



## **Adult Social Care Covid-19 Forum – weekly teleconferences**

08/04/2020, 13:00-14:00: 'Care Act Easements'

- Chair: Richard Cienciala (RC)
- Panel:
  - Rhia Roy (RR) – DHSC Policy Lead for Care Act Easements Guidance
  - Fran Leddra (FL) – DHSC Chief Social Worker for Adults
  - Hilary Paxton (HP) / James Bullion (JB) – ADASS

### **Opening: RC**

- Thank you all for joining us today at our weekly forum for Adult Social Care.
- Today's session will focus on the Care Act Easements.
- As usual, we will be answering questions that have been pre-submitted up until yesterday afternoon and will not be taking any comments or questions during the session.
- As you will be aware, Section 15 and Schedule 12 of the Coronavirus Act 2020 introduced significant changes to Local Authority duties under the Care Act 2014. This will enable Local Authorities, alongside providers, to streamline assessments, reviews and care planning, and to prioritise care and support so that the most urgent and acute needs are met during the coming, critical period.
- These measures came into legal force on 31 March and will enable you to prioritise more effectively in the context of this crisis than would be possible under the Care Act 2014 prior to its amendment.
- These measures are only temporary and should only be used when absolutely necessary, based on Local Authority judgement of their ability to meet the needs of local people in a Care Act compliant way. Local Authorities should report any decision to use the easements to DHSC. This is not to add bureaucracy but to help monitor the use of easements.



- The Secretary of State will keep these provisions under review and ‘turn them off’ as soon as the pressure on the social care system allows.
- Once the easements are terminated, all assessments and reviews that are delayed or not completed need to be followed up and completed in full
- Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual’s human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

#### **ADASS Introduction: HP**

- ADASS, LGA and providers have been working with DHSC to develop guidance. It has been a collaborative approach.
- It has not been possible to include everything due to the speed of the process.
- We will work with DHSC to add in any changes in future versions.



## Q&A

### **Section 1 – Implementation of the Easements Guidance**

1. A colleague from Enfield Council has asked how the evidence of the consideration of easements should be presented and if there was guidance about what type of evidence (and the volume of such) would need to be gathered?

#### **RR:**

- *There is no set format which should be used to present evidence of consideration of easements to DHSC. Any report to DHSC only needs to be brief and should explain why the decision to prioritise services under the easements has been taken and briefly provide any relevant detail.*
  - *Appropriate evidence to back up the decision is expected as part of the internal process but does not need to be shared with DHSC. What is considered appropriate will vary locally, depending on local circumstances and the extent to which the easements are used. Some Local Authorities may wish to use their own template locally or to share this with their networks.*
  - *The guidance outlines that the following evidence should be included in the internal record of the decision:*
    - *The nature of the changes to demand or the workforce*
    - *The steps that have been taken to mitigate against the need for this to happen*
    - *The expected impact of the measures taken*
    - *How the changes will help to avoid breaches of people's human rights at a population level*
    - *The individuals involved in the decision-making process*
    - *The points at which this decision will be reviewed again*
2. How do LAs plan to communicate retrospective charging – is there a framework that they are going to adhere to – to ensure consistent info is shared across each LA? How will local authorities ensure that individuals are treated fairly?



**RR:**

- *Local Authorities should always ensure there is sufficient information and advice available in suitable formats to help people understand any financial contributions they are asked to make, including signposting to sources of independent financial information and advice. This will be especially important if easements are used and will be critical to helping people understand potential future costs, particularly when they may already be anxious and needing as much reassurance as possible. Local Authorities are best placed to communicate information about retrospective charging to residents in their area in line with the guidance and so there is no centralised framework they must adhere to.*
- *During this period Local Authorities may need to take difficult decisions that impact on the way they respond to their responsibilities for care and support and their statutory functions. There should therefore be clear professional oversight and, where relevant, professional sign-off for such decisions as well as evidence that due consideration has been given to the possible consequences. Local Authorities are best placed to make these decisions based on their professional judgement. To help support them in making decisions that treat everyone fairly, DHSC has produced the Ethical Framework and Annex C of the Care Act Easements Guidance: Prioritisation Process. These provide a structure for Local Authorities to measure their decisions against and reinforce that the needs and wellbeing of individuals should be central to decision-making. These tools should underpin challenging decisions about the prioritisation of resources where they are most needed.*

