

Health and Adult Social Care Scrutiny Board

Monday, 8th February 2021
On line virtual meeting

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

Officers: Claire Blackburn, Senior Commissioning Manager, Sandwell
Better Care Fund;
David Bradshaw, Healthwatch Sandwell;
Mike Carr, Group Director of Operations for Primary Care
Community and Therapies, Sandwell and West Birmingham
Hospitals NHS Trust;
David Carruthers, Medical Director and Acting Chief
Executive, Sandwell and West Birmingham Hospitals NHS
Trust;
Neil Cox, Director of Prevention and Protection;
Karen Emms, Service Manager Lead for Social Work and
Therapy, Adult Social Care;
Christine Anne Guest, Service Manager Lead for
Commissioning and Integration, Adult Social Care;
Marian Long, Group Head Nurse for Primary Care,
Community and Therapies, Sandwell and West Birmingham
Hospitals NHS Trust;
Sarah Oley, Director and General Manager for iBeds,
Primary Community Care and Therapy, Sandwell and West
Birmingham Hospitals NHS Trust;
Richard Thompson, Pharmacy Lead, Sandwell Better Care
Fund;



Valerie Unsworth, Service Manager for Health Protection and Public Health (or Senior Consultant Public Health);
Katharine Willmette, Interim Director of Adult Social Care.

01/21 **Apologies for Absence**

Apologies were received from Councillor Hackett and John Taylor, Healthwatch.

02/21 **Declarations of Interest**

No interests were declared.

03/21 **Minutes**

The minutes of the meeting held on 14th December 2020 were confirmed as the correct record. Seconded by Councillor Piper.

04/21 **Urgent Items of Business**

There were no urgent items of business to consider.

05/21 **Covid-19 Update**

The Service Manager Lead for Commissioning and Integration introduced the item. She announced that a joint presentation would be delivered to reflect the fact that the Adult Social Care Team, Sandwell Clinical Commissioning Group (CCG) and Sandwell and West Birmingham NHS Hospital Trust have all been working as a fully integrated team throughout the pandemic.

The Group Director of Operations for Primary Care Community and Therapies reflected on the positive working relationships



between the partners, and their joint efforts on vaccination and discharge programmes.

Part 1: Covid-19 Resilience Team and SAVE system

Richard Thompson, Pharmacy Lead, Sandwell Better Care Fund

The Pharmacy Lead, Better Care Fund provided an overview of Sandwell Council's Covid-19 Resilience Team. Set up in March 2020, the team operates 7-days a week and offers support to the whole care provider market in Sandwell. The team's support for care providers covered the following areas:

- provision of Personal Protective Equipment (PPE)
- emergency support for providers who face low staff numbers (due to covid-19 absences etc)
- tools and detailed guidance on how to interpret national guidance such as Visiting Policy
- help for care providers to evidence how they are meet guidance requirements
- provider bulletin, guidance and safety alerts sent to providers on regular basis
- guidance around testing and medicine schemes, including Medicine Reuse and Vitamin D Schemes (in collaboration with CCG).

The Pharmacy Lead explained that effective support to providers had been enabled by the SAVE system. This was a tool to collate daily information from across the whole Adult Social Care system in Sandwell into a central reporting database.

The system was designed to be an escalation point for issues around PPE and staffing, to satisfy wider information requirements of commissioners within the Council, to provide daily updates on positive cases to allow for timely Public Health response and to feed local data into regional CCG updates.

It was also designed to respond to clinical alerts from providers who required assistance with deteriorating residents or end-of-life care concerns, so these requests could be escalated to appropriate community teams within Sandwell and West



Birmingham NHS Trust. The requests were passed on through automated emails that are sent out to respective teams when the providers completed their daily National Tracker data return.

There was a high level of provider engagement, with approximately 90% of providers completing their returns on a daily basis.

Part 2: Commissioning and financial assistance to Adult Social Care and Support sector

Christine Anne Guest, Service Manager Lead for Commissioning and Integration, Adult Social Care

The Lead for Commissioning and Integration outlined the services that Sandwell Council had commissioned to support the care market during the pandemic:

- A Contingency Carers contract to provide carers for rapid response in cases where providers are struggling with their care staff levels or during community crisis;
- Block purchase of additional domiciliary care provision from domiciliary care agencies to support the new hospital discharge policy – ‘home first’;
- Beds across both nursing and residential care homes to provide care to COVID-positive individuals discharged from hospital to enable them to complete their isolation period and avoid hospital re-admission;
- A one-off payment to care homes for same day admission of people being discharged from hospital.

