

Learning Disability Partnership Board

Ask us Anything

June 19th 2020

1. Please provide an update on the testing of persons with Learning Disabilities in supported living, living at own homes and in smaller care homes not registered with CQC including parents and carers.

This group of people have access to symptomatic testing via NHS and Gov.uk. They do not have access to the asymptomatic tests available to registered providers.

To fill this gap, Enfield have procured a supply of Antigen (Swab) tests. Tests will be offered at Park Avenue from Monday the 22nd June. Capacity is limited, and people on the 'Risk-List' who live with family carer have been written to this week.

Booking instructions were also being circulated in the Carers Centre bulletin on Thursday the 18th.

Booking instructions are also on My Life.

Members of the ILDS strongly encourage everyone who can to take up this offer of testing.

2. May we have updates on the Learning Disabilities Covid19 stats, particularly more info about the number of recorded cases? Having seen that Enfield has the highest death rate in care homes in London, we do still have serious concerns. And - What is the current status of Learning Disability cases in hospitals and in homes (private or care) in Enfield

I think this is referring to information from the [Office of National Statistics](#), who have been reporting on all deaths in care homes across England. I have looked at 'Table 3: Number of deaths (All causes) occurring in care homes, by Local Authority and day of

notification 10 April to 12 June 2020, England'. Below is a list of the 10 borough who have reported the highest total number of deaths over this period.

Enfield	181
Barnet	175
Croydon	166
Hillingdon	153
Bromley	121
Havering	114
Bexley	111
Ealing	99
Kingston upon Thames	99

The ONS does not specifically filter for people with learning disabilities. Population does seem a very significant factor.

Specifically, for people with learning disabilities there have been no positive test reported since 15th of May and no deaths since 8th May. Most deaths have been in hospital. Only 2 deaths subject to rapid review have occurred in care Homes (one of a Residential Service, one in Nursing Care). I'll include summary charts below.

3. Re 'Social Bubbles'

3.1 If a disabled person lives in a completely self-contained unit: Can a family visit the disabled person? Can the disabled person visit the family home?

Yes – provided they agree to the 'Social Bubble' guidelines, i.e., One household forming a bubble with one person living alone, and no swapping. It is worth checking that the person is following social distancing and infection control.

3.2 If a disabled person lives in a completely self-contained unit, but with shared communal garden and/or entrance: Can a family visit the disabled person? Can the disabled person visit the family home?

Yes, as above. Social distancing and infection control would need to be observed in the garden and communal entrance.

3.3 If a disabled person lives in a self-contained unit, which is part of a setting where communal areas (lounge, kitchen, hall) are shared: Can a family visit the disabled person? Can the disabled person visit the family home?

This would not prevent people forming a social bubble, but the shared space must be used safely. It is significantly more difficult to do in indoor spaces than outdoor.

Services should contact public health to ILDS for advice if they are unsure.

3.4 As a general query, does the presence, or otherwise, of a care worker during these visits affect the situation?

Provided the care worker is following the infection control guidelines this does not make a difference.

3.5 Also does the vulnerability (age, underlying health condition, etc.) of the disabled person or their family members affect this? I do understand that those in the very high 'shielding' group would not be included in this new arrangement.

Anyone who would be shielding should not form a social bubble, either as the person living alone or a member of the household. People with other risks need to follow any precautions associated with that risk, for example, wearing masks if aerosols are being generated.

3.6 Finally, does the level of support require by the disabled person to 'live alone' have any bearing on this?

Provided the supporters are following infection control guidance, no this does not make a difference.

4. Can we have an update on MyLife? The structure has changed completely, and the first tab on this page, supposedly giving carers' info, just generates 'site not found' – along with other links I have tried to access?

There has been a significant redesign of the Adult Social Care pages, however content should all be there. There has also been a significant update to the hosting software. In the process some internal links were temporarily down. These should all be fixed now. If you do identify any issues, please let me know. Please note I am also due to give the Learning Disability pages an update. If you have anything you would like to see added or changed please let me know.

