

Adult Social Care & Health Directorate

**Guidance for priority ratings/risk
matrix for people waiting for a
community care package**



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Document Information

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V.2	Draft		YJ	Dec 2021	Context – explain local & national market pressures
V.3	Draft		YJ	Dec 2021	Context – change wording
V.4	Draft		YJ/RK	Dec 2021	Add action card Change RAG rate to Priority Rating
V.5	Draft		YJ	Dec 2021	Add managers using local processes with Adult Purchasing
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V.7	Final		RK	Dec 2021	Add supporting informal arrangements

Document Governance

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1. Glossary

ASCH	Adult Social Care & Health Directorate
DP	Direct Payment
HRA	Human Rights Act 1999
KCC	Kent County Council
LA	Local Authority
MH	Mental Health

2. Context

The Care Act 2014 reminds us that the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. In order to do so, we have a duty to assess needs and meet those eligible needs under S18. While the Care Act is clear that needs can and should be met through a variety of creative ways and not depend on whether traditional services are available, we know that for a large section of the population who need our help, that support is needed by carers going into people's homes on a regular basis to meet basic care needs.

Currently, due to national and local market pressures as well as the continuing social, commercial, personal effects of the coronavirus pandemic, there are significant shortages in home care being available. In Adult Social Care & Health

Directorate (ASCH), this has resulted in major difficulties for the purchasing teams in finding services to meet the eligible needs of the people we support. This is clearly a very concerning situation as everyone waiting for a service has been determined to have eligible needs and any delay in meeting the needs of people may inevitably impact significantly on their wellbeing.

Using their own locally agreed processes with their purchasing teams, practitioners will use the rag rating system below so that we have a consistent approach to prioritising needs across the County.

3. Priority Rating

Purchasing teams need to be able to prioritise those people most at risk of harm and therefore there is a need for practitioners to priority rate the person they are referring to the purchasing teams in a consistent way in order that those in most need are prioritised. When completing the priority rating assessment practitioners need to be mindful of the following:

- **Wellbeing domains are not hierarchical** – Practitioners must be aware that the judgement being made is prioritising those who experience the most significant impact to their wellbeing rather than one wellbeing domain being more important than another.
- **Have an explicit understanding of the impact on the person's inherent human rights** The Human rights Act 1998 underpinned the Covid easement guidance during the 1st wave of the pandemic. This guidance has now been withdrawn, but as with the situation when this was in place, the HRA provides a framework for prioritising the most at-risk people. The most relevant HRA articles are considered below.

4. Human Rights Act 1998 (HRA)

As a public authority we are bound by the HRA not only to uphold the rights of those we support but also to promote them. The Local Authority (LA) may be at risk of infringing a person's human rights if it fails to provide care and support that it has a legal duty to provide or it fails to take reasonable action to prevent harm and distress to someone who has care and support needs. Further reading regarding HRA considerations in adult social care can be found on RIP:

https://www.researchinpractice.org.uk/media/4795/1-setting-the-context-introducing-legal-literacy_proofed_final.pdf

When completing the rag rating practitioners need to explicitly consider the following articles:

Article 2 – Right to life

*This applies to both not being permitted to take person's life **and** a positive obligation to protect life. Although it is often considered as an absolute right, though there are situations where the state is justified in taking a life where protection of others is required, and where protecting life may not be possible due to issues of resources (for example, very expensive drug treatments).*

Does delaying meeting the person's needs pose a threat to their survival or the survival of others? Consider people who are unable to achieve a specified outcome or, is able to achieve the outcome but by doing so endangers or is likely to endanger the health or safety of the adult, or of others.

Article 3 - No one shall be subjected to torture or to inhuman or degrading treatment or punishment

It is an absolute right that people are not subjected to torture or inhuman and degrading treatment. Public authorities have a positive obligation to protect people from such treatment. The LA may be at risk of infringing a person's article 3 rights if its failure to provide appropriate care and support leads to the person experiencing significant distress, pain, abuse, or degrading treatment. Case law regarding a LA breaching a person's article 3 rights can be found on the above RIP link.

Does the delay in receiving care and support services risk the person experiencing extreme distress and/or pain or experiencing degrading treatment?

