

Tell us whether you accept cookies

We use [cookies to collect information](#) about how you use GOV.UK. We use this information to make the website work as well as possible and improve government services.

Accept all cookies

Set cookie preferences



GOV.UK



Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.

[Hide message](#)

[Home](#) > [Coronavirus \(COVID-19\): changes to the Care Act 2014](#)



Department
of Health &
Social Care

Guidance

Care Act easements: guidance for local authorities

Updated 1 April 2020

Contents

1. Introduction
 2. Purpose of the easements
 3. What the powers actually change
 4. Protections and safeguards
 5. Principles to govern use of the powers
 6. Steps Local Authorities should take before exercising the Care Act easements
 7. Interaction with other changes
 8. Oversight
- [Annex A: Local decision-making relating to the easements](#)

1. Introduction

This guidance sets out how Local Authorities can use the new Care Act easements, created under the Coronavirus Act 2020, to ensure the best possible care for people in our society during this exceptional period.

2. Purpose of the easements

Local Authorities and care providers are already 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. Local Authorities should do everything they can to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force. In the event that they are unable to do so, it is essential that they are able to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable them 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). They are time-limited and are there to be used as narrowly as possible.

3. What the powers actually change

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

1. Local Authorities will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. However, 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. Annex B of the guidance provides more information
2. Local Authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. They will, however, 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. This will ensure fairness between people already receiving care and support before this period, and people entering the care and support system during this period. Annex B of the guidance provides more information
3. Local Authorities 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. Where they choose to revise plans, they must also continue to involve users and carers in any such revision. Annex B of the guidance provides more information
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. Local Authorities will still be expected to take all reasonable steps to continue to meet needs as now. In the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision. Annex C provides further guidance about the principles and approaches which should underpin this

4. Protections and safeguards

The overriding purpose of these easements is to ensure the best possible provision of care to people in these exceptional circumstances. In order to help ensure that they are applied in the best possible way, with the greatest regard towards the needs and wishes of care users and their carers, the following protections and safeguards will apply.

The easements took legal effect on 31 March 2020, but should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.

They 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.

All assessments and reviews that are delayed or not completed will be followed up and completed in full once the easements are terminated.

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.

The 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.

Other important duties on Local Authorities remain in place:

- Duties in the Care Act to promote wellbeing and duties relating to safeguarding adults at risk remain in place. Further guidance on safeguarding during this period is at Annex D
- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place. Guidance on the operation of DoLS during this period will be published separately
- Local Authorities' duties relating to prevention and providing information and advice also remain in place. The provision of information and advice for public reassurance will be particularly important during this period. To aid good communications, Local Authorities should continue to draw on their helpful relationships with trusted partners in the voluntary sector as well as on a full range of digital and other channels which help reach people with differing needs and in different circumstances during this period (for example to make up for the closure of libraries)
- Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period

5. Principles to govern use of the powers

The Care Act embodies a principled, person-centred and values-based approach to all aspects of the provision of social care. It is essential that these principles and values are maintained during this period.

Local Authorities will be expected to observe the [Ethical Framework for Adult Social Care](#). This provides a structure for Local Authorities to measure their decisions against and reinforces that the needs and wellbeing of individuals should be central to decision-making. In particular it should underpin challenging decisions about the prioritisation of resources where they are most needed.

Alongside the framework Local Authorities should continue to respect the principles of personalization and co-production. These are embodied in the following statement produced with the support of Think Local, Act Personal (TLAP):

- “ I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health. ([Making it Real](#))
- “ We find ourselves in unprecedented times with citizens facing significant uncertainty. This is especially true for those of us who receive social care support and who care for people with support needs. However, the fundamental principles of personalisation and co-production underpinning the Care Act should not be removed as a result of emergency guidance and key statements set out in the Making it Real framework ought to be viewed as immovable.
- “ Working together matters now more now than ever. Genuine co-production will ensure the best possible decision making and the best possible outcomes for both citizens and the workforce. This is critical if we are to save time and prevent costly mistakes. This will require the Local Authority to respond flexibly in spite of pressure to respond - at pace and scale - to increasing demand.
- “ We expect and trust that Local Authorities will adhere to the principle of co-production and continue to view those of us in receipt of support or carers providing support, as equal partners. We continue to be experts in our own care and support whatever the circumstances.
- “ Now is the time to reinforce co-production, not dispense with it”

6. Steps Local Authorities should take before exercising the Care Act easements

A Local Authority should 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 (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. Any change resulting from such a decision should be proportionate to the circumstances in a particular Local Authority.

