

Agenda

Health and Adult Social Care Scrutiny Board

Monday 8th February, 2021 at 5pm

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This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

- 1 Apologies for Absence**
- 2 Members to declare any interests in matters to be discussed at the meeting**
- 3 To confirm the minutes of the meeting held on 14th December 2020 as a correct record**



4 **Urgent Item of Business - To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency**

5. **Covid Update**

To receive a joint presentation on the current arrangements in Sandwell.

- (a) Sandwell Hospital Trust
- (b) Sandwell Council
- (c) Sandwell and West Birmingham Clinical Commissioning Group

6. **Update on Vaccination Programme**

To consider an update on the progress and plans around vaccinating our care homes and workforce.

7. **Update on Winter Grants Programme**

To consider an update on the Winter Grants Programme.

D Stevens

Chief Executive

Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Councillor E M Giles (Chair);
Councillor Piper (Vice-Chair);
Councillors Carmichael, Costigan, Hackett, Hartwell, Jarvis, R Jones, Kausar and Phillips.

Contact: democratic_services@sandwell.gov.uk

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Health and Adult Social Care Scrutiny Board

Apologies for Absence

The Board will receive any apologies for absence from the members of the Board.



Health and Adult Social Care Scrutiny Board

Declarations of Interests

Members to declare:-

- (a) any interest in matters to be discussed at the meeting;
- (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.



Health and Adult Social Care Scrutiny Board

Monday 14th December 2020 at 5.00 pm

Present: Councillor E M Giles (Chair)
Councillors Piper (Vice-Chair), Carmichael, Costigan,
Hackett, Hartwell and Phillips.

Officers: Lisa McNally, Director of Public Health;
Neil Cox, Director of Adult Social Care;
Michelle Carolan. Managing Director, Sandwell and Black
Country CCG;
Sarbjit Basi, Director of Primary Care, Sandwell and West
Birmingham CCG;
Lisa Maxfield, Deputy Chief Officer Sandwell and West
Birmingham CCG
David Carruthers, Medical Director and Acting Chief
Executive Sandwell and West Birmingham Hospitals NHS
Trust;
Ruth Wilkin, Communications Director Sandwell and West
Birmingham Hospitals NHS Trust;
Sue Redmond, Independent Chair Sandwell Safeguarding
Adults Board;
Deb Ward, Sandwell Safeguarding Adults Board Manager;
John Taylor, Chair Healthwatch Sandwell;
David Bradshaw, Healthwatch Sandwell.

22/20 **Apologies for Absence**

Apologies for absence were received from Councillor Jarvis.

23/20 **Minutes**

It was noted that due to a connectivity issue at the start of the last meeting Councillor Carmichael was not recorded as being in



attendance and that the minutes should be updated to reflect that she was present.

Resolved:

That the minutes of the meeting held on 14th September 2020 be approved as a correct record subject to Councillor Carmichael being included on the attendance record.

20/20

Primary Care Access

The Director of Primary Care and Deputy Chief Officer presented an update relating to primary care access.

The Board noted that the CCG was working closely with NHS England (Midlands), to ensure that primary care was 'open' particularly during this challenging time. The Board noted that primary care was working in a different way across the Midlands and nationally. There had been a shift to use a range of approaches, such as telephone consultations and remote access to primary care.

The Board noted that there were issues across the wider system, such as urgent access to primary care and GP providers offering some elements of face to face consultations, but using remote and digital options where possible, taking account of both patient and staff safety. There had been an increase in staff sickness in primary care teams across the area and this was being managed carefully.

The Board noted that work had been paused in a number of areas particularly, secondary care, elective work, tests and diagnostics and that this had an effect on what primary care could and could not do, but the aim was to carry out business as usual.

The Board noted that the first vaccines had been administered today in primary care in Halesowen, which was testament to how hard primary care providers were working to balance the activity on the vaccine programme with keeping business running as normal as possible, although it was working differently.

The Board noted that the CCG was continuing to monitor the situation and were working closely with CCG Chairs, Primary Care

Network and Clinical Directors to make sure that the communication and the message was clear that primary care was open for business.

The Deputy Chief Officer provided an update on the Sandwell practices which would be vaccinating.

- In the first wave one site for Sandwell 'Your Health Partnership' would be going live on Wednesday 16th December 2020, vaccinating over 80 year old patients of their practice(s).
- Two other sites going live by the end of the week.

The following was noted in response to comments and questions:

- In terms of concerns and enquiries from residents, about access to doctor's surgeries, it was noted that there were difficulties for public access to surgeries at this time and most consultations were via phone or video link. Any specific issues or practices causing concern, were being discussed with Healthwatch colleagues.
- The vaccination programme detail was confidential at this time. Sites in Sandwell were not being announced and communications around sites were currently embargoed. This was due to the security aspects and managing patient's expectations. Information was being released and communicated when authority to do so was given.
- Due to the speed of the vaccine delivery, patients were currently being telephoned to book an appointment. As the vaccine programme progressed into waves 2,3 and 4, more letters would be sent to patients.
- Press communications would be considered moving forward, but currently communications had been controlled due to security aspects on the vaccine.
- When determining how to roll out the vaccine, the Board was advised that GP Practices had lists and age groups of patients and the information had been collated. The practices would then contact the patients individually to ask if they wanted to come in for a vaccine, this would be co-ordinated by the primary care networks (PCN) in Sandwell: PCN were groups of practices coming together collaboratively. There were a number of patients who did not want the vaccine.

