



BACK TO CARE

Department of Health and Social Care
approach to restoring suspended
or reduced services: part two

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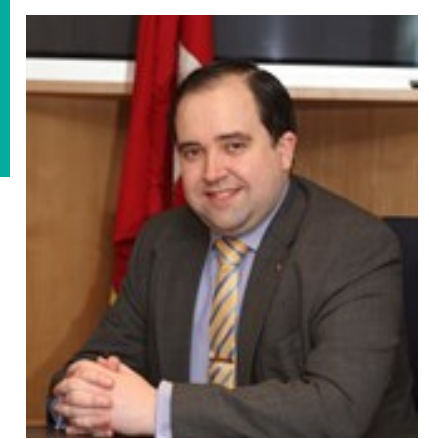
Isle of Man
Government

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Foreword

MINISTER FOR HEALTH AND SOCIAL CARE HON DAVID ASHFORD, MHK

12th June 2020



Back to Care is the Department of Health and Social Care's second roadmap document, setting out the next steps for those care services which were suspended, reduced or altered during the Government's response to the coronavirus pandemic.

It is a sister document to Back to Health, published in May, and outlines pathways to reinstate the diverse services which come under the heading of social care. These include Adult Social Care and our Children and Families division. Together they are responsible for a diversity of provision, including older people's services, dementia care, services for adults with a learning disability, child protection, looked after children, children with a disability and youth justice.

Statutory services - those we must provide by law - have been maintained, albeit with some operational changes to ensure the safety of service users and staff. Vulnerable adults who live in our residential homes have been supported to remain safely in those settings thanks to the outstanding commitment and in some cases sacrifice, of our staff. We have continued to protect vulnerable children in similar ways. But it was necessary to close day centres, support groups and some respite services while restrictions required people to stay at home.

The wide scope of social care in the Isle of Man means there is no 'one size fits all' approach to resuming business as usual. It will require a series of carefully planned steps and the continued use of personal protective equipment and other practices designed to minimise the risk of infection. The decision to end social distancing for the public at large reflects that we have achieved zero viral transmission in the community over a prolonged period. Lifting the measure will allow a return to normal life. However, social distancing will continue to be a requirement in health and care environments for some time, in order to protect patients, service users and staff. Although this is a transition period, there will be no let-up in our focus to protect the vulnerable, across all health and care services. We must proceed carefully.

By their nature, social care services support some of the most vulnerable members of society. These individuals required enhanced protection from the threat of Covid-19, and they remain a priority - as they will be at most risk should the virus reappear. For this reason we are taking a cautious approach to turning services back on, which means in some areas there will be no change in current restrictions for the time being.

An initial review is scheduled for mid-June, at which point the impact of allowing a level of near-normal activity in workplaces, shops, offices and other areas of Island life will be clearer. I very much hope we will be in a position to map the way ahead for a wider resumption of activities which make a positive difference to the wellbeing of many.

As with the return of health services, resumed care services won't look exactly as they did before. We have learned a great deal over the past three months. One obvious gain is the use of technology to maintain services without face to face contact. We have reconfigured services at short notice; many social care staff have been redeployed, leaving behind their usual routines to tackle new challenges in different areas; and we have successfully partnered with third sector organisations to free-up staff to deliver entirely new services - notably the establishment of teams to help care homes and vulnerable individuals prevent and manage Covid-19, thus reducing demand for acute hospital services. We will draw from these successful new ventures going forward.

The processes, checks and balances outlined in this document are the result of extensive hard work by officers and health and care professionals at many levels. I thank them for their commitment to ensure we offer refreshed, safe and secure services for what we must accept as the new 'Covid world'.

Background

This paper presents a road map for Back to Care, the second part of our planning across DHSC for the resumption of health and care services, sitting alongside its sister document [Back to Health](#). Using the model for a three-stage transition to the New Normal, as set out in the [Government's Medium Term Response document](#), Back to Care outlines the next steps along that road for social care services.

The return of these services will be conducted in a controlled and safe manner, balancing the need for increased provision against the risks a resumed service may present. Detailed assessments will be required to achieve that balance in each area.

