

ILDS Q&A 02/10/2020

What are the latest guidelines for issuing PPE for care staff working in 'supported living' in Enfield?

The current government guidance for social care settings can be found [here](#). There is no local guidance to supplement these. If DP employers are struggling to find appropriate suppliers, please contact stores. If additional costs of more PPE are impacting on people financially, please contact the duty social worker.

Do supported living staff qualify for asymptomatic testing in Enfield and if so, how frequently?

Testing policy remains a national policy. [Regular testing](#) (retesting) is available to registered care homes in England. This is all registered care homes since 1st September. Retesting involves weekly tests for staff and tests for residents every 28 days. This is not available for non-registered services (as of 21st September on gov.uk website).

Enfield has arranged discretionary testing for people with learning disabilities, their families and supporters who cannot access tests from the government programme.

At this point this included all day care staff and service users, and transport staff.

Note – current capacity is sufficient, but we cannot guarantee this might not change at any point.

Have there been any cases of Covid-19 for persons in 'supported living' in Enfield?

So far, 12 people who live 'in their own home' have had positive tests. Own home includes supported housing schemes, or people with their own tenancy who purchase domiciliary care. Of these 12, three have sadly passed away. One other person who lived in their own home has died, and Covid-19 is suspected, although they did not have a positive test.

There have been no recorded positive tests of anyone with a learning disability since the end of June. No positive results have been returned through the discretionary scheme run through Park Avenue.

Enfield's Covid19 Infections.

Enfield as having extremely high infection levels. Can we have some more information on this and are there any figures for those with L.D?

As of Monday 23rd September, Enfield had a 7-day average of Pillar 1 (community) and Pillar 2 (hospital) cases per 100k of 19. This is a little under the “trigger” level for further actions, but we had exceeded that figure in recent weeks. We have been in contact with Central Government to inform them of our intended mitigation measures – which at the moment consists of emphasising the communications and guidance already issued by them. National figures are rising, and local figures may do so in line with this. Further action may be required, and we will update you as soon as significant changes are indicated.

Covid19 Antibody Testing.

The government has informed us that this will be made available to health staff and then social care staff. I am aware that one of Enfield’s care providers (Outward) has contacted its staff, enabling them to have antibody testing. How can DP employers, and unpaid carers access these tests?

Antibody tests are blood tests that determine if a person has had the virus in the recent past. It takes two weeks for antibodies to appear after infection, and current understanding is that antibodies for this coronavirus drop below detectable levels after around three to four months, as they do for other coronavirus infections. There is no evidence that people who test positive for antibodies are immune to further infection, or are not able to spread the virus, infecting other people.

Antibody tests are currently being rolled out to help understand who has had the virus, how it is spread and to determine the level of the virus in the community.

Tests are being offered to people over 18 in England and Wales who do any job in a care home. The Department of Health and Adult Social Care are actively working with organisations to invite people to apply for the testing programme.

Not everyone eligible for a test will get one, and those that do may have to wait several weeks for a test to be available.

Do be aware that these antibody tests are useful for research purposes. They do not predict immunity.

Joint Funded Packages (Health and Social Care).

In the past we were always told that Enfield CCG did not support these (although we know that in reality they did!). Now that ENFIELD CCG has been incorporated into NCLCCG, had this position changed? I note that Haringey CCG mention these packages in their Policy (prior to becoming part of NCLCCG). Can we also have an update on the new CHC’ Group with Barbara – it has all gone a bit quiet!

NCL CCG through the new local partnership arrangements with Enfield Council, are looking at the possibility of developing a new and comprehensive system and process for joint Health and Social Care plans across Mental Health and Learning Disability Services.

This is in line with currently reviewing the Care Pathways for Mental Health and Learning Disabilities within Enfield.

As previously reported CHC group with Barbara Korszniac and EILDS will be arranged in the near future (capacity allowing).

Updating C&S Plans to Reflect Changes in Service Delivery.

We understand that the Care Act Easements have not been enacted by Enfield, so will there be a process of reviewing and updating C&S Plans, if there are any long-term changes to the way in which a service user's needs are being met? Are carers' needs currently being fully assessed in the service users' reviews, taking into account the high level of pressure on many carers, at this time – especially in obtaining any form of respite.

Where there is a medium to long term change in care package identified by through ILDS, the Review Team so this person can be prioritised for review. These will be combined reviews if that had previously been the case.

Charging Assessments relying on C&S Plans.

It seems that the Financial Assessment officers are now requiring elements of DRE to be evidenced on the C&S Plan, although, as we know, the Care Act allows for flexibility in this area. It had been expected that the DRE Factsheet would avoid this requirement, in many cases, due to the allocated 'reasonable' DRE levels. How will this issue to be addressed by the Care Management team, in order to ensure that all DRE is supported by the C&S Plan? How will this work for those who have joint funding with the NHS and may have an NHS Care Plan (if they are lucky!)?

