Department of Health & Social Care

CARE

COVID-19: Our Action Plan for Adult Social Care

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Our Action Plan for Adult Social Care

The Government's number one priority for adult social care is for everyone who relies on care to get the care they need throughout the COVID-19 pandemic. Millions of people rely on this care and support every day. As the pandemic progresses, these vital services must remain resilient.

Adult social care takes on many different forms and helps people of all ages. It is held together by a common purpose: not just helping people with a wide range of needs, but helping people to live the best possible life. The challenges of COVID-19 go far beyond anything we have previously experienced. We are fully focused on trying to protect and preserve life for those individuals supported by adult social care. We know our partners in local government share this focus, with council leaders and social care lead members providing essential local leadership and oversight in our local communities. The scale of workforce absences as a result of our attempts to minimise transmission, the need for additional personal protective equipment, the reductions in public transport, and the restrictions on travel all raise issues we have never encountered before. It is tough. Tough for individuals, tough for families, tough for care providers.

Underpinned by the Care Act, adult social care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers. Our incredible care workforce also provide support to people who are homeless, those supported by drug and alcohol services, and those at risk of abuse and neglect.

We know that people receiving care are some of the most vulnerable people in our society. Around two thirds of people living in care homes for the over 65s are over 85 years old and it is estimated that around 70% will be living with dementia. Far more social care is delivered in people's own homes. Over a quarter of a million people under 65 also receive support, whether for mental health, for physical support or support living with learning disabilities. This can be through supported living arrangements, residential care, direct payments or through wider community support services.

The 1.5 million people who make up the paid social care workforce, in local authorities and the independent and not for profit sectors, together with 5 million unpaid carers provide an invaluable service to the nation – especially during the COVID-19 pandemic. They work tirelessly to support the most vulnerable in our society, and as this pandemic has made clear, we as a nation are indebted to their selfless dedication. Care workers, caterers, cleaners, nurses, occupational therapists, personal assistants, registered managers, social workers, and others; all have a critical role to play to ensure that people's needs are met during this crisis. When we "clap for carers", it is not just for those in the NHS; it is a collective thank you from the nation to all our social care workforce across the country too for the sacrifices they make every day.

That is why supporting the care sector is so critical at this time. Whatever your circumstances, great social care can make all the difference to a person's quality of life.

The adult social care system is one of the most important ways we can help support people to stay well, as independent as possible, and connected with families and communities in such difficult times. This in turn will also help the NHS to maximise its capacity to treat those most acutely affected by COVID-19, by preventing admissions and supporting discharge from hospital back to people's homes and other care settings with support from social care and the NHS.

Clearly the challenges of COVID-19 go far beyond anything we have previously experienced. Our approach is made of four pillars:

1. Controlling the spread of infection.

2. Supporting the workforce.

3. Supporting independence, supporting people at the end of their lives, and responding to individual needs.

4. Supporting local authorities and the providers of care.

This action plan sets out our approach for all settings and contexts in which people receive adult social care. This includes people's own homes, residential care homes and nursing homes, and other community settings – it applies to people with direct payments and personal budgets, and those who fund their own care. It supports the response services for the people who rely on technology-enabled care and monitoring services. Our action plan will support care providers, the care workforce, unpaid carers, local authorities and the NHS in their ongoing hard work to maintain services and continue to provide high quality and safe social care to people throughout the pandemic.

While this action plan applies to England only (as adult social care is a devolved matter), we of course continue to collaborate across the UK, to share learning and ensure all nations can benefit from new initiatives where possible.

We know that this doesn't reduce the need for a long-term action plan for social care. Putting social care on a sustainable footing, where everyone is treated with dignity and respect, is one of the biggest challenges that we face as a society. There are complex questions to address, which is why we have invited cross-party talks. These will take place at the earliest opportunity in light of the current circumstances. The government will then bring forward a plan for social care for the longer term.

1. Controlling the spread of infection in care settings

1.1 Adult social care works to deliver high quality care centred around the person to promote independence and wellbeing. Like the NHS, the social care system is facing an unprecedented challenge from COVID-19 and the Government is committed to doing what it can to support this vital sector. It is delivered through around 25,000[1] independent providers of care, as well as care staff employed directly such as personal assistants, many commissioned by local authorities and Clinical Commissioning Groups (CCGs), and many through people contributing to their own care.

1.2 This chapter sets out the actions the Government is taking to help minimise the spread of infection within all care settings.

1.3 For most people, COVID-19 is a mild illness from which they will fully recover. But we know that there are certain cohorts of people who are more likely to be seriously impacted by COVID-19 disease. Age is a significant factor, with older people at risk of serious COVID-19 disease. Other groups of people (e.g. some people with learning disabilities) may have conditions (such as respiratory diseases) that tend to be associated with a higher risk. Whilst our approach is to secure social care for everyone using services, we need to be particularly mindful of those who may be most severely impacted.

Support and advice on how to keep care settings safe

1.4 The Government, working with the sector and public health experts, has published a range of guidance to help care providers reduce the spread of infection (see Annex A).

1.5 The guidance sets out advice for those affected on how to minimise the risks of transmission through good infection control practices, and sets out some of the steps that local authorities and the NHS should take to support care providers through the pandemic. This has all been supported by £1.6 billion of additional funding announced in March 2020 to support local government which can meet some of the rising costs providers are facing and additional pressures on social care; as well as a further £1.3 billion for the NHS and local authorities to work together to fund the additional needs of people leaving hospital during the pandemic.[2]

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[1] CQC State of Care 2018/19: https://www.cqc.org.uk/publications/major-report/state-care

[2] The devolved administrations are receiving a share of the Covid-19 response fund through the Barnett formula so they can support public services in Scotland, Wales and Northern Ireland. The £2.9bn therefore implies £280m for the Scottish Government, £170m for the Welsh Government and £95m for the Northern Ireland Executive.

Provision and use of Personal Protective Equipment

1.6   Personal Protective Equipment (PPE), such as gloves and aprons, has only historically been needed in some settings in adult social care, such as for certain care activities provided in individuals' homes and care homes. For others, it has generally not been required. Care providers that need it have normally made their own arrangements to buy PPE through the market. And very few, if any, care providers have historically needed facemasks. However, as a result of COVID-19 the latest PPE guidance recommends facemasks for the adult social care sector in certain circumstances.

1.7   Global demand for this equipment is at unprecedented levels and several countries have placed export bans on the sale of PPE, making it extremely hard for many care providers to access PPE through their normal routes.

