



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19: Independent Health and Care Providers
and Positive Futures

19 March 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers

Witnesses:

Ms Pauline Shepherd	Independent Health and Care Providers
Ms Agnes Lunny	Positive Futures

The Deputy Chairperson (Mrs Cameron): Good morning. I welcome Ms Pauline Shepherd, chief executive of Independent Health and Care Providers, and Ms Agnes Lunny, chief executive of Positive Futures. We are glad to have you here in these very difficult circumstances, and we appreciate the time that you have given. I invite you to brief us, after which we will take some questions.

Ms Pauline Shepherd (Independent Health and Care Providers): I will go first. Thank you very much for the invite. First, I will briefly tell you a little bit about Independent Health and Care Providers (IHCP). We represent independent providers of care home and domiciliary care services. Our members include private, not-for-profit, charity and Church-affiliated organisations, and the independent sector provides almost 15,000 of the 16,000 care home beds and 70% of the domiciliary care services in Northern Ireland.

You have probably already been receiving briefings about the pressures that are facing the sector and the fact that the services have been fragile for some time. The coronavirus crisis, on top of an already fractured system, is not a good position to be in, particularly given that we have a number of most vulnerable and susceptible people in our service and in our care. However, the historical problems are not what I am here to talk about today. I would like an opportunity at a future date to highlight the historical issues, particularly the urgent need for an independent economic review of the sector. That said, we are keen to work with the health and social care system and are fully committed to doing our very best to have good systems and processes in place and to work in partnership to find solutions to problems. However, that requires flexibility and a relaxation of the current bureaucracy.

We have a number of concerns arising from the COVID-19 pandemic, and I am just going to list those. We need timely and consistent guidance applied by and across the trusts, the Public Health Agency (PHA), the Regulation and Quality Improvement Authority (RQIA) and the Department of Health. Questions need to be answered promptly. There needs to be a 24/7 answer service and clear points of contact. Urgent bold decision-making is required, balancing risks with protection of life and clear and decisive instruction.

Now that there has been an announcement about the schools closure, there will be have a significant staffing impact. The workforce will be reduced, and there will be further impact from self-distancing, self-isolation and, indeed, fear within the workforce. There is a need to protect employees and to continue to deliver services.

To protect staff, we need the necessary personal protection equipment (PPE), and we cannot get this. Even normal infection control equipment is running short. I am seriously worried about the personal protection equipment and have been pressing for the last two weeks about getting that out to care homes and domiciliary care providers. Indeed, just this morning, I was advised that a care home provider in the Southern Trust is refusing to take any more admissions until it receives the proper PPE. I will give an example around that. We have had a number of coronavirus scares and one case, that I am aware of, that has been confirmed within a care home, and the staff do not have the PPE. When an ambulance arrives, the paramedics are kitted like they are going to the moon, and the staff are seriously worried about not having the right equipment.

We need prioritisation of care needs and the allocation of resources across the whole health system. We are all in this together and we need to work together to sort it out. We know that work has been undertaken on surge staffing plans, but we have not been engaged in the preparation. We have concerns about the feasibility and mobilisation of these plans, which have not been tested.

There is a need for flexibility around regulations, rules and staff responsibilities. We have been asking about changes to Northern Ireland Social Care Council (NISCC) registration and RQIA inspections, and those need to be considered. There are liability insurance issues that, obviously, the statutory sector does not face but private and not-for-profit organisations do. We need to have technology to assist with care. There will be business failures, and we need to have plans for handing back work and support for businesses in economic difficulty.

We are concerned about the continuity of services both throughout and after the pandemic. We see that there are a lot of small businesses that will not survive and we are concerned, in particular, about domiciliary care providers. If those small businesses go down, what is going to happen to the people in receipt of domiciliary care? There is an issue around testing of new admissions into care homes; there is no testing being done. It is very vulnerable bringing people from hospital who have not been tested into an environment where people are very weak and vulnerable.

Public expectations are also an issue with the impact of restricted visiting, particularly during end of life. Restricted visiting or, indeed, lockdown on the elderly, those with dementia and those with learning disabilities will have a serious impact as a lot of those people will not understand why their families are not visiting. There will be an impact around social isolation on elderly and vulnerable people and caring for elderly and vulnerable people who are isolated, living alone with no family. How are they going to be fed and how are they going to be cared for?

With regard to the surge plans that are being talked about within the Department, we have not had visibility, so how do we work with whatever volunteers come along or whatever people are redeployed from other parts of the health sector? We need to have basic supplies of paracetamol, oxygen and antibiotics. These cannot be stored in care homes; we can only hold supplies for the people that are actually there. I have been pressing and saying that we need to have those stocked up and ready to deal with any issue that comes along. The short- and long-term economic impact on the sector will be significant. On the other side of this, there is the critical need to reform adult social care. We need to do it quickly and learn from the lessons that we are going to experience in the next months and in the future so as to have a better social care structure in place.