The Lead for Commissioning and Integration also outlined the grants made available by Sandwell Council and the Government to support the Adult Social Care and Support sector.

The Council’s Coronavirus Social Care Provider Response and Support Programme was agreed by Emergency Cabinet in May 2020. This utilised the emergency funds received from the Government in the early stage of the pandemic and was designed to prevent social care providers from going insolvent during the



pandemic. Over £650,000 of support had been provided to date and there were three tiers of support.

Level 1 core offer was available to all social care providers in Sandwell and consisted of prompt payment promise from the Council, support with transport needs and relaxation of non-essential monitoring and sub-contracting.

Level 2 offer consisted of targeted support, for example Council contribution towards PPE costs incurred by providers or protected income for Day Care providers to enable them to provide community alternative to building-based services.

Level 3 was a bespoke offer, which consisted of an invitation for providers who suffer from financial viability issues to discuss bespoke support requirements on an individual basis.

The Government Infection Control Fund was designed to support adult social care providers to reduce the rate of Covid-19 transmission within and between care homes as well as support wider workforce resilience. 75% of this fund is ring-fenced for care homes, and over £6 million has been distributed to providers to date. This funding must be spent on areas such as:

- ensuring staff who are isolating can do so in line with Government guidance and can continue to receive their normal wages;
- ensuring, as far as possible, that members of staff work in only one care home;
- offering ways for staff to limit the use of public transport;
- providing accommodation for staff who proactively choose to stay separately from their families.

The Government Workforce Capacity Fund of £924,000 was to be distributed to care agencies, primarily care homes, by the end of March 2021. The funding was directed at those care settings where significant number of staff had to isolate or had tested covid-19 positive, so that they could maintain their staffing levels. The funding was also designed to put measures in place to restrict staff movement between care homes and other care settings,



support safe and timely hospital discharges to a range of care environments including domiciliary care, and to address delays resulting from workforce shortages.

The Government Rapid Testing Fund allocation of £681,000 was to be distributed to care agencies by the end of March 2021, with 80% ring-fenced for care homes and the rest to support other adult care and support sectors. This funding could be spent on training staff on how to undertake Lateral Flow Device (LFD) testing, recruiting new staff to increase the rate of testing, and to cover costs associated with the creation of separate testing areas and disposal of LFD tests and testing equipment. The aim was for care homes to prepare adjustments to support visiting professionals and enable indoor, close-contact visiting where possible.

Part 3: Covid-19 Deaths in Care Homes

Valerie Unsworth, Service Manager for Health Protection and Public Health

The service manager presented the statistics on the death rate in Sandwell Borough care homes for the period up to 29 January 2021. It was noted that the death rate figure stands at 25.6 deaths per 100,000 people, which was significantly lower than neighbouring local authorities and the England average.

Part 4: Other support to care homes – Infection control nurses

Marian Long, Group Head Nurse for Primary Care, Community and Therapies, Sandwell and West Birmingham Hospitals NHS Trust

The Group Head Nurse provided an overview of how district nursing services had delivered their services in care homes throughout the pandemic. It was underlined that district nursing services had an established relationship with the care homes pre-dating March 2020, which allowed for rapid organisation of services in the early stages of the pandemic.



A single dedicated team of nurses was created to facilitate better efficiency and help nurses establish closer relationships with care home staff and residents.

Sandwell and West Birmingham NHS Trust also had a wider care home team of case managers, advanced nurse practitioners and therapists who could provide specialist same-day response. As an example, same day speech and language assessments were provided.

Additionally, district nursing services were engaged with Primary Care Network (PCN) through participation in weekly, remote multi-disciplinary team meetings with the General Practitioners (GPs), care homes and MTD team, to discuss matters such as palliative care with relatives and any worrying cases.

CCG funded the epicentre model, with the aim to facilitate admission avoidance. This allowed the acute physician to work with admission avoidance team in order to enhance clinical management of people in care homes.

The district nursing services also helped develop Leasowes Intermediate Care Centre as an end of life service with specialist palliative and nursing care.

During the first 'wave' of the pandemic, the Sandwell and West Birmingham NHS Trust's package of care and support for staff was extended to staff in care homes. Bereavement support was also offered to staff in care homes through the Trust's palliative care team.

In 'wave' two, the team has focused on increasing the level of remote monitoring. This involved training care home staff on how to take a set of clinical observations reliably, recognise signs of deterioration, and providing the necessary equipment, so that the nursing team could make decisions on hospital admission remotely.