1.8   To address this, the Government has stepped in to support the supply and distribution to the care sector for the first time. The Government has focused on ensuring there is an emergency supply in place, whilst building a longer-term solution for distribution to the sector. Our normal supply chain for PPE was designed to accommodate delivering to 226 NHS Trusts. As of w/c 6th April 2020, we are now providing essential PPE supplies to 58,000 different providers including care homes, hospices, residential rehabs and community care organisations. This is an unprecedented shift in scale.

1.9   On Friday 10th April 2020, the Government set out its PPE plan, including for the social care sector. The Government's PPE guidance includes guidance for usage in the social care sector. Public Health England (PHE) is working to provide further case studies of how this works in practice by 16th April, explaining for example how the term "sessional use" should be interpreted in a care home or home care environment.

1.10   The care sector has asked for there to be consistent messaging across the NHS and care sectors about PPE so that everyone is clear about when to use PPE, and when it is not necessary. The care sector has also called for more support with training (especially facemasks) as whilst many parts of the sector work regularly with infection control, these are new requirements. Some parts of the sector, particularly smaller scale settings are not used to managing infectious disease and may not be familiar with infection control procedures.

1.11   To support this PHE will work with the care sector representative bodies to produce some specialised training videos for donning (putting on) and doffing (taking off) of standard PPE by the 17th April 2020 and will offer tailored insights into how the PPE guidance applies in care settings. We will keep under review what other forms of

training and support may be required locally to ensure safety and respond to the needs of staff working in the sector.

Distribution

1.12   Care providers are reporting difficulties in accessing PPE stock from their normal suppliers. We are working around the clock to fix this.

1.13   As an initial step, social care providers across England received an emergency drop of **7 million** PPE items, so that every Care Quality Commission (CQC) registered care provider received at least 300 face masks to meet immediate needs.

1.14   To support the existing supplier network, we have released **23 million** items of PPE to designated wholesalers for onward sale to social care providers. We have made arrangements with seven wholesalers: Careshop, Blueleaf, Delivernet, Countrywide Healthcare, Nexon Group, Wightman and Parrish and Gompels; to provide supplies to care providers registered with the CQC.

1.15   Local Resilience Forums (LRFs) play an important role in managing the local response to the pandemic. Starting in the week beginning 6th April 2020, we have authorised the release of a further **34 million** items of PPE across 38 LRFs, including **8 million** aprons, **4 million** masks and **20 million** pairs of gloves. These stocks are intended primarily for social care and primary care health services; most of them are being distributed through local authorities.

1.16   **We will continue to make drops of PPE for distribution by the LRFs to meet priority needs for the time being. Further deliveries will be made this week starting with the LRFs identified as being in the highest need of resupply, followed by additional LRF drops as they communicate ongoing need within their local areas.** We will keep in close touch with local partners as LRFs undertake this new role, to enable the best possible planning and distribution of stock locally; and we will work jointly to improve the flow of information, to target stock where it is most needed.

1.17   We have mobilised a National Supply Disruption Response (NSDR) system to respond to emergency PPE requests, including for the social care sector, including:

- A 24/7 helpline for providers who have an urgent requirement (e.g. require stock in less than 72 hours), which providers have been unable to secure through business as usual channels.

- An express freight desk solution to pick, pack and deliver an allocation of PPE to the provider once the case has been approved.

1.18 The longest wait time for a call handler on the NSDR hotline has been less than 10 minutes, with over 90% of calls answered within 1 minute. All care providers that can show an immediate urgent need for PPE and have not been able to access this through the wholesalers, or their LRF, should be able to receive an emergency pack of PPE through this route.

1.19 To support these efforts and scale up the logistic capacity of the supply chain overall DHSC, NHSE&I, NHS Supply Chain, Clipper Logistics and the Armed Forces have worked together to develop a Parallel Supply Chain (PSC) to support the normal supply chain. The PSC already supplies PPE equipment to hospitals, and the LRFs. This is supporting improved speed and reliability of delivery, whilst relieving pressure on the established supply chain.

1.20 We are developing this parallel supply chain to take orders directly from health and social care providers and dispatch directly to them. We are working with e-commerce experts to launch a new web-based system for procuring PPE which will be managed in line with the published guidance from Public Health England, integrated with NHS Supply Chain's central PPE logistic operations and shipped directly to providers via Royal Mail.

1.21 We are working this week with a range of social care providers to pilot the PSC to ensure this system can work well for the social care sector, ahead of rolling this out over the coming weeks.

1.22 In addition, we are working around the clock to ensure we are buying and making more PPE to see us through this pandemic. We have set up a new unit to identify and buy PPE supplies from across the globe as well as encouraging UK manufacturers to produce PPE in a national call to action.

Managing outbreaks

1.23 In the event of a suspected outbreak of COVID-19 in a care home, the first step is for the care manager to refer to the local Health Protection Team (HPT) in line with outbreak control plans that are in place for all infectious diseases.

1.24 Appropriate public health action will be agreed specifically in response to COVID-19. This will include isolating cases, determining the best approach to isolating residents, reinforcing infection control practices and reviewing the plan if the situation escalates. An appropriate response to PPE, staffing, and controlling visitors will also be agreed. The authorities may need to consider an option that does more to isolate vulnerable individuals who might be at risk of becoming infected and move people to different locations. There are risks on both sides. Many people in care homes are frail, and the move itself is likely to reduce quality of life and in some

cases lead to death. It may still be necessary though to make that option available in case it becomes clinically and socially required.

1.25 All care providers can and should look to their local authority and local health services for support. This is true whether the care provider has a contract with the local authority or not.

1.26 Local authorities need to have a clear picture of all alternative local provision that could be used in the case of an outbreak. Where local authorities are unable to meet the emergency needs of a care provider, they should report into their Strategic Coordination Group of the Local Resilience Forum for additional support.

1.27 At present, testing is done on the first five symptomatic residents in a care home setting with an outbreak. **We can now confirm that we will move to all symptomatic residents in care homes being tested.**

Safe discharge from the NHS to social care settings

1.28 The UK Government with the NHS set out its plans on the 17th March 2020 to free up NHS capacity via rapid discharge into the community and reducing planned care.

1.29 Many of the individuals who will be discharged from hospital in the days and weeks ahead will be recuperating from COVID-19, some of whom will require ongoing nursing or social care. Timely discharge is important for individuals so they can recuperate in a setting appropriate for rehabilitation and recovery – and the NHS also needs to discharge people in order to maintain capacity for acutely ill patients. Any patient who does not need an NHS bed will continue to be discharged in line with the current Discharge Requirements with continued due regard to their safety and the safety of those with whom they will have contact after discharge.

