

# Health and Adult Social Care Scrutiny Board

**Monday 6<sup>th</sup> July 2020 at 3.00 pm**

**Present:** Councillor E M Giles (Chair)  
Councillors Piper (Vice-Chair), Carmichael, Costigan, Hackett, Hartwell,  
Jarvis, R Jones, Kausar and Tranter.

**Officers:** Stuart Lackenby (Director of Adult Social Care), Lisa McNally (Director  
of Public Health), and James Sandy (Democratic Services).  
Michelle Carolan (Managing Director, Sandwell & West Birmingham  
CCG), Jayne Salter-Scott (Head of Engagement & Communications,  
Sandwell & West Birmingham CCG).

6/20 **Apologies for Absence**

Apologies for absence were received from Councillor Phillips (following the meeting) due to connectivity issues experienced in attempting to join.

7/20 **Chairs announcements**

None.

8/20 **Declarations of Interest**

Cllr Piper declared an interest as a trustee of Better Understanding of Dementia Sandwell (BUDS)

9/20 **Minutes**

The minutes of the meeting held on 20th January 2020 were approved as a correct record.



## **Sandwell Council's COVID-19 Reset and Recovery Planning- Update and Data Review**

The Director of Adult Social Care and Director of Public Health presented an outline of the current position, the outbreak plan and preparations for test and trace.

The Director of Public Health confirmed that the borough was in a steady state and described the situation in relation to the local impact of the COVID-19 pandemic as not falling but not rising.

There was a reluctance to make any predictions regarding the progression of the virus but members were advised that it was likely that there would be a national and local rise within the next few months.

Admissions to hospitals and GP surgeries were at steady levels and the death rate was back to the expected level in relation to the average figures for this period. Concerns were expressed that there would be a high level of demand on NHS services when the current factors were combined with the usual winter pressures. The Outbreak Plan could be found at:

<https://www.healthysandwell.co.uk/covid19/>

The focus of this was clearly on risk assessments across various settings and ensuring that prevention was the first consideration along with the need to ensure that adequate testing was in place. This would help to stop those cases identified as 'positive' further mixing or spreading the virus. Contact tracing was then a key component of this and was of real importance.

Routine and weekly tests had been in place within care home settings with monthly checks in place for staff. In Sandwell this was supported with the addition of a military style test centre. A seven-day response rota remained in place.

The BBC recently noted Sandwell's outbreak plan as a good example. There had been issues with the quality of testing data received from central government and the extent of information that had not been shared and that was not considered robust.

No information had been provided regarding place of work or place of education and this was critical to help detect early signs of an outbreak. The council was lobbying national government to ensure that it obtained that information.

The Director of Public Health updated members regarding the outbreak at Tulip Ltd in Tipton. Following an initial alert about positive cases at Tulip Ltd an Incident Management Team was established along with PHE and NHS colleagues. An initial risk assessment with the company identified which employees should be included in further testing. Once test results were

received a team contacted individual employees, to advise them of their COVID-19 status and to give them appropriate advice on self-isolation and infection control. The Council also advised Tulip Ltd site managers on how they could limit further spread of the virus.

Over 600 staff had been swab tested. The site was similar to a number of other small business sites in Sandwell and had not observed correct social distancing measures. It was noted that language sometimes acted as a barrier to ensuring timely procedures were implemented.

It was reported that in terms of the public health response everything was going well and the Director of Public Health wished to thank her team as well as colleagues across adult social care, community centres and the wider NHS.

The Director of Adult Social Care outlined the position in relation to adult social care and emphasised that the service had not really stopped since the declaration of the pandemic. Homeworking and remote working was proving as effective as previous operations from council bases. This has further strengthened plans for agile working within the community and given further thought to changes in historic delivery models.

