directors of adass
adult social services

The Rt Hon Jeremy Hunt MP
Chair of the Health and Social Care Select Committee
Sent via: Jeremy.hunt.mp@parliament.uk

09 April 2020

Re: Social care and the coronavirus response

Dear Jeremy,

Thank you very much for the discussion with Cathie Williams and me earlier this week. It was much appreciated.

We are writing to set out the critical issues as we see them, based on multiple feedback routes directly from Directors of Adults Social Services and our regions.

These fall into a number of categories as below.

Recognition

Care staff, social workers, and all those supporting them are as much part of the effort to fight this pandemic as everyone else. We applaud people working in the NHS. Social care and the people working tirelessly in it and receiving it have, to date, always felt second place in messaging, the support, reward and recognition. 'Clap for carers' becoming 'clap for the NHS' is just an example. Care staff need PPE, testing, guidance, support, access to supermarkets and free goods as much as health workers and the majority are on minimum wage, many supported by universal credit as working poor. Whilst politicians are now starting to mention social care, we trust that you will continue to encourage your colleagues to have it at the forefront of their minds and their messages

PPE

Despite herculean efforts from all with whom we have contact, deliveries and effective guidance is still not reaching the right places – registered providers, personal assistants and family carers. This is not doubt contributing to the rapid spread of the virus within care homes and no doubt also in people's own homes. There was a one-off emergency drop planned over last weekend for distribution via LRFs – this has been taking place this week. But the new 'parallel supply route' is not yet working. An example from a northern director is set out at the bottom of this letter. Providers and councils have been trying in desperation to order from elsewhere including abroad and are getting various unhelpful responses, including an account that Borders and Immigration had confiscated the order for the NHS. Providers are also reporting an up to ten-fold increase in price.

We ask for a national manufacture and supply chain (that covers social care providers, personal assistants and family members) that is delivered to local areas and is free at the point of delivery. Care providers will end up charging the public purse via councils anyway. Guidance should be based on

safety for older and disabled people and the workforce, not on 'how far you can eke out such supplies as you have'.

Testing

We are aware that you are clear that testing in the community is as important as anywhere else. It is vital that care providers know what kind of precautions they need to take to protect staff and clients and that staff are not unnecessarily isolated if they are not well. But given recent queries about the % of false negatives from tests it would be really helpful for clarity on that – and probably an assumption that people are positive rather than negative? Providers attribute the spread of CV19 to hospital discharge.

We ask for rapid increases in testing, clear information on the reliability of the tests and if they have significant false negatives approaches in the meantime as if people are positive.

Monitoring basic safety and human rights

We urge, in addition to PPE and testing, further work on monitoring basic safety and human rights. Firstly, we must measure and monitor mortality and morbidity in care homes, domiciliary care and the community, as soon as is possible. This could potentially far exceed hospital deaths. We know this has started but it must be brought forward, and we urge transparency on this.

Secondly, as the government has agreed CQC cease inspections and everyone is under extreme pressure, we urge support for Directors and Councils to be able to set up systems to monitor and to respond across councils, CQC, NHS and the police:

- Sudden surges in infections in care homes, sudden drops in staffing resulting in care collapsing in relation to domiciliary care, personal assistants, care homes and family carers
- Increases in domestic abuse affecting older and disabled people
- Increased hate crime related to care staff, disabled people, rough sleepers or mentally unwell substance misusers
- The potential for increased abuse, neglect or inhuman and degrading treatment as a result of any of this.

Care markets, regulation and price

The current care market is stumbling in terms of capacity and quality, and this is impact of people and the NHS. Staffing vacancies are around 9%. Staff turnover is around 40%. Brexit may impact on 11% of staff. Good or outstanding provision by CQC is stuck at 80% and CQC coverage of the market is not 100%. Consumer protection on price and quality is weak, and the national solution to funding is still outstanding.

Covid-19 has exposed two problems

An estimated gap of £3.5bn to bring councils to a stable position where NHS and Councils can work together and deliver NHS Plan targets – prior to Covid-19 Councils were faced with a requirement for £700m reduction in spend. This estimated gap needs to be validated and considered for the spending review later this year. It must be right that the Government settles this question before reform is considered.

Additional costs arising from the Covid-19 for staff and business continuity costs. In the context of 22,000 registered providers of all shapes and sizes from noted large hedge funded to micro enterprises and PAs we have been seeking to reach agreement for mechanisms for the use of the additional £1.6bn and, with NHSE, of the £1.3bn for hospital discharge so as to get money in providers' banks in April – to contribute to getting them more sustainable.

We have committed to working with providers to ascertain transparently and fairly what the credible costs to maintain care going forwards are.

‘Collateral damage’

We are of course highly conscious that people needing care and support were either not getting it or getting insufficient care to enable them to live the lives they want to or to keep them well enough so as to not:

- Need emergency or long-term hospital care as a result of falls, malnutrition, neglect or sufficient care and support in the community or
- End up in the criminal justice system where care and support could have avoided it.

We are committed to working with the HSC to ascertain transparent costs and reform that is necessary to address this in the medium to longer term.

Yours sincerely,

James Bullion
ADASS Vice-President

Enc. Email exchange between a Director and PPE lead

The following is an anonymised e-mail exchange between a director in the north of the country today regarding PPE:

'I got my PPE lead to ring each of the four main suppliers that are on the government letter and this is a summary of their response. You might want to use this in your national meetings'.

From: X
Sent: 09 April 2020 08:26
To: Y
Subject: RE: Supply chain update PPE

Hi
I have tried again this morning; still not working and the message is the same since the beginning and one we know is not robust.

This information is following our calls directly to them yesterday

Organisation	Stock available?	Delivery Time How long from order to delivery?	Taking New Customers?	Are you being approached by regular customers?
A	Very limited stock of gloves only. Awaiting stock from Government.	Around 5 days, hard to say due to such limited stock	No	Yes
B (didn't answer phone for 20+ mins, so emailed and received automated response)*will update if company respond to my email.	Unable to confirm There appears to be a stock of basic PPE and no limits to orders, other than masks (Fluid-proof 3ply surgical masks), currently being sold in cases of 300. Restricted to one case per site.	Five working days from point of order	Unsure – You have to register and they will evaluate the enquiry.	Unsure
C	Only available stock are Gloves and Face masks IIR single (Border control have stopped their shipment of aprons, due to be realised end of April. They haven't been able to source sanitiser for over 6 weeks)	7-10 days	Yes	Yes
D	None	N/A	No	Yes