- In terms of logistical challenges, the CCG was assessing the fitness of sites to go live, to make sure they were ready and staffed appropriately.
- Not all practices at that time were contacting patients, it was being rolled out in waves of PCNs, wave one went live on 15th December, the next waves on 17th and 18th December. Roll out would be incremental because of the way the vaccine was delivered, it was not the same as flu vaccination and could not be provided in the same numbers. All patients would be offered the vaccine, but it would be provided in waves.
- The Managing Director confirmed that there were eight PCNs across Sandwell, some PCNs decided to deliver in their own estates (wave one), others agreed to collaborate in a community aspect which required more logistics to find and set up sites, check or get approvals, all of which needed collaborative planning.
- A ‘Vaccine Cell’ had been established under the auspices of the Local Authority Incident Management Team, including partners and the Council to share information about potential sites, to consider estates in both health and social care, to ensure the sites met requirements and necessary specifications/ registrations before sharing the sites.
- PCN sites for vaccinations were being communicated by the CCG.

The Chair thanked the Director of Primary Care, CCG for the presentation and it was agreed:

Resolved:

- 1) That a primary care access update report be requested to the next meeting of the Health and Adult Social Care Scrutiny Board.

21/20

Reset and Recovery Update

The Director of Protection and Prevention presented an update on adult social care in terms of reset and recovery to the Board. The Board noted that Covid was very much a live issue for Adult Social Care Services, dominating day to day work and activity.

- Clinically extremely vulnerable persons were being supported, with proactive calls being made to vulnerable people to establish level of support and to respond to referrals from the National Shielding Register.
- The winter grant had been launched which provided financial support to families with children, individuals and vulnerable households (December - March). The Council had been allocated £1.4 million to make grants to local people. There was a massive logistical issue to get the scheme up and running and thanks was given to staff who had worked on getting the logistics right. There had been 600 applications in just over a week and the emphasis was on processing applications in a timely and efficient manner.
- Lateral Flow Testing kits were being rolled out across care homes and care settings nationally in terms of size, there were very few homes and care settings in Sandwell that had received kits so far, but more were expected later that week.
- Advice and support was being provided to care homes and care settings as and when it was being received, including advice on lateral care testing and visits to care homes. Training, testing and risk assessments were being undertaken to mitigate risks in care homes to the workforce, the visitors and the residents.
- Infection Control Fund second round funding had been distributed to support care providers and to reduce the spread of infection in the delivery of care.
- Support and monitoring of the market was in place to monitor the impact of the pandemic on care providers and to do everything possible to identify issues early, to support and be flexible with providers in terms of payment terms and contract conditions.
- ‘Discharge to assess model’ in hospitals was being implemented, supporting discharges to keep the flow of patients moving at a difficult time of the year.
- Day care centres remained closed, but alternative methods of support were being put in place with a mind to safely re-open day centres as soon as practicable.
- Support over the festive period was different to normal due to the circumstances, additional contingencies were being put in place and responding to different levels of need and support.
- Planning for winter was ongoing, to be ready for snow and the implications for care delivery, especially transporting in vehicles and putting in place risk assessments.

- There was a need to be prepared for the continuing pressures of Covid and the financial pressures on the Council.
- Changing demands of customers, sustainability of provision and choice of care provision in the market was being monitored.
- The impact of mental health and social isolation was being monitored and the pressures around safeguarding and domestic abuse referrals.
- The Council was preparing for the debate around health and social care services moving closer together and what that may look like in Sandwell.

The Director of Public Health reported that case rates in Sandwell were relatively good, 60th highest in the country per 100,000 around 80 per 100,000, but there were signs of case rates rising again. Public Health was at a very busy period and was preparing to make sure new initiatives around health protection response, the lateral flow testing and the vaccination uptake were being rolled out and maximised.

The Board noted concerns around the numbers of people out in shops and the break in restrictions over Christmas where households would be coming together more and had concerns that this would have a serious impact on infections rates. The Board noted the challenging weeks ahead in terms of the staying on message, reminding local population that although the future was hopeful, the next four to five weeks would be the most crucial of the pandemic in determining outcomes for Sandwell.

The following was noted in response to comments and questions:

- In relation to the winter grant the announcement of financial help to vulnerable households was welcomed. It was noted that people could apply on line and that there was a phone line dedicated to enquiries. It was suggested that it may be beneficial to proactively target people who were vulnerable and eligible for the grant. The Director advised that Revenues and Benefits Team held information to identify and advise residents about the winter grant. The Director agreed to take that point back to the relevant team.
- Out of the 600 applicants for winter grant so far, the Director advised that there was an agreement in place with paypoint

registered sites and also that vouchers could be issued to receive payments.

