



## Supplementary Agenda

**Meeting:** Executive

**To:** Councillors Carl Les (Chair), Gareth Dadd (Vice-Chair), Derek Bastiman, David Chance, Michael Harrison, Andrew Lee, Don Mackenzie, Patrick Mulligan, Janet Sanderson and Greg White.

**Date:** Tuesday, 11th January 2022

**Time:** 11.00 am

**Venue:** Remote meeting held via Microsoft Teams

Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue (as informal meetings of the Committee Members), with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed in February 2022.

The meeting will be available to view once the meeting commences, via the following link - [www.northyorks.gov.uk/livemeetings](http://www.northyorks.gov.uk/livemeetings) Recordings of previous live broadcast meetings are also available there.

### **Business**

**11. Adult Social Care Governance & Prioritisation**

**(Pages 3 - 68)**

**Recommendations:**

Executive Members are asked to recommend to the Chief Executive Officer that using his emergency delegated powers, he:

- (i) Approve, invoke and implement the proposed Adult Social Care Ethical Decision Making Framework.
- (ii) Delegate to the Corporate Director for Health and Adult Services (as the Council's statutory director of adult social services) the power to invoke and implement the measures as set out in this report including taking all decisions necessary to implement the Ethical Decision Making Framework and any other decisions the Corporate Director for Health and Adult Services may deem necessary regarding Adult Social Care Services delivery in light of the continuing Covid-19 pandemic.

The Corporate Director for Health and Adult Services may where appropriate consult with the Executive Member for Adult Social Care and Health Integration, Chief Executive Officer, Assistant Chief Executive (Legal and Democratic Services).

- (iii) Instruct the Corporate Director for Health and Adult Services to present a monthly report to the Executive Member and to Management Board on the appropriate decisions so they can be reviewed.
- (iv) Approve that review of the framework in April 2022

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Friday, 7 January 2022

## North Yorkshire County Council

### Report for Consideration by the Chief Executive Officer Using Emergency Powers (in consultation with Executive Members)

11<sup>th</sup> January 2022

#### Adult Social Care Governance and Prioritisation

##### 1.0 Purpose of the Report

- 1.1 To set out the proposed arrangements for Adult Social Care governance and prioritisation in response to Omicron Covid-19 and the anticipated surge in infections and how that will potentially impact on service delivery across Adult Social Care and the wider health and social care system.
- 1.2 To seek approval from the Chief Executive Officer under his emergency delegated decision making powers to implement additional governance arrangements to support ethical decision making ("the Ethical Decision Making Framework") in order to assist the urgent prioritisation and delivery of services to the public in a timely and efficient manner and to respond to public need and service delivery within a short timeframe.
- 1.3 To seek a delegation from the Chief Executive Officer (under his emergency delegated decision making powers), to the Corporate Director for Health and Adult Services (as the Council's statutory director of adult social services) of the power to invoke and implement the measures as set out in this report including taking all decisions necessary to implement the Ethical Decision Making Framework and any other decisions the Corporate Director for Health and Adult Services may deem necessary regarding Adult Social Care Services delivery in light of the continuing Covid-19 pandemic. The Corporate Director for Health and Adult Services may where appropriate consult with the Executive Member for Adult Social Care and Health Integration, Chief Executive Officer, Assistant Chief Executive (Legal and Democratic Services).

##### 2.0 Background

- 2.1 In terms of decision-making within the County Council during the Covid19 pandemic, under his delegated decision-making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the legislation permitting committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 (before the expiry of the Regulations) that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue as informal meetings of the committee Members, with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members and all relevant information. This approach has been periodically reviewed since that time and will be further reviewed by full Council at its February 2022 meeting.
- 2.2 The matters raised in this report are therefore being referred to the Chief Executive Officer for decision under his emergency delegated decision-making powers, in consultation with Executive Members.
- 2.3 Following discussions with the Chief Executive Officer on Christmas Eve, the Corporate Director, Health and Adult Social Care, issued interim advice and guidance to managers

and practitioners in the context of rapid changes in the Omicron spread and business continuity issues likely to be faced by social care services during the Christmas holiday period.

### **3.0 Current Update Omicron Covid-19**

- 3.1 The purpose of this report is to seek appropriate authorisations to be able to appropriately respond to the expected negative impact on workforce levels due to Omicron Covid-19 in Adult Social Care. It is expected that there will be significant operational pressures up until the end of March 2022 and this position will be continually monitored to ensure there is appropriate decision making throughout the coming months. These measures will be continually reviewed and a further report will come to the Executive in June 2022 to consider future arrangements.
- 3.2 The Government's Scientific Advisory Group for Emergencies (SAGE) issued the following situation report on the 18<sup>th</sup> December 2021:
- The number of Omicron infections in the UK has continued to increase very rapidly with the doubling time in England currently around 2 days. This is faster than the growth rate seen in March 2020.
  - In England it is almost certain that there are now hundreds of thousands of new Omicron infections per day. Levels of Omicron infection are currently highest in London. Reported numbers of confirmed and suspected Omicron infections will only be a small proportion of the actual number. This is because there are lags between people becoming infected, being tested, and getting test results (data lags matter most when growth is very fast); not all tests allow the variant to be identified; and not everyone who is infected is tested.
  - Currently observed numbers of Omicron infections admitted to hospital in the UK are probably around one tenth of the true number because the data lags of hospital reporting. The observation that there are apparently not many people being admitted to hospital because of an Omicron infection is therefore misleading. It is currently very unclear how many such people there are.
  - In Gauteng, which is ahead of the UK in the epidemic trajectory, high levels of infection are now leading to significant numbers of hospitalisations, despite the young population and high levels of past infection, but this may be slowing. Other parts of South Africa have an epidemic trajectory behind Gauteng and more in line with the UK.
  - It is still too early to reliably assess the severity of disease caused by Omicron compared to previous variants. Although recent studies and a preliminary analysis from South Africa suggests that this wave may be less severe than previous waves. Even if there were to be a modest reduction in severity compared to Delta, very high numbers of infections would still lead to significant pressure on hospitals.
  - As a result of the very high number of current infections, hospitalisations in UK will reach high levels in about 2 weeks even if transmission is reduced soon, because there are lags between infections, symptoms appearing, and hospitalisation. There are likely to be between 1,000 and 2,000 hospital admissions per day in England by the end of the year. The acceleration of the booster vaccination programme will not affect transmission and severe and mild disease in time to mitigate these hospitalisations for the rest of 2021.
  - Without intervention beyond those measures already in place ('Plan B'), modelling indicates a peak of at least 3,000 hospital admissions per day in England. Some scenarios have significantly worse outcomes during the first few months of 2022 but there are many uncertainties.
  - Precise vaccine efficacy against severe disease and death from Omicron remains uncertain due to the small numbers of severe outcomes to date. Duration of vaccine efficacy also remains uncertain.

- 3.3 Given the above, there is likely to be a significant peak in cases over the next few weeks. Besides hospitalisations, this will put further pressure on NHS and social care (and other workplaces) due to high levels of expected staff absences. The high community infection rates driven by social transmission will mean that an increased proportion of the working population will be in isolation at any one time (with hundreds of thousands of new cases per day expected). In addition, any outbreaks of COVID-19 in individual workplaces are likely to give acute shortages in individual settings.
- 3.4 The new guidance on ending self-isolation following 2 negative LFDs on day 6/7 and current calls to reduce isolation to 5 days may help alleviate this, but there are still likely to be significant challenges across December and January and organisations have been advised to review their business continuity plans. In North Yorkshire after a period of falling Coronavirus rates the trend is now on an upward trajectory but still behind the national average. Omicron variant is present in North Yorkshire and it expected to be the dominant variant by the end of December 2021.

[Coronavirus data | North Yorkshire County Council](#)

### 3.5 The Coronavirus Act

- 3.5.1 The Coronavirus Act received Royal Assent on 25th March 2020. Within this legislation, there were provisions to suspend certain requirements under the Care Act 2014 and the Mental Health Act 1983. The regulations brought into force Section 15 and Part 1 of Schedule 12 into force to enable local authorities in England to relax elements of the Care Act and were published on 31<sup>st</sup> March 2020. During the first two waves of coronavirus during 2020/21 only a small number of Local Authorities exercised these powers. North Yorkshire County Council **did not** request easements under the provisions. Following representations from various disabled groups and other interested organisations and as part of the scheduled review of the Coronavirus Act, Parliament determined that the Care Act easement provisions should be retired and this came into effect from 16 July 2021.
- 3.5.2 Care Act easements **are no longer an option** to North Yorkshire County Council as a means of addressing the anticipated pressures resulting from Omicron Covid-19. It is expected that the County Council should do everything it can to continue to meet its existing duties under the Care Act (2014) to 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. Even with high levels of vaccination and booster uptake, it is anticipated that the escalating position of the diagnosis and transmission of Omicron Covid-19, could have a significant impact on the workforce across the health and social care system, as well as other sectors of the economy. During December 2021, the Council has already had to take temporary steps to redeploy staff and down-scale or close some services to ensure service continuity in areas of greatest need. The County Council may reach a point where it has to consider how it effectively manages limited resource in light of staff shortages, and how it manages risk to people in receipt of services and determines critical services. In this unprecedented situation, it is essential that the Council is able to make clear and transparent decisions and to be able to prioritise care to those people with the most urgent and acute needs and to have robust processes in place for making and recording such decisions.

### 3.6 Covid-19: Ethical Framework for Adult Social Care

- 3.6.1 As North Yorkshire moves into the next phase of the pandemic and in response to the anticipated pressures from Omicron infections and impact on the County Council's workforce and that of the wider care sector and the economy, decisions may need to be taken that will impact the way services respond to the County Council's responsibilities for care and support and its statutory functions. There will be a need to ensure clear professional oversight and where relevant, officer and Member sign-off for such decisions. The County Council will also need to know that, as part of this process, due consideration

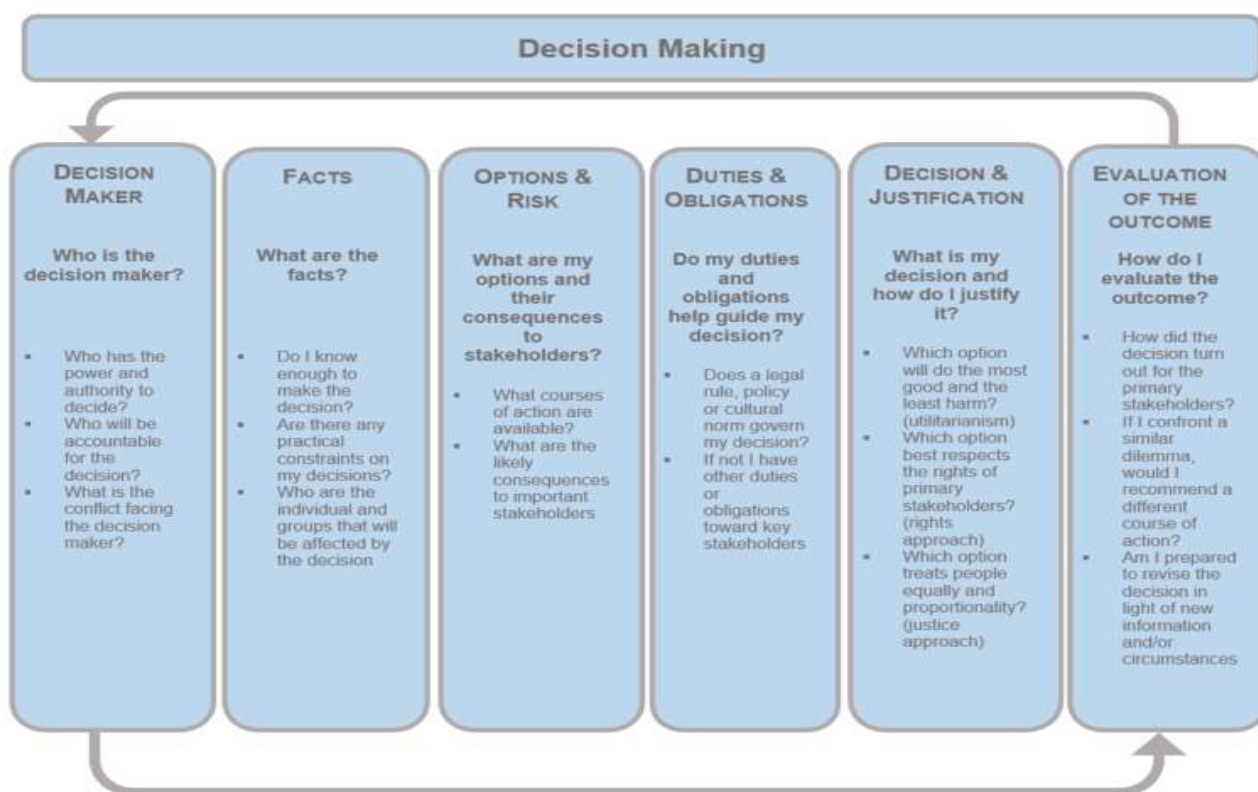
has been given to the unintended consequences of decisions that may be made in exceptional circumstances. However, some of these decisions will need to be made in a timely way to reduce risk of harm. The North Yorkshire Ethical Framework for Adult Social Care provides a structure in which to make decisions at a person-centred or service level about who is most in need of care and who might need to have care and support temporarily reduced or provided in a different way in order to make sure those with highest need are served through the available resource.

