



1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Healthcare workers, carers and care settings during coronavirus (<https://www.gov.uk/coronavirus-taxon/healthcare-workers-carers-and-care-settings>)
4. Coronavirus (COVID-19): guidance for people receiving direct payments (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>)

1. Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Guidance

Guidance for commissioners, people receiving direct payments and care providers

Updated 10 July 2020

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This publication is available at <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>

Applies to: England

Who this guidance is for

This guidance is aimed at people who receive support via direct payments through personal budgets and personal health budgets, and local authorities, clinical commissioning groups ([CCGs](#)) and providers who support and deliver care via direct payments.

It sets out key messages to support planning and help slow the transmission of the coronavirus (COVID-19) as the outbreak progresses across the country.

It takes account of the latest advice on self-isolation for households with possible COVID-19 infection, set out in guidance issued by Public Health England ([PHE](#)) (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

It also takes account of the latest guidance from Public Health England ([PHE](#)) on the use of personal protective equipment ([PPE](#)) about safe ways of working for all health and care workers, including personal assistants, and the recommended [PPE](#) for community settings, including care in people's own homes (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>).

The use of direct payments as a way of receiving the care and support an individual requires is as important to those provided directly by the local authority or [CCGs](#). Most care and support cannot be deferred to another day without jeopardising people's ability to work, care for their families or place the individual at risk of harm. It is therefore vital that direct payment-funded services are prioritised locally and this guidance will support those in receipt of direct payments and local authorities and [CCGs](#) in achieving this. This guidance will be updated regularly.

Social distancing and protecting older people and vulnerable adults

[PHE](#) has issued guidance on the actions everyone should be taking to reduce transmission of COVID-19. It is intended for situations where people are living in their own homes, including people with additional support, and explains that people who are at increased risk of severe illness should be particularly stringent in following the advice on social distancing (<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>).

This includes advice to reduce social interaction and to limit face-to-face interaction with friends and family as much as possible, particularly if they're:

- 70 or over, regardless of underlying health conditions
- under 70 and have an underlying health condition
- pregnant

Shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19

[PHE](#) has also issued separate guidance on shielding and protecting people who are at very high risk of severe illness from COVID-19 (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>) because of an underlying medical condition. It sets out which people are in this clinically extremely vulnerable

group and is intended for situations where people are living in their own homes, including people with additional support. People in this group are advised to follow shielding measures rigorously in order to keep themselves safe.

NHS England has written to people who fall within this group of those at highest risk of severe illness if they catch COVID-19 because they have an underlying disease or health condition, giving advice on how to protect themselves and access the care and treatment they need.

If either you or a member of your household falls within this clinically extremely vulnerable group, your personal assistant should also follow advice on the use of PPE (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>). As a minimum, a single-use, disposable plastic apron, a surgical mask and gloves must be worn when visiting, and a fluid-repellent face mask must be worn when delivering personal care requiring direct contact.

Steps people who employ personal assistants via a direct payment should take

Personal assistant employers should:

- a. Urgently review the support arrangements currently in place for when their personal assistant is unable to work due to sickness or annual leave. Consider if these arrangements are robust enough should there be a need to cover for any period where a personal assistant may need to self-isolate because they are ill themselves, are in a vulnerable group or live in a household where someone has developed symptoms of COVID-19.
- b. Consider alternative options, should the above plans not be robust enough to provide essential ongoing care and support. Where there are links with wider personal assistant employers, agreements of mutual support arrangements could be considered. If you receive other sources of paid support (other than your personal assistant) via direct payment, could these be flexed and increased to cover any reduced personal assistant support and vice-versa?
- c. Consider alternative or additional personal assistants and/or care providers such as agencies who may be able to offer care and support or a back-up option should there be issues in continuation of your personal assistant support.
- d. Ensure that details about how you like your care and support to be delivered are up to date with key information that can be shared with care staff who may not be familiar to you, including what you deem to be essential. Where possible, if there are any regular or reoccurring needs that are time- and day-specific (for example treatment sessions or attending work) please note these. Ensure that other details, such as critical telephone numbers, are up to date and available to all care staff who support you.
- e. Should you find yourself in a position where your personal assistant is unable to support you due to self-isolation or contraction of COVID-19 and you have no alternative arrangements available to you, you should contact the adult social care team or CCG team that provides your direct payment for alternative care arrangements. These teams must have systems and processes in place to respond to you as quickly as possible, acknowledging the nature of your needs and circumstance, and should support you to make suitable alternative arrangements.
- f. Ensure that your personal assistant has access to the required PPE that is needed for care in a time of sustained transmission of COVID-19 (as the UK is currently experiencing). If you cannot access PPE yourself or you're having difficulty getting PPE, you should contact the commissioner of your direct payment (local authority or CCG) who can provide assistance. The current domiciliary care PPE guidance

(<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>) recommends that those delivering personal care requiring direct contact, delivering care that requires being within 2 metres of the individual or visiting an individual in the 'shielded' group, should wear certain items of PPE.