In conclusion, I want to express how important it is for us to work in partnership throughout this period, but that means that we must be included in developing plans and testing feasibility, and we need questions to be answered quickly and decisions made urgently. To coin a phrase for the sector, never have so few been so ill-equipped to deal with so much.

The Deputy Chairperson (Mrs Cameron): Some very serious issues there. At this juncture, I want to say that, very sadly, the first death of a person in Northern Ireland with COVID-19 has occurred. I understand that the patient was elderly and had serious underlying health conditions. It is appropriate that we recognise that and think of those that have been affected and the immediate family of the deceased. We want them to know our thoughts are with them at this very difficult time. That makes it even more understandable just how serious the situation is, and we do appreciate you being here today.

Agnes, did you want to say anything at this point?

Ms Agnes Lunny (Positive Futures): Yes, if you do not mind. I am deeply saddened to hear of the death of that person. It really brings home just how serious the issue is and why it is so important that we all work together to ensure that we do the very best we can for the most vulnerable people in our society.

I am not going to repeat what Pauline has said; she has very ably articulated a huge range of issues affecting the sector. I am here today as chief executive of Positive Futures, as well as chair of an organisation called Association for Real Change (ARC). ARC is an umbrella organisation of providers of services for people with a learning disability across Northern Ireland. The organisation has 53 members from the voluntary, independent and statutory sectors, so we represent the vast majority of service providers supporting people with a learning disability in Northern Ireland. Positive Futures is an all-Ireland charity, and we support people with learning disability, autistic spectrum condition and acquired brain injury, right through from childhood to late adulthood. The youngest person we support is 11 months old; the eldest is in his 80s. We are talking about the entire age range right across the whole region of Northern Ireland.

I am not going to repeat the issues that Pauline has raised, but I think the Committee will be aware of concerns I expressed to Colm Gildernew, the Chair of the Committee, last Friday. He worked very swiftly in ensuring that the issues were raised immediately with Robin Swann and Seán Holland. I still have not received any responses to the issues raised, and that would be really important. I know that Pauline has also asked questions of the Department of Health. We appreciate how busy people are and we know that people are working around the clock, but we need to communicate, and communication is not good at the moment. We need people to communicate and to realise that there are organisations like the one Pauline represents and the ones I represent, and we are there to act as conduits to other organisations. We need to communicate, and it needs to be simple and straightforward.

An example of what I mean is that it is not good enough to say that the trusts have PPE. The trusts are faceless organisations. We need communication to include who we contact and where we get that contact information. We need names and numbers for the people we can contact. Providers across ARC and in Positive Futures need that information for our staff, who are working 24/7 to provide support for people. That is the first thing. We need that communication to be timely and updated on a regular basis. That is really important.

In relation to the impact of this on the people we support, I do not want in any way to cast aspersions on the knowledge of the people sitting around this table, but I seriously think that people do not appreciate the work that the social care sector does. We support people, 24/7, 365 days a year, whose needs are incredibly complex. In our instance, they are people with a learning disability, people with autism, people with acquired brain injury, but they also have medical needs, physical needs and additional medical issues that require very hands-on support. When we employ our staff we employ them as support workers. As the virus takes a grip, are we saying that our support workers are being asked to change their jobs? Are they going to become medical staff? We cannot walk out on people. If people get the virus, what is the advice to our staff? Are we asking staff to continue to come in to work and support people, not at a social distance, but absolutely hands-on?

The points that Pauline made about PPE are critical here. We are told that there is sufficient PPE in Northern Ireland and that stockpiling happened in relation to concerns around Brexit. Where is that equipment, how do we get access to it and how do we get access to it today? When we talk about equipment, we are not talking about what Pauline described as the spacesuits that ambulance drivers and hospital workers are dressed in, but my understanding is that that is the level of protection our staff will need. I also understand that, in order to wear that equipment, you need training. Are we moving that up the agenda? We have to plan for a worst-case scenario.

Our contracts are another issue that the sector is absolutely concerned about. In a lot of our contracts, in spite of advances in technology, the money that we receive for the provision of services is paid in response to invoices. In the event of impact on the normal running of financial services, we in the voluntary sector could find ourselves with no funding. I urge the Committee today to ask that changes be made, as a matter of urgency, to how we are funded. Most of the work that all our providers do, across both the group Pauline that represents and ARC, is contracted work. There is no risk to the public purse. The services that we provide are detailed in contracts. We urge, at least, quarterly payments in advance, so that we can fund our services and pay our staff.