1.30 We are mindful that some care providers are concerned about being able to effectively isolate COVID-positive residents, and we are determined to make sure discharges into nursing or social care do not put residents currently in those settings at risk. **We can now confirm we will move to institute a policy of testing all residents prior to admission to care homes. This will begin with all those being discharged from hospital** and the NHS will have a responsibility for testing these specific patients, in advance of timely discharge. Where a test result is still awaited, the patient will be discharged and pending the result, isolated in the same way as a COVID-positive patient will be (paragraph 1.32).

1.31 We expect that a period of specialist NHS rehabilitation and recovery will be needed for many individuals who have suffered from COVID-19, especially older people. Thanks to the successful discharge policy to date and the new Nightingale Hospitals, the NHS expects to have sufficient capacity to provide this ongoing NHS

care in NHS facilities for those who require it. Given the total NHS length of stay for these individuals, most will be able to transfer directly to the appropriate social care setting with 'COVID-free' status.

1.32   **A small number of people may be discharged from the NHS within the 14-day period from the onset of COVID-19 symptoms** needing ongoing social care. They will have been COVID-19 tested and have confirmed COVID-positive status. Some care providers will be able to accommodate these individuals through effective isolation strategies or cohorting policies. If appropriate isolation/cohorted care is not available with a local care provider, the individual's local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period. The Government has made £1.3 billion available to support enhanced discharge from the NHS, and this funding can be drawn on for this alternative provision. We expect local authorities to work together with the NHS to put this approach into practice, in accordance with the NHS Discharge Requirements.

1.33   **For people discharged asymptomatic into a care home** – these individuals will have been tested prior to admission (as per paragraph 1.30). Where these tests are negative, we still recommend isolation for 14 days. This will normally be in a care home that is able to meet that requirement, or it could be under alternative local authority made arrangements assisted by appropriate NHS primary and community-based care. The NHS Discharge Requirements will continue to apply.

1.34   **For individuals coming from the community** – as set out in paragraph 1.30, we will move to these residents being tested prior to admission. The majority will have come from isolation in their own homes given social distancing and shielding policies. After discussion with the new resident and family, the care home may wish to isolate the new resident for a 14-day period following admission.

1.35   Any individual being taken on by a domiciliary care or a supported living care provider should continue to be cared for as possibly COVID-positive until the 14-day period has passed, within their home, following the relevant guidance for Personal Protective Equipment.

1.36   It is important that we keep people who need care services and the people who care for them as safe as possible. These measures, along with our PPE strategy, will minimise the spread of the COVID-19 virus in social care, whilst also ensuring safe and timely discharge from NHS beds. We will keep this policy under continuous review during the COVID-19 pandemic.

Case studies

Provider Hubs

Hertfordshire County Council has rapidly set up a 'provider hub' to support its near 800 social care providers. The Hub is jointly run by Hertfordshire County Council and Hertfordshire Care Providers Association to provide professional advice and support to all care organisations working in the frontline in the fight against COVID-19. The helpline is staffed 7 days a week and provides information on government guidance, PPE, food supplies, staff issues and links back to the commissioning teams for support and to access the financial support packets made available by the council.

The Hub is also the central point for collecting and providing key information and data for the adult social care board. Ensuring good oversight on how care providers are coping, operational issues that the council and care provider association can respond to as well as details around confirmed cases, outbreaks and deaths to allow for targeted and speedy responses alongside public health partners.

The Hub also supports the many direct payment holders who can contact directly to get advice about their direct payments and the flexibility the council can support them with. In addition, the Hub will support with the same issues as it does for providers including PPE.

The Hub works closely with local health systems ensuring good communication and joint responses to support providers within the county. There is also an agreed approach to mutual aid and support that the hub oversees and helps to facilitate.

System approach to tackling COVID-19 in the care sector

Nottinghamshire County Council have worked rapidly to put in place a range of policies and support measures to support the Care Sector across Nottinghamshire. This includes working together to ensure a shared view of service capacity and pressures, and enabling urgent deliveries of PPE. Contact was made at an early stage to support people who receive a Direct Payment and those who work as a Personal Assistant have in place emergency plans and can access PPE.

Steps have been taken to build social care staff capacity with the principle that this capacity can be redeployed across the system. This has included: creating an internal homecare and residential service, including an isolation unit for people with COVID-19; training staff new or returning to care with a package of training which covers infection control, an introduction to social care, moving and handling, and safeguarding; recruiting temporary staff; and, working to put in place an MOU with the health system to extend joint working.

Working together on infection control and joint support

As part of a wider joint approach, West London Alliance local authorities and North West London Health have established a joint response to care homes to support the significantly increased need for infection control advice and expertise to protect residents and staff.

Local authority commissioners are the key interface with all care homes in NWL, liaising with them daily to understand their situation and their individual needs. Commissioners are providing support where they can, providing staff and PPE, and co-ordinating additional support.

Local authority public health colleagues are providing telephone support on PPE guidance, infection control and other issues, but where more support is needed NWL Health have launched a team (led by the Chief Nurse and Director of Quality) to go into homes and provide face to face support. The first two homes benefitted from this face to face support before the Easter weekend and the service is now ramping up.

2.   Supporting the workforce

2.1   In normal times, approximately 1.5 million staff employed in adult social care in England work hard so the people they help can live healthier and more independent lives. From communicating with people with dementia and severe learning disabilities, supporting people to eat and bathe with dignity, to empowering people into work and participation in community life, working in social care requires both skill and commitment to values of caring for others. These contributions often go unrecognised and are undervalued in our society.

2.2   These are anything but normal times. Our social care workforce is right on the front line of the effort against COVID-19 in just the same way as our NHS staff, and for that we thank them. We are determined to do everything we can to ensure they are safe, supported and truly valued.

2.3   We know that they are committed to making sure that the people they support are safe and they, like the rest of us, are doing all they can to stop the spread of the virus. The circumstances in which they are doing this are incredibly challenging. Many of the people the social care workforce support and care for will be in groups that are at higher risk from COVID-19; we know that they will feel concerned and worried for them as well as for their own families, some of whom will be particularly vulnerable too. At the same time, the workforce will be grappling with the challenges of the pandemic in their lives outside work, particularly as many also have personal caring responsibilities.

2.4   While for most of us the message is simple – stay at home, save lives – those who provide social care continue to go to work for the good of others. COVID-19 makes the environment in which they operate more difficult. Some staff will be unwell, some will be self-isolating with others in their household, leading to gaps in normal staffing. High levels of staff absence will stretch further an already stretched workforce, with colleagues picking up extra shifts to ensure nobody falls through the cracks. We have never relied on our social care workforce more than now. Every day of their working lives, they are making a difference.

2.5   It is therefore vital that we do all we can to the support those working in social care, along with taking steps to increase the workforce through the recruitment of returners and appropriately skilled new care workers.