Steps people who buy care and support or other services via a direct payment should take

If you're using a direct payment to buy care and support via a service such as a home care agency, you should:

- a. Make early contact with the agency. Discuss your situation and agree any actions that will be taken to support you should your regular, paid carer be unavailable.
- b. Ensure that they have your up-to-date details, any relevant care and support plans and relevant dates if you need to attend important appointments with support.
- c. If you use your direct payment to purchase other types of support, it's important that you speak to your provider and agree arrangements if you foresee any issues in delivering this service during this period.
- d. If you find yourself in a position where these arrangements are unable to support you due to the wider impact of COVID-19 and you have no alternative arrangements available to you, you should contact the adult social care team or CCG team that provides your direct payment to discuss alternative care arrangements. These teams must have systems and processes in place to respond to you as quickly as possible, acknowledging the nature of your needs and circumstance, and should support you to make suitable alternative arrangements.
- e. Ensure that any personal assistants have access to the required PPE that is needed for care in a time of sustained transmission of COVID-19 (as the UK is currently experiencing). If you cannot access PPE yourself or you're having difficulty getting PPE, you should contact the commissioner of your direct payment (local authority or CCG) who can provide assistance. The current domiciliary care PPE guidance (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>) recommends that those delivering personal care requiring direct contact, those delivering care that requires being within 2 metres of an individual or those visiting someone in the 'shielded' group, should wear certain items of PPE.

What to do if your personal assistant is concerned that they have COVID-19

If personal assistants are concerned that they have COVID-19, they should follow the guidance on home care provision (<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>).

As the guidance explains, they should contact the NHS and, if advised to self-isolate at home, they should not visit and care for you until it is safe to do so.

If your personal assistant or team of personal assistants are unable to deliver the necessary care, it may be necessary to put contingency plans into action. For example, family members may be required to step in and support you to ensure that you receive the care that you need. Local authorities and CCGs should adopt a flexible approach to how direct payments are used during this period to ensure that appropriate care is delivered.

Local authorities and CCGs should consider requests to pay a close family member to provide care if it's deemed necessary. Local authorities and CCGs should acknowledge the nature of people's needs and should have systems and processes in place to be able to respond as quickly as possible and support you to make

arrangements to continue to manage your care. Only in cases of emergency, and if it's time-critical, you should be able to decide to put a suitable package of care and support in place for a short period, for example 4 weeks, as long as you can justify and evidence this retrospectively.

More detail on this can be found in the accompanying guidance for people receiving direct payments and personal assistants (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-qa-for-people-receiving-a-personal-budget-or-personal-health-budget>).

What to do if you, as the employer or buyer of a service, have symptoms of COVID-19

If you have symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures. As with staff in home care services, personal assistants and other care staff should use PPE when providing care that brings them into direct contact with someone receiving care, such as through washing and bathing, personal hygiene and contact with bodily fluids. This is currently true for individuals with or without symptoms (due to the community transmission of COVID-19). For this, plastic aprons, fluid-repellent surgical masks, gloves and eye protection (if there's a risk of droplets or secretions)

(<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>) are recommended. Different items of PPE are recommended (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>) if your personal assistant is not coming into direct contact, but is within 2 metres of yourself or the individual receiving care.

New gloves and aprons must usually be used for each episode of care. It's essential that PPE is stored securely within disposable rubbish bags. If this PPE has come into contact with an individual with symptoms of COVID-19, then these bags should be placed into another bag, tied securely and kept separate from other waste within the room. It should be put aside for at least 72 hours before being put in the usual household waste bin. If the individual does not have COVID-19 symptoms, waste can be disposed of as normal.

Surgical and fluid-repellent face masks can be re-used for different episodes of care and potentially while caring for multiple individuals, providing the individual does not have to touch or remove the face mask in between episodes of care. Eye protection can also be used continuously, subject to risk assessment. The current domiciliary care PPE guidance (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>) provides details on the conditions when this should be carried out.

If personal assistants or care workers undertake cleaning duties, then they should use the usual household products, such as detergents and bleach because these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly. Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within your own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

If personal assistants or care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate, in accordance with the manufacturer's instructions. All dirty laundry can be washed in the same load. If you do not have a washing machine, wait until it is permitted for you or your family member to leave the house and go to laundrette: a further 72 hours after the 7-day isolation period (for individual isolation) or a 14-day isolation period (for households) has ended. The laundry can then be taken to a public laundrette. Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with your consent.

See PHE's guidance on laundry and waste disposal (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

General interventions may include increased cleaning activity and keeping the property properly ventilated by opening windows whenever safe. Personal assistants and care workers should follow advice on appropriate hand hygiene

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf).

People receiving direct payments who normally purchase their own PPE from their preferred supplier through their direct payments should continue to do so. If you cannot get PPE in this way, or the direct payment is not set up to fund PPE, ask the local authority or CCG that provides the direct payment to help get the required PPE.