In addition, we need a fund available in Northern Ireland to deal with the additional costs. Yesterday, our organisation had to buy over 30 new laptops. They are not cheap to buy. We have also had to stock up on all sorts of other equipment. We have had to buy new phones for people because our staff are working from home where they can. We are also having to pay for additional taxi services and pay people additional mileage to do work over and above what we have previously expected of them. We need that to happen, and we need that to happen today.

In relation to insurance, a number of our providers have said that their insurance does not cover pandemics. We need to know what Government is doing in the event that a member of staff claims against a provider. These things are very likely to occur, so we need some information as to how that happens.

The other issues are that, as Pauline says, we are starting from a very fragile place. We have had significant workforce and funding issues over the years, and we need to understand that the impact of this is going to be absolutely critical. We are not needing to plan for today only. This virus will pass. We need to ensure that, whatever we do to our workforce, we ensure that they feel valued. Feeling valued means that they get paid, and not just sick pay, That is not going to pay the bills or the mortgages of the people we support. We know that, in England, that there have been mortgage- and rent-free periods. We need to hear those messages coming out from Northern Ireland in exactly the same way. There are suggestions around universal credit and statutory sick pay. We need those decisions to be made really quickly so that our workforce feels valued. It has not felt valued over the last years, and this is going to create for them a huge critical scenario. We need those issues addressed as well.

At this point maybe I should stop and see if people have questions for us. We could talk for a long time because the issues are so wide-ranging, but, if there are particular things that you need to hear from us, we need to hear what they are. Pauline made a point about regulation. We know that regulation dictates how our services are run and how our providers run them. We need to change; if things are not working, we need to change them. We need to be fleet of foot in changing those things. We need NISCC to recognise that we may not have staff who have their registrations up to date, and we need RQIA to recognise that enhanced police checks take at least 12 weeks. We are not about trying to put vulnerable people at risk; we are about trying to do the very best for people. At most, we are asking that these regulations are reduced and that we get permission to recruit our staff on the basis of a basic police check, which we know will come an awful lot more quickly. We are also asking for relaxation of mandatory training. We are not expecting our staff who are not trained to be providing support. We want the system to give credit to the leaders in the sector and to make decisions that are the right decisions, based on the circumstances that we find ourselves in.

Sorry, I said I would stop but I started again. Apologies. *[Laughter.]*

The Deputy Chairperson (Mrs Cameron): That is OK. I fully appreciate it, and thank you both very much for the briefing. We are going to open up to questions.

A statement came out yesterday from the chief social worker, Seán Holland. How do you feel about that statement? It talks about the PPE issue, and we know that that issue is huge across all of the front-line healthcare workers. For instance, he gives some specific guidance about domiciliary work. Do you have any commentary on his statement?

Ms Shepherd: I have. I was involved in the meeting on Monday, pressing for the guidance, and I fed into that in the past two weeks. I indicated in the past two weeks that there was no point in putting into the guidance that providers had to source their own PPE, because there was none available. I have pushed and pushed and said, "Please cut out the middle processes in this and go and source it in the Health and Social Care sector and have some sort of plan for distribution". I went to the meeting and said my piece. I have emailed and done as best as I can, and still Seán's comments this morning on the radio were, "Trusts have to help, but providers should go and source their own". There are none to source, and we are facing people with potential coronavirus in a care home. Last night I took calls from a domiciliary care provider in south Down that actually has a potential coronavirus case, and the advice that they gave to the staff was, "We do not have PPE. You double up with your normal masks, aprons and sleeves". Yet when somebody came to collect the person, at the process of handing on to the hospital, they had considerable PPE, and I think that it is unfair.

Ms Lunny: It is really quite simple. If, as Seán says, there is PPE, then I think what Pauline is saying is "OK, tell us where we get it". It is as simple as that. Let us stop writing 'War and Peace'. We are

beyond writing detailed policies and procedures: let us get down to action. If it has to be collected at a central point, that is fine; we will go and get it. Let us not jump through hoops to get things. This could be our sons and daughters, our grandparents and our parents. We need to deal with this in a human way and we need to make it easy, not complex.

The Deputy Chairperson (Mrs Cameron): On the back of that, have you contacted the trusts and asked them for the PPE?

Ms Lunny: We have spoken to each of the five trusts last Friday and detailed what our requirements are around PPE. Again, we are not getting simple information back. We are being told "the trust", but we need to know who and where.

Ms Shepherd: As a result of emails I sent last night back and forth to Seán Holland, I am aware that urgent meetings have been set up this morning between some providers and trusts. I was being briefed on the way here. I feel that I have had to nearly climb on the top of the roof to actually be heard and to say that this needs to be resolved.

The Deputy Chairperson (Mrs Cameron): That is not acceptable. The very least they can do is to give you a point of contact that you can source, because PPE is too vital.