Evidence of Disability Related Expenditure is not required in a Care and Support Plan.

- In awarding DRE, it is important to establish the impact of a person's disability on their cost of living. The first place a Finance Officer will look for this would be the Care and Support Plan.
- The Care and Support Plan must reflect all needs identified in the person's Care Act Assessment, in line with Care Act Wellbeing Criteria.
- DRE has a broader scope than the Care Act wellbeing criteria. How a person's disability impacts their cost of living can still be recorded in the person's care and support plan, even if it does not fall into the wellbeing criteria.

- However, this is not to be limited to the Care and Support plan. There may well be instances where it is appropriate for DRE to be established outside of the Care and Support Plan.
- Once impact of a person's disability on cost of living is identified, relevant DRE identified in the guidelines is applied to reasonable amount. DRE up to reasonable amount applies. No evidence of spend is needed.
- If the DRE is above reasonable amount, then evidence is required.

If there is joint funding with the CCG this would apply to any charges on the social care portion of the budget.

Update – Re-start of Day Services.

1. May we have some general information about the re-start of services, relating this to the chart presented at the Focus Group.

The general update is provided in the paper.

2. How will the 'Rule of 6' affect the provision of day services, for those requiring staff to support them?

DHSC have clarified that that day services are exempt from the new 6 people meeting rules.

Relevant part is as follows:

3.18 Can I go to my support group?

Some types of support group are exempt from the legal gatherings limit.

Support groups can take place in gatherings of any number in a public place, if the support group is organized by a business, a charitable, benevolent or philanthropic institution or a public body to provide mutual aid, therapy or any other form of support to its members or those who attend its meetings. This includes, but is not limited to, providing support:

- to victims of crime (including domestic abuse)
- to those with, or recovering from, addictions (including alcohol, narcotics or other substance addictions) or addictive patterns of behavior
- to new and expectant parents
- to those with, or caring for persons with, any long-term illness, disability or terminal condition or who are vulnerable

- to those facing issues related to their sexuality or identity including those living as lesbian, gay, bisexual or transgender
- to those who have suffered bereavement

3. May we have a copy of the guidelines which must be applied by day services, (presumably applicable to all providers). This was promised by Ineta at the Focus Group on 02/09. I would expect that this would be published on MyLife (ref Barnet's equivalent guidance, published in July).

We have organised individual meetings with providers and went through the requirements set by the Council (referred to in my paper)

- All staff and Service Users attending the day service must to be tested on a weekly basis
- The services must operate in bubbles
- The services start with a maximum cohort of 5 SU per provision

The situation on a national level is changing frequently. Enfield's approach has been to adapt an 'Action Log' rather than static policy, to reflect the dynamic situation. Managing risk is very difficult in these circumstances. Enfield's approach has been one of 'proceed with caution' and put every effort into maximising people's safety and confidence.

4. How many Day Centres have reopened? How many are planned to reopen- done in stages as suggested?

Most day services have now reopened or are in the process of reopening. There has been a slight delay with four services due to national testing issues which had an effect on staff's ability to access testing on time. Two of these will be reopening next week. Meetings are taking place this week to confirm time scales for the last two.

5. How many service users are in each RAG category, if possible, analysed by each service?

30 service users have been rated as priority 1 (see briefing paper for criteria)

6. How will those who still are unable to return to Day Centres be kept occupied?

Those who are unable to return to Day Centres will continue receive additional support as before, which may include online and outreach.

Pepel are encouraged to contact duty if they are need any additional support.

7. While virtual sessions are appreciated, many users are unable to engage in them - what attempts have been made to create alternative forms of activities? These could be individually done or in small bubbles e.g. play ball, croquet, netball, cycling, large ball cricket or tennis, boating etc. the more creative the better.

We are working with individual providers to explore what alternative activities could be provided. Providers are in turn working with their service users and their carers.

As a local authority the current priority is the reopening of building based day centres.

8. With regard to additional support workers consequently required, can students/volunteers, furloughed staff be targeted?

This is individual provider's decision. The local authority liaises with providers to make sure they have sufficient capacity to deliver their services.

9. In light of the risk of a second wave of Covid-19 we must consider alternatives to day centres, given their limitations, for those who need them, ASAP?

Given the increased number of infection rates and potential restrictions, we are asking all providers to develop their service specific contingency plan and develop one for the service users they are supporting together with the Care Management team.

The contingency plans will look at how each service user would continue receiving the right level of support in case of infection breakout in the service bubble/service, or if he/she contract the infection.

10. Surely this requires setting up a new dynamic implementation group.

The working group is currently sufficient to have oversight of reopening. We are aware of the need for increased day care given the number of people coming through transition. This will require a specific focus.

