

Framework for Implementation of Care Act Easements under the Corona Virus Act 2020

This framework sets out how the Council will implement the provision set out within the new [Care Act easements, created under the Coronavirus Act 2020](#), to ensure the best possible care for people during this exceptional period. The framework has been produced from the national guidance and [Ethical Framework](#) and all decisions made will be in line with this. Services are facing rapidly growing pressures as more people need support because unpaid carers are unwell or unable to reach them, and as care workers are having to self-isolate or unable to work for other reasons. The Government has put in place a range of measures to help the care system manage these pressures and this is the local response to these.

The aim of this framework is to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Coronavirus Act enable the Council to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment (referred to in this guidance as the Care Act). These easements are time-limited and are to be used as narrowly as possible.

Target Audience:

- Chief Executive of Local Authority
- Director of Adult Social Care
- Lead Member for Adult Social Care
- Local NHS managers
- Local providers

Detailed guidance and communications will be made available to support the roll out of this framework as per the communication plan shared alongside this document.

Summary of proposed changes:

The changes fall into four key categories, each applicable for the period the powers are in force:

1. The Council will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements and will instead utilise the triage and support planning tool detailed below and contained in appendix 1. The temporary triage and support planning tool is accompanied by a risk tool that will be completed for all service users. More information on risk planning is outlined below and contained in appendix 2
2. The Council will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements, but will have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment.
3. The Council will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They will however still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing care and support, often at short notice. The revised triage and support planning tool detailed below and provided in appendix 1 will be used for this purpose.

4. The duties on Local Authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. The Council will still be expected to take all reasonable steps to continue to meet needs as now but in the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, and to temporarily delay or reduce other care provision.

Implementing Easements:

The Council will only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life.

The guidance issued alongside the Corona Virus Act 2020 sets out four stages of easement:

1. Business as usual: operating under the pre-amendment Care Act
2. Applying flexibilities under the pre-amendment Care Act: Decision for Individual service type to prioritise short term allocation of care and support using current flexibilities within the Care Act. This would include the changing, delaying or cancelling of some service types.
3. Stage 3: Streamlining services under Care Act easements: Decision to operate under Care Act easements as laid out by the Coronavirus Act. This is the point at which changes to Assessment, Care and Support Planning and Financial Assessment (as set out above) will come into force.
4. Stage 4: Prioritisation under Care Act easements: Whole system prioritisation. This is the point at which decisions about changing support for people will be made, considering and allocating capacity across the whole of adult social care. This may mean allocating resource from some service types that may not be under pressure to support those that are. At this point, decisions will be made on the basis of the risk scores generated by the risk tool outlined below.

In order to ensure that this decision is appropriate and proportionate the relevant Service Manager/Assistant Director will be required to complete the form contained within appendix 3 specifying the easements required and seek agreement from the relevant Assistant Director who will then submit the form to the Principal Social Worker. The Principal Social Worker will then consider and analyse the information presented and form a professional judgement on the request for the Director to approve. The Director of Adult Social Services and the Principal Social Worker will ensure that their lead member has been involved and briefed as part of this decision-making process.

Individual services are expected to be collating data and information on a regular basis that allows them to understand and evidence and changes in demand or staffing capacity and Assistant Directors are expected to be continually analysing this data across the whole of their service area. This will ensure that any decisions regarding easements are evidence based and opportunities to mitigate demand or capacity pressures have been considered across the service as a whole prior to easements being considered.

Once the decision to implement easements has been made by the Director this decision will be communicated to relevant providers, service users and carers. The accessibility of communication to service users and carers will be considered.

In order to ensure that decision can be made over a 7-day period and in the absence of either the Principal Social Worker or the Director of Adult Services appropriate deputies will be appointed. The Deputy for the

Director will be Assistant Director that is not responsible for the Service requesting an Easement and the Deputy for the Principal Social Worker will be another senior member of the professional practice team who is a qualified, registered social worker.

Triage and Support Planning Tool

This tool will be utilised if easements are agreed in the place of the current Assessment and Care and Support Planning documents.

The guidance issued to staff on proportionate recording standards will stand for the entire Covid19 period (i.e. until staff are informed otherwise) regardless of whether the service is implementing easements or not.

Mapping and Monitoring Risk

The guidance issued under the Corona Virus Act states that the Council is required to map all existing known packages for complexity and need, and where possible have also mapped the care and support needs of those that self-fund.

It is important that mapping considers the complexity, risk and level of need within the care package and not just the current delivery. This should allow for a better understanding of the risk should there be an impact on care delivery. This includes considering unpaid carers. This will ensure the Council has knowledge of an individual to inform any prioritisation work needed, should the situation require it.

The Risk tool will therefore be used for all existing service users of within ASC so that there is consistency in RAG rating. As there are pressures on resource to be able to carry this out, it will be targeted. This will be done by provision type, with a priority for individuals receiving care in their own home, as it is likely that more is known about the risks around individuals in placements through work with providers. For this reason all service users receiving care and support will be risk rated, in the following order:

1. Direct Payment Recipients (this is to ensure that private care arrangements are continuing)
2. Carers
3. Domiciliary Care Recipients
4. People in receipt of planned respite (carer relief support)
5. Day Care Recipients who are not receiving any other service
6. Individuals living within Supported Living Schemes or Extra Care Schemes
7. Individuals living within registered Nursing / Residential Care

The risk tool will be completed (where possible) from information held within Carefirst. Where necessary the worker may need to contact the individual to ensure up to date information is held.