Questions from Members would be invited following the vaccination programme update presentation.

06/21

Vaccination Programme Update

Part 1: Adult Social Care - COVID Vaccination

Richard Thompson, Pharmacy Lead, Sandwell Better Care Fund

The Pharmacy Lead delivered a presentation detailing the approach taken by the Council to the vaccination of Adult Social Care and care home staff.

First the Pharmacy Lead outlined how staff groups were prioritised in terms of invitations.

The Joint Committee on Vaccination and Immunisation (JCVI) (Government Committee) has prioritised the inoculation of following groups: residents in care homes for older adults and their carers (cohort 1), and all adults aged 80 years and over and all frontline health and social care workers (cohort 2).

It was stated that national guidance made local authorities responsible for identifying eligible staff within these two cohorts, working closely with all care providers to do so.

According to the National Tracker data as of 13 January 2021, in CQC-registered services within Sandwell Borough there are approximately 2,600 members of care staff and nurses, 500 members of non-care staff and a cohort of regular agency staff working in care homes, and approximately 4,200 members of staff delivering domiciliary, extra or supported care. There are around 550 individuals with direct payment from the Council or Personal Health Budget (PHB) from CCG. This equated to a Personal Assistant workforce estimated at 800 employed carers.



The Council conducted proactive engagement with the providers and prioritised the delivery of Covid-19 vaccinations offer to staff as follows:

- In December 2020, invitations commenced to staff within cohort 1 employed at homes providing care to COVID-positive individuals on discharge. This offer was then extended to staff working within the Enhanced Assessment Beds (EAB) environment to support resilience of system discharge pathways, and eventually further extended to remaining care homes (including those for working age adults and people with learning disabilities).
- Cohort 2 staff invitations commenced in January 2021, the first phase (commencing 11 January 2021) covering staff working for core domiciliary care providers accepting COVID-positive individuals, extra care provision and supported living. The second phase (commencing 15 January 2021) covered staff at remaining domiciliary care providers, day care, personal assistant and voluntary workforce staff in addition to a wider cohort of social care staff within the Council.

The Pharmacy Lead presented current data on the uptake and refusal rate.

As of 7 February 2021 (National Tracker data), 81% of care home residents and 48% of directly employed care home staff within Sandwell received their first dose of vaccination.

Refusal data obtained from 75 homes indicates a refusal rate of 4% for residents and 8% for staff.

At Sandwell MBC Fountain Court Residential Unit, 100% of residents and 84% of staff had received their first dose of vaccination.

The Pharmacy Lead explained that in homes where there are current positive cases the uptake may be delayed due to the fact that following COVID infection a person is required to wait 28-day days before being vaccinated.



Of 113 non-residential providers, 51 responded to the Council's vaccine offer invitation as of 5 February 2021, with 1,728 members of staff identified as wanting a vaccine and 266 members of staff declining a vaccine.

The Pharmacy Lead outlined some of the reasons for vaccine refusal among staff:

- Lack of confidence and trust in the vaccine;
- Current or planned pregnancy and fertility concerns;
- Medical reasons and desire to discuss inoculation with a trusted medical professional before taking the vaccine;
- Concerns about side effects and experience of adverse effects from previous vaccines;
- Preference for a specific vaccine;
- Protected beliefs/religious reasons;
- Personal reasons, including fear of injections.

The Council has been working in collaboration with care providers to address concerns about the vaccine.

Part 2: Public Health acute COVID response

Valerie Unsworth, Service Manager for Health Protection and Public Health

The Service Manager for Health Protection and Public Health summarised the Public Health acute COVID response.

The Public Health team provides a 7-day a week service, dealing with all types of inquiry relating to coronavirus. The team's response is managed through four main work areas:

- outbreak prevention in schools that remain open and workplaces;
- working with Adult Social Care (ASC) and Infection Control Nurses to provide all-round support to care homes;
- responding to general enquiries, especially helping interpret new pieces of national guidance;
- Instant Management Teams (IMTs) working with Public Health England (PHE) to manage outbreaks.



Public Health currently delivered Covid-19 response through the following work areas:

- Vaccination – work with communities to address any concerns around vaccines and to tackle misinformation. In December 2020 Sandwell launched its COVID Vaccination Leaders Programme, which was about creating a network of community leaders to advocate for vaccination. Additionally, the team was in the process of training up an army of staff to promote vaccination to the public.
- Testing – ensure that polymerase chain reaction (PCR) and lateral flow device (LFD) testing was available.
- Contact tracing – Sandwell Council had introduced its contact tracing system in the very early stages of the pandemic. This was a 7-day a week service, targeting hard-to-reach people who had not been contacted by the national system.
- Risk assessments – help people assess risk in their own settings (for example workplaces) and implement measures to manage those risks;
- Planning for safe elections on 6 May 2021;
- Education – work with the education sector.

