programme to provide advice through the regions to local government on how to maximise the use of guidance. Undertaken by an alliance with ADASS, LGA

and SCIE and with a significant regional focus, this could include supported self-assessment against the good practice guidance, peer support, mentoring in key areas.

Recommendation 7:

Guidance on supply of PPE for family carers, non-registered workers, care and support staff employed through direct payments.

Good practice

Recommendation 8:

Promote COVID-19 commissioning guidance to support the sector to reduce variability in performance and outcomes, including through webinars, peer support and learning events. Using and building on the DHSC commissioned SCIE guidance Challenges and solutions: commissioning social care during COVID-19 (July 2020), effectively promote and support the use of this guidance so that councils struggling in key areas can improve performance in subsequent phases of the pandemic and hence improve outcomes for local people and sustain support provision.

Recommendation 9:

Develop and fund good practice on how people and communities and social care providers can be supported to communicate and access resources online.

Recommendation 10:

Produce good practice resources on supporting the continued involvement of people in mutual aid, volunteering and social support.

Recommendation 11:

Good practice for primary care organisations on supporting adult social care services.

Recommendation 12:

Develop good practice resources on move on accommodation and access to any continuing primary health care, adult social care and/or support for people who are homeless.

Recommendation 13:

Good practice on maintaining physical condition, strength and balance during a lockdown - both in hospital or care setting, and at home.

Innovation

Recommendation 14:

Fund phase 3 of the DHSC funded Social Care Innovation Network, a programme which aims to support a pioneer local authorities to test how they can scale innovations.

Recommendation 15:

Fund a joint programme with TEC Service Providers, Voluntary, Community and Social Enterprises to scale and embed technology-enabled care models which improve the quality of care and outcomes.

Recommendation 16:

Undertake a review on global good practice to support evidence for innovation in adult social care.

Recommendation 17:

Currently there are gaps in our knowledge of the experiences of people who self-fund and unpaid carers. We need to review how improvements can made to the quality with the data, leading to a plan for rapidly improving the quality of this data set.

Mental Health and Wellbeing Advisory Group

Recommendation 1:

All service users known to mental health services must have the opportunity to review, with their care manager, their care plan, to ensure that these plans include provision for ongoing support. This also means clear care co-ordination arrangements and a central point of contact for communication of service availability (e.g. in the light of potential lockdowns), including crisis support and consideration of carer needs.

Recommendation 2:

All statutory services must be required to ensure they remain in regular contact with service users, that risk is managed with them and any commissioned providers throughout the pandemic and beyond. Significant evidence indicates that service discontinuity (i.e. no contact from care co-ordinators, withdrawal of section 117 aftercare) remains the experience for many people, including those with severe mental illness.

Recommendation 3:

The continued availability of and investment in crisis support must be a central feature of an effective range of accessible local mental health and wellbeing services.

Recommendation 4:

The principles of personalised care and an explicit recognition of inequality as a barrier to access and better mental health outcomes must guide digital and virtual service offers and commissioning assumptions of these. The risks of digital exclusion are particularly pronounced for people with severe mental illness, people from BAME communities and those with lower socio-economic status.

Recommendation 5:

Access to culturally appropriate advocacy services must be maintained and enhanced, with clearly communicated protocols for the continuity of services, that are both readily available and regularly reviewed.

Recommendation 6:

A clear and targeted focus on prevention (e.g. welfare rights, information, debt and money advice, housing support) that recognises and responds to the structural and intersectional determinants of mental illness and inequalities in mental health outcomes, particularly for BAME people and communities, is required of all services.

Recommendation 7:

Local health and social care systems must renew (i.e. through Health and Wellbeing Boards) commitments to parity of esteem, to maintain access for those people who are currently known to services and those who are experiencing mental health distress for the first time. This will include the need to ensure access to appropriate personalised care and support for all service users, particularly for BAME people and communities.

Recommendation 8:

Stability and continuity of commissioned services and their ability to keep people safe in the immediate future, will benefit from meaningful co-production between service users, commissioners and providers. Commissioners must recognise the intelligence that VCSE providers possess on individual and local needs and circumstances and facilitate sufficient flexibility, particularly in relation to contract management, associated KPI's and delivery and allow providers to adapt and blend services accordingly.

