

North Yorkshire County Council

Report for Consideration by the Chief Executive Using Emergency Powers

7th April 2020

Exercise of Care Act Easements / emergency powers within Health and Adult Services

1.0 Purpose of the Report

- 1.1 To set out the proposed exercise of Care Act Easements / emergency powers within Health and Adult services, in line with the newly enacted Coronavirus Act 2020 which sets out the four key changes to the Care Act 2014 and decision making process for Local Authorities.
- 1.2 To implement a new operating model for adult social care (as set out in section 3 and appendix 1), working with the NHS, in response to national Hospital Discharge Service Requirements, using existing Care Act and other legislation, as is now, until such time as emergency powers under the Coronavirus Act 2020 need to be invoked
- 1.3 To seek approval from the Chief Executive, using emergency powers, to implement a new model of delivery for adult social care, at such time as the situation requires during the Covid-19 pandemic (see 1.3 below), that will:
 - assist the NHS in freeing up North Yorkshire's share of 30,000 NHS beds nationally
 - enable urgent work to support people living in the community who have a Covid-19 diagnosis or symptoms (particularly where people are at the end stage of their lives)
 - ensure that, whilst taking account of the national legislation and guidance and the prioritisation necessitated by the Covid-19 response a) people requiring urgent social care assessment and/or support for non-Covid-19 issues continue to be offered an appropriate level of advice, information and support and that b) people with current and ongoing needs receive appropriate support which may include alternative arrangements to their normal service
- 1.4 The Chief Executive, to delegate to the Corporate Director of Health and Adult Services (as the Council's statutory director of adult social services) the power to invoke the measures as set out in this report and that such a delegated decision will be taken in consultation with the Executive Member for Adult Social Care and Health Integration, Chief Executive, Assistant Chief Executive (Legal and Democratic Services), and following advice from the Director of Public Health and the Assistant Directors with responsibility for adult social care.

- 1.5 To document any triage or case/review decisions in the following ways as set out in section 5 and, indicatively, in Appendix 2
- 1.6 If emergency powers are invoked as set out in 1.3 and 1.4 above, for the situation to be reviewed fortnightly by the Corporate Director for Health and Adult Services in consultation with the Assistant Director / Chief Social Care Practitioner (or in their absence, the Head of Practice), or their nominated representatives, as per Government guidance.

2.0 Introduction and overview of proposed emergency powers (if they are invoked)

The Coronavirus Act received Royal Assent on 25th March 2020. Within this legislation there are provisions to suspend certain requirements under the Care Act 2014 and the Mental Health Act 1983. The regulations, bringing Section 15 and Part 1 of Schedule 12 into force to enable local authorities in England to relax elements of the Care Act were published on 31st March 2020 and are now in force. During this time North Yorkshire County Council (NYCC) should do everything it can to continue to meet its existing duties prior to the Coronavirus Act, and ensure that individuals with care and support needs continue to receive the care that they need and that all individuals within the area are kept safe and well. Due to the escalating position of the diagnosis of Covid-19, the treatment of people needing critical care and the increase in deaths, it is anticipated that the County Council may reach a point where it may have to invoke the emergency powers set out in the Coronavirus Act, for which the reasons are detailed below. In this unprecedented situation, it is essential that the Council is able to streamline certain arrangements and prioritise care to those people with the most urgent and acute needs.

The changes to Care Act provision enacted by the Coronavirus Act 2020 fall into four key categories, each applicable for the period the powers are in force:

- a) 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 rapidly as possible 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. Section 3 of the guidance provides more information;
- b) 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 before this period, and people entering the care and support system during this period. Section 3 of the guidance provides more information;
- c) 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. Section 3 of the guidance provides more information;

- d) 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. Sections 3 and Annex B provide further guidance about the principles and approaches which should underpin this.

The overriding purpose of these provisions is to ensure the best possible provision of care to adults at risk in these exceptional circumstances. In order to help ensure they are applied in the best possible way, with the greatest regard towards the needs and wishes of those using our services and their carers the following protections and safeguards will apply.

- The easements 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.
- The County Council 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 regulator, 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. The HAS Quality and Monitoring team continue to work in partnership with CQC regularly to ensure the appropriate support is provided to all of our providers and maintain market oversight.

Other important duties on the County Council remain in place:

- Duties in the Care Act to promote wellbeing and duties relating to safeguarding adults at risk, remain in place.
- Duties relating to providers' duties under regulations made under the Health and Social Care Act 2008.
- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place. Guidance on the operation of DoLS during the emergency period will be published separately. However, the County Council is continuing to authorise DoLS and maintain oversight of those subject to the safeguards. Contact and assessments are being undertaken via means such as Skype and video link to ensure this can continue.

- 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 help with good communications Local Authorities should continue to draw on their helpful relationships with trusted partners in the voluntary sector and 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). The Health and Adult Services (HAS) directorate's Customer Response Team continues to respond to all complaints and comments and this is being monitored for any delays to responses. Although the Local Government and Social Care Ombudsman have ceased investigations during this time, the directorate has no plans to suspend the complaints process and will continue to provide an avenue for members of the public to raise their concerns. All Covid-19 related complaints are being collated and reported to HAS Leadership Team (including the Corporate Director / statutory director of adult social services) on a regular basis in order to identify any trends and problem areas.
- 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.

As North Yorkshire moves further into this crisis, decisions will need to be taken that will impact the way we respond to the County Council's responsibilities for care and support and its statutory functions. There will be a need to ensure there is clear professional oversight and where relevant, professional sign-off for such decisions. It will also need to know that as part of this process, due consideration has been given to the unintended consequences of decisions that are made in exceptional circumstances. The Coronavirus Act does not give authority to block, restrict or withdraw whole services. What it does do is allow councils to apply and make decisions at a person-centred level 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 served. Where such difficult decisions need to be made, this should always be within the remit of the Department of Health and Social Care's Ethical Framework for adult social care, to which the local authority must have regard.

To be clear, these decisions are about responding to Government guidance on the overall impact on social delivery and the availability of staff should Covid-19-related sickness levels rise to an otherwise unmanageable level. These are different to the 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 not safe to keep people together in a building, but this does not mean that the County Council does not think those people need the equivalent level of support at this time. So, in this example, the County Council might ask its staff to provide the equivalent (or similar) levels of support but to do so in a different way so as to reduce the risk of breaching the social distancing guidance.

It is recognised that the County Council must 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. The decision to exercise the Care Act easements is based on evidence of the current market, the increasing numbers of those contracting the coronavirus and the current pressures on the workforce, together with the increasing pressures on the NHS and other essential public services. It is therefore recommended that in order to mitigate the risk of urgent or acute needs not being met, the Care Act easements should be exercised at such time as the Corporate Director for Health and Adult Services, in consultation with the Executive Member for Adult Social Care and Health Integration, Chief Executive, Assistant Chief Executive (Legal and Democratic Services), and following advice from the Director of Public Health and the Assistant Directors with responsibility for adult social care, invokes delegated powers.

The rationale for this decision is set out below and in the attached documents. The situation will be reviewed fortnightly by the Corporate Director for Health and Adult Services in consultation with the Assistant Director / Chief Social Care Practitioner (or in their absence, the Head of Practice), or their nominated representatives, as per Government guidance.

The decision will be reached taking account of the national Adult Social Care Ethical Framework in conjunction with:

- evidence from Public Health about the prevalence of Covid-19 in North Yorkshire
- the impact that it is having on adult social care in term of its workforce (both internal and in the independence sector)
- the ability of adult social care to respond to the Covid-19 Hospital Discharge Service Requirements

A decision record will be made which will include the evidence used to reach the decision for easement of Care Act duties under the Coronavirus Act (2020)

Appendix 2 sets this out indicatively.