Members' questions

The matters discussed in the meeting up to this point were opened for debate by the Chair.

The following was noted in response to comments and questions:

- There was no accessible data that could be presented at the meeting regarding the current number of people in care homes with Covid-19 and on how many care homes currently house Covid-19 positive residents discharged from hospital. The Board requested that members be provided with up-to-date figures at the next meeting of Health and Adult Social Care Scrutiny Board and to establish regular updates henceforth.
- Care homes were required to carry out weekly rapid lateral flow tests for their staff, and daily tests when there was an outbreak. The Council had not collected data on the number of rapid flow tests carried out in care homes so far. The Board requested that data collection should begin and that the findings should be



presented at the next meeting of Health and Adult Social Care Scrutiny Board.

- With regards to care home visiting during Covid-19, the Council was following the national guidance. There were no plans to relax current visiting advice given to care homes until new national guidance indicates it was safe to do so. The launch of vaccination programme did not change any of the current public health measures on this matter.
- There were approximately 90 domiciliary care providers within Sandwell Borough.
- The funding to domiciliary care providers was split based on the number of customers they supported.
- Every care home registered in Sandwell Borough (both private and council care homes) was eligible for the Government's Infection Control Fund. The Council had allocated over £6 million had the allocation amount to be received depends on the number of people the care home was supporting. This data was ascertained from Care Quality Commission (CQC) data.
- The Government provided Sandwell MBC with £924,000 from the Workforce Capacity Fund. This grant was transferred by the local authority to care providers, who then distributed it to their staff, for example to pay staff for emergency overtime. Care providers were required to send a monitoring form to the local authority, reporting how they have spent the allocated funds in accordance with the purpose of the grant. The local authority then sent those monitoring returns to the Department of Health and Social Care (DHSC).
- It was clarified that Personal Health Payments (PHPs) and direct payments were ways people could fund their own care rather than having commissioned care. It entailed the individual receiving a direct personal budget to spend on their care needs.
- Sandwell MBC was following the national guidance on PPE (personal protective equipment) and face coverings. The Council implemented PPE solutions in line with national guidance. Therefore, it was not planning to change its internal policy on releasing FF3 before there was a change in national guidance. However, FF3 masks were worn by staff in care homes housing COVID-positive individuals discharged from



hospital, and in other care homes fluid-repellent masks were worn.

- COVID-positive patients discharged from hospitals were directed only to those care homes which had arrangements with Sandwell MBC. Currently, there were arrangements with a number of care homes, where COVID-positive individuals could be placed, but safely separated from the rest of the care home. Before moving to the next care setting. In these care homes, there were designated areas where the discharged COVID-19 positive individuals were housed, separate from the rest of the care home.
- The vaccine was being rolled out to housebound over-80s by the infection nursing team at Sandwell and West Birmingham NHS Trust in partnership with GP practices, district and community nurses. 2,500 housebound over-80s had been identified in Sandwell. It was hoped that everyone in this group will be vaccinated by 15 February 2021, although this task presents a considerable logistical challenge due to nature of Covid-19 vaccines.

Following questions, the Chair invited officers to resume the presentation.

Part 3: Discharge to Assess (D2A) model

Sarah Oley, Director and General Manager, and
Claire Blackburn, Senior Commissioning Manager, Sandwell
Better Care Fund

The Director and General Manager of iBeds provided an overview of the new Discharge to Assess (D2A) model, which became nationally mandated in August 2020.

It was explained that the new D2A model is designed to reduce delays for people who were waiting in hospital to be discharged and to deal with the stress put on the system by Covid-19. D2A was underpinned by strong evidence base of better health outcomes achieved by people who return to home without being delayed in discharge from hospital.



As part of D2A, acute hospitals must now discharge all patients who no longer need acute level care as soon as it was clinically safe to do so, and ideally on the day they were medically optimised.

The D2A has a 'home first' ethos which requires urgent community response and intermediate care to deliver extra support in a person's own home where possible. If another care setting required, the aim remained to get that person home as soon and as safely as possible.

To reduce discharge delays, social care needs assessments and NHS CHC assessments of eligibility were now made in a community setting and no longer took place during the acute hospital in-patient stay.