Article 8 - Respect for your private and family life, home, and correspondence

Article 8 refers to an individual and families right to their own autonomy and right to not receive unwanted interference from the state. It also extends to a person's right to determine their own sexuality and lifestyle and, to participate in economic, social, cultural and leisure activities. The right to family life also includes the right for an individual to have regular contact with their family. People have a right to the peaceful enjoyment of their home; the state cannot interfere with this right without very good reason. Article 8 is a qualified right so may be restricted in certain circumstances.

Does the delay in receiving care and support services have a significant impact on the person being able to enjoy their home? Is there a significant impact on the wellbeing of the person's family and social networks, for example providing informal care is leading to financial difficulties? Is the person isolated from their family, friends, and community as a result of not receiving care and support?

5. Priority rating Indicators

Priority 1: Critical risk where serious harm or loss of life may occur

- There is an immediate risk to the person's life/survival (Human Rights article 2)
- Serious abuse to self or others has occurred, or is suspected to the extent that protection measures are required
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an immediate risk to the person or others.
- The carer relationship(s) has collapsed and there is a need for immediate care and support or there is no existing carer relationship.
- P's basic needs (personal care/ nutrition/ hydration/ skin care/ medication if ancillary to social care needs) must be met by agency as completely isolated: no support network
- Very high dependency: P unable to do most things for themselves
- Immediate risk to the informal carer (s)
- Imminent breakdown of carers/ support network
- Safeguarding issue has been raised
- P's Mental Health (MH) is declining as a consequence of not receiving social care leading to high risk of harm occurring (suicide ideation)
- P experiencing deterioration of their physical health.

Priority 2: Significant risk where harm may occur now or in the near future

- Abuse to self or others has occurred or is at risk of occurring
- There are extensive care and support needs on an ongoing or time limited basis.
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate
- The carer relationship(s) is at risk of collapse and the person needs care and support or there is no existing carer relationship
- Imminent breakdown of carers/ support network
- P's mental health is declining, and they are becoming withdrawn and less willing to engage.
- Carer's mental health is declining, or they are experiencing high levels of anxiety
- The existing care arrangements are not sustainable.
- The person's deterioration or the ongoing caring requirement is likely to have an increasing impact on the unpaid carer.
- The situation is affecting the carer's outcomes under the Care Act such as ability to work, care for children

- Familial vulnerabilities/circumstances i.e. single parent, elderly parents, residing with persons who are immune compromised, limited external supports, carers returning to work.
- P has noted increase in behaviours of concern
- P “de-conditioning” because in a short-term bed and needs to regain independence at home

Priority 3: Moderate risk where harm may occur if action is not taken in the longer term

- There are some signs of deterioration in mental and physical health that are of concern but they’re being managed for now.
- There are some care and/or support needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living arrangements
- The carer relationship (s) is under strain and unlikely to be sustainable in the longer term.
- Person at risk of losing recently acquired skills if not supported to use them

6. Considering how risks can be reduced - alternatives to provision of a package of care.

Priority 1 to 2:

In many instances the high level of risk will require that people in the priority 1 category will need immediate provision of care and support services, possibly respite care or an acute health intervention. However, it may be possible to consider informal care arrangements along with continuing monitoring and support from practitioners.

Could a Direct Payment (DP) (S.33 Care Act) and/or direct provision of services to support carers (S.20 Care Act) be utilised to support informal care arrangements? Are there any health needs that might be addressed to reduce the social care needs?

Priority 2 to 3:

People rated as priority 2 are likely to be in situations where although their wellbeing and those of others involved in their life is being significantly impacted by the delay in receiving services, it is not to the extent of there being an immediate risk to their article 2 and 3 rights. This may be a situation where the informal care arrangements are not sustainable or where the person’s article 8 rights are being severely impacted.

Are there opportunities to make the informal caring arrangements more sustainable through DP or direct provision of support to the carer/s?

Are there opportunities to access support from resources in the community?
Are the community wardens able to offer any support and/or advice re options for support in the community?

Priority 3 to 4:

There is no priority 4 rating but priority 4 should be taken as meaning that the person's needs have been met appropriately and that the arrangements in place to meet those needs is sustainable in the longer term.

