

## 1. PPE

- PPE remains a massive issue and we raise it at every meeting at every level. We know that some providers cannot even access the basics, like gloves and aprons. We also know that some suppliers are advising they have been told to prioritise the NHS over social care. We have raised this with the Minister for Care. Her office has contacted the suppliers concerned to tell them to stop doing this. We fully understand the frustration and the issues at hand, and will not stop pursuing this until it is sorted.
- An email received from the Director at DHSC on Wednesday 25 March 2020 stated “four big distributors now restocked apparently, but major work underway on demand modelling and factor supply. This was Number 1 issue at our cross NHS/social care DHSC/ALB board. So I have no magic solution, but clearly owned as a problem.”
- UKHCA raised lack of PPE with Minister for Care, Helen Whately MP, again on Thursday 26 March 2020. This was recognised as a symbolic issue for the sector and how they are treated with respect to the NHS. She said they are fully aware of the issues and are trying to address them.
- UKHCA are aware that the National Supply Disruption helpline just directs providers back to normal suppliers and we are now liaising directly with suppliers.
- Suppliers have been saying that most of the European stocks dried up last week as various Governments impounded stocks due for export to the UK. Some stocks are dripping through and going to providers with established relationships with distributors.
- UKHCA was asked by DHSC to estimate possible needs for PPE at a macro scale for demand modelling, which we did. We recommend that every provider should work out PPE needs per day and have those figures ready, if asked for them.
- Updated guidance for PPE needed for homecare has been circulated to members by email on Tuesday 24 March 2020 and explained again on webinar on Wednesday 25 March 2020.
- UKHCA aware of news reports on Friday 27 March 2020 that guidance to NHS trusts on PPE is changing, which will have implications for social care. We have raised PPE yet again at National ASC COVID19 Planning Group Friday 27 March 2020. LGA has written to DHSC/PHE today to request clarification on behalf of the sector.

## 2. Testing

- UKHCA has raised the need for testing of staff and clients for COVID19 with Ministers and Directors at DHSC, NHSE, PHE and DCMO. If staff test negative, they can return to work faster from self-isolation.
- Testing capacity is currently inadequate. Scientists are working on scaling up capacity and the care sector is on priority list.

## 3. Key Worker problems – police, supermarkets, schools

- **Police.** UKHCA has received a number of reports of police stopping homecare workers and not accepting their ID. We have reported this to DHSC, No.10 and the Minister for Care. The Minister for Care spoke to the Home Secretary about this on Thursday 26 March 2020. Guidance is going out from the Home Office to Police today, Friday 27 March 2020. Specific examples we were sent have been helpful, and we thank all those who submitted these to us in the past few days.
- **Supermarkets.** UKHCA has written to supermarkets stressing the need to support careworkers at appropriate times of the day. Individual members have also written. Some supermarkets are offering fantastic assistance; others meanwhile are excluding careworkers. The Care Provider Alliance, of which UKHCA is a member, has written to the professional association for food retailers to seek their help in ensuring consistency of approach.
- **Schools.** There is continued confusion about the guidance given to schools on key workers. This has been raised with the Minister for Care who has raised concerns with the Education Secretary. There are some signs this is improving.
- **National Careworker ID.** DHSC is working on a form of national ID for the care sector. Details to follow as soon as we hear more. We understand that some members have had success using the template letter we circulated this week.

## 4. NHS/GP support for care sector

- There are increasing reports of District Nurses delegating nursing tasks to homecare providers and GPs being unwilling to visit care homes. UKHCA raised concerns about this with the Minister for Care on Friday 27 March 2020.

## 5. Employment issues

- UKHCA is receiving numerous enquiries related to employment issues. We had a meeting with Anthony Collins Solicitors on Thursday 26 March 2020. They are producing an FAQ document on employment issues for early next week to share with members.
- We are also receiving questions about furloughed employees and whether this could apply in homecare. We are awaiting further guidance from Government.

## 6. Funding

- Guidance for local authority commissioners has been produced by LGA/ADASS in conjunction with UKHCA and the Care Provider Alliance, this was issued on Friday 13 March 2020.
- UKHCA held a call with larger providers on Friday 20 March 2020 to ask for data on local authority compliance with this guidance. To date four providers have responded, though we now have data on 80 out of 152 local authorities. To effectively help members we need more provider intelligence on the remaining local authorities.
- UKHCA wrote in the strongest terms on Wednesday 24 March 2020 to DHSC, copied to Minister for Care, LGA, ADASS and others regarding concerns about cash flow and provider sustainability. We have also raised concerns at every relevant meeting about provider sustainability and the behaviours of local authorities. We have stressed the urgency of the situation multiple times.
- As a result, a new Provider/ADASS/LGA working group has been established and is meeting twice weekly to address issues related to local Government and its relationship with providers. The spreadsheet we are populating is vital to highlight the poorest performing local authorities with regard to funding and support for providers; this will inform action.
- LGA/ADASS are working up proposals to upgrade the guidance to local authorities from “advice” to “expectation”. They have identified systems to enable rapid payments if needed for providers in particular financial distress. They told us today, Friday 27 March 2020, that they have support from regional leaders for this course of action. Enhanced guidance will be sent to local authorities shortly.
- The Minister for Care and Minister at MHCLG are meeting regularly with the nine regional local authority leads, to put pressure on them to ensure local authority compliance with guidance to support providers. They have risk assessed local authorities by factors such as numbers of vulnerable elderly citizens; financial status; and quality of leadership.

## **Our messages have been consistent:**

1. Fee rate increases are needed from April 2020 to cover the increase in NLW and increased costs due to COVID19.
  2. Block payments, for example, based on average of previous three months, are needed to assist cash flow.
  3. A national rate for hospital discharge based on the UKHCA Minimum Price methodology, adjusted upwards for higher than normal sickness absence.
  4. Addressing the above is urgent as sick pay costs alone could result in insolvencies without additional income.
- Local authorities have expressed concerns about the idea of a national rate for hospital discharge and it may be left to local negotiation. Providers will calculate for themselves a rate that will cover costs and recognise scarcity of resources.

## **7. Business-related issues**

- UKHCA has been offered a week of 'pro bono' time by Accenture. We have asked them to work with us to identify additional provider costs that are arising as a result of COVID-19. This will help us to identify deviations from our normal UKHCA pricing model and to develop an evidence base for requesting additional funding.
- We plan to conduct further work on business costs to see what else we could ask Government for, e.g., exemption from VAT, exemption from business rates, pension payment holidays. Ideas from our members are very much welcomed.
- We are liaising closely with the CBI and will use their networks in BEIS when we have identified some proposals. We are also working with colleagues in the Care Provider Alliance to pool ideas.

## **8. Data reporting**

- National data reporting on social care sector resilience is required by Ministers, DHSC, NHS, LAs. They want daily reports on cases of COVID19; PPE availability; staffing; and whether providers can take more clients or not.
- UKHCA has insisted on some key principles:

1. Data collection must have a benefit for providers and be used supportively, not punitively
  2. Data collection must be minimal and “data creep” resisted
  3. Data must be collected only once
- NHSE sent out a letter to residential and nursing care homes on 20 March 2020 mandating the use of Capacity Tracker.

Various options have been considered for homecare, including Capacity Tracker; HAS Technology; and Care Sourcer. We learnt today, Friday 27 March 2020, that CQC has been working with Microsoft to develop a solution for resilience data reporting for care homes, homecare, supported living, Shared Lives and other settings. This is now on the table as an option instead of Capacity Tracker. A decision will need to be made, a solution rolled out and all other requests for data collection, for example, by LAs, stopped. We will keep everyone posted.