I will ask another question before I hand over to Colm. You mentioned medication, and obviously that is a big issue for pharmacies at the minute, as they are inundated and working flat out to try to provide that. The guidance is that there is no need to stockpile, so I am wondering how you counteract that, given your call to have a limited stockpile for that reassurance?

Ms Shepherd: Stockpiling is not necessarily the issue. We are regulated to the degree that we can only have enough for each resident or client. Therefore, you only have enough for that individual, and we are asking for additional amounts so that, if someone has a high temperature or needs antibiotics, it can be given there and then to them, rather than wait for somebody to come along. It deals with the issues early on, so it is not stockpiling; it is having the additional supply. For people who understand and can deal with the situation, they do not have the medication to deal with it.

Ms Lunny: We are told that the treatment for this is essentially the treatment that you would take for flu, but if paracetamol is not available, it is difficult for us to administer that medication.

Ms Shepherd: In care homes, we are not allowed to use one client's medication for another client. It cannot cross over. If you run out of medication for one client, you cannot lift from somebody else and use it.

The Deputy Chairperson (Mrs Cameron): Obviously, there is the issue of regulations and bureaucracy. Here is hoping that legislation will come soon to deal with that and ease the pressures. Are you looking at temporary recruitment for increasing the use of volunteers in the social care setting?

Ms Lunny: Yes. We have suggested that in the communication that Colm sent on Friday. I am still waiting for a response. I told the RQIA yesterday that, in the absence of a response, I am moving at the end of this week to basic police checks. At this point, we need the people in leadership roles to be bold and show courage. I am prepared to put my neck on the line to do the best for the people we support. While the enhanced checks are carrying on, basic police checks are preferential to having no staff.

A large number of those we support live on their own and require two, if not three, members of staff. One member of staff going off has a major impact. We need to make sure that there is a workforce. We have already contacted businesses, including the Wolsey group, which paid off 800 members of staff yesterday. We are having to be creative about how we do these things. We are having to be creative about how we do interviews and pick up references. I will keep all the organisations and bodies updated. As leaders, we have to step up to the plate, and I certainly think that the two of us are demonstrating that. I think I speak for all of ARC when I say that.

Ms Shepherd: We have difficulty in recruiting, and have had for some time. There have been considerable shortages of nurses and care staff. That is why I say we are not starting in a good position. Our members are saying, "We now have friends and family who will be remaining at home

and who do not have a job to go to. Can we not use them and bring them in?". We have to get around this issue of registration. Is it not better that we have someone there to actually help someone, rather than saying, "Well, you can't come in because you don't have whatever training and registration"? We are not in that situation any more. This is a different time.

The Deputy Chairperson (Mrs Cameron): Yes, absolutely. Those are common-sense recommendations. Colm, we will come over to you. There might be a bit of a delay.

Mr Gildernew: Thank you. Can you hear me OK?

The Deputy Chairperson (Mrs Cameron): Yes, we can hear you, Colm.

Mr Gildernew: First, I join in stating my condolences to the family *[Inaudible]* today. This is a sign of the difficult situation that we have entered. I have no doubt that healthcare staff like you *[Inaudible.]* Do either of you have a central point of contact in case issues of a practical nature *[Inaudible.]* Are you aware of *[Inaudible]* deal with the developing situation on the island?

The Deputy Chairperson (Mrs Cameron): Colm, I do not think we were able to make you out, but the Clerk may have the gist of your question through your emails, which is helpful.

The Committee Clerk: To repeat: what plans are in place for the independent care sector for ongoing contact to address issues as they arise? We will come to your comment later, Colm — your suggestion. That is the only question I have.

Mr Gildernew: Yes.

Ms Shepherd: I have been working with the Department and the Health and Social Care Board for the past two or three weeks, saying that there needs to be a single point of contact and a 24/7 service to answer questions. I fed in on Friday week ago the list of questions that I got from our members. I was assured that they would have answers by last Monday. I have been pressing every day to see the answers. We need the answers, and I still have not got them.

Ms Lunny: In addition, I am a member of the all-party group on learning disability. Last Thursday, we developed a number of questions, which Chris Lyttle forwarded to Robin Swann. We were to get a response on Monday, and it is now Thursday. Colm himself raised questions with Robin Swann and Seán Holland, but, as yet, we have had no response.

Like Pauline, ARC and Positive Futures are engaged in a whole range of meetings, which takes up an awful lot of energy. It would be much better to find a central point to address our questions to. It is very difficult to do that, because we all have different needs, but we need to get better at ensuring that there is a representative group that will be responsive, and that means responsive 24/7. When something happens, we need the information now. That gap continues in the system. This is not about criticism. I am just saying, "This is how it is, and it could be improved".