3.0 Proposed new model of delivery of adult social care during the pandemic

3.1 A new model of social care will need to be implemented during the pandemic, as set out in the Government's Hospital Discharge Guidance published on 19 March 2020. This model will operate under existing legislation, including the Care Act, until such time as Coronavirus Act powers are invoked. It will introduce some changes to current ways of working (for example, the countywide adoption of a refined and more effective assessment toolkit, which has been trialled in the Ryedale area), which are already permissible under the Care Act. The detail of the new model is described in appendix 1. The model integrates social care with primary and community health services and teams will be based geographically across the County. This model will, have three specific objectives in meeting the County Councils' current Care Act obligations as well specific Covid-19-related objectives:

- To keep people safe and well
- To free up approximately 400 NHS beds which is North Yorkshire's share of the 30,000 beds required nationally
- To help prevent, where possible, unnecessary admissions to hospital or 24 hour care, by providing alternative support for people in the community, in conjunction with the NHS and other public services

4.0 Reasons for recommendations

4.1 North Yorkshire Demographics

It is recognised that the area which currently has the highest rate of Coronavirus cases is London, however, as the Covid-19 pandemic continues to spread across the country the numbers of cases, and deaths, within North Yorkshire, are increasing by the day. It should also be recognised that North Yorkshire has a higher proportion of older people 85 years plus than many areas of the country, which we know this virus disproportionately affects. This is reflected in the make-up of people accessing social care support from the County Council. At present, 61.9% of people in receipt of some form of care and support from the council are 65+, and 38.1% are younger than 65. Given the current emergency, if the Care Act easement proposals are implemented, the County Council will be able to adapt service provision in order to continue to provide services to those most in need of support. However, the proposals may also have some negative impacts, as it is likely that assessment, support planning and the nature of support will be reduced in comparison to the usual standards. This situation is likely to be heightened by the unavoidable reduction in services as a result of social distancing guidelines introduced by the Government – although partially mitigated by alternative arrangements including the significant effort being undertaken around community support, which is being led by the County Council, working with borough and district councils, the voluntary sector and the NHS

In terms of primary support reasons, 46.8% of people in receipt of some form of care and support are receiving support with personal care, 21.6% due to a learning disability, 9% for mental health support, and 7.2% for memory and cognition issues, with 10.5% for other reasons and 4.8% as support for an unpaid carer. As outlined for older people, above. Evidence points towards this illness having a greater effect on people with certain health conditions and therefore disabled people are likely to be at higher risk, as well as having a greater need for social care support than non-disabled people.

People with learning disability may be at higher risk, as they are already at higher risk of death due to respiratory causes; the most recent North Yorkshire Learning Disability Mortality Review report indicated that in 2018/19, the medical conditions most frequently cited in Part I of the Medical Certificate of Cause of Death were pneumonia (34%) and aspiration pneumonia (25%). These are higher than the nationally reported cases in 2018 of pneumonia (25%) and aspiration pneumonia (16%).

It should however be noted that people will be affected by the need for rapid discharge from hospital whether the reason for their stay is due to Covid-19 or another medical issue.

It is also worth noting that the County Council works with six main NHS Trusts, three Clinical Commissioning Groups and over 500 independent and voluntary sector providers, with rurality adding to the complexity of service delivery.

4.2 Care Providers

The current care market in North Yorkshire is already under significant pressure.

Residential and Nursing Homes

The tables below demonstrates the current availability across North Yorkshire and should be considered against the profile of increased activity and demand from Covid-19:

Care home vacancies as from Monday 30th March are below:

Residential Care (Placement)	Occupancy	Total No. Vacancies
Harrogate	99%	6
Craven	100%	0
Scarbro Ryedale	95%	58
Hambleton Richmond	96%	17
Selby	97%	10

Nursing Care (Placement)	Occupancy	Total No. Vacancies
Harrogate	99%	14
Craven	100%	0
Scarbro Ryedale	94%	36
Hambleton Richmond	94%	23
Selby	95%	15

Domiciliary Care Capacity

It is difficult to quantify the availability of domiciliary care as it is dependent on staffing levels, call times and complexity of need, however, based on discussions with providers during the last week, of 72/122 domiciliary care providers who responded:

- 2% had full capacity
- 7% had good capacity
- 32% had limited capacity
- 47% had no capacity.

Internal Provision

Across the County Council's internal provision, there are significant challenges in recruitment and workforce across all of service areas; Care Home settings, Extra Care and, within our regulated assessment services, the Reablement teams. Work has been completed to reconfigure services to increase the bed-based offer for people being discharged from hospital (or supported in 24 hour care as an alternative to hospital) and to deploy staff from other services such as day services and respite provision to support those service areas. The profile of the workforce is predominantly aged over 50 with a significant percentage over the age 60 and includes a number of people who have underlying health conditions and are therefore subject to specific advice in relation to Covid-19.

4.3 Hospital and other NHS referrals

In March 2020, NHS England announced that NHS hospitals across the country would be required to take a range of actions to prepare for Covid-19, including freeing up 30,000 of the overall 100,000 beds available by postponing non-urgent operations and providing care in the community for those who are fit to be discharged. Across North Yorkshire and York this requirement equates to around 400 beds. The NHS is also sourcing up to 10,000 beds in independent and community hospitals. Substantial pressure is being placed upon acute NHS services (particularly to expand intensive and critical care services) and on primary care and community health services. They have now all enacted the governments Covid-19 Hospital Discharge Service Requirements, namely that, as of 19 March 2020, all NHS Trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England, must discharge all patients as soon as it is clinically safe to do so. Transfer from the ward to a designated discharge area should happen within one hour of that decision being made. The Discharge Service Requirements state that discharge from hospital should happen within 3 hours of the decision being made that the person is ready for discharge from hospital. The Discharge Service Requirements are expected to free up to at least 15,000 beds with discharge flows maintained after that. Acute and community hospitals must keep a list of all those people suitable for discharge and report on the number and percentage of patients on the list who have left the hospital and the number of delayed discharges through the daily situation report. For North Yorkshire and York, approximately 400 beds are required to be available and the County Council will be supporting the discharge of individuals and seeking to prevent, where possible, admissions to hospital to ensure that beds are available for those people most in need.

During the period of this pandemic, the County Council has three emergency roles, to:

- assist the NHS in freeing up North Yorkshire's share of 30,000 NHS beds nationally
- enable urgent work to support people living in the community who have a Covid-19 diagnosis or symptoms (particularly where people are at the end stage of their lives)
- ensure that, whilst taking account of the national legislation and guidance and the prioritisation necessitated by the Covid-19 response a) people requiring urgent social care assessment and/or support for non-Covid-19 issues continue to be offered an appropriate level of advice, information and support and that b) people with current and ongoing needs receive appropriate support which may include alternative arrangements to their normal service

Section 14 of the Coronavirus Act 2020 states that NHS Clinical Commissioning Groups (CCG) (for North Yorkshire: North Yorkshire CCG, Vale of York CCG and Bradford and Craven CCG) do not have to comply with Regulations to take reasonable steps to assess for eligibility of Continuing Healthcare (CHC). 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. The Government has stipulated that the NHS will fully fund the cost of new or extended out-of-hospital health and social care support packages, referred to in this guidance. This situation applies 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.

The table below sets a summary of additional weekly referrals from hospitals at 60% compliance with Covid-related Government advice. As can be seen from the data, it is anticipated that by the end of June could be running at a 204% increase in hospital referrals.

Week ending	Normal Demand Pressures		Additional Referrals Assuming a 60% Rate of Public Compliance with covid Advice					
			Typical Conversion Rate for Social Care Referrals			All Critical Care Cases Aged 65+ Requiring Social Care Support		
	General Referrals	Hospital Referrals	Additional Referrals	Revised Total	% Increase on BAU	Additional Referrals	Revised Total	% Increase on BAU
05/04/2020	39	10	5	54	10%	9	58	18%
12/04/2020	39	10	26	75	53%	48	97	98%
19/04/2020	39	10	115	164	235%	220	269	449%
26/04/2020	39	10	237	286	484%	366	415	747%
03/05/2020	39	10	180	229	367%	307	356	627%
10/05/2020	39	10	123	172	251%	329	378	671%
17/05/2020	39	10	100	149	204%	276	325	563%
24/05/2020	39	10	94	143	192%	252	301	514%
31/05/2020	39	10	94	143	192%	243	292	496%
07/06/2020	39	10	95	144	194%	242	291	494%
14/06/2020	39	10	99	148	202%	241	290	492%
21/06/2020	39	10	100	149	204%	238	287	486%
28/06/2020	39	10	96	145	196%	229	278	467%

There is a risk that the emerging numbers of actual referrals arising from Covid-19 cases do not reflect those indicated by the modelling. As a consequence, the County Council would have to re-prioritise the appropriate resources in the right places across the health and social care system.