It should be noted that while activity in some areas has been suspended or reduced, most social care services support and protect vulnerable people and as such, have not stopped. Indeed, a considerable expansion of activity has been necessary to support core and essential care services, and this is explained later in the document.

Back to Care outlines how normal operations will resume across a wide range of services:

Adult Social Care

- Residential resource centres for older people
- Dementia care and support services
- All Learning Disability (LD) residential community homes
- All respite services
- Community support and reablement services
- Day services for adults with LD
- Day services for older people
- Dementia day care services
- Hospital and Community social worker teams

Integrated Community Care

- Domiciliary care, care home assessment and rapid response teams
- Western Wellbeing Partnership

Children and Families

- Statutory services - child protection, looked after children, youth justice
- Children with complex needs
- Adoption and fostering
- Supervised contact
- Youth Justice

Many hours of planning work have gone into drawing up service-specific proposals and work with public health and infection prevention control agencies to ensure safety. While there is considerable variance in the pace of change, the strategy for the reintroduction of each part of each service has been mapped against key criteria:

- Safety of service users and staff through mitigation of infection risk in the workplace
- Adherence to current Government guidance and protocols
- Redesign / adaptation of service and delivery mode to suit future needs
- Staffing and resource allocation

Roadmap to the new normal

Alignment with IOMG Medium Term Response

Stay Home	The Government's immediate response to the pandemic: focussing on preserving life, protecting the public and maintaining critical national infrastructure, while planning for a controlled return to normality. Lockdown imposed restrictions on personal freedom, economic activity, commerce and travel to suppress infection spread and ensure capacity of health and care services to cope.	STAGE ONE
Care Services Scaled Back	Support and protection for vulnerable groups prioritised; early lockdown for all Government-run community homes to prevent entry of the virus. Statutory and core essential services maintained with reduced face to face contact. Establishment of task force teams to support confirmed and suspected Covid-19 cases to remain in their homes where possible, to reduce pressure on acute services. Non-essential respite services, all day services and support groups closed.	
Stay Safe	The Government's medium term response to the pandemic, maintaining infection suppression measures to keep the population safe and well. Some restrictions eased, allowing a return to work for certain sectors followed by opening of non-essential shops and other businesses. Opportunities for recreation and social contact increased.	STAGE TWO
Early Phase of Return of Services	The gradual return of services which were reduced or suspended during stage one. Close risk assessment of services and individuals is essential to determine which can resume operations safely for users and staff. Increased face to face contact, dependent on facilities allowing social distancing and establishment of protocols for PPE, hygiene, decontamination etc. Some operations and processes will re-establish more swiftly than others, taking into account care users' vulnerability and ability to socially distance.	
New Normal	To follow successful progress at stages one and two. This phase enables a return of economic activity at all levels, the end of restrictions on personal freedom and allows for health and care services to resume pre Covid-19 activity, maintaining capability to respond to the potential re-emergence of coronavirus in future.	STAGE THREE
Full Health & Social Care Provision	This stage will have a clear focus on the transformation of health and care services as they come back on stream, in line with recommendations in the Sir Jonathan Michael Review, to ensure long-term sustainability. The redesign of some services prior to reinstatement will mean their operation and mode of delivery may be different when they resume.	

Key Issues

Logistics

Each service area has carried out a detailed analysis and risk assessment of what is required to resume services where they have been reduced or suspended and designed pathways to reinstatement. Factors include staffing requirements and necessary adaptations to facilities.

PPE

Access to consistent supplies of appropriate personal protection equipment is critical to resuming regular operations in many service areas and supplies will need to be maintained for potential future Covid-related care.

Rapid Outbreak Management

Longer-term plans needed for the Covid Home Assessment and Treatment Team (CHATT) and the Care Home Assessment and Rapid Response Team (CHARRT) which have provided community-based support and resilience for individuals and residential centres during the Covid-19 crisis. This capability will be required in some form in a 'Covid world' for the foreseeable future.

Backlog

Timetables for provision of support in a number of areas have been affected by the pandemic crisis, and delays built up will take time to improve. An example would be assessments for therapy which have been held up during the pandemic.