Mr Gildernew: *[Inaudible.]* I have a suggestion. *[Inaudible.]*

The Committee Clerk: Do you want me to read out the suggestion, Colm?

Mr Gildernew: Yes. Either now *[Inaudible]* discussion maybe *[Inaudible.]*

The Committee Clerk: At the end. OK.

Mr Carroll: Thanks, Agnes and Pauline. I have a couple of questions. GPs came out, I think, two days ago to say that they are worried about infection and that there is a lack of control masks. Marie Curie said that it has an undersupply of PPE. I quote Marie Curie directly:

"They are currently putting the health of staff and patients at risk."

Do you concur that that is the situation? You have indicated that. Have you an idea of the quantity of masks and equipment that is needed, at least for the social care sector?

My other question is about testing kits. We know that they are produced here, very close to Belfast, but there is a severe lack of testing taking places. In places such as Korea, rapid testing helped to pinpoint clusters of infected people. I was in Dublin yesterday, and a range of measures is being taken. Croke Park has been made available for drive-through testing. It appears to me that the Department is not doing enough to ensure that testing happens. Can you comment on that, please?

I have been made aware of several instances of couples where both work in the health service. One is at home because of having symptoms. It could be the flu, but it could be COVID-19. Both are therefore at home. I am concerned that healthcare workers are unduly at home. They are taking the correct measures, but they may not have COVID-19. They are not being tested. That obviously places a massive strain on families and on the health service. Can you also comment on that?

Finally, it is imperative that workers be supported, bailed out and protected in this situation. We have taken firm measures for business, and that is obviously important to do. However, workers in the health service, at all levels, including those who are on temporary contracts or zero-hours contracts, need to be protected. That is something that you mentioned, Agnes. It is certainly something that I would support, and hopefully others would as well.

Ms Lunny: I will go first, Pauline. You will need to keep me right, Gerry, because my memory does not hold all the information.

Mr Carroll: I will do my best.

Ms Lunny: As an organisation that provides services across all of Ireland, we have first-hand experience of the difference in how both parts of the island are dealing with the issue. It is easier for us in the Republic of Ireland. The advice seems to be clearer, and the fact that there is testing ongoing is really significant. I echo what you say. We need to get testing back into the system. We continue to place people at risk, but we are also really stretching the service. People have to take action to protect themselves, because they do not know whether they have the infection. We have to think really carefully about that. I urge the Government to institute testing as a matter of significant urgency.

The other issue is about the workers and healthcare workers. I understand that Peter Weir has suggested this morning that schools will remain open for the children of healthcare workers. Let us remember that there are also social care workers, and "healthcare workers" often means just healthcare workers. Healthcare workers are doing a great job, but the number of social care workers probably outnumbers the number in healthcare. We need to ensure that our social care workers are treated in the same way. Let us change the language and talk about "health and social care workers". I do not know how that is going to happen, but you are absolutely right. In the case of a number of our employees, both parents are involved in health and social care. That is therefore really critical.

You raised the issue, Gerry, of how we ensure that we protect our workers. Yes, a number of issues have been raised about businesses and protection for them. We need to ensure that that is happening now for workers as well. We need to appreciate that statutory sick pay is not even £100 a week. That will not keep people who have a family fed. We need to increase such benefits.

The other question was about providers. As I said, as of today, we need to engage in systems that prepay the sector for the job that it is doing. You asked other questions earlier, Gerry, but my memory has missed them.

Mr Carroll: You covered most of them. Your point about financial support is essential, because if we are creating economic barriers for people, such as their having to pay rent and bills, they may make the incorrect public health decision. That is important.

Ms Lunny: We all suffer, not just individuals, if people put themselves at risk by coming to work when they have an infection or whatever.

Mr Carroll: Agnes, you made an important point about the South. I was in Dublin yesterday, where I managed to get a quick briefing from the Health Service Executive (HSE). Its recommendation was that a unified approach across the island is needed and would be much simpler. That has not happened. There have been diverging approaches, North and South, and the approach in the North has been too aligned with what Boris Johnson is doing, which really beggars belief.

Ms Lunny: This need not be about politics. This is about human rights and about us working together. If we do work together and put human beings at the centre of our thinking, we will do a hell of a better job than if we make this a political issue.

Ms Shepherd: I will add one point, Gerry, about PPE. For me, the highest risk that we have here is in domiciliary care. The risk there is possibly higher than in care homes. If the coronavirus gets into a care home, we have a large group of very vulnerable people. However, with domiciliary care, if we do not get PPE, we will have carers going from one home to another, and maybe visiting 17 or 18 different people in different homes in one day, with families in those homes. To me, that is the biggest area in which there is possible transfer risk, yet we do not have PPE. Right from the beginning, we should have been looking at our highest-risk and most vulnerable areas, and care homes and domiciliary care should have been at the forefront.