The model relied on full synchronisation of community health, social care and acute staff to ensure people were discharged in a safe and timely manner.

There were four pathways for discharging people, with targets for the percentage of people to be discharged in each pathway, as shown below:

- Pathway 0: 50% of people – simple discharge, no formal input from health or social care needed once home.
- Pathway 1: 45% of people – support to recover at home; able to return home with support from health and/or social care.
- Pathway 2: 4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.
- Pathway 3: 1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

There was an additional Pathway 4 in Sandwell for people discharged to palliative end-of-life care setting.

It was explained that there have been changes in the internal processes since the new guidance was released in September 2020. These changes included:



- lists of medically optimised patients now being shared with the hospital wards twice daily;
- twice daily pathway calls to discuss the person's needs with colleagues from across the system before the person is discharged;
- twice weekly community facing pathway calls to look at people who have been discharged into pathway 1 and 2, and discuss ways to optimise their discharge process;
- weekly D2A Board meetings with attendance from CCG, Acute Trust and Sandwell MBC to discuss strategic requirements and issues arising.
- the discharge system operating 7-days a week.

Additional NHS funding was made available from 1 September, alongside existing local authority and Clinical Commissioning Group (CCG) budgets, to support the health and social care systems implement this approach. This funding was designed to cover the cost of post-discharge recovery and support services for the period of up to six weeks and to support urgent community response services for people who would otherwise be admitted into hospital. The additional funding was used only to cover costs arising from above activities that were over and above what was normally funded by CCGs and local authorities.

Progress to date arising from implementation of the new D2A model was noted. Since data monitoring began on 26 October 2020:

- the number of medically optimised patients waiting in Acute Care for Sandwell services has reduced from 57 to 27, a 47% reduction;
- the average time from patient being medically optimised to discharge has reduced from 7.6 days to 4.45 days;
- pathway 1 has seen average time to discharge reduce from 8.8 days to 3.4 days, a 61% decrease.

Part 4: Covid-19 cases in Sandwell and City Hospitals

David Carruthers, Medical Director and Acting Chief

Executive, Sandwell and West Birmingham Hospitals NHS Trust



The Medical Director presented data on Covid-19 cases in Sandwell and West Birmingham hospitals over the course of the pandemic.

Number of patients admitted to the hospitals with Covid-19 had increased rapidly during January 2021 up to a peak of 426. This was significantly more than the peak of 205 in the first wave of March/April 2020.

Additionally, there had been significant numbers of non-COVID patients in recent months, which meant the Trust had to expand the bed base using all available wards within the organisation and using the surgical ward bed base for Covid-19 related admissions.

997 people had tragically died with Covid-19 within Sandwell and West Birmingham hospitals since the start of the pandemic in March 2020.

Staff absence relating to Covid-19 had increased throughout the recent months, with updated guidance on PPE brought within the organisation to try to counteract this trend.

The latest data showed 324 Covid-19 inpatients and the number of Covid-19 patients in critical care down to 27 from the peak of 41 in early January.

The following was noted in response to comments and questions:

- The peak of Covid-19 cases within Sandwell and West Birmingham hospitals was around 16 January 2021. Whilst it was likely that transmission within families emerging from relaxation of regulations during the Christmas period may have contributed to the rise in cases in January 2021, there were also other factors such as the emergence of new variants of the virus. Therefore, it was difficult to pinpoint precisely the combination of factors that had led to this rise.



The Chair thanked all presenters for their contribution and responses to questions.

07/21

Winter Grants Programme Update

Karen Emms, Service Manager Lead for Social Work and Therapy, Adult Social Care

The Service Manager Lead for Social Work and Therapy provided an overview of the Winter Grants programme and updated Members on the current position.

The Board noted that the scheme's purpose was to provide support to vulnerable households and families (with or without children), who had been particularly affected by the pandemic throughout the winter period, and who may not have alternative sources of assistance.

The scheme runs from 1 December 2020 until 31 March 2021 and Sandwell MBC's allocation from Department of Work and Pensions (DWP) amounted to just over £1.4 million. There were specific conditions on how this funding could be spent. 80% of the funding was ring-fenced to vulnerable households with children and 20% was ring-fenced to vulnerable households without children (after administration costs).

The guidance was clear that the funding was designed to support families with food and fuel concerns, with at least 80% to provide support with food, energy and water bills for household purposes and up to 20% to provide support for other essentials linked to scheme conditions.