2.6   We also recognise the crucial role unpaid carers play, especially during this difficult period. They make an invaluable difference to the lives of the people they support and are an integral part of our health and social care system. We have set out further information about support for unpaid carers in Chapter 3.

Ensuring we have the staff that we need

<u>Ramping up testing of care workers</u>

2.7   The 1.5 million strong social care workforce is incredibly resilient and committed. However, like everyone else, they must follow the guidance to stay home and self-isolate if they or members of their family have symptoms of COVID-19, or if they are in the shielded group. The extent of workforce absences because of self-isolation varies across the country, but we know that in some places, providers are coping with significant staff absence rates. This is making delivering care more challenging and adding to the pressure faced by those who are still able to work and the families and informal carers of those requiring support.

2.8   In order to support those working in the sector to return to work as soon as it is safe to do so, we will enable the testing of social care workers and those in their household who have symptoms consistent with COVID-19. Those who are COVID-positive must continue to self-isolate but will know that they have had the disease when they return to work. **We are rolling out testing of social care workers across the country with over 3,000 workers now having been referred to local testing centres. There is now capacity available for every social care worker who needs a test to have one, just as there is for NHS staff and their families**.

2.9   The Care Quality Commission (CQC) is leading coordination of testing. They have already offered testing to around 11,000 care facilities and are contacting all registered care providers in the coming days. Employers are being asked to identify staff members and families of staff members eligible for testing in line with PHE guidance and refer them to their local testing centre. CQC is working with local decision makers, including the Association of Directors of Adult Social Services (ADASS) and Local Resilience Forums, alongside national bodies, such as PHE to ensure we prioritise access to testing based on local need. This will help give workers, their families and those that they care for peace of mind and help providers who are struggling with staff absences.

<u>Making the most of our workforce</u>

2.10   It is essential that social care staff continue to work through this crisis. That is why they have been designated as key workers, meaning the children of those working in social care can continue to attend school where there is no safe option for them to stay at home.

2.11   We know that many social care providers are working together, and with local health services, to support each other where there are workforce shortages. We will shortly publish guidance about the redeployment of staff to facilitate this mutual aid.

Growing our workforce

2.12   We need more people to work in social care. This is not only a short-term ambition to help steer us through the pandemic – it is also a long-term ambition to meet the needs of our society in the future. Right now, we need more people working in social care to cover for those who are not in work, and to relieve the pressure on those that are. **Our ambition is to attract 20,000 people into social care over the next three months.**

2.13   In order to attract people to the sector we will shortly launch a new national recruitment campaign to run across broadcast, digital, and social media. The campaign will highlight the vital role that the social care workforce is playing right now, during this pandemic, along with the longer-term opportunity of working in care.

2.14   The campaign will target returners to the sector, as well as new starters who may have been made redundant from other sectors, and those able to take up short-term work. It will direct people to our national campaign website which links to advertised social care jobs on https://findajob.dwp.gov.uk/.

2.15   We are developing a new online platform which will give people who want to work in social care access to online training and the opportunity to be considered for multiple job opportunities via a matching facility. This will streamline the recruitment process for candidates and employers. The Care Quality Commission (CQC) is involved in the platform's development so that providers can be assured that this platform will help them recruit staff in line with CQC's requirements.

2.16   We know that many people from other sectors and industries are no longer able to work and have been furloughed by their employers. Individuals across the UK can undertake paid employment in social care while furloughed from other sectors. Many of these people could be an asset to the social care sector and make a real difference in their local communities now.

2.17   To support swifter recruitment into social care the Home Office and the Disclosure and Barring Service (DBS) have put temporary arrangements in place, to provide DBS checks and fast-track emergency checks of the Adults' and Children's Barred Lists free-of-charge.

2.18   **We have also worked with Skills for Care to make it easier for employers to access rapid online induction training for new staff**. This includes key elements of the Care Certificate and is available free of charge.

Returning professionals coming to work in social care

2.19   While regulated professionals make up only a small proportion of the social care workforce, social workers, nurses and occupational therapists are essential to ensuring that high quality care can continue to be delivered.

2.20   Social workers support millions of people and their families every day to live the best lives possible, ensure their human rights and enable independence. Social work has a key role in supporting communities at times of challenge, incidents and disasters. Social workers are more important than ever as our society faces unprecedented upheaval. Social workers will play a vital role in helping individuals and communities through and beyond the coronavirus outbreak. Due to these exceptional circumstances, Social Work England has invited previously registered social workers in England who have left the register since the 18th March 2018 to return to practice should they wish to do so. This aims to support 8,000 social workers to return to the register. **Temporary registration for social workers will operate on an opt-out basis and they will be able to practise again if their name is published on the list of temporarily registered social workers.**

2.21   Occupational therapists are a core professional group that work within social care. To ensure occupational therapists are available to help deliver our social care response the Health & Care Professionals Council (HCPC) has been contacting occupational therapists who have left the profession in the last three years to advise of the **opportunity to temporarily register again and join health and social care in light of the current pandemic**.

2.22   Nurses also play a critical role in social care. We have seen an incredible response to the NHS call for nurses who have recently left the nursing register to return to practice, and for nursing students in their final year to undertake extended and remunerated final placements. **Nurses and student nurses are being deployed by the regional hubs where they are needed most, irrespective of setting or organisational boundaries. As part of this approach, nurses will be deployed to support social care.**

Volunteers

2.23   We have been overwhelmed by the warm-hearted response of the British public to the call to volunteer to support others in their communities. In the early days of the pandemic many of us will have received notes through our doors from neighbours, previously strangers, offering help or support if we needed it. 750,000 people then signed up to be NHS Volunteer Responders, with similar schemes in Scotland, Wales and Northern Ireland also receiving an incredible response. We are working to enable these volunteers to carry out appropriate tasks in social care. Social care providers are able to refer vulnerable individuals to the NHS Volunteer Responders

programme for a check in and chat, to prevent against loneliness, or to help with fetching shopping and prescriptions. They can also support with providers with moving supplies or equipment between services.

2.24   Some individuals will have more time to volunteer and can take on more than one-off tasks for care providers. While in most instances this will not involve providing direct care, this could involve activities such as housekeeping, food preparation, wellbeing activities, and telephone befriending and care, depending on previous experience. Employers will assess individuals' experience and skill level when assigning tasks. Family members may also wish to volunteer to help look after relatives in the care sector and we would expect care providers to help facilitate this. We will shortly publish more detailed guidance about the use of volunteers in social care.

Security and wellbeing

Security

2.25   We want to do all we can to ensure that those working in social care have the security necessary so that the only factor in their decision to work, isolate or shield themselves, is that same public health advice given to everybody in order to keep individuals, families and the wider public safe.