3.6.2 The council will continue to meet its duties under the Care Act 2014, specifically to meet the care and support of those who are eligible.

3.6.3 The Ethical Framework for Adult Social Care does not relieve the council's duties under the Care Act 2014, however it will allow the council to prioritise more effectively where necessary. It will only be used where there is evidence to support its use and the relevant process is followed. 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, and underpins the local authority's Ethical Framework. [COVID-19: ethical framework for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care)

#### 4.0 Adult Social Care Ethical Decision Making Framework

4.1 Teams within the Council's Health and Adult Services directorate, both Public Health and Adult Social Care, make difficult decisions all of the time. Decisions are made in the context of the issue or problem that needs to be solved. When making decisions the County Council's constitution determines who can make the decision and whether or not this can be delegated. When making a decision practitioners have to be aware of the relevant facts **known at the time** and understand the options and risks in the context of our duties and obligations. When recording the decision through Adult Social Care's internal recording, the Directorate will need to evidence how the Service reached its conclusion and its justification and finally it needs to review that decision and evaluate the outcome, underpinned by good practice models similar to the one described below:





- 4.2 It is important that practitioners structure their decision making in order to evidence how a decision has been reached and the reasonable endeavours taken to manage risk and keep people safe. Adopting a robust approach to evidencing this decision making will negate hindsight bias, the tendency to perceive past events as having been more predictable than they actually were. A bad outcome does not constitute evidence that the decision was mistaken rather that all the information was not known at the time hence the need for ethical decision making and defensible recording within the Service.
- 4.3 In the context of Omicron Covid-19 and the expected negative impact on workforce levels due to its high transmissibility and increasing numbers of infections potential increased hospital admissions. Adult Social Care is expecting significant operational pressures from early January through to the end of March 2022. These pressure will vary and range from individual practice decisions on how best to meet need, specific market interventions to ensure that providers can continue to trade, to the potential temporary closure and consolidation of services to meet minimum staff levels to ensure safe services to people. These decisions will need to be made quickly but should also consider wider issues including the longer term impact on people should they need to move service (see Equality Impact Assessment Appendix 2).
- 4.4 Adult Social Care has developed an Ethical Decision Making Framework (see appendix 1b) in which individual people and service level decisions can be made and consistently recorded in line with the national Ethical Framework for Adult Social Care and Human Rights. It also enable escalation to officers or members with appropriate decision making powers within the County Council's constitution. The Adult Social Care Ethical Decision Making Framework considers four areas of risk:
- **Operational** – individual person decisions
  - **Tactical** – multiple people, multi-agency involvement
  - **Strategic** – responding to market and service issues
  - **System** - where decisions will have wider system implications or where system solutions might be required to make safe.
- 4.5 From an **operational** perspective many of these decisions will be recorded in the client database by frontline social workers and assessors. When the solution that is not the preferred choice of the person is challenged an Ethical Decision Making Record (see appendix 1d) will be completed by the local Service Manager. Copy of the decision will be shared with the person and/or their representative and copy placed on the person record. A review date for the care solution will also be set and recorded in the system.
- 4.6 A daily Ethics Group of senior managers will meet to review all Ethical Decision Making Records at an operational and tactical level. The themes and trends from these records will be reported to the Adult Social Care Leadership Team to inform further actions and future commissioning requirements and consider any review decisions.
- 4.7 **Tactical and Strategic** decisions will be reported into the daily HAS Gold arrangements. The presenting officer will complete the Ethical Decision Making Record. Actions and decisions will be recorded and centrally held by the HAS Governance team.
- 4.8 The Health and Adult Services Leadership Team (HASLT) meeting will review the themes and trends from all of the completed Ethical Decision Making Records. A log of all the Ethical Decision Making Records across all 4 risk areas will be kept by the HAS Governance Team they will analyse the themes and trends and present a report to HASLT which will also include any decisions that require a review.
- 4.9 Adult Social Care works as part of the health and care system across North Yorkshire. As such it is recognised that the decisions made could have potential impacts for other parts of the health and care system. Therefore as part of the framework it is recommended that where a decision has a potential impact for the whole **system**, for example, the temporary

closure of a bed-based service that is utilised to facilitate timely and safe discharge hospital, the Council would refer to the Humber Coast and Vale Ethics Advisory Panel for further advice and review.

- 4.10 The framework does not assume a linear decision making process but rather recognises that decisions will be taken in a dynamic environment which impacts on individuals, groups of people and services. So for example, where a domiciliary care provider is unable to meet the needs of people due to staff illness and all business continuity measures have been exhausted, the County Council will be required to make individual and market decisions. The individual person, or operational decisions will consider how best to meet the person's needs in the absence of the domiciliary provider, and/or tactical/strategic decisions about market intervention to support the provider to continue some aspects of service delivery.
- 4.11 When decisions are made using the Adult Social Care Ethical Decision Making Framework and recorded using the Ethical Decision Making Record appropriate review periods will be set determined by the level risk and taking account of the factors that informed the decision, for example remaining isolation periods for effected staff. The review date can be amended in light of any changing circumstance relating to the decision made.
- 4.12 Within each of the four areas of risk there is an assurance mechanism to oversee and record decisions internally and ensure that decisions are fair and considered in light of the current circumstance, take account of our duties and people human rights and are reviewed in line with the agreed dates. There are also escalation points should circumstances change and the level of risk is increased or further scrutiny is required, for example when considering the redeployment of staff into different service areas, or the closure of service due staffing pressures.
- 4.13 Any Tactical decisions escalated to the HAS Leadership Team or strategic decisions will be reviewed formally every two weeks 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 at HAS Leadership Team meeting.
- 4.14 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 Omicron 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 demand pressures in the community and hospital discharges
- 4.15 The Corporate Director for Health and Adult Services will report back to the Executive Member for Health and Adult Social Care and Health Integration and separately to Management Board on the appropriate decisions made using this process on a monthly basis so that the implementation of this new process can be kept under constant review. In addition, a monthly update will be provided to the Chair of the Independent Safeguarding Board.

## **5.0 Reasons for Recommendations**

### **5.1 North Yorkshire Demographics**

It is recognised that the area which currently has the highest rate of Omicron Coronavirus cases is London, however, as the new variant continues to spread across the country the numbers of cases and associated within North Yorkshire, are expected to increase.



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 it is known that 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 situation it is increasingly difficult to source package of support and/or find bed based services. This is largely the result of current workforce pressures across the adult social care market. It is anticipated that Omicron will exacerbate this position. This will likely have negative impacts on the County Council's ability to undertake its statutory duties such as assessment, support planning and review or the nature of support will be reduced in comparison to the usual standards.

- 5.2 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.
- 5.3 Throughout the pandemic people with learning disability have been disproportionately impacted by Covid-19, 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%).
- 5.4 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.
- 5.5 It is also worth noting that the County Council works with seven main NHS Trusts, three main Clinical Commissioning Groups and over 500 independent and voluntary sector providers, with rurality adding to the complexity of service delivery.
- 5.6 Workforce  
Latest national and local figures confirm that despite high levels of vaccination there are very high levels of Covid infections with those who are triple vaccinated. There is growing concern around the infection rates and isolation rates among working age adults which will have a significant impact on workforce disruption ranging from 10-30-50% over the coming weeks/months. Nationally the mandatory vaccination of social care workers in residential settings providing personal care and any visiting professionals to those settings has resulted in significant numbers of people leaving the care sector. Nationally, [Skills for Care figures show that](#), among organisations who have submitted data to its adult social care workforce data set this year, there has been a 3.1% drop in the number of filled posts, from April to October, with steeper declines among care workers (3.6%), for services for older people (3.5%) and in care homes (3.7%).
- 5.7 [At the same time, vacancies have risen](#), from 6.2% in March this year to 9.1% in October, with rates increasing particularly among care workers (up by four percentage points) and registered nurses (up by 6.3 percentage points). In domiciliary care, vacancies reached 12.2% in October, up from 9% in April.
- 5.8 In its [State of Care report last month, the CQC](#) said the phenomenon of rising vacancies and falling numbers of filled jobs showed employers were finding it increasingly difficult to find the right people to fill roles.

- 5.9 In North Yorkshire absence levels have increased over the last quarter, with a workforce tired by the protracted period of the pandemic and the impact of ongoing staff shortages and vacancies.
- 5.10 The impact of mandatory COVID 19 vaccination has meant that 9 County Council staff were dismissed from employment on 10 November 2021, and three staff were redeployed into other NYCC roles. This represents less than 0.5% of the adult social care workforce at NYCC. A further 9 staff are awaiting the outcome of their applications for formal medical exemption (which must be completed before 31 March 22) - 3 staff have had their applications declined and are currently working their notice periods, 2 staff have had formal medical exemption approved. The number lost due to the mandatory vaccination requirement across the sector (approximately 20,000 workers) is around 240.
- 5.11 Vacancy levels across social care services are currently running at 11-26%, when normal operational planning assumptions are based on 7%. Adult social care services are currently recruiting to 1,700 vacant hours (46 fte) across in-house care homes and day services, 264 vacant hours (7fte) in Extra Care and 524 hours (14fte) in reablement.
- 5.12 These same pressures are also affecting NHS colleagues, who are facing challenges with recruitment to community nursing, therapy, and rehabilitation services. When added to the mix of social care vacancies above, the result is that community-based support across health and social care is extremely limited.
- 5.13 Human resource directors across the area are working together to develop co-ordinated actions to mitigate workforce issues. However, this is a national supply issue, rather than a local one, and the care sector across North Yorkshire has seen a 70% drop in job applicants since mid-July.
- 5.14 Provider failure and workforce pressures in the care market are demanding a resource intensive response from the local authority as a commissioner of care services and within the context of its responsibilities relating to market oversight and development. The additional areas of work resulting from provider related issues currently include:
- Working with NHS colleagues to manage the consequences of 5 care setting closures, leading to a net reduction of 106 beds (3% of North Yorkshires total capacity), including 36 beds in Scarborough;
  - Covering the home care services that City of York and North Yorkshire had to in-source in Selby - 1,500 hours/week of care, with insufficient TUPE'd staff to cover those hours;
  - Home care providers handing back packages of care on a routine basis, when, in normal times, one doing so would be a significant event;
  - Reablement teams, which would normally be focused on hospital discharge and admissions avoidance, being diverted to cover routine home care packages across the county; and,
  - Re-deploying and finding alternative sources for as much care as possible, which has included restricting or limiting respite and day services and re-deploying staff to other care services.
- 5.15 The Make Care Matter recruitment campaign is the central element in the response to continuing significant staff shortages for the whole care sector in North Yorkshire. Launched on 12th November, the campaign is looking to secure significant coverage on radio and social media as well as in the press. The campaign is looking to attract applicants to front line roles in care, with a flexible approach to accommodate the needs of candidates in terms of availability, caring responsibilities etc., whilst promoting careers in care, opportunities for career development, significant job satisfaction and making a real difference to people's lives.
- 5.16 Within 10 days of its launch, the campaign website received 808 views, and achieved a social media reach at 26,000 people. This translated into 90 applications within that short

time span, with 2 people already appointed to roles and more going through the recruitment process. Applications have come from people from a variety of backgrounds. Some have previous experience of the sector, having left for reasons such as to raise a family or look after a family member, and they are now looking to come back. Some work in other, disparate sectors and are looking for a career change.