**JB:**

- *Good point by Rhia both in terms of the nature of the local decision making and ability of local councils to take a view about demand and staffing issues in their management of Covid.*



- *Local authorities should be really transparent about what decisions they are making and the narrowness or broadness of that decision and that should be communicated locally.*
- *From a practical point of view about this part of the process, authorities should need to be acting now to line up their political support for the process they will follow locally which will necessarily need to be quite steep.*

3. What happens to a person who has been assessed prior to Care Act easement but has yet to receive support? Do they receive a new assessment under care act easements or adherence to their previous care plan?

**HP:**

*Where a council is able to meet their needs under the previous assessment they will do so. If they have moved to easements they will have to meet needs where not doing so would result in a breach of human rights.*

4. The National Care Forum has expressed that there needs to be guidance on communication of LA decisions to ease its duties to a number of key audiences such as residents, care providers, voluntary sector and neighbouring local authorities. Can the guidance be amended to address this?

**RR:**

*Local Authorities are experienced at communicating with their key audiences and are best placed to decide how to communicate regarding the easements. The guidance emphasises the importance of appropriate communication.*

**JB:**

*Amending the guidance would only serve to re-emphasise that LAs have pre-existing expectations on them to communicate. This is best practice and can be seen in TLAP "I" statement.*



5. There is no mention of advocates in the guidance – does the guidance assume that a carer is the advocate? This is not one and the same.

**RR:**

*Thanks for pointing this out. The Department recognises the difference between carers and advocates and apologises for the omission. This will be rectified in any future iteration of the guidance.*

6. The guidance states: “Local Authorities and providers should work together to agree the circumstances in which, and by how much the care package and Direct Payments can be varied without review to ease administrative burdens on the workforce.”. The National Care Forum has raised concerns that this section states ‘without review’ – how will the LA ensure that there is accountability in the decision-making processes? How will the voice of the service user be ensured?

**JB:**

- *This really goes to the heart of the matter. Using easements is a last resort action when a Local Authority can think of no other way to deal with staff shortages or a surge in demand.*
- *There is a broad agreement with TLAP and user led groups to ensure service user oversight. There is also local requirement to record how decisions are made.*

**HP:**

*The duty to involve the person is not eased so there would still need to be communication throughout the process.*

7. The DASS from Barnet has expressed that the most important point of clarity is to talk through the differentiation of stages 2 and 4 with regards to freeing up capacity with homecare. What actions would constitute each stage?



**FL:**

- *At stage two you are freeing up capacity and supporting your local response. Like in other emergencies, you would shift resource to cover the service and put local plans in place to maintain good level of care. Step three you are having to apply some or all the easements and need to free up further capacity. The easements free up staff in relation to new assessments, support planning etc but at this stage most people will continue to get their care and support needs met as before.*
- *Step four is worst case scenario when you are so short on staff resource, for example homecare as the question poses, that you have to consider how to prioritise existing care. This is very difficult and we would hope it would never come to this, you would need to ensure throughout all stages that the ethical framework is followed and justify decisions to enact stage 4- and for a good discipline amongst staff to fully justify their reasons for doing so. This should go through PSW, Director, and Portfolio Holder. Some LAs may wish to take it through their Health and Wellbeing boards. It is key to remember that if people are kept informed and consulted it will make the task much more person centred despite having to make difficult decisions. From the people I have spoken to with lived experience, the most important thing is to keep them informed.*

**Section 2 – Monitoring**

8. A colleague from the National Autistic Society has asked how the Government will monitor how many councils have switched on the easements, and in what circumstances? Will the Government publish this information and assure itself that the easements have only been switched on when necessary?

**RR:**

*Local Authorities should report their decision to operate under easements, and the reasoning behind this decision, to DHSC. This is clear in the guidance. This*



*information is collated and will be used to monitor the easements internally. This may be shared with colleagues in ADASS, LGA and others to keep a watch on how pressured the situation is for adult social care at this time, and any actions ministers may want to take to support this. CQC, TLAP, ADASS, LGA and CSA (going forward) and the Chief Social Worker are currently considering how we might best keep track of the impact of the easements on the people we are here to serve, what lessons we can learn, where people are best deployed to ensure best possible provision.*

9. The PSW from West Sussex County Council asks what would happen with a retrospective easement process? This in light of workforce capacity, and the need to support enhanced hospital discharge processes being implemented, possibly leading to LAs making decisions before the easement guidance was published 31st March?

**RR:**

*We recognise that this is an unprecedented situation for an already stretched social care system, which is why the easements were introduced. The legislation is not retrospective. If any Local Authority considers that it has not been fully complying with the Care Act it now needs to follow the internal process the guidance recommends, reach a documented decision, communicates this locally to relevant parties as well as to DHSC.*

10. In light of the Care Act easements guidance on prioritisation not being detailed, how is the Government going to ensure that councils prioritise people's needs appropriately if the easements are switched on? How will they monitor this and ensure that councils' prioritisation is also transparent?





**RR:**

*Local Authorities have autonomy concerning social care provisions and prioritisation is left to their professional judgement. This is why the guidance is not prescriptive. As mentioned, monitoring of the easements is being considered, although this may not be an area to monitor.*

**HP:**

*As long as possible, LAs will continue to meet eligible needs. The Human Rights Act will be the benchmark for which needs need to be met. Whilst under pressure, councils will prioritise how to use their resources effectively. Each council has its own approach for allocating resources which is used normally and they will be able to adapt this for use during this unprecedented period. Prioritisation is something which councils are used to doing.*

**11.** The guidance says that Local Authorities should have a record of a decision with evidence that was taken into account 'where possible'. The National Care Forum has asked why this evidence gathering is not mandatory?

**RR:**

- *The easements were introduced to enable Local Authorities to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met when it is no longer possible to meet their duties under the pre-amendment Care Act. Since the Coronavirus Act and the easements are intended to streamline the process, it seemed counter-intuitive to be too prescriptive and add in too much bureaucracy in this process.*
- *There is also an added legal issue – the guidance is not statutory, and so gathering evidence cannot be mandatory*

**RC:**

- *The point to underline is that woven through the guidance there are important principles about involving people, documenting process and transparency. We*



*would love if every decision about arrangements is made with suitable thought to involving people.*

**12.** The guidance makes reference to discussions that should be held with local partners and local senior NHS leadership – why has the guidance not been strengthened to include explicit reference to care providers?

**FL:**

- *I am sorry if anyone felt that they were left out in any particular way. The guidance refers throughout to the importance of working with providers and they are included within “local partners” since they are very important local partners. Going through guidance there is lots of reference to providers.*
- *The guidance has been produced with a range of colleagues including providers to have spirit of co-production and local partnership woven through it.*

### **Section 3 – Support for LAs**

**13.** The Government has committed £1.6bn to social care so far, but can the Government confirm that it will invest in social care further if needed, to avoid the need to switch on the easements?

**RC:**

- *The Government is committed to ensuring that the NHS and social care system have the resources they need. On 19 March, the Government announced that £1.3bn would be made available to the NHS to cover care costs for those being discharged from hospital under new enhanced discharge arrangements, and a further £1.6bn is being provided to councils to support the local response to COVID-19. From what councils have told us, we think the majority will need to be spent supporting adult social care services.*
- *This grant is intended to cover all costs incurred in the first months of the response, but we will keep future funding need under review. We are working with local authorities to develop an ongoing assessment of costs.*



14. Will Government have conversations with councils at risk of switching on the easements to see what additional funding is needed?