The Deputy Chairperson (Mrs Cameron): That is a very good point, Pauline, and it also makes the case for testing health workers. Earlier in the meeting, I mentioned that I had spoken to Minister Swann this morning, and he gave me an assurance that they are doing everything that they can to ramp up testing. That is welcome news, and I am sure that everybody will agree that testing has to be made a priority for health and social care workers, as you mentioned.

Agnes, you talked about the language around what schooling provision will be made available for children of health workers. I am 100% sure that that includes social workers. It will probably include people from other essential walks of life as well, including those involved in haulage, delivering food, and the police. A wide range of professions will probably need to be covered.

Ms Bradshaw: Thank you, ladies. I have a series of questions. The first relates to the training and resource day-care centres that are operating. In Belfast, there are about 10 of them. I got a call from a lady yesterday who works in one. She would not give me her name. She is very concerned that users of the centres are travelling on buses, arriving there and then sitting in rooms of 10. There are maybe 70 or 80 people in a centre with no PPE and no personal intimate care equipment. Unfortunately, the nature of their learning or physical disabilities may mean that they are not able to wash their hands properly but are still walking around holding hands. What is your position on those day-care centres? Should they be closed at this point, or what?

Ms Lunny: It is a really difficult issue, Paula, and that was one of the questions that Colm asked Robin Swann last Friday. The issue is much broader than that, Paula.

Ms Bradshaw: I know. What do they do with them?

Ms Lunny: Last Thursday, there was a rumour that the South Eastern Trust was allegedly going to close all its day-care centres. Yesterday, we got a phone call to say that the Belfast Trust was closing all its centres. There is a lot of rumouring going on at the moment, and that is not helpful. We discovered that neither of those rumours was correct, but there is a sense that closures are only days away. There are risks of people coming to the day centres, and those you have articulated, Paula. Those risks are absolutely real. The other risk is this: what happens if the centres close?

Ms Bradshaw: I know.

Ms Lunny: We are being told that, if the centres, which are largely run and provided by the statutory sector, close, the workers in those centres will be pulled back into the statutory sector to provide services. Organisations such as ours and many of the members of ARC support people who attend those centres. We are not funded during the daytime when those people are at the centres, so, from 9.30 am until 3.30 pm, we do not employ staff. Where are we going to magic up staff from to provide that support if the trust is not going to share out the workers among our sector?

I am not sure that anybody is hearing this, but the other really critical issue is that over 70% of people with a learning disability who attend day centres live at home with their family, many of whom are very elderly. The only break that those families get is when their sons, daughters or other relatives go to the day centres. Therefore, who is going to be there to support them? That is a critical issue. These are people who are not in receipt of any service, and the only support that they get is as a result of their sons and daughters being provided with a service. That is an issue that I have raised, and I am really concerned about it, because we know that our older carers are stretched at the moment and that our families are stretched, long before this virus kicks in.

I cannot answer that question, Paula, because it is a risk however we look at it. What I am asking for is that that be considered.

Ms Bradshaw: Thank you. I wrote to the Belfast Health and Social Care Trust. I have received a holding email but not yet a reply. As you said, the information needs to come out.

Is there any information that RQIA inspections of nursing homes are being ramped up? If children and other relatives are not necessarily attending, where are the eyes and ears to make sure that safeguards are in place for vulnerable patients?

Ms Shepherd: Again, that comes back to a balance of risk and making a decision on what is important. Are increased inspections? It is a question of what is more important. In my view, preservation of life is the most important thing, followed by providing personal protective equipment and managing people as best we can.

I was at a meeting earlier this week in the Department, and Olive Macleod from RQIA was there. There were discussions about what relaxations there could be on various RQIA regulations. That was part of the consideration, but I do not know whether any decisions have been taken or any further discussions held. Olive did suggest that some of her staff inspectors could be used as points of contact to answer questions, but, again, I do not know what they have done with that information.

Ms Lunny: My understanding is that RQIA did put a paper to the Department of Health yesterday, in which it has made some suggestions about relaxation of some of the regulations to facilitate what Pauline says is the important issue, which is a matter of life. Preserving life is what our priority needs to be.

Ms Bradshaw: Agnes, you said that bold decisions need to be taken. Can you give us an example of some of those really bold, urgent decisions that you want the Department or the Health and Social Care Board to take?

Ms Lunny: I think that we have articulated a huge range of those now: being clear about communication; being clear about contact names and numbers; and identifying clear roles and responsibilities for people. We have had to do that in our own organisations. We have our own contingency plans. They are not bland. Our communication does not say contact Positive Futures but, rather, gives a named person. It says when to do it and how to do it. A range of different ways to contact people is given. Urgently, we need the issue of funding to be addressed. Urgently, we need issues to do with workers and how workers will be protected addressed. Urgently, we need the issue of PPE addressed. Urgently. There are a number of things that we need to do really quickly, but keeping that decision-making going as well, Paula, is important.

