

Services Remobilising Pathway
Adult Social Care Services

October 2021

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Executive Summary

People with learning disabilities, families and carers have been significantly impacted by the pandemic and subsequent Health & Social Care (HSC) responses to reduce the spread of infection and mortality. In the initial phase, a range of HSC services in adult centres, short breaks and transport were stood down for general use. While these services subsequently reopened, they are subject to nationally agreed Infection Prevention & Control (IPC) measures and Department of Health guidance relating to care homes, which has led to reduced capacity and access.

These services re-opened in July 2020 on a phased basis and while HSC Trusts have made extensive efforts to augment existing services, adapt physical spaces, and offer alternative services in order to comply with IPC requirements, they have not been able to restore capacity to pre-pandemic levels.

Families have played a significant role in keeping their loved ones safe, supporting their needs and enabling the restoration of services. It is recognised that reduced provision of adult daycare and short breaks has had a notable impact on the wellbeing and resilience of carers. As restrictions are relaxed across retail, hospitality and communities, the expectation is growing for normality to be restored within HSC. Additionally, families report that the conclusion of the UK wide furlough scheme has placed some families in a challenging position of having to choose between income and caring responsibilities. There is a strong case to review the current rationale for IPC, its implementation and options to further expand the range and level of services for people with learning disabilities, families and carers.

A multi-agency task and finish group was established by the Public Health Agency to convene key stakeholders from Health Trusts, the Health & Social Care Board, and the Department of Health. Aligned to this, the Patient Client Council established an engagement panel with families of people with learning disabilities to ensure that the voice of carers guided the pathway to restore services. Given the time constraints it was not possible to engage directly with services users as part of the process.

The primary objective of the pathway is to facilitate the full delivery of adult social care whilst minimising mortality, morbidity and the social and emotional consequences associated with service restrictions.

A significant exercise has been undertaken to assess: (i) the current level of service provision; (ii) implementation of Infection Prevention & Control guidance; (iii) vaccination uptake; (iv) routine testing participation; (v) and ultimately the risks associated with increased service provision.

The Patient Client Council developed an online survey to seek the views of families from across Northern Ireland. Approximately 100 families responded and gave their views on the restoration of services and the need for a pathway to help with the restoration of day care and short breaks services.

Additionally, Departmental of Health Officials have directly engaged with families to better understand the challenges and provide an opportunity to co-design potential solutions.

This review sought to assess the risks associated with increased footfall and service provision to provide the Department of Health with the advice necessary to inform a potential change in policy and guidance.

The five key areas addressed in the review are summarised below:

- **To assess the risk of removing or reducing social distancing requirements from learning disability services and transport and balance this against other risks;**

It is acknowledged by everyone involved in the review and the development of the pathway that it is not possible to fully quantify the risks involved in removing or reducing the physical distancing within daycare, short breaks and transport services.

Each setting and individual presents with a varying level of Covid-19 vulnerability and risk. The reduction in physical distancing is likely to increase the risk of transmission as the footfall, and interaction between service users increase - this pathway seeks to provide mitigations to manage risk.

- **To evaluate current range of other non-pharmaceutical interventions available to identify opportunities to further mitigate risk;**

A range of non-pharmaceutical interventions (NPIs) to mitigate risk across daycare, short breaks and transport are in place and there is scope to further increase usage. Asymptomatic testing of both staff and service users alongside PPE and adjustments to services provides a strong platform to lower priority for physical distancing requirements and scale-up service delivery. It is important to recognise that NPIs do not work as effectively in isolation and this pathway seeks to outline a holistic approach to managing risk.

- **To assess vaccine uptake of staff and service users, where this is a relevant factor to decision making;**

There has been good vaccine uptake by staff and service users across adult daycare and short breaks and therefore settings present with lower risk compared to earlier phases of the pandemic. There are a small cohort of settings with low vaccine uptake and reasons have been explored in this report.

- **To assess service user adherence to current IPC guidelines, cognisant of behaviours presented by people with learning disabilities and communication challenges in order to inform the removing or reducing of any social distancing requirements;**

There has been the robust application of IPC guidelines across HSC Trusts and physical adaptations have been made to settings to further increase capacity. Families have indicated that physical distancing is neither practical nor desirable for service users, recognising specific behaviours and communication challenges. Implementation of the proposed pathway will require a person centred approach to take account of the needs of the person with learning disability and all reasonable adjustments required.

- **To identify transferable learning from comparable models of practice, i.e. bubble approach from special schools, lateral flow testing in care homes, etc.**

Drawing on learning from Special Schools, social bubbles are effective to manage the number of social interactions between service users and have been used as one measure to reduce the spread of Covid-19. Families have indicated that they already live in social bubbles and consideration is required on how social bubbles may limit opportunities for their loved ones to meet new people and live a fulfilling life.

Families have outlined a range of concerns relating to testing, reflecting that some people with learning disabilities may not be compatible with current testing methods and reasonable adjustments will be required to facilitate uptake. Additionally, families wanted assurances that access to services will not be denied for those that cannot take part in routine testing. Lastly, Trusts have indicated that routine testing will have workforce implications and additional training may be required for staff operating in adult daycare.

Current isolation requirements for admissions from the community to care homes have significantly limited short breaks and respite provision. Families reported that they cannot avail of short breaks services in the knowledge that their loved one will be required to isolate to their room for the duration of their stay. Additionally, several care homes have not reopened respite beds as they are unable to effectively isolate new admissions.