**RC:**

- *The measures introduced by the easements aim to address the 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 are unable to work for other reasons.*
- *There may be cases where money cannot solve the mismatch of workforce supply and demand in the sort of timescales we're working to. If the reason for operating under easements is wholly or partly financial, that is exactly the sort of information we expect to be included in the report of the decision to the Department. We are working with Local government and partners to gain best understanding of impact of situation on services which will all inform any review of the funding situation.*

15. The guidance should specify the need for a national body to produce a regularly updated map showing by local authority area when they have adopted or suspended easements. Is there scope for this?

**RC:**

- *This is not currently mentioned in the guidance although we think it is sensible to have a record of Local Authorities operating under easements. The monitoring group mentioned earlier (CQC, TLAP, ADASS, LGA, CSA and Chief Social Worker) are considering how to develop this to show different levels of easement use. This is also recorded centrally in DHSC.*
- *We will consider how best this should be handled and circulated so it is not seen to be adversarial.*



#### **Section 4 – Role of Principal Social Workers (FL)**

**16.** The PSWs for Surrey and Suffolk have asked for some clarity on the role of PSWs when following the guidance and the Ethical Framework. What process should be followed should the PSW be unavailable or unexpectedly absent?

*PSWs have strong presence in guidance, is not just a resource issue but also a practice issue. They are able to make decision with DASSs. CSWs are working with BASW to get further guidance out on EF, but they hope to ensure that PSW is considering the EF.*

**17.** The PSW is a statutory role and the Easements Guidance is statutory guidance, therefore who should substitute? Should best practice in this instance be to have an interim PSW in place?

*It is perfectly reasonable to delegate the role whatever the reason that the PSW is not available. The same would apply to Directors. It would probably would be assistant director for DASS.*

**18.** The PSW for Hackney asks whether any communications templates can be provided to send out to people in LAs, explaining the current situation and the potential need for councils to claim back retrospectively?

*There is a platform on Skills for Care for PSW to ask all things COVID-19. We ask people with good examples to put up their resources to share. Practice can also be shared regionally.*



## **Closing comments**

### **RC:**

- Lastly, some colleagues have asked whether a Q&A on the Care Act Easements Guidance will be published. We are planning to combine the Q&A from today with our existing Q&A and will circulate this through our networks. We hope this is useful to you (see Annex A)
- I would like to thank the panel and all participants on the call for this session and hope you were able to hear. Do the panel have any final comments?

### **JB:**

- Thanks for dialling in. This is a difficult national situation. Concept of the easements and the guidance is a collaborative effort.
- This needs careful handling by council and professions themselves. This is a last resort. We trust authorities in partnership with others to make the right decision.
- Councils need to tread the path in preparation for this and discuss what easements might look like before the time. It is also important to include user groups.

### **HP:**

- We will continue to work in a collaborative way and ADASS and LGA will feed in any concerns to DHSC.

### **FL:**

- I want to echo this and stress the importance of being practice led at this time.
- Keeping communication with people with lived experience going will be important throughout this time.
- In terms of monitoring and learning as we go we will be seeking the voice of users to get a temperature check of how the use of the easements.



**RR:**

- We are keeping close collaboration with colleagues across the sector and will look to their advice for future guidance.

**RC:**

- As always, we will be sharing a readout of this session and an audio recording which can be cascaded in your networks.
- Any feedback is always appreciated, and we are keen to make these sessions as useful as possible and trying to improve the technology all the time.
- I have appreciated being able to work more closely with colleagues in the sector. One of the positives of a really demanding situation is that it has drawn us together.
- Ministers have really valued input of sector into this thinking, as well as the input of you, your teams and colleagues to continue to deliver frontline services



## Annex A

### Care Act Easements Q&A

This Q&A has been prepared by the Department of Health and Social Care with input from LGA and ADASS. It is for circulation among providers, user and carer groups and Local Authorities and may help answer questions posed to them.

