

From the Permanent Secretary
Sir Chris Wormald



Department of Health & Social Care

Rt Hon Meg Hillier MP
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Dear Chair

PAC's Fourteenth Report of Session 2019-21: Readyng the NHS and social care for the COVID-19 peak

In the above report the Committee requested that the Department and NHS England and NHS Improvement (NHSE&I) implement its recommendations and update the Committee in September and October. Following your letter of 2 October, I would like to update the Committee on the work we have undertaken on recommendations 1, 2, 3, 4 and 6.

1: PAC recommendation: *The Department should write to us by September 2020 setting out the named individuals who are the Senior Responsible Owners or relevant national leads for all critical elements of the pandemic response, including, for adult social care, an equivalent to the Chief Executive of NHS England; PPE provision and supply; and testing. The Department should ensure these leads work with all relevant local and national bodies and have both the authority and data they need to do their jobs.*

1. Information on the DHSC Covid-19 Battle Plan, including the then senior responsible officers, was shared with the Comptroller and Auditor General on 5 June.
2. The Senior Responsible Officers within DHSC for the various strands of the Battle Plan are as follows:
 - 1.NHS resilience and recovery – Lee McDonough, DHSC; Ruth May, Chief Nursing Office for England
 - 2. Social care resilience including workforce and minimising transmission – Michelle Dyson, DHSC



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- 3. Supply and distribution of key products – Jonathan Marron, DHSC; Steve Oldfield, DHSC; and Emily Lawson, Chief Commercial Officer at NHS England and NHS Improvement (NHSE&I)
- 4. NHS Test and Trace – Dido Harding, interim Executive Chair
- 5. Vaccines and treatments research and deployment – Neil Permain at NHSE&I leads (for England) and Clara Swinson, DHSC
- 6. Non-Pharmaceutical Interventions (NPIs) – Clara Swinson, DHSC
- 7. Protecting the most vulnerable – Jonathan Marron, DHSC and Lee McDonough, DHSC

2a: PAC recommendation: The Department and NHSE&I should review which care homes received discharged patients and how many subsequently had outbreaks, and report back to us in writing by September 2020.

3. We are working with NHSE&I and Public Health England (PHE) to analyse the data and provide information to the Committee. This requires work to analyse the data, as well as quality assurance and peer review the material to ensure the output is robust, thorough and responds appropriately to the Committee's recommendation. We anticipate this will be completed by 31 October and the Department and NHSE&I will provide a detailed report to the Committee.
4. Our evidence to date does not suggest that discharge from hospital has been the more significant potential route of ingress to care homes, but we will provide further analysis by 31 October. We also attach a related study from Public Health Wales.
5. As set out in the Adult Social Care Action Plan on 15 April, and in the Adult Social Care Winter Plan on 18 September, all individuals are required to be tested prior to discharge from hospital to a care home and no provider should be forced to admit an existing or new resident if they are unable to cope with the impact of the person's covid-19 illness safely. Local authorities remain responsible for providing alternative accommodation in local systems and the costs of providing alternative accommodation are covered by the discharge funding provided via the NHS.
6. We are also in the process of working up a designation scheme with the Care Quality Commission (CQC) for premises that are safe for people leaving hospital who have tested positive for covid-19 or are awaiting a test result.

2b: PAC recommendation: The Department along with NHSE&I should develop procedures so that all patients deemed fit to leave hospital are safely discharged into settings in a way which limits the spread of COVID-19

7. The Adult Social Care Action Plan and the Care Homes Intensive Support Package set out measures which will help reduce the risk of covid-19 transmission in the care sector and provided the sector with the resources it needs to continue to respond to covid-19. The Department keeps its policies under continuous review based on the emerging international and domestic evidence. The latest discharge procedures are set out in Admissions and care of residents in a care home during Covid-19, updated on 19 June.



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8. DHSC and PHE have published guidance on testing which ensures all patients are tested for covid-19 prior to discharge from hospital to care homes. This is reiterated in the Hospital Discharge Service Requirements which was published on the 21 August 2020. This ensures a safe and rapid discharge of those people who no longer need to be in a hospital bed. Following the principles of Home First as part of the implementation of 'discharge to assess', the expectation is that systems support up to 95% of people being discharged back to their own homes where the risk of covid-19 transmission will be less than in bedded pathways.
9. Local authorities are able to source alternative temporary accommodation, as appropriate, for those who need a period of quarantine/isolation before entering a care home.

3: PAC recommendation: *After years of promises and false starts, we expect the Department to set out in writing to us by October 2020 what it will be doing, organisationally, legislatively and financially, and by when, to make sure the needs of social care are given as much weight as those of the NHS in future. We will be challenging them on this at future sessions.*

10. The Government's current priority for adult social care (and the focus point of the Department) is that all recipients of care receive the support they need throughout the covid-19 pandemic and the winter period ahead, placing equal focus on the NHS and care sectors.
11. The Adult Social Care Winter Plan sets out the actions the Government will be taking at a national level; and the actions that every local area and care provider must be taking to keep covid-19 at bay. As we approach winter, the Government's three overarching priorities for adult social care are:
 - a. Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
 - b. Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including covid-19.
 - c. Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including covid-19.
12. While we published the Adult Social Care Winter Plan that looks ahead through winter 2020/21, we are acutely aware of the long-term challenges to the social care system in England. Putting social care on a sustainable footing, where everyone is treated with dignity and respect, is one of the biggest challenges our society faces. There are complex questions to address, to which we want to give our full considerations in light of the current circumstances. We are looking at a range of proposals as part of our commitment to bringing forward a plan that addresses these challenges for the future.
13. We recognise that the pressures on the care system are ever-increasing, hence the manifesto commitment to £1 billion extra of funding every year for more social care



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staff and better infrastructure, technology and facilities, to stabilise the system. The manifesto also promised that no one will be forced to sell their home to pay for care and this remains a pressing issue, firmly at the heart of public debate on social care. In reforming the wider social care system, we have an opportunity to resolve this long-standing unfairness. We are continuing to consider options that meet this commitment and remain fully committed to updating the Committee on our progress.

4: PAC recommendation: Among other measures, the Department should assess the capacity it needs, particularly for PPE and testing, and how it will meet this, to cope with a second peak; and report transparently and consistently on progress. It should write to the Committee by September 2020 with further details of its assessment and plans.

Personal Protective Equipment

14. On 28 September the Government published its PPE Strategy: Stabilise and Build Resilience, setting out how the Government is preparing for a potential second wave of covid-19 in England alongside winter seasonal pressures. In the strategy, we set out the steps we have taken to ensure that we have the capacity to meet any second peak, particularly through the winter period.
15. We have now stabilised the UK PPE supply chain, having secured over 32 billion PPE items on order. We have also massively developed domestic capability – by December 2020, UK manufacturers are expected to meet 70 per cent of the demand for PPE (excluding gloves), compared with just one per cent before the pandemic. This strong domestic supply base transforms our ability to respond to a future crisis and provides greater resilience for any second wave.
16. We have also established a PPE demand model which is now informed by a wide range and volume of data from across sectors and care settings. This has included adapting the model to consider increased demand as more NHS services reopen, improving assumptions on the social care sector's use of PPE, and considering the impact of seasonal flu in winter, including the PPE required to run an expanded flu vaccination programme.
17. To ensure that we can respond rapidly to any surges in demand, even in the face of more disruption to global supply chains, we are also building a strategic stockpile. This will be equivalent to approximately four months' stock of each product category (120 days) and is on track to be in place and stored in our warehouses by November 2020, with some product categories already in this stock position.
18. We are taking steps to ensure effective distribution of PPE for covid-19 needs into social and primary care settings. All adult social care homes, domiciliary care providers, community pharmacies; and GPs, optometrists and dentists with NHS patients will be supplied with PPE for their covid-19 needs via the PPE Portal. The order limits are being increased to enable this.
19. We are confident that we have secured enough supply to meet need, and that we have the processes and logistics in place to distribute PPE to where it is needed. Where we



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were in an emergency situation at the start of the pandemic, we have now moved to a stable situation which has equipped us for any further spikes or waves.

20. The Department will continue to assess the PPE programme against success criteria, including:

- a. Continuous supply of medical grade PPE, of the right type and quality, against a clear picture of demand.
- b. Controlled programme response to a second wave of covid-19 and scalability of supply to meet additional demand for medical grade PPE (in the event of planned scenarios).
- c. Successful delivery of a resilient supply chain system and the identification of longer-term strategic benefits.
- d. Demonstration of appropriate management of resourcing, funding and risk.