Social care varies greatly across Local Authorities and the decision to operate the easements should be taken locally. It

should be agreed by the Director of Adult Social Services in conjunction with or on the recommendation of the Principal Social Worker. The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process. The Health and Wellbeing Board should be kept informed. The decision should also be fully informed by discussion with the Local NHS CCG leadership.

Local Authorities should have a record of the decision with evidence that was taken into account. Where possible the record should include the following:

- 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

This decision should be communicated to all providers, service users and carers. The accessibility of communication to service users and carers should be considered.

The decision should also be reported to the Department of Health and Social Care (the Department) when Local Authorities decide to start prioritising services under these easements, explaining why the decision has been taken and briefly providing any relevant detail. This should be communicated to CareActEasements@dhsc.gov.uk.

7. Interaction with other changes

This guidance is to be read alongside the [COVID-19 Hospital Discharge Service Requirements](#). This makes clear that Local Authorities do not have to undertake financial and eligibility assessments for people who are being discharged as part of the enhanced hospital discharge service.

The Government is fully funding the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services. In addition, funding of £1.6bn for local government to meet additional costs arising from Covid-19 has been announced.

Provisions in the Coronavirus Act 2020 allow NHS bodies to postpone NHS CHC assessments until the end of the emergency period. Therefore, NHS CHC assessments for individuals on the acute hospital discharge pathway and in community settings will not be required until the end of the COVID-19 emergency period.

8. Oversight

The Department will keep the content of this guidance and adherence to it under regular review, in discussion with Local Authorities, care providers, user and carer representative bodies, and the Care Quality Commission.

This guidance and the [Ethical Framework for Adult Social Care](#) fall under schedule 12 of the Coronavirus Act 2020. Schedule 12 to that Act gives the Secretary of State a power to direct Local Authorities to comply with this guidance and the Ethical Framework, and the Department will keep this under review.

Annex A: Local decision-making relating to the easements

This Annex sets out recommended governance and decision-making for Directors of Adult Social Services and Principal Social Workers in relation to use of the Care Act easements.

Introduction

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.

[The Coronavirus Act](#) does not give authority to block, restrict or withdraw whole services. It enables Local Authorities to make and apply person-centred decisions about who is most in need of care, and who might need to have care and support temporarily reduced or withdrawn in order to make sure those with highest need are prioritised.

Such decisions will in some cases be challenging, and therefore should always be made within the remit of the [DHSC Ethical Framework](#). Importantly, they should be taken only where demand pressures and availability of staff in the coming

period mean that the full range of services under the Care Act can no longer be delivered. This should be differentiated from decisions that need to be made in response to the Government's guidance about social distancing. For example, it may be decided to close a service because it is no longer safe to keep people together in a building, however, this does not mean those people do not need the equivalent level of support at this time. In this example, staff might be asked to provide the equivalent level of support. The equivalent service might be an alternative, but it is to reduce the risk of breaching the social distancing guidance.

Assessments, Reviews and Changes to Care Packages

The Care Act pre-amendment currently allows Local Authorities to prioritise and review in differing ways. Local Authorities should continue to be as flexible as possible, and ensure they stay within Government guidelines around [social distancing](#), [shielding](#) and [self-isolating](#).

Decisions about assessments or reviews, and decisions to either reduce or alter care packages will have an impact on the people being supported as well as their carers. Such decisions must also take account of risks both current and potential should the situation change for the person and/or their carers.

Where people decide to cancel or suspend their own care and support and manage alone or with support of their own family and community networks, this will mostly be for the person to decide themselves. However, where there are concerns that this may lead to unmanageable risk or safeguarding issues, practice oversight should be applied. This is not to undermine the views of the individual making the decisions about their care, but to ensure that where necessary, the Local Authority in conjunction with the individual and their family have considered the possible consequences and the principles of safeguarding have been upheld.

Section 5.1 of the [COVID-19 Hospital Discharge Service Requirements](#) already allows for a proportionate approach to Care Act duties. However, it has not removed them and Local Authorities should therefore continue to comply with them.

Deciding to apply the easements

It is important that any decisions made in relation to Care Act easements are informed by discussions with local partners, in particular local senior NHS leadership. Health and Wellbeing Boards should also be informed about a decision to start operating under the easements.

Recording by Local Authorities remains a priority and will them to ensure accountability and provide evidence for the thought processes behind the decisions they will be making.