2.26   In March 2020, as an immediate step, we provided local authorities with £1.6 billion of additional funding which could be used to pay for the additional costs that we knew that the sector would face as it responded to the pandemic. **This includes the cost of backfilling shifts while as far as possible maintaining income for those that are unable to work as a result of the public health advice and wider social distancing measures.** This aims to ensure that staff who are generally able to work, but are unable to do so for short periods of time because they are unwell or self-isolating, do not lose out financially because they are doing the right thing.

2.27   This is on top of measures that allowed the payment of Statutory Sick Pay from the first day of sickness or isolation and increased Universal Credit and Working Tax Credit by £20 a week for one year from the 6th April 2020, meaning claimants will be up to £1040 better off.

2.28   Where social care workers are unable to work for a long period of time, because they are in a high-risk group, or because they are shielding during the outbreak, employers can furlough these workers, to ensure that they continue to receive 80% of their normal income.

2.29   We know that approximately a quarter of the adult social care workforce are on zero-hours contracts[3], meaning they can often have less security, and therefore may be more vulnerable at this time. Zero-hour and flexible contracts can cover a whole range of working arrangements, and the measures above – maintaining income as far as possible, and furloughing workers unable to work – can help protect this group too in many cases, and the changes to benefits apply to all workers.

2.30   We also know that many who work in the social care sector have been picking up extra shifts in order to support their colleagues. The Government has been clear that the principle guiding this period is that nobody should be penalised for doing the right thing. The welfare system is designed to ensure that it pays to work more, including for those who also receive financial support through benefits and tax credits. Those on Working Tax Credit benefit from an annual income disregard, which allows them to earn up to £2,500 per year more with no impact on their tax credit award. Those on Universal Credit benefit from a simplified system which ensures it always pays to work more and that claimants keep more of additional earnings than would have been the case under the previous benefit system. The Government has recently increased both the basic rate of Working Tax Credit and the standard allowance in Universal Credit by £20 per week for the 2020-21 financial year.

Wellbeing

2.31   A career in social care is emotionally rewarding – knowing every day that you are making a difference to people's lives – but it is emotionally tough too. Days can be long and tiring. We are acutely conscious that whatever the usual challenges of the job, these have been amplified.

2.32   We want anybody working in social care to feel like that they have somewhere to turn, or someone to talk to, when they are finding things difficult. For many people this will be their friends, family, and colleagues. It is important, however, that they have other options for support.

2.33   *Shout* has already launched a text messaging support service. Social care staff can send a message with 'FRONTLINE' to 85258 to start a conversation. This service is free on all major mobile networks and is a place to go for support if you are struggling to cope and you need help. However, we know this is not enough.

2.34   In many cases the support needed will be found from close colleagues and the teams people are working in. **We are therefore extending the package of support that is available to the NHS so that those working in the social care sector can**

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[3] https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

benefit. Social care workers will have access to a dedicated website, developed in partnership with the NHS. It will contain a range of resources to help individuals and their teams manage in this new situation, understand what they might need to be doing differently to support each other and pay attention to their mental and physical wellbeing. The site will contain bite-size videos as well as guides to help staff access the information quickly. There will be times, however, when staff need even more personal support.

2.35   Last week, working with Samaritans and Hospice UK, a dedicated free to caller support helpline was launched for NHS staff. We are working at pace to extend this helpline to all social care workers as soon as possible. This confidential support line will enable social care workers to talk through problems or challenges they are experiencing with someone who they can trust. Through the helpline social care workers will also be able to access a bereavement service and access support to cope with anxiety and trauma.

2.36   Skills for Care is creating a package of support for Registered Managers, recognising that they are facing particular challenges.

2.37   We recognise that guidance is being updated frequently for the social care sector, and we need to make sure it is easy for front line staff to access. We will be introducing a new CARE branded website and app for the social care workforce by the end of April, which will have guidance and practical support.

Appreciation

2.38   There is no doubt that our social care staff have played and continue to play a vital role in our national effort to respond to COVID-19. During this crisis there has been an understandable public swell of appreciation for people who work in the NHS. We want to make clear that those working in social care are heroes on the frontline of the response too. We must ensure that social care gets the recognition and parity of esteem that it deserves. An important legacy of this crisis must be the value that we place on social care as an essential service, core to delivering the frontline response to this crisis, and to ensure everyone understands that people who work in social care are key workers, in every sense.

> *"I want to thank everyone on the NHS front line, as well as care workers and those carrying out essential roles, who selflessly continue their day-to-day duties outside the home in support of us all. I am sure the nation will join me in assuring you that what you do is appreciated and every hour of your hard work brings us closer to a return to more normal times."*
>
> **HM The Queen, 5th April 2020**

2.39 **Many in the sector have called for a greater feeling of identity and parity, and have proposed a "CARE" brand to sit alongside the "NHS" brand in England. We are formally establishing this today** based on the existing Care Badge that has been developed by everyLIFE Technologies and Care England and latterly the National Care Forum, and we are grateful to them for agreeing to transfer ownership of the brand to the Department for Health and Social Care so we can use it, promote it and protect it appropriately.

2.40 We expect the use of this brand to build recognition of providers of social care as part of the wider team delivering an essential public service. This will make it easier, for example, for other businesses and organisations to identify those who work in social care and to make available to them the type of benefits that many already offer to NHS staff and other "blue light" services.

2.41 We recognise supermarkets have made huge efforts to meet increased demand for food, particularly for food deliveries to the most vulnerable. They have also allocated shopping hours for NHS workers, which some have extended to social care. We have asked all the major supermarkets to give access to priority hours to social care staff as well as NHS workers, where they have not already. We have also asked them to help care workers and care providers shop for supplies for the people they care for.

Using technology to support social care and quality of life

2.42 Technology has a big part to play in supporting social care through COVID-19. We have been working with technology firms to find solutions that work for the social care sector. We have launched the TechForce19 competition to reach out to innovators who can support the elderly, vulnerable and self-isolating during COVID-19 for instance by enabling remote care both in care homes and domiciliary care, and optimising staffing in the care sector.

2.43 We are also working with technology firms to help some of society's most at-risk and isolated people access vital emotional support and companionship during this time.

As part of this, Facebook will provide up to 2,050 of its Portal video calling devices for free to hospitals, care homes and other settings, and 50 devices have already been deployed to pilot sites in Surrey, with Manchester, Newcastle and London and other areas to follow.

2.44   It is essential that during the COVID-19 outbreak carers, social care professionals, and clinicians are able to talk to each other and to the people they care for. We have worked with the sector to publish new guidance to assist social, community and residential care employers during the COVID-19 outbreak to support care while being mindful of handling people's information securely.