5. Have the new Charging Policy booklets arrived at St. Andrews yet? If they have, can carer reps be posted a copy of each, along with the new DRE guidance? We have a CRG meeting on Monday.

Enfield decided to delay the annual uplift of charges until 6th July 2020 this year due to COVID19 implications. The charging booklets we produce yearly are now ready to print. There are as usual 2 booklets one for care charges at home & the other for residential care charging.

The booklets would be printed the following week. We have asked for 500 of each booklet. Electronic version on my life soon. The booklets for 19/20 on my life are still valid until we uplift on 6th July.

6. Is Ray James still LD lead for NHS England? Has Enfield had any communication with him? Is he part of the new ASC Covid19 Task Force?

David Pearson, former president of ADASS and the social care Covid-19 lead for the NHS, has been appointed as the independent chair of the taskforce, which will focus on infection and prevention control measures, testing, and the effective deployment of the workforce.

It is made up of representatives from PHE, CQC, Care Providers Alliance LGA, ADASS, Healthwatch England, MHCLG, Cabinet Office and DHSC.

We haven't had any specific contact with Ray James; however we intend to over the next few weeks

7. It is now 12 weeks since day centres closed. Is there any information about how or when any attempts will be made to re-open them? Currently each service appears to be operating in isolation. Will there be a consolidated approach required by the LA or CCG for the opening process? Julia Glenn (ex- IWE Director) contacted me last week regarding this and I have offered to send out a questionnaire to CAPE members. I have not yet received this.

There is a North Central London working group looking at ideas on how reopened services could work. This group reports in turn to a London wide working group.

As part of this Enfield has written to providers asking for ideas about how services can move forward.

Replies are currently being collated. Some services may consider significantly change their operating model. This may be necessary depending on guidance in the future re social distancing and the availability of a vaccine.

The future of day services will be on the agenda of the Learning Disability Focus Group on the 8th July.

8. Is the Complex RAS still be used to calculate indicative budgets for new service users or major service changes? Have rates been changed recently to reflect cost of living increases (ref DP rate increase).

The complex RAS is still being used, however there have been no recent changes to rates. This is now integrated into Eclipse. The team are currently working on a major update so I may need to follow this in the next week or so as information becomes available.

9. Is everyone in the Care Management team aware of the latest Respite Policy and particularly the changes to the way service users are charged for respite?

The Assessment and Care Management are fully aware of the changes to charges for respite. Team Leaders confirmed they were informed of changes prior to their taking effect on the 6th April. They are also in touch with the finance team is needed for advice.

10. Is Enfield Connections still the lead organisation for I&A provision in Enfield? It is difficult to find any mention of this on MyLife? One link I did find to them gave 'site not found'.

The link to Enfield Connections is now in the introduction paragraph on the information and advice page.

11. Any Other Business – Are there any financial effects for ILDS due to the coronavirus crisis? Some of the ways of working used to cope with lockdown seem quite 'efficient'. Is there a risk they will be made permanent as a way or reduce budgets in the long term?

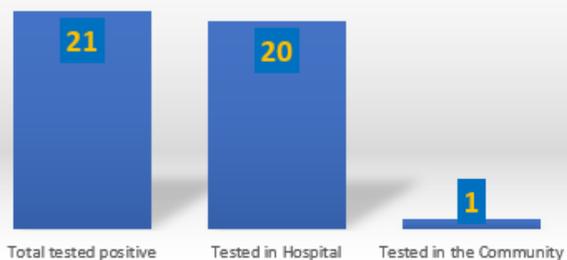
Some Government funding is available for any extra spending required to meet the demands of the Coronavirus crisis. Most extra requirements, for staff equipment etc, is coded to this funding and should not affect the ILDS budget. Any additional pressures on budgets generally, caused by

COVID-19, are recorded separately so they can be identified and tracked.

