

Introduction

During this increasing challenging time, we must still do everything we can to continue to meet our existing Care Act duties, while adhering to the Government's rules around [social distancing](#), [shielding](#) and [self-isolating](#).

If services need to be changed, delayed or cancelled as a result of Coronavirus (COVID-19), alternative sources of care and support must still be provided to meet people's needs.

However, we will need to take difficult decisions in the coming weeks and months, and we can't rule out that during this time we may need to prioritise resources so that people's most urgent and acute care and support needs are met, even if this means not meeting some of our statutory duties, or taking longer to meet these duties.

The [Coronavirus Act 2020](#) gives us powers to streamline present assessment arrangements and prioritise care. These measures are referred to as the Care Act easements. They are temporary, and can only be used if absolutely necessary.

Unless we decide to begin exercising the Care Act easements, we must continue to meet people's eligible needs for care and support.

What do the Care Act easements change?

The changes fall into four key categories:

1. **We will not have to carry out detailed Care Act assessments of people's care and support needs.**

However, we will still be expected to:

- respond as soon as possible (within a timeframe that would not jeopardise an person's human rights) to requests for care and support
- consider the needs and wishes of people needing care and their family and carers
- make an assessment of what care needs to be provided.

2. **We will not have to carry out financial assessments.**

We will, however, have powers to charge people retrospectively for the care and support they receive during this period. If people are charged retrospectively:

- they must have a Care Act financial assessment first
- we will not ask people to pay more than their financial assessment shows they can afford
- we must give people clear, upfront information about any charges, to provide reassurance and help people to understand any potential future costs.

3. **We will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions.**

We 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. If we revise plans, we must continue to involve people and carers in any such revision.

4. **Our duties to meet people's eligible care and support needs, or the support needs of**

carers, are replaced with a power to meet needs.

We will still be expected to take all reasonable steps to continue to meet needs as now. In the event that we are unable to do so, the powers will enable us to prioritise the most pressing needs, and to temporarily delay or reduce other care provision.

Other important duties remain in place for the duration of the pandemic, including our duties in relation to:

- promoting wellbeing
- safeguarding adults
- the Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS)
- prevention
- providing information and advice
- the Equality Act 2010.

Throughout this time, we must continue to respect the principles of personalisation and co-production, and observe [the ethical framework for adult social care](#).

What changes can we make now?

Our Conversations Count approach aims to put people at the heart of what we do, and to reduce process and bureaucracy. As such our assessment process is already relatively proportionate. Most of the conversations we're having will be either to provide information and advice and connect people to sources of support in their community (Conversation 1) or will be conversations about what needs to happen quickly to meet urgent needs and keep people safe (Conversation 2).

Support plans should focus on short-term, practical support for the duration of the crisis.

Decisions about the provision of support have already been made, and will continue to be made, in response to Government guidelines on [social distancing](#), [shielding](#) and [self-isolating](#). However we must make sure that people still receive an equivalent level of support if their usual service is not currently available. This may be support in people's own home rather than in a day service, support by another means e.g. through telephone or video contact, or support from an alternative source like family, [mutual aid groups or community hubs](#).

Accountability for all decisions about the provision of care during this time lies with the Local Authority, and providers should not be making decisions about restricting or removing care.

There are already changes in place around charging, hospital discharge and continuing healthcare (CHC), and we'll send further updates this week about practice in all these areas – along with further guidance on safeguarding, assessing capacity, conversations and plans, Direct Payments, recording and more.

When can we begin exercising the easements?

We can only decide to begin exercising the Care Act easements if the social care workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for us to comply with our Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life.

Who makes the decision?

The decision to begin exercising the Care Act easements must be made by Sara Storey, Interim Director of Adult Social Care in conjunction with, or on the recommendation of, Helen Wilsdon, Principal Social Worker.

We must report our decision to use the easements to the Department of Health and Social Care, and communicate the decision to care providers and to the people and carers we support.

What happens if we exercise the Care Act easements?

If we do decide to exercise the Care Act easements:

- Any decisions we take must be made within the remit of [the ethical framework for adult social care](#).
- We 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](#) (ECHR). 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.
- If we choose to revise a person's Support Plan plans during this period, we must fully involve the person and/or their representative in any decisions about their support.
- Accurate, proportionate and timely recording remains a priority and will enable us to ensure accountability and provide evidence for the thought processes behind the decisions we will be making.
- Any decisions taken to prioritise or reduce support should be reviewed every two weeks with the Principal Social Worker. Full service should be restored as soon as is reasonably possible.
- All assessments and reviews that are delayed or not completed need to be followed up and completed in full once the easements are terminated.
- The Care Quality Commission (CQC) will continue to provide oversight of providers under existing legislation. Throughout this period the CQC will take a pragmatic approach to inspection and proportionate action as necessary, while maintaining its overriding purpose of keeping people safe.

This information is based on the [Care Act easements: guidance for local authorities](#), Department of Health and Social Care, Updated 1 April 2020.

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This guidance has been issued to support Adult Social Care staff in Sheffield to respond to the current Coronavirus (COVID-19) pandemic.

If you have any questions about this guidance, or about our practice during this time, please email the [Practice Development Team](#).

If this document is updated, a new version will be emailed out to you.