5.17 Demand for Adult Social Care

Activity levels across the customer pathway for adult social care continue to show signs of recovery. The main body of the report provides detail on current trends at key points along the pathway. In summary, most areas of activity are now running at levels very similar to those recorded in 2019/20, pre-pandemic.

5.18 The report identifies sustained hospital discharge activity as a key driver behind the increased social care activity. Discharge activity has remained above 2020/21 levels, it changes little in response to Covid-19 case trends in the community, and remains concentrated on weekdays with surges in activity most weeks.

5.19 As a result, assessment activity was 42%, or 2,859 assessments, higher in Q2 than for the same period in 2019/20 before the pandemic. For frontline social care teams, this means dealing with a sustained, urgent pressure in the form of a high volume of people needing to be moved from hospital into social care. Staff sickness and vacancy levels are adding to this pressure – frontline teams are currently operating with vacancy levels of between 11% and 26% against an anticipated level of 7%. Staff are being redeployed across the directorate's service structures to ensure safe operating levels are maintained.

5.20 The impact of this sustained demand for social care support is also affecting local care markets, which remain fragile. Provider failure continues to be an issue, reducing capacity in the market and creating additional work for the local authority's teams in sourcing alternative provision. Staffing pressures are also a problem in the market, particularly in reducing domiciliary care capacity, with providers returning cases to the local authority. Neighbouring authorities are reporting the same range and extent of pressures in their areas.

5.21 In terms of the local authority's prevention offer and its effectiveness in reducing and/or delaying the need for social care support, improvements started in Q1 have continued:

- Referrals to Living Well in Q2 have been very similar to the same period in 2019/20, with continuing recovery in referrals from health partners; and
- Reablement activity continues to be well below 2019/20 levels. However, analysis of the support being provided through the Covid-19 emergency funding arrangements indicates that the type of short term support usually provided through reablement is being provided in different ways under the current service delivery arrangements.

5.22 Care Market Pressures Providers

The current care market in North Yorkshire is already under significant pressure. Provider failures, staffing pressures and providers handing cases back to the local authority are combining to make it increasingly difficult to service the discharge pathway, moving people from hospital into the social care provision that they require. As a result, the use of short-term placements remains well above position at the end of 2019/20, up by 149% or 253 placements. The number of people receiving short-term, bed-based care increased by 20 between quarters, up from 403 at the end of Q1 to 423 for Q2.

5.23 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 30<sup>th</sup> March are below:

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

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

#### 5.24 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.

#### 5.25 Internal Provision

Across the County Council's internal provision, there are significant challenges in recruitment and workforce across all service areas; Care Home settings, Extra Care and within our regulated assessment services, the Reablement teams. Work has been completed to reconfigure services to respond to current staffing pressures and to deploy staff from other services such as day services and respite provision to support those service areas. This will be subject to ongoing review. 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. This influences absence rates due to ill health.

#### 5.26 Hospital and other NHS referrals

##### **Discharge pathway arrangements**

The most recently available data (August 2021) shows that the North Yorkshire and York integrated care system got 93.0% of the people discharged from hospital back home, with social care support at home where they needed it. This compares with a national target of 95%, indicating that local health and care systems are working well in achieving the "home first" priority, and is an improvement on Q1 (92.2%).

The average number of hospital discharges received by adult social had reduced to 15.5 per day at the end of Q2, compared with 18.0 per day at the end of Q1. Weekday activity continues to present a particular challenge. Despite a reduction in the average discharges per day on weekdays, down from 20.9 in Q1 to 18.5 in Q2, there were still 9 weekdays on average per month where discharges reached 20 per day or more.

As a result, the immediate assessment activity of frontline teams remains high, up 42% in Q2, or 2,859 assessments, compared with the same period in 2019/20. Increased levels of

staff sickness and vacancies are adding to the pressure, making it more difficult to sustain the effectiveness of the discharge pathway.

#### 5.27 Admissions and Occupancy Data – 29/11 – 19/12/2021

##### **Admissions (approximate figures)**

<b>Hospital</b>	Week beginning 29/11	Week beginning 06/12	Week beginning 13/12
Airedale	420	400	420
HDFT	420	400	400
Scarborough	380	400	390
South Tees	1350	1200	1300
York	975	900	800

Admissions have been relatively stable across all sites; the only sites showing any real significant movement have been South Tees and York. York has seen gradual decrease since the 29/11 and South Tees has seen an increase of approx. 100 more admissions for week beginning 13/12, however this followed a large decrease the previous week and the latest admissions are lower than for week beginning 29/11.

#### 5.28 **Bed Occupancy (approximate figures)**

<b>Hospital</b>	Week beginning 29/11	Week beginning 06/12	Week beginning 13/12
Airedale	93%	95%	94%
HDFT	97%	96%	95%
Scarborough	95%	96%	95%
South Tees	88%	86%	84%
York	90%	94%	94%

General occupancy is high at all sites, with South Tees the only site under 90% across the 3-week period. For much of the last 10 weeks all of the other sites have regularly recorded weekly occupancy above 90%, with South Tees being the outlier, only recording over 90% once. Given the high occupancy levels this is likely to put additional strain into the system to facilitate discharges and access social care resource in the community.

#### 5.29 Risks associated with proposed changes

Even if the 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 Omicron Covid-19 cases do not reflect those indicated by the modelling – (could be too many or too few). As a consequence, the council may 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.
- 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
- Potential service closures and redeployment of staff impacting on people who use services and the workforce.



## **6.0 Steps taken to mitigate those risks and the process for decision-making**

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

- Increased investment in adult social care, even during austerity, to the point where it is now around 43% of the Council's total budget, including through the pandemic, when it has secured additional NHS funding as well as made hardship payments to care providers
- Invested in practice teams to support frontline teams, as well as mental health services and more staff for Continuing Health Care work and work with people who are part of the Transforming Care programme and/or have complex life circumstances
- Just approved an additional £6m package for adult social care (£2m of which is recurring) for frontline assessment, review and other staff and hands-on quality improvement support for care providers OFFICIAL
- Worked with the NHS to secure an extra £6m for a pay uplift for up to 16000 care workers across regulated services in North Yorkshire and a further £3m targeted funding for care providers to help with workforce issues
- Built and opened new extra care schemes, even during the pandemic, with at least half a dozen more either being built or planned

6.2 Practical steps that are being taken include:

- Major, ongoing recruitment campaigns for provider services (in-house and independent) and assessment teams - to fill vacancies and increase capacity: [www.makecarematter.co.uk](http://www.makecarematter.co.uk)
- Maximising the "grow our own" model for social workers (apprenticeships, student to practitioner pathway etc.)
- Widening the scope for recruiting more Social Care Co-ordinators and other community practitioners
- Developing a separate team of review practitioners, to ensure people with long term care needs get regular reviews of their care
- Expanding the Quality Improvement Team, which supports care providers where they are struggling or may need assistance • Improved Induction programmes for new starters.
- Increases in Business Support, where we cannot recruit to social care roles, to enable practitioners to focus on work only they can do
- Managing demand by utilising Agency staff (while we recruit to posts) and procuring outside social work and OT services for specific pieces of work (such as some care reviews and home adaptations work)
- Amending the Deprivation of Liberty Safeguarding rota to give more capacity back to teams OFFICIAL
- Service developments: including more extra care schemes; earmarked funding for grants for family carers; exploration of alternative options for non-regulated services; expanded voluntary sector services (such as Home from Hospital), bringing forward an April 2022 pay uplift for care workers in regulated services; hardship payments to struggling care provider

## **7.0 Financial Implications**

### **7.1 Care sector pay**

In response to the fierce competition within the labour market for the care workforce, nationally and regionally, the NHS, via the Integrated Care Systems (two of which cover North Yorkshire: Humber, Coast and Vale and West Yorkshire), and supported by local CCGs, has worked with Adult Social Care leads to provide additional one-off funding to

support the care workforce via a payment in lieu of bringing forward the national minimum/living wage increase by four months for 2022.

- 7.2 To maximise the impact of additional NHS funding in North Yorkshire, the County Council has identified additional Government grant monies that can match this NHS contribution. As a result, there are two proposals set out below which will support providers and their employees.
- 7.3 The first proposal combines the NHS additional funding and an element of the national Workforce Retention Fund distributed to local authorities by the Government. Eligibility for payment of this grant is that it must be passed to the (up to) 16,000 front line care workers in North Yorkshire providing CQC regulated activity. The local grant will be paid directly to employees within the eligible care workforce via their employers in two stages, one payment in January 2022 and one in March 2022. On-costs to employers, (estimated average 17%), are included, with the remaining grant issued directly to workers via payroll. Eligibility for the grant will be those workers both employed on the 1 December 2021 and who remain employed on 31 March 2022. This element of the grant is to enable employers to bring forward the expected national living wage / national minimum wage (or equivalent average %) pay increase from April 2022 to December 2021 and also includes a “thank you” element payment from North Yorkshire County Council. This sum, paid in two instalments between January and March 2022, should amount, on average to an extra £375 per head gross. Each employer will then need to deduct their National Insurance and any pension contributions before passing on the remainder in full to each employee. For example, if those National Insurance and pension contributions amount to 17%, then the employee would receive approximately £320 (before tax).
- 7.4 Care providers will be required to passport this one-off pay uplift directly to their frontline care workforce. The Council and the NHS will administer it via a grant system and will undertake proportionate audits to ensure that the relevant pay uplift is passed on to frontline care workers.
- 7.5 Additional targeted support to care providers on workforce issues  
The second proposed grant combines the remaining Workforce Retention funding and, also, an element of COMF (Contain Outbreak Management Fund) funding allocated to the Council. This funding will be paid directly to all providers delivering regulated social care activity in accordance with Care Quality Commission (CQC) regulations.
- 7.6 The second grant will need to be applied for via the Council, through a simple application process, identifying how the care provider intends to spend the allocation and what outcomes in relation to increasing, or retaining, workforce will be achieved.
- 7.7 Providers will be placed within one of four categories that will set an upper limit on the maximum grant allocated. The four categories are based on the total number of employees each provider employs as follows

No of Employees	Maximum Grant Allocation
0 to 9	£1,000
10 to 19	£5,000
20 to 49	£10,000
50 to 99	£20,000
100 plus	£40,000

- 7.8 All considerations for allocation of eligibility will be made in liaison with the Independent care Group (the umbrella organisation for most care providers in North Yorkshire and York) for transparency.
- 7.9 The financial implications for each proposal are set out below:

#### 7.9.1 Grant to providers based on number on employees

- with instruction to providers that other than an amount for on-costs, full amount must be passed on to employees
- £3m from NHS plus matched funding from Workforce Recruitment and Retention Grant
- assume 16,000 employees
- works out as £375 per head, which means that the amount to each employee (before tax) should be at least £300 once employer on-costs, National Insurance and tax are deducted
- pay in two instalments: half now and the remainder in March (to reward retention)

#### 7.9.2 Grants for which providers can bid – up to £40k

- £1.6m from Workforce Recruitment and Retention Grant
- £1.6m matched funding from COMF

#### 7.10 Summary:

All figures £000	Funded by			
	NHS	WRRF	COMF	Total
Payment to employees	3,000	3,000		6,000
Grants to providers		1,600	1,600	3,200
	3,000	4,600	1,600	9,200

### 8.0 Equalities implications

- 8.1 See attached Equality Impact Assessment (Appendix 2). The Executive Members and the Chief Executive are asked to read this appendix in totality which considers, amongst other things, the impact on individuals with protected characteristics on the decision to be taken. The purpose of this report is to provide an appropriate process to protect the most vulnerable in case it is needed due to the impact of Omicron Covid-19.

### 9.0 Legal Implications

- 9.1 The council will continue to meet its duties under the Care Act 2014, specifically to meet the care and support of those who are eligible. This report identifies the decision making framework that may be needed during times of additional strain on Adult Social Care due to the predicted additional temporary impact of Omicron Covid-19 on individuals involved in providing care and support.
- 9.2 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.
- 9.3 The County Council Ethical Framework for Adult Social Care does not relieve the council's duties under the Care Act 2014, however it will allow the council to prioritise more effectively where necessary. It will only be used where there is evidence to support its use and the relevant process is followed. 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.