- It would be confirmed how many applicants had been received the grant already and how quickly the payment had been made. The Board recognised that it was important to get a response to the claimant as quickly as possible.
- In terms of lateral flow tests in care homes, it was confirmed that the primary use of the lateral flow tests was for visitors initially. The tests were not as sensitive as PCR tests but gave an indication of a positive or negative result and would be used in conjunction with social distancing and PPE. PCR tests were used for residents, who were receiving 4 tests per resident per week. The right tests would be used for the right scenario.
- The Director advised that there were currently 1289 people in residential care, 520 in nursing homes and 719 non-nursing care homes. An assurance was given to the Board that the numbers had been submitted and that the number of tests supplied would match those numbers, essentially that there would not be a shortage of tests in homes for residents, visitors and staff.
- Infection Control Fund had been allocated on the basis of how many people the providers were supporting. There were also private providers in the Borough, the Council did not commission all providers. Payments had to be allocated within 21 days and were based on the returns received from the providers. The exact figures of what had been allocated would be forwarded to Board Members.
- Risk assessments for visitors going into care homes would be carried out by the care home and guidance had been sent to all homes. Care homes had the go ahead to allow visitors, it was up to the care home when to progress, dependent on meeting the following set criteria – they had to submit risk assessments and carry out lateral flow tests for visitors.
- In terms of day centres for clients with learning disabilities it was confirmed that no day centres were open, due to client vulnerabilities around health. Individual packages had been put in place for more tailored support, there were ongoing discussions about how to re-open centres. The Reset and Recovery Board was continuing to meet on a two-weekly basis, risk assessments were in place and effective to inform services.
- The Council was talking to neighbouring authorities about opening day centres and doing that in a planned way,

approaches were being considered to ensure that when centres did re-open there was a full risk assessment and that it was done in a safe way.

The Chair thanked the Directors for the update presentation and responses to questions.

22/20

Restoration Plan Update

The Board noted a presentation update from the Managing Director, Sandwell and Black Country CCG relating to the Restoration and Recovery plan.

The CCG carried out a weekly restoration and recovery meeting for all services and a system level meeting of the Sustainability and Transformation Partnership (STP) footprint, including local authority, Public Health and partners across the Black Country to ensure that services were in sync and that a joined approach was maintained to consider all providers delivery and services.

The Board noted that Sandwell and West Birmingham CCG had endeavoured to keep services going for residents and continued where possible with routine activity. The challenge had been that people did not want to come back into a clinical setting, especially with the risk to some more vulnerable cohorts. There had been a need to communicate and assure people that it was safe to visit the environment and messages were shared to say it was safe. The numbers attending clinical setting were returning to more regular levels.

The reset element had highlighted that working practices had moved forward rapidly, particularly the remote access and information sharing with partners. The most powerful message was about the inequalities in Sandwell and how to take the learning and embed that learning into service planning to make a difference to local people.

The Chair thanked the Managing Director for her presentation and agreed to take questions following the next presentation from the Hospital Trust.

Sandwell and West Birmingham Hospital Trust Update

The Board noted a presentation from the Chief Medical Officer and Interim Director, Sandwell and West Birmingham Hospital Trust.

The main points highlighted were:

- There had been more admissions to hospitals since the first wave, 1/3rd of patients admitted had Covid.
- Intensive care was over normal capacity levels and as a result of numbers of beds in use and staffing levels, some routine surgical procedures had been scaled down.
- 610 people had sadly died.
- The number of staff off sick with Covid had risen.
- Comparing wave 1 to wave 2 in demographics, slightly more Asian patients had been admitted, the gender split was 50:50, but the big change was the age band of patients admitted, there was a younger age group being admitted in wave 2.
- High levels of patients with existing conditions such as high blood pressure and diabetes had been admitted, in the first wave 30% of patients admitted had died, in the second wave it had reduced to 13%. The difference in the second wave was that many patients were younger, there was a change in use of medications and treatments and the outcomes were better.
- All patients were tested on admission.
- Virtual and telephone consultations were ongoing, and some diagnostics were carried out at Birmingham treatment centre at City site, a green and non-covid site, some services were more complicated to carry out.
- Some off-site services were being moved back to City site.
- Lateral testing was being carried out on staff. The Trust was working to help reduce the risk of infections to staff and patients and masks were being worn at all times.
- The message to patients was to attend for diagnostics and outpatient appointments, it was safe to attend.
- Visiting was still restricted. The message was to continue to use hand gel and social distancing.

In response to comments and questions the Board noted that all visitors and staff were asked about symptoms as they entered the hospital, they were given a mask and asked to use hand gel.

The Chair thanked the Hospital Trust for its professional approach to care and precautions for patients, and for the excellent care that was being given.

24/20

Sandwell Safeguarding Adults Annual Report

The Board noted a presentation from the Sandwell Safeguarding Adults Board Manager relating to the Safeguarding Adults Board Annual report 2018-19 and activities carried out by the Board in 2020. It was noted that this had been an extremely challenging year in adult social care.

The main points highlighted were:

- There had been a Board refresh and revised governance arrangements;
- The annual report had been co-produced with partners;
- The Board continued to represent Sandwell at regional and national levels.
- There had been an appointment of a development officer to engage frontline staff and service users.
- The Boards three sub groups reviewed learning and monitored trends and key information in safeguarding.
- Data monitoring showed that the number of referrals being made were increasing, and more of those became a full safeguarding investigation. Referrals were appropriate, being acted on and investigated thoroughly.
- Messages about safeguarding were having an impact on numbers and in 93% of safeguarding enquiries the risk was reduced or removed. People said that support services helped them to feel safe.
- Since the pandemic started the Board had changed ways of working and partners were engaging virtually. At the beginning some work of the Board had paused briefly but use of IT had moved forward and key messages about safeguarding had been created quickly and distributed to a wider footprint.
- SSAB had hosted an event about challenges in preparing for adulthood and exploitation, people were less visible and there was a need to highlight the risks.
- There was a number of task and finish groups focusing on adults with learning difficulties.

- Learning from Safeguarding Adult Reviews (SARs) was a statutory duty of the Board. Five reviews had been identified in 2020, emerging themes were outlined in the presentation and there would be some key learning points across the partnership.
- A thematic review had been commissioned with experts, this was an exciting opportunity for Sandwell.
- In January 2021 a development session had been arranged involving all partners to agree and set priorities for the year.

The following was noted in response to comments and questions:

- SARs were a detailed investigation and report looking at the circumstances as it related to the death or serious injury of an individual. The SAR looked specifically if partners or agencies could have worked better together to better safeguard. It outlined key areas for learning and was monitored by Protection Sub Group and reported to the Board.
- The Board was looking at an audit programme to try to get key information about a person's qualitative experience.
- With regard to the questions raised for clarification in the report the Manager undertook to respond to the members directly.

The Chair thanked officers for the presentation and it was agreed:

Resolved:

- 1) That the Sandwell Safeguarding Adults Annual Report 2018-19 be received.

25/20

Joint Health and Adult Social Care and Children's Services Scrutiny Board - Mental Health Support

The Chair thanked all Members who participated in the joint special meeting to consider Mental Support.

The Chair advised that the following reports requested by the joint Board fell under the remit of the Health and Adult Social Care Scrutiny Board and would be included in the work programme for 2021-22:

- A report relating to Acute Paediatric Children's Beds;
- A report relating to triage for Child Mental Health;
- A detailed report relating to CAMHS.

It was suggested that members of the Children's Services and Education Scrutiny Board be invited to the meeting when the items were considered.

The Chair thanked all Members for their attendance at the meeting and wished them all a Happy Christmas and New Year.

Meeting ended at 6.45 pm

Democratic_services@sandwell.gov.uk

Report to Health and Adult Social Care Scrutiny Board

8th February 2021

Subject:	Covid Update
Director:	Neil Cox - Director of Prevention and Protection Lisa McNally – Director of Public Health
Contact Officer:	Neil Cox Neil_cox@sandwell.gov.uk

1 Recommendation







- 1.1 That the Health and Adult Social Care Scrutiny Board consider and comment on the update report.

2 Context and Key Issue

- 2.1 The Health and Adult Social Care Scrutiny Board will receive an update to inform the Board of the current arrangements in Sandwell.



3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	Recovering from the COVID-19 pandemic with our communities, stakeholders and partners will have a positive impact on all ambitions contained in the Vision.
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

Director Prevention and Protection – Neil Cox.

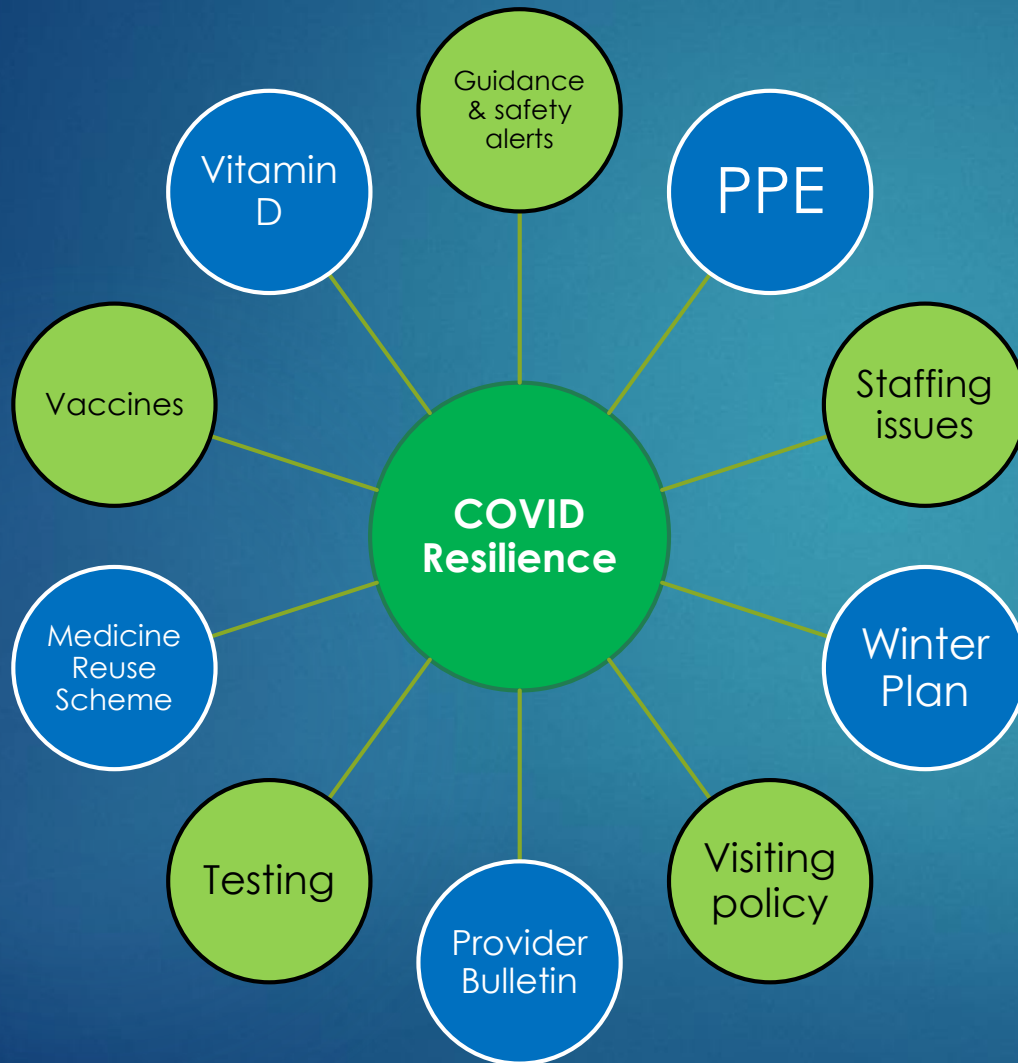




COVID Update

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

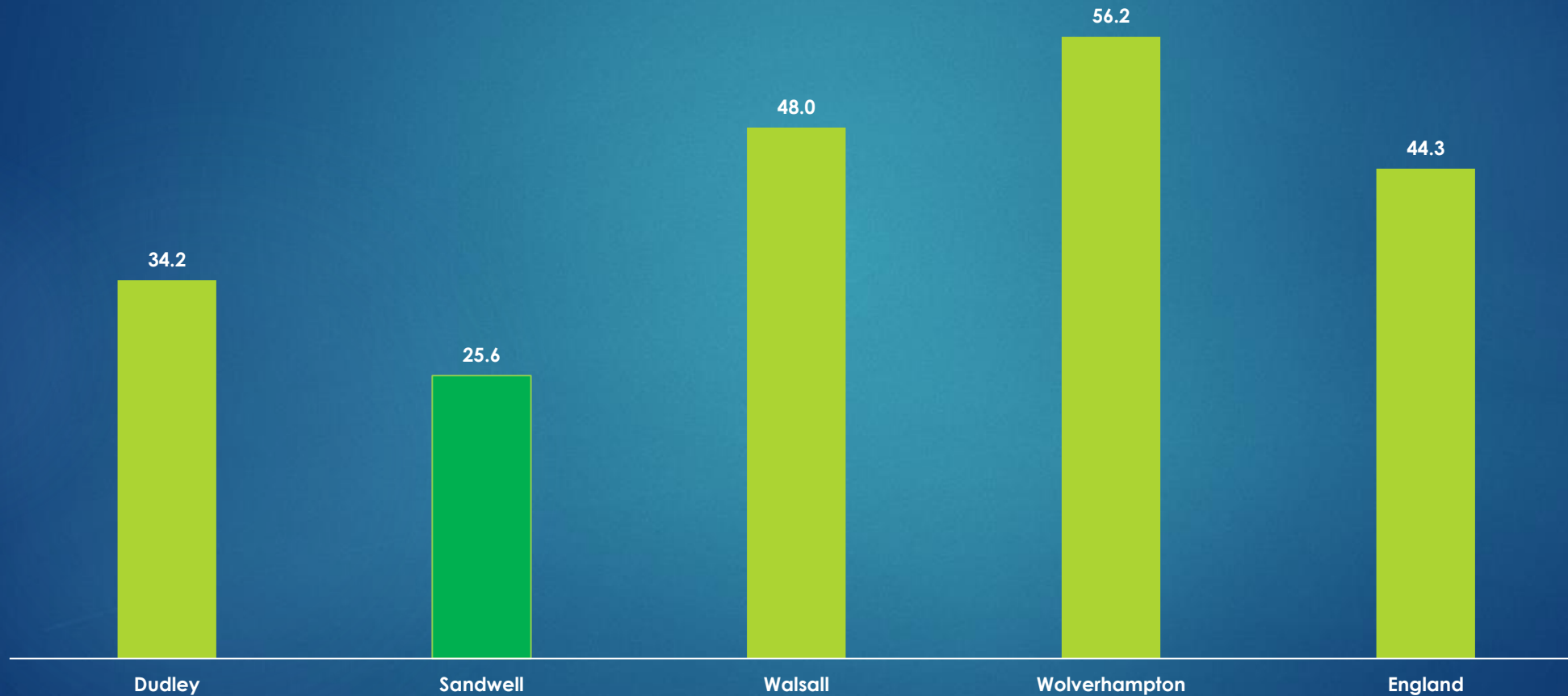
- ▶ To support additional rapid testing of staff in care homes, and to support visiting professionals and enable indoors, close contract visiting where possible
- ▶ 80% of this funding is ring-fenced to care homes, remainder can be used to support other adult care and support sectors
 - ▶ Paying for 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-19 Deaths in Care Homes: Occurrences
Deaths per 100,000 Local Authority Population
(up to 29th January 2021)



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.

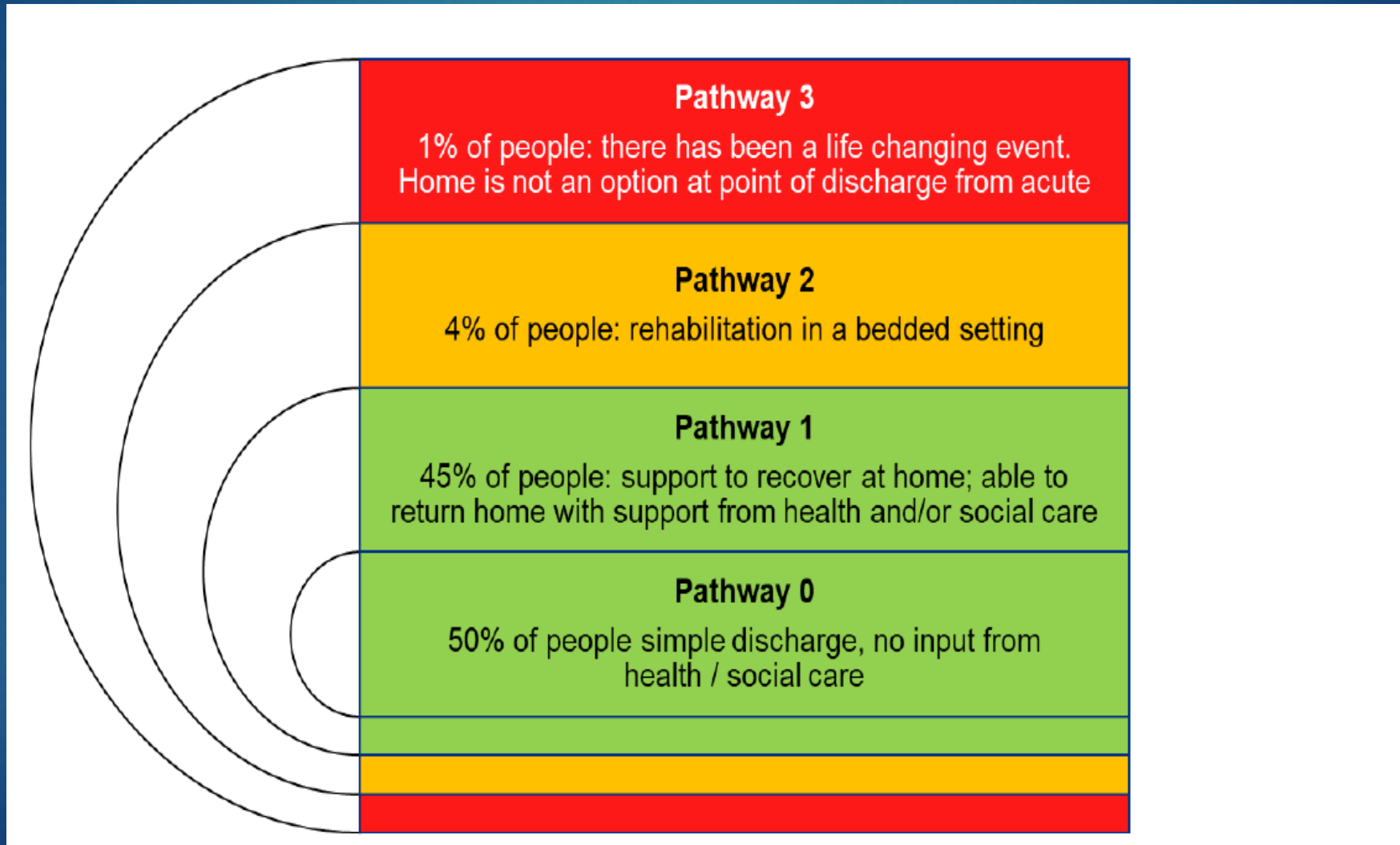
Social care needs assessments and NHS CHC assessments of eligibility should be made in a community setting and not take place during the acute hospital in-patient stay.

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

Report to Health and Adult Social Care Scrutiny Board

8th February 2021

Subject:	Vaccination Programme Update
Director:	Neil Cox - Director of Prevention and Protection
Contact Officer:	Neil Cox Neil_Cox@sandwell.gov.uk

1 Recommendation







- 1.1 That the Health and Adult Social Care Scrutiny Board consider and comment on the update report.

2 Context and Key Issue

- 2.1 The Health and Adult Social Care Scrutiny Board will receive a presentation to update the Board of the current arrangements in Sandwell.



3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	Recovering from the COVID-19 pandemic with our communities, stakeholders and partners will have a positive impact on all ambitions contained in the Vision.
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

Director Prevention and Protection – Neil Cox.



Report to Health and Adult Social Care Scrutiny Board

8th February 2021

Subject:	Winter Grants Update
Director:	Neil Cox - Director of Prevention and Protection
Contact Officer:	Neil Cox Neil_cox@sandwell.gov.uk