#### **1. *Why are you allowing the care system to cut back on essential services?***

- The scale of the pressures posed by COVID-19 are unique and large. It is therefore likely that Local Authorities will need to be able to prioritise their resources and capacity. Although the Care Act already enables a degree of flexibility on some duties, these provisions provide additional flexibility when it is necessary. These provisions will enable Local Authorities to provide the best possible care, prioritising people with the most acute and urgent care needs and supporting others wherever possible. These provisions are only temporary and should only be used when Local Authorities cannot comply with their Care Act duties.
- The Government is clear that Local Authorities' duties under the Care Act 2014 are incredibly important for making sure that the most vulnerable members of society receive the support they need.
- The Government is doing everything possible to support Local Authorities to maintain care standards. On 19 March, the Government announced that £1.3bn would be made available to the NHS to cover care costs for those being discharged from hospital under new enhanced discharge arrangements, and a further £1.6bn is being provided to councils to support the local response to COVID-19. Information from Local Authorities suggests that the majority will need to be spent supporting adult social care services.
- The clear expectation is that Local Authorities will continue to undertake assessments and deliver across the range of their Care Act responsibilities, if they have the resources to do so. However, in the coming period, a lot more people will need social care and many people who work in this area could be off sick, self-isolating or caring for loved ones and may not be available.
- This could mean that Local Authorities may not be able to do all the things they are usually required to do and may need to be able to focus their resources on those with the greatest needs, even if this means not meeting some of their



duties under the Care Act 2014. These powers will enable them to do so in the best possible way.

## **2. Why were the provisions triggered?**

- The Secretary of State commenced these measures on 31 March based on expert clinical and social care advice.
- The Government knows the adult social care sector is already under pressure and want it to be in the best position to manage this. They also want it to be as well placed as possible to respond to the NHS plans announced on 19 March for more rapid discharge of patients from the NHS, some of whom may require ongoing care. These provisions will help the sector do so in the best possible way.

## **3. Why isn't Government supporting Local Authorities properly in the coming period? The sector is already underfunded and understaffed. Turning off the legislation and reducing responsibilities isn't enough.**

- This is only one part of the Government's effort to support the sector in this critical period.
- The Government has committed to ensuring that the NHS and social care system have the resources they need. On 19 March, the Government announced that £1.3bn would be made available to the NHS to cover care costs for those being discharged from hospital under new enhanced discharge arrangements, and a further £1.6bn would be provided to councils to support the local response to COVID-19 of which it is expected that the majority will need to be spent supporting social care services. This funding is being kept under review.
- The Government also published guidance for the Councils and care providers about the practical steps they need to take, aiming to help the NHS, local government and care providers to work together to protect those most vulnerable.
- Last year, the Government announced that in 2020/21 it would provide Local Authorities with access to an additional £1.5bn for adults and children's social care.





- This includes an additional £1bn of grant funding for adults and children's social care, and a proposed 2% precept that will enable councils to access a further £500 million for adult social care.
- This £1.5 billion is on top of maintaining £2.5bn of existing social care grants and will help support Local Authorities to meet rising demand and to stabilise the provider market.

**4. Are these changes permanent? Will services be resumed once the emergency period is over?**

- These measures are temporary. The Secretary of State will keep them under review and terminate them, on expert clinical and social care advice, as soon as possible.
- A Local Authority should only take a decision to begin exercising the Care Act easements when they are unable to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force. The easements are time-limited and are there to be used as narrowly as possible.
- Local Authority duties under the Care Act 2014 will commence as normal once the period is over. All assessments and reviews that are delayed or not completed during the period will be followed up and completed in full once the easements are terminated.

**5. Will people with long term needs be deprioritised?**

- The wellbeing of people of all ages living with long term needs is incredibly important.
- The decisions Local Authorities may have to consider in the coming period are not simple, which is why the Department of Health and Social Care has issued guidance on the easements, including an Ethical Framework and prioritisation guidance to support them in this process.
- The Department recognises that this guidance will build on well-established and unique methods of prioritisation in most areas and does not propose to advise local areas on how to prioritise.