The following table sets out decision making processes for Local Authorities. These decisions are not necessarily sequential but should follow a situation where there are increasing pressures on adult social care delivery. Key stages can be enacted together or separately over time so long as the decision to do so is evidenced and follows the guidance set out below.

Decision-making tables

Operating under the pre-amendment Care Act

Stage	Decision	Process
Stage 1: Operating under the pre-amendment Care Act	Business as usual	To continue at this stage for as long as is feasible
Stage 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	<p>Where COVID-19 related absence means service types need to be changed, delayed or cancelled short term within that service type, for example home care or supported living, the relevant Senior Manager / Assistant Director should consult the Principal Social Worker and should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; and possible alternative sources of care and support and the likelihood of this being available.</p> <p>Where the Principal Social Worker is satisfied, this position can then be presented to the Director of Adult Social Services (or alternate locally agreed senior) for a final decision about moving into stage 2</p> <p>It is important to note that all other services may well continue to deliver their services as business as usual</p>

Operating under the Care Act easements

Stage	Decision	Process
Stage 3: Streamlining services under Care Act easements	Decision to operate under Care Act easements as laid out by the Coronavirus Act	<p>The Care Act easements allow Local Authorities to cease formal Care Act assessments, applications of eligibility and reviews. However, there is an expectation in the Act that Local Authorities will do everything they can to continue to meet need as was originally set out in the Care Act.</p> <p>Where the impact of the pandemic is making this unachievable or untenable, Local Authorities will need to make the decision to cease carrying out those eased Care Act functions and move to a position of proportionate assessment and planning.</p> <p>The relevant Assistant Director / Senior Manager will need to consult the Principal Social Worker and be clear about the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; and impact of the decision on families and carers of people who ordinarily use the service.</p> <p>If the Principal Social Worker is satisfied that the Care Act easements need to be enacted, a meeting of the Senior Management Board should be called for a final decision. The decision should also consider and be informed by a conversation with the local NHS Leadership.</p> <p>The Director of Adult Social Services and the Principal Social Worker should ensure that their lead member has been involved and briefed as part of this decision-making process.</p> <p>DHSC should be notified</p>
Stage 4: Prioritisation under Care Act easements	Whole system prioritising care and support	<p>Where Local Authorities need to make decisions about changing support for people, they should consider and allocate 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.</p> <p>An example might be where a Local Authority is faced with a decision about reducing personal care for one person so that another gets the help they need to eat.</p> <p>In this situation, the relevant Assistant Director / Senior Manager should consult the Principal Social Worker. They should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; possible alternative sources of care and support and the likelihood of this being available.</p> <p>If a Local Authority decides it may need to move into stage 4, the Principal Social Worker should call an Emergency Decision Meeting of the Director of Adult Social Services where a decision about whether and how to prioritise care across ASC will need to be made.</p> <p>Sufficient care and support will have to remain in place at all times in order to ensure that the Convention rights of all those in need of care and support, and of carers, are respected.</p> <p>The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process.</p> <p>DHSC should be notified.</p> <p>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.</p>

Business Continuity Planning

Where provider services have submitted Business Continuity Plans that have implications for direct services for people with care and support needs, professional practice as well as business oversight will be needed. Accountability for all such decisions lies with the Local Authority and provider services should not be making decisions about restricting or removing care. Any such decisions should be made in accordance with the process laid out in the Prioritisation Decision Making table above.

Annex B: Guidance on streamlining assessments and reviews

Needs and Carer Assessment

During this period, Local Authorities will still be expected to consider people's needs and the easements will only apply when it is no longer possible for them to carry out their pre-amendment Care Act duties in full.

The points in this section apply equally to people likely to be in need of care and support and carers likely to be in need of support.

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.

However, to ensure that Local Authorities are able to respond to increased pressures on the social care sector due to Covid-19, for the duration of the Coronavirus Act's provisions, Local Authorities may have to reduce the extent to which

they would ordinarily do a needs or carers assessment, check that people's needs are eligible, or conduct a financial assessment.

Local Authorities should still assess people's social care and support needs throughout this period and should make a written record of this assessment. Principal Social Workers should ensure that proportionate professional recording is maintained and may consider a single alternate document for local use.

It is crucial that Local Authorities are able to evidence their decision, demonstrate their professional judgement apply the [Ethical Framework for Adult Social Care](#), and where necessary, record that they have considered the Convention Rights.