Specific Queries re Antigen Testing.

Is weekly testing of service users and day service staff mandatory at all Enfield day service settings?

Yes.

Testing of supporting living staff is not mandatory and, if staff agree to be tested, it is usually monthly. Can the LA explain why there are different protocols for staff working with the same service users?

We have taken this approach to ensure we can monitor whether the infection control and risk management measures each provider has put in place are effective. If we increase the time between the tests, we may not be able to identify the infection soon enough and put the mitigation measures in place.

Supported living services have been working with the same service users for several months and have assessments in place.

Day Centres represent a different set of staff being introduced to work with (sometimes) the same service users, in a new environment with a different set of risks.

There is a concern that some service users may be exposed to numerous care staff who work across more than one setting with several service users making the risks similar to attendance at a day service. Also, the service users may be living in a shared setting with numerous other LD tenants which may further increase risk. What can be done to mitigate these risks in supported living and care homes?

Our current mitigation plan is a weekly testing regime for those who are attending day service.

Testing is proving to be a barrier to moving forward with reopening service, therefore, what is ILDS doing to remedy this?

ILDS, the Director of Adult Social Care and the Director of Public Health have agreed this approach to ensure day services are as safe as possible. To resolve an ongoing testing issue, we have provided Train the Trainer training to all our providers to ensure they have capability to do their own testing, which should help us overcome wider national testing issues.

What happens about service users who, due to their complex needs, cannot comply with testing or social distancing?

They will not be able to return to the day service in phase 1.

Blue Badges Renewals & Applications.

We understand that the waiving of Blue Badge renewal will cease at the end of September 2020. What has been done to ensure that those with 'hidden disabilities', and who have

been invited to renew from August 2020, will have a seamless renewal of their Blue Badges – even if they have been transferred onto PIP?

Applicants, who will be renewing from the end of September 2020, who previously were receiving either DLA or P.I.P but would now qualify under the Non-Visible Disabilities criteria, will be assessed in line with all other applications submitted under the Non-Visible Disability criteria. There are currently no Non-Visible Renewal applications, because the new criteria only became legislation from August 2019.

Any applicants who are renewing, should be made aware to provide as much information on their application, and not to just reply on the fact the application is a renewal, and in addition, supporting letters from a Health Care Professional must be provided, which describes a diagnosis and more importantly how their Non-Visible Disability, affects their walking, whilst accessing Goods & Services.

New Day Centre & Associated Flats

May we have some information about the new PCDO Centre? E.g. number of service users, type of service users, facilities, opening date, etc. May we also have an update on the flat development, which we understand is on the same site. Will the day centre link with the flats, in any way?

The new day centre will accommodate 10 service users, with learning disabilities, autism, and challenging behaviour. Estimated opening is November/December dependant on the current Covid-19 situation. It is a purpose-built centre with sensory room, computer room, art room, treatment room, cooking facilities and a lounge/dining area plus external garden. There is security fencing which can only be accessed through codes. The building internally and externally is equipped with full CCTV monitoring. The structure will be based on our existing model of day services.

The day centre is independent to all the flats and has its own entrance, there is no link with the flats. However, residents in the flats can access the day centre if it is agreed for them to attend in their package. Regards the flats there are 14 one-bedroom flats over three floors. Any referrals for the flats must be made via Enfield ILDS. The flats are finished and currently one service user has moved in.

ILDS Structure

Can we have an up to date structure of the ILDS, as there have been so many changes recently.

Vicky is working on a written structure and has agreed to arrange a 'meet and greet' for carers to get to know new staff.

Funding and Staffing Issues for Day Services and Care Agencies

How long will the full funding of day services continue? Services will probably only be open in a very limited fashion, so how will they remain viable? The latest rules about staff not being allowed to move from one service to another could probably cause a lot of problems, especially as many staff are agency workers. Is that a problem for staff in the L.A. services? How will that be monitored?

We will continue to fully fund day-care services up to the end of December 20. Government infection control funding is set to continue through the winter as well and part of this funding will be used to support providers with staff told not to move between different care settings to reduce risks of cross-infection. The funding will also be used to ensure that staff who do have to self-isolate will continue to be paid their normal wages.

Refunding Payments for Reduced Services

You have told us that payments will be waived for those who may be receiving services of lower value than their financial contribution, and that this can be variable, to reflect the fact that services may be received some weeks and then not others. In reality it seems that this is a complex processing, involving brokerage and the provider, as well as the carer/service user. Carers may just give up in frustration – or from fear of losing their service in the long term. Are you aware of this situation? Can anything be done to remedy this?

If someone feels that they have been unfairly charged they need to contact the duty team where these will be looked at on an individual basis.

If someone is paying a contribution that is greater than the service, they are receiving then the charge will be adjusted.

Commissioning data suggests this will be a very small number of people.