Ms Shepherd: For me, the bold decisions to be taken are around relaxation of regulations and the AccessNI basic checks. It is a matter of weighing up the risk of whether someone is going to be provided care against whether we can bring in a family member who has not had a basic check but is someone whom we know. That person can feed somebody or do something else. Those decisions have to be made so that, if that happens, nobody is going to be challenged out the other end of this and not going to be facing an inquiry into who did this and who did that. Those are the types of things that we need.

Ms Lunny: We know that, in the Republic of Ireland, decisions have been made. For example, people who were nurses and are now guards are being allowed to go back into hospitals to work as nurses. They probably have not got their nursing registration, and they probably have not got up-to-date training. We have had a number of people retire in the past couple of years, and we want to bring those people back. They are competent. It is those sorts of decisions, as Pauline says, that are really going to be important.

Ms Bradshaw: Thank you for the work that you are doing on this. It is so critical.

Mr Chambers: This is a fast-moving and unprecedented situation. A couple of nights ago, someone sent me a lecture that Bill Gates gave to a health organisation back in 2015. He articulated the point that the greatest threat to the world was not war. All the countries in the world have resources and planning in place for war. He felt that the biggest enemy facing the world and mankind was an epidemic. He called it right. He talked about the lack of preparedness that there seemed to be in the

world. This meeting has brought it home to us that we are not really fully prepared. We have to accept that the situation is unprecedented. There are an awful lot of shortfalls. We are talking this morning about your sector, which is extremely important. We are talking about people's lives. We are talking about vulnerable people, but yesterday Bill Wolsey laid off 800 people. They are all sitting this morning with the same worries, thinking, "How am I going to pay my mortgage? How am I going to put food on the table?". I am not here to defend the Government in Westminster, but, over the past few days, they have recognised some of the issues. They have done things that I did not think that they had the money to do, yet, all of a sudden, there is money to do them. We have to have a level of faith that they are going to come good.

I have written down all the things that you listed that you feel need to be sorted out. There is no magic wand that is going to sort them all out overnight, so we have to prioritise and say, "What's your biggest call?". Communication is vital. We will not solve any of this unless people are sitting down and talking about it. Should the sector not be calling for some sort of — I do not like using these words — war committee? People sitting in that room could be empowered to make decisions, rather than you having to write letters or go to 10 different meetings during a week on 10 different issues. Get everybody into a room who can sort out a lot of the problems.

You talked about people going to 10 or 15 different homes, perhaps more. I do not know what their duties are or day load is. What sort of personal protective equipment would they wear going into somebody's home?

Ms Shepherd: The normal equipment is basic infection-control equipment. They would wear rubber gloves, and they would have masks if there were an infection. They have received training and guidance on normal infection control for the likes of flu viruses. However, they do not have the equipment or the training to do that for coronavirus. They meet basic requirements.

Mr Chambers: All that equipment would have to be destroyed as they left each house. You are talking about a big volume of personal protection. It is not just a case of, "Give us some rubber gloves and a mask, and we'll get on with it".

Ms Shepherd: Even basic protection is getting hard to source, because, worldwide, people have been using the basic protection as a substitute for the recommended protection. The public are using masks now out on the street.

Mr Chambers: I have written down about 20 things that you absolutely need. This is a difficult question: if I said to you this morning that we could help you to deliver three things today, which are the most pressing? We can sort out things such as orderly payments early next week. What do we need sorted today?

Ms Shepherd: PPE needs to be sorted today.

Ms Lunny: The relaxation of regulations. The three things are funding, PPE and the relaxation of regulations.

Ms Shepherd: If we cannot provide the assurance to staff, they are not going to be there. They will remain at home. That is our biggest problem. We need to provide that reassurance to staff to say, "You are safe". At the minute, they feel very vulnerable. They see the difference in PPE for those dealing with somebody in a care home or somebody in their own house and that in the health system. Their standing is completely different. We have completely different kit.

Ms Lunny: We must protect our workers. We have got to. We are asking people to do a difficult job. The least that we can do is keep them as safe as possible in those situations, Alan.

Mr Chambers: All the people that I know who work in your sector are not just employees: they are dedicated.

Ms Lunny: They are absolute angels.

Mr Chambers: They love what they do. They need to be special people to do it. I could not do the work that they do. I admire them for the work that they do and that they have the commitment and compassion to do it.

Ms Shepherd: Some of our employees obviously fall within the vulnerable category. They are asthmatic or have various other conditions, and they are worried about carrying the virus back to their mother or father. They have all those issues to deal with as well, so they really are putting themselves on the front line. In my view, they are not being properly protected or not being protected to the same standard as others are.