The easements also relieve Local Authorities of the duty to undertake assessments of children transitioning to adult social care under sections 58 and 59 of the Care Act.

It may not be possible or necessary for assessments themselves to be face-to-face. Local Authorities should therefore consider whether assessments could be delivered through other means, taking into consideration people's cognitive and communication needs and mental capacity, including:

- Use of a third party/allied professional to carry out needs assessments as trusted assessors. It would also be appropriate for adults in need of care and support, or carers who are being assessed, to ask the Local Authority to liaise with other persons or professionals to help complete the check. Paragraph 6.99 in the Care and Support statutory guidance provides more information.
- Supported self-assessments. In many cases, and assuming the assessment document is in an appropriately accessible format, people, perhaps with help from family members, could complete their own assessment form. Where existing online systems are available these should reflect any new assessment document options (see paragraphs 6.3 & 6.44 in the Care and Support statutory guidance).
- Assessments using the telephone or, if possible, other technology such as video calls, if available, if people are comfortable with this, and if they can be made available at the location where people are living (see paragraph 6.3 in the Care and Support statutory guidance). Further [guidance](#) on this is provided by NHSx.

The Local Authority should ensure that it is explained to people at the earliest opportunity that at some future point their needs may be assessed (or reassessed) and alternative services may be arranged. It should be explained that the current context is extremely unusual and that arrangements may be temporary and change when this period is over.

It will be important to explain to people that at a future point a view will be taken on whether their needs are eligible under the Care Act. This may mean that at a future date the Local Authority may no longer believe it is necessary to meet those needs, and that if this is the case, it will be necessary to agree alternative arrangements.

Local Authorities need to ensure that there is a clear and transparent pathway for people with care and support needs, carers and providers to quickly raise concerns should they believe either the decision or the care package is in breach of the European Convention on Human Rights.

Complaints and escalation procedures remain the same as under the Care Act. Under the Coronavirus Act, once the emergency period has ended, if Local Authorities do not comply with their duty to carry out a relevant assessment within a reasonable period, action can be taken in court.

Care planning and delivery by providers

Care planning should be person-led, person-centred and proportionate to the complexity of individual need with paperwork, bureaucracy and process kept to a minimum, whilst ensuring adequate records are kept.

The easements relieve Local Authorities of the duty to prepare pre-amendment Care Act-compliant care and support plans.

However, Local Authorities should provide sufficient information to potential providers to allow them to make an informed decision as to whether to accept a referral. This decision should consider whether they can meet people's needs and comply with their own legal obligations. This will also help providers in drawing up their own plan for people's care and support. This information should be evidenced within whatever form of assessment is completed and there is a clear expectation that this information is shared with individuals and families.

The Local Authority should ensure that providers receive enough information to develop a care plan with the person. This should give an overview of the person's wishes and feelings, and outcomes that need to be considered and achieved. Information on key aspects of daily living, personal care, nutrition and hydration needs as well as any other medical conditions should be shared. Specific care needs that the provider will need to consider are also important such as communication, mobility, and behavioural, cognitive and mental health needs. The assessment should also consider and share any safeguarding concerns and risk assessments. The assessment provided should enable the care provider to develop an appropriate care and support plan.

Local areas may choose to agree a minimum standard that Local Authorities and care providers should work towards and

which reflects their local situation.

Decision-making about personal budgets, including direct payments, and care plans should be kept as close to the front line as possible with minimum restraints on flexibility and innovation in how needs can be met. Restrictive administrative practice should be avoided as much as possible.

The easements relieve Local Authorities of the duty to revise care and support plans under s27 of the Care Act during this period. However, subsection (2) and (3) remain in force, meaning that if Local Authorities choose to revise care and support plans during this period, they should continue to involve people who use services, and carers in decisions about revising their care package. This may include unscheduled reviews where needs have changed. Local Authorities will have to consider how they respond to reviews where need has significantly changed alongside the [Ethical Framework for Adult Social Care](#) and the prioritisation guidance (see Annex C below). These reviews may be more important than new assessments. However, Local Authorities should continue to comply with pre-amendment duties under s27 as far as it is reasonably practicable to do so. Reviews may need to be conducted in similar ways to assessments.

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. Further guidance on Direct Payments will be published.

Financial assessment easements and retrospective charging

The easements enable Local Authorities to meet people's care and support needs without a financial assessment of their means. The legislation enables Local Authorities to conduct assessments at a later date and to retrospectively charge for meeting needs subject to those assessments, so long as the Local Authority informs people that there may be a charge at the time when the service is carried out, or before the service is carried out.