- Professional judgement will be key when considering priorities as people's needs cannot be categorised in a simplistic way but need to be considered in their own right.
- Local Authorities are best placed to make difficult decisions based on their specific local circumstances and the needs of the individuals they support.

**6. *Have you thought about how these changes will impact unpaid carers, who are already under a great deal of pressure?***

- Local Authorities will be expected to take into account the impact of their decisions on carers, as well as being sensitive to the other factors impacting carers, such as school closures.
- Throughout the emergency period, Local Authorities should do everything they can to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force.
- The Government has worked closely with the sector to develop [guidance](#) to support the implementation of the changes brought about by these provisions. This includes careful consideration of the needs of carers.

**7. *What is the human rights baseline? Are you breaching ECHR by turning off the Care Act 2014 provisions?***

- The human rights baseline means that even when operating under the easements Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights.
- Local Authorities are still expected to do everything they can to maintain existing services, particularly for those with the most acute needs.



**8. *If this is about prioritising of acute care needs, then whose care will get deprioritised?***

- The Government expects Local Authorities to do everything they can to continue delivering care and meeting their existing duties prior to the Coronavirus Act provisions coming into force. If Local Authorities should need to prioritise, Government would expect them to use the published Ethical Framework to ensure they make the best possible decisions in the best possible way. The Care Act Easements Guidance offers additional information on how Local Authorities should prioritise in these circumstances. The Secretary of State has the power to direct Local Authorities to comply with the framework and this guidance if necessary.
- It will be for each Local Authority, if absolutely necessary, to decide on priorities in the light of local circumstances and in line with guidance. They may need to delay meeting some needs in full, but these are local decisions and it is impossible to generalise.
- These provisions are only temporary and Care Act duties will apply again after the emergency period.

**9. *What about all those people that manage their own care through direct payments. Will you take them off us?***

- Direct payments, and the care plans that underpin them, are crucial to the personalisation agenda and enabling people to manage their own care, keeping them healthy, well, and out of hospital; exactly what is necessary in a pandemic.
- Unless in an exceptional circumstance therefore, where the direct payment will not support the individual to manage their care, DHSC will not be taking direct payments away from people. The payment from the Local Authority therefore will continue; at an amount based on assessment of an individual's care needs during the emergency period in accordance with the Care Act Easements guidance issued by DHSC to Local Authorities.
- However, the Government recognises that in a pandemic, the use of direct payments may need to change. DHSC will therefore shortly be issuing guidance that will set out key messages to support planning and preparation and the use of direct payments; including for those self-isolating.



### **10. How will this affect providers?**

- The Government and the sector has published guidance for Local Authorities and care providers about the practical steps they need to take during this challenging period.
- The Government has worked closely with Local Authorities and providers on [guidance](#) regarding the implementation of these changes. This includes guidance on how commissioners and providers should work effectively together under the new arrangements to provide the maximum level of care possible and minimise risk all round.
- More than ever, Local Authorities and providers should work together closely to deliver the most joined up and effective response to the pandemic.
- The Covid-19 Response Fund announced in the Budget includes a £1.6bn grant to Local Authorities. This could be used to help in protecting providers' cashflow by accelerating payments and paying 'on plan' where appropriate.



## SECOND ORDER QUESTIONS

### How these provisions work

#### **11. *What is the new assessment process?***

- Local Authorities will still be expected to undertake assessments in line with the Care Act as far as they are able throughout the coming period. The easements will only apply when it is no longer possible for them to carry out their pre-amendment Care Act duties in full.
- If Local Authorities need to prioritise their resources and suspend Care Act assessments, they will still be expected to respond as soon as possible (within a timeframe that would not jeopardise an individual's human rights) to requests for care and support, consider the needs and wishes of people needing care and their family and carers, and make an assessment of what care needs to be provided.
- The Government has worked with the sector to develop [guidance](#) to set out how Local Authorities can use the new provisions to ensure the best possible care for people in our society during this exceptional period.