A joint public health and social care data group is working across the County Council, the NHS and City of York, to review Covid-19 forecasts in the light of national modelling tools and what services are seeing on the ground to ensure forecasting is as up to date as possible and regularly reviewed.

A separate, confidential draft of current, provisional data modelling around Covid-19 cases in North Yorkshire will be shared separately with Executive, on a confidential basis.

4.4 Staffing pressures

In terms of current staff absence due to Covid-19, based on the County Council's adult social care establishment of 1,876 people, there are 143 people with either a diagnosis of Covid-19 or symptoms (about 7.6% of the work force and likely to increase). There are around 350 people vulnerable with health conditions that can only work from home or would be re-deployed into other roles. There are 44 people who are either pregnant or over 70 and classed as high risk or fall within the Government's 'shielded' criteria. At the same time, non-Covid absence ranges from 2.9% up to or above 5% in different teams. The table below sets out the pressure on the council's adult social care workforce based on these figures and the following assumptions:

It is assumed that:

- People with Covid-19 - are ill and unable to work (this number is increasing daily even as people return to work)
- People who are vulnerable – are unable to work in frontline social care (a small proportion will be in assessment roles and could be redeployed and the remainder are care and support workers with limited ability to be redeployed across the social care workforce).
- People who are Pregnant/Over 70 – These are shielded groups unlikely to be able to undertake other duties.

Establishment (Care and Support)	1876	1876
People Covid-19 (Resilience tracker)	143	143
People Vulnerable	350	350
People Pregnant/Over 70	44	44
General Sickness	54 (2.9%)	94 (5.0%)
Current Vacancies	55	55
Subtotal of absence/vacancies	646	686
Total Workforce minus absence/vacancies	1230	1190
% of Workforce absent from work including vacancies	34%	36.6%

Current care and support vacancies total 55, in addition some vacant posts have been recruited to but those appointed are yet to take up the position. In response to Covid-19, the County Council has launched a major recruitment campaign, which has received coverage on BBC regional TV, local radio stations, newspapers and local radio stations: <https://www.northyorks.gov.uk/careandsupport>

Therefore, based on the figures above and the data intelligence, as of 3rd April 2020 there is between a 34-36.6% pressure on the workforce, which suggests that if the number of Covid-19 cases surges, without exercising the Care Act Easements, the County Council will be unable to meet the increased demand, which based on current data predicts 115 additional referrals per week going up to 220 for people aged 65+ who have experience critical care. In addition, it is anticipated that there will continue to be an increase in absence from work as the virus reaches its peak over the coming weeks.

Whilst it is not possible to give comprehensive data for the wider care sector workforce (independent and voluntary sector care providers), it is anticipated that similar pressures will face them.

4.5 Risks associated with proposed changes

Even if the emergency powers set out in this report are invoked, then there are further risks that should be noted:

- Inadequate workforce to deal with increased pressure on service provision
- Delays in undertaking assessments
- Delays in discharge service requirements
- There is a risk that the emerging numbers of actual referrals arising from covid19 cases do not reflect those indicated by the modelling – (could be too many or too few). As a consequence, we would not have the appropriate resources in the right places across the health and care system.
- Demand will outstrip the capacity of the provider market despite the interventions taken.
- Potential financial impact for North Yorkshire County Council though this is not fully understood at present
- The proposals may also have some negative impact as it is likely that assessment, support planning and nature of support will be reduced in comparison to the usual standards

5.0 Steps taken to mitigate those risks and the process for decision-making

North Yorkshire County Council has taken the following steps to mitigate the risk identified above, using existing Care Act and other, non-emergency, legislation:

- Actively recruiting to the current established vacancies and, undertaking agreed additional recruitment, by some 395 posts largely across the reablement and care and support workforce
- Streamlined assessment and support planning processes, with the roll-out of a pilot undertaken in Ryedale
- Introduced a trusted assessment model, which can be used by the NHS
- Re-organised the workforce to meet the Discharge Service Requirements (including working Monday to Sunday 8am to 8pm)
- Purchased around 200 care home beds across North Yorkshire
- Worked collaboratively with NHS colleagues, across Acute NHS Trusts, community health colleagues, CCGs and Primary Care Networks.
- Introduced a rapid recruitment and appointment process and created a campaign to attract people to adult social care positions from other sectors of the economy negatively affected by Covid-19
- Considered re-deployment from other parts of the council to support adult social care and other parts of the council.
- Completed a skills audit across the Council
- Brought people back from retirement
- Issued new warrants to Approved Mental Health Professionals whose warrants had previously lapsed to ensure there is additional capacity within the workforce
- Worked across the County Council, with other local councils, the voluntary sector and the NHS to develop a Community Support offer for people who may not have social care needs or who may have more routine needs that might require additional support if the emergency powers set out in this report have to be invoked:
<https://www.northyorks.gov.uk/coronavirus-covid-19-community-support>

- Enhanced the Care and Support team triage service within the County Council's Customer Services Centre.
- Informed people that their service may be subject to charge at the end of the emergency measure and signpost people to our online financial assessment in the meantime.
- Provision has been made to continue to charge people (where they can afford to pay or make a contribution to costs) who are in receipt of services and whose needs change but not as a result of Covid-19

The joint public health and social care data group working across NYCC and City of York, will review the Covid-19 case forecasts in the light of national modelling tools and what services are seeing on the ground to ensure forecasting as up to date as possible and regularly reviewed. This will enable flexibility with service provision and regular review in line with the data being received.

During the period of this pandemic, practitioners will continue to exercise professional judgment for each individual's care and support requirements and will be accountable for any decisions taken. Any general decisions for changes to care and support, as a result of the emergency powers set out in this report, will be made in consultation with the Assistant Director/Chief Social Care Practitioner. The criteria applied will be as follows and triage or case/review decisions will be made in the following ways (Appendix 2 sets this out indicatively):

- Known and existing cases – these are currently being triaged to determine if the person is low, moderate or high risk. A number of factors will influence decision making, including any known risks, safeguarding concerns, level of complexity within the case, whether the case is settled. Any high risk cases will remain open to practitioners within local teams; low and medium risk cases will be placed in the review tray with an annual review being generated and monitored by the team manager.
- Hospital Discharge – These will all be managed and co-ordinated through the Command Centres using the trusted assessment. These will be entered onto the Liquid Logic System where a new flag has been developed to monitor activity associated with Covid-19. Follow up will take place by local teams (Response and Delivery Units). The outcomes recorded using the Covid-19 Recording and entered onto Liquid Logic. Eligibility Determinations under the Care Act are not required as these services will be fully funded by the NHS. However, people will be advised of a potential future charge once the emergency arrangements are lifted and will be signposted to the online financial assessment tool in the interim.
- Admission Avoidance – these are likely to be urgent new cases or existing cases known to adult social care. The local team (Response and Delivery Unit) will respond and assess using the assessment/conversation tool. If commissioning solutions are required, the service will be added, and coded to Covid-19, within Liquid Logic. A review will be arranged for the person, once the circumstances settle, and longer term solutions will be considered. Again, Eligibility Determinations under the Care Act are not required as these services will be fully funded by the NHS. However, people will be advised of a potential future charge once the emergency arrangement are lifted and will be sign posted to the online financial assessment tool in the interim.
- New Cases – these will come in via the Customer Service Centre and will be triaged much as they are now. Information, advice and guidance (IAG) will be given, the exploration of prevention services and signposting to other services, including the recently developed Community Support offer - these requests will then be added to LAGAN as they are now. Any cases where it appears that the person has

care and support needs will be passed to the Care and Support team in the Customer Service Centre to triage to determine the level of need. If the needs are urgent, these will be passed to the local team to follow up within an agreed timeframe. All other non-urgent cases will be triaged and RAG rated, preventative services offered, or other solutions explored to meet need. Any cases that cannot be met and will be added to waiting list that will be reviewed by the Care and Support within an agreed timeframe.