Recommendation 9:

Adult Social Care authorities and relevant services commissioned by them must be proactive in identifying friends and family carers of people with mental health challenges and respond accordingly. This means providing clear in messaging and information that confirms a) carers are entitled to statutory support and b) where they can go to request that support.

Recommendation 10:

Stable services that provide continuity of care and support that keep people with mental health challenges safe rely on a confident, capable social care workforce, across statutory and VCSE sectors. Investing in and supporting the confidence and capability of this workforce is an essential requirement for national guidance, regulatory bodies, inspection and infection control arrangements and local commissioning systems.

Recommendation 11:

The restoration of mental health related adult social care budgets to 2010/11 levels is a priority; in 2018 this was estimated at an additional £1.1 billion per annum. A resolution to this continued gap between demand and resources must also recognise the need for targeted investment in those areas and communities with greatest needs and most disproportionately affected by C19.

Recommendation 12:

The essential role of Adult Social Care (as expressed in the powers and duties of local authorities in the Care Act) in the meeting the needs of people with mental health challenges and their carers and in promoting population mental health and wellbeing, must be explicitly recognised by the NHS and its leadership at national and local levels. This also means that all councils with responsibilities for social care and their VCSE provider partners must be able to engage with and secure strong input to the NHS C19 cells and NHS mental health related planning and delivery arrangements at local levels.

Old People and People Affected by Dementia Advisory Group

Restoring and sustaining contact with visitors in care homes

Recommendation 1:

The Visiting Guidance should be amended by DHSC: i) to enable and encourage at least one visitor per resident to be classified as a key worker, with the training, testing and PPE they need to be ‘part of the team’; ii) to require any care home that imposes or reinstates a ‘no visitor policy’ to inform the CQC, along with the mitigating actions they will take to facilitate ongoing contact in indirect ways (e.g. via video link); iii) Performance in enabling safe visiting and meeting cultural needs should also form part of the CQC’s inspection framework during the pandemic.

Recommendation 2:

DHSC should rapidly co-produce with a small group of care providers and others a highly practical toolkit for care homes on how to implement the Visiting Guidance safely, drawing on best practice.

Recommendation 3:

Government funding must be made available to care homes to facilitate safe visiting; this could be through the Infection Control Fund, which should be in place until at least April 2021, or a new fund. Providers should be able to spend the money on extra staff to organise and supervise visits, technology and kit, and PPE for visitors, among other things.

Restoring care services and assessments

Recommendation 4:

Steps are urgently needed to rebuild the confidence of people who need care at home but who are still too afraid to have services back by: i) DHSC and CQC encouraging and supporting providers to roster staff so there are as few different home carers visiting as possible; ii) using the Infection Control Fund or another fund to incentivise this; iii) co-

producing a good practice guide with home care providers, including encouragement to work sensitively and flexibly with informal carers. E.g. one care visit a day from the same paid carer may be better than none at all, if that's all that's achievable within existing staff resources.

Recommendation 5:

LAs must reach out proactively to people who withdrew from services and encourage them to reconnect; i) they should work closely with people with personal budgets to try to identify alternative services if the ones they usually rely on remain closed; ii) they must ensure that care and carer needs assessments are revised for those with progressive conditions like dementia as quickly as possible, and take urgent steps to clear the backlog of assessments for those with new needs iii) Government should recognise the extra costs for LAs in undertaking these tasks and provide additional funding.

Reinstating and sustaining community-based services and support

Recommendation 6:

To avert an imminent crisis in community support the Government should encourage Las to make transition funding available to their providers, usually from the VCS, to adjust or change services to deliver COVID-19 secure services that address the deterioration and change in need over the course of the pandemic.

