



COVID Update

VACCINATION AND CARE HOME VISITING UPDATE

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
- ▶ Updated JCVI guidance to include individuals with learning disabilities in cohort 6, alongside programme to vaccinate unpaid carers

Local Position (Cohorts 1 and 2)

- ▶ 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
- ▶ Cohort of Personal Assistants providing care to direct payment and personal health budget recipients
- ▶ Cohort 2 also includes wider social care workforce and voluntary sector
- ▶ Delivery model includes local hospital sites, primary care model and new vaccination sites – access to National Booking Service extended to social care staff from mid-February

Local Prioritisation

- ▶ Providers targeted via proactive engagement
- ▶ Cohort 1 (older people's care homes) – commenced December
 - ▶ Initial invitations to staff at homes caring for COVID-positive individuals on discharge
 - ▶ Offer extended to staff in EAB provision to support resilience of system discharge pathways and wider care homes
- ▶ Cohort 2
 - ▶ Invitations commenced 11/1/21
 - ▶ Initial priority group included domiciliary care providers accepting COVID-positive individuals, extra care provision – closed environments, predominantly older people (internal & external) and supported living – closed environments, vulnerable adults
 - ▶ Invitations continued through January including remaining non-residential care providers in CQC footprint, day care, PAs, voluntary sector and wider cohort of social care staff
- ▶ Work ongoing to support more recent cohorts alongside health colleagues

Uptake Data

- ▶ Based on data from 19/3/21, uptake of 1st dose in care provider staff:
 - ▶ Care homes – 70% (SMBC internal provision 88%)
 - ▶ Domiciliary Care – 58% (SMBC internal provision 73%)
- ▶ Uptake range across Birmingham and Black Country authorities (as of 16/3/21):
 - ▶ Care home staff – 63-76%
 - ▶ Domiciliary care staff – 44-67%
- ▶ National averages (on 16/3/21) – 75% for care home staff and 63% for domiciliary care
- ▶ Over **4,500 staff in CQC regulated services in Sandwell** reported to have received 1st dose of COVID-19 vaccination

Challenges to Uptake

- ▶ 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
- ▶ Local resources produced in collaboration with Public Health team to address concerns

Actions Taken to Increase Uptake

- ▶ Regular email reminders to providers during February and March – mix of single message communications and inclusion in provider updates
- ▶ Infographics developed by Public Health team for sharing with providers to address staff concerns
- ▶ Individual provider telephone follow up completed during February and March for care homes and non-residential providers, prioritised by response/uptake
- ▶ Collaborative work continuing between ASC and Public Health
 - ▶ LGA Behavioural Science project expanded to include uptake in care homes
 - ▶ Public Health Care Home Vaccination Leader webinar scheduled for 31/3/21
 - ▶ Ongoing FY2 data analysis project to identify possible correlations to support targeted approach

Care Home Visiting

National Visiting Guidance

- ▶ Updated [Guidance on care home visiting](#) published by Government on March 4th in readiness for changes in national restrictions on March 8th
- ▶ Sets out options for visiting in three scenarios:
 - ▶ Indoor visits by a single nominated visitor for each resident
 - ▶ Named visitor tested using rapid lateral flow testing - negative result required before every visit
 - ▶ Visitor must wear appropriate PPE and follow all other infection control and social distancing measures identified as necessary
 - ▶ Nomination of an essential care giver for residents with the highest care needs
 - ▶ Subject to individual risk assessment and implementation of enhanced testing, PPE use and the meeting of any necessary training and competency requirements
 - ▶ Continued access to visiting for other friends or family members with arrangements such as outdoor visiting, substantial screens, visiting pods, or behind windows
- ▶ Restrictions on visiting required during outbreaks

Actions Required

- ▶ Care homes required to undertake dynamic risk-assessment to inform decisions on visiting policy
- ▶ Risk assessment should consider needs of residents, individually and collectively, and home's ability to manage risk and implement measures to support safer visiting
- ▶ Care home visiting should be supported wherever it is possible to do so safely, where this is supported by the guidance and within an environment set up to manage risks
- ▶ For indoor visiting, providers required to implement lateral flow testing in line with published guidance - [Coronavirus \(COVID-19\) lateral flow testing in adult social care settings](#)
- ▶ Care homes responsible for managing visiting in each setting including:
 - ▶ Accurate assessment and ongoing review of risk
 - ▶ Communication of any requirements to residents and their friends and families
 - ▶ Implementation of any infection prevention and control measures identified to support safer visiting, including the deployment of lateral flow testing

Support Provided

- ▶ Communication to care homes when national guidance published
- ▶ Development of local self-assessment tool to support providers to evidence national guidance requirements have been considered
- ▶ Checklist covers criteria from guidance including:
 - ▶ Needs of residents
 - ▶ Role of essential care givers
 - ▶ Infection prevention
 - ▶ Lateral flow testing
 - ▶ Visiting policy requirements
 - ▶ Arrangements for visits
- ▶ Promotion of national webinar to support safer visiting
- ▶ Advice in response to queries from individual care homes and families contacting COVID Resilience Team

Self-assessment Tool

Care Home Visiting: Self-Assessment Tool		
Care Home:	Date of Completion:	
Risk Assessment Checklist		
<p>The template and information below is provided to assist providers to ensure dynamic risk assessments and visiting policies comply with the requirements detailed in the Government's Guidance on care home visiting, as revised following the easing of national restrictions on March 8th 2021, and local good practice recommendations. Due to the complexities of the national visiting guidance and the additional requirements detailed in the Coronavirus (COVID-19) lateral flow testing in adult social care settings guidance, it is vital that these national guidance documents and supporting materials are reviewed in their entirety before completing this checklist. Where visiting occurs, it is the responsibility of each care home to ensure that the national guidance is appropriately implemented, any risks are identified and appropriate control measures are in place and reviewed as necessary – a sample template is included in Appendix 3 for adaption if required.</p>		
Has a dynamic risk assessment been completed prior to any decisions on visiting, assessing the rights, wellbeing and benefits to residents and considering the layout, facilities and any other relevant issues applicable to the care home?	Yes	No
Does this assessment include consideration of the practical measures the home is able to put in place to manage any identified risks to residents, staff and other visitors, including the use of lateral flow testing in line with the Government guidance Coronavirus (COVID-19) lateral flow testing in adult social care settings ?	Yes	No
Have all relevant policies and procedures for staff and visitors been updated to reflect any changes required to support safer visiting?	Yes	No
Residents		
Have individualised risk assessments been completed to consider the rights and needs of individual residents, and any specific vulnerabilities outlined in resident's care plan, where necessary?	Yes	No
Has each resident been supported to nominate a single named visitor for indoor visiting?	Yes	No
Have residents, relatives, advocates or those with power of attorney, and relevant professionals been involved, including best interests decisions where necessary, ensuring any individuals lacking capacity are appropriately supported in line with Government guidance on looking after people who lack mental capacity during the pandemic?	Yes	No
Does the risk assessment reflect the need to keep physical contact between residents and visitors to a minimum and include the effectiveness of social distancing, where applicable, considering residents' cognition and communication needs?	Yes	No
Are individualised visiting care plans in place, including needs, preferences and arrangements for access to visiting?	Yes	No
Does the assessment include the infection prevention precautions (including personal protective equipment (PPE) use and handwashing) that will be required and include any additional requirements if social distancing is not appropriate or possible? (Providers should refer to COVID-19: how to work safely in domiciliary care in England for PPE requirements for general visitors in the care home setting ¹ – for enhanced requirements for essential care givers, please see relevant section of guidance and assessment tool.)	Yes	No
Notes/Additional Information:		