Department of Health & Social Care

From Helen Whately MP
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

The Rt Hon Harriet Harman QC MP
Chair
Joint Committee on Human Rights
House of Commons
Westminster
SW1A 0AA

22 February 2021

Dear Ms Harman,

Thank you for your letter of 3 February 2021 about visiting for inpatients and care home residents.

Your letter, and the work of the Committee, highlights the difficult balance we have had to strike throughout the pandemic: that of protecting people from this cruel virus, against the hugely important role of visiting in maintaining health & wellbeing.

We recognise how important visiting is and how difficult it has been for people separated from loved ones. Last year we commissioned the Social Care Working Group of SAGE to review the impact of visiting on care home residents' health, and we also have evidence compiled by Age UK and others. This evidence has informed the guidance we have given to care homes during the pandemic.

You rightly highlight the importance of maintaining people's Human Rights and recognise that a right to a Family Life must be balanced with parallel rights to be protected against the risk of harm from the virus. Critically, this right to be protected relates not only to the individual, but also to the wider community of residents or patients in a care home or inpatient unit, staff and their families. It is this balance that we have sought to strike.

There is no blanket ban on visiting in care homes. Our guidance on care home visiting published on 22 July 2020 enabled care providers to set their own visiting policies based on a dynamic local risk assessment, taking a lead from their local Director of Public Health. Subsequent updates have sought to ensure that some visiting continues even during periods of national lockdown.

In December we prioritised care homes for distribution of lateral flow tests to enable indoor visiting, with testing and PPE as precautions to protect residents from visitors who might be asymptomatic COVID-positive. While we had to pause that policy in January in response to clinical advice on the increased risk of the new variant and high levels of community prevalence, during the current period of national restrictions we have been clear that visiting may continue in pods, with substantial screens, through windows or outdoors. Visits in exceptional circumstances such as end of life should always be supported.

You mention the need for individualised risk assessments. I agree that it is important that care homes take into account the particular needs of individuals, and that there are some residents who by virtue of their care and support needs will be particularly impacted by restrictions on

visiting. That is why our guidance has set out that individualised risk assessments should be undertaken by care home managers.

The fantastic progress being made in rolling out the vaccine in care homes gives us great cause for optimism. However, the clinical advice is quite clear that we need to continue to be cautious until we understand more about the efficacy of the vaccine in the field (particularly in relation to new variants) and until we see sustained reductions in community infection rates. For this reason our roadmap for coming out of lockdown will take a step by step approach to increasing visiting.

I know that some care homes have had more restrictive policies on visiting, and I have heard from relatives of residents who have told me they have not even been allowed window visits or screened visits. We have also seen a small number of Local Authorities advising against visiting in their areas. While I appreciate these Local Authorities and Care Homes are seeking to keep residents safe and are taking into account their specific local circumstances, blanket bans on visiting do concern me given the importance of visiting to residents' wellbeing.

To date we have been pursuing non-legislative routes where visiting is much more restrictive than our guidance, for instance, discussions with Directors of Public Health (DsPH) and targeted interventions by CQC. This approach recognises local knowledge of DsPH and that every care home will have specific circumstances. In the months ahead we will continue to monitor the level of visiting happening in practice. I have an open mind about how best to make sure appropriate levels of visiting are taking place.

I share your ambition to enable families to spend time together with loved ones and enjoy the time together that has been lost to them throughout the last year. I thank you for your support in this endeavour.

Yours sincerely,

HELEN WHATELY