Ms Lunny: As their peers. That is the real worry.

Mr Chambers: This might just be pie in the sky and just another talking shop, but do you feel that it would be useful if a committee were to be set up to empower people to make decisions for you?

Ms Shepherd: I understand that they already have the gold-silver-bronze command structure in the health system. I have been trying to say that we need to engage with the independent sector. We need to be there. Last week, I had the agreement that it was going to engage with us around the staffing surge plans, but, when I went to a meeting earlier this week, I was told, "We are too busy. We have had to cancel".

Mr Chambers: I have heard mentioned some of the things that you are talking about this morning. You may have to read between the lines sometimes, but Seán Holland made a statement last night, and he seemed to be hinting that volunteers could be brought in at short notice to help. In my community, there is a surge of people all wanting to volunteer. It is not terribly well coordinated, but the will is there.

Ms Lunny: I think that that is right, Alan. As Pauline said, Seán Holland is saying those things, but we need clarity around that communication.

Mr Chambers: Absolutely. It is all talk at the moment.

Ms Lunny: A suggestion is helpful. We need a decision.

Ms Shepherd: An implementation plan.

Ms Lunny: What we do not need is a group of people to tell us what to do. We need to be involved in that decision-making, because, with the greatest respect, we know our business best, and we need to have an opportunity to be involved in things and to make decisions together.

This is something that we have never experienced before, but we have to find the answers. We may not have them, but we have a responsibility to find those answers. There is huge willingness across the whole of society to come together and come up with some answers.

In all our organisations, we have had to set up critical incident management teams. We have to make decisions, own them and be accountable for them. It is not a time to criticise, and it is not a time to say, "You got it wrong". People are, by and large, doing the best that they can do. We just need an opportunity, and we are not being invited to be involved in critical decisions or being advised of outcomes of questions. That is really important.

Mr Chambers: The very first thing that you mentioned was that you need guidance. You need questions answered, and you need communication. Those are vital. Somebody will have to step up to the plate and improve those areas. If we could get a committee set up, to which you guys could go in and say, "Look, this is what we need", and somebody there can say, "I have to go back and talk to somebody" or else, "Yes, we can deliver".

Ms Shepherd: The issue that I see at the minute, Alan, is that there are a lot of people at ground level raising issues. The only voice that they have is representatives like us. Issues are coming up through the system. I am putting them up through the system. They are then getting swirled around the system.

Mr Chambers: You do not know where they are going.

Ms Shepherd: With respect, the people further up do not necessarily understand the practicalities, and then the issues are dripping back down again. The communication out to the trusts is then not

happening. Something needs to be done about making the decision that cuts across and gets some proper communication in place, because it is like Chinese whispers.

Mr Chambers: If people in authority are listening to this session this morning, that may wake a few people up.

Ms Lunny: It is also not a time for introducing bureaucratic systems. We have heard that from the United Kingdom Government around things such as additional funding for business, but let us not have an application form that is the size of 'War and Peace'. Let us make the processes simple, because we need to facilitate people to be able to draw down money, support and so on. We just have to do things differently.

Mr Chambers: We need to trust that that will be the case, and I hope that will be the case.

Mrs Cameron: We will move on to the Clerk, who has some questions from Sinéad.

The Committee Clerk: Sinéad has forwarded comments. First, she thanks Pauline and Agnes for their presentation. She agrees that PPE is a real priority for everyone on the front line, and the situation needs to be resolved today. She agrees that the reality of that needs to be communicated clearly and suggests that any rules preventing stocking of basics such as paracetamol should be temporarily stepped down with immediate effect. That is all that I have from Sinéad at the moment.

The Deputy Chairperson (Mrs Cameron): Colm, you wanted to make a suggestion.

Mr Gildernew: *[Inaudible.]* You are breaking up there a bit. *[Inaudible.]*

The Committee Clerk: Colm has proposed that the Committee write to the Minister to outline the range of concerns that have been expressed by the sector and to ask for communication and action around those issues.

Members indicated assent.

The Deputy Chairperson (Mrs Cameron): We are in full agreement on that, Colm. Thank you for that contribution.

As a Committee, we really appreciate your time. We absolutely understand that you guys deliver a vital service. We recognise completely the contribution that you are making at a very difficult time. We want to support you in any way we can. It is safe to say that you have the full backing of the whole Assembly in ensuring that you get what you need in order to continue to do the amazing job that you do. Thank you very much. Thank you for your time.

Ms Shepherd: Thank you very much.

Ms Lunny: We really appreciate the invitation. Thank you for your support.

The Deputy Chairperson (Mrs Cameron): Thank you.