### 10.0 Recommendations

- 10.1 For the reasons set out in this report and in order to assist the urgent prioritisation and delivery of services to the public in a timely and efficient manner, in light of the Covid-19 pandemic and the rising rates of the Omicron variant, Executive Members are asked to recommend to the Chief Executive Officer that using his emergency delegated powers, he:

- (i) Approve, invoke and implement the proposed Adult Social Care Ethical Decision Making Framework.
- (ii) Delegate to the Corporate Director for Health and Adult Services (as the Council's statutory director of adult social services) the power to invoke and implement the measures as set out in this report including taking all decisions necessary to implement the Ethical Decision Making Framework and any other decisions the Corporate Director for Health and Adult Services may deem necessary regarding Adult Social Care Services delivery in light of the continuing Covid-19 pandemic. The Corporate Director for Health and Adult Services may where appropriate consult with the Executive Member for Adult Social Care and Health Integration, Chief Executive Officer, Assistant Chief Executive (Legal and Democratic Services).
- (iii) Instruct the Corporate Director for Health and Adult Services to present a monthly report to the Executive Member and to Management Board on the appropriate decisions so they can be reviewed.
- (iv) Approve that review of the framework in April 2022

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

7 January 2022

**Background Documents:** Projected hospital referrals, Equality impact assessment

**Appendices:**

Appendix 1 - Interim Guidance 24.12.21

Appendix 1a - ASC Pressures Interim Advice from Corporate Director Health & Social Care

Appendix 1b - Ethical Decision Making Framework

Appendix 1c - Ethical Decision Making Framework – Summary of Principles

Appendix 1d - Ethical Decision Making Record

Appendix 2 - EIA - Ethical Decision Making

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**PLEASE NOTE THAT THIS DOCUMENT IS INTERIM GUIDANCE ISSUED IN DECEMBER 2021, PENDING CONSIDERATION OF AN OVERALL DECISION MAKING FRAMEWORK BY THE COUNCIL'S EXECUTIVE MEMBERS IN EARLY 2022. IT SHOULD BE USED TO INFORM PRACTICE AND RECORDING AND WILL BE UPDATED/FINALISED FOLLOWING RELEVANT COUNTY COUNCIL EXECUTIVE DECISIONS**

**North Yorkshire County Council**

## **MANAGING PRESURES IN ADULT SOCIAL CARE: ADVICE FOR MANAGERS AND FRONTLINE WORKERS**

### **Interim Guidance Notes**

#### **Introduction**

The Covid-19 pandemic has put unprecedented pressure on public services and has resulted in significant changes taking place in how social care and NHS services are delivered. .

Councils have had to introduce major changes into how services are organised, particularly around hospital discharges, which are now undertaken in accordance with the NHS national discharge pathway.

In addition, since July 2021, when many Covid-19 legal restrictions were eased, and the economy began to re-open, there has been fierce competition in the labour market, including for jobs in care, hospitality, retail, logistics and other sectors. North Yorkshire is no exception to this situation, although in some respects it is as well-placed as many other councils in the region and across England.

It should be noted that, within this context, the County Council has:

- Increased investment in adult social care, even during austerity, to the point where it is now around 43% of the Council's total budget, including through the pandemic, when it has secured additional NHS funding as well as made hardship payments to care providers
- Invested in practice teams to support frontline teams, as well as mental health services and more staff for Continuing Health Care work and work with people who are part of the Transforming Care programme and/or have complex life circumstances
- Just approved an additional £6m package for adult social care (£2m of which is recurring) for frontline assessment, review and other staff and hands-on quality improvement support for care providers

- Worked with the NHS to secure an extra £6m for a pay uplift for up to 16000 care workers across regulated services in North Yorkshire and a further £3m targeted funding for care providers to help with workforce issues
- Built and opened new extra care schemes, even during the pandemic, with at least half a dozen more either being built or planned

However, despite this support, the situation remains challenging, especially as frontline teams have worked tirelessly throughout the pandemic. At the same time, people who did not present to social care or the NHS in the first lockdown have subsequently presented to services with a greater level of need.

Many frontline workers and managers will feel an understandable frustration and personal responsibility if they find that the options for providing care are more limited. However, these issues are not a matter of personal fault: in this situation, the whole Council is working to support effective, timely practice and to ensure that the people that we serve in communities across North Yorkshire are as safe and well as possible

As a result of current pressures, people who use our services and their families are understandably frustrated when the services they were expecting to receive may not be their first choice, or delivered as they expected, or where waiting times are longer than expected. This situation means that Adult Social Care staff are regularly having conversations with individuals and families about potential alternatives and about how best to keep safe and well whilst awaiting for the preferred service. Sometimes, these conversations can be challenging for all involved.

As the pressures on the care sector continue to grow it is unlikely that the current issues we are facing will be resolved quickly. It is therefore important that we are honest with those people using our services, and their families and carers, in order to help them to manage their lives and health and to take practical steps which help them. This means being realistic about expectations and looking creatively at what might help within the local community or through family support, as well as through traditional services.

A key part of our practice is, and remains, looking at individual and community strengths, to help people live as well as possible within the place that they call home. Where possible we should start with what informal support is available in the local community and, then, what services may be required. Direct payments and carer grants are a good way of helping people to get the support they need and we should always discuss these options to see if they can help find solutions.

It is also important that we continue to support each other as colleagues through this time and ensure that we look after our own health and wellbeing and look out for our colleagues. The Health and Adult Services Leadership Team continues to monitor referrals, service activity, caseload sizes and sickness across all teams and localities every week, working with managers to take action when and where it is needed. At this time, more than ever, it is important that teams continue to have regular team meetings and 121 (or, if necessary, group) supervisions, to help manage workload and to provide mutual support. At a senior level, there is an expectation that all managers and frontline workers will:

- Meet regularly to plan their work and offer mutual support and help
- Take
- Escalate concerns and problems to more senior managers for help where they cannot resolve an issue

The Council's intranet also has advice for all managers and staff on keeping well and managing stress at work.

It should also be noted that senior managers also keep the Council's Management Board and senior Elected Members informed of key pressures within adult social care services.

The following sections of this document set out:

- the current care market position and how to explain these issues to those using our services and their families
- the Council's plans to try and reduce ongoing pressures
- Advice on having difficult conversations with individuals regarding care arrangements for themselves or a family member
- some useful tips for supporting each other when having potentially difficult conversations with members of the public

### ***Actions to increase capacity and manage current demand***

The introduction to this document sets out some of the investment that has already been committed. The biggest challenge is workforce availability rather than funding, as evidenced by financial commitment the Council is making to social care.

Practical steps that are being taken include:

- Major, ongoing recruitment campaigns for provider services (in-house and independent) and assessment teams - to fill vacancies and increase capacity: [www.makecarematter.co.uk](http://www.makecarematter.co.uk)
- Maximising the "grow our own" model for social workers (apprenticeships, student to practitioner pathway etc.)
- Widening the scope for recruiting more Social Care Co-ordinators and other community practitioners
- Developing a separate team of review practitioners, to ensure people with long-term care needs get regular reviews of their care
- Expanding the Quality Improvement Team, which supports care providers where they are struggling or may need assistance
- Improved Induction programmes for new starters.
- Increases in Business Support, where we cannot recruit to social care roles, to enable practitioners to focus on work only they can do
- Managing demand by utilising Agency staff (while we recruit to posts) and procuring outside social work and OT services for specific pieces of work (such as some care reviews and home adaptations work)
- Amending the Deprivation of Liberty Safeguarding rota to give more capacity back to teams

- Service developments: including more extra care schemes; earmarked funding for grants for family carers; exploration of alternative options for non-regulated services; expanded voluntary sector services (such as Home from Hospital), bringing forward an April 2022 pay uplift for care workers in regulated services; hardship payments to struggling care providers

## **What should we be telling those who are using our services and their families?**

It is important that we continue to be honest with members of the public in our conversations with them, and to help them to think about different ways that we, and they themselves, can help. We need to be realistic and consistent in the messages we give.

It is also important to remember in every conversation that the person may be worried, anxious or concerned about their own care or that of a loved one, that they may not appreciate the current pressures on health and social care, and need some reassurance and for their views to be heard – even if a solution cannot immediately be found. Equally, they may have seen TV or other media coverage that has worried them and need re-assurance.

Taking the time to listen and provide an empathetic response will support a better outcome for the person.

## **Key messages you can share with families/persons requesting support- or are on a waiting list for support**

Acknowledgement that the pandemic has been very difficult and has had a significant impact on people's health, wellbeing and livelihoods. Unfortunately, this has put considerable pressure on social care, the NHS and other public services, which you may have heard, or read about, in the media, or had direct experience of yourself.

In social care due to staffing vacancies, reductions in the number of care providers, etc, we may not always have the full range of staff or services available to provide what would have been a "normal" service prior to the pandemic. On some occasions, for example, when there are new waves of Covid-19 and more people have to self-isolate or are sick, then we may need to make rapid, temporary changes to services and how they are delivered. On other occasions, labour market competition may mean that we are unable to recruit to roles and this may necessitate temporary service changes. Wherever possible, we will notify people about these changes and try and ensure there is some service availability, even if reduced.

We have a statutory duty to meet people's needs for care and support (including for family carers) under the Care Act but we are concerned that we may not always have the required staffing levels for the reasons set out above. We will continue to endeavour to meet our duties by encouraging a strength based approach, to ensure families, friends and community organisations are supported to assist in meeting a

person's needs. This means that we will look at what people can do themselves; what informal support may be available from family/friends; what informal support exists in their local community; and then, what formal services may be required or are available. Sometimes, a direct payment or carer's grant is a better way for people to get the support that they need and we should, in line with national policy, always make sure people are aware of these payments and how we can support them with them.

We should always talk with people using services, and their carers, about the help we may need from them:

*If you are currently receiving care and support at home, and we want to reassure you that we are working with all our providers to ensure that we can continue to meet people's needs, however we anticipate that some services may become stretched at certain times*

*Should there be any difficulties with your provider being able to deliver any aspect of your care, they will explain this to you and look at the ways in which they can continue to support you working with ourselves as needed.*

*If you have any concerns, about your package of care, you should raise this with your care provider in the first instance and they will work to resolve these for you.*

*If you do not need all the support you currently receive, or over certain days, some visits will not be required, please let your provider know as soon as possible, to enable us to manage our limited resource as efficiently as possible to support the people of North Yorkshire.*

*In the current circumstances, we may need to work with you to make different decisions regarding how we offer our support. This may require us to prioritise our resources to those people with the most urgent need, supporting as many people as we can to manage the most urgent risk in order to keep people safe.*

*It is important that you share with us any relevant information (including changes) that will inform our assessment of risk and decision-making.*

## Having difficult conversations

The following pages provide tips on having difficult conversations with members of the public, who may feel anxious or worried.

As set out above it should always be remembered that people will understandably be focused on their own individual situation, rather than the wider service pressures. Therefore, it is important to allow them to voice their views and to respect these, whilst at the same time be open and help to be realistic about expectations.

No member of staff should have to take verbal abuse or any discrimination, and if an individual is unwilling to respect this requirement, all staff have a right to terminate a



call or visit. They should then discuss this situation with their line manager to look at alternative ways of managing the situation, or try the conversation at a different time.

# Top Tips for managing difficult conversations

Managing difficult conversations with members of the





public can be challenging in different ways. It can be even harder when people are worried, unwell, upset or angry.








We asked colleagues to share their



Top Tips about how they manage difficult calls, interactions and situations with members of the

public.