The Director of Adult Social Care stated that around 13000 people in Sandwell had been identified as extremely vulnerable and in critical need of shielding measures. The Government had notified such individuals by letter and the council had issued guidance to support those within that group. The council therefore set up an array of interventions and identified a further 10000 individuals in addition to the original figure. The notion of shielding was set to continue and the data drawn from this exercise would continue to be used and updated (with appropriate permission) to ensure that future diagnosis added people to the existing register. The practical support teams within the council were still responding to the immediate demands and requirements of the pandemic.

The council has proactively supported care homes with PPE supplies, outbreak management and infection control measures. 42 lives have sadly been lost to date within care home settings in Sandwell that were attributable to COVID-19. This was a lower number than other local authorities within the Black Country and was also lower than the England average. No new deaths had been recorded in care homes for the last two weeks. It was raised that flu and winter pressures would make this situation more difficult to manage.

Underutilisation of vacancies within care homes would be a key issue partly due to the number of deaths, normal death rate and reduced number of referrals within the borough. There was also a changed perception of the safety of care homes and research was showing that demand is steadily reducing. Longer term this questions the viability of some of those homes. It was stated that the council cannot continue to support all the homes

financially past the pandemic. In future it was highly likely that the council would have to consider moving people as care homes closed.

Infection control funding was received from central government on the 22nd May 2020. £2.8million of funding was allocated directly for intervention and support. 75% of this funding had been passported directly to care homes with the further discretionary element being passed to domiciliary care organisations. The funding was limited with regard to how it could be spent and it could not be backdated. The criteria that the government had set was very strict and lobbying continued to how future money could be used.

The Director of Adult Social Care highlighted the real challenges that exist to those schemes and activities that provided social meet ups for the elderly and reach out to those in isolation. The key question going forward was What do future day services need to look like in order to reduce risk factors presented by COVID-19? What were the alternative models of provision?

At the start of the pandemic the council received new guidance concerning discharge to assess (D2A). Sandwell had already established a good record in this area, but the future of this policy was now subject to national debate. Historically there was evidence of delayed transfers, but these had not been measured since the pandemic started.

The Director of Adult Social Care highlighted that vulnerable adults who had struggled with decision-making and had histories of alcoholism had seen a deterioration in their situation, partly as a consequence of being confined during lock down. There had then been a high volume of referrals from this group and the council had put extra capacity into safeguarding adults team in response.

Councillor R Jones welcomed the range of mitigations outlined in the presentation and asked if future preparations included a flu jab for all Sandwell Council staff? And was a wider roll out across the borough being considered?

The Director of Public Health confirmed that the overwhelming focus was on preventing those factors that caused further pressures on services. Whilst some parts of the world had experienced low flu seasons and a number of COVID preventions would help provide some flu protection there was a still a need to vaccinate. The easing of restrictions presented a number of tests and challenges and immunisations must be as wide spread as possible. The council would work across all its staff and the NHS to increase take up rates. A local sticker scheme had been introduced to reduce duplication of targeting and improve information sharing. Whilst public health was unable to check who hadn't had a jab it would promote having one as much as it possibly could. Efforts were being focused on those who were more susceptible to COVID-19 and vulnerable groups. The timing was important and the Council needed to wait for the flu vaccine to be fully developed (which was normally by October each year).

Councillor Hartwell asked if swabs were a reliable test and if found positive whether other family members would have access to a test?

The Director of Public Health explained that there are two tests currently. 1) An antigen test which was imperfect but effective if taken within 5 days of infection. 2) An antibody test which checked if you have had the virus. It was only valid within two weeks of infection and relatively unreliable until now, but there were now improved versions. Any future vaccine was likely to be yearly in the same manner as the flu vaccine. Antibody testing was of limited use to the individual and more useful to employers in identifying immunity and potential spread.

Councillor Costigan asked if risk assessment support was available to workplaces?

The Director of Public Health confirmed that voluntary sector or council facilities had all been offered support from public health and followed up in terms of flu jab sessions.

Councillor Carmichael asked how the council was notified about the outbreak at Tulip Ltd?