The team developed a four-stage pathway for dealing with applications, designed to ensure that there would be a single conversation with the applicant to determine their specific needs, and that payments could be validated promptly and there would be a follow-up conversation with the applicant. The team opted to release payments through a voucher scheme for food, warm clothing and provide PayPoint top ups for boiler repairs and support with fuel.



It was predicted that by the end of 31 January 2021, the team would receive 4,030 applications, and 3,120 of those would be approved, that a total of £546,000 would be awarded, equating to average award of £175.00 per household.

The actual position at 31 January 2021 differed with significantly more applications being made. The team received 5,766 applications, approved 3,277 of those applications, awarded £521,726, which equates to average award of £158.00 per household.

As of 31 January 2021, there were no formal complaints or formal appeals in relation to the scheme. The Service Manager Lead for Social Work and Therapy shared the compliments received by the team with regards to the scheme.

The following was noted in response to comments and questions:

- At the moment the team had the breakdown of application numbers per town but a breakdown per ward would also be compiled by the data manager.
- It was clarified that the 2,489 applications which had been received but not yet approved were still being processed by the team. These applications had not been rejected.
- Claims were currently taking longer than the 5-10 working days stated on the website due to the high number of applications being received. It was noted that there was an additional challenge of ensuring that money remains in the system until the end of the scheme on 31 March 2021 (1:40:00)
- It was explained that the amount received by the applicant was dependent on the circumstances (what kind of support was sought – e.g. food, boiler repair, both etc.) and the composition of the family unit of the applicant (single applicant as opposed to couple with children). In the Winter Grant Programme policy, a maximum threshold was set for each criterion within the application. For example, if a couple were only applying for food support, the maximum amount they could receive was £40 plus £15 for every additional child they may have.



- The current position was that Winter Grants Programme was a time-limited, one-off grant.

COVID Clinically Extremely Vulnerable (CEV)

The Service Manager Lead for Social Work and Therapy delivered an additional update on the support provided to people deemed clinically extremely vulnerable within Sandwell.

On 22 January 2021, local authorities were provided with revised guidance on shielding and protecting people who were clinically extremely vulnerable (CEV).

The latest weekly list of CEV residents gave a figure of 12,920 residents classed as CEV in Sandwell.

The revised guidance stated that Councils were responsible for directly contacting the CEV individuals who presented locally to register through the National Shielding System (NSSS). This allowed individuals to register through the NHS website and request support from the Council.

Furthermore, the guidance stated that the Council should also be ready to contact all CEV individuals who had previously received support to access food as well as those who had recently been added to the Shielding Patient List (SPL).

The Sandwell offer in relation to CEV individuals remained the same and consists of the following:

- Access to food – three elements
 - a) support CEV individuals to have priority access to supermarket delivery slots
 - b) connect CEV individuals with voluntary organisations to do shopping on their behalf and befriending
 - c) in extreme circumstances to deliver food parcels
- Basic support needs – two elements
 - a) support people to connect with voluntary organisations
 - b) bringing adult social care support to people who required more formal intervention.



The Council was required to submit bi-weekly returns to central Government detailing local position with regards to CEV. The latest data for the period from 22 January to 4 February 2021 showed the following outcomes in Sandwell Borough:

- Number of CEV's contacted by the Council: 1,118
- Number of CEV's that the Council was unable to contact: 48 (face visits will be deployed)
- 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.

The following was noted in response to comments and questions:

- It was clarified that food parcel provision offer was meant to be an emergency and temporary provision, with the Council hoping to link up the recipient with voluntary organisations for ongoing support. This updated guidance was not meant to replicate the national programme during the first lockdown in March-April 2020 where people on the CEV list received weekly food packages from the NHS programme. There was no limit on the number of emergency food parcels people require but it was an emergency service and the Council should be working with that individual to look at alternatives.
- It was asked whether the extremely clinically vulnerable could opt-out of receiving phone calls from the Council if they no longer required support. It was thought that this could relieve pressure on the Council at this busy time. This request would be taken back to the team to consider. The Board requested that officers begin asking CEV individuals whether they wished to opt-out of receiving future phone calls when they were contacted from the Council, to set up a recording system to note these requests, and to double check (and update if needed) the guidance given to volunteers.
- It was said that there were a number of ways for a person to be put on the CEV list. It was understood that the decision was based on the information pulled out from the GPs and other



health professionals. It was the medical professional who put the individual on the list.

The Chair thanked all presenters and Members for their attendance at the meeting and confirmed the date of the next meeting to be 29th March 2021.

Meeting ended at 6.56 pm

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