<p><b>Keep calm!</b></p> 	<p>The number one tip everybody gave was to <b>keep calm</b>. This can be hard, but staying calm is the best way to be able to manage your own emotions and respond to someone else's.</p> <p><b>People said</b></p> <ul style="list-style-type: none"> <li>• Focus on your breathing to stop your heart pounding and reduce any adrenaline rush</li> <li>• Speak softly and keep your voice steady</li> <li>• Not being defensive in your approach</li> <li>• Reduce the volume of your voice as people become louder</li> <li>• Stay respectful and courteous as much as possible to model the expected behaviour in a phone call.</li> <li>• Remember it probably isn't about you.</li> </ul>
<p><b>Manage expectations</b></p> 	<p>Difficult situations can happen because people have different expectations about what a call or meeting is about. Find ways to be on the same level as quickly as possible.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Ask what outcomes they are wanting.</li> <li>• Be honest about what you can achieve.</li> <li>• If you say you will do something, make sure you follow it up.</li> <li>• If call is planned, agree purpose beforehand, what will be discussed and what won't be discussed</li> <li>• If it is an unplanned call, interaction or situation – start by explaining the purpose of speaking with each other.</li> </ul>

	<ul style="list-style-type: none"> <li>• If not fixable in way they want, explain as clearly and simply as possible why not.</li> </ul>
<b>Empathise</b> 	<p>Empathy was one of the mentioned words when colleagues were asked to describe respectful behaviour.</p> <p>Having and showing empathy for the person you are working can change the tone of a conversation and lead to better outcomes.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• I try to understand the person's needs and why they feel this way</li> <li>• <i>"I put myself in the customers' shoes to understand the upset they are feeling."</i></li> <li>• Acknowledge their position for example: <i>'that sounds difficult'</i> or <i>'I hear what you're saying'</i></li> </ul>
<b>Listen (and <i>show</i> you are listening)</b> 	<p>Listening attentively to what people are saying is both respectful and critical to understanding what people need or want.</p> <p>Active listening is about focussing on what people are saying, not interrupting and showing that you have been paying attention.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Listening more than speaking</li> <li>• Try to focus on what is being said and listen carefully.</li> <li>• <i>"I reflect back what I think I'm hearing"</i></li> <li>• Try to really listen and not get defensive (fight mode).</li> <li>• Listen clearly and reflect back to show you've heard</li> <li>• Use simple phrases like <i>'uh, huh'</i>, <i>'OK'</i> and <i>'I see'</i> to show you are actively listening.</li> <li>• Try to summarise what you've understood e.g. <i>'I can hear that you are upset / angry because of ... is that right?'</i> or <i>"have I understood you correctly"</i></li> <li>• If meeting in person, use positive body language and eye contact</li> </ul>
<b>Don't interrupt</b>	<p>In some cases, being able to speak about their situation and experiences and have them acknowledged can be the main reason for a person to call.</p>

	<p>Interrupting when someone is sharing their story can make people more frustrated and create unnecessary tension.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Allow the person to talk without interrupting.</li> <li>• You may not agree with their point of view but make sure they have the opportunity to give it and feel listened to.</li> <li>• If someone becomes irate or angry I stay calm and let them speak and then I wait and will offer my help and support when is needed.</li> <li>• I find interrupting may make them angrier so it's best to stay quiet and let them have their say.</li> </ul>
<p><b>Try to find solutions</b></p> 	<p>Not being able to progress issues can lead to frustration for everyone. Know the options open to you and think creatively to find a way forward.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• If you get agreement then move into trying to resolve.</li> <li>• Work together to come to a pass – solution – way forward</li> <li>• Is this something that you can resolve with an apology and action to fix e.g. <i>“I will get someone from correct department to call”</i></li> <li>• Find meaningful solutions that recognise people's circumstances – not just a 'quick fix'</li> <li>• Do not promise anything out of your control e.g. exactly when someone will respond or funding levels.</li> <li>• Explain how they can challenge (where relevant) and do anything appropriate to assist.</li> <li>• If appropriate follow up after a few days to check sorted.</li> </ul>
<p><b>Be clear where the line is</b></p> 	<p>Even when people are upset or frustrated it is important that everyone feels safe and respected. Everyone needs to know there is a line, and the consequences if it is approached or crossed.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Be clear about what comments or words are not okay</li> <li>• Be firm but fair. If abusive or inappropriate language is used, feel empowered to state that it will not be tolerated.</li> <li>• Explain that you are willing to listen but they must stop using aggressive / abusive or you will put the phone down.</li> </ul>

	<ul style="list-style-type: none"> <li>• If they continue to be abrupt and start swearing, I advise I will terminate the call. If they continue I will release the call. I would always warn someone when releasing a call.</li> <li>•</li> </ul>
<b>Time Out!</b> 	<p>Sometimes it can be better for everyone to stop and take a short break. This can be used in a positive way to take the emotion out of a difficult conversation.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Offer to give them 5 minutes to calm down</li> <li>• Offer to take a break and come back in five minutes. Say you will ring them back (so not cost to them).</li> <li>• If the person becomes aggressive, suggest ending the current call and re-scheduling for another time.</li> <li>• If meeting in person, adopt a neutral face and listen but stop the conversation and suggest reconvening at a later time.</li> </ul>
<b>Get help</b> 	<p>You are never alone in your role. If you feel that you cannot resolve a situation on your own, seek help from a colleague or your line manager.</p> <p><b>People said:</b></p> <ul style="list-style-type: none"> <li>• Remember, it is <b>not</b> just part of the job. You have a right to be treated respectfully.</li> <li>• Agree as a team to help each other in difficult situations</li> <li>• Pause a call to speak with colleagues and ask for advice</li> <li>• Tell the person that you need to seek advice before you can manage their situation and offer to call them back later.</li> <li>• Don't be afraid to escalate a situation to your line manager - don't just accept it and carry on</li> <li>• Debrief with colleagues and managers afterwards</li> <li>• Remember that you have the right and permission from senior management to end a call in case of abuse.</li> <li>• Put a marker in LLA for a person who is continually challenging</li> </ul>
<b>Terminate the call</b>	<p>If a person continues to use abusive or threatening language, even after warnings, then end the call.</p> <p><b>People said</b></p>



	<ul style="list-style-type: none"> <li>• If people are offensive/shouting, terminate call and advise information will be sent in the post</li> <li>• Terminate the call if it gets out of control and you are unable to make progress, improve or rectify the situation.</li> <li>• Make appropriate notes to record events. Share with your line manager or colleagues according to the situation.</li> </ul>
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### **Related resources and other useful tools**

[Taking care of YOU Toolkit | Intranet: North Yorkshire County Council](#)

## RESPECT - Supporting each other

Managing difficult or abusive phone calls and interactions with members of the public can be challenging.

People told us how important it is to have the support from colleagues, line manager and team before, during and after difficult conversations.



We asked people to share their Top Tips on how to look out for each other and be there for colleagues who might need a bit of support. We have put these in two sections **(1) In the office** and **(2) Working remotely**

### 1. In the office

People told us that it is easier to manage difficult conversations in the office than at home. This is because of things like:

- Support from colleagues and line managers
- Being in a professional workplace environment
- Quiet, private places to work
- Access to the right equipment like monitors and work telephones



Even with all these things in place, it is still good to think about practical steps that teams can do to help prepare for, manage and respond to challenging situations.



#### Share and prepare








Depending on the task, it might be possible to anticipate difficult calls and interactions. For example you might be returning a call or contacting a number of people about the same issue.

If you think that there might be challenges ahead, you might:

- tell a colleague or your line manager so they are aware
- rehearse or role play the call first
- think about the approach / language you're going to use
- be clear about the context of the call

	<ul style="list-style-type: none"> <li>• share relevant experiences of difficult conversations</li> <li>• do some team coaching and mentoring (if appropriate)</li> </ul>
<p><b>Be aware and be available</b></p> 	<p>Supporting each other as a team starts with being aware of how colleagues are feeling and what tasks lay ahead.</p> <ul style="list-style-type: none"> <li>• Be aware of any impending difficult call / visit / meeting</li> <li>• Offer your support, recognising that some people may not initially feel that they need help</li> <li>• Offer to sit by them or join the call to listen.</li> <li>• Offer reassurance during the call.</li> <li>• Get someone a drink if the call is going on for a while</li> </ul>
<p><b>Be in the background</b></p> 	<p>Supporting someone does not mean taking over. It means being available if needed, and doing just enough to give colleagues confidence they are not alone.</p> <ul style="list-style-type: none"> <li>• Listen first: stay quiet.</li> <li>• Don't jump in and interrupt unless you are asked to do so.</li> <li>• Support can be just mouthing "Are you OK?"</li> <li>• Use MS Teams to send a message during the call</li> <li>• Afterwards, encourage colleagues to take a step back and reflect to see if things look any different.</li> </ul>
<p><b>Create timeout opportunities</b></p>	<p>Pausing a conversation can be a good way to take some of the tension out of a situation or get more information.</p> <ul style="list-style-type: none"> <li>• Don't be afraid to put someone on hold to ask a colleague a quick question.</li> </ul>

	<ul style="list-style-type: none"> <li>• Be clear to the caller about what you are doing, for example “I’d just like to check this out with a colleague. Is that ok?”</li> <li>• If no one is available, use the time to look answers up</li> <li>• Offer to call back if you need more time.</li> </ul>
<p><b>Managers, be ready for escalation</b></p> 	<p>The presence of a manager can help colleagues feel supported in challenging situations.</p> <ul style="list-style-type: none"> <li>• As a manager take the call / attend the visit / meeting if you feel that that is required.</li> <li>• A challenging conversation is a learning opportunity. Find a balance between being available and taking over.</li> <li>• Recognise that your presence, or listening in, may make some people more anxious</li> </ul>
<p><b>Step away</b></p> 	<p>Challenging situations can be physically and emotionally tiring. Taking some time out afterwards can help you to recover.</p> <ul style="list-style-type: none"> <li>• take time away from other calls and demands, so you can process what happened</li> <li>• ask someone in your team to cover if needed / appropriate</li> <li>• move away from your desk and work area if possible</li> <li>• brisk exercise can help you recover and move on</li> <li>• depending on the conversation and/or time of day, suggest taking an early lunch or finishing earlier</li> </ul>
<p><b>Debrief</b></p>	<p>Talking about what happened with colleagues can be a useful way to process a difficult exchange. Make time for each other and find ways to learn together.</p> <ul style="list-style-type: none"> <li>• After a call / meeting, ask colleague(s) if they are OK and if they would like to talk.</li> <li>• Raise any concerns with manager soon after difficult calls</li> </ul>

	<ul style="list-style-type: none"> <li>• Managers, be clear you will be available as soon as possible and build this into your day.</li> <li>• Remember that some colleagues may just want to have a chat or talk about something completely different.</li> </ul>
<p><b>Follow up</b></p> 	<p>Some situations may affect people's confidence to do their job. Don't leave situations unresolved or unaddressed.</p> <ul style="list-style-type: none"> <li>• Establish regular peer / team conversations, especially where difficult calls are a regular part of the job</li> <li>• Encourage ongoing training and use of development resources e.g. giving and receiving feedback, difficult conversations</li> <li>• Encourage use of wellbeing resources</li> <li>• In the case of regular issues or persistent complainants, talk about ways to address and manage ongoing concerns</li> </ul>




## 2. Working remotely

People told us that one of the things that makes it hard to manage difficult conversations when working from home is not having the support from colleagues.








These are some Top Tips people shared on ways to support each other with difficult calls and situations if you are working away from the office.

