



Department of Health & Social Care

28 April 2021

Notification of the expiry of the Care Act easements provision in the Coronavirus Act 2020.

Dear Directors of Adult Social Services and Adult Principal Social Workers,

We are writing to provide you with an update on the status of the Care Act easements provision, introduced by Section 15 and Schedule 12 of the Coronavirus Act 2020.

Following our latest review, the Secretary of State for Health and Social Care accepted our recommendation to expire the easements provision. This decision was communicated in the Coronavirus Act [one-year report](#) published on 22 March 2021 which set out the Government's intention to expire 12 provisions, including the Care Act easements; this was debated in Parliament on 25 March 2021, where the House of Commons agreed with the recommendations made. Expiry of these provisions means that local authorities will no longer be able to operate under Care Act Easements. [Regulations](#) were laid on 21 April 2021 using the draft affirmative procedure, meaning that they will not come into force until the procedure has been followed (usually 40 days).

As you know, the Care Act easements provision was a temporary measure to help local authorities continue to meet the most urgent needs in the face of COVID-19 when local authorities were experiencing extraordinary pressures. We recognise that local authorities have worked hard to continue to support their local populations, and their strong desire to not fail in delivering their statutory duties to continue to undertake assessments and care support for the benefit of local citizens.

The Coronavirus Act requires that all provisions are reviewed every two months to determine whether the provisions need to be retained or can be expired. In conducting this review for the Secretary of State, we sought views of stakeholder groups, including groups representing people who use care and support services, and DHSC regional support leads. While some stakeholders said that COVID-19 presents an ongoing risk and favoured suspension as a cautionary approach, we noted the concerns the provision has caused among people who require care and support, the strength of their view that they should be withdrawn and the ongoing challenge of communicating the purpose of the easements and how they should be used.

In making our assessment, we concluded that local authorities have coped with significant pressures over winter using the existing Care Act flexibilities and are in a better position now in terms of planning, support and use of mutual aid, than they were when the easements provision was first introduced. Importantly, "Responding to COVID-19: the ethical framework for adult social care", published in March 2020, will remain in place and continue to support local response planning and decision-making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults. Therefore, it is important that you ensure social workers understand, and are confident in applying, the [Ethical Framework](#).



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We appreciate that COVID-19 continues to present challenges for the Adult Social Care sector, and particularly for care providers, resulting in additional pressures on local authorities. Infection prevention and the continuation of essential care and support for people who need it is of utmost importance, and the Department has made over £1.84 billion available in specific funding for adult social care, and as detailed in [guidance](#), this includes infection control funding that can be used to support active recruitment of additional staff (and volunteers) where this aids effective infection control.

We want to ensure that local authorities are in strong positions to respond to workforce capacity issues, and we encourage local authorities to continue to work closely with providers to put in place risk management and escalation processes in place. This will enable Local Resilience Forums to respond when experiencing additional pressures. Having open dialogue with providers, regional leads and public health officials is crucial to ensuring that if the situation does reach crisis point, this is promptly escalated as an incident to the Department's Operational Response Centre (ORC) where national support can be provided as appropriate.

Thank you for your continued efforts and support.

Kind regards

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