Evidence to the APPG on Coronavirus on the topic of Track and Trace.

Presented by Mark Adams, CEO of Community Integrated Care - 30th September 2020

Background:

Community Integrated Care is one of the UK's largest and most successful social care charities. It supports almost 4000 people, with a workforce of c.6500 people. We provide specialist care and support to people who have learning disabilities, dementia, autism, mental health concerns acquired brain injuries and other complex care needs.

Our charity delivers a comprehensive range of care and support services – *including registered care services, supported living, extra care, day care and other community provision* – from the Highlands of Scotland to Hampshire in England.

In working with such a broad range of social care client groups and providing such a comprehensive mix of service types, we are highly attuned to the national picture for the impact of Coronavirus in social care but also the direct impact on specific segments of the care sector population.

Comment from Mark Adams, CEO:

When I presented to the APPG on the 19th August, I presented a picture where the care sector had been blighted by inadequate support with testing throughout the crisis but acknowledged that there were some fragments of optimism. Whilst a significant proportion of the vulnerable people that the social care sector care sector supports (*including those who receive domiciliary care, supported living, extra care and other community care options*) and their staff teams were at that stage excluded from proactive testing, we were at least entering a position where the government had committed to weekly for people working in care homes for people aged 65+ and monthly testing for residents.

I am afraid, however, that things have sadly become even worse.

In the week that I presented, we had just completed a seven-day period where 87% of our colleagues working in the eligible care home settings had been tested. This was a significant leap on the proceeding weeks, which had peaked at just 26% of colleagues being tested and had averaged at just 9% since the outset of the pandemic. I expressed hope that this leap in testing rates was an indication that the government's pledge for weekly testing was on the cusp of being fulfilled and that it was a sign of increased capacity and focus.

Unfortunately, we have since experienced a collapse in the provision of testing results.

During the last month, our experience has been that 40% of the Covid-19 tests that our colleagues have undertaken have not been returned with results. This week, it appears that things have improved moderately, with a lesser (but still wholly unpalatable) figure of 18% of tests not being returned with results within six days. However, we have experienced too many false dawns already to see this as any sign for long-term improvement. It is our sense that the increase in testing results this week is just another example of the ebbs and flow in response that we have experienced from the outset of this crisis.

It is important to keep in mind that to have any real value, testing in care homes needs to be timely and complete. There is a two-day window in which the insight of testing is most valuable – test

results returned in 48 hours are invaluable in halting the spread of an outbreak from the outset. Test results that return late obviously present an extended risk that an asymptomatic carrier has brought Covid-19 into the service and at a certain point late results become so retrospective that they are useless. We also need to see results for testing returned collectively – *a piecemeal delivery of small batches of test results over days does not provide meaningful intelligence.*

Sadly, we are in a position where our test results are both exceptionally late and often received staggered batches.

In the final week of August, 91% of our tests results were returned later than two days. As of this week, we are currently on average waiting just over three days for test results. 60% of our test results in the past fortnight have been received outside of this two-day window.

There are many extreme examples that are striking fear into our managers and senior leaders. Speaking yesterday to BBC Radio Five Live in a feature about life in care homes, Michelle Phillips the manager of our EachStep Blackley dementia service in Manchester, gave the following view on testing:

"Our staff are very committed to having their Covid test every week. The problem though is that we have gone through a phase of staff having their next weekly test before they have had the previous test results back."

These seven-day (plus) delays that Michelle referred to are not unusual.

In April 2020, whilst we did not have proactive testing and the volume of our tests for colleagues was far lower, the waiting time for results averaged at a much more effective 1.2 days. This lag is blighting the care sector and creating real risks and challenges. Fixing this delay will be one of the most significant actions that can be made to protect the social care sector as we face into a likely second wave.

Testing in Non-Care Home settings

In my previous session, I highlighted the inequality and risk of a testing system that is focussed only on people aged 65+ in registered care homes.

I discussed how many who access other forms of social care support – supported living, extra care, domiciliary care etc. – are currently ignored in a policy that is short-sighted and possibly discriminatory. This gap still exists in government planning and is not addressed in the Winter Plan.