- Safeguarding – no changes to the current processes and arrangements.

6.0 How changes will avoid breaches of human rights and consideration of the Ethical Framework for Adult Social Care

If the emergency powers outlined in this report are invoked, the intention is not to completely cease all duties under the Care Act - the easement will however allow the County Council to prioritise those people with the most urgent need whilst responding to the Covid-19 emergency. On occasions during this pandemic, the County Council may have to prioritise the delivery of support to ensure those most in need and at highest risk receive this support as a priority - these decisions would be made with consideration of the nationally-published Ethical Framework for Adult Social Care. The aim is to continue to support people to remain safe and well in their home and communities during this time. The current challenge with Covid-19 means that prioritisation may need to be considered over a longer period of time with rapidly changing scenarios, competing demands and varying resource as a consequence of the impact of Covid-19 on the workforce and service provision.

Where possible, existing known care packages in North Yorkshire will be mapped for complexity and need and, also where possible (subject to information from externally commissioned care providers), the County Council will also map the care and support needs of those people that self-fund their care.

Any mapping will consider 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 knowledge of an individual informs any prioritisation work needed, should the situation require it. Under the Care Act easements, the County Council may need to prioritise packages of care and support into high, medium and low categories. In the first instance, it will need to 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.

As set out in the national Hospital Discharge Guidance and the Ethical Framework for Adult Social Care, the County Council 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.

In order to seek to avoid a breach of human rights, the County Council will take into account all elements of a person's life that may impact on their needs and 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. The County Council will also seek to

understand what resources, assets/offers the person has at their disposal – including knowledge of and access to forms of community and neighbourhood support. It will ensure that the care that is commissioned or provided is appropriate and proportionate within current resources.

7.0 Review of easements

Any emergency provisions and Care Act Easements will be reviewed by the Assistant Director / Chief Social Care Practitioner (or in his absence, the Head of Practice) in consultation with the Corporate Director for Health and Adult Services (statutory director of adult social services), or their nominated representatives, every two weeks as per Government guidance. This will be a standard agenda item for HAS Leadership Team to consider. The DHSC must be notified of the decision to implement the easements.

8.0 Financial Implications

In accordance with Covid-19 Hospital Discharge Service Requirements, any person being discharged from hospital or where interventions are put in place to avoid an admission to hospital will be fully funded by the NHS. Monies have been made available across CCGs and Local Authorities for costs associated with Covid-19, including interim arrangements for Continuing Health Care and s117 Aftercare. Formal agreements are currently being explored between the County Council and the three CCGs. Mechanisms to monitor spend against Covid-19 have been developed.

9.0 Equalities implications

See attached Equality Impact Assessment

10.0 Legal Implications

Section 15, Schedule 12 of The Coronavirus Act 2020 (the 2020 Act) disapplies and modifies provisions of the Care Act 2014 to relax the duties of local authorities regarding care and support during the COVID 19 outbreak. The local authority must however have regard to and comply with “The Care Act easements: guidance for local authorities” which sets out how the local authorities can use the new Care Act “easements” created under the 2020 Act. Of particular note is that 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 do so is likely to result in urgent or acute needs not being met, potentially risking life”. A local authority must also have regard to “The Ethical Framework for adult social care” to assist local authority decision making when responding to COVID 19. The easements are temporary and wherever possible the local authority is still expected to fulfil its duties under the Care Act 2014 and must continue to meet needs where a failure to do so would breach an individual’s human rights under the European Convention on Human Rights.

11.0 Recommendations

11.1 To implement a new operating model for adult social care (as set out in section 3 and appendix 1), in response to the national Hospital Discharge Requirements,

working with the NHS, using existing Care Act and other legislation, as is now, until such time as emergency powers under the Coronavirus Act 2020 need to be invoked

- 11.2 To seek approval from the Chief Executive, using emergency powers, to implement a new model of delivery for adult social care, at such time as the situation requires during the Covid-19 pandemic (see 1.3 below), that will:
- assist the NHS in freeing up North Yorkshire's share of 30,000 NHS beds nationally
 - enable urgent work to support people living in the community who have a Covid-19 diagnosis or symptoms (particularly where people are at the end stage of their lives)
 - ensure that, whilst taking account of the national legislation and guidance and the prioritisation necessitated by the Covid-19 response a) people requiring urgent social care assessment and/or support for non-Covid-19 issues continue to be offered an appropriate level of advice, information and support and that b) people with current and ongoing needs receive appropriate support which may include alternative arrangements to their normal service
- 11.3 The Chief Executive, to delegate to the Corporate Director of Health and Adult Services (as the Council's statutory director of adult social services) the power to invoke measures as set out in the Coronavirus Act 2020, and in this report, and that such a delegated decision will be taken in consultation with the Executive Member for Adult Social Care and Health Integration, Chief Executive, Assistant Chief Executive (Legal and Democratic Services), and following advice from the Director of Public Health and the Assistant Directors with responsibility for adult social care.
- 11.4 To document any triage or case/review decisions which in the following ways as set out in sections 5 above and, indicatively, in Appendix 2.
- 11.5 If emergency powers are invoked as set out in this report, for the situation to be reviewed fortnightly by the Corporate Director for Health and Adult Services in consultation with the Assistant Director / Chief Social Care Practitioner (or in their absence, the Head of Practice), or their nominated representatives, as per Government guidance

Report Author: Richard Webb, Corporate Director for Health and Adult Services & Chris Jones-King, Assistant Director for Care and Support/Chief Social Care Practitioner

Background documents: Projected hospital referrals, Equality impact assessment
 Appendices: 1) Proposed Model of Adult Social Care and 2) Indicative Decision Tree

Response to Coronavirus: Revised Operating Model for Adult Social Care and Community Health

6th April 2020

What are we responding to?

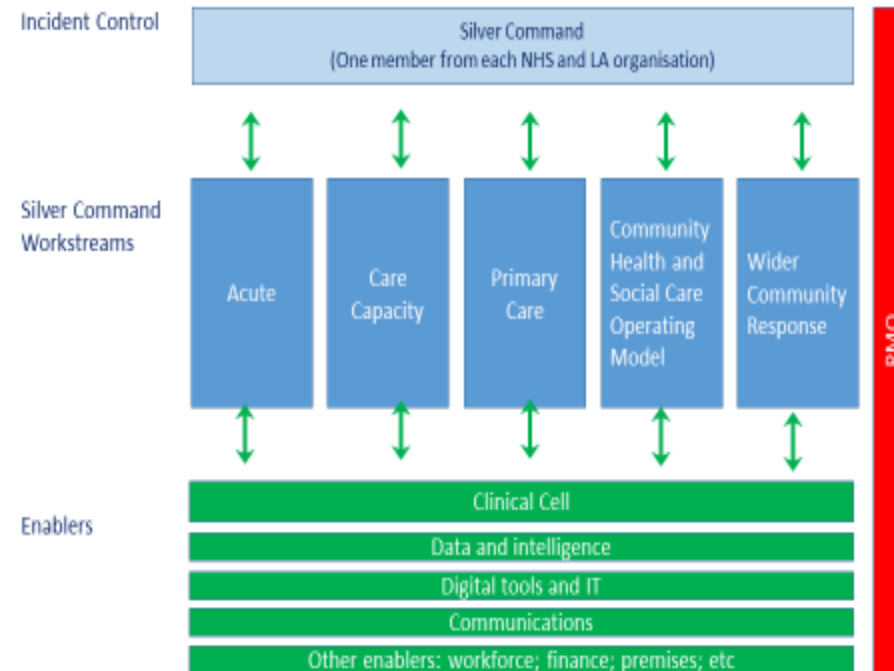
- National trends around Covid-19 prevalence and deaths
- Rising number of people with Covid-19 symptoms or diagnoses in North Yorkshire: members of the public and colleagues working in essential public services (including social care and the NHS)
- Deaths in North Yorkshire
- Impact of the “lockdown” and social distancing
- NHS / Public Health modelling: anticipated surge/peak could be approaching
- Uncertainty about whether there will be a single spike or multiple spikes in cases and deaths

What are we responding to?