2.45   Early on in the crisis we launched a text messaging service for extremely vulnerable people to provide up to date information, guidance and advice to support them during their isolation[4].

2.46   We have accelerated the rollout of NHS Mail for care providers and have already seen a big increase in the number of care homes now able to use NHS Mail and MS Teams to communicate with healthcare providers. Industry has committed to helping us to improve connectivity in care homes to support this work and to help residents remain connected with their families.

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[4] https://digital.nhs.uk/blog/transformation-blog/2020/creating-a-covid-19-text-service-for-vulnerable-people

3. Supporting independence, supporting people at the end of their lives and responding to individual needs

Supporting those who require health and care services

3.1 Many people who receive social care also receive ongoing care and support from a range of health professionals, including GPs, district nurses, podiatrists and others. It is vital that this care is maintained as far as practically possible throughout the pandemic to protect the health and quality of life of this vulnerable group of individuals. We expect all parts of the health and care system to work together to ensure continued provision of essential care. It may also be necessary for local primary and community health services to provide extra support to care providers and people in their homes.

3.2 GPs have altered how they provide care during the pandemic, introducing greater use of telephone and video consultations, reducing visits and thereby reducing the risk of spreading COVID-19. Under this policy, people who receive either domiciliary care or those in care homes may also be offered telemedicine consultations – but it may be clinically necessary for GPs to come into direct contact with people to provide them with the necessary treatment and care. This is similarly the case for recipients of care who have COVID-19 symptoms. NHSE&I have produced guidance for GPs about managing such essential face to face services.

3.3 Where a home care provider or care home is caring for someone suffering from more severe COVID-19 symptoms, the individual may need to be admitted to hospital. Where appropriate, the provider and the individual should receive additional support from local primary care providers, NHS community services and hospice-at-home to enable the best possible quality of care within the home setting, including home oxygen services and palliative care, in line with the wishes of the individual.

Supporting people to maintain their independence, and supporting their unpaid carers

3.4 Personalised care enables individuals and their carers to keep well and lead fulfilling lives. Social care is also vital for many in allowing individuals and their families to remain in employment and/or volunteering and continue with their essential contribution to our society. For many who use social care services, independence will be defined at a personal level and is at the heart of how social workers and care staff work alongside people to ensure their independence, self-determinations and aspirations can be achieved. During the pandemic, social care professionals are developing new ways to ensure that they can continue to support independence.

3.5   Personal budgets and direct payments allow people to have greater control of their care and support needs. During the pandemic, we expect local authorities, CCGs and direct payment holders to adopt a more flexible approach to the use of direct payments, so that people can continue to control how their needs are met. We will shortly publish guidance setting out further details.

3.6   We recognise the crucial role unpaid carers play. They make an invaluable difference to the lives of the people they support, and are an integral part of our health and social care system. At this time, their role is even more important. Social distancing requirements mean that unpaid carers are providing higher levels of support than they normally would and at the same time access to respite care is limited.

3.7   Unpaid carers' longer-term health and wellbeing is critical to the continued sustainability of the social care system. We have published guidance to support unpaid carers, including advice on limiting the risk of COVID-19 infection, and what to do if it occurs. We are working with young carers to produce tailored advice that meets their needs.

3.8   The Government has published guidance to employers about furloughing through the *Coronavirus Job Retention Scheme,* which makes clear that employees who are unable to work because they have caring responsibilities resulting from COVID-19 can be furloughed. **We are also providing additional funding to the Carers UK helpline so unpaid carers are able to access trusted information and advice.**

3.9   We recognise that unpaid carers will often have particular needs that make social distancing requirements even more challenging, such as only being able to leave the home for short periods, or not being able to shop alone, and they may be challenged about their movements. These needs are not always well understood, so we will be asking local commissioners and providers to provide letters enabling unpaid carers to identify themselves and their needs, so these can be more easily met by retailers and others.

Supporting people at the end of their lives

3.10   Sadly, many older people living in care homes die not long after their arrival. Approximately 10,000 people die each month in care homes. Whilst many live for longer, some estimates suggest that about a third die within 6 months of entry to a care home and almost a half within the year (45%).

3.11   People in care homes and their families should be involved, as much as possible, in planning and decisions about their health and care, including end of life care, and should be supported in having honest, informed and timely conversations. Whilst we have recommended care homes limit unnecessary visits, we are clear that visits

at the end of life are important both for the individual and their loved ones and should continue. Our [guidance](#) has set out steps care homes should take to ensure appropriate infection control during these visits. We will continue to work with the sector to develop and share best practice on how to enable visits at the end of life in a safe and compassionate way.

3.12   It is unacceptable for advance care plans, including Do Not Attempt Resuscitation orders, to be applied in a blanket fashion to any group of people, and the CQC have been urgently contacting providers where this practice has been brought to their attention. Everyone at risk of losing mental capacity or nearing the end of their life should be offered the opportunity and supported, if they wish, to develop advance care planning that make their wishes clear, and to make arrangements, such as lasting power of attorney for health and social care decisions, to put their affairs in order. This must always be a personalised process[5].

3.13   End of life care, including palliative care, must continue to be planned in a holistic way involving social care, community nursing, general practice, occupational therapy, and others. This includes access in people's homes and care homes to professionals and equipment that support this. We will monitor and take action to support collaboration across health and social care settings where needed to support appropriate access, working with the CQC and others to access local intelligence.

Tailoring our approach for particular needs

3.14   People with cognitive and intellectual impairments such as dementia or a learning disability, autistic people, and people experiencing serious mental ill health are likely to experience particular difficulties during the pandemic. This could include difficulty understanding and following advice on social distancing, and increased anxiety. They may need additional support to recognise and respond to symptoms quickly, and in some cases be at greater risk of developing serious illness from COVID-19.

3.15   Our workforce, including new recruits, will need to be trained to respond to these conditions appropriately. We will support providers to embed this in their training in relation to their role, whether they require basic awareness training or more specialist knowledge and skills.

3.16   The Government will be publishing guidance for social care providers of services and for family carers of people with a learning disability and autistic adults. We are also working with partners to develop detailed resources and information for care providers, family carers, and professionals that work with these groups. This

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[5] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/maintaining-standards-quality-of-care-pressurised-circumstances-7-april-2020.pdf

guidance will be published by the Social Care Institute for Excellence (SCIE) and will be regularly updated throughout this period. We have produced guidance for responding to COVID-19 in supported living settings.

3.17 Work is ongoing with the National Clinical Director for dementia, service providers, and user groups to develop additional resources on dementia to support those in care homes and the community.

