# Care Prioritisation in response to Covid-19

## Purpose of Document

This is a suggested prioritisation framework for Social Services across Wales for Local Authorities to adopt and/or amend as appropriate.
It aims to adhere to the principles of keeping people safe, promoting independence and to support staff and volunteers.

## Principles of Working

Any work or changes to existing care plans must be fully recorded, so a clear audit and accountability trail exists.
Agile working is encouraged for all staff where it is possible. This can include working remotely where appropriate and possible to do so.

## Adults Social Care

## Practice Implications

As of the 13th March 2020 it is advised that:

- All assessments should be triaged by telephone in the first instance in order to decide whether a face-to-face meeting is essential or whether work can be done by telephone or delayed
- Only business critical work should be undertaken. This includes:
    - Safeguarding
    - Supporting people to transfer through the health and social care system, which will involve transfers home from hospital and, as such, hospital and home visiting
    - Assessing for support at home where there is carer breakdown or where input is critical to support people to remain safely at home
    - Mental Health Act Assessments
    - Support for individuals who misuse substances where this is critical
- Less critical work should not be undertaken unless it can be carried out by telephone. These tasks may include:
    - Annual reviews (should be undertaken by telephone where possible)
    - Team meetings and general team/policy development meetings (unless possible via Teams or Skype)

## Practical Implications

- All home visits should be triaged by telephone in the first instance in order to decide whether a face-to-face meeting is essential or whether work can be done by telephone or delayed.
- The general advice on handwashing and maintaining hygienic practice is essential, especially when undertaking home or hospital visits. This will include use of personal protective equipment (PPE) which will be made available to social care teams (gloves/aprons).
- Public Health Wales advise that during normal day to day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It is recommended that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.
- There is further practical guidance for care provision in different settings here - https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance

**Priority 1 = CRITICAL CARE DELIVERY AND DOMICILIARY CARE CALLS:**

1. time specific medication requirements

2. individuals who are immobile and who require moving for skin care
3. individuals who require hands-on support for personal care (toileting)
4. Individuals who would otherwise go without food and drink/basic care

**Priority 2 = CARE DELIVERY AND DOMICILIARY CARE CALLS:**

1. Individuals who have informal care arrangements locally - reducing risk
2. Community Support (shopping/day care etc)
3. Care Agencies to maintain regular contact

### Children's Services

Agile working is encouraged for all staff where it is possible. This can include working remotely where appropriate and possible to do so.

### Practice Implications

As of the 13th March 2020 it is advised that:

- All assessments should be triaged by telephone in the first instance in order to decide whether a face-to-face meeting is essential or whether work can be done by telephone or delayed
- Only business critical work should be undertaken. This includes:
    - EDT
    - Front Door
    - Providing care to children placed in our residential children's homes
    - Safeguarding
    - Strategy discussions, meetings (via Skype) and section 47 investigations
    - Child protection medicals
    - Child protection statutory visits
    - Children looked after statutory visits
    - Children looked after statutory review meetings. However, these may be managed through Independent Reviewing Officer and Social Worker having non-physical contact with placement. If in a home or foster care, risks generally are lower.
    - Children requiring placements
    - Viability assessments to enable children to remain with their families/ networks
    - Critical court work. Priority given to new applications, emergency applications, new-borns, and PPO and EPO follow up applications
    - Children held in police stations for serious offences
    - Family Contact - risk assessed on a case by case basis
    - Initial child protection conferences
    - Care and support visits, in consultation with your manager and dependent on risk
    - Pre-birth assessments (remotely wherever possible)
    - Providing supervision support to foster carers – via telephone wherever possible
    - Assessing for support at home where there is breakdown or where input is critical to support children and young people to remain at home
- Less critical work should be undertaken only by telephone/ Teams/ Skype. These tasks may include:
    - Core groups
    - Review child protection conferences
    - Care and support meetings
    - Adoption permanence planning
    - TAF meetings
    - IDS triage
    - Resource and other panels
    - Team meetings and general team/policy development meetings

## Practical Implications

- All home visits should be triaged by telephone in the first instance in order to decide whether a face-to-face meeting is essential or whether work can be done by telephone or delayed.
- The general advice on hand-washing and maintaining hygienic practice is essential, especially when undertaking home or hospital visits. This will include use of personal protective equipment (PPE) which will be made available to social care teams (gloves/aprons).
- Public Health Wales advise that during normal day to day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It is recommended that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.
- There is further guidance here - https://gov.wales/coronavirus-covid-19-social-or-community-care-and-residential-settings-guidance

## Wider Implications

Clearly there are wider implications for all of us and for our work. There is guidance on self-isolation if you feel unwell and again, we refer you to the Public Health website with regards to further actions to take.

It is important that all teams and officers give consideration to their own business continuity. If you are required to work from home – do you have the tools to do so? is there something that you could do in preparation?

## Other Considerations

**Clients in receipt of Direct Payments** – Some of these individuals will come into Priority 1 category, and there will be a risk of carer breakdown/withdrawal due to need for carers to isolate. It is important to maintain contact with individuals and support staff.

**Self-funding Care Recipients** – it is important that these individuals also receive the correct advice and support from Local Authorities.

**Homelessness** – It is essential that individuals who are homeless receive the appropriate care and support

**Disabled Children** – ensure that children and families continue to receive appropriate care and support.

## Workforce Distribution

Business Continuity Planning - mission critical activity - minimum numbers of staffing required to maintain activity and the skill set required.

Prioritisation of Council Service Provision with Priority being given to (list not exhaustive):

- Social Care (children and adults)
- Coroner Service
- Registrar Service
- Environmental Health Service
- Waste Collection

Consider, review and develop a robust business continuity plan that would enable business continuity in the event of staff becoming unwell or being required to self-isolate. This should consider the potential for a 2-3-month disruption with possibly up to 20% of staff unavailable. Your business continuity plan may include such items as: