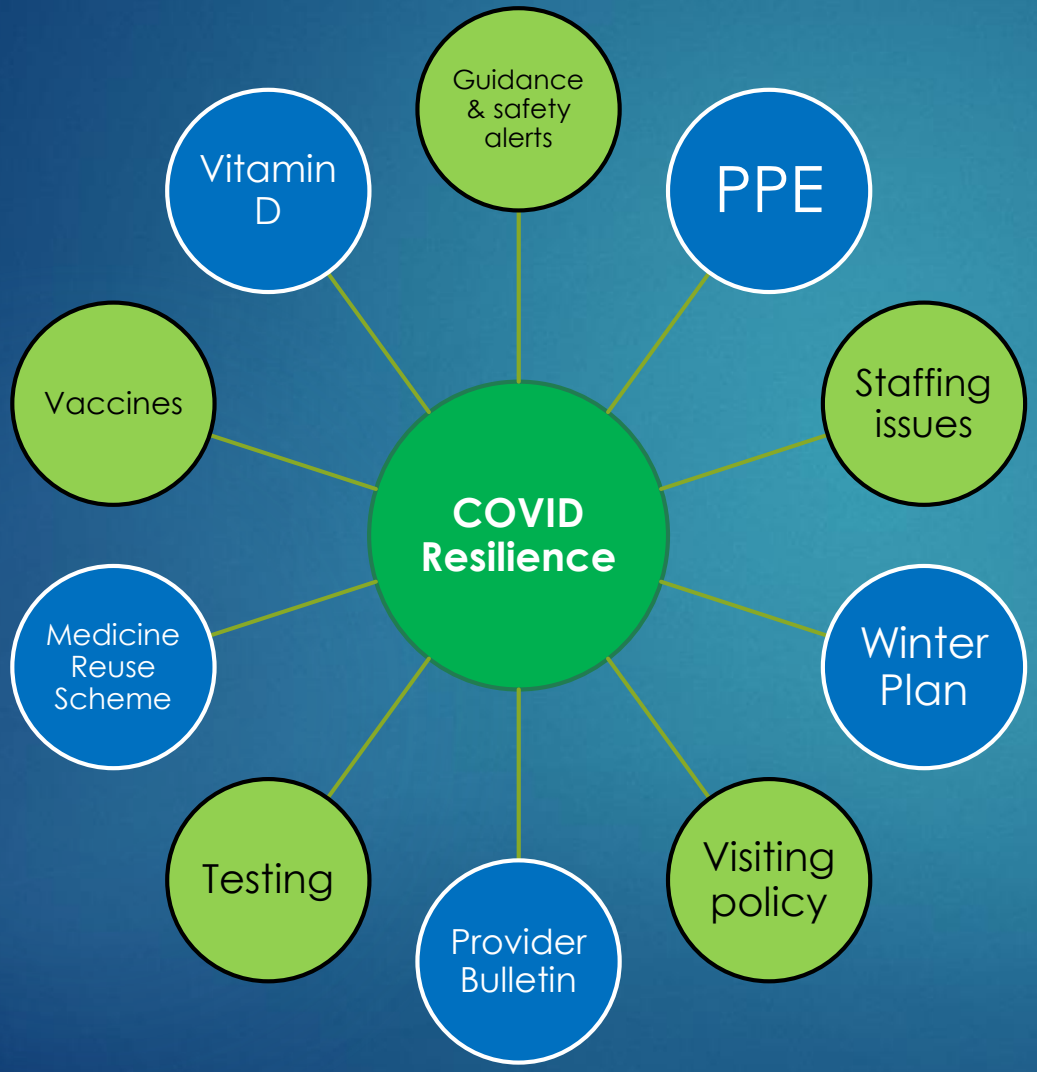
COVID Update

SANDWELL COUNCIL, SANDWELL & WEST BIRMINGHAM CCG AND SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

COVID Resilience Team



- Team operates 7 days a week
- Support to whole care provider market
- Dedicated telephone number and email address
- COVID Resilience Team includes SMBC and BCF staff

SAVE

- Bespoke system for Sandwell
- Collates daily information requirements for local system into one reporting tool
  - COVID Resilience
  - Council
  - Public Health
  - CCG
  - SWBH Community Teams
- Supports providers to complete requirements for National Tracker data
- High level of provider engagement
- Interest from other areas as example of good practice

Commissioning

A number of services have been commissioned to support the market during the pandemic:

- A Contingency Carers contract to provide carers for rapid response to care homes or for community crisis
- Increased domiciliary care block provision to support the new hospital discharge policy and 'home first'
- Commissioning of nursing and residential care homes to provide care to COVID-positive individuals discharged from hospital to enable them to complete an initial isolation period or for admission avoidance
- A one off payment to care homes for same day admission of people being discharged from hospital

Financial and practical assistance to the Adult Social Care and support sector

- The Council's Coronavirus Social Care Provider Response and Support Programme
- The Government's Infection Control Fund
- The Government's Workforce Capacity Fund
- The Government's Rapid Testing Fund

The Council's Coronavirus Social Care Provider Response and Support Programme

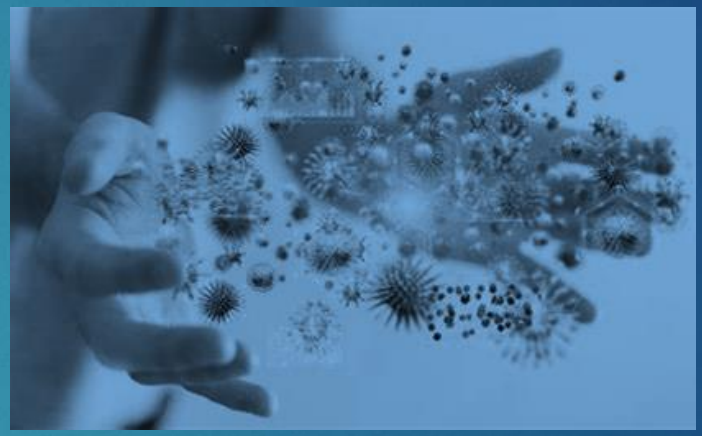
Agreed by Emergency Cabinet in May

- Level 1 – Core offer to the social care market
  - Prompt Payment
  - Relaxing non-essential monitoring and sub-contracting
  - Support with Transport
- Level 2 – Offer to Providers by Service Type
  - Extended notice periods for care homes and holding periods when clients are admitted to hospital for homecare agencies
  - Contributions towards PPE costs
  - Protected income for Day Care providers
- Level 3 - Invitation for providers to discuss bespoke support requirements on an individual basis – financial viability issues

Over £650k of support provided to Care and Support Providers to date

Infection Control Funding

- The primary purpose of this fund is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience
- Whilst the majority (75%) is ring-fenced for care homes, the remainder may be used to support domiciliary care providers and support workforce resilience
  - ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so
  - ensuring, in so far as possible, that members of staff work in only one care home
  - steps to limit the use of public transport by members of staff
  - providing accommodation for staff who proactively choose to stay separately from their families



Over £6m Distributed to Care and Support Providers

Workforce Capacity Fund

- Maintaining care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- Support providers to restrict staff movement between care homes and other care setting in all but exceptional circumstances which is critical for managing the risk of outbreaks and infection in care homes
- Support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages
- Enable care providers to care for new service users where needs arises

£924k to be distributed to Care and Support Providers by End of March 2020

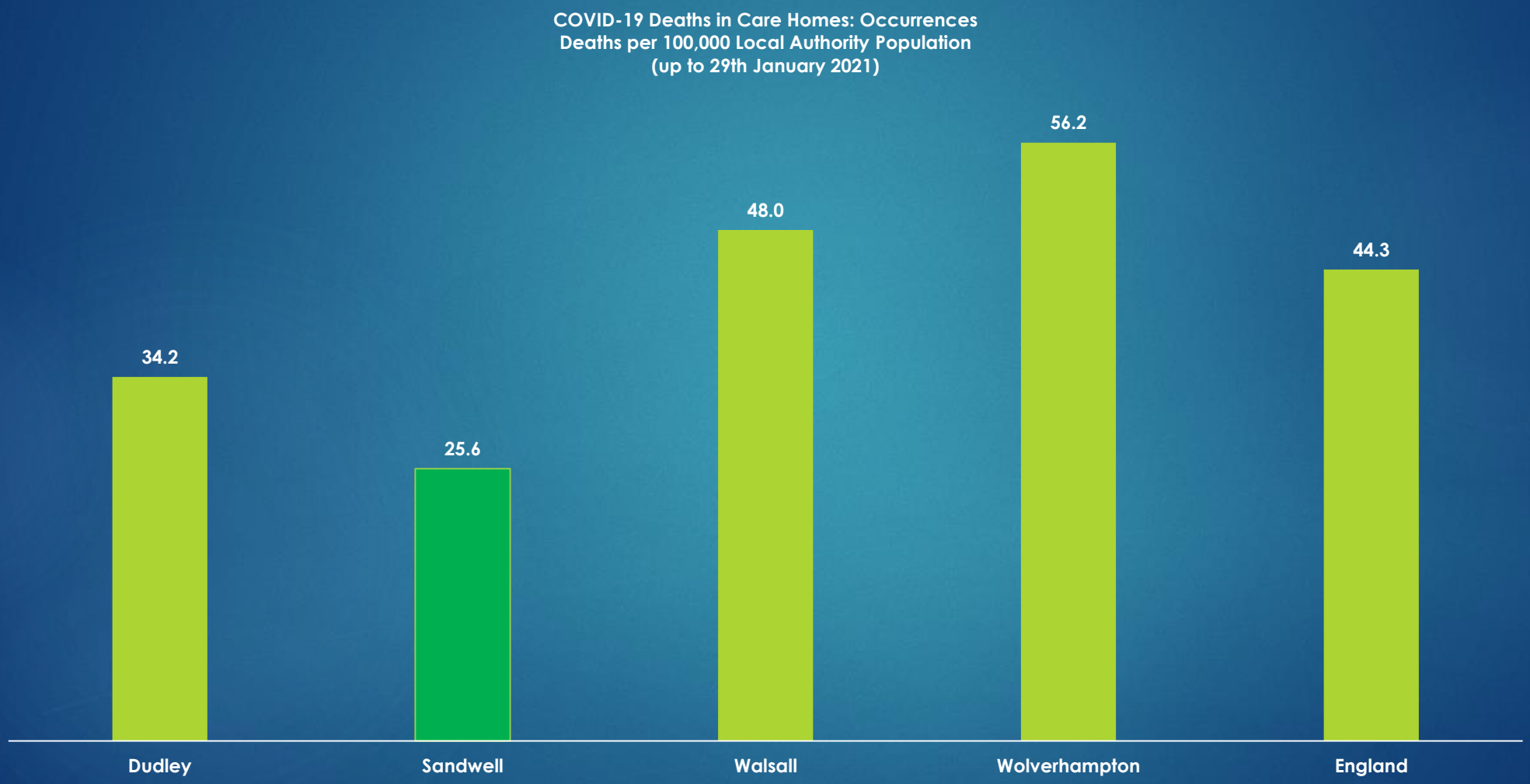
Rapid Testing Fund

- To support additional rapid testing of staff in care homes, and to support visiting professionals and enable indoors, close contract visiting where possible
- 80% of this funding is ring-fenced to care homes, remainder can be used to support other adult care and support sectors

  - Paying for staff costs associated with training and carrying out LFD testing
  - Costs associated with recruiting staff to facilitate increased testing
  - Costs associated with the creation of a separate testing area where staff and visitors can be tested
  - Costs associated with disposal of LFD tests and testing equipment

£681k to be distributed to Care and Support Providers by End of March 2021

COVID-19 Deaths in Care Homes



COVID Vaccination

JCVI Priorities

- Cohort 1 – residents in a care home for older adults and their carers
- Cohort 2 – all those 80 years of age and over and frontline health and social care workers
  - Scope from national SOP:
    - ***"All frontline social care workers directly working with people clinically vulnerable to COVID-19 who need care and support irrespective of where they work (for example in people's own homes, day centres, care homes for working age adults or supported housing); whether they care for clinically vulnerable adults or children; or who they are employed by (for example local government, NHS private sector or third sector employees)"***
  - Prioritisation to include consideration of risk
  - Local authorities responsible for identifying eligible staff, working closely with providers and employers

Local Position

- CQC-registered services (in borough, data from National Tracker 13/1/21):
  - Care homes
    - Approx. **2,600** employed care staff and nurses
    - Approx. **500** employed non-care staff
    - Cohort of regular agency staff
  - Domiciliary care / extra care / supported
    - Approx. **4,200** staff delivering care
- Approximately 550 individuals with direct payment or PHB
  - Total PA workforce estimated to be approx. 800 employed carers
- Cohort 2 also includes wider social care workforce and voluntary sector
- Delivery model includes local hospital sites, primary care model and new vaccination sites

Local Prioritisation

- Providers targeted via proactive engagement
- Cohort 1 (older people's care homes) – commenced December 2020
  - Initial invitations to staff at homes providing care to COVID-positive individuals on discharge
  - Offer extended to staff in EAB provision to support resilience of system discharge pathways
  - Further extension to remaining care homes (including homes now in Cohort 2)
- Cohort 2
  - First phase (commenced 11/1/21)
    - Core domiciliary care providers accepting COVID-positive individuals
    - Extra care provision – closed environments, predominantly older people (internal & external)
    - Supported living – closed environments, vulnerable adults
  - Second phase (commenced 15/1/21)
    - Remaining domiciliary care providers in CQC footprint
    - Day care / PAs / Voluntary sector
    - Wider cohort of social care staff (SMBC teams, homelessness support etc.)

Uptake – Care Homes

- Provider reported data to date (as of 5pm 7/2/21):

Group	Total Number	Confirmed First Dose	% Uptake
Residents	1637	1332	81%
Directly Employed Staff	2961	1428	48%
TOTALS	4598	2760	60%

- From 75 homes providing refusal data, confirmed refusal rate for residents approximately 4% and staff 8%
- For Fountain Court (SMBC residential care):
  - 100% uptake for residents & 84% uptake for staff to date
- Positive cases in some homes potentially delaying uptake
  - 28 day gap required following COVID infection
- Staff in homes for working age adults included in Cohort 2 of national prioritisation

Uptake – Non-residential Services

- Change in national data collection for domiciliary providers from 2/2/21
- From internal data, providers responding to offer emails to 5/2/21(51 of 113)
  - 1728 staff identified as wanting vaccine
  - 266 declining vaccine (refusal data not provided by all providers)
- From national data to 7/2/21(provider reported):
  - 35 provider responses since tracker changed
  - 2449 staff identified as providing care
  - Vaccine offered to 1906 staff
    - anomalies in current data, likely underestimate
  - 680 staff with confirmed first vaccine dose
- For SMBC Granges (extra care services)
  - 68 staff vaccinated (80%)
  - 8 pending / 9 refused

Staff Concerns

- Reasons shared for declining the vaccine include:
  - Lack of confidence/trust in vaccine
  - Current or planned pregnancy, fertility concerns
  - Medical reasons
  - Side effect concerns and adverse effects from previous vaccines
  - Preference for specific vaccine
  - Protected beliefs/religious reasons
  - Misinformation on social media
  - Personal reasons, including fear of injections, and general objections to vaccination
- Resources being produced in collaboration to address concerns

Public Health Update

VALERIE UNSWORTH

Public health acute COVID response

- 7-day a week service (9-5)
- Consultant level led & additional staff
  - Schools
  - Workplaces
  - Care Homes
  - General enquiries
  - Outbreaks / IMTs

Public health COVID-19 work areas

- Vaccination
  - Community engagement
- Testing – PCR & LFT
- Contact tracing
  - Enhanced SA strain
- Risk assessments
- Planning May 6th Elections
- Education

Discharge to Assess (D2A)

Today's presentation is….

On behalf of the whole health and social care system

A national response to the pressures of COVID-19

An overview of the D2A approach – nationally and locally

An explanation of what has changed regarding practice and how we work together differently and collaboratively

D2A Ethos

Acute hospitals must discharge all people who no longer need Acute level care as soon as they are clinically safe to do so.

Urgent community response and intermediate care to deliver extra support in a person's own home where possible.

If another care setting is required, the end point is to get people home as soon and as safely as possible.

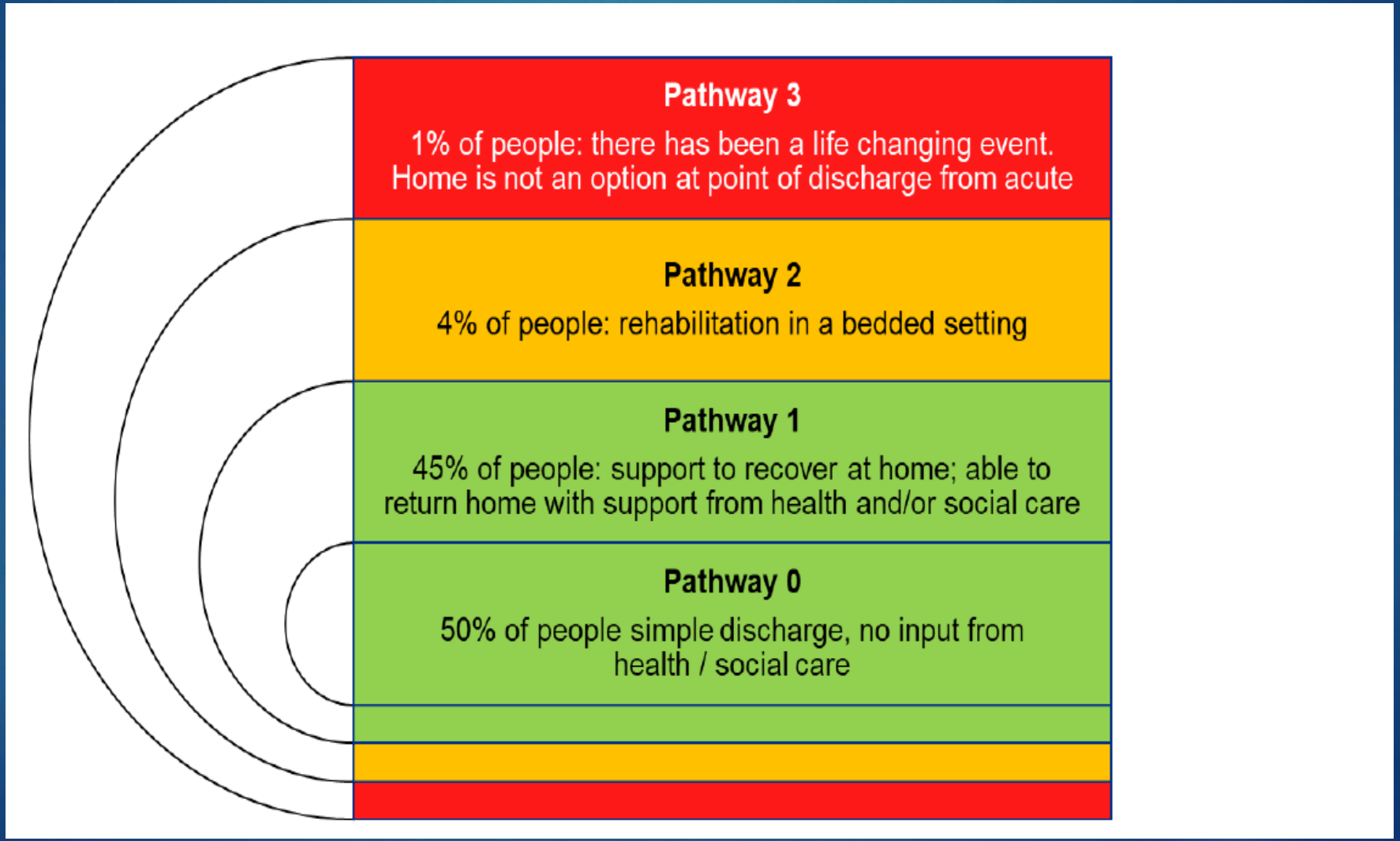
Social care needs assessments and NHS CHC assessments of eligibility should be made in a community setting and not take place during the acute hospital in-patient stay.

The government has made additional funding available to support the health and social care systems implement this approach.

Community health, social care and acute staff to work in full synchronisation to ensure people are discharged in a safe and timely manner.

Home first focus.

Home First: Discharge to Assess



Timeline and what we are doing differently

The Government introduced a new approach to hospital discharge and hospital avoidance – no more DToC.
Guidance released in September 2020 for implementation in readiness for winter.

What has changed:

Medically optimised list shared twice daily (am and pm)
Pathway calls twice daily from 26th October for updates \ issues \ problem solving
Community facing pathway calls twice weekly to create capacity
Escalation of themes to D2A Board weekly
7 day coverage

What won't change:

No significant change to roles and job descriptions

Finance and funding

Additional NHS funding from 1 September, alongside existing use of local authority and Clinical Commissioning Group (CCG) budgets to support:

- the cost of post-discharge recovery and support services, for up to a maximum of six weeks to help people return to the quality of life they had prior to their most recent admission
- to support urgent community response services for people who would otherwise be admitted into hospital
- The additional funding is only used to fund activity arising from this guidance that is over and above the activity normally commissioned by CCGs and local authorities
- eligibility funding assessments for care and health needs should not take place in acute hospital settings

The additional funding will not pay for:

- Long term care

Progress to date

Since data monitoring began on 26.10.20

- The number of medically optimised patients waiting in Acute Care for Sandwell services has reduced from 57 to 27 patients daily, a reduction of 47%.
- The average time from patient being medically optimised to discharge has reduced from 7.6 days to 4.45 days.
- By pathway, the most notable reduction has been on pathway 1 which has seen average time to discharge reduce from 8.8 days to 3.4 days (61%↓).

Summary

- COVID-19 has created a period of unprecedented health and social care pressures and challenges requiring an adaptive, agile and responsive approach
- Challenges have been addressed strategically and operationally using a collaborative, whole system approach, building on the benefits of existing strong relationships
- This approach continues to evolve in response to changes to national guidance and local learning