There are no guarantees what impact the implementation of the pathway will have on the transmission of COVID-19 within these settings, this pathway proposes a way forward to mitigate risk while reducing emphasis on physical distancing and assist with the resumption of day care, short breaks and transport services. This will be underpinned by a robust surveillance and monitoring system that will provide the data necessary to assess impact and inform future adjustments to this pathway.

Acknowledgements

The Public Health Agency would like to thank all the members of the Task and Finish group who contributed to this document, your help and support has been greatly appreciated. A special word of thanks to the staff in the Patient Client Council, in particular Suzanne Collins and to all the families who gave up their time to be involved and share their experiences with us to help inform the development of the pathway.

1.0 Background and strategic context

Adult daycare, short breaks and HSC Transport services provide support for people and carers across multiple programmes of care including Learning Disability, providing a range of services, activities for vulnerable adults as well as opportunities to socialise. These services also provide a valuable break to those with caring responsibilities.

Due to COVID-19 restrictions in March 2020, many of these services were initially stood down to protect vulnerable people and respond to pressures in acute services. At that time families and carers reportedly had already taken the decision to stop using these services due to increasing concerns about transmission of COVID-19.

This has had a huge impact on the lives of people with learning disability and their families. A report published by Carers Northern Ireland in June 2021, highlighted the impact on health and wellbeing of carers reporting that the pandemic has severely affected carers ability to take a break with 72% of carers, reporting that their mental health has got worse because of a lack of breaks while caring during the pandemic and 67% of carers said their physical health had deteriorated during the pandemic.

The report goes on to say that carers in Northern Ireland are struggling to continue caring and are reporting high levels of fatigue and stress, with over three quarters, (78%) reporting feeling exhausted and worn out as a result of caring during the COVID-19 pandemic. When asked what support would help the most in the future, top of the list was access to breaks and replacement care.¹ The Care Act 2014 uses the term 'replacement care' to more clearly define that it is a service for the person being cared for, so that they can experience activities or care away from their normal environment.²

It should be noted that there are many individuals with learning disability who live outside the family home, in supported living and residential facilities, who also have not been able to access day care services since the beginning of the pandemic these individuals will also need to be considered as part of the pathway.

In July 2020, adult daycare and short breaks services re-opened on a phased basis. Families feel the re-opening was more ad hoc than planned or phased. This phased approach was informed by a regionally agreed recovery framework developed by the Health and Social Care Board (HSCB) in partnership with Health and Social Care (HSC) Trusts. The framework aimed to restore services in a consistent manner taking account of learning from new ways of working developed throughout the pandemic.

In order to comply with the public health guidance, these services were significantly reduced and have been operating at a reduced level since with families reporting that they have been receiving a fraction of the support they had been receiving pre-pandemic. Trusts have adapted buildings to maximise use of available spaces and offered alternatives options to building based daycare where possible. The 2m physical distancing rule has been reported as one of the significant factors that has impacted on day care, short breaks and transport services.

Given the layout and design of some buildings where space is limited, providers have had to reduce their footfall and in some cases repurpose buildings to allow extra space for physical distancing and adhere to the public health guidance.

The capacity in HSC transport vehicles also had to be reduced in order to comply with guidance resulting in fewer service users being able to access transport to and from day care and short breaks facilities.

On June 9 2021, on behalf of the Minister, the Chief Social Work Officer in the Department of Health (DOH) asked the Public Health Agency (PHA) to undertake a review of the Infection Prevention Control (IPC) guidelines across all relevant programmes of care giving consideration to the following:

- To assess the risk of removing or reducing social distancing requirements from learning disability services and transport and balance this against other risks;
- To evaluate current range of other non-pharmaceutical interventions available to identify opportunities to further mitigate risk;
- To assess vaccine uptake of staff and service users, where this is a relevant factor to decision making;
- To assess service user adherence to current IPC guidelines, cognisant of behaviours presented by people with learning disabilities and communication challenges in order to inform the removing or reducing of any social distancing requirements; and
- To identify transferable learning from comparable models of practice, i.e. bubble approach from special schools, lateral flow testing in care homes, etc.

In response to the request a Task and Finish group was established on June 23 2021 chaired by Rodney Morton, Director of Nursing Midwifery and AHPs. Representatives on the group were from HSCB, PHA, DoH, 5 HSC Trusts and PCC. A number of families of adults with learning disability joined on the Task and Finish group as of September 6 2021.

2.0 Objective/Goal

The primary objective of the pathway is to facilitate the full delivery of adult social care whilst minimising mortality, morbidity and the social and emotional consequences associated with service restrictions.

3.0 Scoping

The key priority is to facilitate full service delivery while limiting the instances of COVID-19 acquisition in daycare, short breaks and transport services by preventing the transmission of the virus as much as possible, protect the health and wellbeing of service users and staff and reduce the negative impact on families.

Vaccination Status

The NI uptake rate for the vaccination programme in September 2021 was 87.3% with lower uptake rates in the under 30's 71.38% Evidence of hospital admissions across the UK has also highlighted that there is a higher percentage of young people (18-30) being admitted with COVID-19 and requiring treatment in ICU. (NI Covid Vaccine Database).³

To inform the pathway the PHA worked in partnership with the 5 HSC Trusts to scope the vaccination status of staff and service users involved in daycare and short breaks services. It is acknowledged that the information was provided on a voluntary basis and we appreciate the willingness of staff and service users to respond to the scoping.

Analysis of Data submitted by Trusts in July 2021:

In July 2021, Trusts were asked to provide information on the numbers of people with learning disability who had returned to daycare and short breaks services who had been fully vaccinated. This information was also sought in relation to staff working within daycare and short breaks services. Trusts reported that 4059 service users had returned to daycare and short breaks services, of which 93% had been fully vaccinated.

In July 2021, of the 1746 staff working in daycare and short breaks services, 86% were fully vaccinated. The table below provides a breakdown per Trust area.

Trust	% of Service Users returned to Daycare and Short Breaks service who have been fully vaccinated	% of Staff working in Daycare and Short Breaks services who have been fully vaccinated
Belfast Trust	93% (n=459)	93% (n=431)
South Eastern	95% (n=966)	94.3% (n=188)
Southern Trust	83% (n=524)	75% (n=361)
Northern Trust	96% (n=871)	84% (n=382)
Western Trust	96% (n=1239)	83% (n=384)
Mean of %	93%	86%

Where known, some of the reasons provided by staff and service users who have not taken the vaccination included the following: personal choice, refused to take the vaccine, concerns about longer term affects, fear, pregnancy, religious reasons, illness, allergies and best interest decision.

The information provided in the table above, demonstrates that in most areas there has been a high level of vaccination uptake for both staff and service users across most HSC Trust areas which is encouraging. However, information provided by the Trusts has highlighted there are small number of service areas where the vaccination uptake for staff and/or services users is significantly lower. These service areas will require careful consideration in relation to the implementation of the pathway.

The roll out of the vaccination booster programme in Northern Ireland is now underway and will offer added protection to those already vaccinated. This will include HSC staff, people with learning disabilities and their families.

4.0 COVID-19 Testing within daycare and short breaks services

In July 2021, Trusts were asked to provide information with regards to the provision of Lateral Flow COVID-19 testing for staff and service users within daycare and short breaks services. Information provided by Trusts is included in the table below.

Trust	Staff engaged in Lateral Flow testing n=614
Belfast Trust	46% (n=210)
South Eastern	10% (n=19)
Southern Trust	66% (n=237)
Northern Trust	25% (n=96)
Western Trust	13.5% (n=52)
Mean of %	35% of 1776 staff (n=614) engaged in lateral flow testing

In August 2021, additional information regarding PCR testing for staff and service users in day care and short breaks services was provided by Trusts. Trusts reported that staff working within daycare services do not participate in PCR Testing. Within short breaks services, staffs in four Trusts participate in weekly or twice weekly PCR testing and in one Trust where staffs do not participate in PCR testing, they are asked to participate in lateral flow testing.

With regards to service users attending daycare services, in July, none of the Trusts asked service users attending daycare services to undertake Lateral Flow or any other type of COVID testing. Within short breaks, all Trusts asked service users to undertake either PCR or Lateral Flow testing prior to admission to a short break facility.

Trusts have since reported that with ongoing encouragement and support they are now seeing increasing numbers of staff and service users getting involved in regular testing across all service areas including day care and short breaks. It must be noted that although staff are encouraged to participate in regular testing, this is not mandatory for staff working in health and social care.

Feedback from families highlight that although the majority (75.6%) would be in favour of testing as part of the pathway, for some individuals, participating in the testing procedure would prove difficult and cause undue distress. Concerns were expressed by some family members who wanted to be assured that their loved one would not be excluded from day care, short breaks or transport if they were unable to participate in regular testing.

In response to the concerns raised by families in relation to testing, a briefing paper was tabled at the DoH Regional Expert Group on Friday 1 October. Having considered the proposed pathway the group provided the following recommendations which are now included in Version 9 of the Interim Testing Protocol issued by DoH on 6 October 2021.

Staff should be doing regular testing as per local Trust arrangements Lateral Flow Tests (LFT) or loop-mediated isothermal amplification (LAMP)

Daycare attendees should have regular testing organised through day care services with testing carried out in local Trust laboratory.

- For those able to tolerate PCR swab testing this should be done weekly.
- For those unable to tolerate swab testing they should be offered saliva PCR (LAMP) testing weekly.

Daycare centres should have kits, lab forms and staff able to oversee/perform testing. It is essential that lab forms are completed correctly including the Health and Care number (specimen will not be tested without full information). Daycare centres must have a named person/telephone number for the Trust laboratory to phone if there is a positive test. Daycare centres must have procedures in place on action to take if there is a positive result.

Some families have advised that they would prefer their family member to do the test at home. The advice from the DoH Regional Expert Group is that if families want to do the testing at home, that this can be accommodated provided there are clear instructions and training for families, that forms are completed correctly and that follow up arrangements for results are agreed and in place within Trusts.

This will help to ensure that access to testing is widely available and is as flexible as possible to ensure adult daycare services are available to all families who need it. The individual assessment which will be required to be undertaken as part of the implementation of the pathway should determine:

- if the individual will be able to participate in testing or not;
- if able to participate in testing, what type of test will be most suitable;
- Who will do the test;
- Where will the test be done;
- Arrangements for samples from families to day centres and labs to ensure accurate information is received and that a system is in place to follow up on results of tests.
- if an individual cannot tolerate testing, this will not result in their not being able to attend the day centre.