- Coronavirus Act
 - Suspension of Care Act duties
 - Suspension of new CHC assessments (community and hospital)
- Revised Hospital Discharge Guidance
 - Implementation of Discharge to Assess pathways 0-3
 - Single point of access to respond to hospital discharges within 3 hours
 - Single Lead local authority
 - Real time Capacity Tracker (National Bed Tracker)
 - Extended operating hours – Monday to Sunday, 8am to 8pm
 - Person discharged with what is needed to get home - Follow up assessment in the person's own home within recommended timescales

NHS and Social Care Silver Command Community programme

Silver Command Operating Model

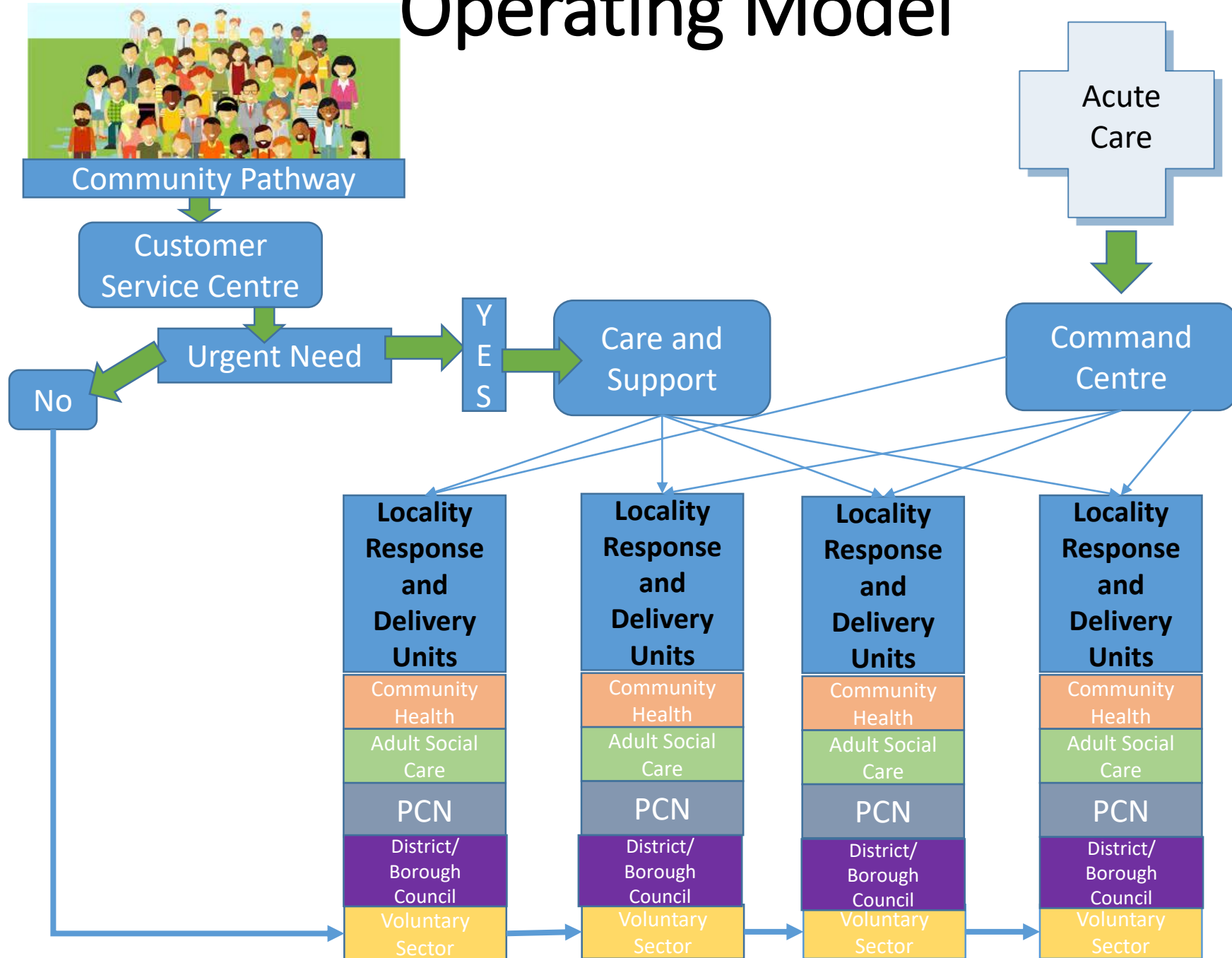




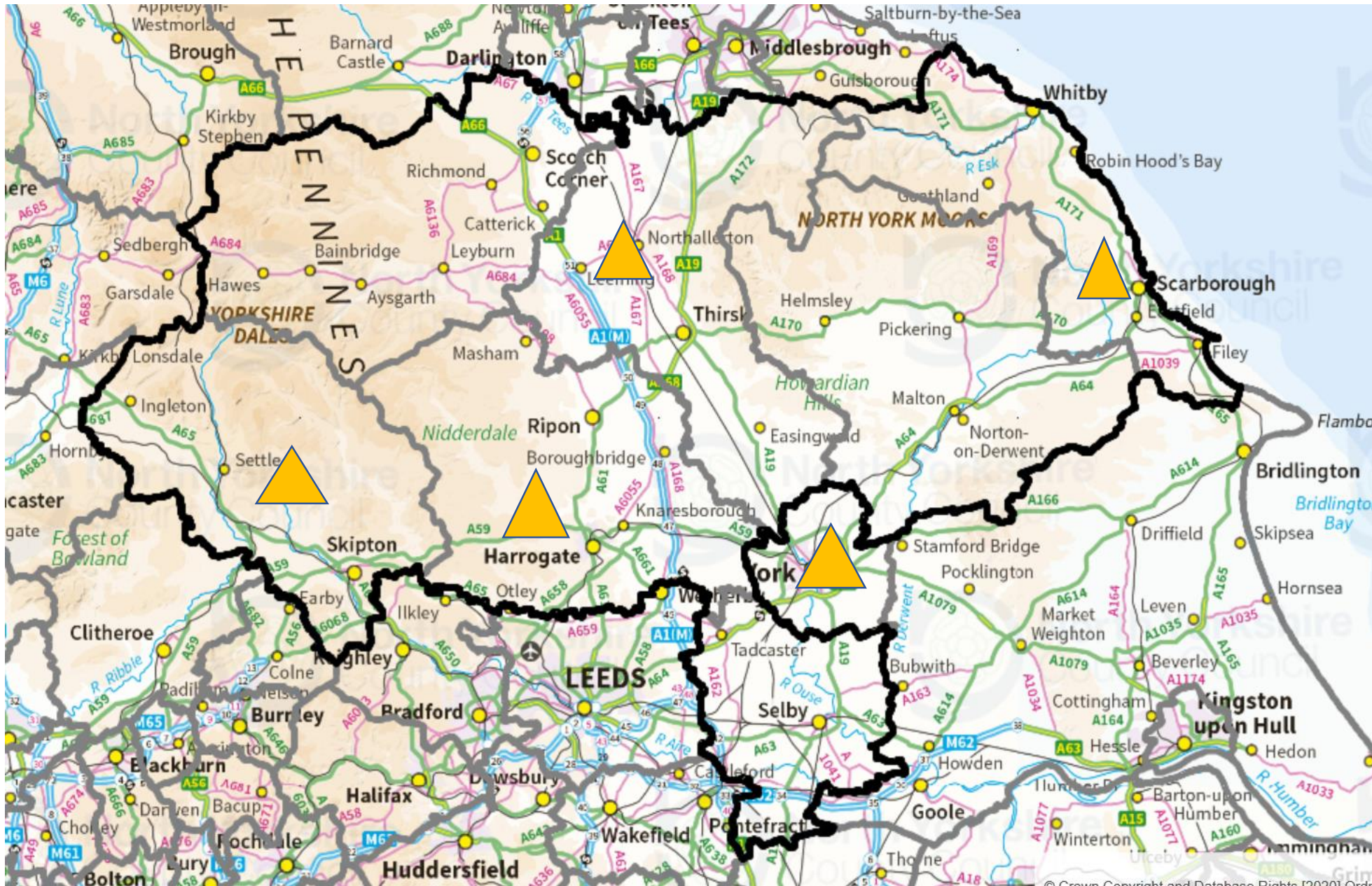
NYCC have revised their operating model in order to meet these 3 main goals and included interlinking models with wider partners:

- **A revised operating model (described in slide 6)**
- **A system approach to the wider community response (described in slide 6 and slide 10)**
- **Revised Command Centre proposals (described in slide 8)**
- **Community Support Organisations within place to support the vulnerable and shielded community (described in slide 10)**

Operating Model

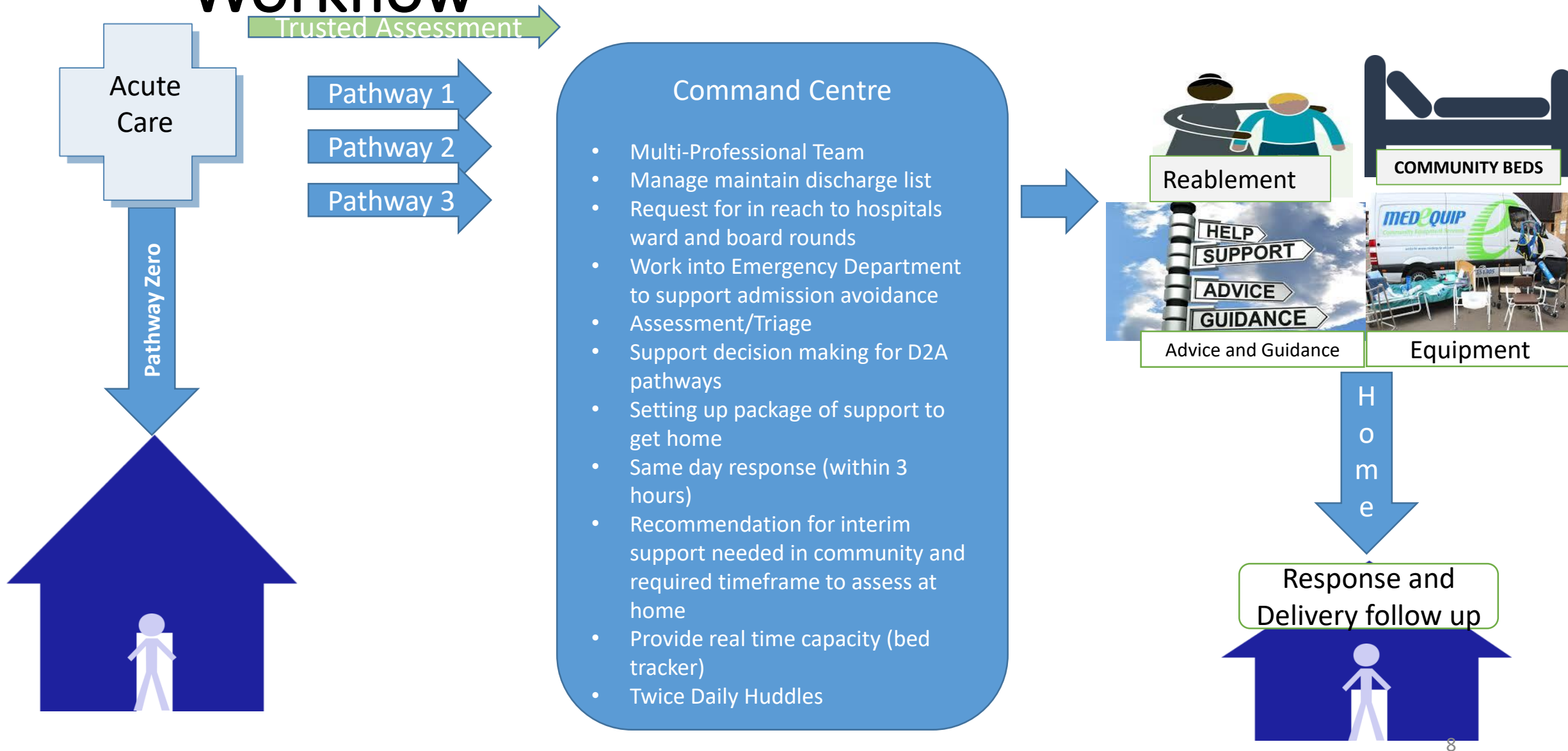


Proposed Command Centres



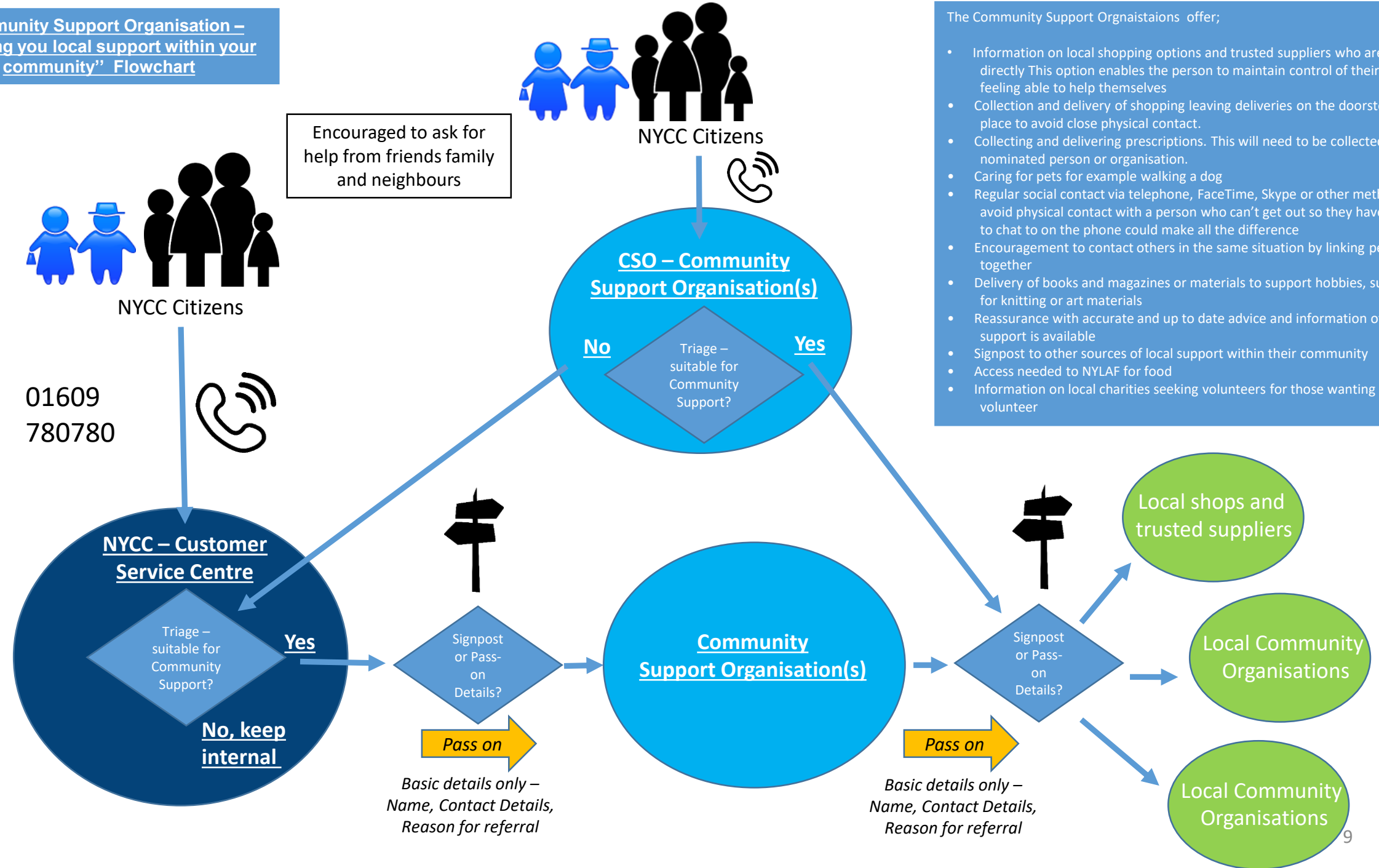
- Command Centres
1. Scarborough
 2. York
 3. Harrogate
 4. Craven
 5. Northallerton