1 Recommendation







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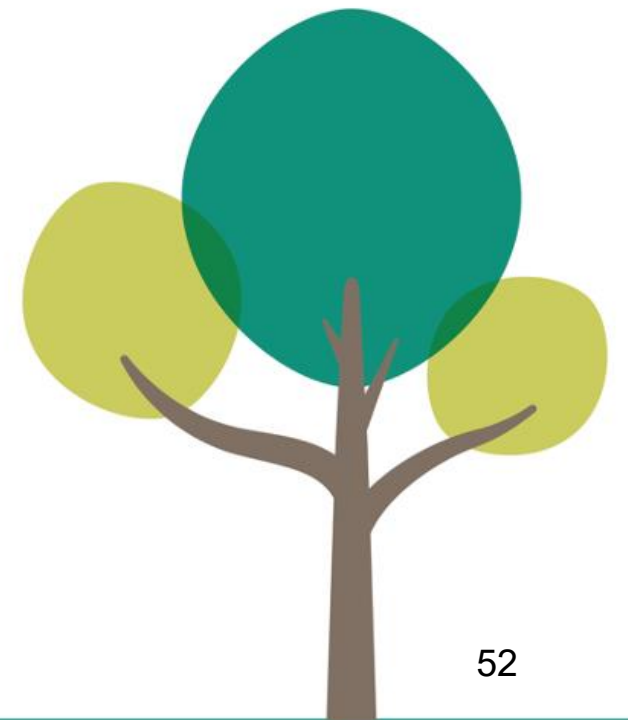
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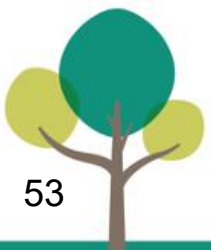


COVID Winter Grant Scheme



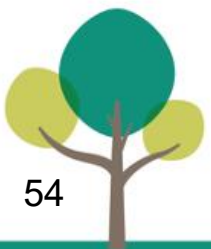
Objective

To provide support to vulnerable households and families (with or without children) particularly affected by the pandemic throughout the winter period where alternative sources of assistance may be unavailable



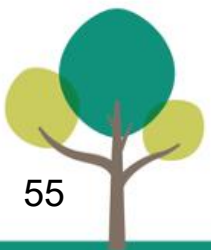
Introduction

- £170 million of funding provided by The Department of Works & Pensions (DWP)
- Grants administered by County Councils and Unitary Authorities across England
- Funding between 1 December 2020 and 31 March 2021
 - Sandwell's allocation is **£1.4 million**



Who it can be spent on?

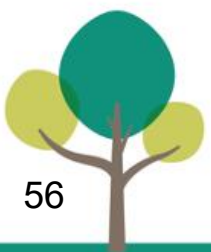
- 80% of funding ring-fenced to vulnerable households with children
- 20% to vulnerable households without children
- Can include households not currently in receive of DWP welfare benefits
- Does not cover rent payments, other housing costs, provision of general advice or managing debt and/or financial hardship



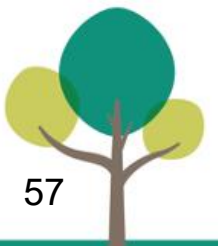
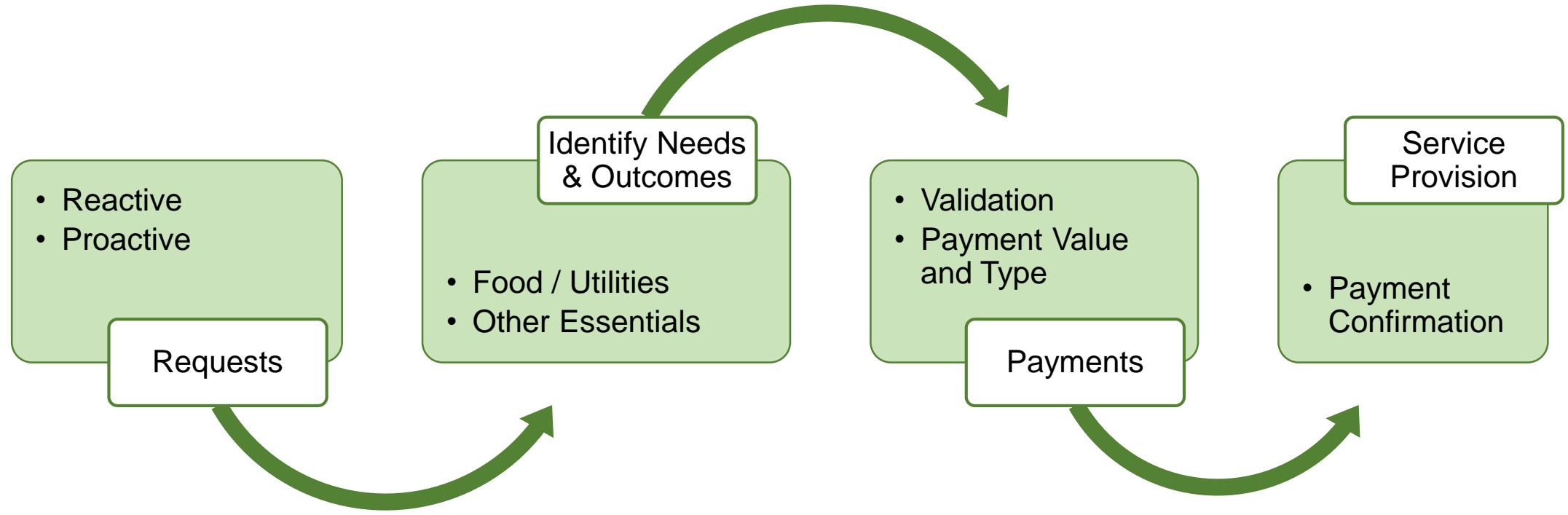
How can it be spent?