Testing in Short Break services

As outlined above, all Trust have advised that service users are asked to undertake either PCR or Lateral Flow testing prior to admission to a short break facility. Where the short break / respite service is offered in a care home setting, families have raised concerns that their loved one is expected to self-isolate before admission.

Advice from the expert testing group is that if the individual is doubly vaccinated and they have a negative PCR test, then they do not need to self-isolate prior to admission.

Families have expressed that if their loved one is required to isolate on admission to the short break/respite facility this would impact of the mental health and wellbeing with some families reporting that they have turned down an offer of respite for their loved as a result of the restrictions with regards to isolation following admission to the care home facility. The guidance for care homes is currently under review to take account of the particular needs of people with learning disability and others who are offered short break/respite in care home settings and who are expected to isolate following admission. It is hoped that the revised guidance will remove the requirement to isolate following admission if the person has been doubly vaccinated and had a negative PCR test prior to admission.

5.0 Infection Prevention Control (IPC)

In June 2021 Public Health England updated the IPC Guidelines. These guidelines, endorsed by all 4 Nations are informed by the best available public health evidence regarding to the transmission of SARS –CoV2 (Corona Virus).⁴

The hierarchy of controls outlined in the National IPC guidance should be implemented to reduce the transmission of COVID-19. Within HSC settings the following hierarchy of controls are put in place:

- Elimination (controls that eliminate the risk of transmission of infection e.g. triaging, testing and isolation as well as effective footfall management)
- Substitution (When a source of infection cannot be eliminated substitutions should be implemented to reduce or control the risk e.g. virtual consultations, although this may not always be possible)
- Engineering controls (to reduce or control the risk of exposure at source e.g. adequate ventilation)
- Administrative controls (e.g. social distancing, education, regular monitoring and assessment of environmental cleanliness and hand & respiratory hygiene)
- PPE (employers are under a legal obligation to adequately control the risk of exposure where exposure cannot be prevented. Ensure adequate supply of PPE and fit testing of respirator masks where appropriate.

An updated version of the IPC Guidelines is due to be published in November 2021 and will have number of changes that will inform the pathway and provide further clarity on the physical distancing considerations. The new guidance will not be COVID specific as per previous guidance but will be IPC guidance for seasonal respiratory infections (including COVID-19) for Health and Social Care settings including influenza and RSV. It is anticipated that in the respiratory pathway within the document will still recommend 2metre physical distancing with this being reduced to 1metre where there is no likelihood of respiratory illness.

On June 4 2021 the Scientific Advisory Group for Emergencies (SAGE) issued updated guidance relating to Transmission and Mitigating Measures for COVID-19⁵.

The executive summary states:

Transmission of SARS-CoV-2 is most strongly associated with close and prolonged contact in indoor environments. The highest risk of transmission is in crowded spaces over extended periods. (High confidence)

Physical distancing is an important mitigating measure. Where a situation means that 2m face to face distancing cannot be achieved it is strongly recommended that additional mitigating measures including (but not limited to) face coverings and minimising duration of exposure are adopted. (Medium confidence)

Selection of prevention and mitigation measures should consider all the potential transmission routes and need to be bespoke to a setting and the activity carried out. (High confidence)

6.0 Transport

Transport services are an integral part of day care and short breaks services. Involvement of Trust Transport representatives in the development of the pathway has helped ensure a shared understanding of the challenges faced due to the reduced capacity in vehicles and the implementation of the IPC Guidance.

It is acknowledged that the IPC measures taken within transport support services in Northern Ireland throughout the pandemic had mitigated risks of transmission to users of the service and staff with little evidence of transmission of COVID-19 associated with patient transport services which was seen as a low risk area.

A transport sub-group of the main Task and Finish group was established and considered the need for ongoing testing for both staff and service users as part of the risk assessment in addition to all other IPC measures currently in place and concluded that the reduction on the 2 metre physical distancing as part of the dynamic risk assessment would be key to increasing the capacity in vehicles.

The transport sub-group also considered the role of families in the provision of transport and concluded that a review of those receiving statutory transport should be considered as part of the ongoing engagement with families in the implementation of the pathway. Some families living in rural areas have reported having to travel long distances in order to access services which impacts on their respite time as carers and disrupts family routines.

Feedback from Trusts has advised that transport is based on assessed need for day care provision and is enshrined in legislation. Transport to short breaks is not an assessed need and does not have to be met by Trusts. Feedback has also suggested that there are benefits to carer transporting individuals to short breaks e.g. providing handover of all relevant information, completing wellness checks etc.

A copy of the report from the Transport Sub-group is available in Appendix two.

It is anticipated that the new IPC Guidance when published in November will be a seen as welcome development by Transport colleagues and will help increase capacity in vehicles.

7.0 Community Prevalence

In July 2021, Northern Ireland saw a huge increase in the number of people testing positive for COVID-19. Hospitals have also seen an increasing number of people requiring admission for treatment of COVID 19 and the number of people in ICU has also increased. There has also been an increase in the number of deaths related to COVID-19.

At the end of September although the number of daily positive cases remain higher than anticipated, the number of hospital admissions and deaths is slowly starting to decrease.³

Families indicated mixed views on whether they would avail of day care or short breaks services if there are high levels of community prevalence of Covid-19.

