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To: **MSC**
Secretary of State

From: Name Redacted

Clearance: NR Deputy
Director, COVID - Discharge
into Social Care

Date: 08/07/2020

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Visiting policies for care homes

Issue	We are seeking to publish updated guidance on visiting policy for care homes, as lockdown restrictions start to ease. This note sets out our intended approach.
Timing	Urgent (two working days) Visits remains a source of concern for many families and friends of care home residents. We are keen to publish guidance as soon as possible.
Recommendation	That you agree we recommend to No10 to publish updated visits guidance

Summary

1. Following our discussions over the last week we have strengthened our proposals around visits to care homes.
2. We are still seeking to publish updated guidance on visiting policy for care homes, as lockdown restrictions start to ease. At present, our guidance only recommends visiting in exceptional circumstances, such as end-of-life.
3. Informed by SAGE advice, the guidance proposes enabling visits on the basis of a risk assessment by the local Director of Public Health (DPH), and includes recommended infection prevention control precautions, such as the use of face coverings. We have confirmed that CMO is happy in principle as long as DCMO was content with the oversight and mitigation. DCMO has confirmed she is content.
4. If you are content, we will seek to agree this guidance with No10.

Rationale for change

5. Making changes to care home visits guidance involves an increased risk of transmission in care homes. This risk must be balanced against the significant impact on care home residents of being isolated from their friends and family. ONS data (3 July) shows that between March 2 and June 12, only 29% of deaths in care home residents were COVID related. The deterioration of the physical and mental health of vulnerable people is likely to have been impacted by loneliness and the isolating effect of social distancing. We have anecdotal evidence from providers and carer representatives that residents who rely on visiting are 'fading away.'

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6. Recent SAGE advice (Annex A) highlights that there is:
 - (i) 'medium evidence to suggest that visits of a short duration, where appropriate social distancing and infection control measures are adhered to, are likely to pose a lower risk to residents than the risk of infection by care home staff'
 - (ii) 'good evidence to suggest that there are established psychological benefits to residents in seeing visitors (and to visitors of being able to visit loved ones in care homes), and some evidence of the detrimental impact on vulnerable people's health of not having visitors for an extended period'
 - (iii) [As] 'community incidence (rather than measures of reproductive number) continues to decline, it is likely that the risks associated with visitation will decrease also, and for many, the benefits of appropriately managed visits will outweigh the risks.'
7. NHS guidance changed on 5 June to allow visits to patients with dementia, creating potential disparity between hospitals and care homes.
8. Given the wider benefits of visiting, our policy seems out of step with other guidance. It is not just elderly residents that cannot have visitors but also working age residents wanting to be able to have visits from their parents.
9. The care sector has been calling consistently for guidance to enable visits. We know that some areas are already facilitating visits, for example in gardens, with appropriate social distancing. It will be important to provide guidance to ensure that visits are conducted with the appropriate precautions to minimise the risk of transmission. Approaches must be measured, risk-assessed and well-monitored, taking account of the situation in specific care homes as well as the community context (including evidence of local exceedances of infection).

Strengthened proposals

10. We have strengthened the proposals to provide assurance around enabling visits. The process will be led by the local DPH and will be based on local risk assessments. In response to your concerns, we will include in the guidance:

- (i) A National Framework for DsPH

The relevant local DPH will lead on the decision of whether or not to allow visitors and in what circumstances. To do this each DPH will be required to review regularly whether visiting is permitted within their local authority. A key part of this process is the use of 'Situational Awareness Reports' developed by Public Health England (PHE) and the Joint Biosecurity Centre (JBC) (Annex B). These are provided to DsPH and local system leaders to inform the place-based risk assessment.

- (ii) DPH steer in every area

DsPHs with their lead role will be asked to disseminate their view to commissioners, based on the framework above, on visiting in their local authority. Specific care homes may have restrictions imposed in response to specific outbreaks if there are concerns about infection control practices or other