

CORONAVIRUS (COVID-19): NORTHERN IRELAND GUIDANCE FOR PEOPLE RECEIVING DIRECT PAYMENTS

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Direct payments are local Health and Social Care (HSC) Trust payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local Trust.

Who is this guidance for?

This guidance is for:

- individuals who choose to have their assessed need met by using their personal budget to employ a personal assistant(s), and
- the Health and Social Care (HSC) Trusts who provide the care and support via Direct Payments.

This guidance provides overarching advice for the COVID-19 pandemic period only and will be revised as necessary as this situation continues to develop. It sets out a series of actions for the HSC Trusts to support planning and offers suggestions/advice to individuals receiving Direct Payments on steps they should take during the COVID-19 pandemic period.

The NI Direct website contains background information on Direct Payments; who may be eligible and what Direct Payments can be used to pay for. Direct Payments cannot be used for anything that other sources of income (e.g. salary, social security benefits etc.) should normally cover.

www.nidirect.gov.uk/articles/direct-payments

The latest information on COVID-19, which includes looking after yourself physically and mentally, is set out in [guidance issued by the Public Health Agency \(PHA\)](#). This advice has not been replicated in this document as it can change on a regular basis. Please ensure you check the PHA website regularly to keep up to date with current advice.

This document also takes account of the latest [guidance from Public Health England \(PHE\) \(and endorsed by the Public Health Agency in Northern Ireland\) on the use of personal protective equipment \(PPE\) about safe ways of working for all health and care workers, including personal assistants, and the recommended PPE for community settings, including care in people's own homes.](#)

The purpose of Direct Payments is to allow individuals the choice, flexibility and control in how their care and support is delivered. During the COVID-19 pandemic it is important to note that such care includes mental health, emotional wellbeing, and providing stimulation and

activities during lockdown. It is of vital importance that Trusts ensure that Direct Payments are maintained to support individuals to continue to receive the care and support in line with their assessed need. This guidance will help to support those in receipt of Direct Payments and Health and Social Care Trusts in achieving this goal.

This guidance will be subject to regular review and updated as required.

Guiding principles

The following principles underpin this guidance:

- To maintain existing arrangements for care and support;
- To maximise flexibility and autonomy for the supported person in meeting agreed outcomes using good support planning practice;
- To minimise bureaucracy and administrative processes as far as this is possible;
- To ensure fair employment principles are applied to the Personal Assistant (PA) workforce, PA employers and contracted services;
- To maximise and support the capacity of the PA workforce during the pandemic period, retaining PA and provider capacity long term; and
- To support efficient and sustainable use of public funds.

Steps for Health and Social Care Trusts to support people who use Direct Payments to purchase care and support

Health and Social Care Trusts will draw on their pre-existing plans for pandemic influenza and the latest guidance for the COVID-19 outbreak available on the [DoH](#) and [PHA](#) websites, and should:

- a. Ensure that their list of individuals in receipt of Direct Payments is kept up to date.
- b. Continue to keep in contact with all individuals using Direct Payments to provide information and advice on maintaining the care and support they receive and how to make contact should they think

that there may be a difficulty in continuing to receive care and support via Direct Payment.

- c. Consider the need to draw on local community services and primary care providers, including General Practice, to support people who use Direct Payments and draw up a plan covering how and when this will be triggered.
- d. Consider how voluntary groups can support those who use Direct Payments and enable links between the person and voluntary sector.
- e. Take stock of how to maintain the provision of viable PA support or alternative arrangement via care providers during the outbreak of COVID-19, including financial resilience.
- f. Consider the use of assistive technology at home for example, monitoring technology to pick up seizures and breathing problems and to provide an additional layer of support, while helping to reduce pressure on staff delivering care.
- g. Develop and maintain high-risk registers, monitoring these for early signs of difficulty in the delivery of care through the care package or via the paid carer. If not already actioned, contingency plans must be developed for individuals on the high-risk register. Special notice must be paid to those families with individuals who have complex health and social care needs.
- h. Trusts must ensure that all individuals receiving Direct Payments have been made aware of the key point of contact in their Trust in respect of the need for PPE provision. The individual in receipt of a Direct Payment should not be charged for the provision of PPE from Trust stocks, if they are needed. As a result of COVID-19, if resources are not available through the Trust, a Direct Payment recipient may purchase PPE out of their Personal Budget fund, without prior Trust approval. They can then record, and report the associated costs for reimbursement under normal Direct Payment

practices. If your care is provided by an independent provider, for example a domiciliary care provider, then the provider must source and provide the PPE.

Steps people who employ Personal Assistants via a Direct Payment should take

If not already done so, those employing PAs should:

- a. Urgently review the support arrangements currently in place in case their PA is unable to work due to sickness or annual leave and keep these plans up to date.
- b. Consider if these arrangements are sufficiently robust should there be a need to cover for any period where a PA may need to self-isolate because they are ill themselves, are in a vulnerable group or live in a household where someone has developed symptoms of COVID-19.
- c. Consider alternative options, should the above plans not be robust enough to provide essential ongoing care and support. Where there are wider links with those employing PAs, agreements or mutual support arrangements could be considered. If you receive other sources of paid support (other than your personal assistant) via Direct Payment, could these be flexed in any way and increased to cover reduced PA support and vice-versa?
- d. Consider alternative arrangements or additional PAs and/or care providers such as agencies who may be able to offer care and support or a back-up option should there be issues with the continuation of your PA support.
- e. Ensure that details about how you like your care and support to be delivered are up to date with key information that can be shared with care staff who may not be familiar to you, including what you deem to be essential. Where possible, if there are any regular or

reoccurring needs that are time and day-specific (for example treatment sessions, attending work) please note these. Ensure that other details, such as critical telephone numbers, are up to date and available to all care staff who support you.

- f. Should you find yourself in a position where your personal assistant is unable to support you due to self-isolation or if they have contracted COVID-19 and you have no alternative arrangements available to you, you should contact your named worker that provides your Direct Payment for alternative care and support arrangements. Health and Social Care Trusts must have systems and processes in place to respond to you as quickly as possible, acknowledging the nature of your needs and circumstance, and should support you to make suitable alternative arrangements.
- g. Ensure that your personal assistant has access to the required PPE that is needed for care in a time of sustained transmission of COVID-19.
- h. As a result of COVID-19, if such resources are not available through the Trust, an individual in receipt of Direct Payment may purchase PPE out of their Personal Budget fund, without prior Trust approval. They can then record, and report the associated costs for reimbursement under normal Direct Payment practices. If your care is provided by an independent provider, for example a domiciliary care provider, then the provider must source and provide the PPE.

Steps people who buy care and support or other services via a Direct Payment should take

If you're using a Direct Payment to buy care and support via a service such as a home care agency, you should:

- a. If you have not already done so, make contact with your named worker at the Health and Social Care Trust. Discuss your situation and agree any actions that will be taken to support you should your regular, paid PA (s) be unavailable.
- b. Ensure that they have your up-to-date details, any relevant care and support plans and key dates if you need to attend important appointments with appropriate support.
- c. If you use your Direct Payment to purchase other types of support, it's important that you speak to your provider and agree arrangements if you foresee any issues in delivering this service during this period.
- d. If your circumstances change and you find yourself in a position where these arrangements are unable to support you due to the wider impact of COVID-19 and you have no alternative arrangements available to you, you should contact as soon as possible your named worker who provides your Direct Payment to discuss alternative care and support arrangements.

What to do if your Personal Assistant is concerned that they have COVID-19

If your PA(s) are concerned that they have COVID-19 they should follow the [guidance on the PHA website](#).

As the guidance explains, they should self-isolate at home, they should not visit and care for you until it is safe to do so.

All members of the public, including PAs, can be tested if they are concerned that they have COVID-19 symptoms and are having to self-isolate. Testing can be organised through the Public Health Agency at NCTP@hscni.net. Should a PA require to self-isolate due to their family member having suspected COVID-19, the family member can also be tested. Further information on testing can be found [here](#).

If your PA or team of PAs are unable to deliver the agreed level of care and support, it may be necessary to put contingency plans into action. For example, family members may be required to step in and support you to ensure that you receive the care and support you need; and Health and Social Care Trusts should adopt a flexible approach to how Direct Payments are utilised during this period, to ensure that appropriate care and support is delivered.

Health and Social Care Trusts should consider requests to employ a close family member, who does not live in the same household, to provide care if deemed necessary.

Usually, a close family member who lives in the same household as you as a carer is not permitted by current guidance to receive payment. On balance, this continues to be the right approach, however in very exceptional circumstances arising from the COVID-19 pandemic, a short-term, temporary arrangement may be considered in discussion with the named worker and with prior, written permission from the local Trust. This should take account of any other payment the close family member may be receiving (for instance, Carer's Allowance) and any loss of income the family member would suffer as a result of providing care.