Balancing the risks associated with increased community transmission with the need to increase the availability of day care, short breaks and transport services for adult social care has been a challenge. It is acknowledged by all those involved in the development of this pathway that no decision is without risk.

The families engaged in the process have highlighted that they too consider these risks each day and will continue to do so moving forward to the implementation for the pathway.

In terms of a localised response to confirmed cases in a particular setting, as with current protocols, a risk assessment will be undertaken by the respective trust to take account of the specific circumstances, and if required the PHA will advise and assist with this assessment which will be done on a case-by-case basis.

8.0 Communication and engagement with Families/Carers

Communication and engagement with families/carers has been a key principle in the development of the pathway. The involvement of PCC in the process has been invaluable in helping to facilitate the engagement with families across Northern Ireland. Throughout the engagement a number the key themes identified by the families/carers are summarised below:

Throughout August 2021, the PCC carried out an online survey, which captured approximately 100 responses from families of people with learning disabilities. Aligned to this process an engagement platform was established to engage families directly, which included Departmental officials to ensure transparency.

A number key themes identified by the families involved in the PCC engagement are included below with a full copy of the report included in Appendix One

- **Timeframe**

Families voiced frustration at the long delay in any forward progress with the move to the full recommencement of services over the last 18 months. There is a feeling that this should have been an immediate priority.

- **Capacity and resources**

Family members felt that the information shared by Trusts showed that vaccination levels among staff and service users are high and that they, as families, have been fully compliant with all that has been asked in relation to safety in the pandemic.

All families were clear on the impact the ongoing restrictions have had and continue to have, on both their loved ones and on themselves.

- **Vaccination and testing**

The families agree they want to know more about the frequency of testing, that the tests are as easy as possible for their loved ones to have done, but also that they are assured of their accuracy. Families are very concerned about situations where their loved one may simply not be able to tolerate testing, and ask will not having a negative test result to show be applied to mean loved ones would now be excluded from accessing services they are currently able to access services under restrictions.

In terms of maintaining and encouraging uptake of vaccines by staff, families asked whether the Trusts are monitoring and recording reasons staff have not had vaccines, or how they have encouraged uptake.

- **The learning disability population and wider population**

The families strongly query that certain guidelines, such as the 2 metre distancing has been removed in Care Home settings and for the general public, but not for their loved ones. They feel the continuing of restrictions is discriminatory to their loved ones, when the rest of the population have had restrictions eased. Again, they emphasise they have acted first and most safely and don't feel social distancing is relevant to those in their families who naturally do not seek touch and close contact.

- **Communication and consistency**

Families are aware there are reset and recovery plans for each Trust and would like for these to be shared. They feel there has been little or no communication from Trusts about the plan for recommencing services. Families want good clear communication at both Trusts and Day Centre level to allow them to make decisions for their loved ones on an individual basis, regardless of the level of service being offered. Families are very clear they want the Infection Prevention and Control pathway to be applied with accountability, but more specifically, to be applied across all the Trusts.

The PHA should provide the Trusts with a defined and precise metrics requirement and validation of accurate ongoing improvement measurements along with time bound targets on the Pathway plan, to ensure it is implemented equitably across the region.

- **Transport**

Transport remains a very much reduced service, which, in turn, adds to the ask of families to provide transport themselves. One family noted that they have been offered a private taxi, and again consider the balance of the use of taxis as a form of public transport, as opposed to the HSC transport, where hygiene and use of PPE can be managed. Families feel that the risks involved in any individual using a public taxi make it contradictory to seek to reduce risk by keeping a 2 metre or 1 metre rule on HSC transport.

- **No evidence of transmission**

Families in the group are calling for clarity and to be given the data and statistics to help them understand the reasoning for decisions. Specifically they have asked about transmission of COVID-19 in Daycare settings.

- **Use of Care Home Guidelines**

There is very mixed information to families about what Infection Prevention and Control guidelines are being used, with some being told it is the Trust's own IPC as coming from the PHA, and others that Trusts are using Nursing / Care Home Guidelines. The overall feeling is that there needs to be a clear set of guidelines for Daycare and Short Breaks.

- **Extending hours or days of Day care available**

Many families would be keen for any additional service at this point, depending on family routines. They could see that staffing issues and resources may make any consideration of extending hours of Daycare, or offering Day care over weekends a difficulty.