<p><b>Acknowledge the challenge of remote working</b></p>	<p>The increase in remote working has had many benefits for flexible working. There have also been some challenges.</p>
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	<p>Talk as a team about these changes and how you can support each other.</p> <ul style="list-style-type: none"> <li>• <i>“In the office there are more opportunities for natural 30 second or 2 minute chats whilst working.”</i></li> <li>• <i>“I think it is harder to get a bit of ‘distance’ at home.”</i></li> </ul>
<p><b>Prepare yourself and prepare together</b></p> 	<p>Even if you are working from home, it is important to work as a team. Find ways to catch up virtually to plan ahead.</p> <ul style="list-style-type: none"> <li>• <i>“Discuss ahead of the call and have debriefs afterwards.”</i></li> <li>• <i>“Set out the parameters of the call first. This can be done conversationally – ‘so what we are trying to do is X’”</i></li> <li>• <i>“I try to avoid the emotion in these calls it tends to drive the [poor] behaviour.”</i></li> <li>• <i>“[I always feel] I am supported before difficult conversations, whether this is going over what needs to be said or just reassurance.”</i></li> </ul>
<p><b>Be available</b></p> 	<p>Let colleagues know you are available, and that you are happy to get a text, email or direct message to assist.</p> <ul style="list-style-type: none"> <li>• <i>“I ensure colleagues know [I am] accessible and offer support / prompts via Skype before during and after the call”</i></li> <li>• <i>“I prep with a colleague if [I am] aware that [one of us is] going into a tricky meeting or call.”</i></li> </ul>



<p><b>Buddy Up</b></p> 	<p>Reaching out to each other and finding a buddy can take the stress out of difficult situations.</p> <ul style="list-style-type: none"> <li>• <i>“Ask colleagues ‘are you free’ [and] buddy up for support”</i></li> <li>• <i>“I make myself available for support and debrief”.</i></li> <li>• <i>“We ring each other through the day to check on each other as I am aware our manager wants to support us as much as she can when struggling.”</i></li> <li>• <i>“I take responsibility to ring someone myself if [I am] feeling stressed after a call / email exchange.”</i></li> </ul>
<p><b>Work together where appropriate</b></p> 	<p>Two heads can sometimes be better than one. Talk together and agree if it is better to have back up from a colleague</p> <ul style="list-style-type: none"> <li>• <i>“[I have] occasionally joined a call – sometimes having another person can prevent the call escalating or defuse the situation”</i></li> <li>• <i>“[I would] possibly ask colleague to come too if [the] issue has relevance for them or I just need support.”</i></li> <li>• <i>“[I] would ask the person if [this is] ok to bring someone else in and make the reason about me e.g. “they have a bit more expertise around [a certain topic].”</i></li> </ul>
<p><b>Debriefing, however you can</b></p> 	<p>As in the office, talking about what happened can be a way to process difficult interactions. Find ways to do this remotely.</p> <ul style="list-style-type: none"> <li>• <i>“Ensure time is given to rationalise and evaluate the call.”</i></li> <li>• <i>“I make it clear that I am happy to be contacted to debrief.”</i></li> <li>• <i>“I have a very supportive head of service and manager. If they know I had a difficult conversation / meeting we will debrief via Skype / Teams.”</i></li> <li>• <i>“I Skype with colleagues and support them by listening to the situation”</i></li> </ul>

<h2>Recovery Time</h2> 	<p>Colleagues told us that stepping away and making time to reset is harder when working at home but still important.</p> <ul style="list-style-type: none"> <li>• <i>“Move away from your desk to take some time out”</i></li> <li>• <i>“Have a cuppa and a breath - use mindfulness for a break”</i></li> <li>• <i>“Walk around the block or even house in bad weather”</i></li> <li>• <i>“talk to the dog or cat (if you have one!) if no one is free”</i></li> <li>• <i>“I listen to music for ten minutes”</i></li> <li>• <i>“Take half an hour to go outside and have some fresh air to get distance from the situation.”</i></li> <li>• <i>“Manager [should make it] clear that [it is] ok to have a break after a difficult transaction e.g. make a coffee, go outside for 5 mins, [or] ring someone.”</i></li> <li>• <i>“Reflection time is working...”</i></li> </ul>
<h2>Keep in Touch</h2> 	<p>People talked about the importance of regular catch ups across the whole team. This should not just be when people have had difficult conversations, but whenever teams are remote working over long periods.</p> <ul style="list-style-type: none"> <li>• <i>“[I make myself] available to touch base each day to check in ‘how are you?’”</i></li> <li>• <i>“I take a virtual ‘walk’ around the county to check on my individual team members, not just my managers, talking about non work”</i></li> <li>• <i>“I have ‘met’ colleagues’ children, partners, dogs, cats etc. I bring them into the conversation and say what I am up to as well”</i></li> <li>• <i>“I encourage people to put their cameras on so faces can be seen.”</i></li> <li>• <i>[Create a] regular team meeting space.</i></li> <li>• <i>“We have team meetings daily to discuss any issues we have or anything we want to discuss.”</i></li> </ul>

For more tips and helpful resources on working remotely please visit <http://nyccintranet/news/have-you-got-zoom-fatigue>

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## **ETHICAL DECISION MAKING FRAMEWORK – DECISION TREE AND GOVERNANCE**

	CRITERIA	CASE EXAMPLES	RECORDING	ASSURANCE/REVIEW	ESCALATION
<b>OPERATIONAL (INDIVIDUAL)</b>	<ul style="list-style-type: none"> <li>Limited market availability and unable to fully meet needs and customer choice</li> <li>Unable to source preferred package of support</li> <li>Delay in securing preferred packaged of support</li> <li>Need to prioritise demand and supply</li> </ul>	<ul style="list-style-type: none"> <li>Care flowing into bed-based services because of an absence of domiciliary care</li> <li>Requires 4 calls a day, we can source 2 and ask family to support 2 visits</li> <li>Needing to respond to an urgent community safeguarding response rather than dealing with a discharge</li> </ul>	<ul style="list-style-type: none"> <li>LLA Unsourced Packages of Support</li> <li>LLA Structure Case note recording decision making</li> </ul>	<ul style="list-style-type: none"> <li>Weekly review of outstanding solutions by brokerage</li> <li>Review period agreed</li> <li>Transfer to appropriate package of support as solution becomes available</li> <li>Weekly review in ASCLT</li> </ul>	<ul style="list-style-type: none"> <li>Case worker to manager discussion</li> <li>Where the person does not accept the proposed solution escalation to Service Manager for Ethical Decision Record to be completed. To be both uploaded to LLA and sent to specific Governance email address.</li> <li>In the short term refer to daily Ethics Review Group for consideration</li> <li>Comms - Outcome communicated back to the person in writing.</li> </ul>
<b>TACTICAL (GROUP/COHORT)</b>	<ul style="list-style-type: none"> <li>Potential risk of not maintaining a safe service</li> <li>Multiple people for limited specialist provision</li> <li>Unable to secure potential solution the</li> </ul>	<ul style="list-style-type: none"> <li>People with complex needs where local/immediate solutions are not available</li> <li>Closure of care setting</li> </ul>	<ul style="list-style-type: none"> <li>Individual case recording using 'Unsourced Packages of Support' LLA</li> <li>Completion of Ethical Decision Record by the</li> </ul>	<ul style="list-style-type: none"> <li>Weekly review of outstanding solutions by brokerage</li> <li>Case MDT</li> <li>Discussion at daily Ethics Review Group</li> <li>Review period agreed</li> </ul>	<ul style="list-style-type: none"> <li>HAS Daily for information and consideration</li> <li>Referral to System Ethic Panels for further consideration (if unresolved locally).</li> </ul>

	CRITERIA	CASE EXAMPLES	RECORDING	ASSURANCE/REVIEW	ESCALATION
	person remains at risk <ul style="list-style-type: none"> <li>Multiagency solutions are unsuccessful</li> <li>Market failure</li> </ul>	<ul style="list-style-type: none"> <li>Providers handing back of home care packages of support</li> </ul>	service manager in conjunction with Brokerage and case worker	<ul style="list-style-type: none"> <li>Weekly review by ASCLT</li> <li>Records to be collated and reviewed by Governance (via central email) weekly.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly report to HASLT around market failure/market impact</li> <li>Systems MDT if required</li> <li>Comms - Provider bulletin</li> </ul>
<b>STRATEGIC (SERVICE)</b>	<ul style="list-style-type: none"> <li>Unable to maintain safe service</li> <li>Ceasing of Service may be necessary</li> <li>Re-profiling of services (asking services to change the way they work)</li> <li>Limiting access to care services due to lack of capacity</li> <li>Market intervention required</li> <li>Reputational risks to NYCC</li> <li>Changes to local constitution required</li> </ul>	<ul style="list-style-type: none"> <li>Reprofiling reablement to deliver domiciliary care</li> <li>Halting of day services and flowing staff into residential settings</li> <li>Delivering needs/package of care without assessment</li> <li>Payments to providers through hardship/sustainability</li> <li>Procedural changes required (e.g. flexing Direct Payments to pay carers)</li> </ul>	<ul style="list-style-type: none"> <li>Decision Record completed by the Leadership team</li> <li>Record made in HAS Daily</li> <li>Dedicated discussion point &amp; recorded in HASLT</li> </ul>	<ul style="list-style-type: none"> <li>Review period agreed</li> <li>Update of business continuity plans</li> <li>Checks with CQC, Insurance, Legal</li> <li>Question at this point as to whether this is a major incident?</li> </ul>	<ul style="list-style-type: none"> <li>Management Board</li> <li>Executive</li> <li>System Leadership</li> <li>LRF</li> <li>Referral to System Ethic Panel for consideration and view.</li> <li>Comms (Pulic)</li> </ul>
<b>SYSTEM (MULTI AGENCY)</b>	<ul style="list-style-type: none"> <li>Wider system impact on the delivery of safe care</li> <li>Re-provision of services with wider system implications</li> </ul>	<ul style="list-style-type: none"> <li>Reprioritising staff from discharge hubs to community to deal with demand</li> <li>Unable to secure designated settings for</li> </ul>	<ul style="list-style-type: none"> <li>Decision Record completed by the Leadership Team in HASLT</li> </ul>	<ul style="list-style-type: none"> <li>Leadership and Executive assurance via Management Board</li> <li>SLE Meeting (weekly or extraordinary)</li> </ul>	<ul style="list-style-type: none"> <li>LRF</li> <li>Referral to System Ethic Panel for consideration and view.</li> <li>Comms Strategy (Public)</li> </ul>

	CRITERIA	CASE EXAMPLES	RECORDING	ASSURANCE/REVIEW	ESCALATION
		<p>Covid+ people from hospitals</p> <ul style="list-style-type: none"><li>• Significant deterioration in our ability to delivery community services due to staffing</li></ul>		<ul style="list-style-type: none"><li>• Question at this point as to whether this is a major incident?</li></ul>	

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# AN ETHICAL DECISION MAKING FRAMEWORK FOR ADULT SOCIAL CARE

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December 2021

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# An **ETHICS** Framework.....

**E**xamine the situation and values

**T**hink about the Ethical Framework.

**H**ypothesize all possible decisions or options.

**I**dentify the consequences of each option.

**C**onsult with others.

**S**elect an action and document the process.

# HUMAN RIGHTS ACT

## 5 rights in the Human Rights Act that are important in health and care



Right to life



Right to liberty



Right not to be discriminated against



Right to respect for private and family life (your choices)



Right to be free from inhuman or degrading treatment

# Responding to Covid-19

## The Ethical Framework for Health & Social Care

Department of Health & Social Care

Framework Principles One-Pager



Department  
of Health &  
Social Care

### 1. Respect

Recognise that every person and their human rights, personal choices, safety and dignity matters.

### 2. Reasonableness

Ensure that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

### 3. Minimising Harm

Strive to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, ensure that individual organisations and society as a whole cope with and recover from it to their best ability.

### 4. Inclusiveness

Ensure that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

This framework intends to provide support to ongoing response planning and decision-making to ensure that **ample consideration is given to a series of ethical values and principles.**

### 5. Accountability

Hold people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

### 6. Flexibility

Be responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

### 7. Proportionality

Provide support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.