3.18 Social care, along with the voluntary sector, independent sector and housing sector has an important role in the care and support of people with the most serious and enduring mental health issues. Social care mental health services are delivered in a variety of settings, mostly within the community. These services are key in supporting people who may find the expectations of social isolation and staying home particularly difficult at this time, especially where living in care home or supported living care environments, where management of the virus and supporting people to protect themselves from infection is essential.

3.19 Disabled people or those with sensory impairments and their families may have specific support requirements. We will continue to work closely with user led organisations and advocacy groups as well as with charities and others best placed to understand how these needs can be met in the context of COVID-19. Legal obligations to provide advocacy remain in place where local authorities are continuing to exercise functions which require involvement of an individual and must be upheld to support people, including when they are discharged from hospital.

3.20 Local authorities and NHS organisations should give particular thought to the continuity of support for young people with special educational needs and disabilities (SEND) and an education, health, and care plan (EHC) that are transitioning to adult social care.

3.21 COVID-19 presents particular challenges in supporting people to make their own decisions, and where necessary making decisions in their best interests, in the context of protecting the person's own health and reducing the risk of infection to others. During the pandemic, the principles of the Mental Capacity Act and the safeguards provided by the Deprivation of Liberty Safeguards still apply. Decisions made under the Mental Capacity Act must be made in relation to that individual and cannot be made in relation to groups of people. When making decisions during the pandemic about the care and treatment of people who lack the relevant mental capacity, staff should seek consent on all aspects of care and treatment to which the person can consent. Professionals need to understand the application of mental capacity legislation in the context of COVID-19 (see our guidance).

3.22 We will work in partnership with user and carer groups to understand the impact of COVID-19 and interventions such as Care Act easements to ensure they are not

disproportionally disadvantaging those who are least able to advocate for themselves, and will closely monitor mortality and morbidity in vulnerable groups and the impact on carers. We will also hear directly from people with care and support needs about their experiences against the Making It Real 'I Statements'[6].

3.23   Local authorities should only take a decision to begin exercising the Care Act easements (see Chapter 4) when absolutely necessary and always by following the guidance. Any change resulting from such a decision should be proportionate to the circumstances in a particular local authority.

3.24   The office of the Chief Social Worker has published a Social Care Ethical Framework which must be used alongside application of the Care Act easements and any potential prioritisation of social care.

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[6] https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/TLAP-Making-it-Real-report.pdf

4.   Supporting local authorities and the providers of care

Funding

4.1   COVID-19 is imposing significant new pressures on the social care sector.

4.2   **In March 2020 we announced £2.9 billion of funding to strengthen care for the vulnerable.** This included £1.6 billion for local authorities to help them respond to COVID-19 pressures across all the services they deliver, including adult social care, and £1.3 billion to enhance discharge from hospitals, to help people return to community settings.

4.3   We expect local authorities to get the funding they have received quickly to the front line. Local authorities should take steps to:

- Protect providers' cashflow, including making payments on plan in advance;

- Monitor the ongoing costs of delivering care, such as higher workforce absence rates caused by self-isolation, sickness and family caring responsibilities; and

- Adjust fees to meet new costs.

4.4   To ensure that this additional funding is making a difference, we are asking local authorities to provide information about the distribution of this funding to providers.

4.5   This funding is part of the government's commitment to ensure the NHS and social care system, and other public services, have all the resources they need during the COVID-19 outbreak. The government will continue to monitor pressures in the NHS and local government and will keep future funding under review.

Helping systems to prioritise

4.6   Local authorities and care providers already face increased challenges due to the pandemic. It is possible that some local authorities will need to take difficult decisions to focus resources on the most urgent needs, even if this means not meeting some of their existing statutory duties, or taking longer to meet these. The Coronavirus Act 2020 amends the Care Act 2014 and puts local authorities in the best position to make these decisions to prioritise the most acute needs, should they need to.

4.7   The new powers allow local authorities to streamline assessment processes and prioritise services, where this is unavoidable, and where this enables them to continue providing the best possible care for the most vulnerable people. Our Ethical Framework sets out the principles to be followed in any prioritisation decisions and

the guidance sets a clear expectation that any local authority decision to operate under the easements will be carefully considered, taken only as a last resort and well documented. Decisions should be fully communicated to care recipients and providers, and reported to the Department. This will enable us to keep an overview of use of the easements. The Secretary of State has a power to direct local authorities to comply with the Ethical Framework and the guidance if necessary.

Collaboration across services

4.8   NHSE&I has issued guidance reasserting the importance of mutual aid between Community Health Services and health and social care partners, and the continuation of necessary clinical support across care homes and domiciliary care.

4.9   For general practice, this should include identifying those people on their most-at-risk patient list who live in a care or nursing home, and working with community service providers to co-ordinate interventions for these people. Regular care home rounds by GPs and/or their multidisciplinary teams (MDTs) should be delivered virtually unless a physical presence is required for clinical reasons.

4.10   Community Health Services should prioritise those people identified as most at risk and services should deliver a comprehensive health and care support package, drawing on the dedicated volunteers offering their help, and wider services, to meet their broader needs. This support must be delivered in collaboration with general practice and adult social care colleagues, covering the review and adaptation of care plans, and addressing urgent medical questions and support for people to receive their medication regularly. Providers should provide care and advice remotely where possible.

4.11   Existing patients and those being newly referred to Community Health Services need to be prioritised in line with the COVID-19 Prioritisation Health Services guidance and COVID-19 Hospital Discharge Service Requirements guidance.

4.12   Despite the unprecedented support from Government to maintain the income of workers across the country, we know that sadly some social care workers, like many across the country, will find themselves in financial difficulty. The voluntary sector plays a vital role in supporting people when Government is unable to do so. Recent weeks have seen many generous and big-hearted donations from businesses and individuals alike in order to support those who care for others. Many have partnered with NHS charities for which we are very grateful. We would encourage those considering similar commitments to consider supporting those working on the front line in social care, including for example, to charities such as the Care Workers Charity.

Local and national oversight

4.13   Under the Care Act 2014, local authorities have duties to shape local provision of care and ensure services remain sustainable and continuity of care is maintained. Alongside this the Care Quality Commission's (CQC) Market Oversight scheme monitors the financial health of the largest and most difficult to substitute providers so that there is early warning of emerging risks.

4.14   Given the additional pressures COVID-19 is placing on care providers, local authorities' role in ensuring continuity of service is critical. We expect them to draw on all available flows of information and their links with providers to identify and address any emerging risks, this includes information from the Capacity Tracker and new CQC homecare data.