Test and Trace

21. Since the start of the pandemic, we have vastly expanded the nation's testing capacity, more than doubling the capacity of the NHS and PHE laboratories as well as setting up an entirely new nationwide network of testing sites and new Lighthouse laboratories to process samples. This rapid expansion of testing capabilities has led to the creation of the largest network of diagnostic testing facilities in British history. The UK is currently doing more testing than other comparable countries including Germany and Spain. Our PCR testing capacity is over 300,000 as of 2 October.

22. We have record capacity for PCR swab tests. However, we have seen unprecedented demand for testing recently. NHS Test and Trace figures show that between mid-June and the end of August the number of people getting tested for the first time rose by 63%.

23. People with symptoms absolutely must come forward to get a test as this will help us stop the spread of the virus. As we manage this period of high demand, it is especially important that if individuals do not have symptoms, and have not specifically been advised to take a test, they should not be coming forward for a test because they could be taking a test away from someone who really needs it.

24. We continue to expand capacity even further and to help ensure that testing is being used by those who need it most:

- Announced the addition of new Lighthouse laboratories in Newport, Newcastle, Bracknell and Charnwood to the national lab network – with the Newport laboratory going live on 5 October with samples arriving that morning.
- We have increased the number of permanent staff across all existing lighthouse labs and further recruitment continues to increase capacity at existing labs.
- We are also using additional “surge” lab capacity to process more tests in the short term and are working with a number of ‘partner’ labs from the public, private and



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academic sectors, with Birmingham University as one of the first of those lab partnerships to come online.

- Monitoring infection levels across the country so higher volumes of testing are targeted where they are needed most.
- Piloting new technology to process results faster, further boost capacity and introduced pilots for new types of tests

25. We recently announced new technology to process results faster as well as pilots for new types of tests including:

- 5,000 DNA “Nudgebox” machines to be rolled out across NHS hospitals that will provide results in 90 minutes.
- New rapid LamPORE tests, processing swab and saliva samples that will provide results in 60-90 minutes.
- NHS Test and Trace are exploring other technologies to be deployed in labs that could increase capacity and speed up processing.

26. Further to this, to increase accessibility to test sites we are due to reach our 500-site milestone, three weeks ahead of schedule, and continue to open more sites weekly. The median distance travelled to a site is now only 4.3 miles and 90% of people who booked a test at a test site lived 20.5 miles or less away.

27. The adult social care sector has been, and continues to be, one of our highest priorities for the rollout of testing, and care homes have been one of the first groups to be given access to repeat asymptomatic testing.

28. Asymptomatic testing in care homes testing has not stopped, while any care home resident or member of staff with symptoms will continue to be able to immediately access a free test. We are issuing more than 120,000 tests a day to care homes across the country prioritising high-priority outbreak areas.

29. We have met our 7 September target – we have provided testing kits to all care homes for older people and people with dementia who have registered for regular retesting kits. We are also contacting the remaining small number of care homes who have not registered to encourage them to do so.

30. All other care homes have been able to place orders for test kits from 31 August. So far, over 2,000 specialist homes have registered for test kits. Where an outbreak has been identified, we test all staff and residents as a priority, with all those who test negative being tested again 4-7 days later. All adult care homes are now able to register for test kits to complete regular retesting.

6: PAC recommendation: After failing to provide detail in the session, it is imperative that the Department and NHSE&I write to the Committee as soon as possible – and no later than 1 September 2020 – with information on the cost of private hospital contracts, how these have been used, and their intentions for how private and Nightingale hospitals will be made best use of in the coming months, including:



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- *Details of what the second phase of contracts will provide;*
- *The total cost and pricing mechanisms; and*
- *How capacity in these hospitals will be allocated?*

They should come to subsequent sessions prepared to disclose cost information on key elements of the pandemic response.

31. Julian Kelly, NHS Chief Financial Officer, wrote to the Committee on 18 September with details of requested information and a copy of the letter is enclosed.

Yours sincerely,

**SIR CHRIS WORMALD
PERMANENT SECRETARY**