### 8. Community

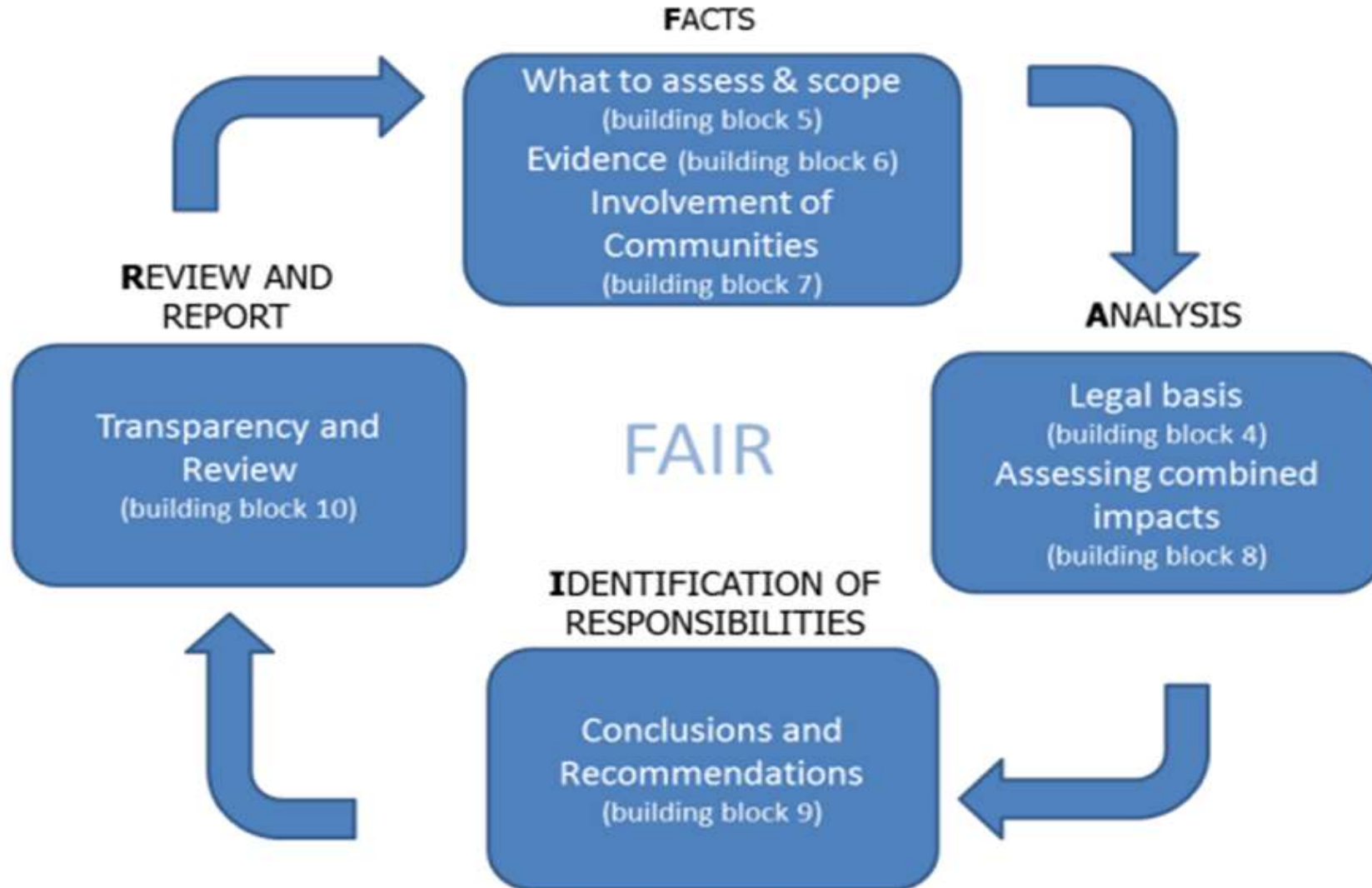
Commit to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.



For full advice and guidance under these principles, visit:

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

# RECORDING DECISIONS....



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# Adult Social Care

## Ethical Decision Making Record

What is the decision that has to be made/ Issue to be addressed?

--

Why is this required?

--

Name of individual(s) the decision is concerning: *if co-hort of people service area, identify the co-hort instead of individual LLA numbers*

1.		4.	
2.		5.	
3.		6.	

Who have you consulted with (including those directly concerned) and what are their views and wishes in relation to this decision?

Name	Views and wishes in relation to this decision


## Potential Options

### What are the factors you need to weigh up and consider?

Please describe all the options available and their impact will be, and consider who will be impacted.

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Option 1 Details:

Option 2 Details:

Option 3 Details:

Option 4 Details:

Option 5 Details:

### Considering the Advantages / Benefits and Disadvantages / Risks of the decision made

Area of Impact	Advantages / Benefits	Disadvantages / Risks
----------------	-----------------------	-----------------------

--	--	--

**Will the decision impact on following Human Right articles?**

- ☐ Right to life
- ☐ Right to liberty
- ☐ Right to not being discriminated against
- ☐ Right to respect of private life
- ☐ Right to be free from degrading and inhumane treatment

If "yes" for any of the above seek guidance from Legal Services

Click here to enter a date.	Name:	
-----------------------------	-------	--

**Ethical principles in your decision-making:**

		Y/N
<b>Respect:</b>	Recognise that every person and their human rights, personal choices, safety and dignity	
<b>Reasonableness:</b>	Ensure that decisions are rational, fair, practical and grounded in appropriate processes, available evidence and a clear justification.	
<b>Minimising Harm:</b>	Strive to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, ensure that individual organisations and society as a whole cope with and recover from it to their best ability	

<b>Inclusiveness:</b>	Ensure that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.	
<b>Accountability:</b>	Hold people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making, recording and communicating them	
<b>Flexibility:</b>	Be responsive, able and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and collaborative working	
<b>Proportionality:</b>	Provide support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.	
<b>Community:</b>	Commit to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.	
<b>Respect:</b>	Recognise that every person and their human rights, personal choices, safety and dignity	

**Additional factors that informed the decision:**

--

Date	Decision	Signed
<div>Click here to enter a date.</div> <div>Page 51</div>		

Review date: Click here to enter a date.	Responsible Person:
--	---------------------

**Decision type:**

Operational

Tactical

Strategic

System impact

Once completed please email form to [HAS-governance@northyorks.gov.uk](mailto:HAS-governance@northyorks.gov.uk)

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North

Yorkshire County Council

## Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

### Adult Social Care Ethical Decision Making Framework Implementation

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk).

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Richard Webb <a href="mailto:Richard.webb@northyorks.gov.uk">Richard.webb@northyorks.gov.uk</a>
Names and roles of other people involved in carrying out the EIA	A Task & Finish group was led by Louise Wallace, Director of Public Health to develop a framework and complete EIA Chris Jones-King, Assistant Director, Care & Support Cara Nimmo, Head of Practice & Personalisation Lisa Moore, HAS Business Manager Sheila Hall, Head of Engagement & Governance Erin Outram, Governance Manager
How will you pay due regard? e.g. working group, individual officer	Officer working group
When did the due regard process start?	December 2021

**Section 1. Please describe briefly what this EIA is about** (E.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA relates to the implementation of an Ethical Decision Making Framework as the result of ongoing pressures on the care system due to the Coronavirus Pandemic and rapid spread of the Omicron variant.

The Covid-19 pandemic has put unprecedented pressure on public services and has resulted in significant changes taking place in how social care and NHS services are delivered. Councils have had to introduce major changes into how services are organised, particularly around hospital discharges, which are now undertaken in accordance with the NHS national discharge pathway.

In addition, since July 2021, when many Covid-19 legal restrictions were eased and the economy began to re-open, there has been fierce competition in the labour market, including for jobs in care, hospitality, retail, logistics and other sectors. North Yorkshire is no exception to this situation, although in some respects it is as well-placed as many other councils in the region and across England.

It should be noted that, within this context, the County Council has:

- Increased investment in adult social care, even during austerity, to the point where it is now around 43% of the Council's total budget, including through the pandemic, when it has secured additional NHS funding as well as made hardship payments to care providers
- Invested in practice teams to support frontline teams, as well as mental health services and more staff for Continuing Health Care work and work with people who

are part of the Transforming Care programme and/or have complex life circumstances

- Just approved an additional £6m package for adult social care (£2m of which is recurring) for frontline assessment, review and other staff and hands-on quality improvement support for care providers
- Worked with the NHS to secure an extra £6m for a pay uplift for up to 16,000 care workers across regulated services in North Yorkshire and a further £3m targeted funding for care providers to help with workforce issues
- Built and opened new extra care schemes, even during the pandemic, with at least half a dozen more either being built or planned

However, despite this support, the situation remains challenging, especially as frontline teams have worked tirelessly throughout the pandemic. At the same time, people who did not present to social care or the NHS in the first lockdown have subsequently presented to services with a greater level of need.

Many frontline workers and managers will feel an understandable frustration and personal responsibility if they find that the options for providing care are more limited. However, these issues are not a matter of personal fault: in this situation, the whole Council is working to support effective, timely practice and to ensure that the people that we serve in communities across North Yorkshire are as safe and well as possible.

As a result of current pressures, people who use our services and their families are understandably frustrated when the services they were expecting to receive may not be their first choice, or delivered as they expected, or where waiting times are longer than expected. This situation means that Adult Social Care staff are regularly having conversations with individuals and families about potential alternatives and about how best to keep safe and well whilst awaiting for the preferred service. Sometimes, these conversations can be challenging for all involved.

As the pressures on the care sector continue to grow it is unlikely that the current issues we are facing will be resolved quickly. It is therefore important that we are honest with those people using our services, and their families and carers, in order to help them to manage their lives and health and to take practical steps which help them. This means being realistic about expectations and looking creatively at what might help within the local community or through family support, as well as through traditional services.

A key part of our practice is, and remains, looking at individual and community strengths, to help people live as well as possible within the place that they call home. Where possible we should start with what informal support is available in the local community and, then, what services may be required. Direct payments and carer grants are a good way of helping people to get the support they need and we should always discuss these options to see if they can help find solutions.

It is also important that we continue to support each other as colleagues through this time and ensure that we look after our own health and wellbeing and look out for our colleagues. The Health and Adult Services Leadership Team continues to monitor referrals, service activity, caseload sizes and sickness across all teams and localities every week, working with managers to take action when and where it is needed. At this time, more than ever, it is important that teams continue to have regular team meetings

and 121 (or, if necessary, group) supervisions, to help manage workload and to provide mutual support.

At a senior level, there is an expectation that all managers and frontline workers will:

- Meet regularly to plan their work and offer mutual support and help
- Escalate concerns and problems to more senior managers for help where they cannot resolve an issue

The Council's intranet also has advice for all managers and staff on keeping well and managing stress at work.

It should also be noted that senior managers also keep the Council's Management Board and senior Elected Members informed of key pressures within adult social care services.

## **Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?**

To ensure that the Council meets its statutory duties to the best of its abilities, and are able to meet the needs of those most at risk during a time of reduced resource (staffing and provision) and increased demand, a clear framework of decision making is required to support a consistent approach across the county in relation to making difficult decisions.

The framework is underpinned by the National Ethical Framework, <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care> which provides the key ethical principles and consideration of Human Rights. By recording all considerations and factors that inform the decision, we will be able to demonstrate our best/reasonable endeavours to meet need and, with a clear governance structure, we will demonstrate appropriate accountability throughout the Directorate.

In summary, the introduction of an Ethical Decision Making Framework which will provide the following:

- A clearly mapped out process to help decide what ASC can and cannot do in relation to the provision of care and services.
- A support mechanism to frontline staff e.g. script/guide to making difficult decisions
- A clear process outlined for temporary closure of services and redeployment of staff
- Identify ways to capture where care provided although safe is not 'optimal' and a review process is put into place
- As part of the governance process, establish a regular reporting mechanism to Management Board and Executive Members
- Ensure links to the NHS where necessary & national/local best practice
- Establish a robust, regular review process as part of the framework

We are anticipating Omicron could see a reduction in staffing levels between 10-30-50% over the coming weeks and, as a result, services will need to be further reduced and adapted to support the increase in pressures on the care system. Current data

and modelling indicates that the impact of the Omicron Covid-19 variant on demand and capacity is as follows:

**Demand:**

- Whilst lower than areas such as London and Birmingham, numbers of people within North Yorkshire diagnosed with the Omicron strain of COVID-19 are increasing daily and it is likely that we will see a significant increase in cases throughout the first part of 2022.
- North Yorkshire has a higher proportion of older people, including those who are 85 years plus, than many areas of the country, and we know that this virus disproportionately affects older people. However, older people within the County also have a high level of vaccination uptake, including booster uptake
- North Yorkshire is the largest County Council in the country, and therefore the Authority needs to ensure that it is able to provide services across a range of footprints including the 5 which it share with NHS acute and community trusts and with 2 mental health trusts
- Rurality within North Yorkshire also adds to the complexity and challenges within the care market

Currently bed occupancy is very high across all North Yorkshire hospital sites, with South Tees the only site under 90% across the 3-week period. For much of the last 10 weeks all of the other sites have regularly recorded weekly occupancy above 90%, with South Tees being the outlier, only recording over 90% once.

The likely increased levels of infections over the next couple of weeks is anticipated to lead to increased hospital admissions to a system that already has very high occupancy levels. Given the challenges in the provider market, it is likely the percentage of “stranded” patients (those with a length of stay (LOS) of seven days or more) will significantly increase

**Capacity:**

In addition to usual sickness and vacancy levels, Covid-19 is impacting on available staff capacity within the Authority’s Adult Social Care Teams due to:

- A) Staff absence caused directly by diagnosis or symptoms of COVID-19
- B) Reduction in people able to carry out their usual job role due to health conditions, including colleagues who are required to be shielded

Sickness absence amongst Care & Support staff increased to 8.9 days per FTE at the end of December against a target of 5.8 days. Data for November 2021 published by Skills for Care, indicated a national absence rate of 7.4 days per FTE and a regional average of 8.9 days per FTE for the Yorkshire & Humber Region. The pre-covid rate included for the region in the data set was 6.7 days per FTE.