- **AHPs**

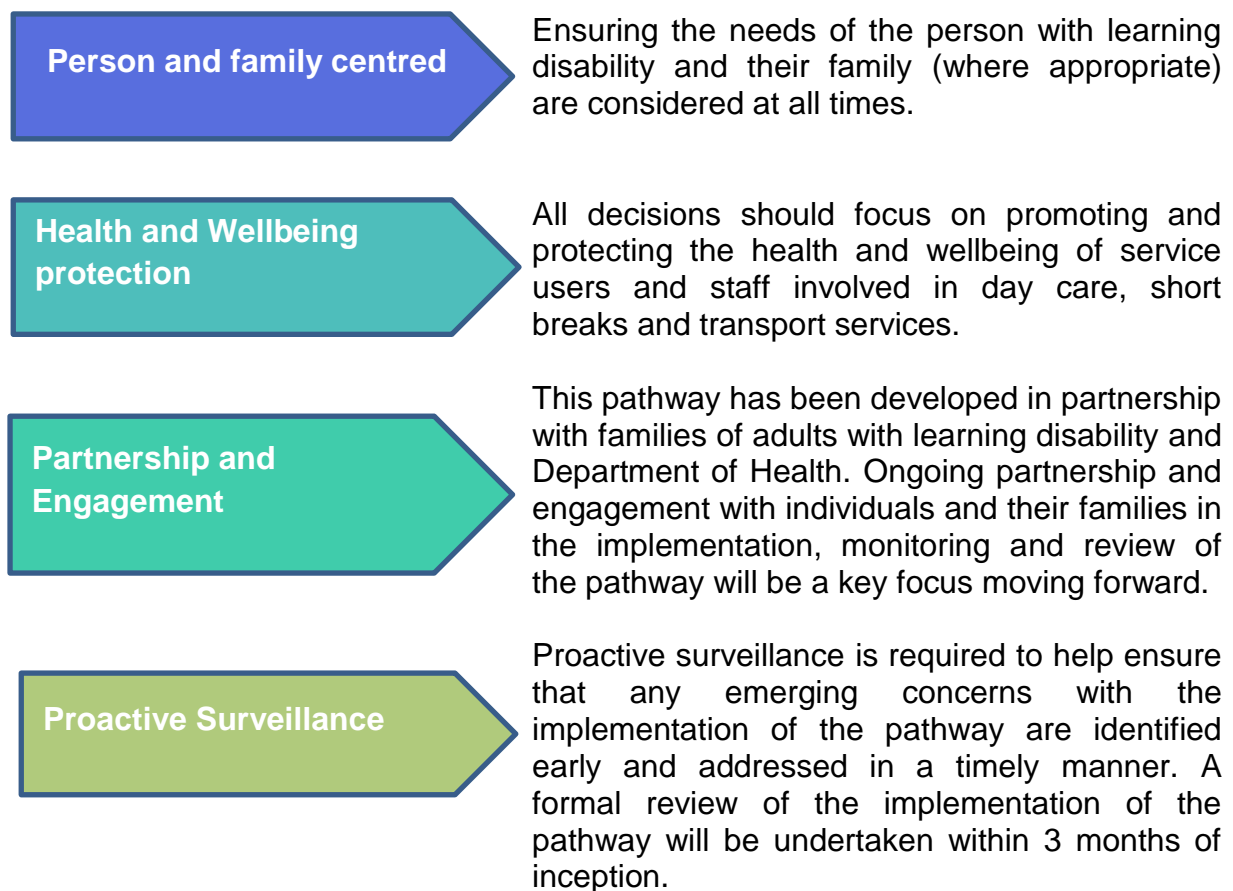
The point was made that it is not just the impact on families and on their loved ones, socially and mentally, but some are missing out on the therapeutic input and monitoring by AHPs in the day centre.

9.0 The Pathway

The physical and psychological impact of the pandemic has been felt by families and service users who are struggling to continue with the current level of day care and short breaks provision. As previously referenced this impact has also been felt by many people with learning disability who live outside of family homes in supported living and/or residential settings. Following a review of all of the information provided by Trusts as part of the scoping, the underpinning IPC Guidance and the feedback from family/carers through the engagement process, the following pathway is being proposed as the way forward for the remobilising of day care, short breaks and transport services across all HSC Trusts in Northern Ireland.

Guiding Principles

Four key guiding principles underpin the proposed pathway.



Whilst all health and social care settings can be a source of virus spread, including among staff and service users, the risk of the spread of infection in day care, short breaks and transport services can be mitigated by using appropriate PPE, good hand and respiratory hygiene, good cleaning and ventilation, managing footfall and where possible maintaining physical distancing.

The proposed pathway sets out the conditions required for the **full** resumption of all day care and short breaks services.

Where there is high uptake of vaccines (80% upwards); weekly PCR testing for both staff and service users (for those unable to tolerate swab testing they should complete saliva PCR (LAMP) testing weekly; good IPC measures in place and the appropriate use of PPE, this may allow for physical distancing to be a lower priority.

It is anticipated that the new IPC guidance to be published in November will provide further clarity on the physical distancing considerations with regards to HSC settings. The new guidance will be considered as part of the overall dynamic risk assessment to be undertaken by Trusts as part of the implementation of the pathway.