Moving someone from priority 3 to 4 is to meet the requirement of S.9(6b) and S.25(1f) of the Care Act. As above it may be that a DP and/or direct provision of support to carers may enable informal care arrangement to become more sustainable and better meet the person's needs.

Exploring services and resources in the local community may identify a range of services that can meet the person's needs. The community wardens are a great asset not only in providing support but in knowing what is available in the locality, neighbourhood they serve.

7. Supporting Informal Care arrangements

In many situations the informal care arrangements in place, or that can be put in place, will be fundamental to managing risks and maintaining the person's safety while waiting for home care to be available. S.10 of the Care Act places a duty on the LA to assess the support needs of carers and S.20 places a power and duty on the LA to meet the carers needs.

It is important that practitioners coordinate with carers, and the services commissioned to provide assessment and support to carers, to understand how any provision of support can help sustain an informal caring arrangement and consider what contingency plans need to be in place to ensure an effective and prompt response where the informal care arrangements have or are at impending risk of breaking down.

Direct payments (DP) should be considered as a means to enable informal carers to provide care to the person where they might otherwise not be able to, or are unwilling to due to the financial, physical or social impact this would have on them. This includes using a DP for family members. The Statutory Guidance to the Care Act states the following when addressing paying family members through a DP: *"The direct payment is designed to be used flexibly and innovatively and there should be no unreasonable restriction placed on the use of the payment, as long as it is being used to meet eligible care and support needs."* Ch12.35

8. Decision Matrix – Managing the risks

a) The following headings should form part of the information that practitioners will need to regularly update within contact notes notes on Mosaic:

- **What are the current risks?**
- **What is in place to manage and monitor the risks?**
- **How long can this be sustained? Provide rationale**
- **Based on your analysis, when are you going to contact person again?**

This information will help provide the evidence needed that we, in ASCH, are doing everything we can to mitigate risks in exceptional circumstances.

b) The table below is the guide to be used by managers and should be incorporated within your current locally agreed processes. This table may also prove useful for discussion during supervision.

Priority rating	What are the current risks?	What is in place to manage and monitor the risks	Does this change the priority rating? If so, what is the rating now? Provide rationale	How long can this be sustained? Provide rationale

9. Who might help?

The services/resources below may be helpful in exploring alternatives to traditional care packages and maintaining effective monitoring of people awaiting care and support services.

- **DP Officer** – To enable swift and pragmatic decisions to use DP to support informal care arrangements, e.g., provision by families, neighbours
- **Community Wardens** – To provide valuable local knowledge on what might be available to provide care and support for people in their area,

provide direct support to meet some needs and contribute to monitoring people awaiting care packages.

- **Community Navigators** - <https://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/care-navigators> To support adults over 55 and carers of adults with a range of needs. Include options available in the community, support with financial concerns.
- **Technology advisor** – To explore options where technology might meet/reduce needs, contribute to effective monitoring
- **Agencies contracted to provide Carers assessments and support** – To ensure that the needs of informal carers are fully considered and care and support for the person is coordinated with the support needs of the carers.

By building strong links with key partners in the local community it may be possible to explore creative solutions to meeting people's eligible needs, reducing the risk and contribute to effective monitoring of people awaiting care and support services. This is not an exhaustive list and there may be other locally based services you might want to add to the above list.

10. ACTION CARD

- 1 In the contact notes, practitioners need to consider the following questions as a guide to what they need to evidence their analysis and decision-making:

- What are the current risks?
- What is in place to manage and monitor the risks?
- How long can this be sustained?/ Provide rationale?
- Based on your analysis, when are you going to contact person again?

- 2 The above information will help managers to provide a rating of priority 1, 2 or 3 (please refer to the rag-rating indicators in the main guidance):

Priority 1 : Critical risk where serious harm or loss of life may occur

Priority 2 : Significant risk where harm may occur now or in the near future

Priority 3: Moderate risk where harm may occur if action is not taken in the longer term

- 3 Using teams locally agreed processes, the ratings will be used to populate the current spreadsheet/ forms used with local purchasing officers.