Restoring and sustaining access to health care

Recommendation 7:

i) There should be regular monitoring and data collection on the implementation of The Enhanced Health in Care Homes programme by NHSE. ii) DHSC should pay for every care home to have Wifi installed and fund tablets and staff training in how to use it, to facilitate ongoing remote consultations with clinicians (this would also support indirect visiting at recommendation 1. above); iii) At least for the period of the pandemic, NHSE should ensure that every residential care setting has nursing staff allocated to work in the setting at all times. Nursing returners could be prioritised to fill these roles. v) The Anticipatory Care element of the NHSE Long Term Plan's Ageing Well programme should be implemented as quickly as possible, alongside Rehab, following a rapid review of what needs to change because of the pandemic. In addition to people with 'clinically vulnerable

shielding status' and those in receipt of formal care services at home, the roll out of these services must capture people living with significant health needs, co-morbidities, dementia and frailty – all of whom we now know are vulnerable to Covid-19. vi) National clinical guidance must be issued by NHSE on preventing and reversing deterioration of people's physical and mental health following prolonged periods of lockdown and isolation.

Recommendation 8:

DHSC/NHSE must develop and implement a clear recovery plan to ensure the freefall in dementia diagnosis rates does not continue and memory assessment services are enabled to re-open and urgently catch up on waiting lists, particularly among those of BAME heritage who are historically under-diagnosed.

Ensuring effective safeguarding

Recommendation 9:

i) CQC should urgently investigate the reduction of DOLs applications. CQC should use the information gained under recommendation 1 (above) ii) to prioritise scrutiny of care homes and other settings that are 'closed' to visitors iii) CQC must urgently organise a cross sector meeting to brain-storm ways of sustaining effective safeguarding in care during the pandemic, with a focus on how to sustain open cultures in residential settings at this time.

Planning for and managing outbreaks

Recommendation 10:

i) PHE should ensure that every social care provider has an escalation plan in place which states clearly what they will do in the event of an outbreak, local lockdown or second wave and detail how this will be shared as proposed above. ii) CCGs and Trusts should be required to demonstrate contingency plans are in place to secure appropriate step-down facilities to support people moving safely from hospital or home into a residential setting. iii) In the event of a local lockdown or second wave, Every care home should have a designated link officer appointed for them at their CCG and Local Authority and the named above should be charged with co-ordinating and overseeing rapid access to PPE and testing supplies, and support with implementing effective infection control iii) NHSE must rapidly publish clinical guidance on best practice treatment and care to people who contract Covid-19 while living in a residential care setting.

People with Learning Disabilities and Autistic People

Priority actions

Our highest priority recommendations are that government should:

Recommendation 1:

Commit to accessible guidance and communications for people with learning disabilities and autistic people, and their families, being issued with or very soon after all future COVID-19 guidance. This can be achieved by a) coproducing a library of easy-read and accessible COVID-19 information for people and services, as their local areas move in and out of lockdown, b) a national funded programme of digital inclusion to give people living at home or in services the right skills, equipment and broadband, and c) resourcing councils and CCGs to fund local self-advocacy and community groups to help people understand the rules and changes.

Recommendation 2:

Restore, maintain and adapt the support for individuals and families already assessed as having eligible needs. This means ensuring councils and CCGs a) pause care, health or personal budget reviews during the period of service disruption, unless requested by the individual, b) make independent advocacy available wherever a change to support or an institutional care package is suggested, with support to identify and organise a community alternative for the same cost.

Recommendation 3:

Urgently identify and provide the level of resources needed for councils or CCGs to financially stabilise provider organisations at risk of collapse; co-produce with providers a workforce plan for social care; expand funding for and availability of PPE, testing programmes and the Better Health in Care Homes programme from care homes to the whole provider sector (and individual employers using direct payments), and grow the most effective and personalised forms of community support.

Recommendation 4:

Reduce isolation and loneliness for people with learning disabilities, autistic people and their families, through a) expanding the reach of NHS and other volunteering programmes, and COVID-19 hubs, to people with learning disabilities and autistic people, and b) investing in a national awareness campaign encouraging and enabling communities and mutual aid groups to be more inclusive and supportive.

Recommendation 5:

Reach individuals and families who don't receive social care support or organise their own, but who are isolated or in crisis. This means ensuring councils, CCGs and local VCSE partner organisations identify people not known to services to offer accessible information, timely needs assessments, and accessible mental health support.

Further important actions

Recommendation 6:

Although £4bn has been allocated to the adult social care sector for COVID-19 response and maintaining financial stability, many argue this is not enough. Local Authorities have not all delivered this in an effective and timely way. This money must reach the care provider organisations it was allocated for and commissioners must be flexible to sustain providers which are facing variable demand and delivery challenges.

Recommendation 7:

Support to increase digital skills, access and connections should be part of all support service specifications, and any services which pause face-to-face support should be expected to offer a digital alternative.

Recommendation 8:

Fill in the gaps in accessible COVID-19 guidance, including guidance on public service changes, new laws and rules, employment support and getting benefits, and ensure that the expertise is in place to avoid any further lengthy gaps in producing key guidance.

Recommendation 9:

A programme of work with BAME and LGBT organisations to understand the additional barriers facing people from those communities who have a learning disability or are autistic and to tackle the inequalities facing them during the pandemic. Little is known about the intersection of oppression, exclusion and higher risk factors and this needs to be understood, in order then to coproduce effective responses.

Recommendation 10:

Research the risks facing those with profound and multiple disabilities. These groups may be facing particularly high risks of mortality and illness, so information is needed to understand this and what to do to reduce it, including through improving services.

Recommendation 11:

Our remit was to focus on adult social care. We would like to be reassured that similar work is happening around parent and child support and we heard the need to get young people back into education safely in the Autumn to improve people's wellbeing and to reduce family carer breakdown and unemployment.

Recommendation 12:

Review safeguarding, quality, wellbeing and mortality data in locked and institutional services during COVID-19 and ensuring people in locked environments are digitally connected to families and friends.

Recommendation 13:

Raise awareness of and invest in the most resilient and creative community services which have kept people safe and well at home. Resource self-advocacy groups to co-design a COVID-19 proof support system to rely less on institutions and group settings.

Health and integrated health/care issues

Recommendation 14:

We identified urgent actions for health partners to improve the health of people with learning disabilities and autistic people to reduce unnecessary deaths:

- analyse with urgency GP data on causes of death for autistic people and people with learning disabilities
- a campaign to reduce unacceptably high rates of obesity and diabetes, which increase COVID-19 risks
- reduce prescription of psychotropic medication, which may increase COVID-19 risks and urgently review medication for people with multiple prescribed medications which can carry multiple health risks
- outlawing ‘learning disability’ or ‘autism’ being given as a ‘cause’ of death or a reason for a DNACPR notice.
- Working with self-advocacy groups, families and providers to ensure people with learning disabilities and autistic people, and their family carers and support workers, receive flu vaccinations.

Making future planning inclusive and accessible

Recommendation 15:

Despite great work by the experts by experience and self-advocacy organisations involved, this process was not fully inclusive and accessible, and lacked diversity, partly because of the very tight timescale. The government has in the past resourced a standing group of experts by experience, and we strongly recommend DHSC and partners build on existing coproduction initiatives such as Think Local, Act Personal’s National Co-production Advisory Group, to ensure that a group of experts is already established and confident next time urgent support is sought to coproduce policy. A national group will only be effective if it can draw on well-resourced local groups led by people with learning disabilities, autistic people, and their families.

Self-directed Support (SDS) Advisory Group Report

Rights

Recommendation 1:

There needs to be specific guidance/ training on Human Rights in relation to Covid19 with proactive safeguarding in place where needed.

Trust

Recommendation 2:

Implementation of existing Government guidance needs to be robustly monitored with statutory organisations being held to account if this doesn’t translate into people’s experiences.

Information

Recommendation 3:

Information needs to be available at a local level that is joined up across different agencies and developed with people who self-direct their support.

Practical Support

Recommendation 4:

The offer of practical support should result from a coordinated effort and not be left to chance.

Connection

Recommendation 5:

There needs to be coordinated and concerted activity to ensure people have opportunities for connection.

Balance

Recommendation 6:

There needs to be coordinated and concerted activity to ensure people are contacted in a supportive way, on a regular basis should they wish, to check how they are doing.

Choice

Recommendation 7:

Where services are closed there should be alternatives offered or the ability to choose to use that element of PB/PHB in a different way.