None of the fundamental principles underpinning the Care Act statutory guidance on charging and financial assessment (see paragraph 8.2 – 8.9 of the Care and Support statutory guidance) are removed or diluted. Therefore, if people are charged retrospectively, this should be on the basis of a financial assessment in line with the Care Act and on the basis that people should pay what they can afford, and any charges are clear and transparent.

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.

Social workers, or others providing this information, should also consider what information can be given to illustrate estimated likely charges for different options of relevant and appropriate care so that people have a good initial understanding of the type and range of costs involved. This could take the form of a table, with tailored cost information based on illustrative averages, and form part of an upfront declaration or agreement.

Local Authorities are always expected, where appropriate, to consult and engage with family members and/or someone who has legal authority to make financial decisions on behalf of people who lack capacity. This consultation and engagement should still take place as part of the financial assessment, which may be deferred until after the emergency period. Where the financial assessment is deferred in this way, it will be important as a minimum, to make people aware that there may be costs associated with the care and support provided. Individuals should be assured that no charges will be made until after a financial assessment has been completed.

The existing statutory guidance (see 8.22 of the Care and Support statutory guidance) already notes that a Local Authority may 'choose to treat a person as if a financial assessment had been carried'. The Local Authority must satisfy itself on the basis of evidence that the person can afford, and will continue to be able to afford, any charges due. This is known as a 'light touch financial assessment' and Local Authorities may wish to conduct more of these types of financial assessment where doing so helps the prioritisation of timely care and support and mitigates capacity pressures. Where appropriate/helpful, Local Authorities can use Department of Work and Pensions data as a quick standard assessment and follow up at a later date to look into private pensions, capital or other finances.

The existing statutory guidance (see 8.50 of the Care and Support statutory guidance) makes it clear that Local Authorities are not required to charge carers for support and that, 'in many cases it would be a false economy to do so'. Carers already play a vital role in the care and support system and their contribution during this emergency period will be even more critical. In line with existing guidance, Local Authorities should therefore 'ensure that any charges do not negatively impact on a carer's ability to look after their own health and wellbeing and to care effectively and safely'.

The emergency provisions do not change existing guidance on, for instance, complaints, deliberate deprivation of assets, administrative fees and top-ups.

Deferred payment agreements (DPAs) will still be made available for eligible people once the financial assessment is completed at a later date. DPAs do require some financial information to enable Local Authorities to be sure they are not

taking on an unsecured risk and to place a legal charge on a person's property. DPAs should be raised as part of routine sharing of relevant information and advice.

Annex C: Prioritisation process

Guidance on the prioritisation and timeliness of the delivery of adult social care under the Care Act Easements

Local Authority adult social care (ASC) departments will be well practised in responding to emergencies, where there is an incident or provider failure that results in the need to provide rapid support. On occasion, they may have to prioritise the delivery of such support to ensure those most in need and at highest risk receive this support as a priority.

This guidance must be read in conjunction with the [Ethical Framework for Adult Social Care](#).

The current challenge that Local Authorities face with Covid-19 means that prioritisation may need to be considered over a longer period with rapidly changing scenarios.

This guide has been produced to provide a helpful tool for ASC when considering how to prioritise care and support should the Local Authority have decided that it needs to operate under the Care Act easements. It is vital that professional judgement and oversight is used, as this document will not provide answers about prioritization in all scenarios. It aims to help delivery of care and support in a risk informed way, ensuring everyone, where possible, gets the care and support they require, but that those most in need are prioritised first.

Social care is a locally delivered and led service developed on the detailed understanding of individuals and their families, communities and cultures. Social workers, occupational therapists, and nurses form the core professional group and therefore have clear professional responsibilities and accountabilities. Local professional leaders such as Principal Social Workers and Principal Occupational Therapists will be key in ensuring this guidance is applied and understood. The skill of these professionals should be used to help develop, agree, and review locally agreed processes that would be informed by this guidance.

Understanding local care needs and prioritisation

Base principle

Most Local Authorities will have mapped all existing known packages for complexity and need and should where possible have also mapped the care and support needs of those that self-fund.

It is important that mapping at this stage 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 Local Authority knowledge of an individual informs any prioritisation work needed, should the situation require it.

Local Authorities may want to 'RAG-rate' their packages and have them split between High, Moderate and Low (or similar terminology). It is likely that many will have a mixed care package. They should note these but work on the most essential element of care for mapping purposes.