The Risk tool should also be used for all new assessments and re-assessments/ reviews to enable the council to track and monitor risk even if decisions are not made on this basis (i.e. the council has not eased Care Act duties under the provisions set out in the CoronaVirus Act 2020).

The Risk tool and underlying assumptions and scoring mechanisms are included in appendix 2.

Safeguarding:

Safeguarding adults remains a statutory duty and The Coronavirus Act 2020 does not affect the safeguarding protections in the Care Act, particularly at Section 42 of the Care Act. It is vital that the Council continues to offer the same level of safeguarding oversight and application of Section 42.

In order to ensure that this is conducted proportionately, consistently and with the correct level of professional oversight a temporary dedicated Safeguarding resource will be established. To expediate the development of this provision the current Safeguarding resource within the Older Adults Mental Health team will be used as a starting model.

Appendix 1: Triage and Support Planning Tool

Summary of the individual:	<i>Provide brief information on the current situation, presenting needs and wishes of the person, including what matters most to the individual</i>				
Outcomes <i>Consider the outcomes below and whether they can be met through the following resources: Where a need cannot be met briefly detail the reason for this.</i>	Can Personal Strengths / Assets meet this outcome? <i>Provide a brief summary of the evidence used to reach this decision. Include if existing aids are required.</i> Yes / No	Can Technology meet this outcome? <i>Consider everyday tech such as mobile apps, phones as well as aids, sensors and alarms</i> Yes / No	Can friends & Family Supports meet this outcome? <i>Consider who can visit, and who can phone and record information on reliability of support.</i> Yes / No	Can community Supports meet this outcome? <i>Consider both existing community assets (church / clubs etc) and COVID19 volunteer services. Consider reliability.</i> Yes / No	What Statutory Support is needed to meet the outcome?
Being able to ask for additional support if need changes					
Managing toilet needs					
Maintaining personal hygiene & being appropriately clothed					
Managing and maintaining nutrition/ hydration					
Managing and maintaining medication requirements					
Carrying out any caring responsibilities the adult has for a child.					
Being able to make use of the adult's home safely and maintain a <i>habitable</i> home environment					
Developing and maintaining family or other personal relationships					

Appendix 2: Risk Tool Underlying Assumptions

The tool utilises the domains of the Care Act to establish a level of need and therefore risk against each.

Capacity to ask for additional support if need changes is the main basis of the scoring criteria. If the person is deemed unable to ask for additional support if need changes and does not have anyone that can act on behalf of them to do so, they will automatically be RAG rated as Red.

The importance of unpaid carers is also a flag in the risk tool. If someone is supported by an unpaid carer this is/is likely to be impacted during the Covid19 crisis, the risk score will automatically be red.

The tool has then considered the most pressing and urgent needs based on the current circumstances (i.e. social isolation and schools being closed). These have been deemed as:

- Managing toilet needs: If an individual is unable to meet this needs themselves and does not have a cohabitating carer that can meet the needs, they are automatically RAG rated red.
- Carrying out caring responsibilities for a child: If an individual is unable to meet this needs themselves and does not have support from a carer, family and friends or the community to meet this need, they are automatically RAG rated red.

With the exception of the points outlined above, the overall RAG rating is the cumulative total of the RAG score against each domain. I.e. if a person scores mostly green, they will be RAG rated as green.

N.B: A RAG rating of Amber or Red on the domain of 'developing and maintaining family or other close personal relationships', should trigger a referral to Covid19 volunteer support.

The tool asks for technology to be considered as an option to meet some needs and mitigate some risks. Whilst there is currently a good assistive technology offer in Brighton, the current situation is likely to require additional technology to be considered as people self-isolate. A review of opportunities should be completed at pace, with new technology options brought into the service.

Appendix: 3 Request to PSW & Director to Implement Easement:

TO BE COMPLETED BY SERVICE MANAGER:				
Name of service manager completing form:				
Service Requesting Easement: <i>Detail what service is requesting the easement, for what cohort of individuals</i>				
What easement is being requested: <i>Tick the relevant box(es)</i>	Easement on duty to assess	Easement in duty to financially assess	Easement in duty to review and support plan	Easement in duty to meet all eligible needs
Reason for request: <i>Include the nature of the changes to demand or the workforce / The expected impact of the measures to be taken / The points at which this decision will be reviewed again</i>				
What are the risks of not implementing the easement? <i>May include risk to current people in service, those waiting for service, provider sustainability, risks to staffing. Consider Human rights breaches e.g. right to life, protection from inhuman or degrading treatment, right to liberty, right to private and family life</i>				
What other options have been considered? <i>Include detail on individuals involved in the decision-making process to date? What steps that have been taken to mitigate against the need for this to happen?</i>				
TO BE COMPLETED BY AD:				
Does the Relevant Assistant Director support this request? <i>Include reasoning for support of this decision</i>				
Name of Assistant Director				
Date sent to Principal Social Worker:				

TO BE COMPLETED BY PRINCIPAL SOCIAL WORKER	
Name of Principal Social Worker:	
What Information has been used to inform these decisions? <i>Consider as all the evidence required been presented?</i>	
What analysis of the information has been conducted?	
Professional judgement on request made: <i>Consider have all other options been explored, including the option to utilise staffing from other areas? What are the risks associated with implementing and not implementing the easements and what will the impact be? How will the changes help to avoid breaches of people's human rights at a population level</i>	
Recommendation to Director:	
TO BE COMPLETED BY DIRECTOR	
Are the recommendations of the Principal Social Worker Approved?	YES / NO
Has the Lead Member been consulted?	YES / NO
Has the Department of Health and Social Care been informed? (required for easements under stage 3 and 4)	YES / NO
Signature and date:	