IT

New ways of interacting with service users through adoption of digital solutions have offered both enhanced services and efficiencies, allowing scope for expansion in the future. As an example, Children and Families have continued to operate protective services via technology, keeping in place all key review and support functions for those most at risk.

The Department will consider how the application of rapid improvements in digital platforms in the arena of health and social care can assist in the ongoing transformation of services.

Interdependencies

Continuing to protect vulnerable care users and patients from Covid transmission is paramount. Face to face contacts will increase but implementing safe social distancing and the use of PPE in line with guidance and best practice will be challenging.

Facilities must be fit for purpose and require assessment by Infection Prevention & Control.

A scalable response to Covid-19 will need to be maintained for some time to come.

A number of care service staff have been redeployed across health services into Covid-related duties, and their release will be necessary before some services can recommence.

The higher incidence of physical health needs among vulnerable service users will require coordination of other health services, which may be limited by the speed of service reinstatement elsewhere.

Adult Social Care

Adult Social Care (ASC) supports some of the most vulnerable in society. The majority of services have continued during the pandemic period, the main difference being in the mode of delivery as the Department adapted at pace to support individuals and groups in challenging circumstances.

Non-essential respite care, day services and support groups were suspended for the period and will be turned back on when individuals and the environments used to provide services have been risk assessed, and it is safe to do so.

For the time being, based on an assessment of the risks involved by Public Health and Infection Prevention and Control, adult social care services will continue to operate under current restrictions.

A small number of exceptions to visiting in specific circumstances have been agreed and this policy will be kept under constant review.

This approach recognises there is a balance to be struck between protecting our most vulnerable groups and individuals with the benefits of allowing increased contact and support from loved ones.

ASC residential homes, community homes for adults with learning disabilities and urgent respite care units were among the first social care facilities to be 'locked down' under pandemic restrictions, due to the risk to residents of coronavirus.

Although the doors were closed to visitors, the care inside continued, thanks to the commitment and flexibility of ASC staff alongside dedicated support from Integrated Community Services, described later in this document.



Adult Social Work Services

Calls, Referrals and Admissions:

Response capability, including out of hours response, has been maintained throughout the pandemic period with a focus on identifying the most urgent cases, with face-to-face assessments when required and following risk assessments.

MOVING TO: increased capacity for incoming queries and more face to face assessments in the community, at Noble's and Ramsey Cottage Hospital in line with Covid screening and safety guidance.

Placement Reviews:

Reviews have been on hold during the pandemic due to increased risk of infection.

MOVING TO: review cycle resumes with service users and families four weeks after a new nursing or residential placement, with face-to-face reviews subject to risk assessment.

Social Work - Community Older Persons and Hospital Teams:

A response to referrals has been maintained during the pandemic period with face to face assessments in a limited number of cases. Outreach services for adults aged 18-65 were provided remotely where possible and alternatives for support were established.

MOVING TO:

- an increasing number of face to face assessments in the community and in Noble's / Ramsey Cottage Hospital in line with Covid screening and safety guidance
- increased engagement with social workers to undertake assessments, identify need and plan care to support discharge from hospital
- outreach services providing face to face support for individuals identified with greater support needs

Learning Disability Services

A response to referrals has been maintained during the pandemic period with face to face assessments in a limited number of cases.

MOVING TO: an increasing number of face-to-face LD assessments in line with Covid screening and safety guidance.

Adult Social Care Operational Services

Residential homes across Older People's, Dementia Care and Support and Adult Learning Disability Services have been subject to comprehensive restrictions to ensure the safety of service users.

Current restrictions on visitors to be maintained with visits allowed in extenuating circumstances only, subject to fortnightly review.

Day services across Older People's, Dementia Care and Support and Adult Learning Disability Services have been suspended during the pandemic period

MOVING TO: a limited restart of all Day Services subject to meeting criteria to ensure they can operate safely.

All Respite Care across Older People's, Dementia Care and Support and Adult Learning Disability Services has been suspended during the pandemic period with a very small number of exceptions, on an emergency basis only.

