

Coronavirus Bill – Second Reading

House of Commons, Monday 23 March

Independent Age response to the Bill:

We welcome the Government's swift action to set out emergency measures to deal with this unprecedented situation. We appreciate these proposals are aimed at reducing the number of deaths and dealing with the consequences of the outbreak.

However, we are concerned that the two years sunset clause in the Bill is a significant period and will prolong people's feelings of uncertainty around the length of time they have to live without the level of care and support they need. Currently, we know that the majority of people receiving care and support have high levels of need. It is therefore difficult to understand the justification for removing support from anyone in this group, when by not providing this support they could end up needing to access NHS services.

Independent Age's Advisors hear from older people every day through our national helpline, providing advice and support on issues such as their care needs and financial security. This briefing covers our response to sections of the Bill which will impact older people's lives, particularly in relation to social care.

NHS and local authority care and support

Clause 13 - NHS Continuing Healthcare assessments: England

The Bill delays the assessment process for NHS continuing healthcare for individuals being discharged from hospital until after the emergency period has ended.

This measure could have a negative impact on those with complex health and care needs beyond local council provision. Their health and wellbeing could be at risk of deteriorating, with the added risk of a possible readmission to hospital, and in the worst circumstances a person could die.

The National Framework states that Clinical Commissioning Groups (CCG's) should arrange a full assessment and reach an eligibility decision within 28 days from the date they receive a positive checklist. For Fast Track applications, CCG'S should put a care package in place within 48 hours from the date they receive a completed Fast Track Pathway Tool. Despite this, we know that before the coronavirus outbreak, CCG's often did not meet this.

Under the current system, we already receive frequent calls related to unsafe discharge from hospital with either poor or absent care in place and difficulties with the NHS CHC process. We also hear a lot from people who've experienced unnecessary delays to receiving the right care.

There is a likelihood that these measures in the Bill will:

- increase the number of people without the right care in place and potentially compromise their safety;
- negatively impact the quality of assessments;
- increase the number of retrospective claims for NHS CHC and requests for refund if interim services are inadequate and people have to pay for their care while waiting for a decision.

Many families may also try and get help with care and support through the local authority route while they wait for a decision about an individual's NHS CHC and experience delays. From the calls we receive, we know how distressing these situations are for people and their families.

We support Beacon's suggestion that CCGs should find a way to facilitate virtual assessments carried out by a Multi-Disciplinary Team of professionals who are knowledgeable about an individual's care needs. But this should only go ahead if everyone, including family and advocates, can attend.

- Will the delay to assessments also apply to Fast Track applications? People who meet the Fast Track criteria will need urgent care put in place and the impact of not having the right care in place could be greater for these people.
- As CHC assessments are directed to happen in the person's home, and this legislation suggests that assessments for hospital leavers are to be delayed until end of emergency period (which could arguably for months if not years) then does this mean a pause on all NHS CHC assessments?

Clause 14 - Local authority care and support

The Bill allows local authorities to prioritise the service they offer to ensure the most urgent and serious care needs are met, therefore not meeting everyone's assessed needs in full or delaying some assessments.

We acknowledge that it is important to prioritise services to meet the most urgent and serious care needs. However, these measures could not only be detrimental to those with care needs that are not deemed 'urgent' or 'serious', but also for informal carers who will have additional strain placed on them.

As the coronavirus outbreak continues, it is likely that more people will need more care and support from the local authority. For example, if their normal Personal Assistant or carer can't visit because they're self-isolating then the person might need the local authority to help arrange interim measures on an emergency basis. We understand that in these unprecedented times, family and friends will do what they can to support the person with identified needs however, informal carers must also be assessed to check their capacity if major service changes are made.

In Clause 16, the Bill allows that, if a local authority has not charged an individual for their care during the Covid-19 pandemic, they are able to do so retrospectively after the conclusion of this period subject to financial assessment.

We are concerned that individuals are likely to face a large invoice after an indeterminate period that they may not have made allowances for. All non-residential care charges under the Care Act 2014 must be reasonable and practicable and must take account of the person's situation and outgoings. It would not be appropriate to present someone with a large delayed fee with a normal pay-back mechanism. There must be a structured mechanism to monitor agreed fee accrual and for pay-back over an extended period.

- Will the guidance for Local Authorities safeguard the individual in relation to fee accrual and retrospective charges?

Further points to raise during the debate:

Clause 2 – Emergency registration of nurses and other health and care professionals

If retired health professionals choose to return to work during this national crisis, it is vital that they are supported, and it is welcome that the Government have moved to protect their pensions in this legislation.

- What specific measures are in place for those over age 65 (40% aged 45 – 65) who have received a letter asking them to return to work? There is scope for confusion amongst the public if the over 70s are classed as a vulnerable group but are being asked to return to work.

Clause 5 – Emergency Registration of social workers

The Government guidance references ‘deployment of volunteers where it is safe to do so, and where indemnity arrangements are in place’. We echo the Medical School Council’s point about close supervision for social care regarding new volunteers e.g. those who are home carers or a social worker/Occupational Therapist. They need sufficient personal protection for themselves, and those they work with, and an induction to ensure that they understand their remit and can conduct their role safely.

During the emergency period, it should remain the case that a nurse is on site in each nursing home and there should be a registered manager in each care and nursing home. Supervision for work in people's own homes would need to be arranged differently.

- Can the Minister confirm that returning to work from retirement will continue to be on a voluntary basis, beyond the measures set out in this legislation?

Clause 9 - Temporary modification of mental health and mental capacity legislation

We understand the importance of freeing up capacity on the front line but relying on one medical opinion and removing time limits could open the door to possible safeguarding concerns.

The Mental Health Act can apply to people with dementia and there is a risk that if a family member or carer contacts their local authority with concern about a person’s mental health, the case might not be dealt with. This has potential to worry families and cause severe harm to the individual.

- How will the Government monitor and evaluate the response to this power in practice?

Loneliness and social isolation

At Independent Age we’re very aware of the impact that measures to restrict or prohibit events and gatherings will have on older people’s social connections and wellbeing. We know that loneliness and social isolation are linked to an increased risk of health issues such as depression, hypertension, dementia and overall mortality. We appreciate that the Government is making decisions in order to save lives, however the impact on infrastructure will be long-term and they must consider how older people can reintegrate into their communities and access services once it is safe to do so.

We are particularly conscious that social activity and practical tasks (such as grocery shopping) are now moving online, but that digital exclusion remains a key issue for older people. Over a third (36%) of people aged 65+ do not use the internet – either because they are lapsed users (have not used in last three months) or have never accessed it (ONS, 2019). This is equivalent to 4.2 million people. The Government must ensure there are alternatives for people who are unable to get online to ensure they can access key services such as banking and shopping, as well as welfare benefits such as Housing Payment and Council Tax Support which are administered by the local authority.

Managing the deceased with respect and dignity

We note that “Personal choice will be respected as far as possible, especially in regard to how we handle loved ones after they have passed.” While the measures are sensible steps, it must be remembered that dealing with the death of a loved one can be a distressing ordeal.

It should also be remembered that not all older people are engaged with technology, so moves such as “enable electronic transmission of documents that currently have to be physically presented to certify the registration of a death” shouldn’t come at the expense of other traditional forms of communication.

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