Acute -> Command Centre - Proposed Workflow



**Community Support Organisation –
“Finding you local support within your
community” Flowchart**

- The Community Support Orgnaistaions offer;
- Information on local shopping options and trusted suppliers who are delivering directly This option enables the person to maintain control of their life, by feeling able to help themselves
 - Collection and delivery of shopping leaving deliveries on the doorstep or safe place to avoid close physical contact.
 - Collecting and delivering prescriptions. This will need to be collected by a nominated person or organisation.
 - Caring for pets for example walking a dog
 - Regular social contact via telephone, FaceTime, Skype or other methods that avoid physical contact with a person who can't get out so they have someone to chat to on the phone could make all the difference
 - Encouragement to contact others in the same situation by linking people together
 - Delivery of books and magazines or materials to support hobbies, such as wool for knitting or art materials
 - Reassurance with accurate and up to date advice and information of what local support is available
 - Signpost to other sources of local support within their community
 - Access needed to NYLAF for food
 - Information on local charities seeking volunteers for those wanting to volunteer



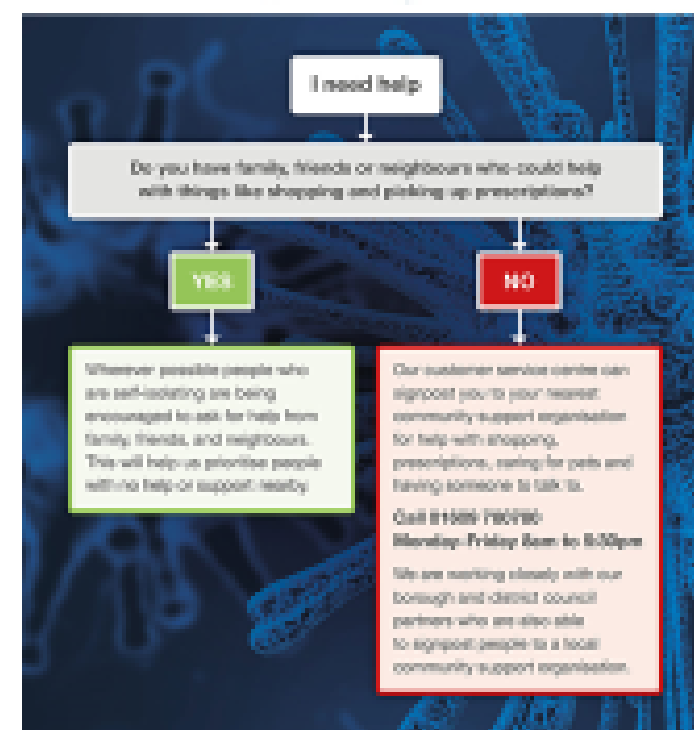
Wider community response

- Led by NYCC and CYC in respective areas, working with wider partners
- North Yorkshire – linking together NHS and NYCC response, which includes:
 - Self-help through family, friends and neighbours and clubs/social groups and faith groups
 - Network of VCS-led community hubs

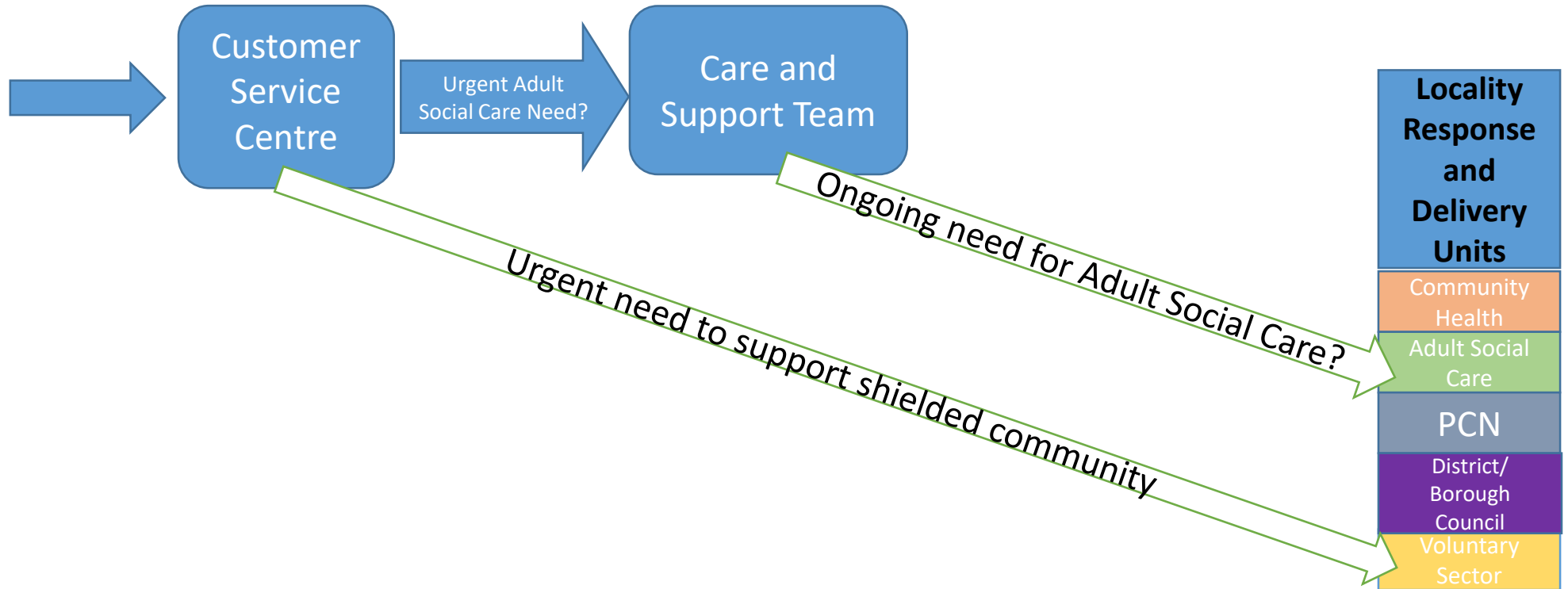
<https://www.northyorks.gov.uk/coronavirus-covid-19-community-support>



Finding local support in your community during coronavirus



Community → Care and Support - Proposed Workflow



Links – Community Health Teams' Criteria

- Health colleagues will continue to work with:
 - People who are critically ill/have positive symptoms of Covid
 - Urgent cases in community that needs treatment (children, urgent rashes etc)
 - People with more acute long term conditions
 - People who are older, disabled, isolated, or have long term conditions who are well-managed/shielded population with no regular health and social care input

New Locality Areas – Response and Delivery

Craven

NYCC Teams: Craven South, Craven North East, Craven North West, Craven and Independence and Reablement

PCNs

Community Health Teams

Bradford and District CCG

District/Borough

Vol Sector & Stronger Communities

HARA

NYCC Teams: Harrogate North, South, Ripon, Knaresborough and Boroughbridge, and Independence and Reablement

PCNs

Community Health Teams

NY CCG

District/Borough

Vol Sector & Stronger Communities

Hambleton & Richmond

NYCC Teams: Hambleton North & Central, South Dales, North Dales, and Independence, and Reablement

PCNs

Community Health Teams

NY CCG

District/Borough

Vol Sector & Stronger Communities

Scarborough

NYCC Teams: Scarborough South, Central, Castle, North, Whitby and Independence and Reablement

PCNs

Community Health Teams

NY CCG

District/Borough

Vol Sector & Stronger Communities

York

NYCC Teams: Selby West, Selby East, Ryedale North and South, Hambleton South, and Independence and Reablement