Respite provision will remain a challenge; a risk framework is being developed by a clinically-led working group which may allow for respite services to be delivered in different ways. For review mid to late June.

Community Support Services: DHSC has worked with partners at Crossroads to ensure a professional and supportive home care service, releasing resources for the newly established Covid-19 support programmes.

MOVING TO: planning is underway to establish a new model where provision for less complex users of the service will be commissioned from external providers. The more complex provision of homecare services will remain with DHSC.



Integrated Community Services

Care Home Assessment and Rapid Response Team (CHARRT)

CHARRT is a supportive and proactive function for care and residential settings, both public and private, with a remit to work collaboratively to assess a home's ability to manage Covid-19 and provide supportive services if needed, or in the event of an outbreak.

CHARRT has been instrumental in supporting care homes during one of the most difficult periods in living memory, through helping carers to prevent the entry of the coronavirus into care homes, and supporting them to prevent onward transmission if the virus enters.

These services have proven highly beneficial, enabling homes to manage care in their own environments with DHSC support, and reducing the need for admission to hospital.

Whilst the work of CHARRT is not regulatory, the multidisciplinary nature of the team has helped provide a 360 degree perspective on standards of care delivered within homes; although its work has been Covid-focussed, care homes have very much appreciated the holistic view of the CHARRT team assessments.

As the proactive work of CHARRT is close to being completed, the number of clinicians dedicated to the initiative will reduce; however a core team will continue to ensure all actions identified during the assessment process are completed and that a rapid response service continues seven days a week should an outbreak occur in an Island care home.

This service will be reviewed to determine its future in the transformation of intermediate care. By delivering the right care in the right place at the right time it demonstrates supportive joint working to manage care in community homes, with no distinction between public and privately delivered services.

Covid Home Assessment and Treatment Team (CHATT)

The CHATT team was formed as an Island-wide service to manage Covid-19 in the community, and is based on the model for longer-term provision of intermediate care which was already underway in Peel as the Western Wellbeing Project.

The intention has been to reduce pressure on the hospital by increasing the capacity of the community nursing and support worker teams, with the engagement of GPs, to support patients who are unwell in their own homes.

Demand has been low due to the lower than expected incidence of Covid-19 in the community. While many lessons have been learned from CHATT, which will inform the development of a future integrated care service, its dedicated workforce will be reduced from mid-June, releasing the community nursing service to return to business as usual.

The CHATT team will continue to operate during core hours, seven days a week, with on-call cover out of hours for referrals from COVID 111, MEDS and CATU.

Referrals will be triaged and directed as appropriate to a Community Nursing team, the Home Care Service, the CHATT practitioner or another provider.

CHATT will return to its full capacity in the event of an increase in Covid cases.

Western Wellbeing Partnership

This is the first integrated health and care service on Island, and is based in a dedicated centre in Peel. The Wellbeing Partnership brings together a network of health and care professionals as well as the third sector and community groups to deliver a fully integrated care service for residents in the west of the Island, providing a single point of access for health and care services in the area.

A referral coordinator liaises with professional groups to ensure that care is provided to individuals in a coordinated way, making sure that relevant information is shared between disciplines working from a single referral document.

The network of professionals developed through the Partnership has fostered multi-disciplinary working and a locality-focussed approach to health and care. The focus is on keeping the local population healthy and therefore less likely to require acute healthcare in a crisis situation, avoiding attendance at the Emergency Department or Manx Emergency Doctor Service.

Shortly after the Western Wellbeing Partnership was officially opened by the Chief Minister on 24 February 2020, services were scaled down due to internal redeployment of staff to other key areas within DHSC to support the Covid-19 response.

The Wellbeing Partnership team intends for all services to be back online by Friday 26 June:

- Referral coordination service
- Twice weekly multi-disciplinary team (MDT) meetings, undertaken via video conferencing initially, to discuss complex cases
- Clinics based within the Western Wellness Partnership centre
- Older persons day services, in line with recommencement of Island-wide day services

The return to care will permit further developments within the west to restart, such as the proposed Community Geriatric service and increased locally available training opportunities to empower people with long term conditions to manage their condition.

