

## Coronavirus and Social Care

We set out below what we consider to be some of the most relevant legal provisions and guidance at the time of writing along with some of the FAQs coming up for our social care team.

### Coronavirus Bill

The Coronavirus Bill sets out a number of provisions in relation to the conduct of Local Authorities in an emergency period. It is considered that these provisions are necessary to ensure that Local Authorities are able to prioritise care, to reach rapid decisions and are protected from legal challenge in these extraordinary circumstances.

The draft bill provides that during the emergency period:

- Provision will be made for the addition of emergency registrants to the Social Work England register.
- Local Authorities may prioritise who and what type of needs it will meet. They will not be required to meet all the eligible assessment needs as provided for under the Care Act 2014.
- Local Authorities may decide to an extent what assessments they carry out. Supplementary provisions will also be relaxed in relation to these assessments (e.g. requirement for written record).
- The Secretary of State for Health and Social Care will be able to provide guidance to support appropriate prioritisation of services.

### General points

- This only applies to the law of England.
- Local Authorities should continue to meet their statutory duties if they are able to do so.
- Care will have to be taken that the emergency measures have actually been triggered/not rescinded as they will only be implemented nationally under certain conditions. The aim is that they are in place for the shortest time possible.
- When the provisions are in force, they will apply to duties arising before the provisions were commenced.

### **DH&SC, Responding to Covid-19: the ethical framework for adult social care**

This guidance which can be found [here](#) sets out a framework for decision making during these times of “new and exceptional pressures”. It reiterates that the priority is to preserve ethical values and key principles whilst meeting individual care needs and ensuring resources are directed where they are most needed. It sets out eight values and principles and stresses that those of respect and reasonableness should prevail.

### **HM Government and NHS, COVID-19 Hospital Discharge Service requirements**

A joint NHS and HM Government document on hospital discharge service requirements has been published and can be found [here](#).

This sets out a “discharge to assess” model which will put significant pressure on community providers to accept patients who may ordinarily remain in hospital for longer periods.

In many areas a similar model has been operating on this basis for some considerable time, but with pre-agreed funding. Ensuring the appropriate funding is in place before new residents are admitted must always be a priority for providers.

### **Public Health England, COVID-19: guidance on residential care provision**

This guidance can be found [here](#).

This sets out steps which can be taken to maintain services, how to minimise the risk of transmission and steps the public bodies should be taking to support care provision.

### **FAQs**

We have had a number of queries from social care providers over recent days in relation to the legalities surrounding COVID-19. We these out below with our responses which we hope will assist.

#### **Question: Can we impose a blanket ban on all visitors?**

Answer: The current government advice falls short of recommending no visits and there are various human rights issues at play which impact on this decision in these circumstances.

Our view is care homes can take steps short of a blanket ban e.g. –

- Asking visitors not to visit or minimise number and duration of visits and/or letting the care home know in advance they plan to visit.
- Telling people not to visit if they are unwell or should be self-isolating based on the latest Government advice.
- Saying all visitors will be asked to allow their temperature to be taken on arrival.
- Saying all visitors will be asked to wash hands thoroughly on arrival.
- Saying all visits will take place in the resident's room or in a room set aside for visits to one resident at a time. No visits in communal areas and therefore, potentially, limiting visiting times.
- Looking at ways to facilitate phone calls or skype/face time calls.

You may also wish:

- To consult with your Local Authority and health bodies as recommended in the Guidance.
- To ensure all infection control measures are re-iterated; enforced and, if possible, increased.
- To take the temperature of all staff at the start of a shift.
- To take the temperature of all residents daily (unless contra-indicated).
- To isolate any resident who does become ill (but that should trigger a specific plan for that resident about visits if they remain in the care home – it might be the last chance family/friends have to visit).