The Director of Public Health stated she felt very discontent with how central government had run the testing to date and this didn't pick up factory workers becoming symptomatic as places of work were not being listed. Therefore, a number of workers who were part-time or temporary were not being identified by the management team on the site. At the end of June Public Health England (PHE) had identified a number of people at the site. The incident highlighted the difficulty in seeing trends and of picking up data. Pilar 2 data has also been privately run and outsourced, apart from local authorities.

The Health & Safety Executive (HSE) was responsible for the inspections of the premises. It did inspect Tulip and found a number of issues. Following the outbreak the incident management team at the council were not happy with the attitude of management towards social distancing measures. The profits of the site depend on high volume and close proximity processing. Reduction in the number of staff on the production line reduces production time.

The council was not ruling out closure of this site. Tipton was an area that could be argued as being acutely vulnerable to the effects of COVID-19. The council was hoping that PHE would repeat test the factory and review the situation.

Councillor E M Giles raised a concern that a number of letters relating to shielding may not have been received by those who needed them.

The Director of Adult Social Care confirmed that the letters were sent from central government via NHS England but at a specific point in time. They did not account for any changes since. Also a number of agencies had contacted people and it was possible that multiple contacts were made to the same individuals and none to others. There are 2.2million people shielding and the data showed that not everyone had received a letter within the same time frame. It was suggested as likely that future letters regarding food parcels and diversion to local services may have similar experience. It has been acknowledged by the Ministry of Housing, Communities & Local Government (MHCLG) as an issue and a learning exercise had been launched. It was suggested this illustrated the need for locally driven solutions rather than those nationally imposed.

Councillor Costigan asked if those discharged following treatment for COVID-19 were given the proper aftercare? Feedback suggested that many were signposted to 111 or A&E services. This did not cover longer term physical or psychological support.

The Director of Adult Social Care responded that there were issues with communicating how to deal with points of crisis and adult social care was looking at changing offers of support to develop a more flexible service. There was also a need to consider how the council continued to provide a very local support network. Future models needed to be sustainable, build confidence and active working with the voluntary sector.

Dr David Carruthers commented that a number of people had experienced knock on effects from the virus including respiratory problems, limited mobility and poor balance. The Hospital trust had been looking closely at discharge information for those in need of muscles strength and mobility support. It was agreed that a summary of the issues raised by the Scrutiny Board would be reported back to the operations team.

Michelle Cardon (SWB CCG) highlighted that a twelve week after care programme was recently announced by Sir Simon Stevens to ensure access to clinical and mental health support. This would launch early in the summer, but it should be recognised that it was not yet known what the longer term effects of the virus are likely to be.

Councillor Costigan asked what advice was best to give to residents? Should they visit their GP or A&E first?

Dr Carruthers reiterated that local primary care or GP settings were broadly the best option (following initial 111 assessment) but stressed that individual circumstances were different. Primary Care would then be able to assess and refer to hospital/specialist care as appropriate.

Councillor R Jones asked if press stories regarding care homes and GPs receiving faulty PPE were true and, if so, how they may have impacted the response in Sandwell?

The Director of Adult Social Care clarified that PPE drops in the borough had been erratic and that some stock had been received past its manufacturing best before date. However, similar supplies to NHS organisations locally had been accompanied by certification that reassured users of the equipment's continued validity. The council stock had not carried this assurance and so alternative PPE was acquired. The council did not issue any equipment that appeared to be out of code, could not be validated or that was considered of poor quality.

Councillor Piper asked what measures were being taken to support people who had been furloughed or shielding and had subsequently become vulnerable and increasingly anxious?

The Director of Adult Social Care agreed that the extended period of lockdown had increased anxiety levels and committed to trying to support individual decision-making without creating dependence on the council. It was likely there would be increased levels of debt, job losses and furlough and the council would continue to do all it could to support people.

Councillor Carmichael asked for clarification regarding the issuing of vacancies for people in care homes?

The Director of Adult Social Care stated that prior to the COVID-19 pandemic 50-60 vacancies existing for the last 4-5 years in Sandwell. Due to a couple of new providers establishing in the local economy there were now around 60 new beds available in the borough. The council was in conversation with these providers regarding this capacity.