PCNs

Community Health Teams

VoY CCG

District/Borough / Vol Sector and Stronger Communities

Functions of the New Model

Customer Service Centre

- Continue as access point for community requests and requests for Adult Social Care services
- Triage cases based on urgent need
- Advice information and guidance
- Record all non-urgent social care requests in LLA (to be picked up in recovery phase)
- Transfer all urgent adult social care cases to care and support team

Care and Support Team

- Receive all urgent adult social care requests (including safeguarding)
- Receive change in need requests for people already in service
- Triage and make safe
- Provide equipment
- Increase PoC (within tolerance)
- Triage to community team with recommended timescale for follow up

Command Centre

- Receive all Trusted Assessment documentation
- Support board/ward rounds (virtually where possible)
- Work into Emergency Department to support admission avoidance
- Gather additional information to support decision making and identify relevant pathway
- Monitor and maintain discharge list
- Set up support (IAG/Equipment/PoC/Res or Nursing bed)
- Recommend timescales for community follow up

Response and Delivery Units

- Receive work from Command Centre and Care and Support Team and work to required timescales
- Complete conversation Tool/Plan to meet urgent need
- Work with all partners (community health teams/PCNs and Vol Sector) – setting up daily MDTs/allocation meeting
- Ensure a weekly Business Meeting is in place with all partners (including Command Centre)

Mobilisation of the New Operating Model

Role of Locality Heads of Service

- Operational Leadership across the Command Centre Response and Delivery Units in new Locality
- Setting up the new ways of working and making links with key partners
- Ensure each local team is connected to PCNs, Voluntary Sector & Community teams responding to shielded population, community health teams and representative from command centre, District/Borough Council
- Ensure each team has a daily MDT/allocations meeting - bringing in the partners above
- Bring together partners for a Weekly Business Meeting
- Escalate key risks / concerns

Role of Countywide Heads of Service

- Head of Targeted Prevention to implement proposals around care and support pathway and link with Community Response
- Head of Provider Services to manage and maintain Provider services working into Response and Delivery Units to support understanding of pressures and capacity
- Head of Mental Health to implement proposals for Countywide working of MH teams, EDT, and AMHPs, DoLS
- Head of Integration to maintain strategic relationship to support the implementation command centres and response and delivery units, in conjunction with Heads of Locality. Be a point of escalation if required
- Head of Practice to implement new ways of working and practice in Response and Delivery Units and support development of command centre processes. Be point of escalation if required.

To Support the Implementation of the Model

What Do We Need	Support required	Number/Action
Increase Reablement	Additional reablement and domiciliary care capacity required : https://www.northyorks.gov.uk/careandsupport North Yorkshire needs you campaign now live	Additional posts above current establishment advertised.
Increase bed capacity across the market	Additional beds across the market required to ensure flow out of hospital. We have also reconfigures some of our in-house provision	200 being purchased
Longer opening times	Ensure that people have access to IT, Buildings, management and Leadership support	Review of properties and review management/Leadership rotas
Introduce New Ways of Working and a system approach	Streamlined assessment and Liquid Logic processes, introduction of trusted assessment tools, refocused MDT's greater collaboration with health colleagues and Primary Care Networks	New tools developed, Strategic and operational buy in into the model
Community and Online Resource	Community Support Networks are being developed across North Yorkshire support by the County Council	23 developed across the county Increased resource in the Care and Support Team

Changes to our Provider Service

Scarborough, Whitby and Ryedale

1. Close Castle House Day Service retain a day service for people at Cauwood, Malton (with a countywide day offer)
2. Cease respite offer and define as a discharge hub for interim- up to 8 beds.
3. If respite required, offer at another short breaks service e.g. Selby or Harrogate.
4. Move remaining staff to Extra Care/EPH/Reablement where required to build capacity

Craven

1. Move the reduced LD Day services to operate from Ashfield EPH (has separate access)
2. Continue Stepping Stones at present due to client vulnerability.
3. Provide a discharge hub for up to 5 people. Offer respite if required as a day offer or at another service e.g. Harrogate Short breaks at Station View.
4. Combine staff across the Ashfield and Jubilee lodge site to optimise their usage in the EPH (inc Neville) Discharge Hub and Day Service.

Harrogate

1. Close Harrogate Day Services and offer a day service at Station View within the short breaks unit and retain the short breaks offer (separate access)
2. The respite offer will be a countywide offer.
3. Move remaining staff to Extra Care/EPH/Reablement where required to build capacity

Selby

1. Merge the respite and day services into one and retain a level of day service offer to the most vulnerable people and retain a respite service for up to 4 people (countywide offer).
2. Move remaining staff to Extra Care/ EPH/ Reablement where required to build capacity

Northallerton

1. Close the respite and day service and offer the respite and day services elsewhere e.g. Malton, Harrogate or Selby.
2. Redefine the respite service as a discharge hub.
3. If required, redefine the service as residential offer for residential school leavers.
4. Move remaining staff to Extra Care/ EPH/ Reablement where required to build capacity

Balancing changes, contingencies and business as usual

- We still have to, where possible, comply with our duties under the Care Act
- Our duties for adult safeguarding remain the same and are unchanged
- Minor changes in the Mental Capacity Act including DoLS legislation
- Contingency arrangements put in place, also, for our Public Health commissioned services (eg North Yorkshire Horizons)
- We will respond to urgent need and where possible find a community or online solution for those people who do not have a presenting urgent need
- This approach is for the emergency period – we will also take the learning from it
- We are already planning for recovery

Other issues to consider

- Personal Protective Equipment (PPE)
- The Harrogate NHS Nightingale Hospital
- Infection control (care homes) (NHS and environmental health links)
- Phased roll-out of home testing for essential workers, starting with NHS acute services

Questions?



HASCovidComms@northyorks.gov.uk

	APPENDIX 2	INDICATIVE DECISION TREE
	Who	Contact Centre Process
Mental Health	Business as Usual – Including Mental Health Act Assessments	
All contacts – people, carers, providers, professionals	<p>Known – Open on LLA</p> <ul style="list-style-type: none"> • May have current package of care/carers support • Contact may come from provider/family/Self/GP etc. 	<p>Triage: Signpost and offer IAG where possible – add case note to LLA.</p> <p>If following triage support is required:</p> <p>Cases open to named worker: add case note and notify named worker and the Planned Care Team tray.</p> <p>Cases allocated to the review tray: add contact on an open case, DO NOT FINALISE, reassign to Care & Support Team tray.</p>
	<p>Unknown (New Cases) – No apparent social care needs</p>	<p>Triage: Signpost and offer IAG where possible - Add to Lagan.</p> <p>If following triage support is required:</p> <p>Make decision if can go to Community Support Organisations or Universal plus – Add to Lagan.</p>
	<p>Unknown (New Cases) - Appearance of Care Act Eligible Needs</p>	<p>Triage: Signpost and offer IAG where possible – add to Lagan.</p> <p>If following triage support is required:</p> <p>Make decision if can go to Community Support Organisations or Universal plus – Add to Lagan.</p> <p>Case with appearance of needs which can't be met by above: CRC add contact to LLA, DO NOT FINALISE, and assign to C&S Team Tray.</p>

	<p>Unknown (New Cases) - Urgent need</p> <p><i>(Urgent needs which include when there is a risk of significant harm or neglect, loss of life or care home/ hospital admission if intervention is not provided)</i></p>	<p>Create the person on LLA if not known, add contact to LLA, DO NOT FINALISE, and assign to C&S Team Tray. Please add 'URGENT' to the assignment notes.</p>
	<p>Safeguarding</p>	<p>New safeguarding, person currently in SG, add safeguarding contact DO NOT FINALISE, reassign the contact to the team tray who are responsible for current SG.</p> <p>New safeguarding; person not currently known. Add SG contact, assign the SG task to the C&S team finalise contact.</p> <p>New safeguarding; person has named worker. Add SG contact, assign the SG task to appropriate Delivery and Response team tray finalise.</p> <p>New safeguarding: person in review tray. Add SG contact, assign the SG task to the C&S team finalise contact.</p>