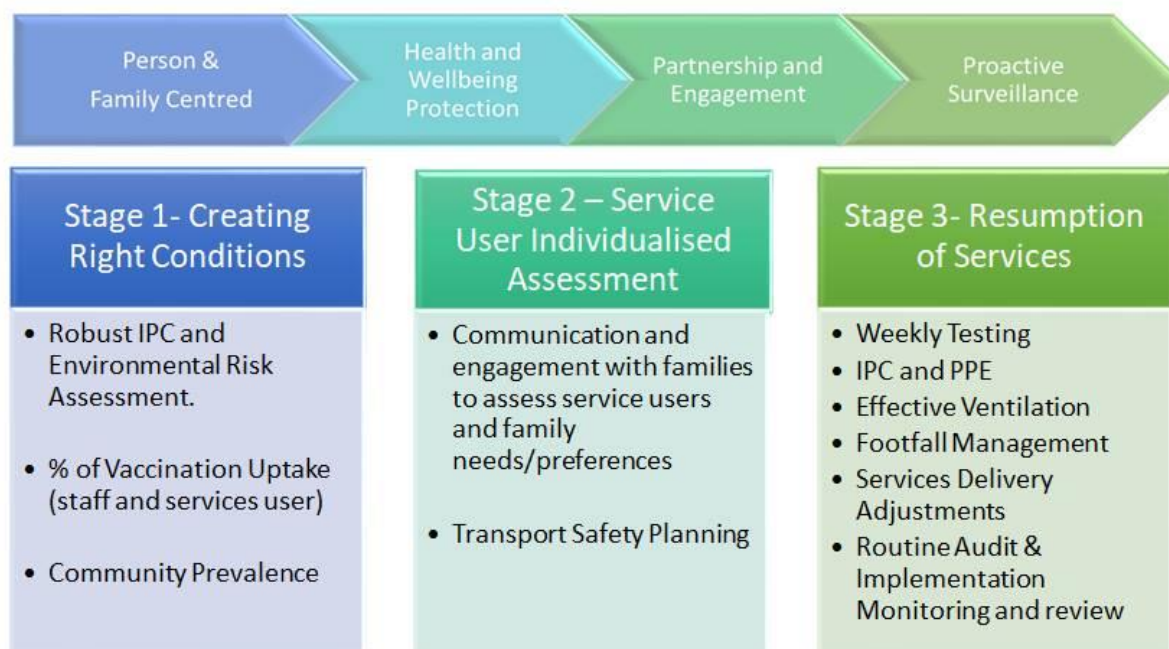
Where the vaccination thresholds for staff and services users are less than 80% additional mitigations will need to be applied. Adjustments to the service model may need to be considered to e.g. extended opening hours, changes to shift patterns, and working in bubbles to reduce the number of contacts and footfall within services.

Where vaccination thresholds are less than 70% for staff and service users this will require all service restrictions to be applied and alternative support will need to be provided to families.

A dynamic risk assessment will be required for each setting taking account of all the above measures. Individual risk assessments will also be required for each service user accessing day care and short breaks service to ensure a person and family centred approach to the implementation of the pathway. The risk assessment will need to consider all of the risk factors including vaccination status, ability of the individual to participate in testing, help and support required with hand and respiratory hygiene and the ability of the individual service user to understand and adhere to social distancing principles.

The risk assessment will detail all reasonable adjustments required to support the individual and their family to access day care, short breaks and transport services.

Applying the four key principles above, a three stage approach to implementation of the pathway is suggested as follows:



An overview of the scientific evidence used to inform the pathway is included in Appendix 3

Bubbling / Modification of service delivery model

Throughout the pandemic providers of Health and Social Care Services, Education and workplaces have had to adapt to new ways of working to help reduce the spread of COVID-19 and protect staff, service users and the public.

It is recognised that one of the best ways to limit the spread of the virus is to reduce the number of people you have contact with thus helping reduce the chance of human transmission. The idea of “social bubbles” first introduced at the start of the pandemic to help families to support the provision of childcare was also adapted for use in some health and social care settings, education and workplaces.

Bubbles are small, consistent groups of service users and staff together throughout the day. Each group or bubble is kept apart from each other as far as possible.

The use of bubbling has also helped with the reestablishment of services across each HSC Trust area. Families felt that in practical terms, staff work with many more service users than just those in any bubble. Feedback from the families involved in the development of the pathway has highlighted that many already live and socialise in bubbles and would welcome the consideration of bubbles as part of the pathway to remobilising day care and short breaks services.

As outlined above it is acknowledged that there are many individuals with learning disability who live outside of the family home and they too will need to be considered as part of the implementation of the pathway.

Examples of the barriers that exist within day care and short breaks services and examples of the range of measures taken by HSC Trusts to mitigate the risk has also been considered as part of the remobilisation of day care and short breaks services. Examples of new ways of working that have been introduced since the start of the pandemic have also been considered where physical distancing is difficult to manage in specific settings.

In June 2021, the Department of Health asked HSC Trusts to urgently review their reset and recovery plans to access what innovative or alternative measures could be put in place while day centres and short breaks provision is being provided at limited capacity. Trusts provided an overview of provision, enablers and barriers and outlined plans to further scale up service delivery:

- Trusts indicated that adult day care was limited to approximately 40-50% of pre-pandemic capacity. There is a notable variance in provision across Trusts and programmes of care, reflective of the availability of physical space, staffing requirements (i.e. those with complex needs require more staff support) and risk profiles.
- Availability of short breaks varied significantly across Trusts areas, reflective that some Trusts are more reliant on care homes for respite care. A number of Trusts indicated that some care homes had not re-opened respite beds and current IPC guidance placed strict testing and isolation requirements on those availing of respite care.
- Trusts indicated significant barriers to establishing normal transport services, while social distancing requirements can be navigated within a day care setting through reconfiguration, there are limited options to manage space on transport. In response, a number of Trusts purchased additional buses, recruited staff and employed taxis to increase provision. Additionally, families took a more active role to transport service users but it is recognised that this is a temporary solution that impacts the respite time of carers.
- A number of Trusts are utilising Day Opportunities to mitigate reduced HSC provision, although some community venues (e.g. leisure centres, hospitality) have not fully re-opened.
- Trusts indicated that exploratory work was underway to expand services to weekend and evenings.