To put this into context, in both our Extra Care services and in our registered care homes, we support centenarians. However, the centenarians that we provide daily care and support for in Extra Care Services, and their staff, are currently excluded from testing, unlike their counterparts living in registered care homes.

I would urge the APPG to understand the significant numbers of people within in the social care sector who are currently not supported with testing. Sadly, as of 18th September, 685 people with learning disabilities died as a result of Covid-19, nationally. In our own charity, we have sadly lost eleven people who had learning disabilities and autism to the virus. The threat of the virus is very real to many – not just older people in care homes.

Wider Pressures – Family visits and testing adminstration

One of the biggest challenges for care providers is risk assessing, coordinating, and facilitating family visits. I would like to highlight to the APPG how critical this issue will become over winter months, particularly as garden visits will become unpleasant and likely impossible with the change in weather. Whilst a myriad of issues are linked to how we can safely achieve this, in the context of this session, I would like to urge the APPG members to recognise that testing for families is fundamental to facilitating their visits. When discussions are taking place within Parliament about where to direct any surplus capacity for testing, I would urge you to have in mind that there are hundreds of thousands of families that have been tragically separated since March.

In my previous presentation, I also shared some key facts on the staffing pressures that testing provides. I explained how in a typically sized care home that supports 60 people per week, where you might expect to employ a staff team of 100 people, the average time spent on testing staff equates to 16.6 hours of testing per week, or 2.2 days. In the same setting, testing for residents can take 20 minutes per person – often longer as long as an hour per person for individuals who have more complex needs. Whilst we clearly want to sustain testing, it is also important to highlight the additional pressures that teams are having to sustain.

Flu Jabs

As we enter winter, it is essential that we have comprehensive flu immunisation alongside an effective track and trace system. A diagnosis of Covid-19 with flu is said to double a person's risk of fatality.

For several months, the care sector has been gearing up for a large-scale flu immunisation drive, a task that comes with great challenge and complexity. On the 16th September, Public Health England launched their care-sector focussed marketing campaign saying: "the flu vaccine is the best way for Health and Social Care Workers to protect themselves, their family and those they care for from the flu". The instruction was clear – the flu campaign is live now, and immediately encourage your staff to protect themselves and the people they care for.

However, just eight days later in an interview with Sky News, Matt Hancock said:

'In the first instance, the flu vaccine must go to the clinically most vulnerable, which is the over 65s and those with other health conditions. But then we intend to roll it out more broadly after that.'

He clarified that capacity to support other groups had been overwhelmed and may, possibly, be restored in November.

There has been significant frustration from care workers that they have followed the PHE guidance, only to accommodate visits to pharmacies and be told that they cannot yet receive a flu jab. At present, we are experiencing a mixed and inconsistent advice and information across England and Scotland.

A high-profile campaign has been delivered to the care sector instructing us to strive for 100% immunisation rates as an immediate priority. However, there has been no meaningful formal guidance to the care sector issued to explain that this presently cannot be sustained and to alter these instructions. The Secretary of State for Health and Social Care's interview was lowkey, has not been widely shared or received in the care sector, and many have missed this fleeting comment. At

present, we are in a real limbo, as we try to understand the advice and guidance that we should be offering to colleagues.

We understand the need to target limited capacity to the most vulnerable groups. If the system is overwhelmed currently, we fully support a focussed distribution. However, this lack of coordination and clarity is deeply frustrating, and has impacted our resource at a time where we are facing overwhelming pressures. I worry that it has also detrimentally impacted the confidence and resilience of frontline social care workers, who already express a distrust in the national focus on social care heading into a second wave. Above all, it fails to inspire confidence in the realism of the Winter Plan, if the social care immunisation plan has stalled within one week.

Clearly there are many other significant pressures for the social care sector beyond track and trace, not least many as-yet unmet financial constraints related to the pandemic. We recognise the positives of the Winter Plan but are concerned about the financial challenges for many care providers when the Infection Control Fund ends. We also see significant gaps in national strategy for social care services that are not registered care homes. We hope that the government is not only looking at supporting social care through these worrying winter months, but has the appetite for long-term strategy, reform and investment in the sector.

Mark Adams

CE0, Community Integrated Care

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