Workforce Advisory Group

Workforce Advisory Group

Top Priority

Pay and recognition of the workforce

Immediate action:

Recommendation 1:

Measures should be in place to retain experienced members of the existing workforce, for example a loyalty bonus for those who remain in post for a specified period of time (eg. throughout the winter).

Within three months:

Recommendation 2:

Government should instigate a review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure, in-year, for social care which will be:

(a) comparable with the NHS and equivalent sectors;

(b) fully-funded by Central Government; and

(c) mandatory on employers and commissioners of services.

The urgency of starting this action now was strongly held by the Advisory Group. We also note the risk of high levels of unemployment having a perverse incentive of eroding the existing terms and conditions available within social care.

Maintain the safety and wellbeing of our workforce

Recommendations 3-6:

- Ensuring the adequacy of the supply chain for PPE to social care employers and their workers, providing the same priority as PPE supplied to the National Health Service.

- Regular asymptomatic testing for workers with client-and resident-facing contact, volunteers, and visitors.

- Initiatives to ensure that providers engage with testing regimes.

- Suitable guidance on the safe deployment of workers who have previously been shielding.

Government should fully-fund measures to minimise staff movement and self-isolation

Recommendation 7:

Employers must be funded (and pass-on that funding) to ensure workers in all care settings do not experience financial loss as a result of infection control measures, including:

- Payment of a workers' average wages when required to self-isolate following exposure through their workplace or community transmission within the UK.

- A realistic loyalty bonus for workers required to remain exclusively in one location and/or continuing to work at the same location.

- Government guidance for employers on managing safe travel arrangements to and from workplaces.

Supporting workers' mental and physical health

Recommendations 8-10:

- Ensure all members of the social care workforce (including those who have left the sector due to coronavirus) are protected by Government investing in occupational health services, signposting, mental health first-aid, and bereavement services, including access to face-to-face consultations, where appropriate.

- Embed an active promotion of a positive view of occupational health for the wellbeing of the workforce, recognising cultural sensitivities and including those who may be more reluctant to engage with them.

- Ensure that employers can access training and resources to manage sickness/absence fairly and efficiently; and (where it is unavoidable) to terminate contracts on health grounds fairly and lawfully.

Maximise uptake of seasonal influenza vaccination

Recommendation 11:

Prioritise the campaign planning and ensure that free influenza vaccinations are available to the social care workforce, including:

(a) covering the costs of work-place administration;

(b) the rapid training of ‘peer-vaccinators’; and

(c) the availability of free vaccination through general practice and pharmacies for the peripatetic workforce and those where work-place administration is not available.

The Advisory Group believes this requires a significant culture and practice shift for both the workforce and employers, and learning from this year will be vital to plan for the delivery of a future coronavirus vaccine, and uptake of other vaccines recommended for social care workers.

Highly Important

Short-term workforce planning

Recommendation 12:

Undertake a rapid assessment of the staffing needs of the social care sector, including replacing likely losses to the workforce from burn-out.

Nurse returners and nursing students

Recommendation 13:

Urgently address the ongoing barriers to enabling nurse returners and nursing students to be available to the social care workforce.

Invest in upskilling the workforce

Recommendation 14:

Recognise the positive response from members of the workforce who have become competent and skilled in undertaking ‘extended’ or ‘delegated’ roles and reinforce this development by investing in training and support to a level which satisfies the needs of safe working practices; the needs of people with care and support needs; and the requirements of insurers. Ensure that pay and recognition is associated with these additional skills and responsibilities.

Important

Short-term workforce capacity arrangements

Recommendation 15:

Provide temporary arrangements to mitigate the impact of the points-based migration system which will be introduced at the end of the transition period from the European Union.

Recommendation 16:

Maximise the use of available volunteers.

Maximise the effectiveness of COVID-19 workforce initiatives

Recommendation 17:

Review the effectiveness of existing initiatives, including (but not limited to) the social care recruitment campaign, volunteer schemes, rapid induction, recruitment app (“Join Social Care”) and carers’ app.

Recommendation 18:

Develop a communications strategy to increase take-up, amend, or withdraw initiatives which have not demonstrated effectiveness and are unlikely to do so.