Food & Utilities - At least 80% total funding to provide support with food, energy and water bills for household purposes (inc. drinking, washing, cooking, central heating, sanitary purposes and sewerage) or other related essentials

Other Essentials - Up to 20% total funding to provide support with other essentials clearly linked to scheme conditions (inc. sanitary products, warm clothing, soap, blankets, boiler service/repair, purchase of equipment inc. fridges, freezers, ovens etc)



Pathway



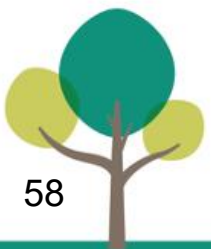
Predicted Position (31st January 2021)

Receive 4,030 Applications

Approve 3,120 Applications

Awarded £546,000 funds

Average award £175.00 per household



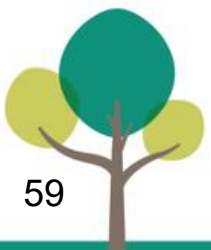
Actual Position (31st January 2021)

Received 5,766 Applications

Approved 3,277 Applications

Awarded £521,726 funds

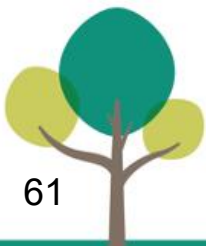
Average award £158.00 per household



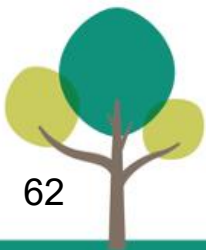
Feedback Position (31st January 2021)

- Formal complaints: nil
- Formal appeals: nil
- Formal compliments
 - *“Mommy, can you tell that lady Thank You from me too, coz she’s made you happy! So, thank you from us to you”* Sent to EH
 - *“Thank you very much for your help and it will make a huge difference to our family budget. I am really grateful for that”*. Sent to JB
 - *“Thank you for sorting out my Covid Winter Grant application. Your help is greatly appreciated”*. Sent to PM
 - *“I would like to say a big Thank You for the help and the great work you do, once again a big Thank You from my heart, take care, stay safe”*. Sent to TH

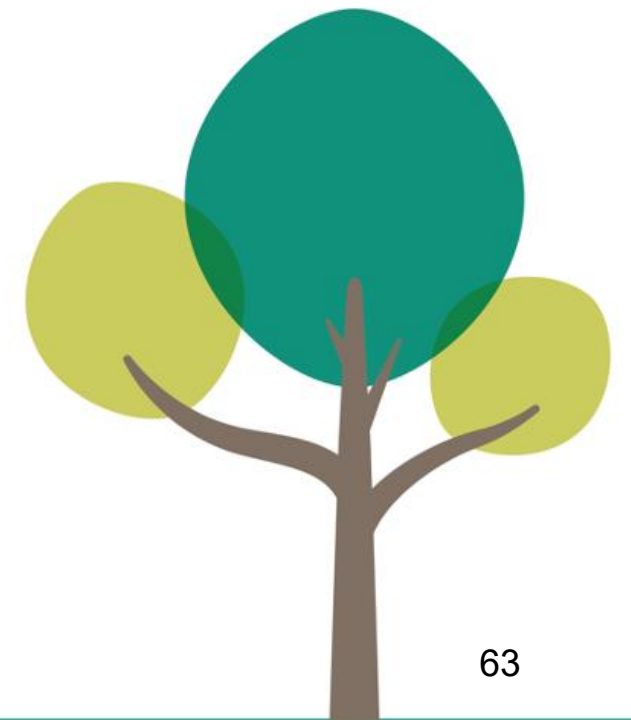
Feedback (31st January 2021)



Any Questions?

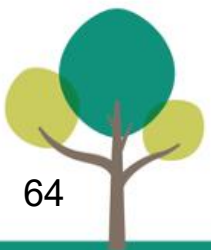


COVID Clinically Extremely Vulnerable (CEV)



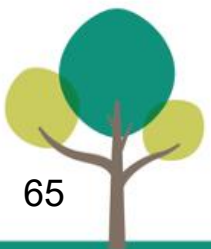
Guidance

Local Authorities were provided with revised guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 the 22nd January 2021



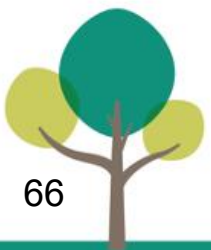
Sandwell Population

- Sandwell has 12,920 residents who have been identified as CEV
- 262 aged up to 17 years
- 12,658 aged over 18 years



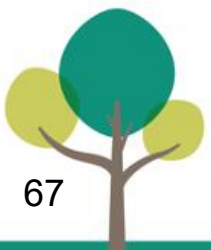
The ask.....

- Councils should directly contact CEV individuals who present locally to register through the NSSS where possible
- Councils should be ready to contact all CEV individuals who have previously received support to access food or with basic support needs
- Councils should be ready to contact all those who have recently been added to the Shielding Patient List (SPL)



The offer.....

- Access to food
 - Priority supermarket slots
 - Voluntary organisations
 - Food parcels
- Basic support needs
 - Voluntary organisations
 - Social Care



Outcomes.....

Council returns from 22nd January to 4th February 2021

- Number of CEV's contacted by the Council: 1,118
- Number of CEV's that the Council was unable to contact: 48

- Number of CEV's supported to access food: 75
- Number of CEV's supported to supermarket slots: 61
- Number of CEV's provided with basic care needs: 16