Work is in hand nationally to monitor and manage PPE supply. If you're having difficulty in obtaining the required PPE, you should approach the local authority adult care service or CCG that provides your direct payment and ask for assistance.

Further advice

The Department of Health and Social Care, in partnership with a range of stakeholders, has published further advice in the form of frequently asked questions for personal budget and personal health budget holders (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-qa-for-people-receiving-a-personal-budget-or-personal-health-budget>) on the PHE website.

This will be updated regularly.

NHS support for people using direct payments and receiving community health provision

Community service providers will be taking steps to:

- a. Ensure that their list of individuals in receipt of care at home support is up to date, establish levels of informal support available to individuals, and share lists with local authorities and home care providers to ensure join-up.
- b. Consider which teams need to extend operational hours, or link to other services (such as out-of-hours general practice) in order to ensure the best possible care and maintain patients in the community.
- c. Explore options for alternative care models, including tele-care and 'hub and spoke' models to provide advice and guidance to patients and potentially their families.
- d. Take stock of how to maintain viable home care provision during the outbreak of COVID-19. This includes developing joint plans with local authorities, home care and care home providers, and primary care colleagues to agree how and when escalation processes can be triggered.
- e. Support local authorities in planning around resilience, including plans to share resources locally in an outbreak of COVID-19. These should include workforce, including the deployment of volunteers where it is safe to do so and where indemnity arrangements are in place.
- f. Consider how voluntary groups that currently support NHS services could also support teams and specific individuals. Make the links between those voluntary groups that currently support NHS services, home care providers and local authorities.

Government support

The government will provide extra resources to tackle COVID-19. This includes a COVID-19 Response Fund, to fund pressures in the NHS, support local authorities to manage pressures on social care and support vulnerable people, and to help deal with pressures on other public services. The size of the fund will be reviewed as the situation develops, to ensure all necessary resources are made available.

As part of the government's emergency legislation measures, Statutory Sick Pay (SSP) will be paid from day one of sickness to support those affected by COVID-19. In order to ensure that personal assistants who are ill feel able to take time off from caring to prevent transmission, these arrangements will also apply personal assistants directly employed by individuals with direct payments. This will be a temporary measure to respond to the outbreak and will lapse when it is no longer required.

Individuals employed on zero-hours contracts may be entitled to SSP if their average earnings are at least £118 per week (calculated over an 8-week period). However, those who are ineligible can claim Universal Credit and/or contributory Employment and Support Allowance depending on their personal circumstances.

The government will also bring forward legislation to allow small- and medium-sized businesses to reclaim SSP paid for sickness absence due to COVID-19.

See more information about this package of measures (<https://www.gov.uk/government/publications/support-for-those-affected-by-covid-19>).

Steps for local authorities and CCGs to support people who use direct payments to purchase care and support

Local authorities and CCGs, working with their Local Resilience Forums and drawing on their pre-existing plans for pandemic influenza and the latest guidance for the COVID-19 outbreak available on the GOV.UK website, should:

- a. Ensure that their list of individuals in receipt of direct payments is up to date and includes records of the levels of informal support available to individuals.
- b. Map all care and support plans funded by direct payments by the local authority and CCG, to inform planning during an outbreak. Support providers similarly to map those packages that are self-funded.
- c. Contact all individuals using direct payments to provide information and advice for maintaining the care and support they receive and how to make contact should they think that there may be a difficulty in continuing to receive care and support via the direct payment or are unable to access recommended PPE.
- d. Consider the need to draw on local community services and primary care providers to support people who use direct payments and draw up a plan for how and when this will be triggered.
- e. Consider how voluntary groups can support those who use direct payments and enable links between the person and voluntary sector.
- f. Take stock of how to maintain viable personal assistant supports or alternative provision via care providers during the outbreak of COVID-19, including financial resilience. The Local Government Association, the Association of Directors of Adult Social Services and the Care Provider Alliance have published best practice advice on resilience (<https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners>).
- g. Consider the use of assistive technology at home (for example, technology to monitor seizures and breathing problems) to provide an additional layer of support, while helping to reduce pressure on staff delivering care

h. Develop and maintain high-risk registers, monitoring these for early signs of package or paid carer breakdown. Where possible, contingency plans should be developed for individuals on the high-risk register.

Direct payment capability

Commissioners should put in place a contingency plan to support the administrative functions for existing personal health budgets and personal budgets, including direct payment functions, ensuring that ongoing and emergency or one-off payments to accounts can be made. Commissioners should also consider the possibility of providing longer-term payments (for 2 months, rather than one) to reduce the administrative burden, and ensure sufficient funds are available to the direct payment holder.

Commissioners should also consider other key staffing issues in relation to personal health budget and personal budget holders, such as the process for emergency support, ensuring holders are aware of local area helpline numbers or having a single point of contact to support any care package issues.