The Q2 performance report to the Executive indicated that vacancy levels across social care services were running at 11-26%, when normal operational planning assumptions are based on 7%. The Skills for Care data reported vacancy levels of 9.2% for both England and the Yorkshire & Humber region, with a pre-covid vacancy level of 8.0%. Capacity Tracker data for the end of December 2021 for care homes in North Yorkshire indicated 8% of registered nurses and 10% of care providing staff were absent.

Overall, there is estimated to be 10-30-50% pressure on the workforce and this is expected to rise over the coming days and weeks. This does not take into account the concurrent reduction in capacity in the commissioned care market, which is likely to increase the pressure on the Authority.

### **Mitigation of capacity pressures:**

Practical steps that are being taken include:

- Major, ongoing recruitment campaigns for provider services (in-house and independent) and assessment teams - to fill vacancies and increase capacity: [www.makecarematter.co.uk](http://www.makecarematter.co.uk)
- Maximising the “grow our own” model for social workers (apprenticeships, student to practitioner pathway etc.)
- Widening the scope for recruiting more Social Care Co-ordinators and other community practitioners
- Developing a separate team of review practitioners, to ensure people with long term care needs get regular reviews of their care
- Expanding the Quality Improvement Team, which supports care providers where they are struggling or may need assistance
- Improved Induction programmes for new starters.
- Increases in Business Support, where we cannot recruit to social care roles, to enable practitioners to focus on work only they can do
- Managing demand by utilising Agency staff (while we recruit to posts) and procuring outside social work and OT services for specific pieces of work (such as some care reviews and home adaptations work)
- Amending the Deprivation of Liberty Safeguarding rota to give more capacity back to teams
- Service developments: including more extra care schemes; earmarked funding for grants for family carers; exploration of alternative options for non-regulated services; expanded voluntary sector services (such as Home from Hospital), bringing forward an April 2022 pay uplift for care workers in regulated services; hardship payments to struggling care providers

### **Section 3. What will change? What will be different for customers and/or staff?**

It is important that we continue to be honest with members of the public in our conversations with them, and to help them to think about different ways that we, and they themselves, can help. We need to be realistic and consistent in the messages we give. It is also important to remember in every conversation that the person may be worried, anxious or concerned about their own care or that of a loved one, that they may not appreciate the current pressures on health and social care, and need some reassurance and for their views to be heard – even if a solution cannot immediately be found. Equally, they may have seen TV or other media coverage that has worried them and need re-assurance. Taking the time to listen and provide an empathetic response will support a better outcome for the person.

Throughout this period we will endeavour to provide the following to the people who use our services, their families & carers:



- Effective triage and prioritisation of incoming demand
- Increase capacity of current workforce to meet statutory duties
- Consistent and equitable approach to how ASC discharge their duties
- Consistent approach to decision making that impact on people of NY ensuring their Human rights are protected
- Accountability and transparency in decision making
- We are able to evidence our best endeavours in meeting need
- Assurance of how we discharge our duties appropriately
- Ensure that we fully consider how people or groups of people are impacted by the decisions we make.

#### **Section 4. Involvement and consultation**

Given the current rapid spread of Omicron and the implementation of Plan B across England and the time-critical nature of these proposals, it has not been possible to conduct public consultation as the Authority would normally endeavour to do.

However, it is subject to oversight and scrutiny by elected members, and will be monitored by Health and Adult Services Leadership Team and the Council's Management Board in order to capture, understand and report on impact.

#### **Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

The financial impact is very difficult to ascertain at this stage. The main risk is escalating agency costs for staffing if there is widespread disruption. In addition, there may be additional costs for providing alternative services (e.g. if day and respite services are redeployed and additional support has to be provided for people using those services). The Council does have access to COMF (Contain Outbreak Management Fund) and other funds to manage contingency situations and cost pressures are reviewed regularly with the Section 151 Officer.

<b>Section 6. How will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
Age		X	X	North Yorkshire has a greater number of older people than other counties and this is reflected in the make-up of people accessing social care support from the Authority.



				<p>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.</p> <p>In addition, older people are more vulnerable to serious illness caused by COVID-19.</p> <p>Given the current state of emergency, if the proposals are implemented, it is anticipated to have a positive impact by allowing the Authority to adapt service provision in order to continue to provide services to those most in need of support. This has to be the priority for the Authority.</p> <p>However, the proposals will have some negative impact, as it is likely that assessment, support planning and the nature of support will be reduced in comparison to the usual standards and individuals will not be provided with the level of choice or individualised care that they may have received previously.</p> <p>This is likely to be heightened by the unavoidable reduction in services caused by continued social distancing measures and staff reductions and absences caused by the pandemic—although partially mitigated by alternative arrangements including the significant effort around community support.</p>
Disability		X	X	<p>In terms of primary support reason, 46.8% of people in receipt of some form of care and support are receiving support with personal care, 21.6% due to learning disability, 9% for mental health support, and 7.2% for memory and cognition, 10.5% other reasons and 4.8% as support to unpaid carer.</p> <p>As outlined for Age, above. Evidence points towards COVID-19 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.</p>

				<p>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%).</p> <p>As with older people, individuals with a Disability will be negatively impacted by the framework as services, both individual care, and community services will be reduced and individuals may not be given choice or control over their care arrangements.</p>
Sex		X	X	<p>59.1% of people in receipt of some form of care and support are female and 40.9% are male.</p> <p>Of those aged 65+, 66.8% are female and 33.2% are male.</p> <p>As the age profile for North Yorkshire and NYCC social care is weighted towards the older age-range and because of the longer lifespan of women, it is likely that more women will be impacted by the proposals.</p>
Race	X			<p>92% of people in receipt of some form of care and support are White British, 2.2% are White Other/ Black, Asian and Minority Ethnic, and for 5.9% ethnicity is not recorded.</p> <p>The proposals should not have any substantially greater impact on any ethnicity</p>
Gender reassignment	X			<p>There may be some adverse impact caused by the unavoidable reduction in services as a result of pressures currently placed on the system.</p>
Sexual orientation	X			<p>As for gender reassignment</p>

Religion or belief	X			As for gender reassignment
Pregnancy or maternity	X			As for gender reassignment
Marriage or civil partnership	X			No evidence of impact

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
...live in a rural area?		X	X	<p>The Ethical Decision Making framework will enable ASC to ensure that those with the highest level of need receive the care and support required to keep them safe, including those in rural areas where it can be challenging to source social care.</p> <p>However those in rural areas with a lower level of care and support need may be negatively affected due to a reduction in services, including community provision and day services in their area. They will also have a reduced level of choice over the care and support provided.</p>
...have a low income?		X	X	As above, the Ethical Decision Making framework will assess provision of services based upon level of need, and as a result some individuals on a low income may see a reduction in services.
...are carers (unpaid family or friend)?		X	X	<p>In the 2011 census there were approximately 65,000 people who identified as being an unpaid carer, however we know the real number is likely to be significantly higher. This is higher than the average both nationally and through the Yorkshire and Humber region.</p> <p>The 2011 Census also identified that almost one in four (24.3%, 15,538 people) of the female population aged 50-64 are providing unpaid care, which rises to 25% in Ryedale and 26.6% in</p>

				<p>Craven, compared with a national average of 23.5%.</p> <p>In terms of age, over a quarter of carers in North Yorkshire are over the age of 65. There are also over 18,000 carers aged 25-49 and over 3,000 under the age of 25, including young carers under the age of 18.</p> <p>NYCC Health and Adult Services completed 1716 carers assessments during 2019/20, of which 1200 (70%) were for female carers and 516 (30%) for male.</p> <p>Potential for positive impact by the proposals allowing the Authority to continue to provide a service by redirecting capacity to priority areas</p> <p>Potential for adverse impact by necessarily reducing input into assessments and support plans for the cared-for person which may increase pressure on carer; however, practice will continue to be person-centred.</p> <p>Potential for adverse impact as the result of isolation and social distancing measures. Limited ability for carers to have a break from their caring role if they share the household with the cared for person. There may be increased pressures on carers if services are further reduced and more is expected of carers/community provision for respite is not in place.</p> <p>Potential for adverse impact by reduced capacity for carer assessments; however, the Authority continues to commission carer support via the carers centres, and additional community support via the voluntary sector partnership / Universal + offer.</p>
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<b>Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)</b>	
North Yorkshire wide	X

Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
<b>If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.</b>	

**Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Older people with underlying health conditions are more likely to be seriously affected by COVID-19, and the available data so far suggests that men are at higher risk of mortality than women.

The demography of North Yorkshire and of people currently accessing adult social care is weighted towards older people, with a higher proportion of women than men.

Unpaid carers in North Yorkshire are predominantly female, and it should also be noted that the social care workforce is predominantly female.

It is reasonable to conclude, therefore, that the proposals will have a greater impact, whether positive or negative, on older people particularly those with underlying conditions. For women, there may be greater impact due to higher numbers of older women requiring social care support, higher numbers of unpaid female carers, and higher numbers of female workers in the social care workforce.

<b>Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen.</b> (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	<b>Tick option chosen</b>
<b>1. No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	
<b>2. Adverse impact - adjust the proposal</b> - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
<b>3. Adverse impact - continue the proposal</b> - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	<b>X</b>
<b>4. Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p><b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)</p> <p>There is potential for adverse impact due to the changes in assessment and support planning, and the decision to reduce or delay care provision to those deemed not to be most at risk.</p> <p>However, it must be noted that this adverse impact is outweighed by the potential for adverse impact should no action be taken, given the expected increase in demand and pressure on capacity and reduction in staffing levels; if this is not managed, it is possible that the care needs of those most at risk will not be met.</p> <p><b>Legal Advice</b></p> <p>The Council will continue to meet its duties under the Care Act 2014, specifically to meet the care and support of those who are eligible.</p> <p>The ethical framework does not relieve the Council's duties under the Care Act 2014, however it will allow the Council to prioritise more effectively where necessary. It will only be used where there is evidence to support its use and the relevant process is followed.</p>	

<p><b>Section 11. If the proposal is to be implemented how will you find out how it is really affecting people?</b> (How will you monitor and review the changes?)</p> <p>Reviews of service provision, prioritisation and data every two weeks led by Corporate Director for Health and Adult Services and Chief Social Care Practitioner – with regular monitoring via Management Board and key Elected Members. In addition, a monthly report will be given to the Chair of the Independent Safeguarding Adults Board.</p>
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- Complaints and commendations will also be monitored

**Section 12. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Consider data and feedback on protected characteristics when reviewing / monitoring the changes	Chief Social Care Practitioner (Chris Jones King)Worker	Every two weeks		
Ensure requirement to contribute towards social care costs, including retrospectively, is clearly communicated at earliest opportunity	AD Strategic Resources (Anton Hodge)	Ongoing		
Continue to work in partnership with statutory and community sector to provide community-based support to reduce pressure on Adult Social Care and mitigate against reduction in services	Richard Webb	Ongoing		
Management Board and	Richard Webb	Monthly		



Members – routine reporting (details to be agreed) with Management Board and with key Elected Members (notably the Executive Member for Adult Social Care and Health Integration) Chair of Independent Safeguarding Board				
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**Section 13. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The proposals considered in this EIA are made in order for the Authority to be able to continue to meet the needs of those in receipt of or requiring social care, in the context of a national emergency which will put considerable upward pressure on demand and at the same time reduce capacity.

There is potential for adverse impact due to the changes in assessment and support planning, and the power to reduce or delay care provision to those deemed not to be most at risk.

However, it must be noted that this adverse impact is outweighed by the potential for more severe adverse impact should no action be taken, given the expected increase in demand and pressure on capacity; if this is not managed, it is possible that the care needs of those most at risk will not be met.

Both positive and negative impact is most likely to be experienced by older people with underlying health conditions, and by disabled people. Women may experience more negative impact than men.

The provisions under the Ethical Decision Making Framework will be monitored for impact and mitigations have been outlined above.

#### **Section 14. Sign off section**

This full EIA was completed by:

**Name:** Erin Outram

**Job title:** Governance Manager

**Directorate:** Health and Adult Services

**Signature:** E Outram

**Completion date:** 6<sup>th</sup> January 2022

**Authorised by relevant Assistant Director (signature):** Chris Jones King

**Date:** 6<sup>th</sup> January 2022