

Social Care “Lockdown 2”

November 2020

Winter Guidance

Pre-dating lockdown 2, but tiered system in place

<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

18 September 2020

39 Essex note here:

<https://www.39essex.com/adult-social-care-covid-19-winter-plan-2020-2021/>

Winter Guidance

Describes priorities for social care as:

- ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19.
- 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.

What has been learnt from Lockdown 1?

- Safety (from C-19) v wellbeing/ mental health is a finely balanced equation
- Remote visits by family and professionals work for some, but not all
- Across adult and child social care, safeguarding needs are slipping through the net on account of persons not being visible to services

DHSC guidance updated 5 November 2020

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>

*Visiting arrangements in care homes for the
period of national restrictions*

DHSC guidance

- applies for the period of the national restrictions beginning 5 November 2020. Supplements the Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020
- Non-statutory guidance

DHSC guidance

decisions on visiting policies require risk assessment.

The assessment should consider relevant factors including:

- a balance of the benefits to the residents, against the risk of introducing infection
- ability of a particular setting to put in place practical measures to mitigate risks
- the health and wellbeing risks arising from the needs of the cohort of residents in that setting e.g. if particularly clinically vulnerable and whether residents' needs make visits particularly important
- the precautions that will be taken to prevent infection during visits
- the likely practical effectiveness of social distancing measures between the visitor and the residents, where the healthcare needs of the individual cannot be met by socially distant visits
- whether there are sufficient infection-control measures in place to protect the residents, staff and visitors

ADASS advice note 2

November 2020

https://mcusercontent.com/83b2aa68490f97e9418043993/files/2013f0b1-f5b2-441a-bb76-4ac12ddc7d96/ADASS_visiting_guidance_note_20201102.pdf

Pre- Lockdown 2 but relevant

ADASS view is that blanket restrictions leave providers and councils open to legal challenge (whether local or through care home chains) and, even in situations where the local COVID restrictions are at the highest level, there must always be consideration for personal and exceptional circumstances so as to comply with PSED and Human Rights requirements.

LA's/ providers must consider balancing the risk of harm and distress to residents and their families due to not having visits, with the risk of harm to residents, staff and visitors through COVID-19 infection.

ADASS note (cont'd)

LA Directors must as far as possible:

- Work to support care providers ensure they **not applying 'blanket bans'** on visiting
- Support care providers to develop **proportionate guidance that balances risks of infection, with rights to private and family life**
- Be conscious of the **unintended consequences** that can arise as a result of restrictions being applied. (For example, families making decisions to take a loved one home at the end of life, is likely to result in a higher demand for community-based support.)
- Support providers to ensure that visiting policies use a **dynamic risk assessment** process, which take into account people's personal circumstances, as well as the vulnerability of residents in the care home and the home's actual environment
- Support providers to develop visiting policies that ensure people – residents and families – having full information about the risks and benefits of visiting verses not being visited and seek explicit consent to any restrictions.

Letter from V-P of the Court of Protection

6 November 2020

Noting that DHSC guidance permits visits to those in care homes

*“It is recognised that receiving visitors is an important part of care home life and that maintaining some opportunities for visiting to take place is **critical for supporting the health and wellbeing of residents and their relationships with friends and family**” (original emphasis)*

NEEDS ASSESSMENT: REMOTE OR IN PERSON?

Assessments for care and support needs

Depends on all the facts including level of risk:

C&S statutory guidance 10.31:

“...there may be instances where remote involvement is just as effective, such as over the telephone, through video conferencing, or other means...”

C&S statutory guidance (cont'd)

13.15. *“Local authorities should have regard to ensuring the planned review is proportionate to the circumstances, the value of the personal budget and any risks identified. In a similar way to care and support or support planning, there should be a range of review options available, which may include self-review, peer led review, reviews conducted remotely, or face-to-face reviews with a social worker”*

Conclusion

- Approach to Lockdown 2 from DHSC, ADASS and court more nuanced
- No longer preserve health at all costs
- Balance to be struck between health and well-being including individual, cohort, physical nature of premises
- Expect this to be reflected in DOLS conditions for those lacking capacity?