In addition, the planned roll out of the Wellbeing Partnership principle to the south of the Island will recommence in July 2020 with initial practitioner and public engagement sessions taking place.

While a decision has been made to end the requirement for social distancing in society in general, this remains a requirement for health and care settings, including all community residential homes. A transition period is in place for health and care environments, to reduce the risk of infection among patients, service user groups and staff, should coronavirus re-emerge. Social distancing measures will be carefully monitored in all our settings and these transitional arrangements will be kept under regular review.

Children and Families

The Children and Families service has continued to provide critical functions throughout the pandemic having regard to the emergency powers in place for safety of staff and the public. Only a small number of services ceased where this could not occur.

The focus now will be on changing the mode of delivery in line with the easing of restrictions and needs of the service. Complying with restrictions in force our approach will:

- ensure the most vulnerable children continue to receive a service that keeps them safe
- mitigate the risk of infection for staff in the workplace
- unlock redeployed staff from their temporary roles as interdependencies allow

Services that are not currently operating early help and support, the resource centres respite provision for children with disabilities will be reintroduced, subject to review, audit and redesign of processes for delivery. This will include processes for children with complex needs, which is subject to staff being redeployed, returning and early help when the schools resume.



Next Steps

For Children and Families

Calls and Referrals

Response to calls and referrals has been maintained during the pandemic period through a rota of staff to ensure swift follow-up where required in the areas below.

MOVING TO: a resumption of a core, service across the whole service operating and team managers resuming full responsibility for case management and all areas of work.

Child Protection (CP)

Moving from face to face contacts being at a minimum with children, to:

- an increasing number of face to face contacts for CP checks with families
- Child Protection conferences will be conducted via online conferencing facility with increased opportunity for children and families to physically attend.

Looked After Children (LAC)

Moving from no physical contact in the care environment [indirect contact enabled] to:

- an increasing number of face to face contacts and inquiries; aftercare telephone support and assistance from the police and other agencies to continue
- LAC reviews engaging key professionals to be held via video conferencing working towards full reinstatement of review structure

Statutory Visits - CP and LAC

- In-person CP visits to resume subject to Covid screening measures; LAC telephone contact maintained, with face to face reviews to follow

Children with Complex Needs (CWCN)

- response to cases requesting support to resume
- a review of CWCN cases to be arranged with a view to introducing a new process in this area
- the children with disabilities resource centres will remain closed other than to urgent care situations, and will re-open in line with guidance for the Department's adult establishments

Court Response

Youth Justice

- Court presence for young people to be maintained including use of video link from the secure care home. Telephone contact for community orders; non-compliant individuals offered an appointment
- Moving towards: resumption of face to face interventions with all offenders.

Care Proceedings

- Continuing to comply with court restrictions; tele-conferencing; existing cases reviewed with a position statement
- Moving towards: resumption of hearings and directions from the court.

Family Placement Service

The foster carers have been committed to providing a safe environment to children they care for and have maintained telephone contact with the duty service and out of hours service.

MOVING TO: face to face contact and resumption of interaction for support and training, and resuming recruitment later in the year.

Support to Foster Carers and Adopters

- Weekly telephone contact maintained with direct contact limited to new placements and in exceptional circumstances

MOVING TO: home visits to carers and office appointments to be reintroduced

Supervised Contact

Moving from only indirect contact to:

- face to face supervised contact at the contact centre for priority cases subject to risk assessment
- the Department will for the time being facilitate visits to the Contact Centre to assist foster carers looking after other children at home and to help manage numbers at the centre

Foster / Adoption Panel

- Remains suspended, will be reintroduced as soon as practical

Social Activities, Forums, Training

- Remain suspended, to be reintroduced as soon as practical

Children with Disabilities

- Maintaining urgent response only to support requests from families assessed as urgent.

Children's Resource Centres

Providing services to very vulnerable children with complex health and disability needs.

- Service maintained at Ramsey for LAC, and urgent respite support at Braddan for those assessed as urgent
- Moving to resumption and opening in line with similar services in adult services.

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