#### **12. *Will Local Authorities have any responsibilities at all?***

- Local Authorities will still be expected to comply with the pre-amendment care act provisions and related Care and Support Statutory Guidance for as long and as far as possible. The easements should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services.
- Local Authorities will remain under a duty to meet needs where a failure to do so would breach an individual's human rights under the European Convention on Human Rights. They will therefore have a duty to meet individuals' most urgent needs.
- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards, duties relating to prevention and providing information, and duties imposed under the Equality Act 2010 remain in place.



### **13. What are Wales, Scotland and NI doing?**

- The challenges of this period are affecting people across the all four administrations, and all four governments are therefore taking steps to respond to this.
- Wales and Scotland are using legislation to achieve the same aims as England. Legislation comes into force on different dates across the administrations.
- Because of their distinct legislative context, Northern Ireland has taken the view that they can achieve the necessary flexibility without legislation.

### **14. What Guidance is Government providing?**

- The Government is taking steps to support Local Authorities and the care sector as far as they can. As well as providing additional funding for public services, they have published Guidance for Local Authorities and care providers about the practical steps they need to take to prepare in this exceptional situation
- The Government has developed an [Ethical Framework](#) to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a core set of ethical values and principles when organising and delivering social care for adults. This framework is closely linked to the [Care Act Easements Guidance](#).
- We have worked with Local Authorities, providers, regulators and user and carer groups to develop Guidance on the Care Act Easements and their use. This covers topics including protections and safeguards, streamlining assessments and the prioritisation processes. It also considers when, and under what circumstances, Local Authorities may choose to operate under easements.

### **Supporting the sector**

### **15. Are you also going to relax the regulation of adult social care providers?**

- The Care Quality Commission (CQC) stopped routine inspections from Monday 16 March for the duration of the emergency period. During this time, CQC will be



taking a flexible and pragmatic approach to inspection and proportionate action as necessary while maintaining its overriding purpose of keeping people safe.

**16. *This is all very well but what are you doing to increase capacity in the fragile care system?***

- DHSC is working closely with MHCLG, Local Authorities and providers to make sure the adult social care sector is prepared.
- DHSC has issued updated guidance to Councils and social care providers which included guidance on coping with staff sickness and visiting relatives in care homes.
- DHSC knows that in some areas there are high vacancy rates in the adult social care sector and are working with Local Authorities to make sure essential care is still provided to all those who need it in the event of care workers falling sick.

The Ethical Framework

**17. *What is the Ethical Framework?***

- The health and care workforce and Local Authorities are faced with difficult decisions every day and planning for and responding to the coronavirus outbreak as it develops will undoubtedly require making difficult decisions under new and exceptional pressures.
- Together with the Chief Social Worker, DHSC has developed an [Ethical Framework](#) to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a core set of ethical values and principles when organising and delivering social care for adults.

**18. *What does it mean in practice?***

- When making challenging decisions on how to redirect resources where they are most needed and to prioritise individual care needs, this framework will serve as a guide and reinforce that the needs and wellbeing of individuals should be central to decision-making.



- Of course, decisions will need to be made in accordance with the law, professional codes and regulations, and official guidance applicable at the time – all of which this framework will complement.

### **19. Who should it be used by?**

- The Ethical Framework is aimed at planners and strategic policy makers to support response planning and organisation of adult social care.
- It will support core professionals in the social care sector, such as social workers, occupational therapists and nurses, whose expertise and practice will be key in ensuring the values and principles of this framework are applied and understood locally.

## Carers

### **20. What guidance is the Government providing unpaid carers on the Coronavirus situation?**

- [Guidance for those who provide unpaid care to friends or family](#) has been published.
- This guidance is for anyone who cares, unpaid, for a friend or family member who due to a lifelong condition, illness, disability, serious injury, a mental health condition or an addiction cannot cope without their support. It builds on other guidance published on gov.uk including the Stay at home guidance and the Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults.
- The guidance makes clear what carers and those being cared for should do in a variety of situations, such as one of them being in a vulnerable group and the other having potential symptoms of COVID-19, or when a carer is unable to continue caring.
- DHSC is currently also working on similar guidance for young carers, and working closely with DfE and other young carers voluntary organisation to get this published as quickly as possible.