10.0 Conclusions & recommendations

It is recognised that this review has taken longer than anticipated given the range of issues identified throughout the process which cut across a diverse range of settings, service users and caring arrangements, and it became clear that it is not possible to develop a “one size fits all solution”. Significant engagement has been required across HSC and exploration has greatly benefited by the involvement of families, who have provided clear expectations and outlined the practical challenges to supporting vulnerable adults. Families have expressed very real concerns about proposals within this review, which could not be ignored and required further discussion.

This pathway sets out guiding principles to mitigate risk, although it is accepted that it is not possible to fully remove risk. Although it is not possible to totally remove the requirement for physical distancing the proposed pathway provides a way forward to reduce the emphasis on physical distancing when considered with all other mitigations. Vaccination has had a significant impact on reducing hospitalisation and mortality, protecting those vulnerable to Covid-19 and enabling the removal of restrictions across society.

Developments in testing and learning developed from care homes has provided additional mitigations that are applicable in daycare and short breaks. Trusts have worked to adapt services and physical spaces to improve capacity and this pathway provides a platform to further replicate new ways of working.

Everyone involved in the implementation of the pathway has a responsibility to ensure that daycare, short breaks and transport services can be re-mobilised and the risks to staff, service users and their family/carers can be kept to a minimum.

The HSC Trusts and all providers of daycare and short breaks services will be responsible for the implementation of the pathway. This should be done in partnership with staff, individuals with learning disability and their families. Trust Infection Prevention & Control Teams, Trade Unions & Health & Safety Teams where appropriate.

It is important that the voices of people with learning disability and their family/carers continue to be heard as part of the implementation of the pathway. Trusts should establish robust mechanisms for ongoing engagement and clear, timely communication with family/carers. Any local issues relating to an individual with learning disability should be resolved at local level.

It is recognised that further refinement of the pathway will be necessary, drawing on process learning from implementation and providing the opportunity for service users and families to inform delivery. Therefore, a checkpoint review will be required following 3 months of implementation to provide opportunity to adjust the pathway.

To facilitate implementation, a number of actions are required at a policy and operational level:

- a) The Department of Health is asked to consider issuing a directive to HSC Trusts outlining that daycare, short breaks and transport are subject to the Pathway document. A clear statement is required to support the proposal to deprioritise social distancing provided certain conditions are met.

- b) The Department of Health is asked to consider revising the Interim Protocol for Testing to reflect the need for reasonable adjustments for those with complex needs and a clear statement that those not compatible with testing will not be denied access to a service.
- c) The Department of Health is asked to consider reviewing and amending care home policy and guidance to reflect PHA advice relating to pre and post admission isolation requirements those availing of respite care/short breaks.
- d) HSCB with support from PHA and RQIA is asked to undertake a formal review of pathway implementation following 3 months of delivery to identify areas that require adjustment.
- e) The Department of Health, HSCB and PHA should continue to engage with the established carers and families platforms to explore and address legacy and commissioning issues.

Implementation

- f) HSC Trusts are asked to develop and update setting and individual risk based assessments to reflect guiding principles of pathway.
- g) HSC Trusts are asked to update existing rebuild plans to reflect pathway principles and clarify the timeframe to restore services to full capacity. The Health & Social Care Board is asked to undertake a regional review of rebuild plans, drawing on expertise from the PHA to identify potential barriers to increased service delivery.
- h) HSC Trusts are required to operationalise staff and service user testing, aligned with guidance set out in the Interim Protocol for Testing. Engagement with service users and families is critical to ensuring that individual needs and preferences are accommodated and those not compatible with testing can equitably access service.
- i) HSC Trusts and the HSCB is asked to establish robust mechanisms for ongoing engagement and clear, timely communication with family/carers ensuring that any issues relating to an individual with learning disability are resolved

It is acknowledged that at time of submission, this proposed pathway considered all the key mitigations however, as we have learned from the onset of the pandemic, the future remains uncertain with regards to COVID and further adaptations may need to be considered in the future in line with public health guidance and Executive decisions.

To finish with the words of one family member:

“I believe we all can be safe if we all abide by the rules, we now need to learn to both live with and manage this new way of living”

References

1. Breaks or breakdown', Carers Week 2021 report
<https://www.carersuk.org/for-professionals/policy/policy-library/breaks-or-breakdown-carers-week-2021-report>
2. [Care Act FAQ](https://www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/care-act-faq) <https://www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/care-act-faq>
3. Department of Health Dash Board updated daily with data relating to COVID-19 in Northern Ireland COVID-19 Statistics | Department of Health (health-ni.gov.uk)
4. COVID-19: Guidance for maintaining services within health and care settings - Infection prevention and control recommendations
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990923/20210602_Infection_Prevention_and_Control_Guidance_for_maintaining_services_with_H_and_C_settings_1_.pdf
5. Scientific evidence supporting the government response to coronavirus (COVID-19) SAGE <https://www.gov.uk/government/collections/scientific-evidence-supporting-the-government-response-to-coronavirus-COVID-19>

Appendices

Appendix One - PCC Adult Day Care, Short Breaks and HSC Transport Scoping Questionnaire and Engagement with Families



Adult Day Centres
Short Breaks and HSC

Appendix Two - Report from Transport sub-group



Transport Sept
21.doc

Appendix Three - Scientific Evidence used to inform the pathway



Documents to support
the scientific evidence