4.15   There are established local and national systems in place for managing risks to continuity of care services. We expect partners such as providers, local authorities, LRFs and the NHS to work together to address local risks and issues.

4.16   Regulation of care providers by CQC to ensure safety and quality standards are maintained and improved is as important as ever. CQC has developed an Emergency Support Framework for this period which offers providers support and advice, and helps local and national system partners identify and respond to safety concerns. Taking a proportionate approach, CQC will explore any risks they have identified through conversations with providers, with the goal of offering or connecting a provider with relevant support. CQC will only initiate a targeted inspection, or take enforcement action, where absolutely necessary, for example if there are concerns about the potential abuse of people with care and support needs.

4.17   We are reinforcing these systems to ensure continuity of care services in the face of unprecedented challenges.

4.18   We have heard feedback from the sector that there are concerns regarding indemnity cover for social care providers given the changing circumstances. The Government is looking at this and – if issues are identified – will respond in due course.

Emergency response

4.19   All local areas are required to have arrangements in place for responding to emergencies under Civil Contingencies legislation. These specify the roles of the different agencies involved and who takes responsibility for what.

4.20   In relation to adult social care, the lead role in responding to incidents is with the local authority.

4.21   As more people will now be living at home with COVID-19 and those who have been hospitalised with the virus will be increasingly discharged from hospital, the Strategic Co-ordinating Groups of the LRF will be working with and responding to escalating unresolved issues from local authorities, CCGs and Safeguarding Adults Boards (SABs). These organisations are already working on:

- The relevant Category 1 and 2 responders (e.g. Clinical Commissioning Groups) collaborating to support domiciliary care and care home providers adequately, especially concerning their staffing levels; infection control practice and access to PPE

- The community recovery/rehabilitation facilities and alternative arrangements (see paragraph 1.32) being planned and established to ensure enough beds are available in each LRF area.

- The role of the LRFs to support the stabilisation and recovery of domiciliary care and care home providers is prioritised as specified in The role of Local Resilience Forums: a reference document.

4.22   Paragraphs 1.23-1.27 set out the approach to take in the event of an outbreak of COVID-19 in a care home.

Monitoring

4.23   To ensure the system can deal with unprecedented pressures local authorities need to have the strongest possible intelligence about emerging risks to continuity of service; and at the centre we need to have robust information about risks to enable a national-level response where necessary. We have therefore strengthened our data and intelligence flows:

- A new tracker of key adult social care metrics (the "Capacity Tracker") is in place with daily information about bed capacity, workforce absences, PPE levels, and overall risks in care homes.

- CQC is developing a tool for home care providers to update daily about the impact of COVID-19 on their service. This is currently being tested with a small number of providers and will be rolled out to all home care providers.

4.24   We are increasing our ability to track deaths of people with COVID-19 in care homes and domiciliary care. ONS is publishing care sector deaths weekly[7]. **From Friday 10th April 2020, the CQC has asked care providers to let the CQC know if**

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[7]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending27march2020

people have died from suspected and confirmed COVID-19. We are committed to providing a full and transparent picture of COVID-19 related deaths, while avoiding double counting or publishing statistically misleading information.

4.25   This additional information will inform local action, led by local authorities. To provide extra assurance and support we will be inviting regional Directors of Adult Social Services (DASSs) to stocktakes with Ministers to talk through key challenges for their areas, how they are approaching these, and where national support might be needed.

4.26   **DHSC is funding a national support offer to the adult social care sector worth almost £9 million which will give local authorities access to expert advice and support to help them respond to the challenges of COVID-19.** This offer includes strengthened ADASS national and regional structures which will provide additional expert resources and communications capacity that DASS's can use for support and to assist in problem solving. These expert resources, which are currently being put in place for an initial three-month period, will be accessible through the national team and named regional leads. ADASS and the LGA have also realigned the Care and Health Improvement Programme to ensure that general and bespoke support is available around the key aspects of COVID-19, and have established an Adult Social Care Hub which will provide a dedicated resource to systematically collate the sector's specific needs and ensure a co-ordinated response. This is alongside the LGA's broader support for local authorities.

4.27   As part of this support, DHSC is also providing resources to the Social Care Institute for Excellence (SCIE) to help bring partners together virtually to share best practice in real time. SCIE are also developing good practice resources and support for social care professionals, including e-learning on safeguarding, infection control, and support to family carers, and guidance on supporting people with learning disabilities, support to Safeguarding Adults Boards, and good commissioning practice during the pandemic, among others.

4.28   DHSC will continue to provide support where policy issues call for "once-only", national handling.

4.29   It is critical that the needs of people with care and support remain at the heart of practice during this time and that their voice remains heard. CQC's "Encouraging people to give feedback on care" campaign will add to intelligence from people who use adult social care, mental health and learning disability services and care staff. This will include using new channels to maximise information captured. Insights will inform CQC's regulatory activity and our wider understanding of impact of the current situation.

4.30   CQC and Think Local Act Personal (TLAP) are also working on proposals to understand the impact of Care Act easements and COVID-19 more widely on people with care and support needs. The aim is to strengthen the voice of people with lived experience, provide transparency, and help lessons to be learnt.

Communications

4.31   We listen regularly to feedback from the adult social care sector and provide regular updates to ensure the sector has guidance, the opportunity to engage directly with national and local government and support.

4.32   We will continue to publish guidance in response to the changing situation and the sector's requests for greater information. We recognise that many providers and care workers have very limited time to read and react to changing guidance, and we will seek to ensure guidance is clear and practical and that messages from Government are joined-up and non-duplicative.

4.33   Finally, we will continue to express our gratitude and admiration for all adult social care professionals, wider local authority teams and unpaid carers who do so much important work, each and every day, to care for the most vulnerable in our society. The government commits to using its public messaging to emphasise the contribution of this group and increase visibility, recognition and appreciation of the sector more widely.

Annex A: List of Key Guidance

Key ASC COVID-19 Guidance
£2.9 billion funding to strengthen care for the vulnerable
Coronavirus (COVID-19): hospital discharge service requirements
Procurement Policy Note 02/20: Supplier relief due to COVID-19
Ethical Framework for Adult Social Care
COVID 19: guidance on home care provision
COVID-19: guidance for supported living provision
Admission and Caring of Individuals in Care Homes
Guidance on shielding and protecting extremely vulnerable persons from COVID-19
COVID 19 guidance on vulnerable children and young people
List of Key Workers
COVID 19: Guidance on social distancing and for vulnerable people
COVID 19: Guidance for households with possible coronavirus infection
CQC Letter on Suspending Routine Inspections
COVID 19: Personal Protective Equipment
Care Act Easements Guidance for Local Authorities
COVID 19: Scaling up Testing Programmes