Prioritisation

If operating under the Care Act easements, Local Authorities may need to prioritise packages of care and support. In the first instance Local Authorities would consider those care packages which are already mapped and noted as high and moderate. Prioritising individual care may be fluid, as risk and need levels may fluctuate. New information such as unpaid carer involvement or whether people have now become unwell with COVID-19 will need to be considered.

The Department does not propose to advise local areas on how to prioritise as methods of prioritisation will be unique to each area. The Department also recognises that there will already be well established methods of prioritising in most areas.

As set out in the guidance and [Ethical Framework for Adult Social Care](#), Local Authorities must retain an approach to working with individuals and carers in a personalised and effective way, ensuring they are engaged in this process as much as possible.

Local Authorities should take into account all elements of a person's life that may impact on their needs and their personal circumstances. These circumstances can include social issues such as domestic abuse, financial issues, and the vital support of unpaid carers which may not be appropriate or sustainable as a single support in this current climate.

Local Authorities should also understand what resources, assets/offers the person has at their disposal – including

knowledge of and access to forms of community and neighbourhood support.

Annex D: Safeguarding Guidance

Adult safeguarding is working with adults with care and support needs to support them to keep safe from abuse or neglect. It is an important part of what many public services do, and a statutory responsibility of Local Authorities.

Safeguarding adults remains a statutory duty of Local Authorities to keep everyone safe from abuse or neglect. 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 Local Authorities continue to offer the same level of safeguarding oversight and application of Section 42. However, it is also important that safeguarding teams are proportionate in their responses and mindful of the pressure social care providers are likely to be under.

The Government recognises that safeguarding concerns and referrals may increase during the Covid-19 outbreak, with more people receiving support and support needs changing, which may prompt concerns. Safeguarding is everyone's business, so it is important that we remain alert to possible abuse or neglect concerns. Local Authorities, social care providers, the health voluntary sector and our communities must continue work to prevent and reduce the risk of harm to people with care and support needs, including those affected by Covid-19.

The immediate safety of the adult at risk and their carers must always be prioritised but where decisions are taken to prioritise responses to safeguarding concerns, the Principal Social Worker/Safeguarding Lead will advise on any changes to the consideration of safeguarding types and referrals. Principal Social Workers must work with their safeguarding leads to review any local policies or procedures that may be unduly time consuming or place an undue burden on care providers during this time. For example, Local Authorities may make changes to those local processes and timescales that are not mandated by legislation. In addition, Principal Social Workers should reassure themselves that Section 42 decision making is proportionate and that safeguarding teams are actively communicating with partners. Any such decision will have been agreed by the Director of Adult Social Services.

The [Ethical Framework for Adult Social Care](#) provides 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, including for safeguarding.

All providers of adult social care or health care have a key role in safeguarding adults in their care, and all agencies have a duty to ensure adults with care and support needs are not placed at risk of abuse or neglect by delays in care and support planning.

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.

Annex E: Link to the Coronavirus Act 2020 Explanatory Notes

<https://publications.parliament.uk/pa/bills/lbill/58-01/110/5801110en.pdf>

Is this page
useful?

[Yes](#)

[No](#)

[Is there anything wrong with this
page?](#)

Coronavirus (COVID-19)

[Coronavirus \(COVID-19\): what you need to do](#)

Transition period

[Transition period: check how to get ready](#)

Services and information

[Benefits](#)

[Births, deaths, marriages and care](#)

[Business and self-employed](#)

[Childcare and parenting](#)

[Citizenship and living in the UK](#)

[Crime, justice and the law](#)

[Disabled people](#)

[Driving and transport](#)

[Education and learning](#)

[Employing people](#)

[Environment and countryside](#)

[Housing and local services](#)

[Money and tax](#)

[Passports, travel and living abroad](#)

[Visas and immigration](#)

[Working, jobs and pensions](#)

Departments and policy

[How government works](#)

[Departments](#)

[Worldwide](#)

[Services](#)

[Guidance and regulation](#)

[News and communications](#)

[Research and statistics](#)

[Policy papers and consultations](#)

[Transparency and freedom of information releases](#)

[Help](#) [Privacy](#) [Cookies](#) [Contact](#) [Accessibility statement](#) [Terms and conditions](#) [Rhestr o Wasanaethau Cymraeg](#)

Built by the [Government Digital Service](#)

OGL

All content is available under the [Open Government Licence v3.0](#), except where otherwise stated



© Crown copyright