In terms of the 75/25% split mentioned previously, the money was being received by organisations contracted to Sandwell Council or those who delivered direct payments in the borough. The number of hours delivered was being used as the determinant, not the number of people. One organisation had received over £22,000 through the infection control budget. Sandwell had tried to be proactive in its work with public health and the CCG to maximise the local benefit of this funding.

Councillor Carmichael asked what the lowest amount of funding awarded was?

The Director of Adult Social Care stated that he would come back with an answer following the meeting.

**Resolved:** That the Health and Adult Social Care Scrutiny Board receive further updates as appropriate and considers single issue (item focused) meetings to address successes or concerns.

The Scrutiny Board received a presentation by Michelle Carolan, Managing Director and Jayne Salter-Scott, Head of Engagement & Communications at Sandwell & West Birmingham CCG.

Michelle Carolan explained that a weekly group had been established and that a systems call was held frequently across the STP area (Black Country & West Birmingham). The focus of this was to look at how services could be adjusted and phased back to a reset of business as usual. The situation had created dialogue around how partners might reimagine future services and look more closely at collaborative working and joint initiatives. Essential services would always remain, but partners needed to look at confidence and reassurance around the local provision.

Jayne Salter-Scott commented that there was a high level of communications and engagement activity at this time and referred to the briefing provided to the Scrutiny Board at its recent pre-meeting (10th June).

Dr David Carruthers added that the hospital trust was doing all that it could to make people feel safe and that it was being open and honest about approaches to reducing infection and reflecting on events across the wider community.

Councillor Piper asked if take up for services, and access to them, had improved?

Dr Carruthers commented that there were broadly two groups of patients- one that accessed via acute settings or the emergency department and the other that required diagnostic treatment or monitoring that had previously been suspended. The trust was trying to work through the backlog of such cases.

Outpatients had been a mix of video call, phone consultation and one to ones and effort was being placed in tailoring the service to individual need. Clinical area staff were all wearing face coverings and alcohol hand gel issued in communal areas. The trust was conscious that it needed to consider the potential gaps that may emerge following a shift to more remote working and consultation.

Councillor E M Giles asked how patients had been engaged beyond questionnaires?

Jayne Salter Scott confirmed that the targeted work had taken place on Zoom and Teams, as well as enquiry calls. Particular conversations had been had with young people in further education and representatives of BAME community groups to help share the wider communications messages.

Councillor Costigan had received a number of enquiries from residents who had had appointments cancelled then a following phone call to rearrange an follow-up which was then further delayed or cancelled.



Dr Carruthers agreed to follow up on the details of these cases following the meeting.

**Resolved:** That the Health and Adult Social Care Scrutiny Board:-

- (a) place on record its thanks to the Sandwell and West Birmingham Clinical Commissioning Group for its work and
- (b) receive further updates at future meetings as appropriate.

12/20

**DRAFT Quality Account - Sandwell and West Birmingham Hospitals NHS Trust (SWBHNHST) 2019/20**

Dr David Carruthers provided an overview of the draft account circulated to members prior to the meeting and in accordance with the timeline set out in the covering report to the Scrutiny Board.

Councillor Piper emphasised to fellow members that the role of the Board to provide feedback was a statutory requirement of the consultation process. He asked for thanks to be recorded for the Trust's work to date and to note the progress made since the 2018/19 quality account was published.

**Resolved:**

- (1) That the the best wishes of the Health and Adult Social Care Scrutiny Board be conveyed to Toby Lewis (Trust Chief Executive) for him to make a speedy recovery.
- (ii) That further substantive feedback from the Health and Adult Social Care Scrutiny Board be collated as a formal response by Friday 17th July 2020 through a letter from the Chair of the Scrutiny Board.

13/20

**Mental Health Support- Verbal update**

The Director of Public Health provided a brief overview in relation to a paper previously circulated to members. As this was a very large issue area it was suggested that the Scrutiny Board could consider a focused session in the future to focus on the many components.