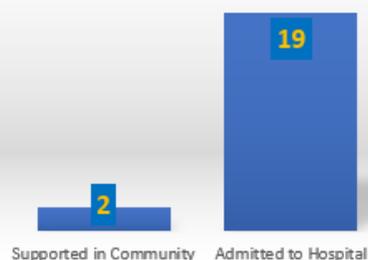
There may be things we have learned about new ways of working that genuinely benefit people and we would like to continue. There is currently no agenda to look for savings.

Coronavirus and Mortality Summary June 18th 2020

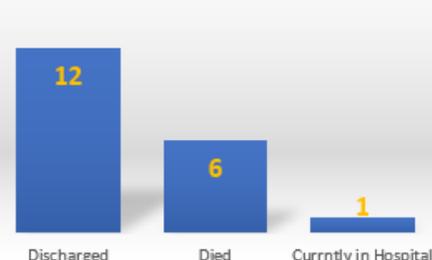
Covid-19 Positive Tests - Place of test



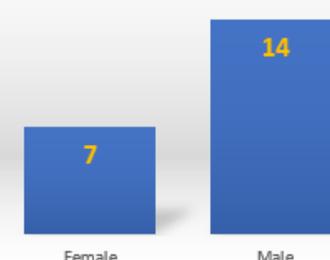
Covid-19 Positive Tests - Where people supported



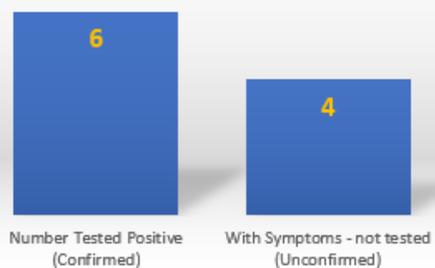
Covid-19 Positive Tests - People who have been admitted



Covid-19 Positive Tests - Gender



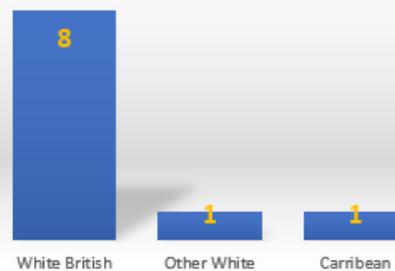
Number of 'Rapid Reviews'



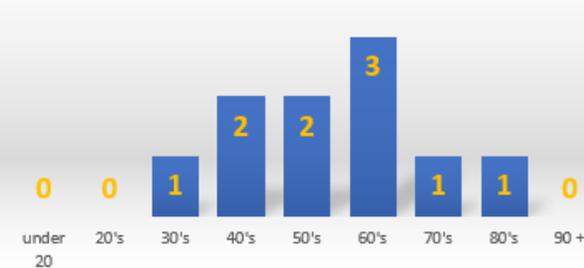
Gender



Ethnicity



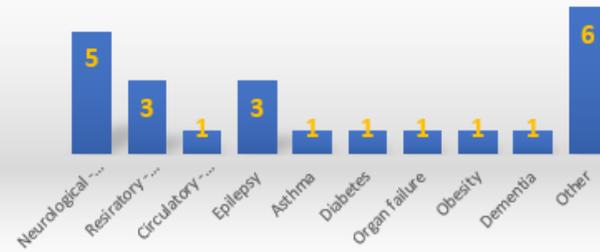
Age Range at Death



Place of Death



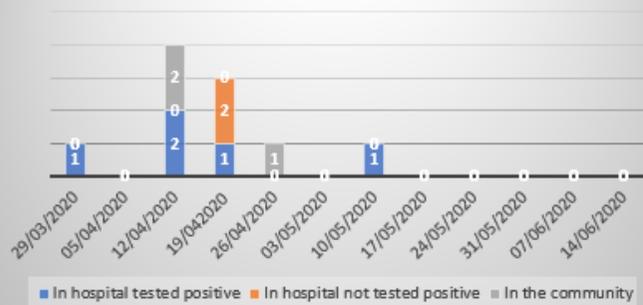
Underlying Health Conditions



Number of underlying health conditions of people who have died



Number of death per week (ending Sunday)



Numbers by housing type, usual place of residence



Total Number of Deaths per month 2020