**21. What reassurance can DHSC give to carers and service users that they will be kept safe?**

- DHSC would expect Local Authorities to provide reassurance to carers that the most urgent and serious needs will always be met but acknowledge that Local Authorities will need to prioritise their resources across other cases.
- Local Authorities will still be expected to do as much as they can to comply with their existing duties to meet needs prior to the Coronavirus Act provisions coming into force during this period. These amendments would not remove the duty of care they have towards an individual at risk of serious neglect or harm. Local Authorities would need to make an assessment on a case by case basis.
- The measures of the Act do not mean that where people need urgent assessment and / or support that this will not be provided. The measures allow for Local Authorities to prioritise work for the most in need during this time, including carers, without the need to complete the usual Care Act 2014 processes. All carer assessments (including reviews) that are delayed or not completed will be followed up and completed in full at a later date.
- The easements are temporary but will enable difficult choices to be made about the level of care and support being provided under new and exceptional pressures.

**22. How are DHSC ensuring carers' benefits relate to the changed situation Coronavirus?**

- As both the Prime Minister and Chancellor have made clear, the Government will do whatever it takes to support people affected by COVID-19 and have been clear in their intention that no one should be penalised for doing the right thing. These are rapidly developing circumstances and the Government continues to keep the situation under review and will keep Parliament updated accordingly.
- The Government already intends, for example, to make changes to the current rules regarding entitlement to Carer's Allowance for those who have had to take a "break in care", so that they can continue to receive Carer's Allowance. During the period of the COVID-19 "emotional support" can also count towards the 35 hours a week CA care threshold (normally this would not be the case).
- The rate of Carer's Allowance increases from £66.15 per week to £67.25 in April 2020 as part of the normal uprating process.
- The Government will continue to keep the operation of Carer's Allowance under review and will make further changes to rules and operational processes as necessary.



- Carers may also be able to receive other support from the benefit system, including through Universal Credit, which includes additional amounts for carers. The Chancellor has announced increases to the rates of Universal Credit and changes to the rules for the self-employed, both of which will benefit carers receiving UC.

## Safeguarding

### **23. Does the Act make changes to safeguarding provision under the Care Act (2014)?**

- The changes do not affect the safeguarding protections in the Care Act.
- The Government is committed to preventing and reducing the risk of harm to adults with care and support needs, including those affected by Covid-19.

### **24. Will adults with care and support needs be safe from abuse and neglect during the Covid-19 outbreak?**

- The safeguarding protections set out in the Care Act will continue to apply.
- This Government expects Local Authorities to ensure that the services they commission are safe and effective. We also expect those providing services, Local Authorities and the Care Quality Commission (CQC) to take proportionate action where anyone alleges poor care, neglect or abuse.

### **25. Who will be responsible for safeguarding during the Covid-19 outbreak?**

- Safeguarding is everyone's business. It is still very important that providers of social care, health care, Local Authorities and others continue work to prevent and reduce the risk of harm to people with care and support needs, including those affected by Covid-19.
  - Where it is suspected that an individual may be at risk of abuse or neglect, Local Authorities have a duty to carry out enquires under Section 42 of the Care Act.
  - All regulated providers of adult social care or health care have a key role in safeguarding adults in their care.



- Employers must ensure that staff, including volunteers, are trained in recognising the signs and symptoms of abuse or neglect, how to respond, and where to go for advice and assistance.

**26. Do these easements reduce the amount of protection we are providing the most vulnerable?**

- The changes do not affect the safeguarding protections in the Care Act.
- The Government is committed to preventing and reducing the risk of harm to adults with care and support needs, including those affected by Covid-19.

**27. Will safeguarding processes change during the Covid-19 outbreak?**

- The core aims of adult safeguarding remain unchanged during the outbreak.
- The Government recognises that safeguarding risks and referrals may increase during the outbreak.
- Annex D of the Care Act Easements guidance offers advice about proportionate safeguarding practices during the outbreak.