During the pandemic it was noted that there had been increased demand for mental health services and that four in five adults had expressed concerns about the effect of the COVID-19 outbreak on themselves and their families. Over 50% of people had stated that they felt increased anxiety and poorer mental wellbeing.

The Director of Public Health stressed three key areas to consider:

- The duty of the employer and the profound effect that the pandemic has had on the workforce.

- The recovery phase demanded managers support staff to return supportively and accept that some staff may continue remote working longer term.
- In communities, some children and young people now had unprecedented experiences of isolation.

The pandemic had amplified issues for those already cut-off or lonely. The council has been working closely with SCVO and had allocated funding to local community organisations to help reduce social isolation and look at an asset-based approach linked to the Stronger Sandwell programme.

Public Health Development Officers in the Towns had been working on a face to face project- 'Stronger Together' - which had now successfully moved to Facebook. 'Tough Enough to Care' was another project that had been specifically supporting Men's Groups.

Councillor E M Giles proposed a focused meeting to consider the issues in more depth.

Councillor Piper agreed and asked that consideration be made of links to issues such as Dementia within the elderly population and the need for capacity amongst volunteers, many of whom had been impacted by the furlough situation. He also welcomed the grant scheme supported by SCVO.

The Director of Public Health shared the Board's concerns and suggested that mental health was a key priority in ensuring the wellbeing of the borough. Work with SCVO aimed to ensure maximum investment in local voluntary and community sector bodies and Public Health were supporting in helping to prioritise these kinds of organisations. The threat of a second wave in the pandemic may question the 'war spirit' that had initially emerged as people suffered increased fatigue and further stress. Lisa McNally reiterated that without the local voluntary service there would be no local mental health services.

Councillor R Jones agreed that more detail on the capacity in local services would be beneficial and would like to see more on the current level of need, future projections and plans for facilities.

The Director of Public Health suggested a future session may want to organise itself around the different tiers of service available at present:

- Prevention in the community
- Supporting vulnerable adults, carers and dementia
- NHS capacity in local primary/ secondary health and interventions.

**Resolved:** That the Health and Adult Social Care Scrutiny Board agree to hold a single item meeting on mental health support to consider the issues highlighted in more depth.

## 5G Mobile Communication Technologies

The Director of Public Health stressed that there had been a great deal of miscommunication to date on the public health effects of 5G technologies. This had resulted in property damage in some places and raised issues of trust within the local community. It was important that this issue was taken seriously.

The two main issues in question were:

Health problems - Public Health England had an ongoing monitoring system for such technologies and the introduction of 5G was well within the safe range indicated by regular study. This monitoring was constant and public health remained on alert to any issues or change.

COVID-19 - A number of theories have suggested that the virus had been caused by 5G or that it had exacerbated its progress. There was no scientific basis for this theory. The virus was transmitted by water droplets. It was important to recognise where these views originated and the social media groups associated with them (namely anti-vaccination and anti-immunisation groups). There was a serious issue of misinformation which could cause increased anxiety and risk. The council cannot be dismissive of these claims and had to provide constant reassurance in relation to the facts. 5G presented no public health threat now or in the future.

Councillor Piper asked if the Scrutiny Board could obtain some clarity in relation to the planning process for transmitters which were often considered an eyesore.

Director of Public Health confirmed that she would facilitate this through her colleague Tammy Stokes, Interim Director of Regeneration & Growth. A briefing note would be circulated to members prior to the next meeting of the panel.

Councillor R Jones raised a concern about false information and stressed that the council needed to ensure that it relayed information from trusted sources in order to combat fake news. He added it was also incumbent on members to help share robust information on this issue.

Director of Public Health commented that it was often the same business interests behind these claims and theories and the council had a role in constantly providing facts to ensure that people had trust in local health professionals.

**Resolved:** That the Health and Adult Social Care Scrutiny Board continue to monitor evidence of misinformation locally and work to support an increased availability of factual information for the local population through future reviews.

## Any other business

None.

**Meeting ended at 5.09 pm**