Health and Social Care Trusts should acknowledge the nature of people's needs and will need to have systems and processes in place to be able to respond as quickly as possible and support you to make arrangements to continue to manage your care and support.

More detail on this can be found in the accompanying **Questions & Answers Regarding the Use of Direct Payments:**

www.health-ni.gov.uk/publications/guidance-direct-payments

What to do if you, as the individual or administrator, have symptoms of COVID-19

If you have symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures. As with staff in home care services, your PA(s) and other care staff (including informal/unpaid

carers) should use PPE when caring for someone with symptoms for those activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. [Plastic aprons, fluid resistant surgical masks, eye protection and gloves are recommended.](#)

New PPE should be used for each episode of care. Eye protection can be used continuously, subject to risk assessment. The current PPE guidance provides details on the conditions when this should be carried out. Where you and your Personal Assistant judge that it is necessary to change PPE within a care episode, they should refer to [government guidance](#).

Doffing and donning new PPE should happen away from the client, as far as possible. If PPE requires changing then every effort should be made to ensure this is not done close to the patient but in appropriate locations for each activity (e.g. doffing in a “dirty” area and then when your Personal Assistant has rendered themselves “clean” donning new PPE in a “clean” area).

Waste from people with symptoms of COVID-19, or from cleaning of areas where they have been (including disposable cloths and tissues) and PPE waste from their care should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. The waste should then be put in a suitable and secure place and marked for storage for 72 hours. Waste should be stored safely and securely and kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

If your personal assistants or care workers (including informal/unpaid carers) undertake cleaning duties, then you should continue to provide the usual household products, such as detergents and bleach given these are effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly. Personal waste (for

example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. The waste should then be put in a suitable and secure place and marked for storage for 72 hours. Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives.

If your PA(s) or care workers support you with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing Coronavirus through the air. Wash items as appropriate, in accordance with the manufacturer's instructions. All dirty laundry can be washed in the same load. If you do not have a washing machine, wait until it is permitted for you or your family member to leave the house and go to launderette: a further 72 hours after the 7-day isolation period (for individual isolation) or a 14-day isolation period (for households) has ended. The laundry can then be taken to a public launderette. Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with your consent.

See [guidance on laundry and waste disposal](#).

General interventions may include increased cleaning activity and keeping the property properly ventilated by opening windows whenever safe. PAs and care workers should follow [advice on appropriate hand hygiene](#).

During the period of the COVID-19 pandemic, if you require PPE you should contact the person you have been advised by your Trust who is looking after your PPE needs. If you have any difficulties accessing PPE, please contact your named worker who will be able to help you.

Government support

The NI Executive has provided and will continue to provide extra resources to help tackle COVID-19. This includes additional funding to respond to pressures faced by the HSC Trusts and other care providers.

If your PA meets the eligibility criteria, for example if they earn an average of at least £120 per week, then they will be eligible to receive SSP if they need to self-isolate. They will be paid from day one rather than the fourth day of their illness.

www.gov.uk/statutory-sick-pay

Fit notes are not needed from PAs who are self-isolating. If your PA says they are self-isolating, they will not be able to go to their doctor unless they really need to. You do not need evidence from your PA to be able to claim SSP for them.

If they are self-isolating and then become sick, they should let you know by telephone, not in person.

You will be able to be refunded for necessary SSP paid to self-isolating PAs. SSP will be paid out through payroll and claimed back via HMRC. If you use a payroll provider, they will deal with this for you. This refund will be for up to 2 weeks per employee. See the [employer guide to sick pay](#).

If you use payroll software to run your payroll yourself, then you will be required to pay SSP to your PA from your direct payment, and reclaim this from HMRC.

There's no limit on how many times you can claim SSP on behalf of your PA.

Direct Payment extra supports

HSC Trusts have put in place a contingency plan to:

- support the administrative functions for Direct Payments, ensuring that ongoing and emergency or one-off payments to accounts can be made;
- support other key staffing issues in relation to individuals in receipt of Direct Payments, such as the process for emergency support; and
- ensure individuals in receipt of Direct Payment are aware of contact details for the named worker and out of hours service (in cases of emergency) to support any care and support package issues.